



# **NSW Homelessness Action Plan Evaluation**

## **Evaluation of the Rural Homelessness New England project (5.6b)**

Final report

Housing NSW

March 2013

## Acknowledgments

This work was completed with the assistance of Anne Rix and Helen Sim within the NSW Department of Family and Community Services (Community Services).

We would also like to thank the many key informants from the Rural Interagency Homelessness Project in New England, especially Tanya Rogers from Tamworth Family Support. We thank them for their time and insights and trust that their views are adequately represented in this report. The full list of stakeholders consulted is provided in Appendix 3.

### **ARTD consultancy team**

Florent Gomez-Bonnet, Sue Leahy, Jade Maloney, Ioana Ramia, Kerry Hart, Tracey Whetnall, Miriam Motha

# Contents

- Tables and figures ..... v**
- Abbreviations and acronyms ..... viii**
- Executive summary..... ix**
  - Homelessness Action Plan evaluation..... ix
  - Key findings..... ix
- 1. Introduction ..... 1**
  - 1.1 Overview of the NSW Homelessness Action Plan (HAP)..... 1
  - 1.2 Overview of service model and projects included in this evaluation..... 3
  - 1.3 Key contextual factors from the literature..... 4
- 2. Evaluation scope and methods..... 6**
  - 2.1 Ethics process..... 6
  - 2.2 Summary of evaluation approach..... 6
  - 2.3 Limitations..... 12
- 3. Project description ..... 14**
  - 3.1 Service origins and description ..... 14
  - 3.2 Aims and Objectives..... 17
  - 3.3 Target group ..... 18
  - 3.4 Service model ..... 19
  - 3.5 Management and governance arrangements..... 23
  - 3.6 Resources..... 24
- 4. Client outcomes..... 25**
  - 4.1 Clients assisted and services delivered ..... 25
  - 4.2 Services delivered..... 30
  - 4.3 Housing outcomes ..... 32
  - 4.4 Non-housing outcomes ..... 35
  - 4.5 Other intended or unintended outcomes for clients..... 36
  - 4.6 Impact of the project on homelessness..... 36
- 5. Service system and delivery outcomes..... 41**
  - 5.1 Key impact on the service system ..... 41
  - 5.2 Staffing issues..... 49
- 6. Cost analysis..... 50**
  - 6.1 Total project budget and expenditure ..... 50
  - 6.2 Issues with expenditure ..... 54
  - 6.3 Client costs for this project ..... 54
  - 6.4 How effective was the use of brokerage funding..... 58
- 7. Assessment of the effectiveness of the model..... 60**

- 7.1 Success factors for the service delivery model..... 60
- 7.2 Challenges for the service delivery model ..... 61
- 8. Conclusion..... 63**
  - 8.1 Summary of key lessons learnt..... 63
  - 8.2 Areas for improvement for future directions for the project ..... 65
  - 8.3 Implications for the future response to homelessness for the client group/s in this project ..... 66
  - 8.4 Implications for the homelessness system in this region ..... 67
  - 8.5 Future research that could strengthen the evidence in this area ..... 67
- Appendix 1. Evaluation framework ..... 68**
- Appendix 2. Key documents reviewed..... 72**
- Appendix 3. List of interviews..... 73**
- Appendix 4. Stakeholder interview guide ..... 75**
- Appendix 5. Client interview guide ..... 79**
- Appendix 6. Results from the online stakeholder survey ..... 81**
- Appendix 7. Breakdown of project costs for 2011/12 ..... 95**
- Appendix 8. Literature scan bibliography..... 97**

## Tables and figures

Table 1.	Key evaluation questions .....	7
Table 2.	Evaluation methods.....	9
Table 3.	The homeless population in New England compared with NSW in 2006.....	16
Table 4.	Partner agency roles .....	22
Table 5.	Annual project funding .....	24
Table 6.	Number of clients assisted (January 2010 to June 2012).....	25
Table 7.	Demographics of clients assisted.....	27
Table 8.	Client status prior to assistance .....	28
Table 9.	The homeless population in New England in 2011 as compared to 2006 .....	37
Table 10.	Applications lodged to Consumer, Trader & Tenancy Tribunal for termination notice on the grounds of non-payment of rent, Tenancy and social housing divisions .....	39
Table 11.	Impact of the project on understanding, coordination and relationships.....	47
Table 12.	Average client cost in 2011/12 .....	55
Table 13.	Average client cost for comparable homelessness programs.....	57
Table 14.	Suggested areas for improvement to inform the design of the next generation of the project .....	65
Table 15.	List of interviews with project stakeholders .....	73
Table 16.	List of client interviews per location.....	74
Table 17.	Response rate to the online survey.....	81
Table 18.	Q1. What type of organisation do you work for? .....	81
Table 19.	Q3. How would you rate your level of involvement in the Rural Homelessness New England project?.....	82
Table 20.	Q4. What is the main role of your organisation in the Rural Homelessness New England project? .....	82
Table 21.	Q4a. What type of housing provider is your organisation? .....	83
Table 22.	Q5. In what ways have you been involved in the Rural Homelessness New England project? .....	83

Table 23.	Q6. How long have you been involved with the Rural Homelessness New England project? .....	83
Table 24.	Q7. How committed to this project is the leadership of your organisation? .....	84
Table 25.	Q8. Please indicate the level to which you agree or disagree with the following statements.....	85
Table 26.	Q9. Please indicate the level to which you agree or disagree with the following statements.....	86
Table 27.	Q10. Please indicate the level to which you agree or disagree with the following statements.....	87
Table 28.	Q11. Thinking about the organisations involved in the Rural Homelessness New England project, what has been the frequency of your interactions with each one?.....	88
Table 29.	Q12. Please rate the following aspects of relationships with other housing and service organisations before and after your involvement in the Rural Homelessness New England project. ....	89
Table 30.	Q13–15. Please indicate the level to which you agree or disagree with the following statements.....	90
Table 31.	Q16. Please indicate the level to which you agree or disagree with the following statements.....	92
Table 32.	Q17. Please indicate the level to which you agree or disagree with the following statements.....	93
Table 33.	Q18. Please indicate the level to which you agree or disagree with the following statements.....	94
Figure 1.	HAP evaluation strategy.....	3
Figure 2.	Clients assisted by location (January 2010–June 2012) .....	26
Figure 3.	Non-housing services provided clients in 2011/12.....	30
Figure 4.	Number of clients assisted by component (January 2010–June 2012) .....	32
Figure 5.	Distribution of clients by types of housing outcome (January 2010 to June 2012) 33	
Figure 6.	Distribution of approved clients by types of case managing agency across locations .....	44
Figure 7.	Type of involvement in the project.....	45
Figure 8.	Income and expenditure January 2010 to June 2012 .....	51

Figure 9. Distribution of expenses January 2010 to June 2012.....52

Figure 10. Number of clients assisted and average client cost January 2010 to June 2012 .....56

## Abbreviations and acronyms

CALD	Culturally and Linguistically Diverse
CTTT	Consumer, Trader & Tenancy Tribunal
GSHS	Going Home Staying Home reform
HAP	Homelessness Action Plan 2009–2014
HREC	Human Research Ethics Committee
NGO	Non-Government Organisation
NSW	New South Wales
RHC	Regional Homelessness Committees
RHNE	Rural Homelessness New England project
SAAP	Supported Accommodation Assistance Program
SHS	Specialist Homelessness Services
UNSW	University of New South Wales



## Executive summary

This report provides the findings from the evaluation of the Rural Interagency Homelessness Project in New England.

### Homelessness Action Plan evaluation

In 2009, the NSW Government released the NSW Homelessness Action Plan 2009–2014 (the HAP), which sets the direction for state-wide reform of the homelessness service system to achieve better outcomes for people who are homeless or at risk of homelessness. As part of the overarching evaluation strategy for the HAP, Housing NSW commissioned ARTD to evaluate four long term housing and support projects delivered under the HAP: the Rural Interagency Homelessness Project in Riverina and New England, the North Coast Accommodation Project and South East NSW Community Connections.

The Rural Homelessness New England (RHNE) project is one of the two Rural Interagency projects that deliver two components: early intervention for people at risk of homelessness and housing intensive support packages for people who are homeless. The delivery of this project is coordinated by Tamworth Family Support, but the responsibility of case managing clients is shared across a broad range of organisations, in line with the initial policy focus of supporting service system change. Key features of this project are the local coordination groups where participating organisations meet every month to discuss client applications and agree on every client case management plan.

We used a mixed-method approach for the evaluation: drawing on existing data sources (project self-evaluation reports, HAP portal data and the research literature) and collecting new data through an online stakeholder survey and in-depth interviews with project staff, partners and clients. We were able to implement our methods largely as planned and to triangulate the findings across the range of data sources. We are confident that the data provides the evidence for a sound assessment.

### Key findings

The project was largely implemented as planned. It used a model that reached people who were homeless or at risk of homelessness and facilitated a more integrated approach to supporting people who are homeless or at risk of homelessness. Stakeholders are positive about the outcomes achieved for clients and for the service system, but some challenges remain, particularly the lack of availability of some support services in outlying regions, and affordable long term housing.

### ***The project has nearly reached the target number of clients***

The project has nearly reached the target number of clients despite initial delays. By the end June 2012, the project had supported a total of 190 unique clients, compared to the target of 200.

The pattern of clients was broadly consistent with the needs data. The largest proportion of clients supported were in Tamworth, one of the priority locations for the project and the location in this region where homelessness had increased most substantially between 2001 and 2006. More clients were female (71% in 2011/12). The proportion of Aboriginal clients grew each year; they made up almost half of all clients (47%) in 2011/12. One-quarter were young people, one of the priority groups for the region.

The project offered two types of assistance: housing intensive support for people who were homeless and early intervention for people at risk of homelessness. The data for clients that received housing support in any financial year, suggests more clients received housing intensive support, while the original plan had been to support a higher proportion of early intervention clients in the effort to shift the system to more preventative service delivery. Indications from some stakeholders are that it was a challenge to build early intervention referrals, at least initially (a shift has been identified in the distribution of referrals in 2011/12 with a higher proportion of early intervention ones), which is unsurprising in a sector traditionally geared to crisis support.

### ***There appear to be benefits for clients***

Stakeholders are very positive about the benefits of the project for clients in terms of housing and broader wellbeing. Over 90 per cent of respondents to the online survey agreed or mostly agreed that clients are better able to sustain a tenancy and that client wellbeing has improved as result of participation in the project. But there is no systematic data on whether clients sustained their tenancies and no current data on homelessness at the regional level so it is difficult to be conclusive about whether the project supported sustainable outcomes and whether it had any impact on rates of homelessness. Even if there was data available on rates of homelessness it would be difficult to link shifts in this data to the project. On the one hand, there are a range of major reforms aiming to address homelessness and housing availability and, on the other, there have been drivers to increasing housing difficulties, including the global financial crisis and the influx of mining leading to increased rent and lack of vacancies.

### ***The project has had a positive impact on the service system***

The project was able to bring together government agencies and non-government organisations from a range of sectors to work together to more effectively and holistically support clients. Stakeholders generally think the project established shared

goals and values, clear roles and responsibilities, good governance arrangements and communication processes, all of which are important elements for more integrated work practice. On average, for those involved, the project has increased understanding of other services, coordination and trusting relationships. Some stakeholders also see the project as having built the capacity of the local services system, particularly for integrated case management, through the training it provided.

But capacity issues have prevented some organisations critical for working with complex needs clients from participating fully, such as some health and mental health services. It also seems that responsibility for taking the lead role with clients has mostly fallen to a group of core agencies, with brokerage insufficient to overcome barriers to organisations taking on a case management role. Barriers included lack of capacity in organisations and the limited scope for this work in the roles of staff from some participating organisations.

Through working together, the majority of stakeholders think the project has been able to identify and resolve impediments to effective service provision either at the project level or through the Regional Homelessness Committee and achieve worthwhile regional system changes. It has not, however, been able to address broader capacity issues within the support and housing sectors which are beyond its control. What it has achieved, though, is positive, given it is difficult for the project to have a greater impact on the system when not all of the relevant organisations are able to fully commit to and participate in the project.

That stakeholders can see the value of joint work, which suggests an integrated approach has achieved positive outcomes to date. This achievement provides a solid base on which to further strengthen relationships and build a more integrated service system because seeing the value of joint work is an important factor in achieving integrated case management.

### ***The project appears to deliver value for money***

The average client cost in 2011/12 (a typical year) was \$4,793, which compares very well with the initial budgeted cost of \$8,068 (this figure is calculated for housing intensive support and early intervention together because data could not be disaggregated). The average client cost decreased over time, suggesting increased efficiency, and the average client cost compares well with other similar homelessness projects that include both housing and support components.

### ***Successes and challenges***

The local coordination groups and project coordinator have been key to the success of this project. Training in integrated case management has also played an important role given stakeholders had varying understandings and experience of this concept prior to the project. While there were agreements with Housing NSW to provide priority access

to project clients and work to build relationships with real estate agents, the local context meant housing remained a challenge. The lack of capacity of some support services, particularly health services, and the lack of any services in particular outlying regions also remains a challenge beyond the direct power of the project to address.

# 1. Introduction

## 1.1 Overview of the NSW Homelessness Action Plan (HAP)

In 2009, the NSW Government released the NSW Homelessness Action Plan 2009–2014 (the HAP), which sets the direction for state-wide reform of the homelessness service system to achieve better outcomes for people who are homeless or at risk of homelessness. The HAP aims to realign existing effort and to increase the focus on prevention and long-term accommodation and support.

The HAP also aims to change

- the way that homelessness and its impact on the community is understood
- the way services are designed and delivered to people who are homeless or at risk of becoming homeless
- ways of working across government, with the non-government sector and with the broader community to improve responses to homelessness.

Under the HAP, there are three headline homelessness reduction targets:

- a reduction of 7% in the overall level of homelessness in NSW
- a reduction of 25% in the number of people sleeping rough in NSW
- a reduction of one-third in the number of Indigenous people who are homeless.

The HAP includes 100 NSW Government funded local, regional and state-wide projects to assist in achieving the homelessness reduction targets. As at June 2012, 55 of the projects were funded through the National Partnership Agreement on Homelessness (the NPAH). The remaining projects include other programs or services that contribute to addressing homelessness.

The projects are aligned to one of the following three strategic directions:

- *preventing homelessness* to ensure that people never become homeless
- *responding effectively to homelessness* to ensure that people who are homeless receive effective responses so that they do not become entrenched in the system
- *breaking the cycle* to ensure that people who have been homeless do not become homeless again.

Regional Homelessness Committees (RHCs) were established to support the development and implementation of ten Regional Homelessness Action Plans (2010-2014), which identify effective ways of working locally to respond to homelessness and provide the focus for many of the HAP projects.

### ***The HAP evaluation strategy***

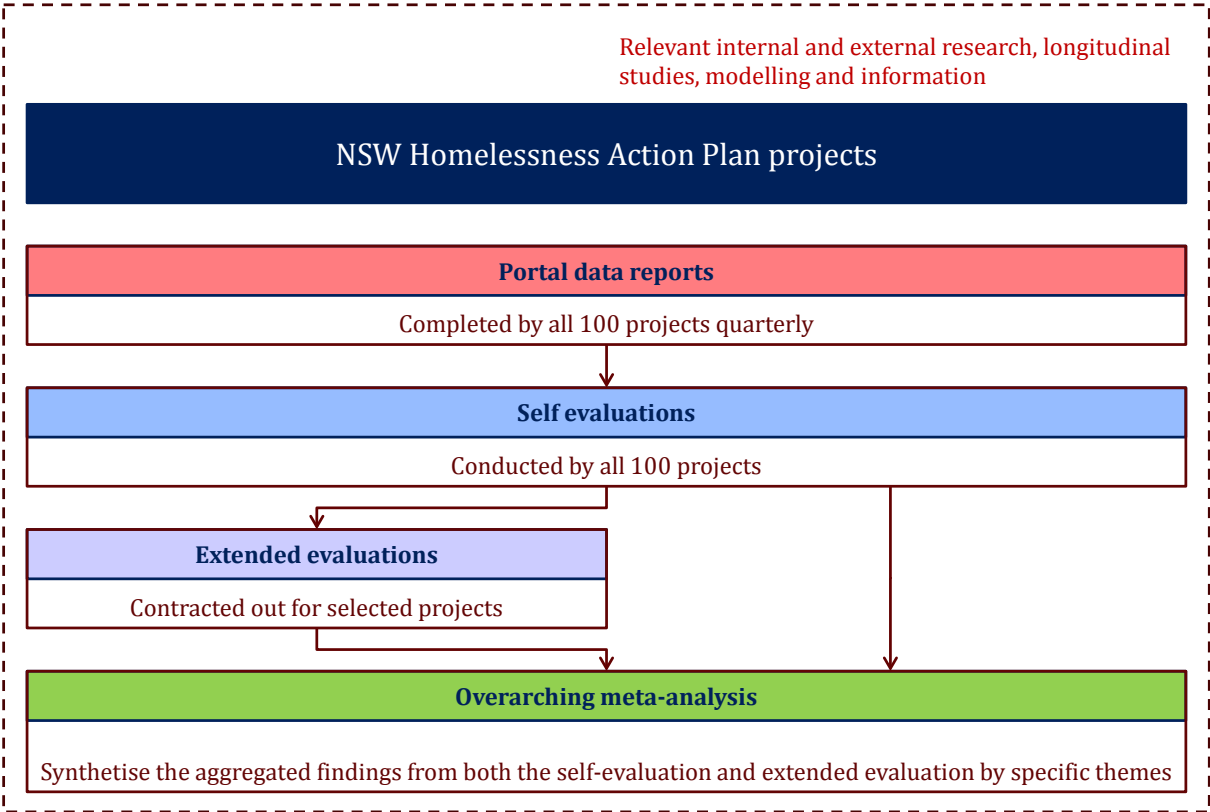
Housing NSW, in consultation with government agencies and the non-government sector, developed an overall evaluation strategy for the HAP. The strategy outlines how each of the 100 projects will be evaluated in a consistent manner, and how critical information from individual evaluations can be aggregated to make state-wide assessments about the impact of the HAP on reducing and preventing homelessness and the potential of different interventions to achieve sustainable reductions in homelessness. The HAP evaluation will also provide evidence of effective responses and lessons learnt that should be considered in the future response to homelessness in NSW.

The strategy involves three inter-related components.

- *Self-evaluations*: to gather performance information about each of the HAP projects across key areas in a consistent way and to collect the views of practitioners about the effectiveness of their projects.
- *Extended evaluations*: to analyse and draw conclusions about the effectiveness of 15 selected projects and the service approaches to addressing homelessness that those projects represent.
- *Meta-Analysis*: to synthesise the aggregated findings from the self-evaluations and extended evaluations as well as other evaluations available on HAP activities.

As a key data source for evaluation, monitoring data (collected quarterly from HAP projects through the online data portal) can be considered a fourth element of the strategy (see Figure 1).

**Figure 1. HAP evaluation strategy**



Housing NSW has contracted external consultancies to conduct extended evaluations, covering the following service areas:

- youth foyers
- support for people at risk of eviction
- support for people exiting institutions
- support for women and children experiencing domestic violence
- **long term housing and support.**

**1.2 Overview of service model and projects included in this evaluation**

ARTD is responsible for the extended evaluation of the long term housing and support service area. This covers four projects selected for individual evaluation: the Rural Interagency Homelessness Project for people with complex needs in Riverina and New England, the North Coast Accommodation Project and South East NSW Community Connections.

The HAP long term supported housing projects are linked to the exemplar model ‘supportive housing’ from AHURI’s 2009 review of the literature, which informed the HAP. But, while each of the four projects under this evaluation delivers supportive housing, they do not represent a single ‘model’ of service delivery. The projects use a

mix of housing types (social and community housing and private rental options), some work across prevention and intervention, and some refer using a 'Housing First' approach.

Chapter 3 describes the specific model for the Rural Interagency Homelessness Project for people with complex needs in New England, also known as the Rural Homelessness New England project (RHNE), which this report covers.

### 1.3 Key contextual factors from the literature

The evidence from the literature shows the need to provide both long term housing *and* support to permanently move people on from homelessness. But it is difficult to identify a definitive supportive housing 'model' that is known to be effective and that would provide an appropriate comparator for the diverse long term housing and support projects covered by this evaluation.

It is possible, though, to articulate the components of long term housing and support with broad principles for their effective delivery. Our findings about the principles for the effective delivery of long term housing and support are consistent with AHURI's 2009 literature synthesis. An effective approach to supportive housing will provide

- **housing** that is accessible in a timely way, appropriate to the person's needs, affordable, of secure tenure and non-contingent on treatment
- **case management** that is persistent, reliable, intimate and respectful and delivers comprehensive practical support of individually determined length
- **linkages** to other services/ supports that the client needs.

To be effective, a long term housing and support model will require some level of **service integration or joint working**. There are different models for joint working that entail different levels of connectedness between services (from ad hoc interaction to collaboration to joint teams); and identifying which is most appropriate for a particular project will depend on the operating context and intended aims. But, as for the other components of long term housing and support, it is possible to outline broad principles of what works. Joint working works best where partners recognise and accept the need for partnership, develop clarity and realism of purpose, ensure commitment and ownership, develop and maintain trust, create clear and robust partnership arrangements, and monitor, measure and learn.

Housing First—which provides rapid access to stable, permanent housing not dependent on a client's commitment to treatment rather than using a continuum approach to housing—is the long term housing and support model with most considerable base in the literature. The term has also become somewhat ubiquitous in practice, though not all services calling themselves Housing First have been completely faithful to the original model. While there is strong evidence for the model with its original target group (homeless people with a mental illness in New York), some



questions remain about appropriate adaptations of the model for other population groups and locations and about the evidence base for these adapted versions.

The literature identifies a range of **challenges** to delivering supportive housing in the ways that have been shown to work.

- **Housing:** The lack of affordable housing options is a key barrier to achieving positive outcomes (Hatvani, 2012). The location of affordable housing, where it is available, can also affect access to jobs, travel time and transport choices (AHURI, 2010). Concentration of social disadvantage in particular areas is also a concern (Vinson in Pawson et al, 2012).
- **Case management:** Lack of capacity to support clients in the medium to longer term is a challenge (Baulderstone and Button, 2012).
- **Linkages:** Lack of service system capacity, particularly within mental health services creates difficulties.
- **Integration** is complex and requires time and effort (Deloitte, 2011). programmatic, organisational, funding and sectoral 'silos' can all be barriers (Flateau et al, 2011).

Consistent with the AHURI findings from 2009, the findings from our literature scan, are that different interventions will be appropriate for different clients. This reflects a need for the flexibility within the broad supportive housing model to meet the needs of particular target groups and individuals.

## 2. Evaluation scope and methods

### 2.1 Ethics process

ARTD submitted the evaluation project to the Human Research Ethics Committee (HREC) at the University of New South Wales for ethics approval on 7 August 2012 and received final approval on 13 September 2012 prior to data collection and analysis. Our processes were in line with ethics requirements.

- **Client processes**
  - Services distributed an information package (including a participant information brochure emphasising the voluntary nature of participation, the consent form and a reply-paid envelope) to all clients assisted (past and current) in site visit locations in September 2012. We contacted only clients that returned consent forms for interviews. This process prevented any selection bias or sense of obligation that would come from having case workers identify clients for interview.
  - We used only de-identified client data at the aggregate project level; we did not access any individual client files.
- **Stakeholder processes**
  - The lead government agency and the contracted NGO in each location identified stakeholders for interview. We only contacted those that agreed to participate.
  - The chair of the RHC distributed the online survey to all stakeholders that had had any involvement in the project, so we did not have access to email addresses of third parties.

All existing and newly collected data was maintained securely and confidentiality protected.

### 2.2 Summary of evaluation approach

#### 2.2.1 Evaluation questions

The initial request for tender for the extended evaluation of the long term housing and support service area identified seven key evaluation questions, which we have regrouped into four main evaluation areas (see Table 1).

**Table 1. Key evaluation questions**

Evaluation area	Key evaluation questions
Overall HAP targets	<ul style="list-style-type: none"> <li>Impact of the project/ approach on reducing homelessness (using proxy indicators)</li> <li>Potential of the project/ approach to achieve sustainable reductions in homelessness into the future</li> </ul>
Service system	<ul style="list-style-type: none"> <li>Impact of the project/ approach on service system change and improvement</li> <li>Extent to which the project had any influence on service integration and how this was achieved</li> </ul>
Client outcomes	<ul style="list-style-type: none"> <li>Impact of the project/ approach on client outcomes (both intended and unintended)</li> <li>Critical success factors and barriers for the project/approach, taking into account local contextual issues</li> </ul>
Cost-effectiveness	<ul style="list-style-type: none"> <li>Cost effectiveness of the project/ approach, including reduction or avoidance of costs incurred across NSW Government agencies or other organisations</li> </ul>

Based on initial consultations with Housing NSW, Regional Homelessness Committees and lead government agencies, ARTD developed a detailed evaluation framework matching data sources to questions across the main focus areas (see Appendix 1):

- **project delivery:** context, governance, model, client reach and referral pathways, housing provision, support service provision
- **service system outcomes:** overall system change, relationships within the housing sector, relationships with support service organisations
- **client outcomes:** client reach, client groups, Aboriginal clients, housing outcomes and non-housing outcomes
- **impact on overall HAP targets:** observed reduction in homelessness, impact of benefits
- **cost-effectiveness** for each project and across projects.

This framework reflects stakeholder expectations that the evaluation

- include a strong focus on service system changes
- take account of local contextual issues, particularly housing availability
- recognise co-occurring consultations on the reform of Specialist Homelessness Services (SHS), intended to make the system less crisis driven and more focused on prevention.

The framework guided the design of evaluation methods and instruments.

## **2.2.2 Overview of methods and analysis**

We used mixed-methods (both quantitative and qualitative) and drew on existing data and collected new data; some data sources were comprehensive and others were in-depth covering a selected sample of stakeholders and/or clients. The main methods were:

- literature scan
- analysis of existing clients reporting data
- online survey of all project stakeholders
- in-depth interviews with project stakeholders and clients in Tamworth and Narrabri<sup>1</sup>
- cost analysis.

Table 2 below provides an overview of all methods and how they were implemented for the evaluation of the Rural Homelessness New England project.

---

<sup>1</sup> Sites were selected in consultation with members of the Regional Homelessness Committee and these two sites were chosen because they represent very different contexts.

**Table 2. Evaluation methods**

Method/ source	Study population/ focus	Sample	Timing	Comments
Literature scan	Research literature	N/A	Aug–Sept 2012	This was not a systematic review but a scan or brief evidence assessment. The assessment was limited to research published in the period since 2009 and to papers sourced from the AHURI database and the Australian Homelessness Clearinghouse, as well as articles provided by Housing NSW and identified through snowballing references in bibliographies.
Project documentation review	Project documentation	N/A	Aug–Sept 2012	We reviewed the key project documents to gain an in-depth understanding of the project and inform the evaluation design. See Appendix 2 for the full list of documents reviewed.
HAP data portal	Clients	All clients assisted to end June 2012	Oct 2012	All contracted organisations report quarterly on key performance indicators through the HAP data portal, so the portal provides a source of data collected consistently across projects. Data items include number of clients assisted, average duration of support, number of clients housed in the year to date, number of clients maintaining stable housing, number of clients achieving non-housing outcomes and deliverables and milestones achieved in the reporting period.
Client reporting data from the contracted NGO	Clients	All clients assisted to end June 2012	Oct–Nov 2012	Tamworth Family Support provided additional client data they collect, so ARTD could undertake complementary quantitative analysis, including by location, referral and lead agencies.
Online survey	Project stakeholders	n=67 (52 responded)	Oct–Nov 2012	The chair of the RHC emailed all stakeholders (in lead agencies, partner government agencies, non-government organisations and other organisations) involved in the project a link to the online survey (n=67). The representative from the lead government agency distributed three reminders via email, and the survey achieved a very good response rate of 78%.

Method/ source	Study population/ focus	Sample	Timing	Comments
				Support services made up one-third of survey respondents and specialist homelessness services nearly one-quarter. About one-third had been involved with the project for less than five clients and another third for more than five clients; others were involved in project coordination or had limited involvement in the project. We analysed the closed questions in Excel through cross-tabs and analysed the 3 open-ended questions for key themes.
Stakeholder interviews	Project stakeholders	Sample not representative n=13	Oct–Nov 2012	<p>We interviewed 13 stakeholders from a broad range of organisations, including:</p> <ul style="list-style-type: none"> <li>▪ government agencies</li> <li>▪ the contracted NGO</li> <li>▪ housing providers</li> <li>▪ specialist homelessness services</li> <li>▪ mainstream services.</li> </ul> <p>See the full list of interviews in Appendix 3.</p> <p>We conducted interviews either face-to-face during site visits in Tamworth and Narrabri or over the phone; some interviews were conducted in small groups when appropriate. Interviews were semi-structured using an interview guide structured around key evaluation areas (see Appendix 4). Interviews lasted from 30 minutes to one hour, depending on the interviewee's involvement in the project.</p> <p>We analysed the data using a coding framework to identify broad and particular themes.</p>
Client interviews	Clients	Sample not representative n=5	Oct–Nov 2012	<p>We interviewed all clients from Tamworth and Narrabri who returned a consent form.</p> <p>We arranged face-to-face or phone interviews according the interviewee's preference. Interviews used an adapted discovery spine, which puts clients at the centre when talking about their journey through the system (see interview guide in Appendix 5). Each interviewee received a \$30 gift voucher to acknowledge their time.</p>

Method/ source	Study population/ focus	Sample	Timing	Comments
				We analysed the data using a coding framework to identify broad and particular themes.
Cost analysis	Costs	N/A	Nov 2012	We collected actual costs data from the lead government agency, in the form of financial statements for the three financial years covered by the project. Additional information on the breakdown of brokerage costs was provided in the self-evaluation report completed by the contracted NGO, Tamworth Family Support Service. We analysed the project costs using a cost structure as defined in a cost template designed by Housing NSW.

## 2.3 Limitations

The evaluation methods were implemented as planned and we were able to triangulate the findings across the data sources. This gives us confidence that the data provides the evidence for a sound assessment of the project. There were, however, some limitations to individual methods due to the availability of existing data and the tight timeframes, and these should be kept in mind when considering the findings of this report.

### *Comprehensiveness of the data*

To ensure we could identify challenges and successes in the full range of project operating sites, our survey was sent to all project stakeholders in all sites, and included options to comment. It was not possible to visit all operating sites, so, in consultation with Regional Homelessness Committee representatives, we purposively selected sites to get a broad coverage of issues faced across each project site. Whilst there may be other contextual considerations in some sites that were not identified by the evaluation, we are confident that our two-pronged approach enabled us to identify the main learnings from the project for future homelessness services.

### *Client outcomes*

The assessment of client outcomes relied mainly on the data collected through the HAP data portal. This reporting tool allowed for consistent reporting of client data across all HAP projects. But it has been progressively refined to more clearly distinguish between new and ongoing clients (carried over from the previous reporting period) to avoid double counting.

The HAP data portal allows for the collection of data on outputs and services provided to clients, but not for disaggregation of clients in terms of project component—early intervention and housing intensive support. This reporting system does not allow for the collection of indicators of medium-term impact, for example, whether clients were sustaining their tenancies 6 months after having exited the project. Medium and long-term indicators are difficult to collect in a consistent manner, especially from high-needs clients who are often difficult to track down.

### *Cost-effectiveness analysis*

Housing NSW developed a template for the cost analysis for all of the extended evaluations to unpack the costings of their particular service models. But, because these financial reporting requirements were not specified in the initial service specifications for HAP projects, we had to rely on the actual costs data contracted NGOs could provide from their internal accounting systems.



For RHNE, we attempted to match financial data provided by Tamworth Family Support Service to the Housing NSW cost template. Although it was not possible to reach the level of detail outlined in the Housing NSW template, we were able to distinguish between key types of costs: staff costs, operating costs and brokerage costs. In terms of brokerage costs, the financial statements Tamworth Family Support Service provided didn't give a further breakdown. However, Tamworth Family Support Service was able to provide us with some additional financial information breaking down brokerage costs into goods, services and payments for the three financial years covered by the project, 2009/10, 2010/11 and 2011/12.

The cost analysis included in this evaluation is not intended to feed into a cost-benefit analysis. This type of analysis would have required systematic collection of before and after data on clients (e.g. use of acute services) as well as the identification of an appropriate control group.

The cost-effectiveness analysis was limited by the lack of proper client outcomes data, so we focused on the analysis of project costs and the cost structure, especially the cost per client and the breakdown of costs, with a focus on brokerage costs. Qualitative data collected from interviews helped us to understand the contribution of the different cost items, for example, brokerage, in achieving specific client outcomes (in terms of housing and wellbeing).

## 3. Project description

### 3.1 Service origins and description

The Rural Interagency Homelessness Project for people with complex needs is delivered in two regions: Albury/ Wagga and New England. This report covers the project as delivered in New England; the project as delivered in Albury/ Wagga (the Riverina Murray) is covered in a separate report.

#### 3.1.1 Project development and contract

Community Services is the lead government agency for the Rural Interagency Homelessness Project for people with complex needs in New England (RHNE). In the initial stages, representatives from Community Services and Housing NSW and Legal Aid, the other government agencies with key roles in the project, set out preliminary guidelines and templates for the project and drafted the request for tender for an organisation to coordinate the project. Community Services selected Tamworth Family Support Service (TFSS) as the preferred tenderer and the project commenced in January 2010. The project was initially funded until the end of December 2012 but, in mid-2012, it was extended until June 2013.

#### 3.1.2 Project focus

The RHNE was intended to draw together a range of local government agencies and non-government organisations that target people who are homeless or at risk of homelessness to facilitate their move to long-term accommodation with support. The project was to provide both early intervention for people at risk of homelessness and housing, case management and connections to support for people who are homeless.

This project plan linked this focus to the research on the importance of early intervention to prevent people becoming entrenched in homelessness and to the effectiveness of multidisciplinary case management teams and immediate access to permanent supportive housing (rather than a traditional step-up or transitional approach) in resolving homelessness.

#### 3.1.3 Operating context

The operating locations defined for RHNE in the service specification are the following Local Government Areas (LGAs): Tamworth, Narrabri, Gunnedah, Inverell, Gwydir, Glen Innes/ Severn, Tenterfield, Moree Plains, Armidale, Guyra, Uralla, Liverpool Plains and Walcha. The project plan noted priority areas for Housing NSW as Tamworth, Narrabri, Moree Plains and Armidale.

### ***Homelessness in New England prior to the project***

The last available data on homelessness in New England prior to the project's establishment shows there were 626 homeless people. Based on available data, people staying temporarily with other households (26%), people in supported accommodation for the homeless (24%) and people living in 'severely' overcrowded dwellings (23%) made up the highest proportion of the homelessness population in the region. Compared with the pattern for NSW as a whole, people staying temporarily with other households, people in supported accommodation for the homeless and people who are in improvised dwellings, tents or sleeping out made up a higher proportion of New England's homeless population, while people staying in boarding houses made up a lower proportion (see Table 3 below).

**Table 3. The homeless population in New England compared with NSW in 2006**

Homeless operational group	New England homeless*		NSW homeless	
	n	%	n	%
Persons who are in improvised dwellings, tents or sleeping out	75	12%	1,601	7%
Persons in supported accommodation for the homeless	153	24%	3,831	17%
Persons staying temporarily with other households	163	26%	4,748	21%
Persons staying in boarding houses	79	13%	5,966	27%
Persons in other temporary lodging	12	2%	146	1%
Persons living in 'severely' crowded dwellings	147	23%	5,908	27%
<b>All homeless persons</b>	<b>629</b>	<b>100%</b>	<b>22,200</b>	<b>100%</b>
Persons living in other crowded dwellings	256	46%	14,765	72%
Persons in other improvised dwellings	179	32%	1,829	9%
Persons who are marginally housed in caravan parks	120	22%	3,930	19%
<b>All persons in other marginal housing</b>	<b>550</b>	<b>100%</b>	<b>20,524</b>	<b>100%</b>

Note from ABS: cells in this table have been randomly adjusted to avoid the release of confidential data. As a result cells may not add to the totals. Categories are mutually exclusive; therefore persons will only appear in one category. For example, persons who are in the category 'improvised dwellings, tents or sleeping out' who are in 'living in severely crowded dwellings' will not also appear in 'persons living in severely crowded dwellings'.

\* Northern ABS subdivision

The 2006 ABS data (as updated in September 2011) did not provide a breakdown of the homeless or at risk population by demographic categories, so it is not possible to accurately indicate the sub-groups of highest need. SAAP data included in the Regional Action Plan, though, shows a higher proportion of SAAP clients in New England/ North West are single females and females with children than in other regions. It also shows that a higher proportion of SAAP clients in this region seek assistance because of domestic and family violence and relationship breakdowns than in other regions. Key client groups identified for the region through workshops are

- rough sleepers
- Indigenous homeless in SAAP accommodation
- women escaping domestic violence
- people with mental illness or drug and alcohol issues who are at risk of homelessness
- young people.

When the Regional Homelessness Action Plan was being developed, there were 19 SAAP services in New England North-West—about one-third of these targeted women with children and about one-third targeted young people.

## 3.2 Aims and Objectives

### 3.2.1 Strategic objectives

Within the NSW Homelessness Action Plan 2009–2014, the Rural Interagency Homelessness Project for clients with complex needs in Albury/ Wagga and New England sits under priority 5, ‘Deliver integrated service responses’, the specific aims of which are to

- establish consistent cross-agency assessment and case management practices
- develop regional homelessness action plans and local plans in priority locations
- build the capacity of the overall service system and workforce to deliver integrated responses
- share relevant data across the overall service system.

The initial policy focus for the project was clear on supporting service system change as well as individual clients.

The project sits under first priority area—to achieve a flexible, integration service system—in the New England/ North-West Regional Homelessness Action Plan 2010–2014.

### 3.2.2 Project aims

The initial project plan outlined five objectives for the project, which fall into two categories.

- ***Client outcomes objectives***
  1. Identify 50 people per annum who are at risk of homelessness and broker a range of early intervention supports to help them resolve their crises and address underlying issues.
  2. Prevent 30 homeless people (10 single adults with complex needs and 20 families) from sleeping rough through provision of social housing and a package of intensive supports.
  3. Increase access to legal services for those who are homeless or at risk of homelessness to prevent legal issues from compounding.
- ***Service system objectives***
  4. Increase collaborative service delivery across government agencies in responding to homelessness.

5. Identify and resolve impediments to the effective provision of support services and make recommendations to reform the existing service system in the longer term.

### 3.3 Target group

The service specification outlined two target groups for the project.

- **For early intervention:** single adults, families or young people aged 16–25 years, who are not currently in supported accommodation, who are at risk of homelessness and who may be disengaged or at risk of disengaging from family, school/ education, training or employment
- **For housing and intensive support:** single adults or families experiencing primary homelessness, who may be repeat users of crisis accommodation services or who are at risk of chronic homelessness or who are rough sleepers (at the time of referral).

In line with the slight overrepresentation of people staying temporarily with other households in the region, the project plan for RHNE had a specific focus on identifying the 'hidden homeless' including young 'couch surfers' as part of the housing and intensive support component.

While the project is not specifically targeted at Aboriginal and Torres Strait Islander people, the project was expected to work with Aboriginal and Torres Strait Islander people who are homeless or at risk of homelessness. The expectation was that the clients supported would broadly reflect the demographics of the local population.

#### 3.3.1 Eligibility criteria, referral and assessment process

##### *Eligibility Criteria*

The guidelines developed for the project outline the eligibility criteria for each component.

**Case Management:** The client must

- be aged 18yrs and over
- be a single adults or family
- be living in the New England North West area
- be experiencing homelessness
- have high needs with a history of repeat users of SHS and or crisis accommodation services
- agree to utilise the support being provided through support agencies for a minimum of 12 months
- be willing to participate with the development and implementation of their case management plan

- be experiencing complex issues including but not limited to alcohol and other drug abuse, mental health including self-harm, intellectual / cognitive disability and challenging behaviour.

**Early Intervention Case Management Support:** The client

- must be a young person aged 16 to 18 years at risk of homelessness who are not currently in supported accommodation (who are currently living in the family home) OR be a single adult and/or family at risk of homelessness and who are currently housed
- may be disengaged or at risk of disengaging from family, school / education, training or employment.
- must agree to utilise the support being provided through support agencies for a minimum of 4 months
- must be willing to participate with the development and implementation of their case management plan.
- must living in the New England North-West area.

***Referral and assessment process***

Partner organisations make referrals to project coordinators within TFSS using the referral form developed for the project. The coordinator makes an initial assessment of eligibility. The agency making the application is then expected to organise a case planning meeting prior to the next coordination group to develop a case plan, including the amount of funding to be sought, for approval by coordination group members. There are exceptions to this requirement where the application doesn't identify a lead agency for the client.

### **3.4 Service model**

The model uses a contracted NGO (TFSS) to maintain the brokerage budget and to coordinate partner agencies to work together to plan and provide wraparound support to meet individual client needs. The brokerage is used to deliver the project's two main components:

- Housing Intensive Support packages (target of 30 per annum)
- Early Intervention Brokerage packages (target of 50 per annum)

TFSS has a project coordinator and other staff to work directly with some clients. TFSS manages the development of the coordinated case plans through local project Coordination Groups that bring together a range of local housing and support agencies (see section 3.4.2 for more).

As part of the support for clients, Legal Aid was intended to support the project to develop a brokerage model for specialist legal services.

The project plan indicated the project would provide enhanced capacity for outreach to clients in smaller towns and settlements, traditionally a challenge for regional service systems to support.

One stakeholder referred to the model as similar to the Nepean Youth Homeless Service (NYHS). A 2010 review of NYHS found that the project had successfully responded to identified issues on a one-off or project-specific basis so that clients were able to access housing and support, but it had been less able to influence change in the wider service system because all relevant stakeholders and organisations did not become involved (ARTD Consultants, 2010).

### **3.4.1 Services offered**

#### ***Contracted NGO***

The service specification lists the following activities to be provided by TFSS for both project components

- information and advice to clients
- referral to other services
- assessment and case planning
- client focused case work (for the 30 homeless clients per annum this includes support to access and maintain a Housing NSW tenancy)
- linkages to training and employment
- transition to independent living for the housing intensive support component
- service system development.

TFSS provides direct support to some clients, including case management support, and coordinates brokerage funding that partner agencies and organisations can access to case manage clients or provide supports outlined in agreed case plans.

#### ***Housing***

The project plan identified the following pathways to housing for the two client groups

- Housing NSW tenancies for homeless clients receiving housing and intensive support
- support to establish private rental tenancies for those at risk of homelessness receiving early intervention.

The project was also intended to negotiate partnerships with specialist homelessness support services and the Housing NSW Temporary Accommodation Program to provide up to 4 weeks supported accommodation and intensive support to clients as needed.



## **Support**

The project provides brokered support through a cross-agency, cross-sector partnership model. Local coordination groups develop and approve holistic and individually tailored case plans to meet each client's/ family's needs. Each client/ family is designated a case manager who coordinates the multi-disciplinary case management for a period of up to 12 months to support the client and their access to the services they need. The process includes regular case management meetings with all support services involved and provision of regular progress reports and case plan reviews to the coordination group.

### **3.4.2 Coordination structures**

The project is run through five coordination groups (Tamworth, Armidale, Glenn Innes, Moree and Narrabri), which were established in the first phase of the project. These local groups meet monthly. They are led by the project coordinator from TFSS who appoints members. The terms of reference for the groups indicated they would consist of 8 to 10 members including;

- the Project Coordinator and / or Manager Homelessness Services of TFSS (principal agency)
- a SAAP representative from each LGA
- NSW Health (Drug and Alcohol, Mental Health)
- Social Housing
- Community Services

Additional members could be appointed from the wider New England North-West project partnership.

The role of each coordination group is to assess, approve, amend or reject applications and case plans and to finalise case support. All case support plans are subject to regular review by the coordination group, at which point the designated case manager might ask for further brokerage support or seek input from the group about other assistance needed. The coordination group was also intended to identify and report structural barriers to service delivery to the Project Coordinator; where these could not be addressed regionally, they could be escalated.

### 3.4.3 Partnerships

The project plan outlined partner government agencies and the expectation for the project to work with specialist homelessness services and Housing NSW Temporary Accommodation Program, real estate agents and private landlords and other relevant local agencies.

**Table 4. Partner agency roles**

Partner agency	Role
Community Services	Lead government agency to administer and provide funding to the contracted agency.
Housing NSW	To provide 30 social housing tenancies (ten for complex needs clients) per annum under the NSW Housing and Human Services Accord Framework.
Community Housing providers	Contribute to the project.
NSW Health	Where possible, NSW Health will provide timely access to assessment and treatment services within existing resources. Treatment services will be provided to clients of the project who meet clinical service eligibility criteria, subject to clinical triage and service availability.
Ageing, Disability and Home Care	Where possible, Ageing, Disability and Home Care will provide timely access to support services within existing resources.
Legal Aid	Assist the project partners to develop a brokerage model for specialist legal services for people who are homeless or at risk of homelessness in the region.
Aboriginal Affairs	Policy expertise and advice on project direction.
Specialist homelessness services and Housing NSW Temporary Accommodation Program	Project to develop partnerships with specialist homelessness services and Housing NSW Temporary Accommodation Program to provide, where necessary, up to 4 weeks supported accommodation and intensive support.
Real estate agents and private landlords	Project to develop partnerships with real estate agents and private landlords to increase pathways into private accommodation.
Other local NGOs and government agencies	Project to develop partnerships with other local NGOs and government agencies that would participate in local Coordination Groups and provide case management and/or other support identified in case plans to clients.

Source: Project plan Rural Interagency Homelessness Project

### 3.4.4 Brokerage

The project provides brokerage funding to local agencies to purchase goods or deliver services to clients in accordance with collaborative and coordinated case plans, which are determined by the coordination groups. According to the self-evaluation report, goods and services brokered through local agencies include

- specialist appointments
- oral health
- rubbish removal and initial housing hygiene clean
- Psychotherapy / Counseling
- vehicle maintenance and registration ( this is critical in rural areas where there is lack of transport)
- furniture/ white goods,
- electricity arrears
- rental arrears
- lawn mowers
- storage of belongings for clients that are homeless
- temporary accommodation
- brokered services, such as drug and alcohol counseling , Rent It Keep It Program, support services.

The project plan indicates brokerage was to be made available for supports and services that would otherwise be unavailable and that would support sustainable long-term outcomes.

To ensure clients' engagement in the project, where brokerage funding was used to purchase household goods, clients were asked to sign a Client Agreement to Ownership and Transfer of Goods. The agreement stipulated that the client must complete 12 months with the project before ownership of the goods would be transferred from the project to them and that they must not sell, give away or otherwise dispose of the goods while they are owned by the project.

### **3.5 Management and governance arrangements**

Community Services, as the lead government agency for the project, has responsibility for managing the contract with TFSS, the contracted NGO. TFSS reports to Community Services on the project and Community Services reports to the Regional Homelessness Committee (RHC).

The self-evaluation report indicates that the RHNE project is a conduit for disseminating information and raising barriers within the homelessness sector, through the five coordination group meetings monthly, then bi-monthly meetings with the Regional Advisory Group.

## 3.6 Resources

### 3.6.1 Staffing

As of the June 2012 self-evaluation report, the project had 3.5 full-time equivalent (FTE) staff—a 0.5 FTE coordinator, 2 FTE case managers and 1FTE for administration.

### 3.6.2 Budget allocation

The project is funded through Commonwealth funding under the National Partnership Agreement on Homelessness (the NPAH). The project was allocated a budget of \$712,000 per annum over three years based on the following average costings for package components

- intensive case management support for single adults with complex needs at \$37,230 per person
- semi-independent case management support for families at \$10,220 per family
- early intervention with an average of four months support at \$1,374 per person.

Table 5 below presents the actual project income to end of June 2012. In 2009/10 the project only operated for six months.

**Table 5. Annual project funding**

	2009/10*	2010/11	2011/12	Total
NSW Community Services	\$340,001	\$697,000	\$654,840	\$1,691,841
Funding unexpended	(\$125,745)	(\$289,589)	\$7,457	(\$407,877)
Other funding	\$0	\$0	\$4,820	\$ 4,820
<b>Total income</b>	<b>\$ 214,256</b>	<b>\$ 407,411</b>	<b>\$667,117</b>	<b>\$1,288,784</b>

Source: audited financial statements for 2009/10, 2010/11 and 2011/12

\*The project only operated for six months in 2009/10.

## 4. Client outcomes

### 4.1 Clients assisted and services delivered

#### 4.1.1 Number of clients assisted

The RHNE project assisted a total of 190 unique clients to the end of June 2012.<sup>2</sup> According to the initial project plan and service specification, the project was to support 80 clients per annum—30 of these with housing—over three years. In the last six months of 2009/10, when RHNE was first being established, the project assisted 37 clients. The project took on slightly fewer new clients than the annual target in 2010/11, but had carried over more than 20 clients from the previous year. In 2011/12, when the project was well-established, it exceeded the annual target as well working with 45 clients carried over from the previous year (see table 6).

**Table 6. Number of clients assisted (January 2010 to June 2012)**

	2009/10	2010/11	2011/12	Total
Annual target	40*	80	80	200
New clients	37	60	93	190
Clients continuing from previous year	–	23	45	–

Source: HAP data portal

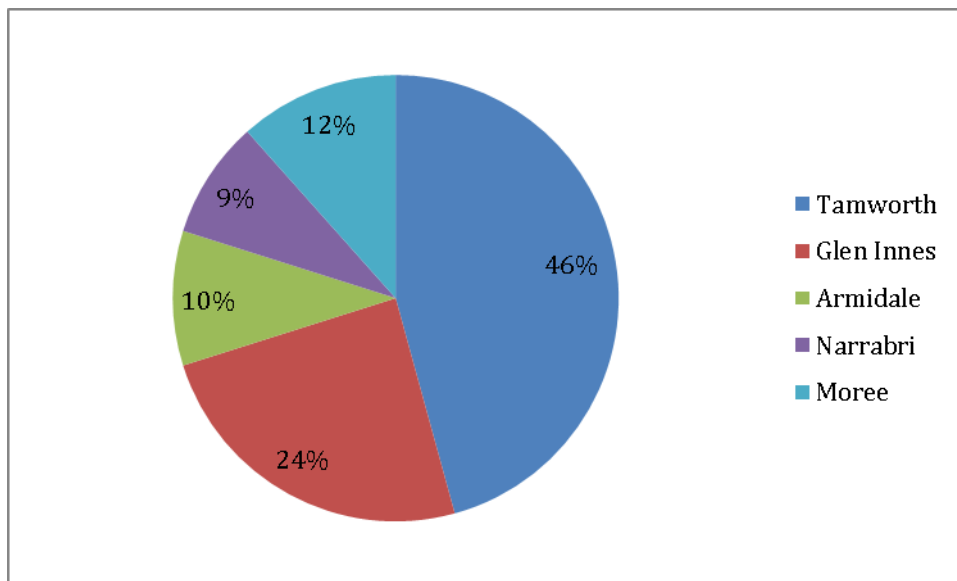
\*The project only operated for six months of 2009/10

#### 4.1.2 Location of clients assisted

The largest proportion of clients were in Tamworth (46%) (see figure 2), one of the priority locations for the project and the location in this region where homelessness had increased most substantially between 2001 and 2006 (ABS).

<sup>2</sup> Data collected through the HAP data portal is for each client entering the project. One client may come with a partner or some children, but service providers did not report on the composition of households. The data collected is at household level, but the report uses the term ‘client’ with a broader understanding for ease of reading as it is the terminology used in all policy and project documents.

**Figure 2. Clients assisted by location (January 2010–June 2012)**



Source: RHNE Discussion Paper 2012, TFS internal monitoring data (n=164 clients)

### 4.1.3 Demographics of clients assisted

The project did not have a specific demographic target group besides the overall targets of high-needs homeless clients and clients at risk of homelessness. In practice, the project has assisted more female than male clients in each year, and the proportion of female clients increased each year (see Table 7). This is perhaps a reflection of the fact that women and women with children made up a higher proportion of clients seeking SAAP assistance in New England/ North-West than in other regions prior to the project's commencement.<sup>3</sup>

The majority of project clients (about three-quarters in any financial year) were aged 25–65 years, though young people—a priority group for the region—represented almost one-quarter of all clients in 2011/12.

Indigenous homeless in SAAP accommodation were identified as a priority client group for the New England/ North-West region and, although RHNE did not focus on Aboriginal clients as a specific demographic target group, the project's client mix was expected to reflect the local population. In practice, most project clients were non-Indigenous and Australian born, but the proportion of Aboriginal clients grew over the years of operation, perhaps as relationships were better established, and in 2011/12 these clients made up nearly half of all clients supported (47%).

<sup>3</sup> New England/North West Regional Homelessness Action Plan 2010–2014

**Table 7. Demographics of clients assisted**

	2009/10 n=37	2010/11 n=83	2011/12 n=138
Male	47%	39%	29%
Female	53%	61%	71%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
16–24 years	22%	23%	25%
25–64 years	72%	75%	71%
>65 years	6%	2%	2%
Not known	0%	0%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Aboriginal and Torres Strait Islander	31%	39%	47%
Other Australian born people	66%	58%	50%
People born overseas, English speaking	3%	4%	1%
People born overseas, non-English speaking	0%	0%	0%
Not known	0%	0%	1%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: Self-evaluation report (data missing for 5 clients)

Note: number of client assisted per year includes new clients for the year as well as clients continuing from the previous year.

#### 4.1.4 Client status prior to assistance

The RHNE project assisted clients in a range of living situations reflecting its dual target of both the homeless and at risk populations. In the initial six months of operation, the project took on mostly those who were sleeping rough or in short term or emergency accommodation, but by 2011/12, those who were at risk of homelessness were the project’s most substantial client group (see Table 8). This evolution reflects comments from some stakeholders that it took some time to establish referrals for early intervention as these can be more difficult to identify, particularly in a system traditionally more geared towards crisis support.

**Table 8. Client status prior to assistance**

	2009/10 n=37	2010/11 n=83	2011/12 n=138
Sleeping rough	19%	36%	9%
Short term or emergency accommodation due to lack of other options	47%	25%	29%
At risk of homelessness	34%	35%	59%
Other	0%	4%	3%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Source: HAP data portal

Note: number of client assisted per year include new clients for this year as well as continuing clients from previous year

The five clients we spoke to were living in and had been through a range of living circumstances prior to coming into the project: in a hostel or refuge, in a caravan park, struggling in private rental and with relatives. There were some commonalities though—several were new to the area, a couple mentioned having mental health issues, and several were women who had experienced domestic and family violence, the latter being a priority group for the New England/ North West region. Some came to the program as families or single parents with children; others as singles. Stakeholders, similarly described referrals of clients living in a wide range of circumstances and dealing with different issues.

**4.1.5 Referral and assessment process**

RHNE could accept referrals from a broad range of services. In practice, though, most referrals came from non-SHS NGOs, except in Narrabri (see section 5 for further discussion of agency involvement in the project). The clients we spoke with came into the project through various support services they had come into contact with.

A couple of stakeholders interviewed suggested the project may not be receiving referrals from some organisations because they lack awareness of it, though TFSS had initially promoted the project around the region through a road show.

TFSS indicated that the project had received more referrals for housing intensive support than for early intervention, while the initial intention had been to reach a higher proportion of early intervention clients. Other stakeholders also noted getting early intervention referrals as a challenge, at least initially. One said that early intervention is about ‘fixing things before it’s too late’, but it can be difficult to identify a person in need of support before they reach crisis point. Another said that referrers in housing



providers were initially waiting until clients reached the point of being handed an eviction notice before referring, but the project has made referrers aware of needing to identify clients who are struggling as soon as possible.

### ***Satisfaction with processes***

Stakeholders surveyed were generally satisfied with the referral and assessment process. The majority of respondents to the online survey considered the client referral process effective (70% agreed and 23% mostly agreed) and the assessment process effective (65% agreed and 28% mostly agreed). In interviews, though, a few stakeholders raised issues with the application process, in particular that the form and process were too long and that the form was too difficult to complete. The project worked with stakeholders to reform this process through forums in 2012.

Another issue raised was that referrals can only be processed through monthly coordination group meetings. There is a process for emergency approvals out of session, but it is not a crisis service, so the expectation is that approvals can generally wait until the next meeting.

### ***Filling a gap in available supports***

In the self-evaluation report, TFSS indicated the project has supported clients that would not have met eligibility criteria for other local services and provided clients with access to services they would not necessarily have come into contact with. The stakeholder survey results reflect this view, with the majority of respondents seeing the project as an opportunity to support clients not covered by other existing initiatives (67% agreed and 21% mostly agreed). But somewhat fewer stakeholders indicated that through the project they had worked with clients they would not normally be able to reach (56% agreed and 17% mostly agreed). This is reflected in the comments of stakeholders interviewed who often described working with clients similar to those they regularly work with, probably because many took on a lead role with clients they had referred when they came into contact with their service. This suggests that the project has more commonly increased the capacity of the system to support clients than enabled organisations to work with different client populations.

In survey comments, a couple of stakeholders described one of the main benefits of the project as being able to do something they would not normally be able to—either providing a longer than usual support period or working with clients they would not usually be able to work with.

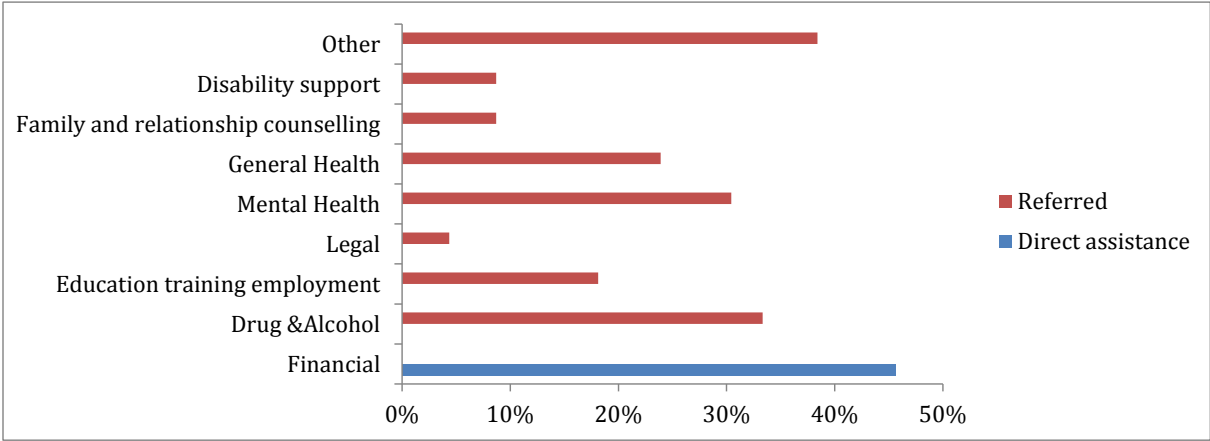
### ***Clients not accepted into the project***

From stakeholder interviews, it appears that referrals not accepted into the project are referred on to other appropriate services or programs or picked up by partner agencies as part of their regular work.

## 4.2 Services delivered

Aside from housing (for the housing intensive support clients) or support to access housing (for early intervention clients), the project was intended to allocate clients a case manager and directly provide or connect them to a range of services they needed. In practice, clients were allocated a case manager from among partner agencies and connected with a range of services, in particular financial supports and drug and alcohol and mental health services, but also general health services, education and employment, disability supports, family and relationship counselling, legal services and a range of other supports (see figure 3).

**Figure 3. Non-housing services provided clients in 2011/12**



Source: HAP data portal (n=81)

Clients interviewed described receiving assistance with a range of things to meet their needs, including brokerage funding for household goods to establish their tenancies and to remediate their debts and access to budgeting courses and counselling in particular, but also a parenting course, links to training and employment, and support for children. Stakeholders interviewed similarly described the project providing a range of supports.

### 4.2.1 Length of support

There is no systematic data to indicate the length of the support periods clients actually received, though the intention was to provide 12-months case management. A couple of stakeholders though suggested the need for more flexibility in terms of support periods, with one suggesting some clients have stayed in the project too long and that clients should be exited if they are not experiencing any issues, with the option to refer them back into the project if needed.

#### 4.2.2 Appropriateness of services provided

Stakeholders surveyed were generally positive about the supports provided by the project, with most respondents to the online survey indicating that the project has been particularly effective in linking clients to the support they need (60 % agreed and 35% mostly agreed) and that it had linked clients to a broader range of services than other projects in the area (50% agreed and 43% mostly agreed).

They also saw the project as providing better integrated case management than usual (50% agreed and 39% mostly agreed). Though some stakeholders interviewed described differing understandings of the capacities for integrated case management among participating organisations as an initial challenge for the project, TFSS had provided training to address this issue (see chapter 5 for more detail).

Despite these positive findings, over half of the stakeholders surveyed described the lack of services available locally as having limited the project's ability to link clients to services they needed (25% agreed and 32% mostly agreed). Lack of service capacity also came up as an issue in stakeholder interviews and the self-evaluation report. Some described a lack of capacity in the system generally, others referred to particular areas like Narrabri, and some to certain service types, particularly mental health but also financial counselling and health and specialists. The lack of willingness or capacity to take on the lead role with clients has also been an issue. One stakeholder put it this way: if the project can't identify services to meet a client's needs it can't take them on and, while the project may have been considered a sort of one-stop-shop, in practice it is not because some services are missing from the equation (see chapter 5 for more on service engagement).

In the project, clients can be invited to the coordination group as well as case meetings for discussion of their case. One stakeholder described clients' participation in case meetings as probably appropriate, but said they think clients should not be at coordination group meetings as discussions of clients in these forums are 'quite frank'.

#### **Brokerage**

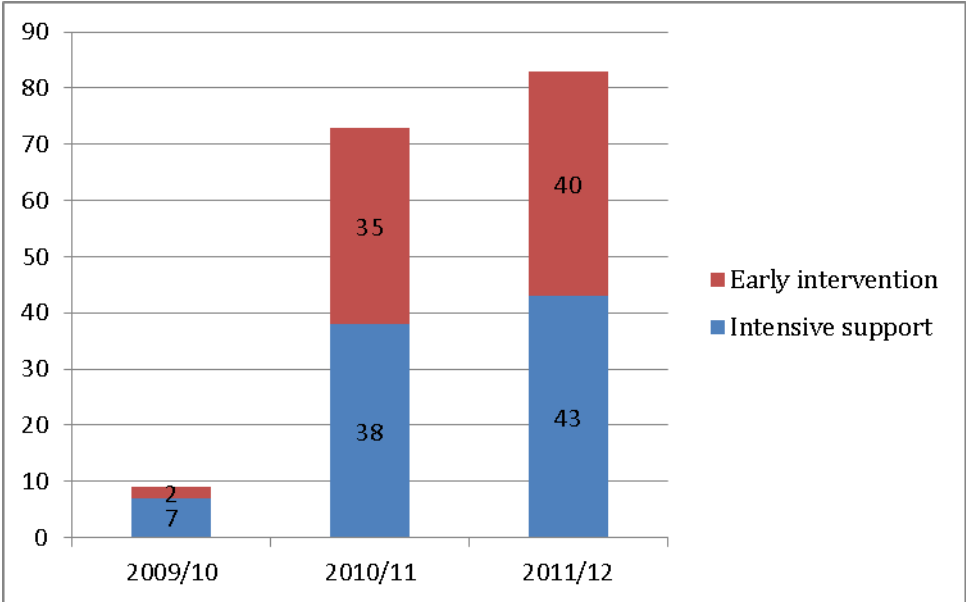
The brokerage for services and goods was an important part of the support model. Stakeholder interviews, though, suggest both the value of brokerage for goods, but also tensions around it where clients are keen to access the project for brokerage funding but not to engage. The effectiveness of the brokerage component is discussed in section 6.4.

### 4.3 Housing outcomes

#### 4.3.1 Types of housing support provided

The project offered two types of assistance: housing intensive support for people who were homeless and early intervention for people at risk of homelessness. The data for clients that received housing support in any financial year, suggests more clients received housing intensive support, while the original plan had been to support a higher proportion of early intervention clients in the effort to shift the system to more preventative service delivery.

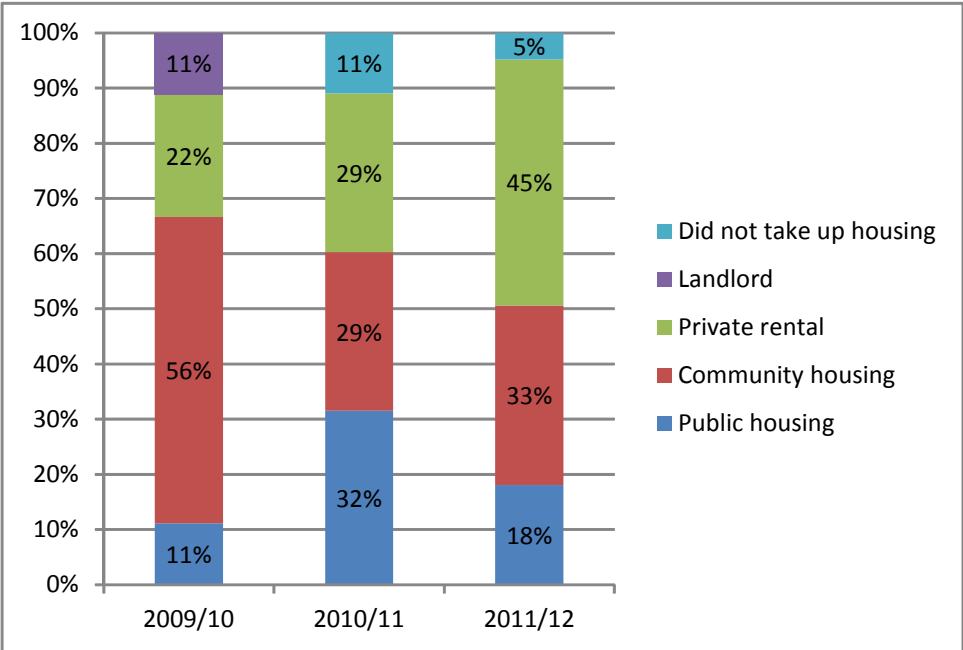
**Figure 4. Number of clients assisted by component (January 2010–June 2012)**



Source: TFSS, November 2012

The data on type of housing clients accessed cannot be disaggregated by support component, hence the mix between private rental and public and community housing in the data. The small proportion of clients that ‘did not take up housing’ is clients that were accepted into the project, but left prior to being housed.

**Figure 5. Distribution of clients by types of housing outcome (January 2010 to June 2012)**



Source: TFSS, November 2012

**4.3.2 Critical factors to accessing and maintaining a tenancy**

Almost all stakeholders surveyed agreed that the project helped clients to obtain or maintain accommodation appropriate to their needs (70% agree and 25% mostly agreed) and helped clients into stable long term accommodation (69% agreed and 24% mostly agreed). But slightly fewer saw the project as having identified new and innovative ways to secure housing for clients (50% agreed and 31% mostly agreed), and most noted the limited availability of affordable housing locally reduced the project’s ability to assist clients into accommodation (57% agreed and 18% mostly agreed).

TFSS described varying levels of the success in accessing tenancies across locations due to limited affordable housing. Stakeholders mentioned Narrabri and Glen Innes as particularly difficult areas for housing, with one commenting that people are leaving Narrabri.

In the self-evaluation report TFSS noted the project had struggled with housing in some areas where options are limited and demand has increased with the mining boom. Another issue was to identify housing options for those with substantial debt from private rental and/or social housing tenancies meaning they are ‘blacklisted’.

Stakeholders described project clients getting priority access to social housing as helpful, but one indicated it was still a challenge because all had priority. One stakeholder described collaboration between community housing and social housing as

useful in situations where there was not an appropriate housing option in one of these but there was in the other; another mentioned collaboration between community housing and Aboriginal land councils. Still, some stakeholders noted that certain areas lack housing stock. One stakeholder described the Housing NSW flats recently built in Tamworth as helpful in terms of boosting housing availability, but as having created a ghetto. A couple of other stakeholders also noted difficulties finding appropriate housing. One stakeholder described the Housing NSW application process as difficult for clients with literacy issues.

The self-evaluation report noted that the project was able to help early intervention clients to access private tenancies using the Housing NSW Private Rental Brokerage Specialist and collaborating with real estates to sustain the tenancy with the appropriate services to assist. Stakeholders interviewed described some partnerships with real estate agents. But there were challenges with private rentals because demand for housing is higher than supply and project clients are often overlooked in favour of higher income applicants. Stakeholders interviewed also noted challenges with accessing private rental for project clients, including real estate agents not taking on these types of clients, the cost of private rent being prohibitive, particularly with mining in the area.

Other stakeholders described aspects of support as success factors in housing—case coordination and communication between support and housing organisations, as well as having an exit plan and someone for housing providers knowing they have someone to call on if there are issues with the tenancy. Another noted taking clients to look at properties before they're allocated, as per housing policy, as important.

As most clients we spoke with were receiving the housing intensive support component, they were allocated social housing. Some were generally happy with their housing, but one was particularly concerned because it was in an area with domestic violence and drug and alcohol issues and they feared that their house would be robbed. Another was glad to have somewhere to live but did not much like being in social housing.

### **4.3.3 Medium to long-term housing outcomes**

The majority of respondents to the online survey think that clients are better able to sustain a tenancy as a result of the project (64% agreed and 28% mostly agreed). Stakeholders interviewed were also generally positive about housing outcomes. The clients we spoke with from the housing intensive support component were still sustaining their tenancies, though some indicated they are still struggling financially and one of these said they may still go bankrupt. The client from the early intervention component we spoke to, though, had received an eviction notice because they were unable to continue paying for their private rental property—the situation some clients of the housing intensive support component had been in prior to joining the project.

While the indications seem to be positive for most clients, there is no systematic data on length of tenancies, particularly beyond the support period, to indicate whether the project is helping to achieve sustainable housing outcomes.

## **4.4 Non-housing outcomes**

Most stakeholders surveyed think that client well-being has improved as a result of the project (70% agreed and 26% mostly agreed), but somewhat fewer felt that project had reduced clients use of acute services (40% agreed and 40% mostly agreed), perhaps a reflection that clients of the housing intensive support component at least had high and complex needs. Stakeholders interviewed described varying outcomes including improved mental health, linkages clients to services knowing they have someone to call on if needed, setting goals, and having improved financial management. In the self-evaluation, TFSS more specifically described outcomes including employment, empowerment, self-worth, responsibility, education and resilience. A few stakeholders surveyed similarly described the main benefits of the project as client outcomes of wellbeing, confidence and self-esteem.

The housing intensive support component clients we spoke with described their current situations variously. Things had changed a bit for some but they were still dealing with broader issues like financial difficulties or issues with community services. One described a more major turnaround: starting to get financially stable, discussing their issues and seeking support when needed, exercising, gaining some friends, getting their children into a routine and working on their family relationships. But this client still felt insecure in the social housing property they had been allocated because of its location.

### **4.4.1 Critical factors to support**

Stakeholders from one organisation noted some differences in the success of support provision and described the relationship between case manager and client as key, reflecting the research literature on case management practices. These stakeholders also described financial counselling as particularly important.

Some of the housing intensive support component clients we talked to described the whole project as helpful, while one said having their debts paid off was the most helpful aspect of the program. A couple of clients emphasised getting a house and the impact this had had, for example providing stability or helping to get their children into a routine.

One client of the early intervention component we spoke to, though, described a negative experience with the project. They had apparently been told they would receive support to move into cheaper accommodation that they would be better able to sustain, but this had not occurred and consequently they felt that they had not been listened to or received enough support.

## 4.5 Other intended or unintended outcomes for clients

Stakeholders did not really describe any unintended consequences for clients.

## 4.6 Impact of the project on homelessness

### 4.6.1 Impact of the project on reducing/ addressing homelessness

At the state level, between 2006 and 2011, the homelessness population in New South Wales increased by 27 per cent from 22,220 to 28,180 people. The rate is now 40.8 homeless people per 10,000 of the population. New South Wales rank, though, remained stable—sixth among Australia’s states and territories.

In the same time the homelessness population in New England decreased by 3 per cent which compares very well with the increase at State level. People in supported accommodation for the homeless are still the largest group and their number has increased by 41 per cent since 2006 compared to a 28 cent increase across the state (see section 3.1.3 about the situation in 2006 prior to the project commencement). Other substantial changes have been observed among homeless operational groups (see Table 9):

- a 53 per cent decrease in the number of persons who are in improvised dwellings, tents or sleeping out, also described as ‘rough sleepers’ (NSW: +19%)
- a 25 per cent decrease in the number of persons staying temporarily with other households or ‘couch surfing
- a 85 per cent increase in the number of persons staying in boarding houses (NSW: +9%)
- a 41 per cent decrease in the number of persons living in ‘severely’ crowded dwellings (NSW: +63%).



**Table 9. The homeless population in New England in 2011 as compared to 2006**

Homeless operational group	n	2006-2011 variation	
		New England* homeless	NSW homeless
Persons who are in improvised dwellings, tents or sleeping out	35	-53%	+19%
Persons in supported accommodation for the homeless	216	+41%	+28%
Persons staying temporarily with other households	123	-25%	+4%
Persons staying in boarding houses	146	+85%	+9%
Persons in other temporary lodging	3	-75%	+49%
Persons living in 'severely' crowded dwellings	86	-41%	+63%
<b>All homeless persons</b>	<b>609</b>	<b>-3%</b>	<b>+27%</b>
Persons living in other crowded dwellings	363	+42%	+50%
Persons in other improvised dwellings	71	-60%	-46%
Persons who are marginally housed in caravan parks	153	+28%	-4%
<b>All persons in other marginal housing</b>	<b>587</b>	<b>+6%</b>	<b>+31%</b>

Note from ABS: cells in this table have been randomly adjusted to avoid the release of confidential data. Categories are mutually exclusive; therefore persons will only appear in one category. For example, persons who are in the category 'improvised dwellings, tents or sleeping out' who are in 'living in severely crowded dwellings' will not also appear in 'persons living in severely crowded dwellings'.

\* New England and North West statistical area level 4 in 2011 (Northern subdivision in 2006)

Attributing any change directly to the RHNE project is not possible given the wide range of reforms that have been taking place at the state and Commonwealth level on the one hand, and the changes in the private market on the other. It is possible however to say that the project may have *contributed* to some of these changes considering the number of homeless people and people at risk of homelessness the program assisted. However the 2011 ABS data has been collected on census night 9 August 2011 while the project had been fully operational only for one year. Until July 2011 RHNE had assisted 97 clients, including 45 that were housed under the housing intensive support component targeting clients experiencing primary homelessness. This is likely to have contributed to the decrease in the number of persons who are in improvised dwellings, tents or

sleeping out. However, a more robust contribution analysis of the impact of the project on homelessness would require to look at the homelessness data at a later point in time so that the project would have time to fully produce its effects on the homelessness population.

Anecdotal evidence from stakeholders indicates that clients are sustaining tenancies and the online survey results, which show that most respondents think the project has the potential to achieve sustainable reductions in homelessness into the future (63% agreed and 35% mostly agreed). One stakeholder we spoke with noted the need for clients to have ongoing relationships to sustain their tenancies.

Another way to look at the potential impact of the project on homelessness is to examine eviction data over time. An expected positive impact of the project would be a decrease in eviction for non-payment of rent. According to the data on applications lodged to Consumer, Trader & Tenancy Tribunal (CTTT) for termination notice on the grounds of non-payment of rent, the number of applications for social housing increased by 51 per cent between 2009/10 and 2011/12 in New England while it increased by 14 per cent across New South Wales (see Table 10). The region compares better with the state figures for the tenancy division (private rental) with an 18 per cent increase in applications compared to 1 per cent decrease across New South Wales. Again, there could be a contribution of the project in those changes; however it would require a more robust analysis (e.g. identifying other potential contributing factors) over a longer period of time to be able to observe the full impact of the project.

**Table 10. Applications lodged to Consumer, Trader & Tenancy Tribunal for termination notice on the grounds of non-payment of rent, Tenancy and social housing divisions**

Hearing venue	2009/10		2010/11		2011/12		Variation 2009/10 - 2011/12	
	Tenancy division	Social division	Tenancy division	Social division	Tenancy division	Social division	Tenancy division	Social division
Armidale	55	54	43	51	27	63	-51%	+17%
Glen Innes	9	19	10	11	9	14	=	-26%
Moree	46	42	35	64	15	95	-67%	+126%
Narrabri	14	23	12	30	10	21	-29%	-9%
Tamworth	75	41	90	66	115	78	+53%	+90%
Total region	199	179	190	222	176	271	-12%	+51%
Total NSW	13,758	7,238	13,695	6,178	13,586	8,284	-1%	+14%

Notes: Applications for termination of tenancy for non-payment of rent: under s.87 of the Residential Tenancies Act 2010 [includes applications seeking a finding under s.89(5)]; or under s.57 of the (former) Residential Tenancies Act 1987. The Residential Tenancies Act 2010 commenced operation on 31 January 2011. Prior to this date, applications for termination of tenancy for non-payment of rent were made under s.57 of the former RTA. The CTTT has always made efforts to separately quantify applications for termination for non-payment of rent from applications for termination for other breaches of the agreement, so that data for 2009-2010, 2010-2011 and 2011-2012 is reasonably comparable.

#### 4.6.2 Considerations for specific client groups

This project did not have a particular demographic target group within the homeless or at risk population, though it was expected to work with a clientele representative of the demographics of the area. The Rural Interagency Project also had the broader aim to address a key problem in rural service delivery by providing regional service systems with enhanced capacity for outreach to clients in smaller towns and isolated settlements.

##### *Regional clients*

As a regional project, the challenges were in availability of services including in smaller towns. As one stakeholder said, the project can't help clients if they don't get a lead agency to support them, and this can be hard in regional areas, creating some reluctance to take on these clients. It is possible to do an outreach but, ideally, there would be a service to pick up clients there.

### ***Aboriginal clients***

The **self-evaluation report** described what worked to engage Aboriginal clients and what the challenges were. TFSS reported contacting and collaborating with Aboriginal Liaison Officers from Probation and Parole, Centacare, Aboriginal Employment, Aboriginal Specific Services, Aboriginal Housing and various Lands as the most productive method of engagement. It was a challenge to maintain the engagement of Lands Councils, though they attempted to do so through regular communication such as emails, phone calls and visits.

We do not have the data to assess these claims as Aboriginal organisations were not among the stakeholders we were connected to for consultations and only one of the stakeholders we interviewed made any reference to the project's work with Aboriginal clients.

### ***Other client groups***

Some stakeholders interviewed suggested the project did work better for some clients than others, for example, clients that were ready to engage and seek support. One stakeholder suggested it worked less well for clients with mental health issues, another said that it can sometimes fail because of the skills of the worker involved.

## 5. Service system and delivery outcomes

### 5.1 Key impact on the service system

#### 5.1.1 What is working well and what are the gaps and areas for improvement in New England

The service mapping undertaken with specialist homelessness services and other organisation by Robyn Kennedy and Associates in 2012 sets the context for RHNE's service system objectives: to increase collaboration and identify impediments to supporting clients and make recommendations to reform the system in the longer term.

The service mapping data shows stakeholders consider the following to be working well in New England/ North-West

- formal partnerships between SHS and other services to expand services available to SHS clients in areas where services are not directly available
- having partnerships supported by a range of networking and coordination mechanisms, including interagency forums with a specific focus on homelessness and issues relevant to homelessness
- high-level awareness of the importance of mainstream services in responding to homelessness, with other organisations describing themselves as having a role in preventing and addressing homelessness and being actively involved in service provision to homeless people or people at risk of homelessness
- cross referral networks within the service system, with pathways for referrals to and from services
- high use of standard referral forms, guidelines and protocols with primary referral sources, particularly among SHS.

This exercise, though also established a range of gaps in the regional service system.

- For both SHS and other services, but SHS in particular, the key issue in accepting referrals is lack of capacity.
- Limited ability to provide sufficient case management and the complexity of client needs (including drug and alcohol dependence and mental health issues) are also barriers to accepting referrals.
- There is a lack of crisis accommodation in some areas and for some target groups including youth and men.
- There is insufficient long term affordable housing; this has been compounded by the influx of the mining industry, which has increased costs and reduced availability. Stakeholders saw declining affordability as likely to increase homelessness.
- The lack of housing options is the main barrier to make successful referrals for homeless people or people at risk of homelessness.

- The lack of services in outlying areas, free counselling, mental health services, general practitioners, allied health services and services for clients with complex needs also affects services' ability to make successful referrals.
- Stakeholders thought it likely homelessness would increase with declining housing affordability and a range of client groups would require increasing access to services, including families with complex needs, clients with mental health and drug/alcohol issues and women escaping domestic violence.

Based on this, the service mapping report outlined the following needs for the region

- more crisis accommodation for target groups including youth, single men, men with children and women and children escaping domestic violence and in particular locations, including Tenterfield, Inverell and Gunnedah
- more specialised mental health, counselling and drug and alcohol services, particularly in outlying areas
- more integrated and responsive approach to domestic violence in particular locations, including Narrabri, with more engagement from Police and better communication and training for hospital staff
- better access to parenting and living skills programs and better support for children traumatised by domestic violence to improve family outcomes
- increased staffing levels, including more capacity for outreach programs because of the lack of transport
- more skilled staff, particularly those with case management skills
- more prevention and early intervention initiatives, including support where tenancies are at risk
- greater availability and flexibility in the application of Housing NSW programs including RentStart and Temporary Accommodation
- more affordable housing options
- build on existing positive networking and coordination through improved communication and collaboration in planning processes and service delivery.

### 5.1.2 Agency participation in the project

To coordinate government agencies and non-government organisations to work together to plan and provide wraparound support to meet individual client needs as intended, the project first needed to get relevant agencies and organisations to the table.

The indication from stakeholder interviews is that the project was more successful in doing this in some locations than others; interviews suggest it has worked better in Tamworth than in Narrabri, which is much smaller and has more limited service capacity. The project also seems to have been more successful engaging certain types of agencies and organisations than others; interviews suggest the project was less successful engaging health and mental health services, which are already overstretched (as noted in Robyn Kennedy and Associate's service mapping). Health is also difficult to involve because it is hard to identify the right representative to attend coordination group meetings. Other services that some stakeholders noted as absent in either

Tamworth or Narrabri were Community Services, Centrelink, specialist homelessness services and employment agencies.

While the stakeholders who mentioned it seemed to think the project had been reasonably successful in overcoming resistance to participation initially encountered (linked to certain organisations feeling they ‘owned’ a client, not wanting to attend coordination groups because they feared they might lose government funding for services, or not wanting to participate because of competitive tendering processes), it seems that it has not been able to get all relevant agencies to the table because some lack capacity. Given this, one stakeholder suggested a need to gain strong commitment from senior management and ensure this is communicated to frontline staff.

One stakeholder described some local agencies wanting a service for their client but being unwilling to turn up for training and meetings; but another thought that some agencies attended coordination groups that did not need to and that these should involve only core agencies to project delivery. This was only raised by one stakeholder, but does reflect the finding from a review of the Nepean Youth Homelessness Service, which used a similar model, that there were some concerns that the large and growing size of the Coordination Group may hamper effective decision making.

### ***Involvement in referrals, case management and support or housing provision***

Available data shows the project had received referrals from 60 agencies/ organisations across locations.<sup>4</sup> The project has thus engaged large number of agencies at least at the initial referral stage. But in all locations, except Narrabri, the majority of referrals come from non-government support organisations, reflecting the variety of referral pathways. Specialist homelessness services accounted for the second highest number of referrals in all regions, except Armidale, backing up comments from some stakeholders that the project had overcome the resistance it encountered from SHS initially, and also reflecting the key role these services can play in identifying clients for housing intensive support.

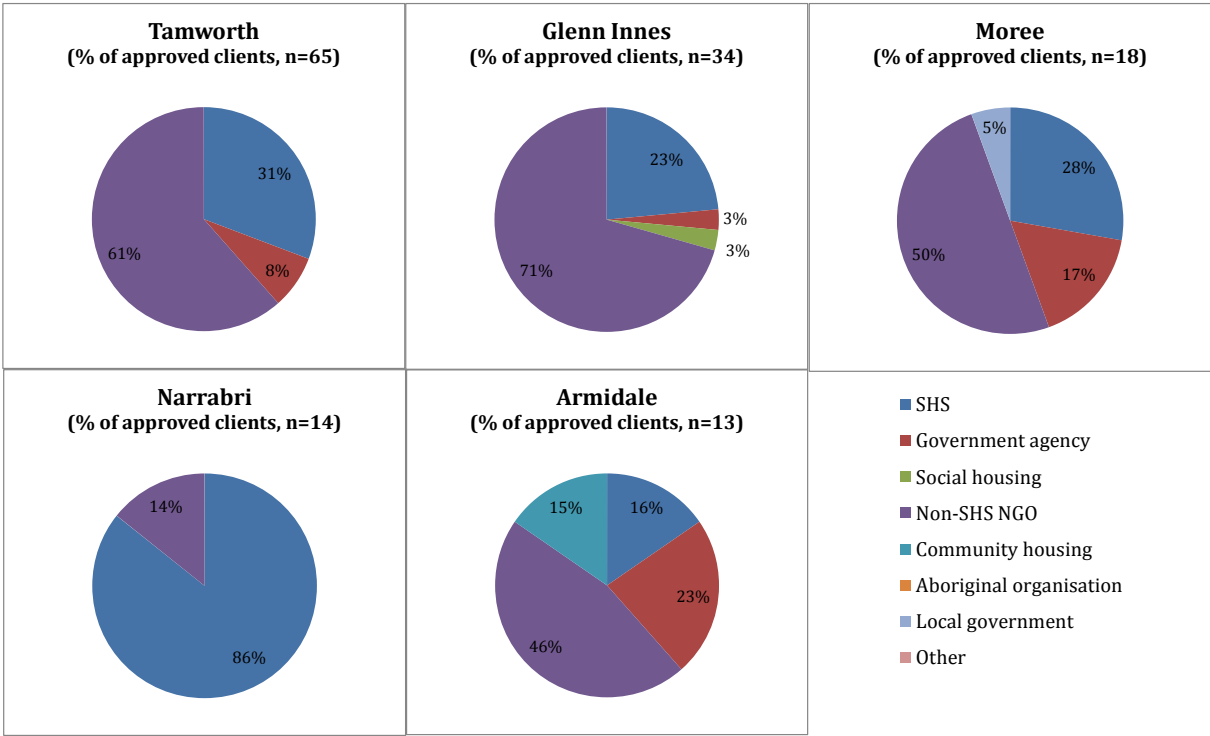
Stakeholders, though, raised particular issues about willingness to take up the lead agency role, with some comment that this fell to a few organisations. This reflects the issue raised by the service mapping project of a lack of capacity for case management. One stakeholder said TFSS had worked as a back-up, taking the lead where other organisations could not. Agencies not taking on this role, for their part, indicated they could not do so because they lacked capacity, support is not their main role, or that staff lacked the right skills. While funding for case management was available, this seems to have been underutilised and insufficient to overcome barriers to take on the lead role (see section 6.4).

---

<sup>4</sup> This figure counts local offices of the same agency/ organisation separately to reflect extent of involvement across all regions.

Available data on the distribution of clients by case managing agencies shows similar patterns, however with a lower level of diversity as case managing resources are concentrated in a smaller number of organisations. Again, non-government organisations that are not specialist homelessness services e.g. TFSS, Salvation Army or Centacare mostly take on the case management role in Tamworth, Glenn Innes and to a lesser extent in Moree and Armidale (see Figure 6). In Narrabri, the Narrabri and District Community Aid Service (NDCAS), a local specialist homelessness service, is case managing the vast majority of clients referred to the project in this area, reflecting a lower level of engagement of local organisations, also due to the lack of available resources within organisations to take on additional clients.

**Figure 6. Distribution of approved clients by types of case managing agency across locations**



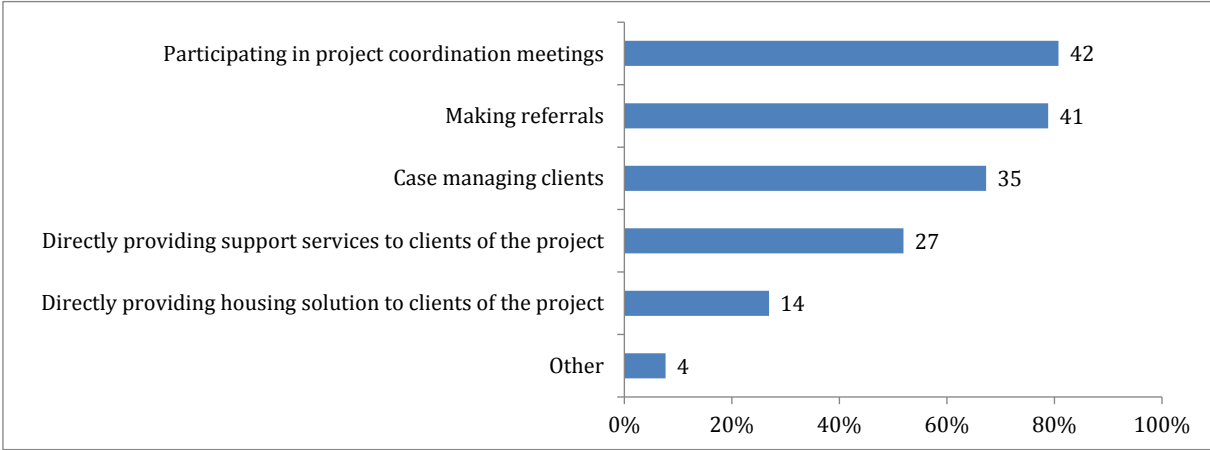


Among stakeholders surveyed, some had been involved in working with less than five clients and others had been involved with more than five clients. This reflects comments that agencies had differing levels of involvement, in particular in taking on the lead case management role.

**Other types of involvement in the project**

Not all stakeholders were involved in direct work with clients; other types of involvement included participating to coordination group meetings and contributing to the client assessment process.

**Figure 7. Type of involvement in the project**



Source: Stakeholder online survey, Question 5 'In what ways have you been involved in the RHNE Homelessness Action Plan project?', n=52

**5.1.3 Impact of the project on interactions between organisations**

The service mapping project suggests existing networking and coordination processes in the region could be built on through improved communication and collaboration in planning processes and service delivery. Reflecting this, our stakeholder survey data suggests staff in participating organisations generally had a moderate understanding of each other’s services and some trusting relationships and that local services were at least somewhat coordinated before RHNE was introduced.

Our stakeholder consultations, though, suggest that there may have been some differences in the extent of existing interagency relationships and integrated working between operating locations and between organisations. It seems the project encountered some unwillingness to share, siloing of services and sectors and organisations with a sense of ‘ownership’ over certain clients, lack of understanding of what other organisations do, and lack of understanding of the project and integrated case management among certain organisations.

From the self-evaluation report and stakeholder interviews, it seems that the project, and the contracted NGO and project coordinator in particular, worked to improve coordination and integration through local coordination group meetings, information dissemination, providing training on integrated case management, providing some mediation where services had difficulties working together, working one-to-one through visits to some organisations and trying to establish relationships with existing programs. Stakeholders saw the coordinator role and the local coordination groups as particularly key to supporting integration. The project addressed issues with confidentiality around sharing information by seeking informed consent from clients, but one stakeholder noted there is mistrust in certain groups where confidentiality has been breached.

Indications from the survey data are that the project has in place key elements to effective joint working. The majority of stakeholders surveyed thought their organisations leadership was either strongly or quite strongly committed to the project. Most also thought that partner agencies shared the project's goals and values, agreed on the governance structure and that this structure had been effective in implementing the project. In terms of communication and information sharing, the vast majority of respondents agreed that the project had formal and informal processes for sharing information and that they had been effective. Most felt that roles and responsibilities were clear and that responsibilities had been shared appropriately. Slightly fewer agreed with the latter, reflecting stakeholder comments about the difficulties of getting some organisations to take on the lead role with clients.

The self-evaluation described the project as having increased collaboration, integration and coordination. This is supported by stakeholder interviews and stakeholder survey data, which shows stakeholders' average ranking of their knowledge of other organisations, coordination and trusting relationships had increased by the September 2012 (see Table 11 below). Results show the project had a positive impact on all three indicators. Main changes have been reported on knowledge of what other local service organisations can provide for my clients with an increase in average from 2.7 to 3.5 (see Table 11). Looking at differences in individual responses, there were a range of respondents (40 to 43% across the three types of impact) who ranked these factors the same as they had before the partnership. This suggests that some stakeholders didn't think the project made a difference or thought of themselves/ their organisation as already working well with other services.

**Table 11. Impact of the project on understanding, coordination and relationships**

Type of impact	n	Mean score (1=None, 2=Limited, 3=Good, 4=Extensive)		Standard deviation
		Before	After	
Knowledge of what other local service organisations can provide for my clients	42	2.7	3.5	0.76
Coordination with other local service organisations to support clients	42	2.8	3.5	0.75
Trusting relationships with other local service organisations	41	2.7	3.2	0.70

Source: Stakeholder online survey, Question 12 'Please rate the following aspects of relationships with other housing and service organisations before and after your involvement in the RHNE Homelessness Action Plan project.'

That trust had changed less over time than other aspects of interaction, reflects the comment in the self-evaluation report that 'services are willing to work together if they have an existing relationship that is positive; however, if services don't know each other or there is a negative history they are reluctant to work together. These difficulties can be overcome over time with persistence and a worker to continue to facilitate this process.'

Overall, despite these positive changes, some stakeholders interviewed indicated that while the project had achieved much in terms of integrated working, the changes were not yet entrenched or established enough to be sustained if the project was discontinued. The self-evaluation report reflects this view. Additionally, one stakeholder suggested there could still be further education of services, and another that it would be helpful if the project put together a list of local services so that all local organisations were aware of other services for referrals and networking.

#### 5.1.4 Other service system changes

##### *Capacity building*

One of the aims of the HAP is to build the capacity of the overall service system and workforce to deliver integrated responses. In this project, the TFSS coordinator provided joint training on integrated case management as well as individualised support around case management and case planning and coordination. The self evaluation reports the project has supported sector capacity building and increased awareness of the need for strong case management plans and meetings with clients and has enabled more support to be provided to clients from within the system using brokerage funds.

One of the stakeholders from a partner government agency reflected this, suggesting the project has strengthened the local service system and the capacity of the sector for integrated case management, something that is particularly significant given stakeholders identified lack of capacity for integrated case management as an issue for the project initially.

### ***Changing the way agencies deliver services***

Survey data shows about two-thirds of stakeholders thought the project had changed the way their organisation delivered services, leaving a significant minority that disagreed. This may be because these stakeholders felt they were already working in a similar way before the project or it might reflect the findings around difficulties getting some agencies to take on case management roles and possible insufficiency of the brokerage to overcome barriers to taking on case management where this is outside someone's regular role. The self-evaluation report did refer to 'services' ability to respond within their service specifications'.

### ***Broader impacts on the system***

Through working together, the majority of stakeholders think the project has been able to identify and resolve impediments to effective service provision either at the project level or through the Regional Homelessness Committee (49% agreed and 39% mostly agreed) and achieve worthwhile regional system changes (46% agreed and 36% mostly agreed). It has not, however, been able to address broader capacity issues within the support and housing sectors which are beyond its control. What it has achieved, though, is positive, given it is difficult for the project to have a greater impact on the system when not all of the relevant organisations are able to fully commit to and participate in the project.

#### **5.1.5 Value of the system changes**

In the self-evaluation report, TFSS described the project as having achieved outcomes that would not otherwise have been possible unless there had been significant reshaping of existing government and non-government services or the kind of brokerage funds accessible to the project. Stakeholder survey results reflect this, with the majority of stakeholders thinking working together in this project had generated better outcomes for clients than if each organisation worked with the clients separately (61% agreed and 32% mostly agreed). That stakeholders can see the value of joint work suggests that an integrated approach has achieved positive outcomes to date. This achievement provides a solid base on which to further strengthen relationships and build a more integrated service system because seeing the value of joint work is an important factor in achieving integrated working.

## **5.2 Staffing issues**

### **5.2.1 What impact did staffing issues have on the project?**

Stakeholders identified services' lack of capacity was an issue for the project, particularly in getting services to participate and support clients in regional locations. As one interviewee put it, the project can't help clients if they cannot allocate the client a lead agency; this can be harder in regional areas. The project can provide outreach but, ideally, clients would be supported by a local service.

One interviewee reported turnover of the TFSS coordinator as an issue for project consistency, though no others mentioned this issue.

### **5.2.2 What skills were needed by staff?**

Agencies participating in supporting clients and those acting as lead agencies (or clients' case managers) required skills in case management generally and in integrated case management in particular. Case managers also needed to be able to effectively develop respectful and trusting relationships with clients, as per the literature on best practice approaches.

Indications from stakeholders are that participating staff had varying capacity for case management and varying understandings of and ability to provide integrated case management when the project commenced.

### **5.2.3 What training was required?**

As the project identified the lack of a clear and shared understanding of integrated case management as a potential threat to achieving its intended aims, the coordinator within the contracted NGO provided training in integrated case management to stakeholders. Some training was provided jointly and some to individual organisations.

## 6. Cost analysis

### 6.1 Total project budget and expenditure

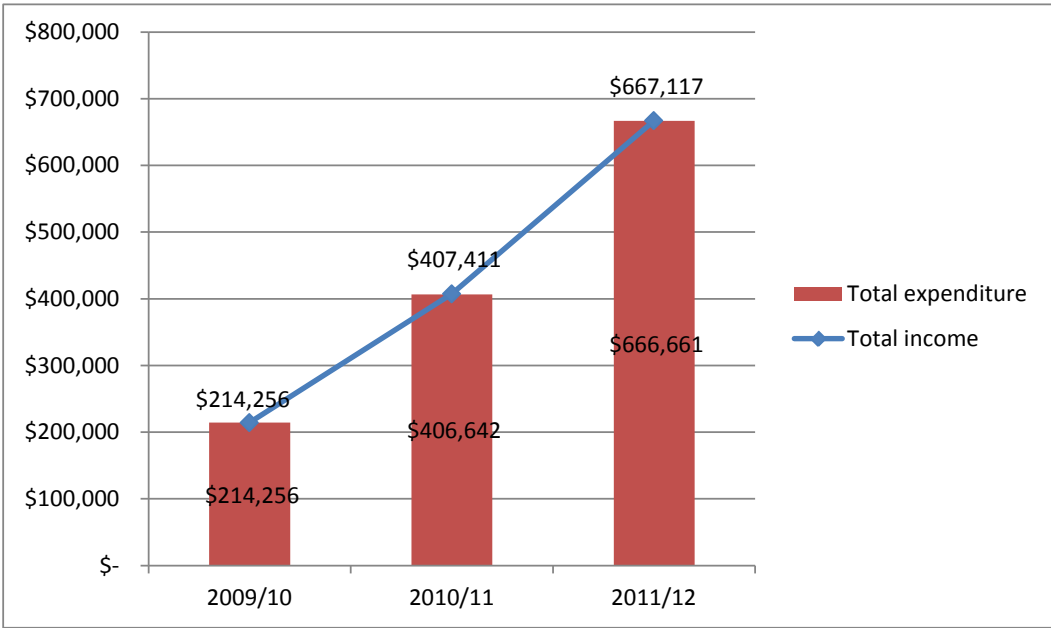
The RHNE project was allocated a budget of \$712,000 per year over three years. Available expenditure data covers the project's operation from commencement in January 2010 to the end of June 2012. Thus, when considering the figures for each financial year, it is important to note that the 2009/10 data cover only six months and because the project was only just being established in this period, the costs do not reflect business as usual. The figures for 2011/12, by which time the project was embedded, can be considered to best represent business as usual.

#### 6.1.1 Income and expenditure to the end of June 2012

The actual expenditure reported by Tamworth Family Support in their audited financial statements is in line with income received for each financial year (\$214,256 in 2009/10, \$406,642 in 2010/11 and \$666,661 in 2011/12), but the income received was different to the planned allocation of funding for each financial year because of delays recruiting clients to the project (\$125,745 less in 2009/10 and \$289,589 less in 2010/ 11) (see figure 8). The funding not expended in 2010/11 is now being used to cover the extension the project for an additional six months.

The total project expenditure reported to the end of June 2012 was \$1,287,559, which is \$1,225 under the total project income RHNE reported for the period (\$1,288,784).

**Figure 8. Income and expenditure January 2010 to June 2012**



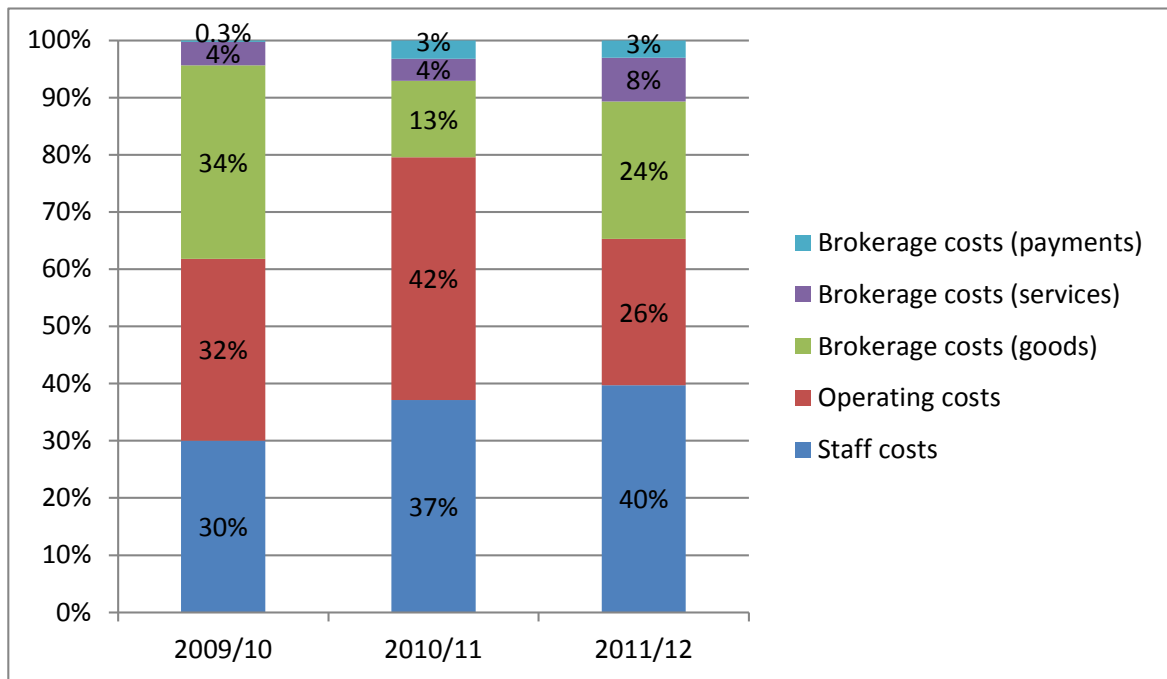
Source: RHNE audited financial statements for 2009/10, 2010/11, 2011/12.

Note: the 2009/2010 data draws only on the last two quarters of the financial year (January-June 2010)

**6.1.2 Distribution of expenses 2009–2012**

Over the whole life of the project to June 2012, staff costs were the main expense (37%) followed by operating costs (32%) and brokerage costs (31%). However, the distribution of expenses was different across the three financial years of operation. During the first six months (January—June 2010), brokerage costs represented the main expense (38%), followed by operating costs (32%) and staff costs (30%). In 2010/11, operating costs were the main expense (42%), followed by staff costs (37%) and brokerage costs (20%). During 2011/12, staff costs were the main expense (40%), followed by brokerage costs (35%) and operating costs (26%) (see Figure 9 below).

**Figure 9. Distribution of expenses January 2010 to June 2012**



Source: RHNE audited financial statements for 2009/10, 2010/11, 2011/12

### **Staff costs**

Staff costs gradually increased from 30 per cent of total expenses (\$64,384) in the first six months of operation, to 37 per cent (\$407,411) in 2010/11, and 40 per cent (\$667,117) in 2011/12.

While direct work with clients was the main staff cost in each financial year, there was quite a lot of fluctuation in terms of the proportion of staff costs they accounted for, which reflect the fluctuation in costs of external consultants and professional services, the second largest category of staff costs. During the first six months, when there was no expenditure of external services, direct client services accounted for 95 per cent of staff costs. In 2010/11, when expenditure on external services made up 46 per cent of staff costs, direct work with clients declined to 47 per cent of staff costs. In 2011/12, when expenditure on external services decreased to 25 per cent of staff costs, direct work with clients increased to 66 per cent of staff costs.

Staff-related on-costs (which include superannuation and leave), represented five per cent of staff costs in the establishment year, and seven per cent of staff costs across the subsequent financial years.

In the final year of operation, coordinator group costs (which were not incurred in previous years) were three per cent of staff costs.



### **Operating costs**

At about one-third of all costs (\$68,054), operating costs represented the second largest proportion of total costs in the first six months of operation; at 42 per cent (\$172,690), they were the main costs in 2010/11; and at about one-quarter (26%), they were the smallest proportion of costs in 2011/12. This suggests there were not significant establishment costs in the initial year which is unusual when implementing a pilot project. One reason for that is probably that the contracted NGO—Tamworth Family Support—was already active in the sector and had most of the required resources (staff, systems and infrastructure) already in place.

In each financial year of operation, host organisation management fees and administration costs (including rent, IT, purchasing computers, office supplies and other telecommunications) represented the majority of operating costs: 91 per cent in the first six months of operation, 84 per cent in 2010/11 and 88 per cent in 2011/12.

There were staff training and development costs in each financial year of operation, reflecting the training the contracted NGO provided on integrated case management. These represented six per cent of operating costs in the first six months, eight per cent in 2010/11 and six per cent in 2011/12.

Travel and accommodation accounted for a similar proportion of operating costs to training: three per cent of operating costs in the first six months, eight per cent in 2010/11 and six per cent in 2011/12.

### **Brokerage costs (goods, services and payments)**

At 38 per cent of all costs (\$81,818), brokerage costs represented the largest component of project costs the first six months; at one-fifth of all costs (\$83,078), they were the smallest proportion of costs in 2010/11; and at about one-third (\$231,215), they were the second largest cost during 2011/12. The reason for this fluctuation is unclear; perhaps it relates to the increased expenditure on external consultants and professional services, accounted for in staff costs, in 2010/11.

In each financial year and overall, goods made up the highest proportion of brokerage costs (89% in 2009/10, 65% in 2010/11 and 69% in 2011/12), services the second highest (11% in 2009/10, 19% in 2010/11 and 22% in 2011/12), and payments the smallest (1% in 2009/10, about 16% in 2010/11 and 9% in 2011/12). But, as the data shows, there was some fluctuation in the proportion of brokerage costs each of these constituted from year to year, with goods decreasing as an overall proportion of brokerage costs, and other costs increasing.

## 6.2 Issues with expenditure

The project did not use the planned budget in 2009/10 and 2010/11 because of delays recruiting clients to the project available. It's also possible that expenditure was lower than budgeted in these years because the project does not seem to have had significant establishment costs and there was an underutilisation of brokerage to fund case management (see section 6.4).

To the end of June 2012, total project expenses (\$1,287,559) represent 60 per cent of the initial budget, with an additional year of operation left. Assuming expenses are the same in 2012/13 as they were in 2011/12 (a typical year) the overall project expenditure would come in at 91 per cent of the initial budget or 96 per cent of the budget specified in the service specification (\$2,040,000), even with the extension of the operating time by six months.

## 6.3 Client costs for this project

### 6.3.1 Average client cost to the end of June 2012

Over the operating period to the end of June 2012, the project assisted 190 individual clients at an average client cost of \$6,777.

### 6.3.2 Average client cost for 2011/12 (a typical year)

Because of the progressive implementation of the project, we considered the financial year 2011/12 a typical year of operation, which could be used to look more closely at the structure of costs (see Appendix 7 for details using the cost template provided by Housing NSW).

We calculated the average client cost, including 93 new clients in 2011/12 and 45 clients carried over from the previous financial year (i.e. those still receiving services) at \$4,793.

Reflecting the overall breakdown of project costs, in 2011/12 staff costs and operating costs account for the highest proportion of client costs, followed by brokerage costs for goods, services and payments.

**Table 12. Average client cost in 2011/12**

	Total costs	Average cost per client (n=138)	%
Staff costs	\$ 264,827	\$1,919	40%
Operating costs	\$ 170,619	\$1,198	25%
Brokerage costs (goods)	\$ 160,009	\$1,159	24%
Brokerage costs (services)	\$ 50,822	\$368	8%
Brokerage costs (payments)	\$20,384	\$148	3%
<b>Total costs</b>	<b>\$ 666,661</b>	<b>\$4,793</b>	<b>100%</b>

Source: RHNE audited financial statements, 2011/12

### 6.3.3 Cost benchmarking

We used three methods to explore whether the project represents good value for money.

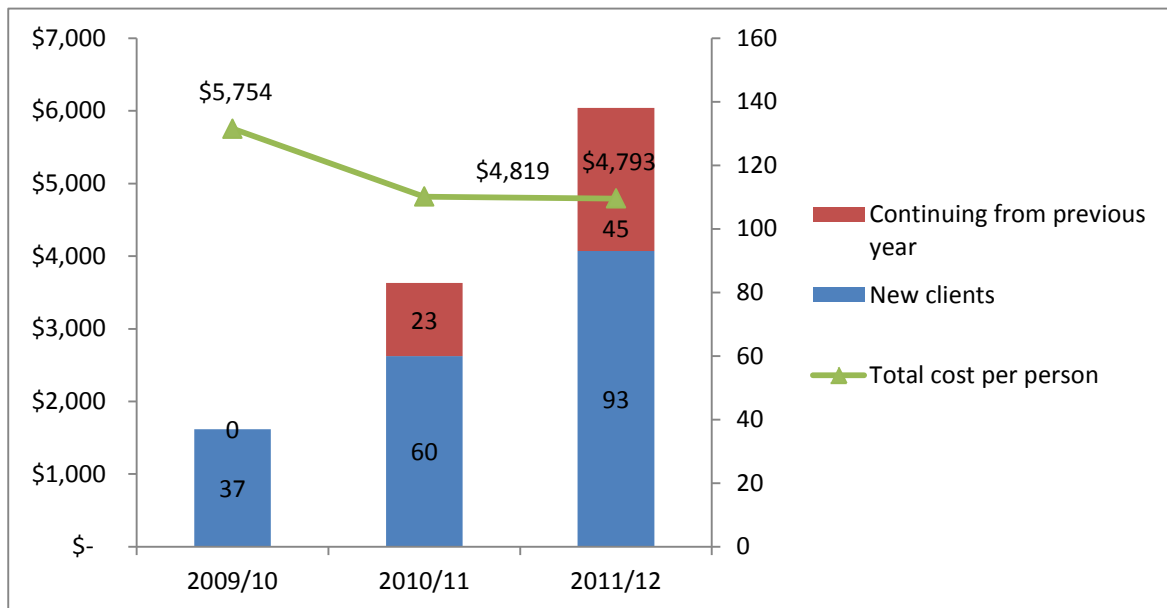
1. We looked at the evolution of the average client cost across the three financial years.
2. We compared the average client cost for 2011/12 with the budgeted client cost as per the initial project plan.
3. We compared the average client cost for 2011/12 with relevant external benchmarks identified in the research literature.

#### *Average client cost over time*

Costs data shows the project became more efficient as it moved from the establishment period to the second and third year of operation; a representative of one of the government agencies involved also said TFSS had managed the money well, not requesting additional funding, unlike the project's counterpart in Riverina. During the initial six months of operation, the average client cost (\$5,754) was higher than in subsequent financial years, possibly because of the high amount spent on brokerage in the initial period.

The average client cost decreased by one per cent between 2010/11 and 2011/12, from \$4,819 to \$4,793, while the number of clients assisted increased by 66 per cent (see figure 10).

**Figure 10. Number of clients assisted and average client cost January 2010 to June 2012**



Sources: Clients: HAP data portal; Costs: RHNE audited financial statements for 2009/10, 2010/11, 2011/12

A fairly high proportion of stakeholders surveyed agreed the project could expand the number of HAP clients assisted in the area with only a small increase in resources (34% agreed and 34% mostly agreed); that there was not a higher level of agreement, likely reflects the lack of capacity of support services and available affordable housing, which some may see as difficult to overcome without additional expenditure.

### ***Average client cost compared to the budgeted client cost***

The project was funded to provide 30 housing intensive support and 50 early intervention packages per annum. The data on clients housed by the project shows that in 2011/12, the project exceeded its housing intensive support target, delivering 43 of these packages, but it only delivered 40 early intervention packages.

The initial target of 30 intensive support packages included 10 intensive case management support packages, budgeted at \$37,230, and 20 semi-independent case management support packages, budgeted at \$10,220. The early intervention packages were budgeted at \$1,374.

The actual cost data provided could not be used to calculate the average client cost for each component—housing and intensive support or early intervention, so we calculated the budgeted client cost across the three packages—\$8,068— to enable a comparison. The average cost per client was below the budgeted client cost in each financial year of

operation at \$5,754 during the initial six months of operation, \$4,819 in 2010/11 and \$4,793 in 2011/12.

### Comparison with available external benchmarks

While it is difficult to identify relevant and appropriate external benchmarks against which to compare costs, it is an important step to put project costs into perspective. In the research literature we identified a 2008 AHURI study on the cost-effectiveness of homeless programs in Western Australia, which might be considered an appropriate benchmark, as it is from the Australian context and quite recent compared to other available studies.

This research looked at the cost-effectiveness of five programs

- SAAP
- Four Western Australia Homelessness Prevention Programs
  - The Community Transitional Accommodation and Support Service (TASS) and the Re-entry Link program, designed to assist prisoners re-enter into the community on release
  - The Supported Housing Assistance Program (SHAP) and Private Rental Support and Advocacy Program (PRSAP), designed to assist public and private tenants maintain their tenancies.

While slightly different, the Western Australian Homelessness Prevention Programs can be considered comparable to the RHNE HAP project, the TASS being more like the housing intensive support component and the SHAP and PRSAP more like the early intervention component. A summary of the average client cost in these programs, adjusted for inflation to 2012AUD, as compared to the average client cost in the Riverina Murray HAP project is provided in table 11.

**Table 13. Average client cost for comparable homelessness programs**

	SAAP	TASS	Re-entry link - no accommodation	Re-entry link - with accommodation	SHAP	PRSAP	RHNE
Average client cost	\$ 4,190	\$ 12,991	\$ 1,654	\$ 5,673	\$ 3,474	\$ 2,575	\$ 4,793

Source: Flateau et al. (2008)

The average client cost for the RHNE HAP project compares well with other homelessness programs that include a housing component like TASS and Re-entry link – with accommodation. SHAP, PRSAP and the Re-entry program without accommodation have lower costs, more in line with the budgeted cost for the early intervention component of RHNE HAP project.

### 6.3.4 Contextual issues affecting value for money

#### *Are the resources for the project reasonable?*

The project also involves costs in terms of the time and resources stakeholders from partner organisations put into coordination group activities and working together for particular clients. In some coordinated work, stakeholders find the arrangements take more time than really necessary or than justified by the benefits. But RHNE stakeholders surveyed do not generally think they spend too much time on coordination activities as part of their involvement in the project (52% disagreed and 21% mostly disagreed), though about one-quarter think that they do, which is perhaps a reflection on organisations' varying levels of involvement in the project.

Some of the stakeholders interviewed commented that the project had the right balance between administrative work and client support work, but some saw the paperwork, particularly the applications, as unnecessarily time-consuming. Some saw the project as additional work, but did not find this problematic because of the benefit for clients.

#### *Are the resources justified by the benefits for clients?*

The majority of stakeholders surveyed consider the resources required for RHNE are justified by the benefits for clients (67% agreed and 26% mostly agreed). In the self-evaluation report, TFSS indicated that while the project has entailed additional work, it is considered to have achieved better outcomes for clients.

#### *Cost savings*

Most respondents to the online survey think clients have reduced their use of acute services (e.g. hospital and emergency services) as a result of the project (40% agreed and 40% mostly agreed). There is no systematic service use data to support this but, when costed, such impacts represent whole-of-government savings or cost offsets to the provision of homelessness programs (Flateau et al., 2008).

Some stakeholders actually felt the project had saved them some time because it meant they did not have to do some of the usual chasing up they had to. One stakeholder described the project as cheaper than temporary accommodation and more effective.

## 6.4 How effective was the use of brokerage funding

Stakeholders surveyed generally considered the project as having provided easy access to brokerage support (61% agreed and 30% mostly agreed); slightly fewer, but still the majority, described brokerage as a major factor to providing clients with appropriate support (58% agreed and 23% mostly agreed). This may be a reflection of the fact that brokerage was not commonly used to fund case management. They did mention, though,

that brokerage had been underutilised for case management. This seems to be because some agencies could take on a case management role within their regular remit and, where they could not, additional funding was insufficient to overcome the barriers to taking on case management. A couple of stakeholders also suggested that there may need to be more promotion of the option to use the funding for case management as some may not be aware of this. Stakeholders who commented, though, were unsure whether brokerage would be enough for some agencies to take on the role. For brokerage to enable an organisation that would not usually do so to take on case management, the organisation would need staff with the right skills, policies that are flexible enough for staff to take on work outside the scope of their regular role and capacity to take on additional work in a service system that is already overstretched. Despite this stakeholders from one organisation emphasised the need to maintain the option of using brokerage for case management, so the project is able to use this option when needed.

The survey findings may also be a reflection of the tensions around brokerage funding for goods raised in some stakeholder interviews. Some stakeholders said brokerage enabled clients to establish a home they could be proud of and to start to get back to normality, and that it also drew in providers because they could be sure their clients would get needed support. But some said there were some clients just wanting to access brokerage but not engage with the program and some services perceiving the program as access to goods. One said too many agencies see RHNE as a money pool not as a way of working together and said they should have strict requirements around brokerage to better focus it.

One stakeholder said initially there weren't clear guidelines around brokerage, but the project had since developed a process that required clients to commit to case management for the agreed period before receiving brokerage funding for goods. TFSS, in the self-evaluation report, though, described some services as reluctant to use the brokerage because they think clients should not have to commit to the program to receive material aid.

## 7. Assessment of the effectiveness of the model

Chapters 3 described the service delivery model and chapters 4 and 5 its effectiveness in reaching and working with the client group and achieving a more integrated approach to supporting the homeless and those at risk of homelessness. This chapter summarises the key factors to achieving successful outcomes, the challenges encountered and those that remain. In particular, it raises questions about the sustainability of the approach beyond the current funding period.

There is clear support for continuing the project, with almost all stakeholders surveyed indicated they would like to see the project continued beyond its planned termination date (83% agreed and 14% mostly agreed). Stakeholders also believed that the project could be replicated in other areas of the state (75% agreed and 23% mostly agreed). But some challenges remain for the model and its implementation in New England, particularly the lack of availability of some support services, services in outlying regions and affordable long term housing.

### 7.1 Success factors for the service delivery model

The evaluation identified the following key factors to the success of the project through stakeholder interviews and the self-evaluation report:

- **Linking effectively clients to support services**
  - taking a holistic approach to client support
  - integrated case management approach
  - agreed case plans
  - having client goals verbalised and making clear the roles of services in assisting clients achieve these
  - case management meetings
- **cooperative approach to housing provision**
  - having Housing NSW involved in case management
  - having an agreement with Housing NSW to prioritise project clients
  - brokerage for goods to help clients establish a tenancy (though this was not without issues, see section 6.4)
- **collaborative model for working together**
  - credibility of the principal agency throughout the region
  - coordination groups at the local level
  - a coordinator to drive the project
- **addressing the needs for case management skills**
  - the training (joint and individual) in integrated case management when lack of a clear and shared understanding of this approach was identified as a potential barrier for the project.



## 7.2 Challenges for the service delivery model

### 7.2.1 Identified during the project

The following key challenges for the model were identified through the stakeholder interviews, the self-evaluation report and the RHNE forum discussion paper from 2012:

- **operating context**
  - limited or no services
  - integrated case management is more challenging in smaller areas where workers are funded for limited hours and often on different days, something that has been overcome with brokerage funding in some cases, but this is not an option for government agencies
  - distance covered by the project
- **understanding of project**
  - getting some services to see the project not simply as a way of getting additional funding for their clients
  - having clients understand the project is not a crisis service
  - understanding of the fee for service model
- **targeting**
  - getting away from a historically crisis driven approach to identifying and working with early intervention clients
- **referrals and assessment process**
  - getting referrals in initial stages
  - delays between referral, assessment and service
  - equity and consistency of decisions made about clients
- **working with clients**
  - getting clients to engage with services
  - some clients wanting to access the project for the brokerage funding for goods only (though clients are required to commit to the project to receive goods)
  - lack of transport
- **support provision**
  - lack of services in outlying regions
  - some services with limited/ lack of capacity, including alcohol and other drug services, mental health services, men's services, financial counselling
  - services' willingness and commitment to taking on lead role, with indications the lead agency role is generally falling to a core group of services
  - in some cases, lack of communication between clients and service providers
  - some services only wanting material aid for clients not working holistically to address identified needs
- **housing provision**
  - lack of social and community housing stock
  - barriers to entering the private rental market as rent increases and availability decreases, in particular with the influx of the mining industry, but also because these kind of clients can be overlooked by real estate agents
- **working together**
  - engaging services and getting and maintaining their commitment to the project
  - overcoming historical issues with services' willingness to work together

- coordination groups' expectations of case managers
- **staff skills and training**
  - varying and some limited understanding of interagency case management (though the project worked to address this through training and work with individual organisations)
  - varied skill level across staff from services involved
  - varying skills of services in case management.

### 7.2.2 Changes made to the service delivery model

A number of refinements were made to improve the model:

- implementing brokerage processes to ensure transparency and accountability
- using structured case management plans
- having a working party to refine structure and referral and assessment processes.

### 7.2.3 Remaining challenges

The lack of capacity in the support and housing service systems remain an ongoing challenge for the project, beyond its immediate power to address. The distance to be covered, skills shortages in regional areas and lack of transport issues are also an ongoing challenge. Participants in the forums run by RHNE made the following suggestions for overcoming barriers

- training, modelling and up-skilling in integrated case management
- education and support about the fee for service model
- reviewing case management referral form
- getting services to make use of all local services not just those they're used to working with
- building relationships, acknowledging past issues.
- potentially using service agreements to get commitment from services
- building connections with real estate agents
- lobbying for increased social housing stock.

### *Sustaining the project*

Stakeholders (interviews, the self-evaluation report, RHNE forums) believed that it would be difficult to sustain the project to the same standard without further funding, particularly as this would mean the project would lack a 'driver' to coordinate services. Many stakeholders surveyed indicated their organisation would not be able to stay involved without government funding (58% agreed and 14% mostly agreed) and most indicated their organisation has not secured any resources for the project beyond its planned termination date (48% agreed and 26% mostly agreed). Project funding provides access to brokerage for both goods and services that would not otherwise be available.

## 8. Conclusion

The project was largely implemented as planned. It used a model that reached people who were homeless or at risk of homelessness and facilitated a more integrated approach to supporting people who are homeless or at risk of homelessness. Stakeholders are positive about the outcomes achieved for clients and for the service system.

### 8.1 Summary of key lessons learnt

The evaluation findings suggest a range of key learnings from the project that can inform future long term housing, and support projects in particular, and homelessness strategies more broadly. Key lessons from RHNE are identified below under each component of a long term housing and support model identified in the literature (see section 1.3).

#### *Processes*

- It is valuable to have agreed and transparent processes, including for decisions about client assessment and allocation of brokerage funding, from the outset. The project clarified and refined processes following forums in 2012 to gather feedback on areas for improvement and lessons learning.

#### *Referrals and targeting*

- There is a need for a standardised approach to initial engagement of clients.
- It seems to have taken some time to re-focus stakeholders on early intervention, which is unsurprising in a system traditionally geared toward crisis responses and given that early intervention requires stakeholders to identify clients that are likely to become homeless without support.

#### *Working with clients*

- Some clients will be more ready and willing to engage than others.
- There is a need for consistent effort sustained over time to build trust.
- The relationship between client and case worker is key.
- Flexibility is important in working with clients and responding to client needs.
- Providing brokerage funding for goods has benefits but can also bring issues with some seeing the project as a way to access goods rather than holistic support.

#### *Support provision*

- Additional funding (through brokerage) may not be sufficient to overcome barriers to staff from some organisations taking on a lead role with clients (particularly,

capacity issues or the limitations entailed by a participant's core role and enable stakeholders to take a case management role with clients).

- Lack of service capacity, particularly health services, is a barrier to getting complex needs clients the services they need.
- Case management should be holistic, client-focused and reflect client needs. It should also build client skills and capacity, not make them dependent on services.
- As already evident from the research literature, there are benefits of integrated case management for clients. This approach can also prevent duplication between services.

### ***Housing provision***

- Projects need to negotiate and plan appropriate housing options given local issues, such as a lack of social and community housing stock and a high-demand and high-cost rental market, to ensure timely access to appropriate housing.
  - In this project, agreements with Housing NSW to prioritise clients helped, but the lack of stock remained an issue.
  - Relationships with real estate agents help for clients with the potential to maintain a private rental tenancy, but barriers remain in high-cost and high-demand markets.

### ***Working together***

- A localised coordination model can be an effective means to coordination between agencies, but it can only be as effective as the combined coverage of the agencies and organisations that come to the table.
- A coordinator can play a vital role in driving this type of project.
- The roles of each agency need to be documented and understood.
- Capacity issues can prevent services committing. There is a need to gain support for the project from a senior level down to staff on the ground, something that is reflected in the literature on effective partnerships.
- Ongoing leadership is important to sustaining integrated working, something that is reflected in the literature on effective partnerships.
- Time is needed to build trust, particularly where agencies have not worked well together or had issues in the past, something that is reflected in the literature on effective partnerships.
- There is a need for good knowledge of local services and good communication and networking.

### ***Staff skills and training***

- In a coordinated model, not all staff from agencies taking on case management skills will necessarily have the skills and grounding in case management, particularly integrated case management. Provision for training in this would be effective.

## 8.2 Areas for improvement for future directions for the project

The table below presents a summary of all areas for improvement identified by the evaluation based on feedback provided by stakeholders in interviews and the survey, triangulated with other sources and translated into operational actions.

**Table 14. Suggested areas for improvement to inform the design of the next generation of the project**

Area	Suggestion
<b>Processes</b>	<ol style="list-style-type: none"> <li>1. Ensure consistency and transparency of decision making processes about client applications and allocation of brokerage funding.</li> <li>2. Ensure paperwork and application processes find the balance between gaining important information and becoming burdensome or overly complex.</li> </ol>
<b>Housing provision</b>	<ol style="list-style-type: none"> <li>3. Work with partners on strategies to facilitate timely access to appropriate housing options where social housing options are limited and private rental options are limited by other pressures on the market, including surges in demand and rental costs in mining areas.</li> <li>4. Negotiate ongoing access to social housing tenancies.</li> <li>5. Further build networks with real estate agents to facilitate effective pathways into private rental.</li> </ol>
<b>Support provision</b>	<ol style="list-style-type: none"> <li>6. Explore ways to involve agencies that could potentially have a key role in referring and/or supporting clients, but that have not yet participated fully in the project. In particular, explore opportunities to strengthen the partnership with health and mental health services, particularly identifying an appropriate representative to attend coordination groups.</li> <li>7. Facilitate discussion with all agencies about what would work to ensure a range of appropriate agencies have the capacity to take on the lead role with clients and actually do so.</li> <li>8. Work with agencies on ensuring commitment to providing the support agreed to in case plans.</li> <li>9. Ensure the length of case management support is appropriate to client needs as per the literature.</li> <li>10. Continue to explore options for appropriate ways to support clients in outlying areas that lack local services.</li> </ol>
<b>Agency involvement and coordination</b>	<ol style="list-style-type: none"> <li>11. Work with senior management of key agencies and organisations not yet participating to their full potential to explore ways they could contribute to the project.</li> </ol>
<b>Brokerage</b>	<ol style="list-style-type: none"> <li>12. Establish systematic processes to identify the best value for money when using brokerage for goods, e.g. second hand, bulk purchasing.</li> <li>13. When appropriate, negotiate a reimbursement plan with the client.</li> </ol>
<b>Staff skills and training</b>	<ol style="list-style-type: none"> <li>14. Continue to provide education, for example, about use of brokerage.</li> </ol>

Other suggestions from individual stakeholders were to

- build knowledge to work with different types of clients
- make more use of technology to exchange information
- bring project in line with other local project North West Aboriginal Specialist Homeless Service Project
- have more staff, in particular an additional coordinator
- have more flexibility in obtaining brokerage funding and brokerage funding accessible to more agencies
- have local offices and local lead through which services can refer
- involve the community more
- monitor use of brokerage funding.

### **8.3 Implications for the future response to homelessness for the client group/s in this project**

This project targeted clients with a multitude of characteristics in two main service target groups: people at risk of homelessness, and those with more complex support needs and/ or who were experiencing primary homelessness.

Unlike the other projects subject to extended evaluations did not have a specific target demographic group within the homeless or at risk populations for which we can draw key learnings.

The project appears to have achieved positive outcomes for most clients by using a multidisciplinary case management approach tailored to individual client needs. This result suggests further evidence for the efficacy of a multidisciplinary case management approach with homeless clients with complex needs.

As in the research, the clients of these projects had a range of other compounding issues contributing to their homelessness or risk of homeless—including mental health issues, drug and alcohol issues, and financial issues. This requires a coordinated approach and an ability to connect clients with the support they need through direct provision and brokerage or negotiated agreements. This can be a challenge in an already over-stretched support system.

For the early intervention clients, re-focusing effort on early intervention may take some time and guidance to shift a system traditionally focused on crisis support.

In terms of addressing issues in rural service delivery, the project aimed to find alternatives through outreach and the flexibility use brokerage funding to purchase services where others were not available locally. But lack of service system capacity remained a barrier for the project.

## **8.4 Implications for the homelessness system in this region**

This project has enhanced coordination within the region, but relationships and integrated working, while established, may not yet be firmly enough entrenched to be sustained if an appropriate mechanism to coordinate support is not continued. If the project is not extended, there is a risk that the gains made will be lost. If funding is not continued, consideration needs to be given to other existing mechanisms that could be used to facilitate cooperation.

The research evidence on effective approaches to long term housing and support indicates it is most effective to provide quick access to permanent and stable housing. There were no indications of a negative impact of having to use temporary accommodation or SHS while waiting for tenancies on clients, but if the project is continued or a similar model used in other regions, there is a need to explore options to ensure timely access to appropriate housing to avoid the risk of clients disengaging or their issues being compounded.

## **8.5 Future research that could strengthen the evidence in this area**

On the available evidence, it is difficult to assess either whether the project sustained housing and supported broader client outcomes or had an impact on homelessness. It can be difficult to collect data on housing status and client well-being post support periods, particularly where support was short-term, but this should be attempted to provide better evidence for the model. This could be done through ongoing data collection and more robust monitoring systems should play a key role in this.

To judge whether the project is the most efficient model for achieving the intended outcomes, there is a need for better costs data and cost reporting requirements to be outlined from the start. If cost-benefit analysis (CBA) is to be attempted, there is a need for standardised outcomes measures and data on costs avoided. Collecting data on service use pre- and post-involvement in the project would help to assess costs avoided.

## Appendix 1. Evaluation framework

Scope	Evaluation questions	Factors	Data sources
<b>Project delivery</b>			
Context	<ul style="list-style-type: none"> <li>To what extent do local contextual issues influence the implementation of the project?</li> </ul>	<ul style="list-style-type: none"> <li>Distances</li> <li>Availability of transport</li> <li>Availability of housing stock influenced by external factors (e.g. tourism, mining)</li> <li>Capacity of local services</li> </ul>	<ul style="list-style-type: none"> <li>Site visits: interviews with local project staff</li> </ul>
Governance	<ul style="list-style-type: none"> <li>How long did it take to establish the project?</li> <li>To what extent do the governance arrangements support the successful implementation of the project?</li> </ul>	<ul style="list-style-type: none"> <li>Regional Homelessness Committee (RHC)</li> <li>Local coordination groups</li> <li>Reporting avenues</li> <li>Communication &amp; information processes (formal and informal)</li> </ul>	<ul style="list-style-type: none"> <li>Online survey of project staff</li> <li>Site visits: interviews with local project staff</li> </ul>
Service delivery model	<ul style="list-style-type: none"> <li>How does the overall service delivery model influence the implementation of the project across the region?</li> <li>How does the model compare to other long-term housing models?</li> <li>What arrangements were in place for service delivery; how effective were they and why?</li> <li></li> </ul>	<ul style="list-style-type: none"> <li>Organisation of the lead NGO(s) to cover the region</li> <li>Brokered service model</li> <li>Type of staff involved from the lead NGO(s)</li> <li>Other resources mobilised that contribute to the successful delivery of the project (e.g. NGO's pre-existing systems, tools or resources)</li> <li>Service partnerships/ changes established as part of the model</li> </ul>	<ul style="list-style-type: none"> <li>Site visits: interviews with local project staff</li> </ul>
Client reach and referral pathways	<ul style="list-style-type: none"> <li>What are the referral pathways; how effective have they been, and why?</li> <li>Did the project reach its intended group? What are the key characteristics of clients? How do these compare or contrast to clients in other housing and support programs, including clients in specialist housing</li> </ul>	<ul style="list-style-type: none"> <li>Local service capacity and demand</li> <li>Socio-economic and market factors</li> </ul>	<ul style="list-style-type: none"> <li>Referral data</li> <li>Online survey of project staff</li> <li>Site visits: interviews with local project staff</li> </ul>



Scope	Evaluation questions	Factors	Data sources
	services?		
Housing provision	<ul style="list-style-type: none"> <li>Was the project able to house/ maintain clients in appropriate long-term stable accommodation?</li> <li>What were the key success factors and barriers to effective housing provision?</li> </ul>	<ul style="list-style-type: none"> <li>Availability of housing stock</li> <li>Use of subsidy schemes in tenant support packages</li> </ul>	<ul style="list-style-type: none"> <li>Online survey to project staff</li> <li>Site visits: interviews with local project staff</li> </ul>
Support service provision	<ul style="list-style-type: none"> <li>How were service needs assessed and what role did the client play?</li> <li>What services were delivered most through the project? How important was the provision of legal services in delivering project outcomes?</li> <li>What assessment and case management processes are in place for delivering support services?</li> <li>What were the key success factors and barriers to effective support provision?</li> </ul>	<ul style="list-style-type: none"> <li>Tools and processes used to identify and assess level of need Involvement of clients in case planning and decision-making</li> <li>Wraparound approach</li> <li>Access to local services</li> <li>Administration of brokerage</li> </ul>	<ul style="list-style-type: none"> <li>Online survey of project staff</li> <li>Site visits: interviews with local project staff</li> </ul>
<b>Effectiveness: service system outcomes</b>			
Overall system change	<ul style="list-style-type: none"> <li>What are the impacts of the project/approach on service system change and improvement?</li> <li>To what extent has the project contributed to improved coordination between housing and other human services providers?</li> <li>What were the key success factors and barriers to successful delivery?</li> <li>What are the key success factors/ barriers to successful collaboration/ partnerships?</li> </ul>	<ul style="list-style-type: none"> <li>Pre-existing service networks and structures</li> <li>Motivation, incentives and barriers to joint working</li> </ul>	<ul style="list-style-type: none"> <li>Online survey of project staff</li> <li>Site visits: interviews with local project staff</li> </ul>

Scope	Evaluation questions	Factors	Data sources
Relationships within the housing sector	<ul style="list-style-type: none"> <li>Has the project contributed to improved coordination between housing services (specialist homelessness, social housing, and private market)?</li> </ul>	<ul style="list-style-type: none"> <li>Innovative strategies to extend the range of housing solutions</li> <li>Involvement of real estate agents and private landlords</li> </ul>	<ul style="list-style-type: none"> <li>HAP data portal: type of housing</li> <li>Online survey of project staff</li> <li>Site visits: interviews with local project staff</li> </ul>
Relationships with support service organisations	<ul style="list-style-type: none"> <li>Has the project contributed to improved coordination between housing services and support services?</li> </ul>	<ul style="list-style-type: none"> <li>Innovative strategies to extend the range of support services offered</li> <li>Demand and capacity for specialist support in local areas</li> <li>Demand and capacity for case management in local areas</li> </ul>	<ul style="list-style-type: none"> <li>HAP data portal: range of services provided</li> <li>Online survey of project staff</li> <li>Site visits: interviews with local project staff</li> </ul>
<b>Effectiveness: client outcomes</b>			
Client reach	<ul style="list-style-type: none"> <li>Has the project reached its target in terms of the number of clients assisted?</li> </ul>	<ul style="list-style-type: none"> <li>Unit used to measure client outputs (households or individual)</li> <li>Measure for sustained tenancies</li> </ul>	<ul style="list-style-type: none"> <li>HAP data portal</li> </ul>
Client groups	<ul style="list-style-type: none"> <li>To what extent has the project targeted different target groups from other initiatives in the area, especially transitional housing services?</li> <li>Does the project have different approaches for different target groups?</li> </ul>	<ul style="list-style-type: none"> <li>Filling gaps in coverage (geographic, target groups)</li> <li>Remaining gaps</li> </ul>	<ul style="list-style-type: none"> <li>HAP data portal</li> <li>Online survey of project staff</li> <li>Site visits: interviews with local project staff</li> </ul>
Aboriginal clients	<ul style="list-style-type: none"> <li>How successful has the project been in reaching Aboriginal clients through Aboriginal services?</li> <li>What changes have been made to systems and processes to address cultural barriers for Aboriginal people in accessing services?</li> </ul>	<ul style="list-style-type: none"> <li>Accessibility issues</li> <li>Employment of Aboriginal case workers</li> <li>Connection with Aboriginal communities</li> </ul>	<ul style="list-style-type: none"> <li>HAP data portal</li> <li>Site visits: interviews with local project staff</li> </ul>
Housing outcomes	<ul style="list-style-type: none"> <li>Has the project delivered appropriate housing solutions for referred clients?</li> <li>To what extent have these resulted in</li> </ul>	<ul style="list-style-type: none"> <li>Homelessness prevented</li> <li>Sustained tenancies</li> <li>Develop rental histories</li> </ul>	<ul style="list-style-type: none"> <li>Online survey of project staff</li> <li>Site visits: interviews with local project staff</li> </ul>

Scope	Evaluation questions	Factors	Data sources
	<ul style="list-style-type: none"> <li>sustained tenancies for clients?</li> <li>How do outcomes from the model compare to outcomes achieved in other long-term housing and support projects?</li> </ul>		<ul style="list-style-type: none"> <li>Site visits: interviews with clients</li> </ul>
Non-housing outcomes	<ul style="list-style-type: none"> <li>What broader (non-housing) outcomes have been achieved for clients?</li> </ul>	<ul style="list-style-type: none"> <li>Restoration of children</li> <li>Improvements in mental and physical health</li> <li>Debt waived, fines paid, mortgage default settled</li> <li>Remaining gaps in services</li> </ul>	<ul style="list-style-type: none"> <li>Online survey to project staff</li> <li>Site visits: interviews with local project staff</li> <li>Site visits: interviews with clients</li> </ul>
<b>Impact on overall HAP targets</b>			
Observed reduction in homelessness	<ul style="list-style-type: none"> <li>What is the impact of the project/approach on reducing homelessness?</li> </ul>	<ul style="list-style-type: none"> <li>Considering all other influencing factors (e.g. economic downturn, increased scrutiny)</li> </ul>	<ul style="list-style-type: none"> <li>ABS census</li> <li>SHS ( SAAP) data</li> </ul>
Impact of benefits	<ul style="list-style-type: none"> <li>What impact has the project had in addressing homelessness over the longer-term?</li> </ul>	<ul style="list-style-type: none"> <li>Sustained tenancies in the longer term</li> </ul>	<ul style="list-style-type: none"> <li>HAP data portal</li> <li>Site visits: interviews with local project staff</li> </ul>
<b>Cost-effectiveness</b>			
Project specific	<ul style="list-style-type: none"> <li>Was there a significant gap between funding provided through the HAP and the actual cost of service delivery?</li> <li>Can some of the project costs be reduced or avoided?</li> <li>What level of funding would be required to continue the project?</li> </ul>	<ul style="list-style-type: none"> <li>Actual costs if available from lead NGO accounting systems</li> <li>Service provider outcomes data if/ where available from NGO case management systems</li> </ul>	<ul style="list-style-type: none"> <li>Lead NGO costing data</li> <li>HAP data portal</li> <li>Lead NGO pre-post client surveys (if any)</li> <li>Site visits: interviews with local project staff</li> </ul>
Across projects	<ul style="list-style-type: none"> <li>How do client outputs and impacts compare against costs across the various projects and service delivery models?</li> </ul>	<ul style="list-style-type: none"> <li>Comparison may be difficult considering variations in terms of the range and duration of support provided to clients</li> </ul>	<ul style="list-style-type: none"> <li>Lead NGO costing data</li> <li>HAP data portal</li> <li>Lead NGO pre-post client surveys (if any)</li> <li>Site visits: interviews with local project staff</li> </ul>

## Appendix 2. Key documents reviewed

Document	Date
Rural Interagency Project Albury Wagga & New England Project plan	
Service specification	Feb 2010
New England North West Homelessness Service System Mapping	Aug 2012
Self-evaluation report	Jul 2012
HAP data portal reports	Jan 2010 – Jun 2012
Application form	
Client support plan template	
RHNE Discussion Paper 2012	Oct 2012
Tamworth Family Support financial statements	FY 2009-10 FY 2010-11 FY 2011-12
Tamworth Family Support Client statistics	Nov 2012
RHNE Program guidelines	
Coordination group terms of reference	

## Appendix 3. List of interviews

**Table 15. List of interviews with project stakeholders**

Location	Organisation	Number of interviewees	Date
Tamworth	Tamworth Family Support	3	1/11/2012 14/11/2012
Tamworth	Community Services	2	1/11/2012
Tamworth	Homes North Community Housing Company	1	1/11/2012
Tamworth	Housing NSW Tamworth	1	1/11/2012
Tamworth	Tamworth Salvation Army	1	5/11/2012
Narrabri	Community Services Narrabri	1	1/11/2012
Narrabri	The Cottage (Narrabri Women's Refuge)	1	2/11/2012
Narrabri	Centacare Narrabri	1	2/11/2012
Narrabri	Housing NSW Narrabri	1	2/11/2012
Narrabri	Narrabri and District Community Aid Service (NDCAS)	1	15/11/2012
<b>Total</b>	<b>8</b>	<b>13</b>	

**Table 16. List of client interviews per location**

Location	Face-to-face/ Phone	Date
1. Tamworth	Face-to-face	1/11/2012
2. Tamworth	Face-to-face	1/11/2012
3. Tamworth	Face-to-face	1/11/2012
4. Tamworth	Phone	7/11/2012
5. Narrabri	Face-to-face	2/11/2012
Total	5	

## Appendix 4. Stakeholder interview guide

### *Introduction*

My name is [consultant name] from ARTD. Housing NSW has contracted ARTD to evaluate the [name of HAP project] as part of the broader evaluation of long term housing and support projects funded under the Homelessness Action Plan. The purpose of the evaluation is to find out how the project is working, and its impact on the service system and clients.

These interviews, along with the other evaluation data, will inform ARTD's report to Housing NSW. The report will not identify any individuals.

Your participation in the evaluation is voluntary and you can choose to terminate the interview whenever you want to.

[For group interviews] Please respect others' opinions and give everyone a chance to speak. Also, confidentiality is important so please don't discuss what is said in the group with others outside of the group.

### *Your role in the project*

- 1. Can you briefly describe your/ your organisation's roles and responsibilities in the HAP project?**
  - Key requirements to fulfil this role
  - Main difficulties
- 2. How long did it take for the project to start meeting client needs (start-up phase)?**

### *Client referral/ nomination and assessment*

- 3. How were clients referred to the project?**
- 4. What, if any issues were there with obtaining appropriate referrals, and how were these issues resolved?**
- 5. What types of clients does the project deal with?**
  - Homelessness
  - At risk of homelessness
- 6. How were client needs assessed?**
  - How do you rate the level of needs (High/ Medium/ Low)?
- 7. What happens with clients who are not accepted into the project [e.g. referrals to other services]?**
- 8. How different are the clients for this project to those you normally work with?**

### *Housing/ tenancy support provision*

- 9. Did the project support clients to maintain an existing tenancy?**

- Under which circumstances/ conditions?
  - What types of support were provided?
10. What housing options did this project make use of?
- public housing
  - community housing
  - assisted private rental
  - other subsidies
11. **What have been the success factors in negotiating client access to long term accommodation options?**
- Have you had to use temporary or short term accommodation as a bridging mechanism?
12. **What have been the challenges in negotiating client access to long term accommodation options?**
- Availability
  - Timeliness of access
  - Barriers to establishing private rental tenancies

### *Support provision*

13. How has support been provided in this project?
- case management
  - linking clients to other support services
  - providing direct support services
14. **How effective were these processes to provide clients with appropriate support meeting their needs?**
15. **Are support processes provided to HAP clients differently to your normal support arrangements?**

### *Service system change*

16. What structures/ processes were in place to support partnership and coordination between services? How effective were these structures/ processes?
17. **Were there any service system issues? How did you address these?**
- Have you been able to effectively address issues locally or have you had to escalate issues to Regional Homeless Committees for resolution?
  - What kind of resolution? Change in the overall service response, one-off adjustment or better coordination?
18. **Has the project supported increased integration between housing and support services? If yes, how?**
19. Has the project supported increased integration **between support services?** If yes, how?
- Mainstream services
  - Specialist Homelessness Services (previously SAAP)
20. **Did the project achieve an improved service system?**
- Key success factors
  - Key barriers
21. **What are the remaining integration and linkage issues for this HAP project?**



### **Client outcomes**

22. **What do you see as the benefits of the project for clients?** What evidence is available to demonstrate/ measure these outcomes?
  - ability to live independently
  - ability to maintain a tenancy
  - increased wellbeing
23. **Have you been more successful for some types of clients than others?** Which one/s? What made it successful?
  - What about Aboriginal clients?
24. **How sustainable are these benefits?**
  - What ongoing support do clients need?
  - Do you have **follow-up mechanisms** after the end of the assistance provided to clients?
25. What aspects of the project have been **key to supporting successful client outcomes?**
26. What have been the **barriers to supporting successful client outcomes?**

### **Costs and workload**

27. How do you assess the balance between coordination/ administrative/ reporting time and the time spent on supporting clients for this project?
28. What, if any, have been the workforce issues for this project?
  - workload
  - occupational health and safety
  - staff retention
  - staff supervision, etc
29. What, if any, have been the funding issues for this project?

### **Sustainability**

30. **Have you changed the way you deliver services for this project?**
  - If yes, do you expect these changes to be sustained beyond the life of the project?
31. **What will happen if the funding ceases at the end of the project?**
  - What are the risks?
  - What would be the implications on your organisation's resources (HR and \$)
  - Is your organisation willing to commit to ensure continuation of the project?
32. **Do you think the project should be continued?**
  - Why do you think that?
  - What would be needed?
  - **What would be your organisation's commitment?**
33. To what extent do you think this model can be replicated/ implemented more widely:
  - in the local area
  - in other areas across the State

Explore:

- *Enablers*

— Constraints

**Overall**

34. **What innovative approaches have been developed as part of this project?**
  - to access appropriate housing options
  - in terms of support arrangements
35. What do you think are the main learnings from this project that can be applied to other long term housing and support initiatives?
36. **If you could change just one thing in the design of this HAP project, what would it be?**

Thank you for your time and contribution to this evaluation.

## Appendix 5. Client interview guide

### Interview

Hi. It's [name] from ARTD consultants. Thanks for agreeing to be interviewed as part of our evaluation of the [name of HAP project]. Is this still a good time to speak with you?

[If yes, proceed, if no, reschedule].

I want to remind you that information you provide us, along with the information from other clients and project workers we speak to, will be used in the report we write for Housing NSW. But this report will in no way identify you individually.

Before we start I also want to let you know that you can change your mind about talking to me at any time during the interview and stop the interview at any time. If there are questions you don't want to answer, you don't have to answer them.

The interview will take about half an hour. We will be giving you a \$30 Coles/ Myer or Woolworths gift voucher as a thank you for your time at the end of the interview.

### *Before entering the project*

1. How were things for you before you became involved in this project?
  - [areas to cover]
  - Health
  - Stress/ anxiety
  - Living situation
  - Employment
  - Connection to community
  - Feelings about the future
2. How did you initially enter the project?
  - Do you remember when it was?
  - How did you feel when you first heard about the [specific name of project]?
  - Initially, did you want to be part of the project? Why/ why not?

### *When accessing housing and receiving support through the project*

3. Did the project help you with staying in the place you were in before the project or did it help you to find new housing?
4. [If support to existing tenancy] What was it like to be able to stay in your place?
  - How did you feel about being able to stay in your place?
  - Who supported you with what you needed when you moved in?
5. [If new housing] What was it like when you first moved into the property?
  - How did you feel about having your own place?
  - Who supported you with what you needed when you moved in?

6. [If new housing] How are you finding your housing?
  - Is your house a public or social housing property or private rental?
  - Do you like your place? (enough privacy, good condition)
  - Do you feel comfortable where you're living? (neighbourhood, safety)
7. Do you feel like you're receiving the support you need?
  - What kind of support services do you receive? (health, financial e.g. budgeting, accessing government services, etc)
  - If no, what else do you think you need in order to live in your property?

### ***Impact of the project***

8. Since living in your property and receiving support from [service provider/s name] how have things changed for you?
  - [areas to cover]
  - Health
  - Stress/ anxiety
  - Living situation
  - Employment situation
  - Started/ continuing education
  - Connection to community
  - Feelings about the future

### ***Feedback on the project***

9. What, if anything, about the project has been **the most** helpful thing for you?
10. What, if anything, about the project has been **the least** helpful thing for you?

### ***Sustainability***

11. How do you think things will be for you when/ if your case worker isn't helping you anymore?
  - Will you feel able to manage living in your property?
  - Is there anything you think you might still need help with?

Thank you

[Hand over the selected voucher to the client and ask her/ him to sign the record sheet]

## Appendix 6. Results from the online stakeholder survey

**Table 17. Response rate to the online survey**

Emails sent	67
Emails bounced	0
<b>Population surveyed</b>	<b>67</b>
Complete responses	42
Partial responses	10
Disqualified	0
<b>Total responses</b>	<b>52</b>
<b>Response rate</b>	<b>78%</b>

### *Involvement with the Rural Homelessness New England project*

**Table 18. Q1. What type of organisation do you work for?**

Organisation	n	%	Missing
Commonwealth Government agency	1	2%	
NSW Government agency	10	19%	
Local government	1	2%	
Non-government organisation	40	77%	
Private sector company (e.g. real estate agency)	0	0%	
Other, please specify	0	0%	
<b>Total</b>	<b>52</b>	<b>100%</b>	<b>0</b>

**Table 19. Q3. How would you rate your level of involvement in the Rural Homelessness New England project?**

Level of involvement	n	%	Missing
No awareness, no involvement	0	0%	
Limited awareness, no direct involvement	0	0%	
Limited/ occasional involvement	7	13%	
Involved in the operation of the project in relation to a few clients (less than 5)	17	33%	
Involved in the operation of the project in relation to a number of clients (more than 5)	18	35%	
Involved in the overall coordination of the project	10	19%	
<b>Total</b>	<b>52</b>	<b>100%</b>	<b>0</b>

**Table 20. Q4. What is the main role of your organisation in the Rural Homelessness New England project?**

Organisation's main role	n	%	Missing
Contracting government agency, e.g. Housing NSW, Community Services	2	4%	
Partner government agency, e.g. Legal Aid, NSW Health, ADHC	4	8%	
Coordinating NGO	8	15%	
Specialist Homelessness Service	12	23%	
Support service provider, e.g. mental health, family support, drug and alcohol, etc.	17	33%	
Housing provider	6	12%	
Other, please specify*	3	6%	
<b>Total</b>	<b>52</b>	<b>100%</b>	<b>0</b>

\*When specified, 'Other' responses were: 'follow up with Aboriginal clients', 'consultant', 'referring clients/ application on their behalf'.

**Table 21. Q4a. What type of housing provider is your organisation?**

Housing provider type	n*	%	Missing
Public social housing	2	29%	
Community housing	4	57%	
Real estate agency	0	0%	
Landlord	0	0%	
Other, please specify	0	14%	
<b>Total</b>	<b>6</b>	<b>100%</b>	<b>0</b>

\*Question for housing providers only

**Table 22. Q5. In what ways have you been involved in the Rural Homelessness New England project?**

Ways involved	n	% of cases *
Participating in project coordination meetings	42	81%
Making referrals	41	79%
Case managing clients	35	67%
Directly providing housing solution to clients of the project	14	27%
Directly providing support services to clients of the project	27	52%
Other, please specify**	4	8%

\* Per cent of cases is calculated as the frequency of a given response over the number of valid cases (complete responses to the question).

\*\*When specified, 'Other' responses were: 'giving information about the project to others', 'case management', 'attending selection meetings', 'counselling, case work with clients, advocacy & living skills, supporting other workers involved in the program, promotion of the RHNE program'.

**Table 23. Q6. How long have you been involved with the Rural Homelessness New England project?**

Length of involvement	n	%	Missing
Less than six months	5	10%	
Between six months and one year	12	23%	
Between one and two years	23	44%	

More than two years	12	23%	
<b>Total</b>	<b>52</b>	<b>100%</b>	<b>0</b>

**Table 24. Q7. How committed to this project is the leadership of your organisation?**

Level of commitment	n	%	Missing
Not at all	1	2%	
Somewhat committed	3	6%	
Quite strongly	19	39%	
Strongly	26	53%	
<b>Total</b>	<b>49</b>	<b>100%</b>	<b>3</b>



**Client referral/ nomination and assessment**

**Table 25. Q8. Please indicate the level to which you agree or disagree with the following statements.**

	n	Disagree		Mostly disagree		Mostly agree		Agree		DK/ N/A	Missing
		n	%	n	%	n	%	n	%	n	n
Overall, the client nomination/ referral processes for the Rural Homelessness New England project are effective	43	1	2%	2	5%	10	23%	30	70%	0	9
Organisations involved in the project agreed on eligibility criteria	41	1	2%	1	2%	13	32%	26	63%	3	8
Overall, the client assessment process for this project is effective	43	1	2%	2	5%	12	28%	28	65%	0	9
Through this project we have worked with clients we would not normally be able to reach	41	5	12%	6	15%	7	17%	23	56%	3	8
This project has supported clients who were not covered by other existing initiatives (e.g. gaps in geographic coverage or target groups)	43	2	5%	3	7%	9	21%	29	67%	1	8

**Housing/ tenancy support provision**

**Table 26. Q9. Please indicate the level to which you agree or disagree with the following statements.**

	n	Disagree		Mostly disagree		Mostly agree		Agree		DK/ N/A	Missing
		n	%	n	%	n	%	n	%		
The Rural Homelessness New England project has assisted clients to obtain or maintain accommodation appropriate to their needs	44	1	2%	1	2%	11	25%	31	70%	0	8
This project has assisted clients into stable long-term accommodation	42	1	2%	2	5%	10	24%	29	69%	2	8
Limited availability of affordable housing locally has reduced the project's ability to assist clients in accommodation	44	4	9%	7	16%	8	18%	25	57%	0	8
This project has found new and innovative ways of securing housing for clients	42	4	10%	4	10%	13	31%	21	50%	2	8

**Support provision**

**Table 27. Q10. Please indicate the level to which you agree or disagree with the following statements.**

	n	Disagree		Mostly disagree		Mostly agree		Agree		DK/ N/A	Missing
		n	%	n	%	n	%	n	%	n	n
The Rural Homelessness New England project has been particularly effective in linking clients to the support services they need	43	0	0%	2	5%	15	35%	26	60%	1	8
Lack of service availability locally has limited the project's ability to link clients to the supports they need	44	6	14%	13	30%	14	32%	11	25%	0	8
This project provides clients with access to a broader range of support services than other projects in this area	44	1	2%	2	5%	19	43%	22	50%	0	8
The Rural Homelessness New England project has provided easy access to brokerage funding	44	0	0%	4	9%	13	30%	27	61%	0	8
Brokerage funding has been a major factor to support clients with appropriate support	43	1	2%	7	16%	10	23%	25	58%	0	9
Clients received improved integrated management through this project than usual	44	1	2%	4	9%	17	39%	22	50%	0	8

**Service system**

**Table 28. Q11. Thinking about the organisations involved in the Rural Homelessness New England project, what has been the frequency of your interactions with each one?**

	n	Never		Just once		For a few clients (<5)		For a number of clients (>5)		For some project coordination issues		For all project coordination issues		DK/ N/A	Missing
		n	%	n	%	n	%	n	%	n	%	n	n		
Lead government agency, e.g. Housing NSW, Community Services	41	0	0%	1	2%	11	27%	12	29%	10	24%	7	17%	1	10
Partner government agency	40	2	5%	0	0%	14	35%	14	35%	4	10%	6	15%	2	10
Lead NGO	39	2	5%	1	3%	11	28%	12	31%	4	10%	9	23%	1	12
Specialist Homelessness Services	38	5	13%	1	3%	11	29%	10	26%	5	13%	6	16%	2	12
Support service providers, e.g. mental health, family support, drug and alcohol, etc.	41	0	0%	2	5%	10	24%	18	44%	5	12%	6	15%	1	10
Housing organisations	40	1	3%	3	8%	8	20%	14	35%	6	15%	8	20%	2	10
Real estate agents/ landlords	41	10	24%	3	7%	12	29%	7	17%	7	17%	2	5%	1	10

**Table 29. Q12. Please rate the following aspects of relationships with other housing and service organisations before and after your involvement in the Rural Homelessness New England project.**

	n	1=None		2=Limited		3=Good		4=Extensive		Missing n
		n	%	n	%	n	%	n	%	
<b>Pre:</b> Knowledge of what other local service organisations can provide for my clients	42	1	2%	18	43%	15	36%	8	19%	10
<b>Post:</b> Knowledge of what other local service organisations can provide for my clients	42	0	0%	1	2%	21	50%	20	48%	10
<b>Pre:</b> Coordination with other local service organisations to support clients	42	1	2%	15	36%	18	43%	8	19%	10
<b>Post:</b> Coordination with other local service organisations to support clients	42	0	0%	1	2%	21	50%	20	48%	10
<b>Pre:</b> Trusting relationships with other local service organisations	42	1	2%	16	38%	21	50%	4	10%	10
<b>Post:</b> Trusting relationships with other local service organisations	41	0	0%	2	5%	28	68%	11	27%	11

**Table 30. Q13–15. Please indicate the level to which you agree or disagree with the following statements.**

	n	Disagree		Mostly disagree		Mostly agree		Agree		DK/ N/A	Missing
		n	%	n	%	n	%	n	%		
<b>Q13. Governance</b>											
The organisations involved in the Rural Homelessness New England project share the project's goals and values	41	1	2%	1	2%	18	44%	21	51%	1	10
The organisations involved in this project agreed on the project governance structure (e.g. establishment of local coordination groups)	38	1	3%	2	5%	10	26%	25	66%	4	10
The governance structure of this project has been effective in supporting implementation of the project	38	1	3%	2	5%	11	29%	24	63%	4	10
<b>Q14. Communication and information sharing</b>											
There are formal structures/ processes for communication and information sharing between organisations involved in the Rural Homelessness New England project	42	0	0%	1	2%	12	29%	29	69%	0	10
There are informal processes for communication and information sharing	40	1	3%	1	3%	14	35%	24	60%	2	10
Communication and information sharing is effective	42	0	0%	3	7%	15	36%	24	57%	0	10

	n	Disagree		Mostly disagree		Mostly agree		Agree		DK/ N/A	Missing
		n	%	n	%	n	%	n	%	n	n
<b>Q15. Working together</b>											
The roles, responsibilities and expectations of organisations involved in the Rural Homelessness New England project are clearly defined and understood by all	42	0	0%	4	10%	18	43%	20	48%	0	10
Responsibilities for implementing this project are shared appropriately	42	0	0%	6	14%	18	43%	18	43%	0	10
Through this project I have worked with organisations I would not have worked with previously	42	3	7%	8	19%	9	21%	22	52%	0	10
Working together has changed the way our organisation delivers services	39	7	18%	5	13%	13	33%	14	36%	3	10
This project has been able to identify and resolve impediments to effective service provision (either at the project level or through the Regional Homelessness Committee)	41	1	2%	4	10%	16	39%	20	49%	1	10
Working together in this project generates better outcomes for clients than if each organisation worked with the clients separately	41	1	2%	2	5%	13	32%	25	61%	1	10
Working together in this project has achieved regional system changes (e.g. in identification, assessment and referral, discharge planning, capacity building, policy development, case coordination)	39	1	3%	6	15%	14	36%	18	46%	3	10

**Client outcomes**

**Table 31. Q16. Please indicate the level to which you agree or disagree with the following statements.**

	Disagree		Mostly disagree		Mostly agree		Agree		DK/N/A	Missing		
	n	%	n	%	n	%	n	%	n	n		
The Rural Homelessness New England project has effective measures for assessing outcomes for clients	39	0%	0	0%	3	8%	11	28%	25	64%	3	10
Clients are better able to sustain a tenancy as a result of the project	43	2%	1	2%	2	5%	14	33%	26	60%	0	9
Clients' well-being has improved as a result of the project	43	2%	1	2%	1	2%	11	26%	30	70%	0	9
Clients have reduced use of acute services (e.g. hospital and emergency services) as a result of the project	25	8%	2	8%	3	12%	10	40%	10	40%	17	10



**Costs/ workload**

**Table 32. Q17. Please indicate the level to which you agree or disagree with the following statements.**

	n	Disagree		Mostly disagree		Mostly agree		Agree		DK/N/A	Missing
		n	%	n	%	n	%	n	%		
I spend too much time on coordination activities as part of my involvement in Rural Homelessness New England project	42	22	52%	9	21%	3	7%	8	19%	1	9
Through this project I am able to spend more time in supporting clients than in other projects	34	6	18%	6	18%	12	35%	10	29%	8	10
The resources required for this project are justified by the benefits for clients	42	1	2%	2	5%	11	26%	28	67%	1	9

**Sustainability of the project**

**Table 33. Q18. Please indicate the level to which you agree or disagree with the following statements.**

	n	Disagree		Mostly disagree		Mostly agree		Agree		DK/ N/A	Missing
		n	%	n	%	n	%	n	%	n	n
The Rural Homelessness New England project has the potential to achieve sustainable reductions in homelessness into the future	43	1	2%	0	0%	15	35%	27	63%	0	9
I would like this project to continue beyond its planned termination date	42	1	2%	0	0%	6	14%	35	83%	1	9
My organisation would not be able to maintain its participation in this project without government funding	36	5	14%	5	14%	5	14%	21	58%	6	10
My organisation has secured some resources for the project beyond its planned termination date	27	13	48%	7	26%	3	11%	4	15%	15	10
We could expand the number of HAP clients we assist in this area with only a small increase in resources	32	7	22%	3	9%	11	34%	11	34%	10	10
This project has the potential to be replicated in other areas of the state	40	1	3%	0	0%	9	23%	30	75%	2	10

## Appendix 7. Breakdown of project costs for 2011/12

HAP Project ID: 5b RHNE		2011/12 \$ Value	Percentage
<b>Project income - Inputs</b>			
Income	HAP funding	\$654,840	98%
Income	Other Government funding	\$ -	0%
Income	In-kind	\$ -	0%
Income	Third party donations	\$ -	0%
Income	Other: Funding unexpended	\$7,457	1%
Income	Other: Other funding	\$4,820	1%
<b>Total Project income</b>		<b>\$667,117</b>	<b>100%</b>
<b>Expenditure</b>			
Staff costs	Direct Client Services	\$174,821	26%
Staff costs	Admin and support	\$ -	0%
Staff costs	Staff related on-costs	\$17,869	3%
Staff costs	External consultants / professional services	\$65,483	10%
Staff costs	Other: Co-ordinator group costs	\$6,654	1%
<b>Total Staff costs</b>		<b>\$264,827</b>	<b>40%</b>
Operating costs	Meetings, workshop, catering	\$ -	0%
Operating costs	Staff training and development	\$10,695	2%
Operating costs	Motor vehicle expenses	\$5,270	1%
Operating costs	Other travel	\$9,396	1%
Operating costs	Host Organisation Management Fee and Administration costs	\$145,258	22%

HAP Project ID: 5b RHNE		2011/12 \$ Value	Percentage
Operating costs	Other	\$ -	0%
<b>Total Operating costs</b>		<b>\$170,619</b>	<b>26%</b>
Brokerage costs	Total Goods	\$160,009	24%
Brokerage costs	Total Services	\$50,822	8%
Brokerage costs	Total Payments	\$20,384	3%
Brokerage costs	Total Other	\$ -	0%
<b>Total Brokerage costs</b>		<b>\$210,831</b>	<b>35%</b>
<b>Total Expenditure</b>		<b>\$646,277</b>	<b>100%</b>

## Appendix 8. Literature scan bibliography

Australian Institute of Family Studies, 2012, *The influence of unstable housing on children's wellbeing and development*

AHURI, 2009, *Evidence to inform NSW homelessness action priorities 2009-10*

AHURI, 2010, *AHURI's contribution to the cumulative evidence base to inform the national housing reform agenda*

Baulderstone, J. and Button, E., 2011, *Mapping and Reviewing Homelessness Programs*, Commonwealth of Australia, Department of Families, Housing, Community Services and Aboriginal Affairs (FaHCSIA)

Bond, S., 2010, *Integrated service delivery for young people: A literature review*, Brotherhood of St Lawrence

Busch-Geertsema, V., 2012, *Keynote address: The Housing First approach in Europe*, Homelessness Research Conference, Melbourne, 20 April 2012

Button, E. and Baulderstone, J., 2012, *Keeping Off the Streets: Effective Models of Intervention with People who are Sleeping Rough — Service Models in Three States*, Commonwealth of Australia, Department of Families, Housing, Community Services and Aboriginal Affairs (FaHCSIA)

Crisis, 2012, *Research briefing: Young, hidden and homeless*, London, April 2012

Culhane, D., 2012, *Keynote address: The dynamics of homelessness: the convergence of research and policy to prevent and end homelessness in the US*, Homelessness Research Conference, Melbourne, 2012

Deloitte Access Economics, 2011, *Current and future service delivery models for single adults experiencing homelessness: Literature review*, prepared for the Queensland Department of Communities, April 2011

Eardley, T. and Flaxley, S., 2012, *Positioning Paper: The role of community housing organisations in meeting the housing and support needs of people who are homeless*, AHURI

Ellen, I.G. and O'Flaherty, B., [Eds], 2010, *How to House the Homeless*, The Russell Sage Foundation, New York

FaHCSIA, 2012, *The National Affordable Housing Agreement*, <http://www.fahcsia.gov.au/our-responsibilities/housing-support/programs-services/housing-affordability/national-affordable-housing-agreement>

- FaHCSIA, 2012a, Evidence note number 7, *Keeping off the streets: Street to home service models for assisting rough sleepers in Adelaide, Perth and Darwin*, May 2012
- Flatau, P., Coleman, A., Memmott P., Baulderstone, J. and Slatter M., 2009, *Sustaining at-risk Aboriginal tenancies: a review of Australian policy responses*, AHURI
- Flatau, P, Conroy, E. and Clear, A., 2010, *The integration of homelessness, mental health and drug and alcohol services in Australia*, AHURI
- Gronda, H., 2009, *What makes case management work for people experiencing homelessness? Evidence for practice*, AHURI
- Hatvani, G., 2012, *What makes a difference? Building a foundation for nationally consistent client outcome measures for homelessness services*, Homelessness Research Conference, Melbourne, 20 April 2012
- Holdsworth, L. and Tiyce, M., 2012, *A study of homelessness and gambling in the Northern Rivers region, New South Wales, Australia: Perspectives of people experiencing homelessness and gambling, and the service providers supporting them*, Southern Cross University publications
- Johnson, G., Parkinson, S. and Parsell, C., 2012, *Policy shift or program drift? Implementing Housing First in Australia*, AHURI
- Johnson, G., Kuehnle, D., Parkinson, S. and Tseng, Y., 2012, *Meeting the Challenge: Transitions out of Long-Term Homelessness*, RMIT University
- Khadduri, J., 2010 'Chapter 4: Rental subsidies' in Ellen, I.G. and O'Flaherty, B., [Eds], 2010, *How to House the Homeless*, The Russell Sage Foundation, New York
- KPMG, 2012, *Homelessness interventions that work: informing future directions*, Agenda paper for the Select Council on Housing and Homelessness, 22 August 2012
- Manu-Preston, C., 2011, *Home and Help....what works? An investigation into Homelessness models of Housing and Support for people with Mental Illness*, Churchill Trust
- Matrix on Board, 2012, *Evaluation of the legal component of the Riverina Homelessness Interagency Project & Reaching Home Newcastle*, January 2013 Melbourne Institute of Applied Economic and Social Research, 2012, *Journeys Home: Longitudinal Study of Factors Affecting Housing Stability*
- Memmott, P., Birdsall-Jones, C. and Greenop K., 2012, *Why are special services needed to address Aboriginal homelessness?*, Institute for Social Science Research, The University of Queensland
- Milligan, V., Phillips R., Easthope, H. and Memmott, P., 2010, *Service directions and issues in social housing for Aboriginal households in urban and regional areas*

NSW Department of Family and Community Services, 2012, *Future directions for specialist homelessness services, Consultation Paper*, June 2012

O’Flaherty, B. 2010, ‘Chapter 7: Homelessness as bad luck: implications for research and policy’ in Ellen, I.G. and O’Flaherty, B., [Eds], 2010, *How to House the Homeless*, The Russell Sage Foundation, New York

Pawson H., Davison G. and Wiesel I., 2012, *Addressing concentrations of disadvantage: policy, practice and literature review*, AHURI, UNSW–UWS Research Centre, Sydney

Pinnegar, S., Wiesel, I., Liu, E., Gilmour, T., Loosemore M. and Judd Pinnegar, B., 2011, *Partnership working in the design and delivery of housing policy and programs*, AHURI

Phillips, R., Milligan, V. and Jones, A., 2009, *Integration and social housing in Australia: theory and practice*, AHURI

Phillips, R., Parsell C., Seage N. and Memmott, P., 2011, *Positioning Paper: Assertive outreach*, AHURI

Phillips, R. and Parsell, C., 2012, *The role of assertive outreach in ending ‘rough sleeping’*, AHURI

Pleace, N., and Bretherton, J., 2012, *Will Paradigm Drift Stop Housing First from Ending Homelessness? Categorising and Critically Assessing the Housing First Movement from a Social Policy Perspective*, University of New York

Productivity Commission, 2011, Report on Government Services, Housing and Homelessness Sector Summary (Chapter 16). Productivity Commission, Canberra

Rosenheck, R. 2010, ‘Chapter 2: Service models and mental health problems: cost-effectiveness and policy relevance’ in Ellen, I.G. and O’Flaherty, B., [Eds], 2010, *How to House the Homeless*, The Russell Sage Foundation, New York

Short, P., Parsell, C., Phillips, R. and Seage, N., 2011, *Positioning paper: Bridging the divide: the experiences of low-income households excluded from the private rental sector in Australia*, AHURI

Spinney, A. and Blandy, S., 2011, *Positioning paper: Homelessness prevention for women and children who have experienced domestic and family violence: innovations in policy and practice*, AHURI

Strategic Partnership Taskforce, UK Office of the Deputy Prime Minister, 2003, *Assessing Strategic Partnership: The Partnership Assessment Tool*

Tsemberis, S., 2010, ‘Chapter 3: Housing First’ in Ellen, I.G. and O’Flaherty, B., [Eds], 2010, *How to House the Homeless*, The Russell Sage Foundation, New York

Wiesel, I., Easthope, H., Liu, E., Judd, B. and Hunter E., 2012, *Pathways into and within social housing*, AHURI Final Report No 186. Melbourne, Australian Housing and Urban Research Institute