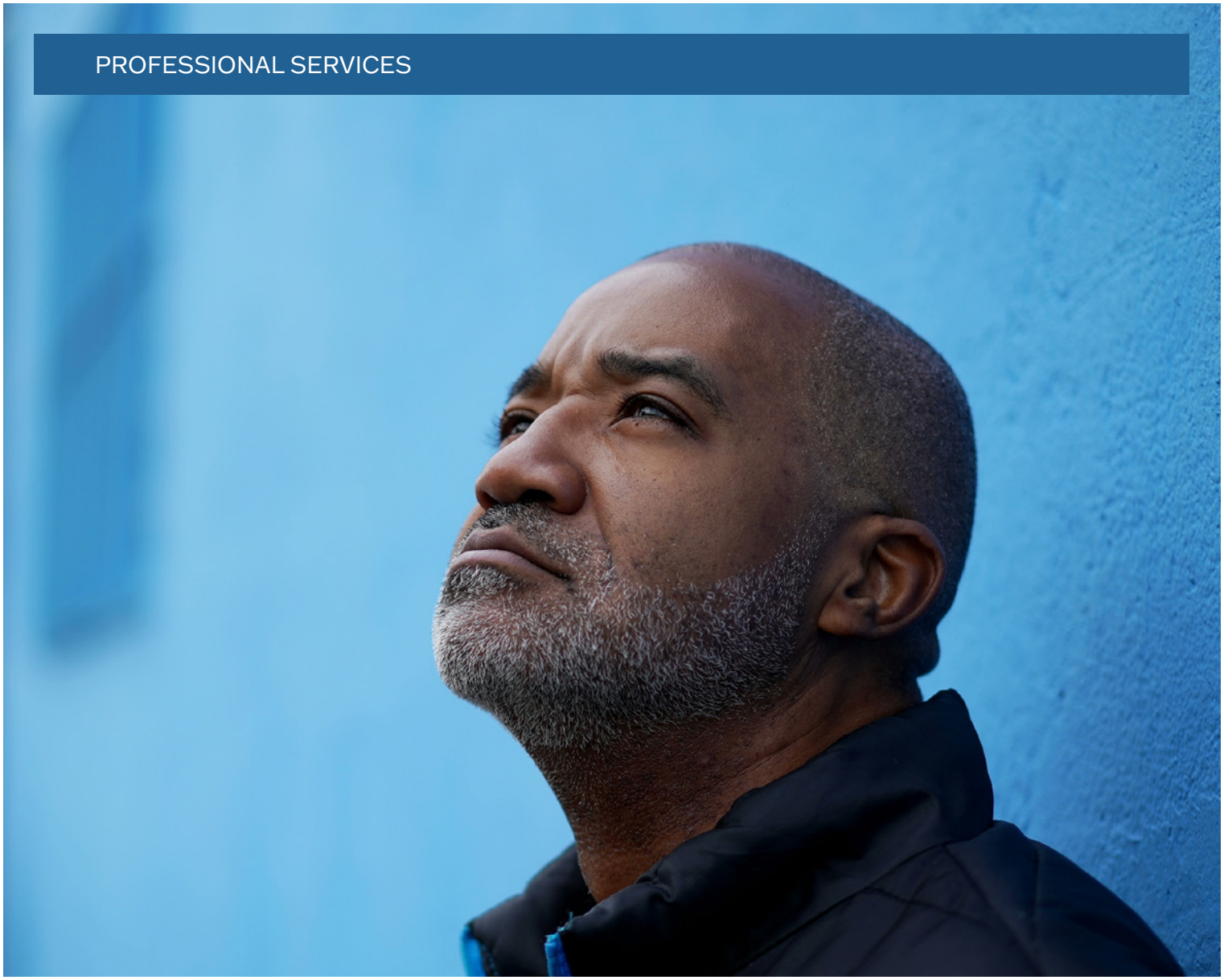
AHURI

PROFESSIONAL SERVICES



Together Home Program
Interim Implementation Report

Authored by
Nicola Brackertz, AHURI Limited
Tom Alves, AHURI Limited
kylie valentine, UNSW
Hazel Blunden, UNSW
Megan Blaxland, UNSW
Ilan Katz, UNSW

For NSW Department of Communities and Justice
Publication Date August 2023

Preferred citation

Brackertz, N., Alves, T., valentine, k., Blunden, H., Blaxland, M. and Katz, I. (2023) *Together Home Program: Interim Implementation Report,* AHURI Professional Services and UNSW for NSW Department of Communities and Justice, Australian Housing and Urban Research Institute Limited, Melbourne.

Related reports and documents

Brackertz, N. (2022) *Together Home Program Evaluation—Early Findings Report,* AHURI Professional Services for NSW Department of Communities and Justice, Australian Housing and Urban Research Institute Limited, Melbourne.

Brackertz, N. (2021) *Together Home Program Evaluation—Baseline Report,* AHURI Professional Services for NSW Department of Communities and Justice, Australian Housing and Urban Research Institute Limited, Melbourne.

Zulumovski, K. and Wainer, C. (2023) *Together Home Program Evaluation,* Case Study of the Aboriginal-led Model, by Gamarada Universal Indigenous Resources Pty Limited for NSW Department of Communities and Justice, Australian Housing and Urban Research Institute Limited, Melbourne.

Acknowledgements

We would like to thank the many stakeholders and THP participants who generously gave their time and expertise to contribute to this evaluation.

Disclaimer

The opinions in this report reflect the views of the authors and do not necessarily reflect those of AHURI Limited, its Board, or its funding organisations. No responsibility is accepted by AHURI Limited, its Board or funders for the accuracy or omission of any statement, opinion, advice, or information in this publication.

Copyright

Contents

List of tables

List of figures

Acronyms and abbreviations used in this report

ACCO	Aboriginal Community Controlled Organisation
AHA	Application for Housing Assistance
AHURI	Australian Housing and Urban Research Institute Limited
ALM	Aboriginal-led Model
AoD	Alcohol and other drugs
AOP	Accommodation Options Panel
Argyle	Argyle Housing
Bridge	Bridge Housing Limited
BNL	By-Name-List
CALD	Culturally and linguistically diverse
CIMS	Client Information Management System
CHIMES	Community Housing Information Management and Engagement System
CHIF	The Community Housing Innovation Fund approach uses a co-contribution model where DCJ funding is leveraged against the additional financial and non-financial resources contributed by CHPs to generate new social housing supply.
CHL	Community Housing Limited
CHLP	The Community Housing Leasing Program provides funding to registered CHPs to headlease properties from the private rental market to provide social housing.
CHP	Community Housing Provider
CRAG	Client Referral and Assessment Group
DCJ	Department of Communities and Justice
DFV	Domestic and family violence
Evolve	Evolve Housing Limited
HCC	Hunter Central Coast
HiP	Home in Place
HOMES	Housing Operations Management System
Homes North	Homes North Community Housing Company Ltd
Housing Trust	The Illawarra Community Housing Trust Ltd
HOW	Homes Out West
Hume	Hume Housing
ILSA	Independent Living Skills Assessment
ISSNSW	Illawarra Shoalhaven Southern New South Wales
MA	Mission Australia
MAH	Mission Australia Housing
Metro	Metro Housing
MFWWNSW	Murrumbidgee, Far West, Western NSW
NCCH	North Coast Community Housing
NESB	Non-English-speaking background
NNSW MNC NE	Northern NSW, Mid North Coast & New England

Pacific Link	Pacific Link Housing Limited
PDG	Program Delivery Group
PWI	Personal Wellbeing Index
SCCH	Southern Cross Community Housing
SGCH	St George Community Housing Limited
SHMT	Under the Social Housing Management Transfer, DCJ transferred the tenancy management of around 14,000 social housing tenancies to CHPs, including the delivery of private rental assistance products under Housing Pathways. The NSW Government supports the diversity and service delivery of community housing providers and their ability to make a positive impact on people's lives.
SHS	Specialist homelessness services
SPRC	Social Policy Research Centre
SSESNS	Sydney, South-Eastern Sydney, Northern Sydney
STEP	The Supported Transition and Engagement Program targets people sleeping rough and aims to provide secure long-term housing and wrap-around support.
SWS	Southwestern Sydney
T1	Tranche 1
T2	Tranche 2
T3	Tranche 3
TA	Temporary Accommodation
THP	Together Home Program
VI-SPDAT	Vulnerability Index – Service Prioritisation Decision Assistance Tool
Women's Housing	Women's Housing Company Limited
WSNBM	Western Sydney Nepean Blue Mountains
Yerin	Yerin Eleanor Duncan Aboriginal Health Services is the lead in the ALM component of the THP

Executive summary

The NSW Department of Communities and Justice (DCJ) has contracted the Australian Housing and Urban Research Institute (AHURI) in collaboration with the Social Policy Research Centre (SPRC) at the University of New South Wales to undertake an independent evaluation of the Together Home Program (THP).

Since the inception of the THP in July 2020, the NSW Government has invested $177.5 million into the program to support people experiencing homelessness into stable accommodation and link them with wrap-around support. It aims to facilitate pathways into longer-term housing, and to provide access to culturally appropriate health, mental health and wellbeing services. It is a key initiative to support the Premier's Priority to halve street homelessness by 2025.

The THP is being delivered across NSW by 18 community housing providers (CHPs). The CHPs are contracting support providers to provide the wrap-around support ('standard' and 'High Needs' packages). The THP is informed by Housing First principles. By January 2023, the THP had delivered 1,117 packages and housed 1,092 clients. The THP includes a capital component to increase the amount of housing available to clients – the Transition Program – which will deliver around 250 additional social housing dwellings.

This Implementation Evaluation report is based on data from stakeholder consultations, surveys of support providers and CHPs, analysis of administrative data and case studies up until January 2023. It is the third in a series of reports, which also include a Baseline Report and an Early Findings Report.[1] The findings and recommendations provided by this report aim to assist DCJ in making decisions about the future of the THP and how and whether it can continue. A Final Evaluation Report, which will be completed in 2024, will add an analysis of linked administrative data, as well as an economic evaluation of the program.

Key findings

The THP is an innovative program that fills a gap in the provision of homelessness services in NSW

The THP is an innovative program that fills a gap in the provision of homelessness services in NSW and is based on sound principles. Delivering housing and wrap-around support together is the central part of the THP, and is the key to its success. Providing CHPs with the funding for support services and giving them autonomy over contracting is an innovation of the THP that freed CHPs from individual program funding. This enabled them to become more client-focussed in contracting supports and services. During the operation of the program, changes were made so that funding for various components of service provision was provided on a flexible basis across years and service streams. This allowed CHPs to better tailor their services to client need and accommodated delays in program entries due to onboarding with support providers or sourcing suitable housing for clients.

1 Brackertz, N. (2021) *Together Home Program Evaluation—Baseline Report*, AHURI Professional Services for NSW Department of Communities and Justice, Australian Housing and Urban Research Institute Limited, Melbourne.; Brackertz, N. (2022) *Together Home Program Evaluation—Early Findings Report*, AHURI Professional Services for NSW Department of Communities and Justice, Australian Housing and Urban Research Institute Limited, Melbourne.

The program was designed around Housing First principles (see section 4.1.2), which enabled CHPs and support providers to work in a client centred way and helped clients to break the cycle of homelessness and stabilise their lives. Leveraging existing programs (Community Housing Leasing Program, Community Housing Innovation Fund, Supported Transition and Engagement Program) aided program design and implementation, as it allowed the THP to build on existing structures and frameworks for contracting, funding and program design. This was important, as the THP was designed and implemented rapidly in response to the COVID-19 pandemic.

The program benefitted from a collaborative cross-sectoral approach between government departments, CHPs, support providers and peak bodies. The program was progressively adjusted and calibrated to respond to emerging issues, which enhanced its effectiveness (see section 4.1.1).

The High Needs Packages met the needs of complex clients that could not be met in other ways

The High Needs Packages were a unique and effective element of the program that addressed the needs of complex clients that could not be met in other ways. A total of 105 High Needs Packages were awarded, but not all awarded funds were expended (Table 21). Unexpended funds were redistributed in the form of one-off grants. Independent administration of the High Needs Packages by Homelessness NSW worked well and they provided training and support for High Needs Package applications.

The Aboriginal-led model is an innovation of the THP designed to deliver culturally appropriate support

A third (33%) of THP clients identify as Aboriginal and/or Torres Strait Islander,[2] and the delivery of culturally appropriate services is a key principle underpinning the program. CHPs and support providers used a range of mechanisms to facilitate this (Figure 30). The survey showed that most CHPs (68%) thought that the THP provided culturally safe and appropriate housing; most support providers (83%) thought that the THP provided culturally safe and appropriate support (Section 13.2).

No Aboriginal housing providers were contracted for the THP. This was largely because there were no Aboriginal housing providers in the Community Housing Leasing Program (CHLP), which is the foundation for THP contracting. Most CHPs did not contract formally with Aboriginal organisations to provide support. The need to provide culturally tailored support for Aboriginal clients was recognised as a significant gap early in the implementation of the THP. This led to the introduction of the Aboriginal-led model (ALM) in January 2021 (see Section 15).[3] To facilitate the ALM, DCJ contracted directly with an Aboriginal Community Controlled Organisation (ACCO), Yerin Eleanor Duncan Aboriginal Health Services (Yerin), as well as Home In Place (HiP), to provide housing for the ALM. The ALM operated in the Central Coast region and comprised a total of $3.3 million for 35 packages over two years. Early indications are that the model worked well for Yerin.

The greatest challenge facing the THP is the lack of access to housing

The greatest challenge facing the THP is the lack of access to housing. The THP relied heavily on a headleasing model to provide needed housing. However, many THP locations experienced very competitive rental markets with vacancies below 1 per cent (see Section 8.5). This meant that needed housing was not available or was expensive and difficult to access, which lead CHPs to house more clients in their own capital stock than had been anticipated. In addition, private rental was not the most suitable tenure for some THP clients experiencing complex issues, as rent arrears, difficult behaviours and property damage engendered reputational and financial risk.

2 Throughout this report the term Aboriginal is used to refer to Aboriginal and/or Torres Strait Islander people.
3 An in-depth case study of the ALM is provided in a separate report.

The case studies reported in Section 15 of this report demonstrate that where housing markets created an enabling environment (i.e. suitable headlease properties were available at an affordable cost), the benefits of this flowed to clients. However, most CHPs operated in environments with constrained availability of suitable rental properties.

An unintended outcome of the THP is that it negatively impacted local housing markets and the NSW Housing Register (Section 17). Because the THP required a large number of rental properties, the program placed additional pressures on rental markets in some regions that were already very competitive, and already struggling with increased demand due to COVID-19. In some instances, the THP was competing with other DCJ-funded headleasing programs, as well as with other persons requiring low-income rentals in the same markets. The THP also increased pressures on the NSW Housing Register. To be eligible for the program, clients were required to be approved or eligible for priority housing using the Application for Housing Assistance (AHA).

The Transition Program is an important initiative that grows the amount of housing available to the THP

Introduced in Tranche 2 (T2), the Transition Program is an innovation of the THP that aims to deliver around 250 additional social dwellings to address the lack of social housing available to the program (see Section 4.1.11). The program is delivered by participating THP CHPs (who provide co-contributions) and in partnership with DCJ through the Community Housing Innovation Fund (CHIF) approach. NSW state government investment in the Transition Program is $72.5 million: $35.5 million in the first round, and $37 million in the second (and final) round.[4]

A continuing plan is needed to sustain outcomes achieved by the THP

Looking forward, continued provision of housing and support long term according to Housing First principles remains a challenge for the THP. Ongoing access to housing is facilitated by CHPs absorbing THP properties into their portfolios. However, sustaining their housing will be a struggle for many clients once the wrap-around support provided by the THP drops off (Section 9). Some clients will be able to access needed services and supports through the NDIS—however, many will need to rely on mainstream offerings, which are often not matched to their needs.

The THP was implemented as intended and progressively adjusted to address emerging issues

The THP is an agile program that has been progressively adjusted to respond to sector advocacy, contextual and implementation issues, and early evaluation findings. The flexibility and responsiveness of DCJ to emerging issues have positively affected program implementation and operation (Section 6). For example, flexible funding, additional supplementary funding and an extension of funding were implemented in response to Issues Papers by CHPs to the Program Steering Committee. Feedback to the Steering Committee also led to the introduction of a client satisfaction survey (at 18 months), in addition to the original exit survey. Other key changes included broadening eligibility criteria for the program, and the introduction of the ALM and the Transition Program.

The THP was largely implemented as envisioned by the program logic and program guidelines. The main pressure points arose during early implementation and were due to the rapid pace of program design and implementation. External factors such as housing markets, insufficient availability of social housing, and the impact of COVID-19 affected implementation fidelity, but the program's flexible design allowed some of these issues to be mitigated as they arose. Once the THP progressed to T2 and T3, most aspects of the program operated well (see Section 6).

4 The CHIF co-contribution model is a way of reducing the subsidy gap in social housing. Upfront funding from DCJ reduced CHPs' borrowing and delivery costs. The equity of owning the property increased CHPs' balance-sheet capacity for future borrowing. DCJ benefits, as the property is safeguarded in perpetuity as social housing but without the maintenance or operational liabilities.

The THP is strongly supported by the CHP sector

CHPs and support providers were largely committed to adopting the THP model, although there were variations in relation to different aspects of the program. Most CHPs had a strong commitment to Housing First principles, and 12 out of 18 CHPs ensured that housing and support were separated by contracting out the non-housing support component of the program. The six CHPs that delivered both housing and support had varying arrangements in place to separate the operation of these functions within their organisation. These included clearly defined roles, and guidelines and processes to ensure separation of housing and support provision. In some organisations, housing and support functions were delivered by separate line managers or business streams. CHPs that delivered both housing and support in-house emphasised the operational efficiencies, as well as being able to respond early and effectively to any client issues (e.g. better value for money, lower administration costs, eliminating subcontracting agreements, employing qualified staff directly) (see Section 6.3).

CHPs were committed to absorbing THP clients into their long-term housing portfolios, but experienced difficulties due to the shortage of appropriate, secure housing. There was varying uptake of High Needs Packages across providers, with some not applying because they felt client needs could be met with other resources, or because High Needs Package allocations had been exhausted. Almost all support providers assisted clients to apply for NDIS packages (see Section 11).

Broadening the number of CHPs delivering the THP could enhance the program's sustainability

The CHLP is a core part of the community housing sector's supply of social housing. Most CHPs currently contracted to the THP are also partners in the CHLP. This is a legacy of the need to rapidly implement the program during its inception. While this has worked well, it has also excluded some CHPs. Broadening the number of CHPs delivering the program could increase its reach and sustainability, and continue to build the capacity of the sector (see Section 17.2).

The THP has achieved strong housing outcomes for clients

A key factor of the program's success is that it delivered access to housing together with wrap-around support over the medium term. The program's funding structure freed CHPs and enabled them to contract supports according to client need. This facilitated a client-centred approach, which contributed to positive client outcomes.

The THP delivered strong housing outcomes to clients (see Section 8). Overall, using cumulative data current in January 2023, the THP housed 1,092 clients (81% of all accepted referrals) and most (74%) clients sustained their tenancies. However, due to very competitive rental markets, which constrained the effectiveness of the headleasing model, only 48 per cent of referrals were housed within four weeks (74% of the program target of housing 80% of referrals within four weeks). By January 2023, only 60 per cent had a long-term housing plan in place and 74 per cent had a support provider support plan.

Assessment of non-housing outcomes is constrained due to incomplete or inaccurate administrative data

Administrative program data on support appears to be incomplete or inaccurate, which made it difficult to ascertain with any certainty the support outputs and outcomes achieved by the THP (see Section 9). This will be further investigated in the Final Evaluation Report. Existing data indicate that 74 per cent of all clients had support provider support plans in place and 76 per cent remained engaged with a support provider, which would indicate a relatively high engagement with supports overall (see Section 8.1).

Data from stakeholder consultations and surveys offered further information on support provision. These data indicate that the THP delivered a broad range of supports, including alcohol and other drugs (AoD), disability, mental health care, and access to cultural and community networks. Most (70%) support providers considered the amount of support provided by the THP to be completely or mostly adequate (see Section 9.2).

The monitoring and reporting framework is adequate but some areas need improvement

Overall, the monitoring and reporting framework is adequate—however, there are some areas in which improvements are necessary (see Section 16).

The evaluation found that administrative program data on non-housing outputs and outcomes appears to be inaccurate or incomplete, which suggests a need to investigate the reasons for this—for example, whether data were not gathered, entered or reported.

Similarly, data gaps in relation to the support provided by the ALM suggest that the monitoring and reporting framework may not be adequate to capture support outputs and outcomes achieved by the ALM. This indicates a need to review whether the current monitoring and reporting framework is culturally appropriate to gather outcomes achieved by the ALM.

The monitoring and reporting framework does not capture information on how much support is provided to clients and what the quality of that support is—which makes it difficult to ascertain links between client outcomes and the support they received. This information is critical to understanding how the program works for different cohorts, and is important for informing program improvement.

Very few clients answered the client satisfaction and exit surveys, which means that the client voice is almost absent from monitoring and reporting (see Section 13.4). There is a need to increase the number of clients completing these surveys or to broaden how data on clients' experiences in the program is collected.

Recommendations

The evaluation finds that overall, the THP is a well-designed and innovative program that has delivered strong outcomes to clients in terms of providing access to housing and needed supports: the program housed 1,092 clients, or 81 per cent of all program participants, and 74 per cent of these sustained their tenancies.[5]

The THP faces two primary system constraints. First, is the shortage of appropriate, safe and affordable housing (social and private rental housing).

Second, the THP is a Housing First–informed program that operates within a wider housing and homelessness system that is not oriented towards Housing First. As a time-limited program, the THP cannot guarantee that clients will continue to receive Housing First–informed housing and support once they exit the program and re-enter the wider housing and homelessness system. However, if the THP were to transition to a business-as-usual model, this would increase the chances that those clients who need it could continue to receive the housing and support they need in a way that is not time-limited. Consequently, the recommendations identify how the THP could effectively be transitioned to a sustainable business-as-usual model. Table 1 sets out brief recommendations, and for each recommendation, the agency responsible, likely impact, cost, feasibility and whether it applies to the current or a potential future THP model.

Recommendations are then put forward in full.

5 For the purposes of the evaluation, and consistent with the Program Guidelines, a sustained tenancy is one where the client remains housed after being initially housed.

Table 1: Brief recommendations summary

	Recommendation	Responsibility	Impact (high, medium, low)	Cost (high, low, neutral/no cost)	Feasibility (high, medium, low)	Current or future model
1	Continue to deliver THP under a business-as-usual model.	DCJ	High	High	Medium	Future
2	Engage in a co-design process to refine the THP business-as-usual model.	DCJ, HNSW	High	Low	High	Future
3	Ensure that former THP clients who need it continue to receive Housing First–informed support beyond the program timeframe.	DCJ	High	High	Medium	Current and future
4	Continue to provide a capital component to the THP.	DCJ	High	High	Medium	Future
5	Improve reporting of data on non-housing support.	DCJ	Low	Low	Medium	Current and future
6	Broaden the base of THP CHPs in the business-as-usual model.	DCJ	Medium	High	High	Future
7	Build the capacity of Aboriginal housing providers to become contracted THP CHPs.	DCJ	Medium	Low	Medium	Future
8	Increase the number of ACCOs that are contracted to provide support to the THP.	DCJ	Medium	Low	Medium	Future
9	Strengthen client voice in monitoring and reporting.	DCJ	Medium	Neutral/no cost	High	Current and future

Recommendation 1: Continue to deliver THP under a business-as-usual model

The analysis provided in this report indicates that the THP is strongly supported by the CHP sector, and is delivering positive outcomes to clients. Combining the delivery of housing and support using Housing First principles has allowed the THP to achieve client outcomes that exceed those of the mainstream homelessness system where housing and support are not integrated (see Section 3.1).

There is a risk that the client outcomes achieved by the THP cannot be sustained if clients who need it do not continue to have access to the levels of support required and instead have to rely on the NDIS or mainstream supports to assist them (see Section 9).

DCJ should continue to deliver the THP and all of its key elements into the future. This would include commitment to Housing First principles, High Needs Packages and the Transition Program.

Recommendation 2: Engage in a co-design process to refine the THP business-as-usual model

The THP is an agile program that DCJ has already refined in response to arising issues and sector advocacy (see Section 4.1.1). There remains scope to further improve the program when transitioning to a future business-as-usual model. CHPs, support providers, clients and sector peaks will be able to make an important contribution in assisting DCJ to develop the program to achieve the best possible outcomes for clients, and to ensure sustainability of the model.

Areas identified in this report that would improve the program include better information to support the intake and assessment process, and refining the application process for High Needs Packages (see Section 11). Monitoring and reporting would benefit from strengthening client voice (see Recommendation 9) and better capturing what and how much support is provided to clients (see Recommendation 5).

DCJ should engage CHPs, support providers and THP clients in an iterative co-design process to refine the THP for a business-as-usual model.

Recommendation 3: Ensure that former THP clients who need it continue to receive Housing First–informed support beyond the program timeframe

Flexible support for as long as needed is a key principle of Housing First. Having the needed support is also a key element that has enabled THP clients to sustain their housing. It is desirable that DCJ identify how ongoing wrap-around support at the required level of intensity and flexibility will be provided once clients exit the THP. There is a real risk that a high proportion of tenancies will fail for those clients with high support needs that cannot be met by the mainstream system (see Section 9). This would undermine achievements made by the CHP and lead to repeat homelessness.

DCJ should develop approaches that will allow former THP clients to continue to receive flexible support as per Housing First principles after they have graduated from the program, if they need it. This could include direct funding for ongoing support or introducing a THP flag into the broader homelessness data systems so that support providers and housing providers would be able to identify former THP clients and re-refer them to the THP business-as-usual model if needed.

Recommendation 4: Continue to provide a capital component to the THP

The element of providing access to long-term housing is a cornerstone of the success of the THP and this has been facilitated via headleasing (the primary intended tenure type for THP clients), using CHPs' capital stock and the Transition Program. The evidence presented in this report shows that the headleasing model was not effective in the very competitive private rental markets in which many THP CHPs operated because of:

- low vacancy rates
- lack of appropriate and available housing stock
- high cost of rentals (see Section 8.5).

Competition between headleasing programs for the same properties in the same markets exacerbated these pressures. Additionally, the private rental market was not the most appropriate tenure for some THP clients, causing tenancies to fail and incurring reputational and financial risk to CHPs. This has meant that CHPs have housed a high proportion of THP clients in their own capital stock, which has created further pressures on the availability of social housing. Overall, this situation shows that a commitment to long-term housing cannot be successful unless that housing exists. The Transition Program is a unique and innovative feature of the THP that provides a capital component to increase the availability of social housing in a housing-poor environment (see Section 4.1.11). It was introduced to increase the amount of social housing available for THP clients.

DCJ should explore how the Transition Program (or similar) can be continued when the THP transitions to a business-as-usual model, to ensure the effectiveness of the program in providing secure housing for its clients.

Recommendation 5: Improve reporting of data on non-housing support

While the monitoring and reporting framework is adequate overall, improvements are needed in relation to data on non-housing support provision, outputs and outcomes (see Section 16).

DCJ should:

- investigate the accuracy and completeness of data on provision, outputs and outcomes of non-housing support
- investigate the feasibility of capturing data on the amount and quality of non-housing support provided
- review in consultation with ALM partners whether the current monitoring and reporting framework is appropriate and adequate for the ALM.

Recommendation 6: Broaden the base of THP CHPs in the business-as-usual model

If and when the THP moves to a business-as-usual model, DCJ should seek to broaden the base of CHPs contracted to the THP, including building the capacity of smaller CHP and Aboriginal Housing Providers to become part of the program. This change to the program would require new funding beyond already existing contracts.

Recommendation 7: Build the capacity of Aboriginal housing providers to become contracted THP CHPs

A third of THP clients identify as Aboriginal. The THP is committed to providing culturally safe and inclusive services, and features the innovation of the ALM. However, no Aboriginal housing providers are currently contracted to the program, largely due to there being no Aboriginal housing providers in the CHLP, which is the foundation for THP contracting (see Section 15).

It is recommended that DCJ works toward building the capacity of Aboriginal housing providers to become contracted THP CHPs if and when the THP moves to a business-as-usual model.

Recommendation 8: Increase the number of ACCOs that are contracted to provide support to the THP

The evidence presented in this report shows that some CHPs have partnered with ACCOs to deliver the support component of the THP, and DCJ directly contracts an ACCO to deliver the ALM. However, the majority of CHPs do not have formal partnerships with ACCOs to deliver the THP, which impacts the delivery of culturally appropriate supports (see Section 15).

DCJ should work with THP CHPs to increase the number of ACCOs that are contracted to provide support to the THP if and when the THP moves to a business-as-usual model.

Recommendation 9: Strengthen client voice in monitoring and reporting

While DCJ has already taken steps to increase opportunities for THP clients to provide feedback about their experiences of the THP, the low number of responses to the client satisfaction and exit surveys shows that more work is needed (see Section 14.2). This could include mechanisms such as focus groups, drawing in client feedback already being collected by CHPs (see Section 13) and support providers, better and more consistent implementation of the client satisfaction and exit surveys.

DCJ should put in place mechanisms to facilitate a better understanding of how clients experience the THP and the impact of the program on client vulnerability and wellbeing.

1. Introduction

The NSW Department of Communities and Justice (DCJ) has contracted the Australian Housing and Urban Research Institute (AHURI) in collaboration with the Social Policy Research Centre (SPRC) at the University of New South Wales to undertake an independent evaluation of the Together Home Program (THP). This Interim Report provides an evaluation of the implementation of the THP based on data from the stakeholder consultation process, surveys of support providers and CHPs, and analysis of administrative data and case studies, up until January 2023.

Section 2 sets out the method. Section 3 of the report provides evaluation findings against key questions for the implementation evaluation. Section 4 offers a description of the THP, which is followed by key data on the number of packages delivered and client characteristics (Section 5). The next two sections look at program implementation and the intake, assessment and referral of clients into the program. Section 8 evaluates housing outcomes, and Section 9 looks at non-housing outcomes achieved by the program. Section 10 investigates whether there were differences in program outcomes between different client cohorts. Section 11 evaluates the effectiveness of the High Needs Packages. This is followed by an analysis of funding for the program (Section 12). The degree to which the program was culturally appropriate is discussed in Section 13, and Section 14 offers client perspectives. Section 15 offers four case studies that show how locational and contextual factors shaped how the THP was implemented. The final two sections evaluate the appropriateness of the monitoring and reporting framework for the program, as well as system impact.

1.1 About the Together Home Program

The Together Home Program is a $177.5 million investment by the NSW Government to support people experiencing homelessness into stable accommodation and link them with wrap-around support. It aims to facilitate pathways into longer-term housing and provide access to culturally appropriate health, mental health and wellbeing services. It is a key initiative to support the Premier's Priority to halve street homelessness by 2025.

The THP was initially developed in the context of the COVID-19 pandemic to ensure that the spread of COVID-19 was minimised as public health order restrictions were implemented across NSW. In response to the start of the COVID-19 pandemic in 2020, over 15,000 people in NSW were placed in emergency Temporary Accommodation (TA), including over 1,500 people who had been street sleeping (between 1 April–July 2020).

On 8 June 2020, the NSW Government announced an investment of $36.1 million for the THP, which was rolled out from 1 July 2020. In its first instalment, THP targeted people street sleeping who were in TA due to the COVID-19 pandemic response, and provided around 400 housing and support packages (known as 'Tranche 1' or 'T1'). Since then, the THP has been expanded twice. On 3 November 2020, a further $29 million was allocated to the program as part of the 2020/21 NSW Budget for a further 400 packages ('Tranche 2' or 'T2') (see Figure 5).

In June 2021, a further $57 million was allocated to the program over two years as part of the 2021/22 mid-year NSW Budget. This includes a further 250 packages and funding towards 100 new dwellings for people who require long-term housing support at the end of the program ('Tranche 3' or 'T3'). This was formally announced on 1 December 2021, bringing the total number of housing and support packages included across THP to 1050.

The Aboriginal-led model (ALM) operates in the Central Coast region and represents an investment of $3.3 million for 35 packages over two years. This consisted of an initial 17 packages, with a further 18 added in July 2022.

The THP is being delivered across NSW by 18[6] CHPs as an extension to the CHLP, and is informed by Housing First principles. CHPs have been engaged to headlease properties in the private rental market or use their own capital stock to house THP clients. The CHPs are contracting support providers, such as specialist homelessness services (SHS), to provide the wrap-around support. In some instances, CHPs provide both housing and support.

6 Link Housing and Wentworth Community Housing merged on 1 April 2021.

2. Method

The evaluation used a mixed methods approach that combined quantitative and qualitative data analysis. The evaluation methodology was designed to facilitate robust findings and allow for triangulation of findings against evaluation components. See Appendix 4 for a list of evaluation questions.

The evaluation has two key components: an implementation evaluation, and an outcomes evaluation, which includes an economic evaluation. This report details the findings of the implementation evaluation and draws in evidence and findings from two previous reports: the Baseline Report[7] and the Early Findings Report.[8]

The Baseline Report provided a baseline for the evaluation of the THP, including program context, principles and objectives, and a baseline analysis using high-level aggregate program data, including client demographics and outcomes against program objectives. It made recommendations about improvements in data collection that would enhance the evaluation.

The Early Findings Report delivered preliminary insights to DCJ based on nine focus group interviews and two one-on-one interviews with key stakeholders (DCJ and CHPs). These consultations largely occurred July to October 2022.

2.1 Implementation evaluation

The implementation evaluation aims to test THP fidelity against program guidelines and the program logic, inform the ongoing refinement and development of the THP, and to identify success factors, barriers and opportunities.

It utilised the following data sources, which are described in greater detail in Section 2.3:

- consultations with key stakeholders—focus groups and interviews
- surveys of CHPs and their subcontracted support providers
- four site-specific case studies
- administrative program data
- client satisfaction questionnaire.

The implementation evaluation was guided by an implementation science approach. This involved assessment of how the model was being implemented against both the program guidelines and the program logic, and how the model was adapted to meet new challenges and contexts.

7 Brackertz, N. (2021) *Together Home Program Evaluation—Baseline Report*, AHURI Professional Services for NSW Department of Communities and Justice, Australian Housing and Urban Research Institute Limited, Melbourne.
8 Brackertz, N. (2022) *Together Home Program Evaluation—Early Findings Report*, AHURI Professional Services for NSW Department of Communities and Justice, Australian Housing and Urban Research Institute Limited, Melbourne.

To this end, the evaluation drew on the program logic and theory of change to identify core components of the model and assess the extent to which the program implementation and operating context impacted program delivery (Appendix 1).

The approach draws on the framework established by Carrol et al. (2007),[9] which evaluates implementation fidelity in terms of:

- 'adherence'—content, coverage, frequency, duration
- 'moderators' that impact implementation effectiveness—intervention complexity, facilitation strategies, quality of delivery, participant responsiveness
- identification of essential components.

In essence, adherence measures whether the intervention was implemented and realised as planned. Moderators are the factors that impact implementation adherence (Table 2).

Table 2: Elements of implementation fidelity

Element	Components		Key factors / questions
Adherence (Is the program/ intervention being delivered as it was designed?)	Content		• Were all components implemented?
	Coverage	Dose	• Were the intervention / program components implemented as often as prescribed, for as long as prescribed and in the way they were prescribed?
	Frequency		
	Duration		
Moderators (factors that impact implementation adherence)	Intervention complexity		• Detailed / specific interventions are more likely to be implemented than vague ones (importance of specificity of guidelines). • Complex interventions have a greater scope for variation in delivery (importance of documenting sources of heterogeneity).
	Facilitation strategies		• Strategies used to optimise and standardise implementation fidelity (ensure everyone is receiving the same training and support, monitoring and feedback).
	Quality of delivery		• Is the intervention delivered in a way appropriate to achieving what is intended?
	Participant responsiveness		• The uptake of an intervention depends upon its acceptance by and acceptability to those receiving it and those delivering it.
Program differentiation	Identification of essential components		• Identifies the elements that are essential for the program's/ intervention's success.

Source: Adapted from Caroll et al. 2007.

Table 3 draws on the THP program logic and Theory of Change and summarises the core elements of the program. The implementation evaluation will ascertain the degree to which the THP core elements were delivered as intended, and what moderating factors impacted implementation.

9 Carroll, C., et al. (2007) 'A conceptual framework for implementation fidelity', *Implementation Science*, *2*(1).

Table 3: Essential components of the THP

Essential component	Core intervention and activities	Goal / desired outcome
Rapid rehousing	**Referral and assessment of client need** • Person referred into CRAG from DCJ or SHMT locations • Person is assessed using the VI-SPDAT,[10] Application for Housing Assistance • Rapidly rehouse people who were street sleeping during the COVID-19 pandemic	• Rapidly rehouse people who were street sleeping during the COVID-19 pandemic with a plan for long term housing.
Housing First principles	**Accommodation** • Head-leased properties in the private rental market as part of the Community Housing Leasing Program and capital dwellings in some areas • Informed choice and consent – confirming the tenant's understanding of the program processes and their rights /responsibilities and information sharing • Housing First principles applied, including separation of housing and support **Longer term housing** • During the person's engagement in the program the CHP and DCJ will work to identify longer term stable housing solutions for the program participant, such as private rental or access to social housing.	
Case management	**Person- centred wraparound case management** • Evidence based practice including trauma informed care • Support plan developed with program participant • Support plan may include personal, psychological, and practical living skills support, brokerage, advocacy, legal and financial advice, and referrals to health, education, training and employment services.	• Provide access to culturally appropriate health, mental health and wellbeing services. • Rebuild family, community and cultural connections. • Facilitate engagement with positive structured activities such as social groups, education and/or employment. • Support the development of daily living and self-management skills including skills to sustain a tenancy.
Supported housing	**Wrap around support** • Support provider to deliver individualised wraparound support and tenancy sustainment over approximately two years • Provide referral to other supports as required.	
Tenancy support programs	**Brokerage** • Flexible brokerage funds are used to assist in addressing the program participant's needs.	
Culturally appropriate services	**Culturally specific strategies** • Service delivery will be culturally appropriate and the cultural needs of the person will be considered as part of the overall support planning approach. • The support provider will identify cultural needs, be culturally sensitive and appropriate in their response. • The support provider will undertake research and consult with Aboriginal stakeholders to ensure the service approach is culturally appropriate. • The support provider will have policies in place that proactively seek the recruitment and retention of Aboriginal staff, where possible. • The service provider must make cultural competence training available to their staff. • The Support Provider will provide people from Culturally and Linguistically Diverse (CALD) backgrounds with linkages to services to meet their cultural and language needs and engage interpreters as required.	

Source: Authors, based on THP Guidelines, THP Program Logic and THP Theory of Change.

10 See Section 7.3.1 for further information on the VI-SPDAT.

2.2 Outcomes evaluation

The second stage of the evaluation—which will be delivered in the Final Evaluation Report—will focus on the outcomes achieved by the THP. The outcomes evaluation will track selected changes and outcomes achieved by the program target group by comparing data at a range of points during the program. These points are at intake, six-monthly intervals from commencement, at program end, and six-months post-program. This will allow for evaluation of outcomes for THP participants in T1, T2 and T3.

The outcomes evaluation will assess outcomes:

- over time—at 6, 12, 18 and 24 months
- in relation to program participant demographic characteristics
- by support package (Standard and High Needs)
- by location
- by analysis of linked data and economic evaluation.

The outcomes analysis will use a two-step approach.

First, it will identify the degree to which outcomes are progressively achieved (at six-monthly intervals) from commencement of the program. This analysis will be based on measuring the change in client outcomes captured in program data for THP participants, as well as the difference in outcomes for THP participants and a matched comparison group across a broader range of domains using linked administrative data.

Second, this analysis will form the basis for further investigation into the critical factors that enable clients to achieve outcomes—for example, client characteristics, complexity of need, and intensity of support received via High Needs or Standard packages. Wherever possible, this analysis will align with the seven domains identified in the NSW Human Services Outcomes framework: safety, home, economic, health, education and skills, social and community, empowerment.

2.3 Data collection

See Appendix 4 for a full listing of research questions against research tools.

2.3.1 Stakeholder consultations

The stakeholder consultations comprised a series of interviews and focus groups with key program stakeholders. Two rounds of consultations were conducted: the first in the second half of 2021 and the second in late 2022. These are summarised in Table 4.

The initial consultations focussed on the implementation phase of the THP—specifically, the degree to which the THP was implemented and delivered as intended, and any changes that were made to the program because of insights gained during implementation.

A second round of consultations, held in November 2022, engaged with representatives from CHPs who were in operational roles. The purpose of these consultations was to refresh the findings from the first round of focus groups and to gather evidence on any changes and new developments in the operation of the THP throughout the year.

Consultation questions were developed to be consistent with the analytical approach outlined above, and explored the following issues:

- program genesis and design, including rationale and costing
- governance structure, roles and responsibilities
- participants' role in design and implementation of the THP
- program design and implementation—including barriers or opportunities that emerged
- adherence to program guidelines
- intake and referral processes
- monitoring and reporting framework
- adherence to Housing First principles and access to housing
- delivery of support services and case management
- delivery of culturally sensitive and appropriate services
- changes since implementation and between tranches—issues and lessons learnt
- system impacts and program sustainability.

Table 4: Stakeholder consultations

Format	Date	Organisation	No. of participants
Group interview	22 July 2021	DCJ: Housing and Homelessness, Strategy & Design	5
Group interview	9 September 2021	High Needs Assessment Panel	4
Interview	16 September 2021	NSW Health	1
Group interview	12 October 2021	Homelessness NSW	3
Group interview	12 October 2021	Housing Operations Meeting	n/a
Focus group	18 October 2021	DCJ Districts (4), CHPs (2), support providers (1)	7
Focus group	19 October 2021	CHPs (6)	7
Focus group	20 October 2021	CHPs (6)	8
Focus group	21 October 2021	DCJ Districts (2), CHPs (9), support providers (2)	13
Group interview	10 November 2021	Commissioning and Planning Forum	n/a
Interview	1 July 2022	DCJ: Community Housing	1
Focus group	2 November 2022	CHPs (4)	5
Focus group	8 November 2022	CHPs (6)	7
Focus group	9 November 2022	DCJ: Community Housing, Housing Programs and Performance	9
Focus group	10 November 2022	CHPs (6)	8
Individual interview	17 November 2022	DCJ: Housing Programs and Performance	1

Due to the COVID-19 pandemic, the consultations were conducted via Zoom and Microsoft Teams. Hosting the consultations online eased the participation burden for participants and enabled focus groups to take place with all stakeholders regardless of location. The focus groups were semi-structured, in that the evaluator had a series of pre-prepared but open-ended questions on a series of themes. The focus groups lasted 90 minutes and the group interviews 30–60 minutes. The consultations were audio-recorded, with participants' consent, to assist in note-taking and analysis. Interview recordings were then deleted after note-taking was complete. At the conclusion of each consultation session, the evaluators encouraged participants to provide additional written feedback, which was also included in the analysis.

Data were analysed using the immersion technique. Evaluators repeatedly read the consultation transcripts to obtain a sense of the key themes across the focus groups and interviews. A consistent coding scheme was used to highlight key phrases, details and concepts. These codes were then used to identify the themes, experiences and points of difference that were revealed in the consultations.

2.3.2 Surveys

The evaluation conducted two separate online surveys in July 2022: one with CHPs and another with support providers.

The purpose of the surveys was to gain a better understanding of the implementation of the THP. Questions sought information on implementation and delivery models, factors contributing to the success of the program and barriers hindering the program's implementation.

Both surveys were administered online using Qualtrics. A database of all organisations involved in the THP, and their relevant contacts, was compiled by DCJ with input from CHPs. Relevant staff were then recruited by emails sent to each organisation asking them to pass on the survey link.

The survey questions were informed by both an evidence review of Housing First undertaken as part of the Early Findings Report and the consultations with key stakeholders. The survey contained a mixture of quantitative questions (Likert scale, multiple-choice), and open-ended questions to give participants the opportunity to provide comments.

All CHPs and support providers involved in the THP were invited to complete the survey. The CHP survey was completed by all 18 CHPs that deliver the THP. The reason that 19 responses were recorded is that Link Housing and Wentworth Community Housing merged during T1 to form Link Wentworth Community Housing. To reflect the differing experiences and capacity of the two organisations (first separate, and then jointly), one response is recorded for Link Wentworth's Northern District and one for the Western District. The support provider survey was sent to 34 support provider organisations and received 32 responses.

Data from the surveys were analysed via the immersion technique, with consistent coding used to identify key themes across the surveys and using descriptive statistics.

2.3.3 Case studies

Place-based case studies provided a deeper understanding of how the local context in different locations affected the implementation, delivery and adaptation of the program—and ultimately the outcomes for clients. Case studies were selected to provide a mix of metropolitan and regional locations, CHPs who separated the provision of housing and support and those who did not, CHPs who had existing relationships with services and those who did not, and CHPs who operated in tight housing markets and those who did not (see Table 26). The locations of the case studies are as follows:

- Evolve Housing Limited (Evolve), which provide both housing and support in Western Sydney
- Home in Place (HiP) in the Central Coast and Hunter, which have partnered with the Jeder Institute, Neami National
- Argyle Housing (Argyle) in the Wagga/Murrumbidgee region, which partnered with Marathon Health

- Bridge Housing Limited (Bridge) in Central Sydney, which partnered with Mission Australia, St Vincent de Paul and the Salvation Army.
- The Yerin case study is provided in a separate report.

For each case study, the evaluators:

- considered contextual factors, such as governance arrangements, support options available locally, and local housing markets
- examined program documentation, including program reports and high-level client outcomes data
- conducted focus groups with housing providers and support service caseworkers, and individual interviews with THP clients.

Typically focus groups involved three to seven people and took about 60–90 minutes. Client interviews typically took about 30–60 minutes. Clients were given the option of bringing a friend or support worker to the interview, and a distress protocol was in place. THP clients were provided with a shopping voucher for their contribution. All sessions were audio-recorded and thematically analysed, before being summarised as a case study. All fieldwork took place in July–October 2022.

Table 5: Case study consultations

Format	Stakeholder type	No. of participants
Focus group	CHP – inner Sydney	6
Focus group	Support services – inner Sydney	6
Interviews (individuals)	Clients – inner Sydney	9
Focus group	CHP support team – Parramatta	7
Focus group	CHP tenancy team – Parramatta	3
Interview (individual)	CHP team leader – Parramatta	1
Focus group	Clients – Western Sydney	10
Focus group	CHP – Riverina	2
Focus group	Support service – Riverina	4
Interview (individual)	CHP: CEO – Riverina	1
Interviews (individual)	Clients – Riverina	9
Focus group	Clients – Riverina	2
Focus group	CHP: tenancy team – Central Coast/Hunter	2
Interview (individual)	CHP: tenancy team – Central Coast/Hunter	1
Interview (individual)	Support organisation – Central Coast/Hunter	1
Focus group	Support organisation – Central Coast/Hunter	4
Interview (individual)	Support organisation – Central Coast/Hunter	1
Interviews (individuals)	Clients – Central Coast/Hunter	6

2.3.4 Administrative program data

THP administrative data were analysed using cumulative program data to January 2023. This included data from both DCJ's Client Information Management System (CIMS) and Community Housing Information Management and Engagement System (CHIMES), with non-CIMS using providers' systems and quarterly manual reporting on outcomes and living skills that is loaded into CHIMES.

The program data analysis was useful for understanding whether delivery of key outputs was faithful to original aims, and whether the THP had achieved key program outcomes. Note that meaningful data for some outcomes and outputs was not yet available; the data is not complete enough to ascertain robust outcomes, as some outputs and outcomes take longer to realise. There appeared to be gaps in the data on non-housing outputs and outcomes. Data quality will be further investigated in the Final Evaluation Report.

2.3.5 Client satisfaction and exit surveys

The online client satisfaction and exit surveys were designed by DCJ. The surveys were administered to clients by CHPs, and were voluntary. The survey was originally designed as an exit survey. Following CHP feedback at the Implementation Forum, the exit survey was redesigned so it could also be administered when clients had been in the THP for 18 months and at the point of exiting the THP. This option was only introduced halfway through T2, which may account for the low response rate.

Overall, 30 responses were received for the 18-month survey and a further 17 responses for the exit survey. Because of the low number of responses and because it is unlikely that the same respondents answered both surveys, the data were combined for the purposes of analysis. The low number of responses means that the findings from the client survey do not have any statistical significance, and should be interpreted with caution. Responses only illustrate the experiences of some clients in the program.

The client satisfaction survey was implemented using Survey Monkey and aggregated and anonymised survey data were provided to AHURI by DCJ.

2.4 Limitations of the research

The key limitations of the research presented in this report are as follows. The economic and linked data analysis is still outstanding, and will be provided in the Final Report. The low number of responses to the client satisfaction and exit surveys means that its findings do not have statistical significance. Conclusions about the effectiveness of the ALM are preliminary, as the case study with Yerin is still outstanding.

3. Headline findings against evaluation questions

This section of the report addresses the key evaluation questions (see Appendix 4). It draws together key data and findings from the sections of the report that follow. Detailed examples and examinations of the findings summarised in this section are provided in the body of this report and are indicated in the relevant sections.

3.1 How well does THP work or why did it not work?

> *It is a fantastic program, which provides housing and support to clients who are homeless. Due to the current success of the program, more clients are approaching CHPs for support. This program has created more trust within the social housing system. (CHP)*

Overall, the THP is an innovative program that fills a gap in the provision of homelessness services in NSW, and is based on sound principles. Delivering housing and wrap-around support together is the central post of the THP—and is also the key to its success. Providing CHPs with the funding for support services and giving them autonomy over contracting was an innovation of the THP. It freed CHPs from individual programmatic funding and enabled them to become more client-focussed—that is, it enabled the THP to provide clients with the supports and specialist help they needed.

> *The program has been a very much needed service within the homelessness space. Having worked in the sector for so long, it is great to see clients being offered with this opportunity. (Support provider)*

The program was designed around Housing First principles (see Section 4.1.2), which enabled CHPs and support providers to work in a client-centred way, and helped clients to break the cycle of homelessness and stabilise their lives. Leveraging existing programs—Community Housing Leasing Program, Community Housing Innovation Fund, Supported Transition and Engagement Program—aided program design and implementation, as it allowed the THP to build on existing structures and frameworks for contracting, funding and program design.

Flexible program design and implementation enabled responsiveness to local and emerging issues, which enhanced program effectiveness. The program benefitted from a collaborative cross-sectoral approach between government departments, CHPs, support providers and peak bodies. The program was progressively adjusted and calibrated to respond to emerging issues, which enhanced its effectiveness (see Section 4.1.1).

The High Needs Packages were generously funded and addressed the needs of complex clients that could not be met in other ways. A total of 105 High Needs Packages were awarded, but not all awarded funds were expended (Table 21). Unexpended funds were redistributed in the form of one-off grants. In many instances, providers and clients were able to access much needed supports that were not otherwise available through the mainstream service system. Administration of the High Needs Packages by Homelessness NSW, independently of government, worked well. Over time CHPs and support providers came to better understand the application process and how to specify and meet clients' needs in applying for High Needs packages.

THP is committed to providing culturally appropriate support, and providers used a range of mechanisms to facilitate this. In addition, the ALM is led and delivered by a service provider that is an ACCO and provides culturally specific support for Aboriginal people (see Section 15).

CHPs and support providers largely considered the funding adequate to deliver the program; most support providers and some CHPs cross-subsidised the THP with other funding.

Monitoring and reporting were appropriate in most respects. However, the monitoring and reporting framework made too few provisions to include client voice. In addition, there is no way to capture at a program level the type and quantity of support that is provided to clients. This impedes an assessment of how the program worked for different cohorts.

The greatest challenge facing the THP was the lack of access to housing. The THP relied heavily on a headleasing model to provide housing. However, many THP locations experienced very competitive rental markets with vacancies below 1 per cent (see Section 8.5). This meant that housing was not available, or was expensive and difficult to access, which lead CHPs to house more clients in their own capital stock than had been anticipated. In addition, private rental was not the most suitable tenure for some THP clients experiencing complex issues, as rent arrears, difficult behaviours and property damages engendered reputational and financial risk.

An unintended outcome of the THP is that it negatively impacted local housing markets that were already under pressure due to the effects of COVID-19 and the NSW Housing Register. Because the THP required a large number of rental properties to house its clients, the program placed additional pressures on already very competitive rental markets in some regions. In some instances, the THP was competing with other DCJ-funded headleasing programs, as well as other persons requiring low-income rentals in the same markets. The THP also increased pressures on the NSW Housing Register, as it generated new applications and gave priority to applicants from the THP. To be eligible for the program, clients were required to be approved or eligible for priority housing using the Application for Housing Assistance (AHA).

The Transition Program is an innovative and important element of the THP that aims to generate additional social housing to begin to address the lack of social housing available to the program (see Section 4.1.11).

Looking forward, continued provision of long-term housing and support according to Housing First principles remains a challenge for the THP. Ongoing access to housing is facilitated by CHPs absorbing THP properties into their portfolios. However, sustaining their housing will be a struggle for many clients once the wrap-around support provided by the THP drops off. Some clients will be able to access needed services and supports through the NDIS—however, many will need to rely on mainstream offerings, which are often not matched to their needs.

3.2 To what extent was THP implemented and delivered as intended?

> *The THP has been very well implemented and this was done rapidly. Regular communication was a key feature in the first 12 months. The enhanced flexibility for use of funds between functions and tranches was a much needed change. The involvement of multiple levels and DCJ regions has been positive, as has the partnership approach with Homelessness NSW and End Street Sleeping. (CHP)*

Despite the time pressures that shaped its inception and rollout, the implementation and delivery of the THP were successful, in the sense that all components of the program were implemented largely in the way that was prescribed (see Table 2 and Table 3). Where challenges arose, the program was flexible and was adjusted iteratively to resolve issues as they arose.

There were variations in how CHPs implemented THP as a result of differences in the capacity of CHPs and the availability of support providers, as well as local factors, such as local housing markets and existing local networks and relationships (see Section 6).

Factors that enabled the successful implementation of the program included established and trusting relationships between CHPs and DCJ, a strong commitment to the program by CHPs, effective and responsive governance arrangements, and the flexibility of the program to adapt to local contexts (see Section 6).

Implementation benefitted from a collaborative, cross-sectoral approach between government departments, CHPs, support providers and peak bodies.

> *The program has been a huge asset to the homelessness sector, and very much needed to provide support and assistance to this vulnerable cohort. DCJ provided ample communication and [has] been supportive with the implementation process across all tranches. (CHP)*

The analysis shows that while the program experienced several issues during implementation, it was agile enough to respond to these issues and was largely implemented as envisioned by the program logic and program guidelines. Evidence from the survey of CHPs and support providers shows that they received a lot of support during implementation and were satisfied with the support their received.

The main pressure points arose during T1, due to the rapid pace of program design and implementation. During T2 and T3, most aspects of the program operated well. During T1, intake and referral processes sometimes lacked sufficient information to enable CRAGs, CHPs and support providers to make informed assessments of support needs and risk. Sometimes time pressures meant that clients were housed before supports were in place. However, these issues were largely resolved by T2 and T3 when intake and assessment worked well.

Governance bodies benefitted from pre-existing working relationships, but providers indicated that they could be resource-intensive. Key challenges were external factors, such as housing markets, insufficient availability of social housing, and the impact of COVID-19.

3.3 To what extent was THP adopted by implementers?

CHPs and support providers were largely committed to adopting the THP model, although there were variations across providers in relation to different aspects of the program. Most providers had a strong commitment to Housing First principles, and 12 out of 18 CHPs ensured that housing and support were separated by contracting out the non-housing support component of the program. The six CHPs that delivered both housing and support had varying arrangements in place to separate the operation of these functions within their organisation. CHPs that delivered both housing and support in-house emphasised the operational efficiencies and being able to respond early and effectively to any client issues—for example, better value for money, lower administration costs, eliminating subcontracting agreements, employing qualified staff directly (see Section 6.3).

Although most CHPs and support providers had prior experience working with clients with high and complex needs, working with the THP cohort still challenged some providers.

CHPs were committed to absorbing THP clients into their long-term housing portfolios but experienced difficulties due to the shortage of appropriate, secure and available housing.

There was varying uptake of High Needs packages across providers, with some not applying because they felt client needs could be met with other resources, or because High Needs package allocations had been exhausted. Almost all support providers assisted clients to apply for NDIS packages (see Section 11).

CHPs' autonomy over support provider contracting enabled programmatic funding to be more client-focussed, but also meant that there was great variety in the quantity of support that clients at different levels of need received. Pre-existing relationships, cultural competence and capability were key considerations for CHPs when contracting external providers.

Case management and outreach enabled providers to establish trusting relationship with clients, and this trust assisted the delivery of wrap-around support. How case management was provided and by whom varied across the THP. Many CHPs and support providers aimed to provide trauma-informed care and identified that there was a need for capacity building in this area.

3.4 What is the association between improved client outcomes and how the THP was implemented?

A key factor to the program's success is that it delivered access to housing together with wrap-around support over the medium term. The program's funding structure freed CHPs from programmatic funding and this contributed to positive client outcomes, as it enabled responses to be client-centred according to their needs.

Program data to January 2023 demonstrates that the THP delivered strong housing outcomes. Overall, the THP housed 1,092 clients (81% of all accepted referrals) and a high 74 per cent of clients sustained their tenancies—in other words, they remained housed in a THP property since they were first housed through the THP. Due to very competitive rental markets, which constrained the effectiveness of the headleasing model, only 48 per cent of referrals were housed within four weeks of intake, which was 74 per cent of the program target of housing 80 per cent of referrals within four weeks.

The THP expects CHPs to absorb clients into their long-term housing portfolios and CHPs have a strong commitment to doing so, but only 60 per cent of clients had a long-term housing plan in place.

Administrative program data on support appears to be incomplete or inaccurate, which made it difficult to ascertain with any certainty the support outputs and outcomes achieved by the THP. These data indicate that 74 per cent of all clients had support provider support plans in place and 76 per cent remained engaged with a support provider, which would indicate a relatively high engagement with supports overall (see Section 8.1). However, other administrative data appear to show low levels of engagement with supports other than living skills and tenancy management, which was delivered to 69 per cent of all THP clients. It is as yet unclear whether the low levels of engagement with supports resulting from analysis of administrative data is due to issues with data collection, or whether this is a reflection of low levels of client engagement. This will be further investigated in the Final Report.

Data from stakeholder consultations and surveys offered further information on support provision. It demonstrated that CHPs contracted a broad range of external support providers, including AoD, disability, mental health care and cultural and community networks; 70 per cent of support providers considered the amount of support provided to be completely or mostly adequate (see Section 9.2).

Survey data showed that intensive case management and sustained trusting relationships contributed to positive client outcomes (Section 9). Challenges in adapting service delivery to meet the needs of the THP client cohort included:

- difficulties achieving and maintaining client engagement
- long wait time for clinical specialist services
- recruiting and retaining qualified staff
- adapting to diversity and different needs
- risk mitigation.

The small number of responses received to the 18-month client satisfaction survey and the client exit survey means that these data are not representative of clients' experiences. Consequently, the assessment of the association between improved client outcomes and how the THP was administered provided in this report draws heavily on client interviews and stakeholder consultations.

Available survey data show that 91 per cent of responding clients were satisfied with their housing and 90 per cent agreed that the program had improved their housing stability. Most (76%) agreed that they now had better access to support services and reported positive health and wellbeing outcomes. Many felt better connected to their community, but few felt better connected to education, employment and training (see Section 14.2).

Case studies showed that clients felt the THP was different from other programs they had experienced, specifically in that the program provided access to housing and that it provided more effective support than they were used to (Section 15).

3.5 How well did the model address the needs of and deliver outcomes for different population groups?

Administrative program data to January 2023 show that there were only minor variations in outcomes across population groups. The same caveats outlined in Section 3.4 in terms of completeness and accuracy of administrative data apply here. From the available data, it appears that the THP is slightly less effective for women and young people aged under 25 years and slightly more effective for people with high needs and those with a disability.

Of the 1,355 THP clients, around a third (32%) were women, a third (33%) identified as Aboriginal and a high 41 per cent had a disability; most were in the 25–44 (43%) years and 45 years and older (47%) age groups (see Section 10).

Overall, 81 per cent of accepted referrals were housed. There were minor differences between population groups, with young people and women receiving slightly fewer housing outputs, while people with high needs and those with a disability fared slightly better than other groups (see Section 10).

The THP struggled to house people quickly; only 48 per cent of clients were housed within four weeks of referral, and 59 per cent within six weeks. Women, those with high needs, people living with disability and young people waited longer for housing than other cohorts (see Section 10).

According to administrative program data, the THP did not achieve strong non-housing outputs (with the exception of the living skills and tenancy management plan). However, it is possible that this is due to poor data collection and poor record-keeping rather than a lack of outcomes achieved. There were big data gaps for the ALM, perhaps indicating that the type of data collected for it may not be suited to evidencing outcomes. This will be further investigated in the Final Report.

3.6 Did the implementation approach lead to service system improvements?

The THP positively impacted the broader service system by facilitating local collaboration and communication between various agencies, through the CRAGs and by strengthening relationships between CHPs and support providers, as well as with DCJ. The program facilitated organisational capacity building for CHPs and support providers, including better knowledge of the needs of the client cohort; how to manage support services; how to undertake less punitive and more engaging tenancy management. Communities of Practice facilitated by Homelessness NSW were useful for sharing information and skills, and for networking.

3.7 What factors have influenced the implementation of THP?

Four case studies were conducted to highlight the different contextual factors that affected the implementation of the THP in each location. The studies provided insights into the influence of both the locational factors and the CHP's ability to implement the THP model.

The case studies demonstrate how housing markets can enable or constrain the headleasing model. For example, while some providers struggled to secure headleases, others benefitted from the availability of rental properties in very desirable locations—only to experience a swathe of terminations due to a resurgent property market and rent increases following the easing of the pandemic. Case studies highlighted the importance of positive relationships between CHPs, support providers and real estate agents. Timely access to specialist supports was important for the operation of the THP, but this was not always available. Good intake and referral processes were important to manage risk, provide clients with appropriate supports, and to sustain tenancies. Across all case study sites, clients expressed that the THP was different from other programs they had experienced, as it provided access to housing, and it provided more support and more effective support than they were used to.

3.8 Was the program design and implementation culturally appropriate?

The THP aims to deliver culturally appropriate support. This is especially important as 33 per cent of clients identify as Aboriginal. A detailed analysis of the effectiveness of the program for Aboriginal clients will be provided in the Final Report. Preliminary findings are described here.

From T2 onwards, the ALM delivered 35 culturally tailored support packages to Aboriginal clients. The ALM was the only instance where the support provider was directly contracted by DCJ and was the lead in the provision of the THP. Early indications are that this enabled the support provider to establish a culturally safe operational framework using a transdisciplinary model of care with direct client input.

Administrative program data to January 2023 do not facilitate insights into whether the ALM delivered good non-housing support and outcomes, as there are big data gaps in relation to the ALM. This may indicate that the type of data routinely collected may not be suited to evidencing outcomes for the ALM. A detailed case study of the ALM is provided in a separate report.

Stakeholder consultations and surveys provided additional insight into the degree to which the THP delivered culturally appropriate support. The data indicate that there were variations between providers. Some CHPs had good relationships with local support providers and worked with ACCOs, especially where there were pre-existing relationships; others had no identifiable strategy to provide culturally specific support. No Aboriginal housing providers were contracted for the THP and most CHPs did not contract formally with Aboriginal organisations to provide support—largely because there were no Aboriginal housing providers in the CHLP, which is the foundation for THP contracting.

CHPs used a range of activities to facilitate cultural safety, including:

- providing cultural-competence training to staff
- establishing processes to refer clients to ACCOs
- being in partnerships with Aboriginal organisations.

Only seven CHPs provided Aboriginal-specific support planning, and 11 consulted with Aboriginal stakeholders to ensure that the service approach was culturally sensitive.

A high proportion (83%) of support providers thought that THP provided culturally safe and appropriate support, yet only five out of the 30 respondents to the support provider survey provided Aboriginal-specific services and only one provider (delivering the ALM) was an ACCO.

4. Together Home Program description

This section describes key elements of the THP and the changes that were made to the program in response to sector advocacy, changing requirements and issues raised to the Steering Committee by CHPs and support providers.

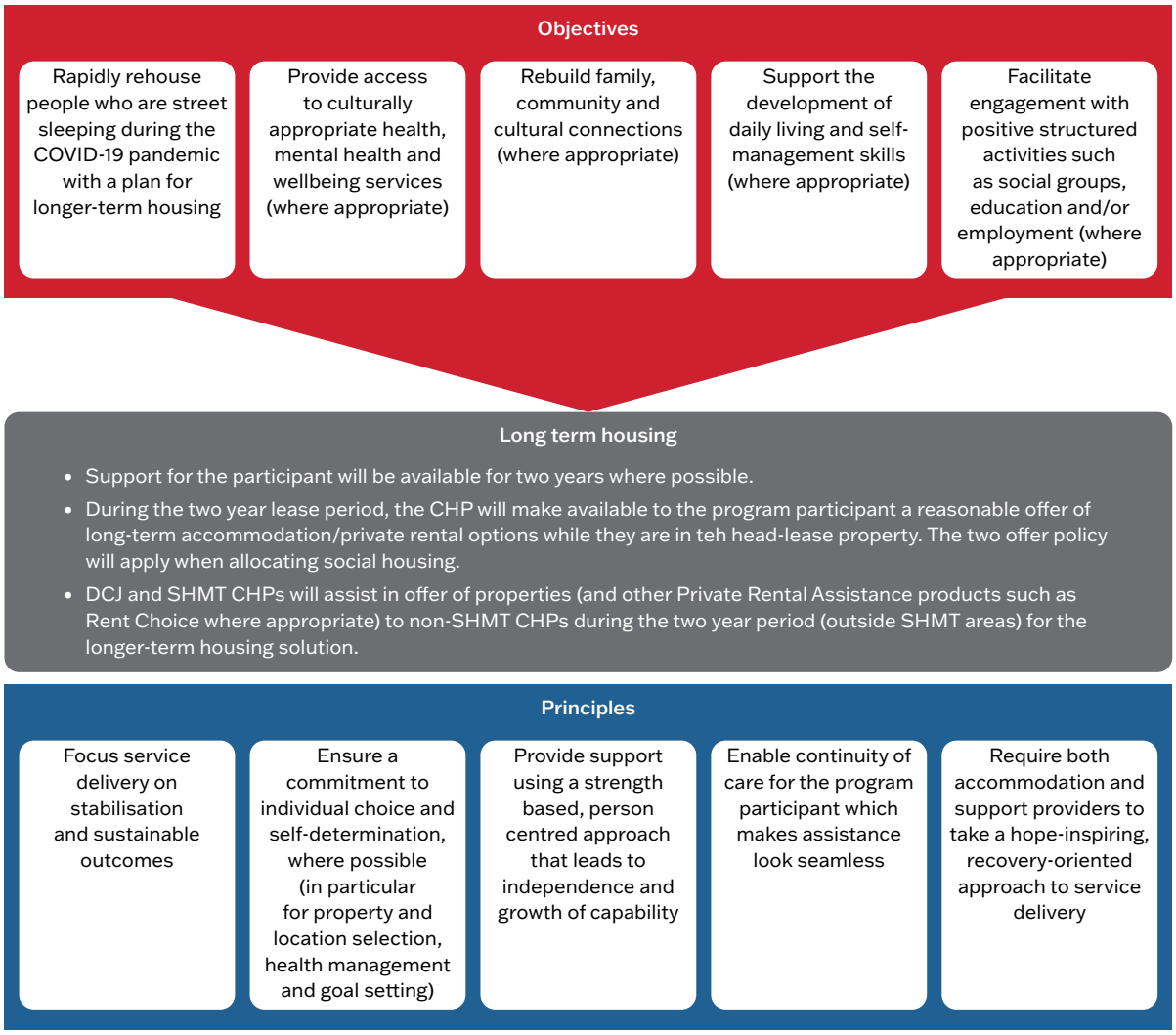
4.1 Program model

The THP was developed using evidence-informed program design drawing on Housing First and the Supported Transition and Engagement Program (STEP) principles. The key elements of the program, which are described in further detail below, are:

- giving CHPs the responsibility and funding to source housing as well as support for the program target group
- leveraging the established relationships and infrastructure of the CHLP to quickly implement the THP
- using a combination of headleasing, CHP capital stock and, to a lesser degree, public housing, to flexibly and rapidly procure the needed housing
- introducing a capital component (Transition Program) in T2 and T3 to enable CHPs to develop or purchase housing to address the need for additional supply
- introducing the ALM in T2 and T3 to respond to the need for culturally appropriate support provision that is Aboriginal led
- person-centred care that is flexible
- allocation and administration of High Needs Packages by a non-government agency (sector peak Homelessness NSW)
- a commitment to securing long-term housing for clients beyond the program duration.

The objectives and principles underpinning the THP are summarised in Figure 1.

Figure 1: THP objectives and principles



Source: DCJ, version May 2022.

4.1.1 Changes to the program model

Throughout its operation, the THP model has been progressively adapted in response to housing market conditions and advocacy from CHPs, support providers and Homelessness NSW. The Program Delivery Group (PDG) is a forum in which CHPs can discuss program-level issues and escalate them to the Program Steering Committee (Figure 4). For example, flexible funding, additional supplementary funding and an extension of funding were implemented in response to Issues Papers by CHPs to the Program Steering Committee. Feedback to the Steering Committee also led to changes in the frequency that the client satisfaction survey was implemented.

Key changes made to the THP include:

- **Changes to eligibility criteria:** CHPs raised concerns that the eligibility criteria for the THP were too narrow and that referral pathways should be broadened. In response, from T2, eligibility criteria for the program were expanded to allow support providers and other agencies to refer into the THP. In T2, the allocation was for 200 packages for street sleepers and 200 for homeless and priority demand from the NSW Housing Register.

- **Aboriginal-led model (ALM):** Aboriginal clients are a priority cohort for the THP. The ALM, which was introduced in T2, is designed specifically to meet the needs of this group. The ALM is delivered by Yerin Eleanor Duncan Aboriginal Health Services (Yerin), which is a not-for-profit ACCO on the Central Coast. Yerin, the support provider, is directly contracted by DCJ, and Home in Place (HiP) provides the housing component for the ALM which is delivered via an MOU between Yerin and HiP. The original 17 T2 packages for the ALM were extended to 35 packages in July 2022. See Section 4.1.10 for further information on the ALM.

In response to CHP and support provider concerns about mainstreaming,[11] DCJ made the following changes to the THP.

- **Increase the flexibility of funding agreements:** More flexible funding provisions were included in the Letters of Variation that were issues for T3 and were applied retrospectively across tranches. This included flexible use of funding between clients, tranches and expenditure types.
- **Add supplementary funding:** DCJ secured $4.2 million supplementary funding pro-rata across the 18 CHPs to offset mainstreaming costs.
- **Introduce a Transition Program:** The lack of housing—both social housing and affordable rental housing to support the headleasing model—was identified as a key constraint to the success of the program, in terms of both placing clients in appropriate housing during the program and in mainstreaming their leases at the conclusion of their time in the program. In response, the Transition Program was introduced in T2. The Transition Program enables CHPs to generate additional social housing either through purchase or new developments. It aims to increase the amount of social housing stock to provide long-term housing options for THP clients. The Transition Program aims to acquire or build around 250 new dwellings (see Section 4.1.11).
- **Merge STEP C with THP:** On 1 September 2022, STEP C (Mid North Coast and Western NSW) of the STEP was fully integrated into the THP. This merger aimed to avoid duplication, as STEP C and the THP targeted the same client group and served the same functions, across similar areas and providers.
- **Conduct a client satisfaction survey:** Initially, the THP did not gather ongoing insights into clients' experience in the program other than through an exit survey. In response to feedback to the Program Steering Committee, it can now be administered at 18 months and at exit from the program (see Section 14.2).

4.1.2 Housing First principles and THP design

Housing First is a model that prescribes safe and permanent housing as the priority for people experiencing homelessness. While models vary, the foundational principle of the Housing First model is that safe and secure housing is provided prior to, rather than conditional upon, participation in addressing other support needs.

In the early 1990s, Housing First was developed as a service response to homelessness in the US through the 'Pathways to Housing'.[12] In contrast to approaches that require homeless persons to prove their housing readiness by engaging with support services before accommodating tenants (continuum or staircase approaches), Housing First offers immediate access to permanent housing.[13] The Housing First model is based on the conviction that housing is a human right,[14] and a precondition to being able to address other issues in a person's life. The focus of Housing First is supporting people experiencing homelessness that have high and complex needs—for example, mental ill-health, substance misuse.[15]

---

11 In this context, 'mainstreaming' is defined as transitioning clients into long-term stable housing and to ongoing support (if required) at the end of a client's two-year Together Home assistance (Together Home Steering Committee meeting, 11 April 2022).

12 Tsemberis, S. (1999) 'From streets to homes: an innovative approach to supported housing for homeless adults with psychiatric disabilities', *Journal of Community Psychology*, vol. 27, no. 2: 225–241.

13 Johnson, G., Parkinson, S. and Parsell, C. (2012) *Policy shift or program drift? Implementing Housing First in Australia*, AHURI Final Report No. 184, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/184.

14 Roggenbuck, C. (2022). H*ousing First: An evidence review of implementation, effectiveness and outcomes*, Australian Housing and Urban Research Institute Limited, Melbourne.

15 Pleace, N., Baptista, I. and Knutagard, M. (2019) *Housing First in Europe: An overview of implementation, strategy and fidelity, Housing First Europe Hub*, accessed 15 March 2021, https://housingfirsteurope.eu/assets/files/2019/10/2019-10-10-HFinEurope_Full-Report2019_final.pdf.

Housing First has influenced homelessness policies and program planning worldwide, including in Canada, Australia, New Zealand and various European countries, and the original approach has been adapted to new contexts.

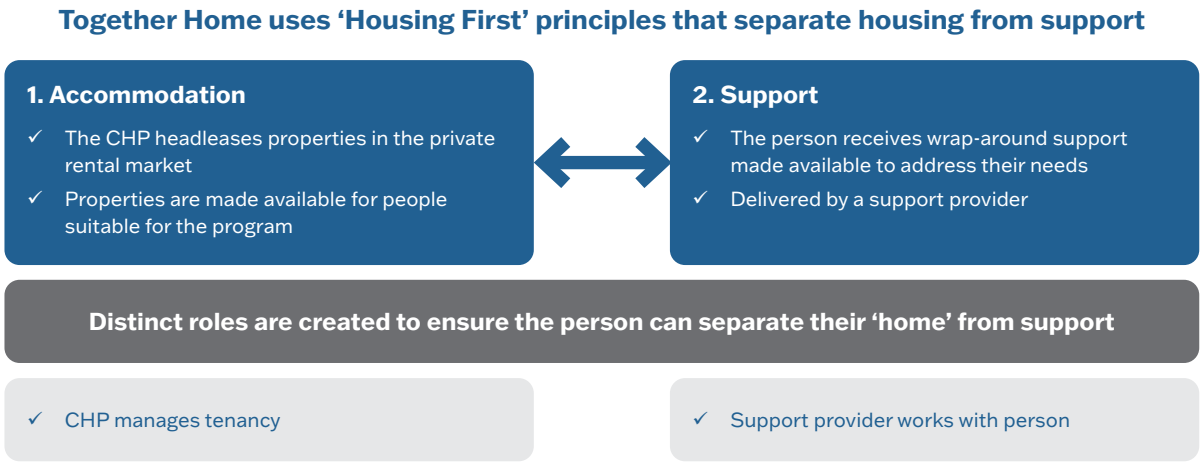
Homelessness NSW has developed eight Housing First principles for Australia to provide a consistent and locally relevant set of principles for the Australian context.[16]

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

These Housing First principles are referenced in the THP Guidelines, and therefore the evaluation assessed program fidelity to Housing First against these principles. This is important, as evidence demonstrates that implementing Housing First to a 'high-fidelity' model delivers better outcomes.[17]

Rapid and unconditional access to long-term housing, voluntary flexible support for as long as needed, and the separation of housing and support functions are key tenets of Housing First and are reflected in the THP model.[18]

Figure 2: Separation of housing and support functions in THP



Source: THP Guidelines, May 2022, DCJ.

16 Homelessness Australia (2022) *Housing First*, https://homelessnessaustralia.org.au/what-you-can-do/housing-first/, accessed 8/6/2022.
17 Johnson, G., Parkinson, S. and Parsell, C. (2012) *Policy shift or program drift? Implementing Housing First in Australia*, AHURI Final Report No. 184, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/184.
18 Together Home Program Guidelines (May 2022) note that: "In line with Housing First principles, when delivering Together Home, 'housing' must be separated from 'support'. This is to ensure that a participant can raise issues to their support worker that they may not be able to raise with their tenancy manager … Where a CHP also has a support provider function, these must be distinct roles to ensure that the support is separated.

4.1.3 Fidelity to Housing First principles

The Early Findings Report noted that the THP program logic exhibited a conceptual discrepancy between a commitment to Housing First principles and the program design in relation to the provision of long-term housing and support. In the program logic (Appendix 1), 'Core Component 2: Accommodation' stated that accommodation was to be sourced rapidly via headleasing in the private market and that housing and support were to be separate. 'Core Component 4: Longer term housing' stated that it was *during* a client's engagement with the THP that longer-term housing would be secured. Hence, the program was designed around a stepped approach to accessing longer-term housing, which is not consistent with the Housing First philosophy.

In essence, the THP is a time-limited headleasing scheme that is informed by Housing First principles. This does not invalidate the approach taken by the THP. It only becomes problematic if the commitment to providing ongoing housing and support is not honoured beyond the conclusion of the program. As this Interim Report shows, 60 per cent of THP clients have a long-term housing plan in place. Furthermore, many THP clients were placed in CHP capital stock, thereby providing them with direct access to longer-term housing.

In another divergence from Housing First principles, the separation of housing and support provision was not strictly observed in the program implementation, with some CHPs providing both housing and support. THP Guidelines acknowledge this and stipulate that 'where a CHP also has a support provider function, these must be distinct roles to ensure that the support is separated.'[19]

However, findings from this Interim Report do not indicate that there was a divergence in client outcomes between CHPs that contracted out support and those that provided it in-house.

A third divergence is that the support component is not guaranteed beyond the program duration. While some clients will be able to draw on the NDIS to meet their support needs, the majority will need to rely on standard mainstream support responses. It is too early to assess the impact of this—however it is likely that many clients will not be able to sustain their tenancies. The issue will be considered in the Final Evaluation Report.

4.1.4 Supported Transitions and Engagement Program (STEP)

The THP has been designed using the principles of the Supported Transitions and Engagement Program (STEP), which delivers a rapid rehousing response, premised on a Housing First philosophy.

This approach prioritises getting people into housing as quickly as possible and linking them with wrap-around, person-centred support, so that issues contributing to their homelessness can be addressed.

Core principles underpinning the approach include:

- equitable and rapid access to housing—provision of rapid access to safe accommodation with no readiness conditions
- informed choice—commitment to individual choice and self-determination, wherever possible
- recovery—recovery-oriented approach to service delivery
- intensive support—wrap-around supports will be strengths-based, person-centred and trauma-informed
- continuity of care—the program recognises the importance of continuity of care as a key factor in creating trusting, respectful and positive relationships between the person and the service
- community—the program has a strong focus on social and community integration

19 Together Home Program Guidelines, May 2022, p. 9.

- culture—service delivery will be culturally appropriate, and the cultural needs of the person will be considered as part of the overall support planning approach
- stabilisation and sustainability—long-term housing and wellbeing outcomes will be identified upon entry into the service and worked towards throughout.

The evaluation acknowledges the importance of STEP principles in informing the THP design—however, the degree to which THP implementation adhered to STEP principles is not a key aspect of the evaluation.

4.1.5 Leveraging the CHLP to deliver the THP

The Community Housing Leasing Program (CHLP) is a program that offers leasing subsidies to CHPs to source properties from the private market. It has been in operation since 2000 and is designed to give CHPs increased flexibility in accommodating eligible people in housing that suits their needs. The program is a core part of the community housing sector's supply of social housing. The program allows CHPs to increase and decrease their supply by location, source suitable property types or other factors to respond to the needs and priorities of the person. Some CHPs have partnered with SHS to deliver programs that involve headleasing and wrap-around support services, similar in design to the THP.

The THP model is based on direct contracts with CHPs, which subcontract support providers. A key feature of the THP is its alignment with the CHLP. DCJ opted to contract CHPs to deliver the program, as they considered CHPs were best placed to deliver the program components. In addition, contracting CHPs through the existing CHLP and subcontracting support facilitated the rapid rollout of the THP, as utilising the CHLP allowed the THP to leverage a strong existing infrastructure and contracting.

Of the 19 CHPs that deliver the program, 17 had an existing CHLP contract. THP contracting took place by way of a letter of variation to the existing contracts, which enabled contracting to proceed quickly. In some districts there were no existing CHLP providers. Two providers were new to the system and required contracts to be created, taking longer.

Building on the CHLP also allowed the THP to benefit from established relationships and trust between DCJ and CHPs. There was a lot of goodwill within the sector and most providers were committed to the program, including a willingness to take on the associated risks, such as property care and tenancy management.

4.1.6 Housing supply

THP aims to provide equitable and rapid access to housing with no readiness conditions—in other words, sobriety and compliance with health treatment will *not* be required to obtain housing. This reflects Housing First principles. Housing for the THP is delivered by CHPs through the CHLP.

Headleasing properties in the private rental market is a cornerstone of the THP. However, public housing or social housing provided by CHPs may be more appropriate forms of tenure than private rental because of the:

- characteristics of some local housing markets—lack of available, suitable and affordable rental properties
- complexities experienced by some of the target cohort—limited tenancy and living skills.

Due to demand pressures, initial THP housing provided is not always the client's permanent housing but it will always be the first step towards obtaining long-term housing. There may be instances where the most suitable immediate housing option for a THP participant is a social housing dwelling managed by the THP provider, rather than in the private market.

In these instances, the CHP must still lease a property from the private market to ensure they are meeting the contracted housing component. The allocation of this lease may go to another THP participant, provided there are sufficient support funds available for this new tenant; or the lease could be provided to a priority-approved applicant from the NSW Housing Register. This should be determined locally via the Client Referral Assessment Group (CRAG).

Clients housed in social housing are still considered as THP participants and need to be treated as such for support planning, as well as for monitoring and reporting purposes to DCJ. CHPs are required to report on the leasehold property as per the approach to reporting under the CHLP.

Some CHPs may have access to State Environmental Planning Policy (SEPP 5) properties[20] and some THP clients will meet the eligibility criteria for SEPP 5 housing. SEPP 5 accommodation is not appropriate for those who do not meet this criteria.

The evaluation includes all THP participants, irrespective of the type of housing they are in.

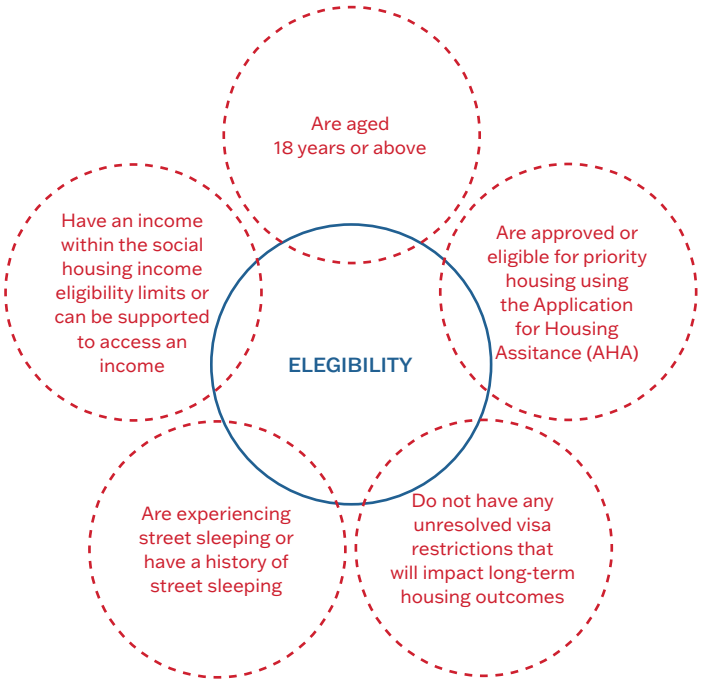
4.1.7 Program target group and eligibility criteria

The primary target group for T1 was people who were street sleeping and assisted into TA during the COVID-19 pandemic. For T2 and T3, the criteria were broadened to include those who Figure 3):

- are street sleeping or who have a history of street sleeping and who are being supported in TA
- are clients of SHS providers who are currently in crisis accommodation or TA
- are clients known to Assertive Outreach Services across NSW.

In locations where there are relatively low numbers of people sleeping rough, but large numbers of people at risk of experiencing rough sleeping, including Aboriginal families living in overcrowded dwellings and couch surfing, flexibility will be provided to the target cohort.[21]

Figure 3: Eligibility for the THP



Source: THP Guidelines, May 2022, DCJ.

20 Eligibility for SEPP 5 properties is guided by the State Environmental Planning Policy (Housing for Seniors or People with a Disability) 2004, formerly known as the State Environmental Planning Policy Number 5. Eligibility for SEPP 5 properties is limited to seniors or people living with a disability and includes: people over 55 years of age; people who receive a disability support pension (regardless of age); Aboriginal people aged 45 years or over; people whose partner (married or de facto) is aged over 55 years or receives a disability support pension.

21 Together Home Program Guidelines, May 2022.

4.1.8 Person-centred care

The THP aims to provide person-centred care that enables the 'continuity of care for the program participant which makes assistance seamless'; in other words: one person, one plan.[22] Where feasible, the program seeks to keep established support workers involved with the program participant following a referral to the THP. One person, one plan seeks to reduce transition points between agencies and continue existing relationships between clients and support services.

Examples of how one person, one plan can be operationalised include person-centred transition planning, co-case management with support workers, continued case management, and coordinated case planning.

Depending on the arrangement, a subcontract or fee-for-service model may be required to engage with the existing support service(s).

4.1.9 Culturally appropriate services

People who identify as Aboriginal are a priority group for the THP and the program aims to offer culturally safe, supportive and inclusive supports for Aboriginal people. The guidelines instruct providers to:

- adopt Aboriginal-specific support planning
- put in place mechanisms to support and assist Aboriginal staff and program participants to resolve issues in a culturally appropriate way
- implement culturally specific strategies
- undertake research and consult with Aboriginal stakeholders to ensure the service approaches are culturally appropriate
- have in place policies to proactively recruit and retain Aboriginal staff, where possible
- make cultural-competence training available to their staff
- provide people from CALD backgrounds with linkages to services to meet their cultural and language needs and engage interpreters as required.

4.1.10 Aboriginal-led model

The need to provide culturally tailored support for Aboriginal clients was recognised as a significant gap early in the implementation of the THP. This led to the introduction of the ALM in January 2021.[23] To facilitate the ALM, DCJ contracted directly with a support provider, Yerin Eleanor Duncan Aboriginal Health Services, as well as a CHP to support the ALM (HiP). The ALM is the only instance where the support provider is directly contracted by DCJ and is the lead in the provision of the THP.

The ALM operates in the Central Coast region and comprises a total of $3.3 million for 35 packages over two years. Initially this model consisted of 17 packages, and a further 18 were added in July 2022. Yerin was selected via a tender process to provide the support component; a memorandum of understanding between Yerin and HiP, the CHP, was established for the housing component. See also Section 13.4; a detailed analysis of the ALM will be provided in the Final Evaluation Report.

22 THP Guidelines, May 2022.
23 An in-depth case study of the ALM is provided in a separate report.

4.1.11 Transition Program

Introduced in T2, the Transition Program is an innovation of the THP that aims to deliver around 250 additional social dwellings. The program is delivered by CHPs (who provide co-contributions) and in partnership with DCJ through the CHIF approach. NSW state government investment in the Transition Program is $72.5 million: $35.5 million in the first round, and $37 million in the second round.

CHIF is a co-contribution model of funding that aims to facilitate better outcomes for vulnerable people through government partnerships with CHPs.[24] It was designed collaboratively with CHPs and DCJ.

DCJ provides upfront capital grants that are accessible via a tender process. CHPs provide a co-contribution in the form of debt, land, cash, reserves or support, and DCJ provides capital investment. Buildings are then acquired or developed by the CHP, who has full ownership of the final property but also full liability and maintenance responsibility. DCJ registers an interest on the property title for perpetuity (80 years) and cannot refuse any reasonable use proposed by the CHP.

The CHIF co-contribution model is a way of reducing the subsidy gap in social housing.[25] Key benefits to partners include:

- upfront funding from DCJ reduces CHPs' borrowing and delivery costs
- the equity of owning the property increases CHPs' balance sheet capacity for future borrowing
- DCJ benefits as the property is safeguarded in perpetuity as social housing but without the maintenance or operational liabilities.

Applying the CHIF model to the THP enabled DCJ to implement the Transition Program rapidly and efficiently, as the model and contracting were already established. It also provided a ready business case for DCJ to present to NSW Treasury. DCJ had $10 million unallocated funding in the THP, which they leveraged by scoping potential co-contributions for CHPs and presenting to NSW Treasury as a shovel-ready project.

The CHIF co-design process produced a simple contract that focussed on delivering outcomes rather than rigid contract adherence. Tendering and reporting requirements were minimised to only those necessary to reduce administration costs for CHPs and DCJ.

All tenders submitted for the first funding round were deemed eligible—however, DCJ was not in a position to fund them all. Tenders that were not funded in the first round were automatically approved in the second round. This created a pipeline of projects and meant that the second round of funding was not open for tender. As a consequence, CHPs that did not submit for the first round of funding missed out on the second round. Priority selection for the first round of funding was based upon:

- the quality of the housing proposed
- the energy efficiency of the housing
- the proximity to services.

The significantly lower funding pool in the third funding round, which was open at the time of writing, means that the assessment panel will need to place greater emphasis on these selection criteria than in previous rounds.

---

24 https://www.facs.nsw.gov.au/reforms/future-directions/partner-with-the-nsw-government/community-housing-innovation-fund-chif.

25 AHURI (2019) *Understanding the funding gap for social housing and different ways to fund it*, AHURI Brief, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/brief/understanding-funding-gap-social-housing-and-different-ways-fund-it; Lawson, J., Pawson, H., Troy, L., van den Nouwelant, R. and Hamilton, C. (2018) *Social housing as infrastructure: an investment pathway*, AHURI Final Report No. 306, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/306, doi:10.18408/ahuri-5314301.

Dwellings generated through the Transition Program are not quarantined for THP clients. Instead, they provide additional capacity within the system and contribute to a better mix of housing options for social housing tenants.

The Transition Program faces several challenges, including:

- the rising costs of housing and building materials, which impact the quantity of dwellings that the limited funding can provide.
- long lead times in the delivery of new housing, which meant that T3 clients will exit before the new build Transition Program housing is completed.
- the program model, which relies on co-contributions, means that small providers who could not co-contribute were excluded. This disproportionately impacted regional areas, many of which are exclusively serviced by smaller CHPs.

A full analysis of the Transition Program will be provided in the Final Evaluation Report.

4.2 Governance structure

The key governance bodies for the THP are the Program Steering Committee, the PDG and the CRAGs (Figure 4).[26]

Survey data and stakeholder consultation showed that while CHPs thought that governance mechanisms generally worked well and that DCJ was responsive to their needs, some districts felt that governance was resource-intensive.

Consultations with DCJ indicated that the Program Steering Committee worked well and was an effective mechanism for information-sharing, providing progress updates etc. Stakeholders welcomed the inclusion of a National Disability Insurance Agency (NDIA) representative, as this improved linkages with health, education and homelessness and other relevant systems.

DCJ noted that over time it became more challenging to maintain engaged and active participation in the Steering Committee.

4.2.1 Program Management

Program Management is a function within DCJ performed by Strategy, Policy and Commissioning (SPC). The Directorate reports to the DCJ Housing and Homelessness Steering Committee, which is chaired at Deputy Secretary level. Funding is reported to NSW Treasury.

4.2.2 Program Steering Committee

DCJ convenes the Program Steering Committee, which oversees all locations and ensure a continuous improvement approach to the delivery of the program. This group works collaboratively to resolve issues that may escalate from the Program Delivery Group, identifies pathways into long-term housing for the program participants that require it (e.g. social housing) as well as pathways towards independence, such as private rental.

4.2.3 Program Delivery Group

CHPs participate in a quarterly Program Delivery Group, which is convened by DCJ (they also provide secretariat support for this group). The PDG focuses on program implementation issues and aims to resolve these issues collaboratively. Issues that require further strategic input and consideration are escalated to the Program Steering Committee. The Program Delivery Group structure varies across NSW and is developed for the local context.

26 Please note that there is a distinction between the below governance groups and the referral groups into the program (CRAG and Higher Support Needs Assessment Panel).

Figure 4: THP governance structure

Source: THP Guidelines, May 2022.

4.3 Stakeholder roles and responsibilities

The stakeholder roles and responsibilities in relation to program design, implementation, and ongoing program management are set out in Appendix 2.

5. Packages and client characteristics

This section summarises cumulative program data to January 2023. At this time, a total of 1,117 packages had been allocated to 1,355 clients. Most clients were male (67%), 33 per cent identified as Aboriginal, and a high proportion reported a disability (41%). Overall, participants had very low levels of income as more than half received the JobSeeker payment (52%) and a further third (32%) received the Disability Support Pension.

5.1 Number of packages across tranches

Cumulative data to January 2023 shows that a total of 1,117 THP packages had been allocated, including 35 packages for the ALM; 22 packages from the Step C program were absorbed, and three ad hoc packages were allocated in regional areas (Table 6). Packages were allocated to clients as they were referred and accepted into the program. Where clients dropped out of the program, their packages were allocated to other clients, which explains why the number of clients is greater than the number of allocated packages.

Table 6: Overall THP packages allocated by tranche, cumulative data, January 2023

Tranche	Metropolitan	Regional	Total
T1	200	204	404
T2	250	150	400
T3	184	69	253
ALM		35	35
Step C		22	22
Total	634	480	1,114
Ad hoc packages (Wagga Wagga × 2, Illawarra × 1)		3	
Total	**634**	**483**	**1,117**

Source: DCJ.

Table 7 shows how many THP packages were allocated to CHPs across each tranche, and in metropolitan and regional areas. As can be seen, there was a diversity in the distribution of packages between providers and regions.

Table 7: THP packages by CHP, cumulative data, January 2023

	Metropolitan				Regional						
CHP	T1	T2	T3	Total	T1	T2	T3	ALM	Step C	Total	Grand total
Argyle	12	10	5	27	10	11	3			24	51
Bridge	45	33	15	93							93
CHL					24	10	4		11	49	49
HiP					30	30	11	35		106	106
Evolve	46	45	36	127							127
Homes North					20	10	4			34	34
HOW					8	3				11	11
Housing Plus					10	14	4		11	39	39
Hume	14	27	15	56		10	4			14	70
Link	23	67	45	135							135
Metro	20	18	13	51							51
MAH					14	10	4			28	28
NCCH					30	10	10			50	50
Pacific Link					26	12	10			48	48
SCCH					10	10	10			30	30
SGCH	10	30	40	80							80
Housing Trust					22	20	5			47	47
Link Wentworth	20			20							20
WHC	10	20	15	45							45
Total	**200**	**250**	**184**	**634**	**204**	**150**	**69**	**35**	**22**	**480**	**1,114**

Note: the table excludes ad hoc packages that were allocated to Argyle (2) and Housing Trust (1) in September/October 2022.
Source: DCJ email communication 30/09/2022.

5.2 Client characteristics and supports received

By January 2023, there had been 1,639 referrals to the THP and 1,355 clients (83%) had been accepted into the program (Table 8).

Table 8: THP clients and supports, cumulative data, January 2023

	T1	T2	T3	ALM	Total
Number of referrals	656	573	352	58	1,639
Number of clients accepted	535	481	303	36	1,355
Number of clients linked to support services	515	476	293	36	1,320
Number of clients housed	464	402	205	21	1,092
Number of clients provided with High Needs Packages	79	28	20	0	127
Number of program exits	254	99	44	14	411

Source: DCJ.

Table 9 summarises client demographic data for each of the tranches and the ALM to January 2023. Around two-thirds of clients were male (67%) and one-third female (32%); 33 per cent identified as Aboriginal (Table 9). This reflects the characteristics of the target cohort for the THP, as most street sleepers are male, and Aboriginal people are overrepresented.

Table 9: THP client demographic characteristics, cumulative data, January 2023

		Tranche 1		Tranche 2		Tranche 3		ALM		All Participants until Q4 2022	
		Number	%	Number	%	Number	%	Number	%	Number	%
Age	<25	30	6	41	9	34	11	7	22	114	8
	25–44	238	44	205	43	132	44	11	34	589	43
	45+	260	49	233	48	137	45	14	44	643	47
Gender	Female	159	30	158	33	95	32	11	34	425	32
	Male	376	70	323	67	208	67	21	66	930	67
Cultural identity	Aboriginal	170	32	152	32	95	31	31	97	450	33
	Non-identifying	291	54	312	65	204	67			810	60
	Unknown	74	14	17	4	4	1	1	3	95	7
Disability	Client reports disability	239	45	184	38	124	41	8	22	555	41
	No disability	296	55	297	62	179	59	28	78	800	59
Main income source	JobSeeker/ Newstart/ Youth Allowance	253	47	231	48	165	54	15	42	664	49
	Employed/ education	14	3	10	2	7	2	1	3	32	2
	Disability Support Pension	182	34	155	32	87	29	10	28	434	32
	Unknown/ other	86	16	85	18	44	15	10	28	225	17
Total accepted into THP		**535**	**100**	**481**	**100**	**303**	**100**	**36**	**100**	**1,355**	**100**

Source: DCJ.

Almost half (48%) of all program participants were aged over 45, and this was broadly consistent across all three tranches. There were relatively few younger clients (8%) across tranches, although this increased slightly from T1 (6%) to T3 (11%). The notable exception was the ALM, which had more young people (22%) and relatively fewer people in the 24–44 years age group (34%), although the proportion of older people was similar to that in the mainstream THP (44%).

A third of all THP clients identified as Aboriginal (33%). All ALM clients (except for one whose status was unknown) identified as Aboriginal.

A high proportion of clients reported a disability (41%). This proportion was noticeably lower for participants in the ALM (22%). This could be due to the younger age profile of the ALM or to fewer clients reporting a disability. These issues are further explored in the case study of the ALM, which is provided in a separate report.

About half of the clients across all tranches were on JobSeeker (49%), and around a third were on the Disability Support Pension (32%), which attests to the very low income levels of THP clients. A low 2 per cent of clients were employed or in education.

6. Program implementation

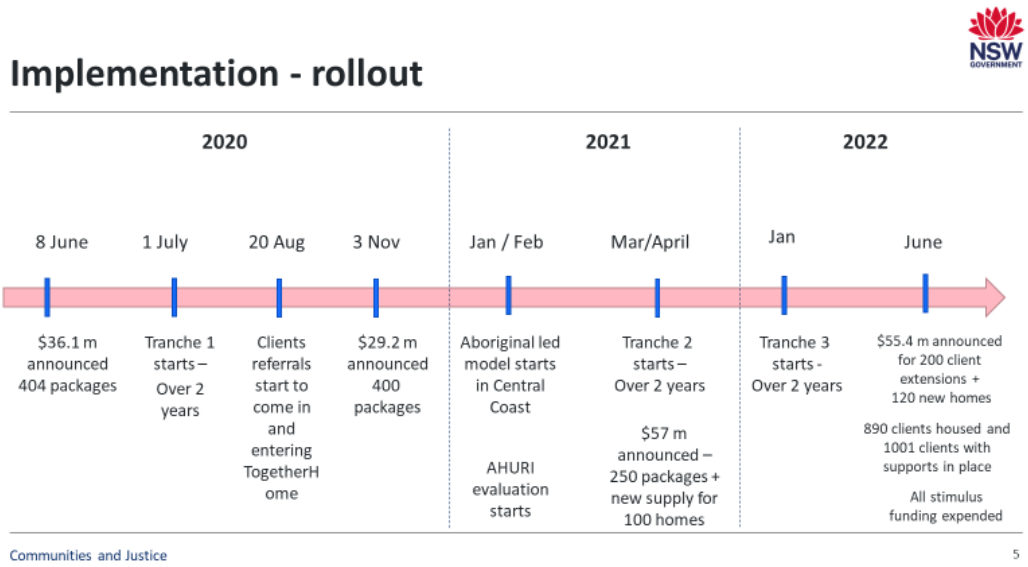
- **The implementation of the THP during T1 was rushed. For example, the program guidelines, assessment tools and reporting requirements were still being developed even as CHPs were well into service delivery mode.**
- **Despite the rapid rollout of the program, CHPs felt that they were provided with enough support to assist with implementation, were satisfied with this support, and felt that DCJ was responsive.**
- **There were variations in how CHPs implemented THP. This was a result of differences in the capacity of CHPs, availability of support providers, and local factors, such as local housing markets and existing local networks and relationships.**
- **While the THP model encouraged the separation of housing and support, this was not enforced by DCJ in the implementation. Most CHPs adhered to this separation, but six out of the 18 CHPs provided both housing and support.**
- **CHPs that provided both housing and support in-house emphasised the operational efficiencies and being able to respond early and effectively to any client issues—for example, better value for money, lower administration costs, eliminating subcontracting agreements, employing qualified staff directly.**

This section of the report outlines the THP implementation and funding timeline, how CHPs and support providers experienced implementation, and the various delivery models that were implemented in the locations where the THP was delivered.

6.1 Implementation and funding timeline

Commencing in July 2020, the THP was rolled out over three tranches. Starting in early 2021, the THP included the ALM, and in March/April 2021 and June 2022, additional funding for a capital component, the Transition Program, was announced (Figure 5).

Figure 5: THP implementation timeline



Source: DCJ.

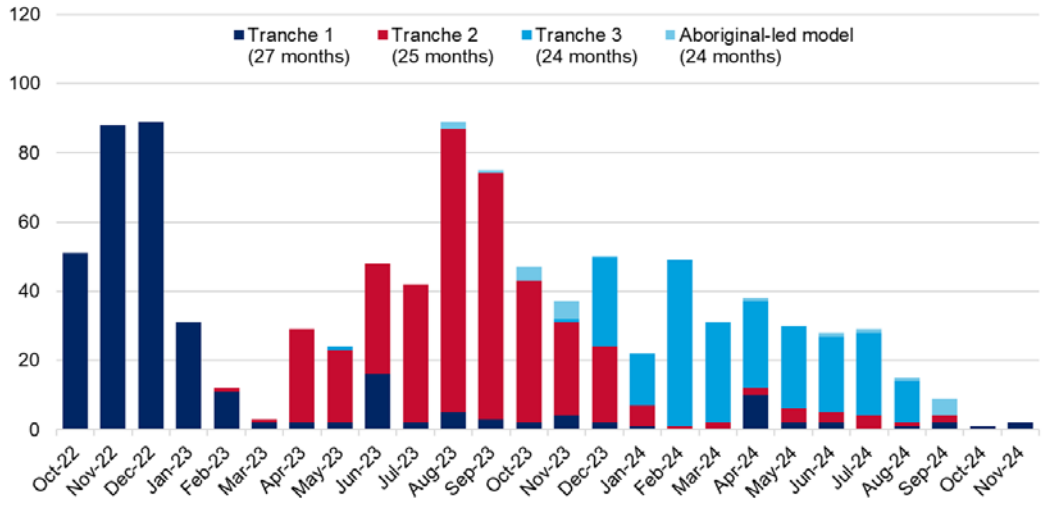
In addition to the stimulus funding mapped in Figure 5, the THP benefitted from the following additional funding:[27]

- $6.8 million for 80 High Needs Packages
- $3.3 million for 32 packages in the Central Coast ALM and three packages from stimulus funding
- $4.2 million supplementary funding pro-rata across 18 CHPs to offset mainstreaming costs.

At the time of writing, the THP was well into its operation and an additional $18.4 million was allocated across 2023–24 to extend the support for some clients from T1 and T2 (Figure 6).[28]

27 DCJ (2022) *Together Home Program COVID-19 stimulus reporting—Final report*, internal report prepared by Community Housing Branch for NSW Department of Treasury.
28 DCJ (2022) *Together Home Program COVID-19 stimulus reporting—Final report*, internal report prepared by Community Housing Branch for NSW Department of Treasury.

Figure 6: Number of THP packages due to expire based on program acceptance date



Source: Together Home Program COVID-19 stimulus reporting—Final Report.

6.2 Implementation facilitation

The early implementation of the THP was shaped by the peak phase of the COVID-19 pandemic, with the need to support rough sleepers.

CHPs felt that the implementation of T1 was very rushed, with the program guidelines, assessment tools and reporting requirements still being developed even as CHPs were well into service delivery mode:

> *The implementation of THP was demanding and had a number of pressure and pain points … We were certainly building the plane while flying it, with the guidelines not providing all information required, with some steep learnings from all CHPs across the state in relation to implementing and operationalising a program such as THP. Without a solid business structure and existing strong relationships across the sector, the success of THP for [name of CHP] would not have been possible. (CHP)*

> *The implementation was rushed by government with a lack of clear and timely communication. However, we did our best with the information and resources that we were provided and managed to start accepting referrals into the program and house them quite quickly. We learnt on the run! (CHP)*

Despite the rapid rollout, CHPs indicated that they were provided with a lot of support to assist with implementation. This support included:

- program guidelines
- Housing First training materials
- webinar and virtual training
- local CRAGs
- implementation forums
- High Needs Assessment Panel guidelines
- direct and responsive communication between DCJ and CHPs.

Survey responses showed that most CHPs (74%) and most support providers (55%) were satisfied or very satisfied with the support they received to implement the THP (Table 10). Both found the program guidelines to be clear and commended DCJ's responsiveness to points requiring further information.

Table 10: Satisfaction with support received to implement the THP

	CHPs		Support providers	
Response	Count	%	Count	%
Very satisfied	3	16	3	10
Satisfied	11	58	14	45
Neither satisfied nor dissatisfied	3	16	11	35
Somewhat dissatisfied	2	11	2	6
Very dissatisfied	0	0	1	3
Total	**19**	**100**	**31**	**100**

Source: Survey of CHPs and survey of support providers.

Qualitative responses to the survey and consultation feedback indicated that support providers felt that they had received support to understand the program, its governance structures, administrative and reporting processes through the implementation forums. Communities of Practice sessions convened by Homelessness NSW were considered helpful for problem solving.

6.3 Delivery models

The way in which the THP was implemented differed between providers and was influenced by provider capacity and local factors, such as the availability of housing, support services and existing local networks and relationships.

6.3.1 Separation of housing and support

The separation of housing and support is a key principle of Housing First. However, while the THP model encouraged this, it was not enforced by DCJ in the implementation of the THP. While most CHPs adhered to this separation, this was not the case for all and six out of the 18 providers provided both housing and support (Table 11). Factors that influenced CHPs' choice of whether to separate housing and support were the availability of support services in some areas, existing capacity within CHPs, and existing organisational structures within CHPs.

CHPs that provided both housing and support internally used different approaches (Table 11). They:

- provided both housing and support in the same organisation, but ensured that these are were procedurally separate (North Coast Community Housing [NCCH])
- had different models within the same organisation—for example, provided both housing and support in some regions, but separate housing and support in other geographic locations (Link Wentworth Northern and Link Wentworth Western)
- had two separate divisions within the same organisation for the provision of housing and support—for example, Women's Housing Company, Mission Australia (MA)/Mission Australia Housing (MAH)
- provided some supports in-house, but provide other support externally (Homes North).

CHPs that delivered both housing and support had varying arrangements in place to ensure that these functions were operationally separated within the organisation. These included clearly defined roles, and guidelines and processes to ensure separation of housing and support provision. In some organisations, housing and support functions are delivered by separate line managers or business streams.

Table 11: CHPs, support providers and regions

CHP	District	Primary delivery locations	Support provider
Separated housing and support			
Argyle	SWS	Campbelltown, Wingecarribee	Uniting Church Australia
	Murrumbidgee, Far West, Western NSW (incl. Wagga Wagga)	Murrumbidgee, Wagga Wagga	Marathon Health
Bridge	SSESNS	Sydney, Randwick, Woollahra	Mission Australia
			St Vincent de Paul
			Salvation Army
CHL	NNSW MNC NE	Port Macquarie, Kempsey, Mid Coast	Neami National
			New Horizons
HiP	HCC	Newcastle, Lake Macquarie, Port Stephens, Maitland, Cessnock, Muswellbrook, Singleton, Upper Hunter, Dungog	Jeder Institute
			Neami National
	Central Coast ALM	Wyong/Tuggerah	Yerin
HNCC	NNSW MNC NE	Tamworth, Armidale, Moree Plains	Tamworth Family Support Service
			Byamee Proclaimed Place
			Homes North
			KOIOP Connect
			Pathfinders
HOW	MFWWNSW	Albury, Greater Hume	Yes Unlimited (in Albury/Wodonga)
		Deniliquin	St Vincent de Paul
Housing Trust	ISSNSW	Wollongong, Shellharbour	Neami National
			Wollongong Emergency Family Housing
Link Wentworth (Northern)*	SSENS	Northern Beaches, Willoughby	Mission Australia
			Catholic Care, Diocese of Broken Bay
			Salvation Army
Metro	SSENS	Sydney	Haymarket Foundation
			Newtown Neighbourhood Centre
			Salvation Army
			Launchpad Youth
Pacific Link	HCC	Central Coast	Bungree Aboriginal Association
			Neami National
			Coast Shelter
			Salvation Army
SGCH	SSENS	Bayside, Georges River, Sutherland	Newtown Neighbourhood Centre
			St Vincent de Paul Society
			Salvation Army
SCCH	ISSNSW	Shoalhaven, Eurobodalla, Bega	St Vincent de Paul

Table 11: CHPs, support providers and regions *(continued)*

CHP	District	Primary delivery locations	Support provider
Combined housing and support			
Evolve	SWS and WSNBM	Liverpool/Fairfield (not Cumberland or Canterbury/ Bankstown) and Parramatta, Penrith, Blacktown	Evolve
Housing Plus	MFWWNSW	Bathurst, Cabonne	Housing Plus Support (registered SHS provider)
Hume	SWS	Liverpool/Fairfield	Hume
Link Wentworth (Western)*	SSENS	Hornsby	Link Wentworth
MAH	NNSW MNC NE	Coffs Harbour	Mission Australia Community Services
NCCH	NNSW MNC NE	Lismore, Tweed, Byron, Clarence Valley	NCCH
Women's Housing Co.	SSENS	Sydney	Women's Housing Co.

* *Although they are the same organisation, Link Wentworth Northern and Link Wentworth Western are listed separately because they use different models to provide support to THP clients.*

Source: Authors.

CHPs' views on the efficacy of separating housing and support varied. Some were deeply committed to the Housing First principle of separating housing and support to ensure their independence and that tenants would not be at risk of losing support and tenancy at the same time if one or other broke down.

Other CHPs identified a range of benefits that arose operationally and in terms of being able to respond early and effectively to any client issues. These included better value for money, lower administration costs and eliminating subcontracting agreements. 'Quality control' by directly employing staff who have experience working with people with complex needs, previous experience delivering SHS and previous challenges working with external support providers were also cited as reasons for in-house service provision.

> *The complexity of the street-sleeping client means that it is important to keep all facets [including support work] within the CHP. This allows more responsive action when issues arise (early intervention). It also provides a greater focus on long-term outcomes and sustaining tenancies as opposed to crisis management and 'putting out fires'. (CHP)*

6.4 Communication

Good communication between CHPs and support providers was important for the early identification of issues relating to either housing or support. The evaluation found that CHPs and support providers communicated frequently about client and support needs.

The survey asked CHPs and support providers how often they communicated with one another (Table 12). Survey responses showed that CHPs and support providers were in frequent contact, most often several times per week.

Table 12: How often do you communicate with the CHP or support provider?

	Support provider responses		CHP responses	
	Count	%	Count	%
As needed	1	3	2	17
Weekly	6	20	1	8
Fortnightly	6	20	1	8
Several days a week	17	57	8	67
Total	**30**	**100**	**12**	**100**

Source: Authors.

CHPs used a variety of approaches to communicate about the tenancy with support providers. Frequent regular scheduled and ad hoc communications (face to face, over the phone or via electronic means) were highlighted as being important to identify issues early and manage tenancies.

> *[Some] THP tenants [experience issues] that would normally see them rejected from TA or terminations issued. (CHP)*

Ways of communicating included:

- regular support coordination meetings or a support coordination team to communicate and liaise with support providers, tenancy / housing managers and THP staff, to discuss tenancy and support, client needs, and issues impacting the program as a whole
- governance meetings to monitor partnership progress and outcomes
- updates through CRAG meetings
- regular reporting
- placing a notice in the CHP's tenancy system for all THP participants to contact external support providers for any tenancy concerns
- regular liaison between the CHP and support provider regarding rent, tenancy issues, concerns and risks.

7. Intake, referral and assessment

- The rapid pace of the implementation during T1 impacted intake and referral processes. This meant that important client information was often not available—for example, VI-SPDAT, support needs, risk assessments—and some clients were housed before supports were in place.
- In T1, only nine CHPs agreed that intake and assessment had provided them with sufficient information to provide appropriate housing and support. This improved considerably for T2, T3 and the ALM, when most CHPs agreed they had enough information to plan for housing and support.
- Overall, 75 per cent of support providers agreed that the intake and referral process had provided them with enough information to deliver adequate support.
- Overall, most CHPs (95%) thought their CRAG was effective.
- Support providers thought that the CRAGs, DCJ and Homelessness NSW provided good support in the implementation phase of THP.
- Only 10 responding CHPs indicated that their CRAG included Aboriginal representation, indicating a need to improve cultural representation.
- CRAG effectiveness depended on each district's prior experience in working cooperatively with CHPs, and benefitted where there were pre-existing working relationships across the district or with other Housing First programs.
- High Needs packages were administered independently through Homelessness NSW and the High Needs Assessment Panel. Consultation participants noted that the independence of the High Needs Assessment Panel from DCJ was a strength.

- **CHPs and providers sometimes struggled to complete the required assessment tools—VI-SPDAT, personal wellbeing index (PWI), Living Skills Assessment—within required timeframes.**
- **Delays in administering the VI-SPDAT to some clients meant that the intended use of the tool as a baseline assessment against which to measure client progress was not possible.**

This section of the report assesses how well the intake, assessment and referral processes for the THP worked, including the role and effectiveness of the CRAGs, the High Needs Assessment Panel and assessment tools. The evaluation finds that despite some of the difficulties experienced due to the time pressures of T1, intake and assessment worked well overall.

7.1 Client Referral and Assessment Groups (CRAGs)

Locally based CRAGs were a key mechanism to facilitate intake and referral into the THP.

7.1.1 CRAG function and composition

The program guidelines stipulated that each CHP was required to be part of a CRAG to ensure a transparent assessment and prioritisation process, and to manage referrals.[29]

The CRAGs were led by the SHMT CHP in SHMT locations, and by DCJ in non-SHMT locations. To ensure diversity of representation, guidelines stated that CRAGs should include DCJ or SHMT CHPs, the CHP delivering the program, local support provider/s, local Aboriginal representation and additional members as required—for example, representatives from the local health district.

The role of the CRAGs was to assess all referrals into the THP, including if referral needed to be made to the High Needs Assessment Panel (see Section 7.2) or other DCJ products. CRAGs were also to explore whether a participant would use the one person, one plan principle (see Section 4.1.8).

CRAGs were particularly important while THP packages were being allocated. Program guidelines foresaw that once all packages had been allocated, the frequency of CRAG meetings would be reduced and CRAGs could be re-formed to:

- plan the longer-term exit housing options for participants
- discuss re-engagement with evicted or exited clients (if raised by CHPs/support providers)
- discuss flexible use of funding or remaining funding after program exits (if raised by CHPs)
- discuss other matters as required.[30]

Note that a review of the function and sustainability of the CRAGs was being undertaken by DCJ at the time of writing, including a review of the Terms of Reference.

CRAGs were also important in the governance of the THP, as they could be used to escalate issues—for example, systemic issues—through the local PDG and to the Steering Committee, if required.

29 Together Home Program Guidelines, May 2022.
30 Together Home Program Guidelines, May 2022.

The Western Sydney and Nepean Blue Mountains District had an Accommodation Options Panel (AOP) instead of a CRAG. Membership of the AOP comprised representatives from DCJ Commissioning and Planning (Secretariat), DCJ Housing, CHPs, support providers, Neami National and NSW Health. The AOP was not designed specifically for the THP, but was a space for any type of homelessness or crisis referral to be raised and discussed.

Table 13 sets out districts, THP providers and their CRAGs.

Table 13: CRAG districts and providers, current August 2022

District	Providers in CRAG	Convenor of CRAG
HCC	Pacific Link	Pacific Link
HCC – ALM	Yerin	Yerin
HCC	HiP	HiP
HCC	Hume	Hume
ISSNSW	Housing Trust	ISSNSW District
ISSNSW	SCCH	SCCH
MFWWNSW	Housing Plus	Housing Plus
MFWWNSW	Argyle, HOW	MFWWNSW District
NNSW MNC & NE	CHL	CHL
NNSW MNC & NE	Homes North, Tamworth Family Support Service, Koiop Connect Ltd	Homes North
NNSW MNC & NE	MAH	MAH
NNSW MNC & NE	NCCH	NCCH
SSESNS	Bridge, Women's Housing Co, Metro, Link Wentworth, SGCH	SSENS District
SWS	Hume, Evolve	SWS District
WSNBM	Evolve	WSNBM District

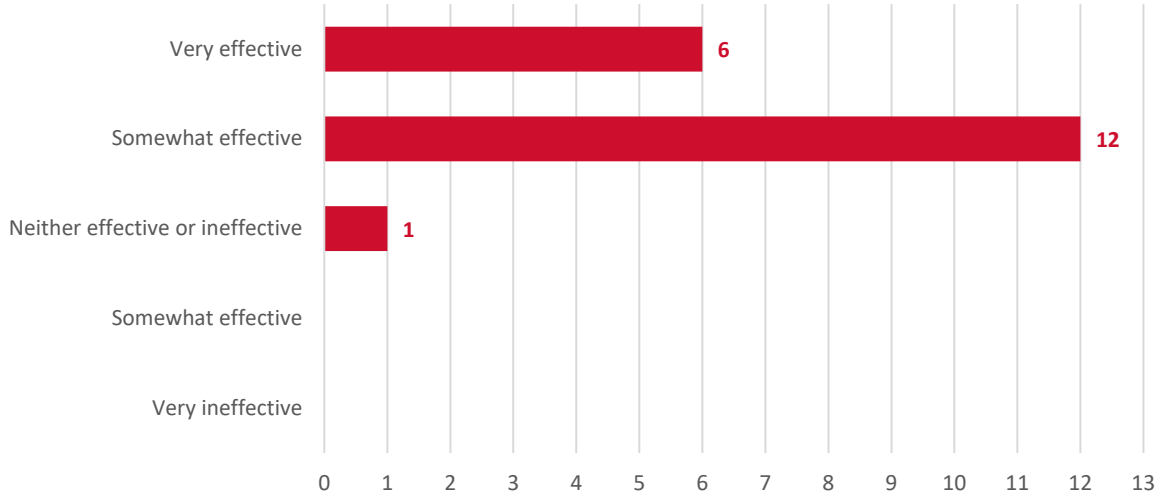
Source: DCJ.

7.1.2 How well did the CRAGs work?

CHPs and support providers had a diversity of experience with CRAGs. In the survey, support providers commented that the CRAGs and DCJ provided good support in the implementation phase of THP, and were grateful for the support they received from Homelessness NSW. Comments made by CHPs highlighted that there was great diversity between the different CRAGs, with the effectiveness considered to be dependent on the prior experience of each district in working cooperatively with CHPs.

Overall, survey results showed that most CHPs (95%) thought their CRAG was either very effective or somewhat effective (Figure 7).

Figure 7: Was your local CRAG an effective mechanism?

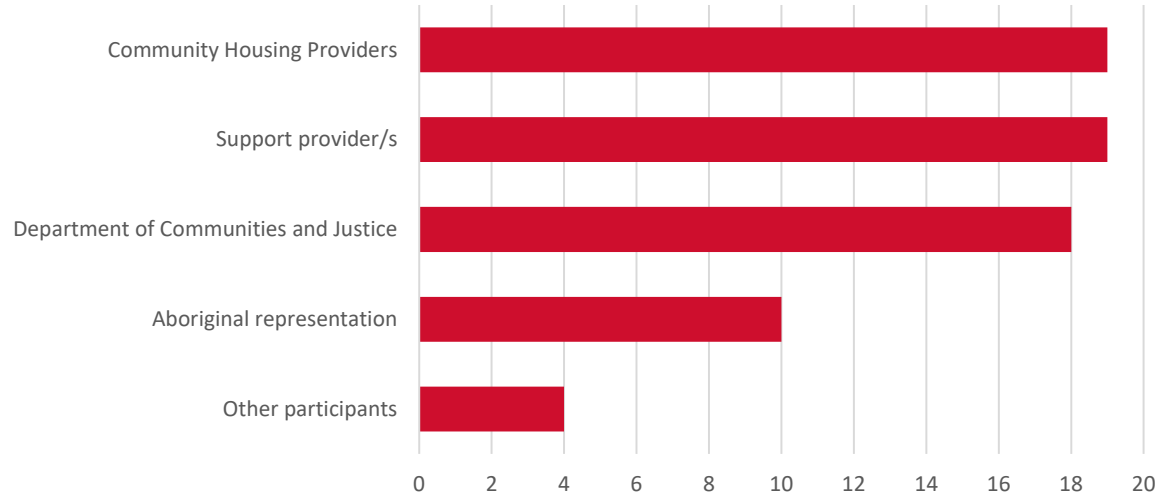


Note: N=19.

Source: Authors.

Survey data showed that most CRAGs included representatives from CHPs, support providers and DCJ (Figure 8). However, only 10 responding CHPs indicated that their CRAG included Aboriginal representation, despite the need for this being stipulated in the program guidelines.

Figure 8: What was the composition of your local CRAG?



Note: N=19, multiple selections allowed.

Source: Authors.

CHPs commented that the multi-disciplinary aspect of CRAG meetings worked well, and that they were an effective wrap-around holistic approach to assessment of referrals. However, the multi-disciplinary teams did not work so well in some CRAGs, and stakeholders felt that there was a lack of support and knowledge in DCJ District teams for the overall delivery of the THP and ongoing governance.

CRAGs benefitted where there were pre-existing working relationships across the district and, in some instances, with other Housing First programs. The presence of providers who had a previous relationship with the client and were able to discuss client barriers, support needs and aspirations allowed for questions to be directly asked of people with knowledge of the client. Referrals from support providers worked particularly well, as they were able to provide in-depth background information and relevant details about future needs.

CHPs appreciated DCJ coordination of the CRAG process in terms of facilitating meetings, taking minutes and sending referrals to providers.

CRAGs struggled to make appropriate referrals when insufficient information was provided on the referral form and where representatives did not have enough knowledge about prospective clients. This issue was more prevalent during T1 due to the rapid implementation timelines than in later tranches. CHPs noted difficulties with referrals from DCJ when the person being referred had significant debt owing to the receiving CHP and there was an expectation that the CHP would absorb this.

7.2 High Needs Assessment Panel

High Needs Packages were administered through Homelessness NSW and the independent High Needs Assessment Panel, which included a clinical health expert, a housing expert, an Aboriginal representative with expertise in homelessness, a representative with support expertise in homelessness, and a representative from DCJ.

The purpose of the High Needs Assessment Panel was to prioritise and allocate the funding for the High Needs Packages. According to the THP Guidelines[31], High Needs Packages aimed to promote personal recovery and social inclusion through the provision of additional case management and specialist services.[32]

7.2.1 How well did the High Needs Assessment Panel work?

The evaluation found that the High Needs Assessment Panel was implemented and operated by Homelessness NSW as set out in the program guidelines. Consultation participants noted that the independence of the Panel from DCJ was a strength. Both CHPs and support providers were appreciative of the training and support they received from Homelessness NSW for High Needs Package applications.

> *Good support from Homelessness NSW with assistance on questions about the application and feedback about each application. (CHP)*

> *There was a great deal of advocacy going on between Homelessness NSW and DCJ which was very appreciated. (CHP)*

> *Great communication between Homelessness NSW and support provider. (Support provider)*

Support providers and CHPs had diverse experiences when applying for High Needs Support packages. Many support providers found the support they received to understand and apply to the High Needs Assessment Panel helpful.

> *Homelessness NSW has been fantastic in assisting with implementation of High Needs Packages and facilitating Communities of Practice for specialist homelessness services. (Support provider)*

However, some CHPs and some support providers struggled with the application process for High Needs Packages (see Section 11).

31 Together Home Program Guidelines, May 2022.
32 https://homelessnessnsw.org.au/project/together-home-high-needs-packages/.

7.3 Assessment tools

The THP used several assessment tools to ascertain clients' vulnerabilities, needs and capacity at intake, as well as to monitor client progress in the program. These included the VI-SPDAT, Together Home Living Skills Assessment, and the Personal Wellbeing Index (PWI) (see Appendix 3 for a full list of tools used).

7.3.1 VI-SPDAT and By-Name-List

The By-Name-List (BNL) was developed as part of the NSW Government's partnership with the End Street Sleeping Collaboration (ESSC) and aims to halve street sleeping in NSW by 2025. The BNL is a case-coordination system that holds important information on people street sleeping in NSW. It can be used by organisations to match people with the most appropriate housing and support agencies, and aims to ensure that clients do not have to repeat their stories to different agencies and service providers. People on the BNL have a completed Vulnerability Index-Service Prioritisation Decision Assistance Tool (VI-SPDAT).

The VI-SPDAT is a survey that gathers information about the housing and support needs of people. It can be used to assess and triage people with experience of homelessness to identify their current vulnerabilities and risks to housing stability. For clients referred into the THP who had a completed VI-SPDAT, this assisted the CRAG discussions about prioritisation and support needs. However, not all clients referred to the THP had a completed VI-SPDAT, and stakeholder consultations showed that there was sometimes a considerable time lag between when a client was admitted to the THP and when the VI-SPDAT was completed. This meant that the intended use of the VI-SPDAT score as a baseline assessment against which to measure client progress through their participation in the THP was not possible. In addition, as noted in the Baseline Report, monitoring and evaluation of the program did not capture VI-SPDAT score at the client level, which limits the tool's utility in terms of assessing client outcomes.

7.3.2 Together Home Living Skills assessment

Refer to Section 9.7 for further information on the Together Home Living Skills assessment.

7.3.3 Personal Wellbeing Index

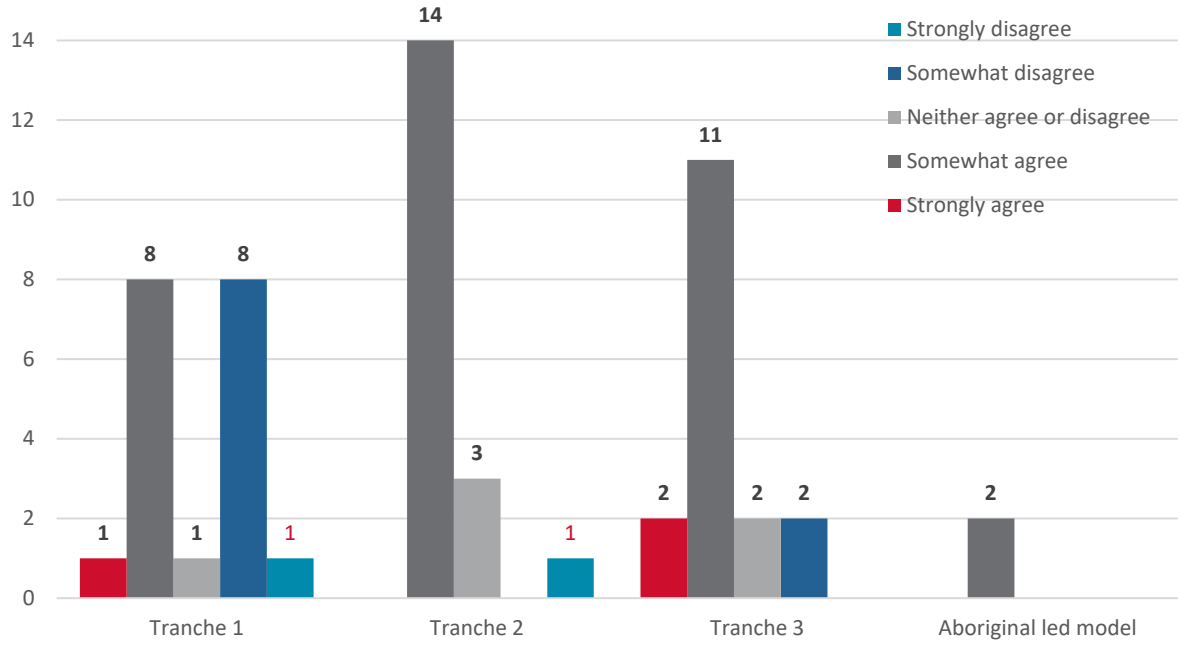
Refer to Section 9.9 for further information on the Personal Wellbeing Index (PWI).

7.4 How well did intake, referral and assessment work?

The rapid pace of the implementation during T1 impacted intake and referral processes. Referrals initially came from DCJ and CHPs providing TA. The DCJ District Team reviewed referrals at a high level and assigned them to CHPs ahead of CRAG meetings. While this made for rapid process, it also meant that there was little opportunity to fully understand clients' situations, housing and support requirements.

Survey data demonstrated some of the challenges that CHPs experienced because of the rapid implementation of the first tranche of the THP. Nine CHPs disagreed that the process provided them with sufficient information to provide appropriate housing and support during T1 (Figure 9). However, this improved considerably for T2, T3 and the ALM, when most CHPs agreed they had enough information to plan for housing and support.

Figure 9: Intake and referral process gave CHPs adequate information to provide clients with appropriate housing and support?



Note: N=19.

Source: Authors.

Often, clients had not completed a VI-SPDAT. Some clients were unaware a referral had been made for them, which delayed engagement process and acceptance into program. Some CHPs reported difficulties in engaging clients to complete assessments for referral and intake—such as completing the VI-SPDAT and PWI assessments—because of the complexities experienced by clients and non-commitment to keeping appointments.

Some CHPs reported difficulty in obtaining all information required for a housing application, as some clients did not have the required documents, had literacy and numeracy issues, experienced challenges with online applications, or struggled to have the concentration and patience for a phone application.

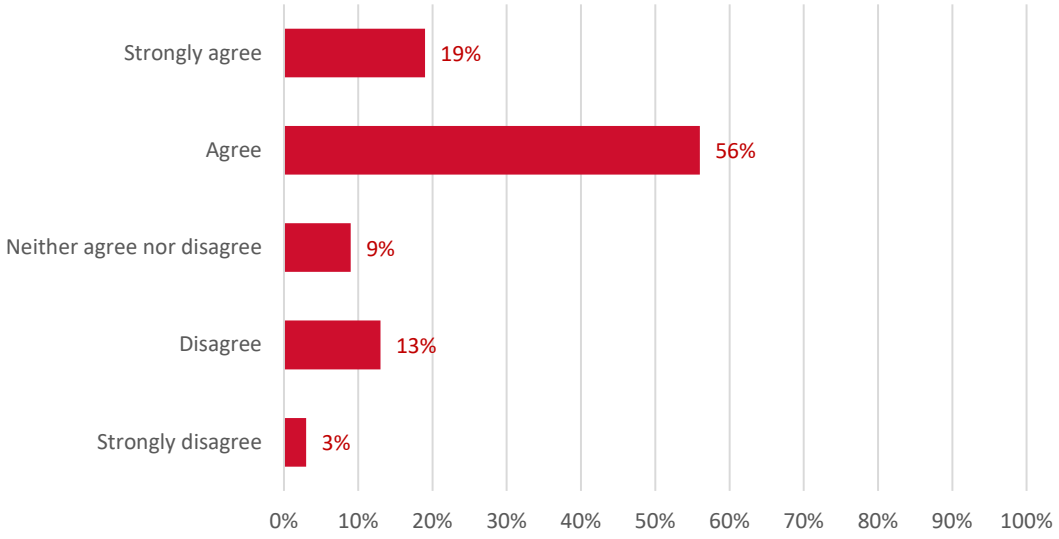
CHPs reported that pressures to house clients quickly meant that sometimes vital information about client complexity, safety and violence risks was not available, and that there was pressure to house people before supports were in place. CHPs reported that, during T1, important client information was often not available until the CRAG meeting and therefore CHPs did not have sufficient time to assess the viability of referrals and felt pressure to accept clients without being able to ascertain if this was the best option for them.

> *[The] fast-paced nature of rollout meant that CHPs experienced tight timeframes on housing people, and clients felt pressured to take properties that were not always suitable. This eventually led to an increase in requests for transfers, in a program where the housing transfer process was not streamlined. (Support provider)*

By T2, the prework and referral information process had greatly improved. By having this prework in a timely and thorough manner, CHPs had a greater understanding of the challenges faced by the client and were able to provide better quality support and engagement. It also helped to avoid unsuccessful exits, as clients who were unwilling to engage with the support aspect of the program were identified early at the CRAG, before entering the program.

The survey asked support providers whether the intake and referral process for the THP provided them with adequate information. Most (75%) respondents either agreed or strongly agreed that the intake and referral process had provided them with enough information to deliver adequate support to THP clients (Figure 10).

Figure 10: Intake and referral process provided support providers with adequate information



Note: N=32.

Source: Authors.

However, consistent with comments from CHP representatives, comments made by some support providers highlighted that sometimes the referral information was insufficient—especially during T1—and provided limited information about risk and safety-planning needs.

> *More detailed referrals would provide the support [with] a clearer picture of the client … what supports are currently in place, income, any mental/physical health issues, etc. (Support provider)*

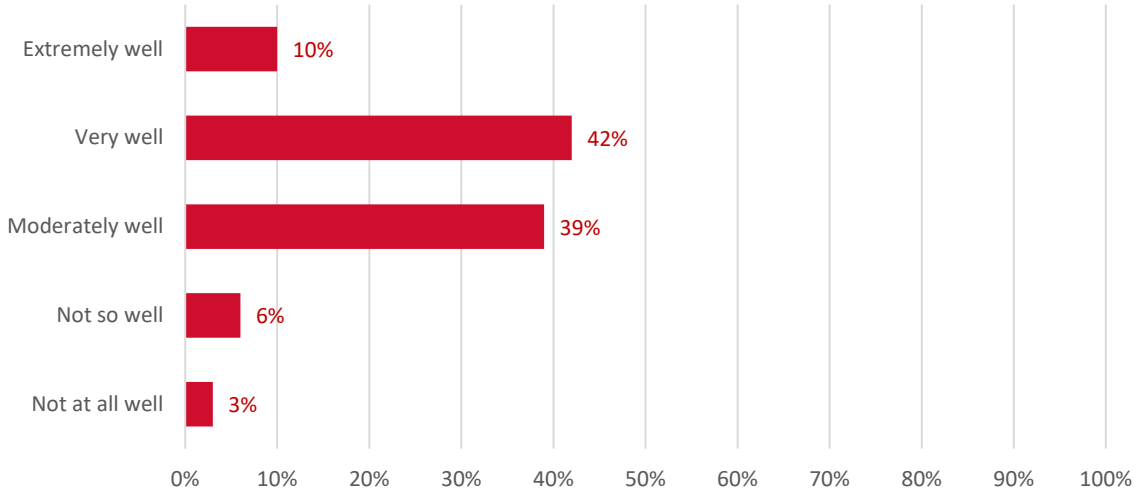
> *When the client is not known to us, the information we receive is limited. [We] only receive the nomination form and the VI-SPDAT, which is limiting in terms of the client's history and needs. (Support provider)*

In most cases, THP participants were referred through the weekly CRAG meetings or AOP by DCJ. In T2 and T3, referral pathways were broadened to include DCJ, housing providers, support providers and other external agencies.

> *The intake and referral process worked well, as the clients got to meet all of the services that are involved. (Support provider)*

More than half (52%) of support providers thought the referral process from CHPs to their organisation worked extremely well or very well, with a further 39 per cent indicating the process worked moderately well (Figure 11).

Figure 11: Support provider perceptions of how the referral process of clients from CHPs to support providers worked



Note: N=31.

Source: Authors.

Comments highlighted that support providers felt the intake and referral process supported relationship building.

> *The ability of our support provision to commence/be offered to participants early on allowed for relationship building to be front and centre. (Support provider)*

> *The intake and referral process gave the support staff an opportunity to build relationships with the participant. (Support provider)*

> *Warm handovers with referrers allowed for clients to gradually transition to new support providers, and gave a chance for referrers to provide further information that potentially wasn't provided in the nomination. (Support provider)*

Most (88%) responding support providers had been involved in their local CRAG, and found that the CRAGs worked well and supported the referral process and provided opportunities for networking.

> *Lots of advice and information that was shared and utilised and would result in better outcomes for clients. (Support provider)*

> *Group discussion to support other services that may have been struggling working with a client and offering other ideas on types of support. (Support provider)*

> *[The CRAG was a forum for] decision-making, troubleshooting, guidance and reflective practice, community engagement, knowledge bank. (Support provider)*

> *Having the CRAG be an open group for DCJ, CHP, support and referrers has seen better outcomes earlier on for us too. (Support provider)*

Support providers highlighted areas for improvement, such as the need for greater consultation regarding client referrals, and the need to consistently conduct VI-SPDAT assessments.

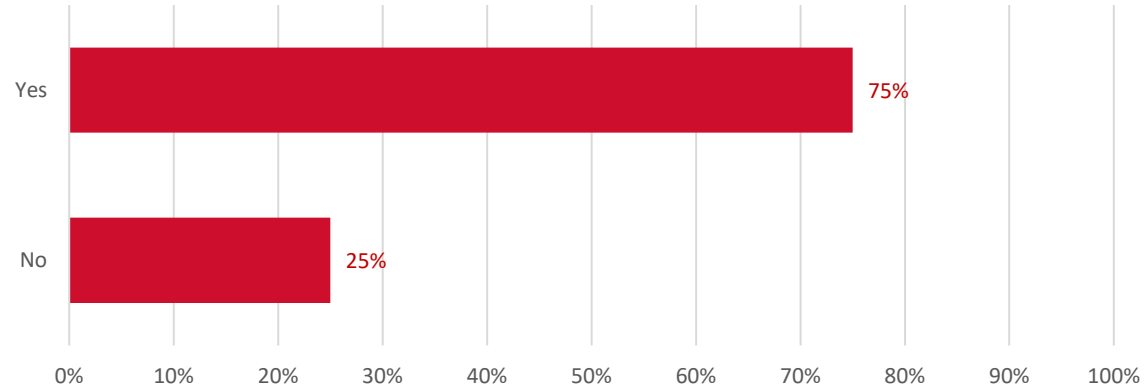
> *[It] does not work well when not enough information is available and what is presented is limited, i.e. on clients' living skills, mental health, safety concerns. (Support provider)*

Comments highlighted the importance of support providers being present at CRAG meetings.

> *The collective holding of participants was really helpful and it meant that even when someone was not suited for or accepted into the program, we could make a plan for support together, often with a focus on Housing First principles and more intensive support. (Support provider)*

Another aspect that facilitated smooth integration of THP clients with support services was that many support providers (75%) had pre-existing relationships with clients (Figure 12).

Figure 12: Support providers had pre-existing relationships with program participants



Notes: N=32.

Source: Authors.

8. Housing and housing outcomes

- **The THP housed 1,092 clients—which was 81 per cent of all referrals.**
- **A high 74 per cent of clients housed sustained their tenancies.**
- **Only 48 per cent of referrals were housed within four weeks, which was 74 per cent of the program target of housing 80 per cent of referrals within four weeks.**
- **The THP expects CHPs to absorb clients into their long-term housing portfolios and CHPs have a strong commitment to doing so, but only 60 per cent of clients had a long-term housing plan in place.**

This section of the report presents housing outcomes achieved by the THP based on program data, survey results and information gathered from stakeholder consultations. It also provides contextual information about housing outcomes and the limitations of the headleasing model as a way to provide additional social housing in constrained housing markets.

The shortage of affordable, appropriate and available housing was a key factor that affected the implementation and operation of the THP. Despite this, the data shows that the THP had very high rates of tenancy sustainment and engagement with wrap-around supports.

8.1 Housing placements

The program produced strong outcomes in terms of housing clients and sustaining tenancies (Table 14). Across all tranches and the ALM, the program housed 1,092 clients, or 81 per cent of all program participants; 74 per cent of these had sustained their tenancies at January 2023.

There were high numbers of accepted referrals into the THP across all tranches and the ALM. The number of referrals accepted into the program exceeded the number of packages available (target) (Table 14). This was because when clients exited the program, their packages were reallocated to new clients. By January 2023, 132 per cent of T1 packages, 120 per cent of T2 packages, 110 per cent of T3 packages and 103 per cent of ALM packages had been filled.

Table 14: Housing outputs and outcomes, cumulative data, January 2023

		Outputs						Outcomes	
		Accepted referrals	People housed	Housed within 4 weeks of referral	Housed within 6 weeks of referral	People with support provider support plan	People with a long-term housing plan	% People who remained housed after being housed initially	% People remaining engaged with a support provider
Target KPI		All packages	All clients referred	80% of all clients	20% of all clients	All clients referred	All clients referred	(KPI = 60% T1, 80% others)	Accepted referrals
T1	Target	404	535	371	93	535	535	60%	n/a
	Actual	535	464	282	70	515	321	55%	57%
	Actual as % of target	**132%**	**87%**	**76%**	**75%**	**96%**	**60%**	**91%**	**n/a**
T2	Target	400	481	322	80	481	481	80%	n/a
	Actual	481	402	233	58	476	328	86%	75%
	Actual as % of target	**120%**	**84%**	**72%**	**72%**	**99%**	**68%**	**108%**	**n/a**
T3	Target	275	303	164	41	303	303	80%	n/a
	Actual	303	205	116	18	293	205	95%	77%
	Actual as % of target	**110%**	**68%**	**71%**	**44%**	**97%**	**68%**	**118%**	**n/a**
ALM	Target	35	36	17	4	36	36	80%	n/a
	Actual	36	21	15	2	36	24	90%	59%
	Actual as % of target	**103%**	**58%**	**89%**	**48%**	**100%**	**67%**	**113%**	**n/a**
All tranches & ALM	Target	1114	1355	874	218	1355	1355	n/a	n/a
	Actual	1355	1092	646	148	997	812	74%	76%
	% of target reached	**122%**	**81%**	**74%**	**68%**	**74%**	**60%**	**n/a**	**n/a**
	% of all clients referred	**100%**	**81%**	**48%**	**11%**	**74%**	**60%**	**n/a**	**n/a**

Source: DCJ.

Most clients referred and accepted in T1 and T2 were housed (87% and 84% of the program target respectively). However, at the time of reporting, only 68 per cent of clients in T3 and 58 per cent of those referred and accepted to the ALM were housed. This fell short of the target of housing all accepted clients. This reflects the highly competitive and expensive rental markets that affect the headleasing model and increase the amount of time it takes to find suitable accommodation for clients.[33]

33 https://sqmresearch.com.au/graph_vacancy.php

8.2 Rapid rehousing

The THP struggled to rapidly house clients; overall, only 48 per cent of all clients referred to the THP were housed within four weeks. Program data to January 2023 showed that across all tranches, the THP did not achieve the target of housing 80 per cent of accepted referrals within four weeks:

- T1: 76 per cent
- T2: 72 per cent
- T3: 71 per cent
- ALM: 89 per cent (Table 14).

Figures on the proportion of remaining clients that were housed within six weeks showed that the THP again struggled to meet the target. In T1, 70 clients out of the target of 90 clients (75%) were housed within six weeks of referral; this was 72 per cent for T2, 44 per cent for T3 and 48 per cent for the ALM.

This was because the program operated in a housing-poor environment, which limited the efficacy of the headleasing model (see Section 8.5). Challenges included a lack of housing stock in private rental markets, high costs, and low vacancies in private rental markets. Delays in placing clients into longer-term housing meant that TA allocations were used up. Overall, a lack of suitable and available housing was the biggest obstacle to rapidly housing clients.

> *[A] severe shortage of housing stock has been the biggest challenge. We have had clients housed in temporary accommodation for in excess of 80 days while waiting for properties to become available. The housing stock availability is an issue across the entire Central Coast region … Another barrier is [that] private real estate agents/companies are reluctant to headlease to social housing clients as they can make greater income from keeping properties in the private rental market. This further disadvantages our clients who cannot compete with private rental costs. (Support provider)*

CHPs' ability to source housing in the private rental market was also impacted by real estate agents being unwilling to lease to THP clients, and the reputational risk to CHPs if leases encountered problems.

> *When agents/owners were made aware of any negative issues such as poor property care, hoarding, visitors, there was limited time for us to assist tenants to address the concerns. We tried advocating for clients while maintaining a relationship with the agent, which impacts and has a flow-on effect to other leasehold programs in the organisation, like the CHLP. This further caused distress and feelings of insecurity and instability for the tenant … In capital properties, there was more stability of tenure for supporting tenants with complex issues. Capital options became the focus for providing housing solutions; however, this was dependent on availability of capital stock at any given time. In later tranches, there has been a significant delay with sourcing leaseholds or capital options. Acceptance into the program is hopeful and optimistic at first, but the delay in housing turns into frustration and impacts support service delivery. Participants with significant mental health concerns are not able to engage with therapeutic mental health intervention without stable housing. (CHP)*

Again, the limited success of the rapid rehousing element of the THP relates to systemic issues within the housing and homelessness systems.

8.3 Access to long-term housing

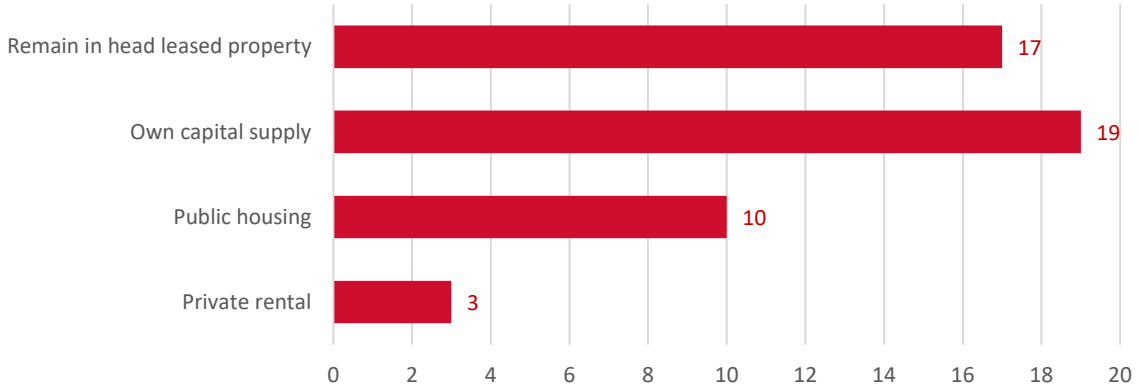
We committed to provide all THP participants with long-term housing either in leasehold properties or in our capital supply where there is a more appropriate option. (CHP)

The THP expects CHPs to absorb clients into their long-term housing portfolios and CHPs have a strong commitment to doing so. However, CHPs noted that systemic issues—such as a shortage of appropriate, secure and available housing—constrained their ability to effectively transition clients to long-term housing.

Cumulative program data to January 2023 (Table 14) shows that, a narrow majority of clients referred and accepted across the three tranches had a long-term housing plan in place (60% T1, 68% T2, 68% T3, 67% ALM).

Survey data (Figure 13) shows that only a small minority of CHPs expected they would house clients in private rental when they exited the THP (16%). All CHPs intended to house clients in their own capital supply (100%) in headleases (89%) and in public housing (53%).

Figure 13: CHP intention to house clients after they exit THP



Note: N=19; multiple responses allowed.

Source: Authors.

Stakeholder comments illustrate the significant challenges associated with the availability of suitable long-term housing and operating a Housing First program within a system that is not oriented towards Housing First principles.

There is a need for more capital stock due to complexities and clients' ability to maintain private rentals long-term, after the program. (CHP)

We need a supported exit strategy that is funded. COVID and the housing market have minimised some of the work we could have done with clients, and has increased their barriers. To transition people now feels too early, based on their experience in the program, time taken to find housing, the fact that the house may not have been suitable due to [the] housing market. (CHP)

To support clients and minimise disruption, we intend to absorb the majority of existing THP leaseholds into the general CHLP portfolio, but can only do this when the quota allows. We intend to use THP funding flexibly to enable some properties to remain being funded by THP beyond the two-year period if there is no room in the CHLP quota at the time of program end. We will move some clients to capital supply at or before the end of the two-year program period, where that housing type is more suitable for their ongoing tenancy sustainability. (CHP)

8.4 Tenancy sustainment and engagement with support

Program data show that a very high proportion of THP clients remained housed after first receiving housing through the THP. The percentages of clients who sustained their tenancy were:

- T1: 55 per cent
- T2: 86 per cent
- T3: 95 per cent
- ALM: 90 per cent (Table 14).

With the exception of T1, the THP exceeded its target of sustaining 80 per cent of the tenancies of those THP clients who were initially housed by 108 per cent in T2, 118 per cent in T3 and 113 per cent in the ALM. T1 narrowly missed its target (91% of target achieved) of sustaining the tenancies of 60 per cent of people initially housed. This is likely due to the time-pressured rollout of T1; the fact that intake and assessment processes were still being refined; and, in some instances, supports were still being put into place as the program was being rolled out.

Program data show that by January 2023, a substantial proportion of THP clients across all tranches remained engaged with their support provider (Table 14). This was 57 per cent for T1, 75 per cent for T2, 77 per cent for T3, and 59 per cent for the ALM.

These figures attest to the effectiveness of the THP model in producing housing outcomes, and the willingness of clients to engage with offered supports to achieve and sustain housing as well as non-housing outcomes (see Section 9).

8.5 Limitations of the headleasing model

The effectiveness of the headleasing model in procuring the housing needed for THP clients varied depending on the local housing market. The headleasing model was effective in markets with sufficient rental vacancies and available appropriate housing stock (see Section 15). Overall, the effectiveness of the headleasing model as a source of housing for THP was constrained due to a confluence of factors, including the following:

- Many of the housing markets within which THP CHPs operated were highly competitive and had very low vacancy rates in the private rental market (<1%). This was in part due to the impact of COVID-19 and the housing shortage affecting rental markets generally. This severely constrained the availability of appropriate properties in some areas and pushed up rental prices.
- The large number of headleased properties required by the THP placed additional pressures on the market for affordable rental properties.
- The THP competed with other headlease programs operated by DCJ in the same housing markets; sometimes the different programs were delivered by the same CHP. Headleasing programs also face competition from other low-income private renters.
- In addition, headleases entailed reputational risk to CHPs arising from property damage and tenant behaviour.

Overall, this highlights the limitations of the headleasing model to supplement social housing in markets with limited supply of affordable housing, which affected the program's ability to rapidly house clients (see Section 8.2).

In response, the leasehold model was amended to enable CHPs to house more clients in their own capital stock. In T2, the Transition Program was introduced to supplement the amount of available capital stock (see Section 4.1.11).[34]

Due to these challenges, CHPs placed more clients in capital properties than had been anticipated.

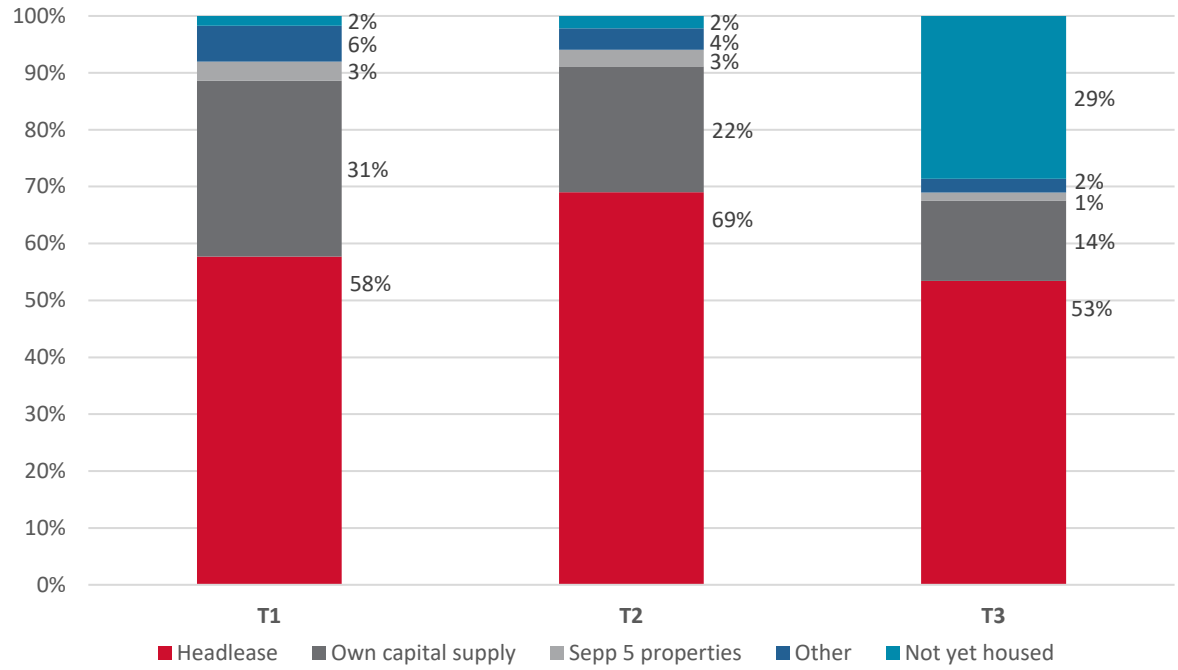
34 A full evaluation of the Transition Program will be provided in the Final Evaluation Report.

Clients are not able to exit into private rental, so we are committing to house them mostly in headlease properties. This puts pressure on our existing CHLP and ongoing pressure to absorb. While Housing First through headleasing is [an] important part of rapidly housing street homeless, there needs to be investment in development of new capital stock rather than pumping money into [the] private rental market, further inflating prices and increasing demand on an already stretched system. (CHP)

Despite the initial program aim to have all people in headleased properties, the private rental shortage has prevented this and the majority [of clients] are in [our] capital stock, especially all … people in Tranche 3. (CHP)

Data from the survey of CHPs showed that most clients were housed in headleased properties (58% in T1, 69% in T2, 53% in T3) (Figure 14). However, a substantial proportion of clients were housed in CHPs' own capital supply (31% in T1, 22% in T2, 14% in T3). The remainder were housed in SEPP 5 properties, other forms of tenure (including public housing), or were not yet housed.

Figure 14: How CHPs house THP clients, current August 2022



Note: The high proportion of unhoused clients in T3 reflects that this tranche had only just begun at the time of the survey intake. Based on CHP responses to the survey: T1 N=350 dwellings; T2 N=371; T3 N=206. One CHP did not supply this data.

Source: Authors.

Almost all CHPs commented on the difficulties associated with successfully implementing the headleasing model.

Headlease properties were difficult to obtain, and we rarely have vacancies in our capital supply. Housing THP clients was incredibly challenging. (CHP)

[We] had to demonstrate extreme agility and flexibility with housing participants in the timeframe required … We called on trusted relationships with real estate agents [and attempted] to mitigate [the] risk of losing these agents due to the complexity of housing and support needs our cohort demonstrated. In a rental market with less than 3 per cent vacancy rate, housing in leasehold properties with the view to transition to capital stock was not realistic. (CHP)

Stakeholder consultations and the survey of CHPs showed that private rental properties were seen to offer clients a lower degree of tenancy security than social housing dwellings. Private rental properties were not seen as the most appropriate type of housing for some cohorts within the THP—for example, those experiencing high and complex needs, exhibiting behavioural issues, or with limited tenancy skills. This highlights the importance of having a mix of housing options for clients in the THP and to provide appropriate long-term housing after they exit the THP.

> *Headleases did not really work with this cohort. The majority of our units are in high-density complexes that were not particularly well suited to this cohort due to AoD use and significant mental health issues. (CHP)*

> *There is an extreme need for more capital stock to be available to house participants of Together Home. The complexities of some of these vulnerable people does not allow for a maintainable, long-term tenancy in private rental. (CHP)*

Headleasing also created reputational risk for CHPs, and in some instances led to high bills for property damage.

> *The program aim was to house all clients in leasehold properties and in all cases this was the first option considered. Based on input from support providers, a small number of clients were housed in capital properties to support their success. In at least one case, a client was moved from a leasehold to a capital property, and in a number of cases, we had to relocate clients from one leasehold to another, generally due to neighbour tensions and owners / agents not wanting complex-needs clients in their properties. (CHP)*

Challenges in finding housing meant that clients and CHPs sometimes had limited choice over which property clients were housed in.

> *… the service has had to evolve to get people housed rather than housed in the right house for them. [The difficult] housing market means if a house comes up that is safe and suitable, the client is offered the house … [it is] less about choice and fit. (CHP)*

8.6 Housing First principles

> *The Housing First principle has been very important in holding people in accommodation. This could be spread wider across housing systems. (CHP)*

Designing the THP around Housing First principles was a key element to its success. The innovative contracting approach used by the THP, whereby DCJ contracted CHPs directly and provided them with funds to subcontract support providers contributed to the successful approach. Here, contrary to many other homelessness programs, housing provision was at the centre of the model. Having housing enabled clients to stabilise and address other issues in their life.

> *THP introduced a key element: 'housing' that allowed for case managers to work with participants towards other goals whereas, in other programs, a large component of case management is sourcing suitable housing. (Support provider)*

> *Incorporating Housing First principles into broader support provider service delivery, we believe that this could have far-reaching benefits for people experiencing homelessness. This program has provided us with the opportunity to stop the cycle of homelessness and meet people where they are in terms of empowerment, engagement and navigating support needs. (Support provider)*

Application of Housing First principles enabled clients to break the cycle of homelessness and stabilise lives and their tenancies.

> *The largely Housing First approach allows for person-centred trauma-informed support to address factors that contribute to homelessness. THP also represents a systemic shift away from placing the onus on people experiencing rough sleeping to address their housing issues and instead recognising that homelessness stems from a lack of systemic support. (Support provider)*

Support providers noted that the Housing First approach underpinning the THP enabled them to deliver good client outcomes and work in a client-centred way.

> *Housing First principles and buy-in from CHP mean that we can progress without as much pressure as there would typically be, and clients can engage in supports and learn from setbacks without their housing being taken away. (Support provider)*

A benefit of having a large and well-publicised Housing First–informed program was that it increased the capacity of CHPs and support providers to understand and see firsthand the resulting benefits. It also increased training and development of specialisation of Housing First principles across the sector.

> *Working with THP clients [has] allowed us to see the worth in working with people in a Housing First context. Clients are able to feel stable before working on their complex needs, and this has allowed us to achieve positive outcomes with our clients and break the cycle of rooflessness. (Support provider)*

> *Housing First principles embedded in THP we consider are very positive for clients—so many examples of participants being able to independently improve their wellbeing and choices. (Support provider)*

> *More work could be done in embedding Housing First principles in a consistent manner across the state. (CHP)*

> *The Housing First principle has been very important in holding people in accommodation. This could be spread wider across housing systems. (CHP)*

> *It has been difficult to manage from a Housing First principle standpoint. The program in itself has huge potential to achieve outstanding results, but operationally there are issues. This could be better managed with two split funding streams across the CHP and the support service. CHP control within contracts is too heavy on housing adherence and housing readiness rather than supports to acclimatise people into housing and address the barriers that led to homelessness in the first place. (Support provider)*

In some instances, housing and support were delivered by the same organisation. This was feasible when there were clear boundaries between the two functions within the organisation. However, in some instances these demarcations could have been clearer.

Even where Housing First principles were faithfully implemented, there remained within the program a degree of tension between housing providers and support providers. Some support providers wished to have more control over the program and greater certainty of funding, as this would allow them to better plan the support component.

The commitment to providing clients with ongoing housing after they transitioned out of the THP set the program apart from other interventions.

> *The tenancy retention rates of the THP cohort speaks to the value of having flexible ongoing support for clients. (Support provider)*

> *THP has demonstrated the success of applying Housing First principles when responding to homelessness. (Support provider)*

Some CHPs indicated that the duration and amount of funding posed challenges to housing clients in the longer term.

> *Together Home requires community housing providers to absorb long-term social housing tenancies within a two-year timeframe in the context of low vacancy rates, that were even lower during COVID. [This] placed considerable pressure on providers. We were unable to house other at-risk clients in the service sector because of our committed focus on THP clients. This led to less women and children being housed due to under-representation of women as rough sleepers. (CHP)*

> *We, like many CHPs, argued that two years funding was too short to address issues of long-term trauma for many participants, particularly given restricted direct contacts with supports / other specialist services during COVID. (CHP)*

Issues around access to long-term housing and support in the THP arise largely because the THP is a programmatic response to homelessness rather than a systemic response. This means that the Housing First–informed program operates within a wider social housing and homelessness system that is not based on Housing First principles. Therefore, issues arise around how clients can continue to be supported in the long term once their time in the THP concludes. The THP makes a commitment to long-term housing and support and has mechanisms in place to facilitate this. However, the reality is that the level of support and the security of housing offered to clients while they are in the THP cannot be maintained to the same degree once they leave the program.

The THP has introduced the key innovation of the Transition Program to increase the secure housing options available to THP clients. However, there remain a proportion of clients who will remain in headleased properties, and these properties offer significantly less tenancy stability than do other options. This is not necessarily a shortcoming of the THP but is due to systemic and contextual factors as the program operates in a housing-poor environment. A recent editorial in the *International Journal of Homelessness* illustrates this point.

> *[…] what Housing First can actually make worse is a focus on programmatic approaches as the answer to homelessness, rather than in policies. To no small extent this lets governments off the hook for solving homelessness, they can turn the attention to the homeless-serving systems to do their work in a better way (i.e., shift to Housing First) while utterly failing to provide adequate funding for permanent supportive housing or produce an adequate supply of truly affordable housing.*[35]

35 Oudshoorn, A (2002) 'Editorial: What Housing First Makes Worse', *International Journal of Homelessness*, 2(2):1-2, https://ojs.lib.uwo.ca/index.php/ijoh/article/view/15399/12055.

9. Supports and non-housing outputs and outcomes

- **Administrative program data on support appears to be incomplete or inaccurate, which made it difficult to ascertain with any certainty the support outputs and outcomes achieved by the THP. Data from stakeholder consultations and surveys offered further information on support provision.**
- **CHPs contracted a broad range of external support providers; pre-existing relationships were a key consideration for CHPs when contracting support providers and contributed to positive support outcomes.**
- **Challenges in adapting service delivery to meet the needs of the THP client cohort included difficulties achieving and maintaining client engagement; long wait time for clinical specialist services; recruiting and retaining qualified staff; adapting to the diversity and different needs; and risk mitigation.**
- **Seventy per cent of support providers considered the amount of support provided to be completely or mostly adequate.**
- **The amount of support clients received varied; per week, high-needs clients typically received five or more hours; moderate-needs clients three to four hours; and low-needs clients one to two hours.**
- **The continuity of support once clients exited the THP after their two years in the program was a concern for CHPs and support providers.**
- **Seventy-four per cent of all clients had support provider support plans in place and 76 per cent remained engaged with a support provider while in the THP.**

- **According to administrative program data, out of 1,355 clients:**
- **395 (29%) had support plans to address access to culturally appropriate health, mental health and wellbeing services**
- **68 (5%) required referral to the NDIS within two months and 68 per cent of these were actually referred to the NDIS**
- **221 (16%) had support plans to address connection to cultural and community networks established within three months**
- **939 (69%) had living skills and tenancy management support plans, which equated to 95% of clients who were identified as needing this**
- **539 (39%) of clients who needed this had support plans for structured activities established within six months**

This section of the report presents support and non-housing outputs and outcomes achieved by the THP based on administrative program data, survey results and information gathered from stakeholder consultations. The Final Report will include a more detailed outcome evaluation with linked data and a longer measurement period.

Ensuring that clients have a support provider plan and remain engaged with a support provider is a key aim of the THP.

Key non-housing objectives for the THP are:

- **Objective 2:** Provide access to culturally appropriate health, mental health and wellbeing services.
- **Objective 3:** Rebuild family, community and cultural connections.
- **Objective 4:** Support the development of daily living and self-management skills including skills to sustain a tenancy.
- **Objective 5:** Facilitate engagement with positive structured activities such as social groups, education and/or employment.

The interim results and analysis of the administrative program data should be considered with caution. According to this data, the THP did not achieve strong non-housing outputs and outcomes (with the exception of the living skills and tenancy management plan). However, it is possible that this is due to poor data collection and record-keeping rather than a lack of outputs and outcomes achieved. This will be further investigated in the Final Report.

9.1 Types of support provided

> *An experienced team with good knowledge of case management, Housing First principles and local resources assists in meeting client goals in a person-centred way. (Support provider)*

Provision of person-centred wrap-around (non-housing) support is a key element of the THP model.

Table 14, page 80, shows that by January 2023, almost three-quarters (74%) of all clients had support provider support plans in place and 76 per cent remained engaged with a support provider while they were in the THP. This indicates a relatively high engagement with supports overall. Support plans included a broad range of issues, such as personal, psychological and practical living skills support, brokerage, advocacy, legal and financial advice, and referrals to health, education, training and employment services.

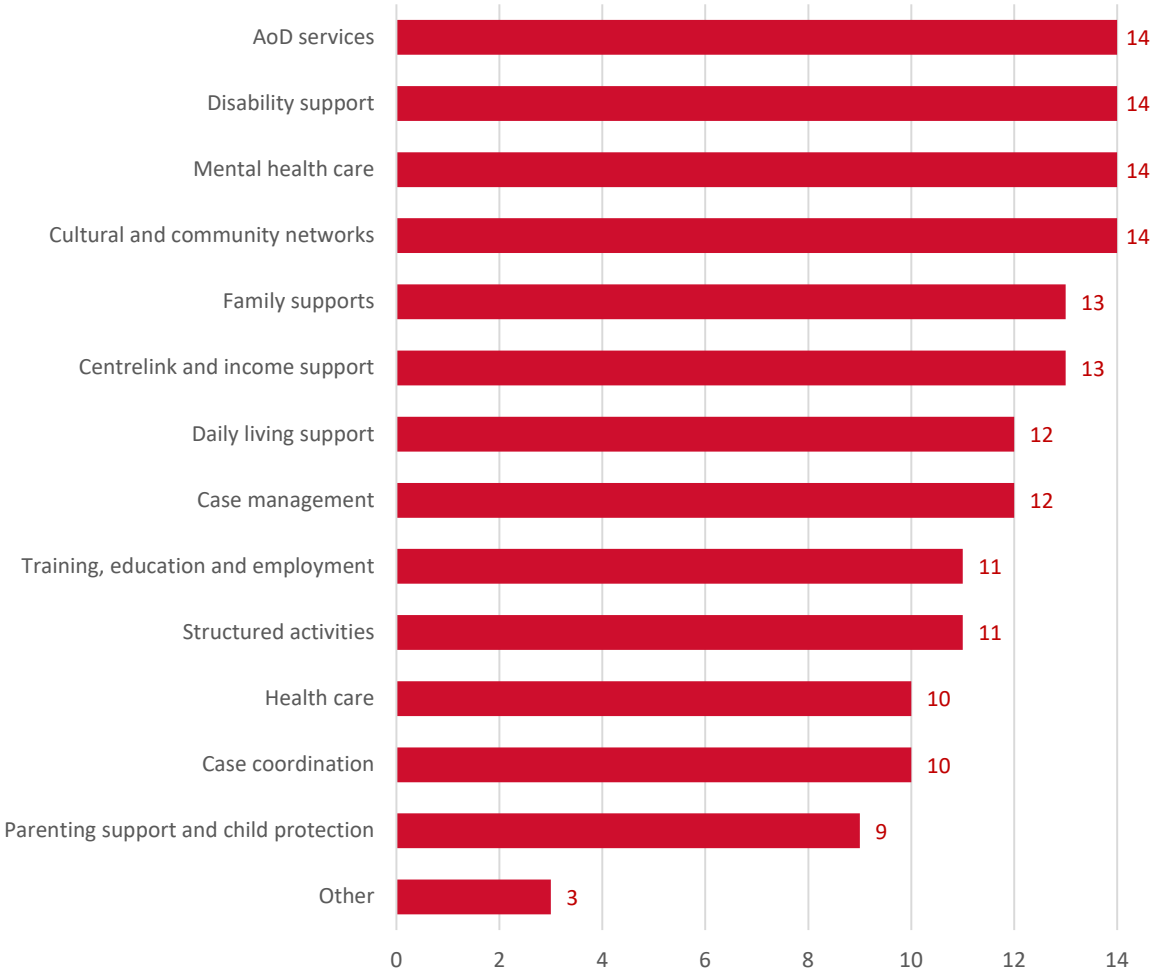
Data from the survey of support providers and CHPs showed that the THP was committed to evidence-based practice including trauma-informed care. Established relationships between CHPs and support providers contributed to positive outcomes in the provision of wrap-around support. All support providers delivered case management, as did some CHPs (see Figure 15). The flexible design of the THP allowed wrap-around support to be provided in different ways. The evaluation found that the intensive case management enabled by the THP contributed to positive client outcomes and highlighted the importance of active outreach and good case work to establish and sustain trusting relationships.

> *A focus on intensity has allowed us to offer wrap-around support. The combination of working slowly to establish trust, a client-led approach, unconditional positive regard, and a deep understanding of the client cohort. (Support provider)*

While not all CHPs and support providers were initially familiar with trauma-informed approaches and the needs of the client cohort, working with the THP model enabled them to build their understanding and capacity.

CHPs contracted a broad range of external support providers, with AoD services, disability support, mental health care and cultural and community networks being the most frequently contracted supports (Figure 15).

Figure 15: External supports contracted by CHPs

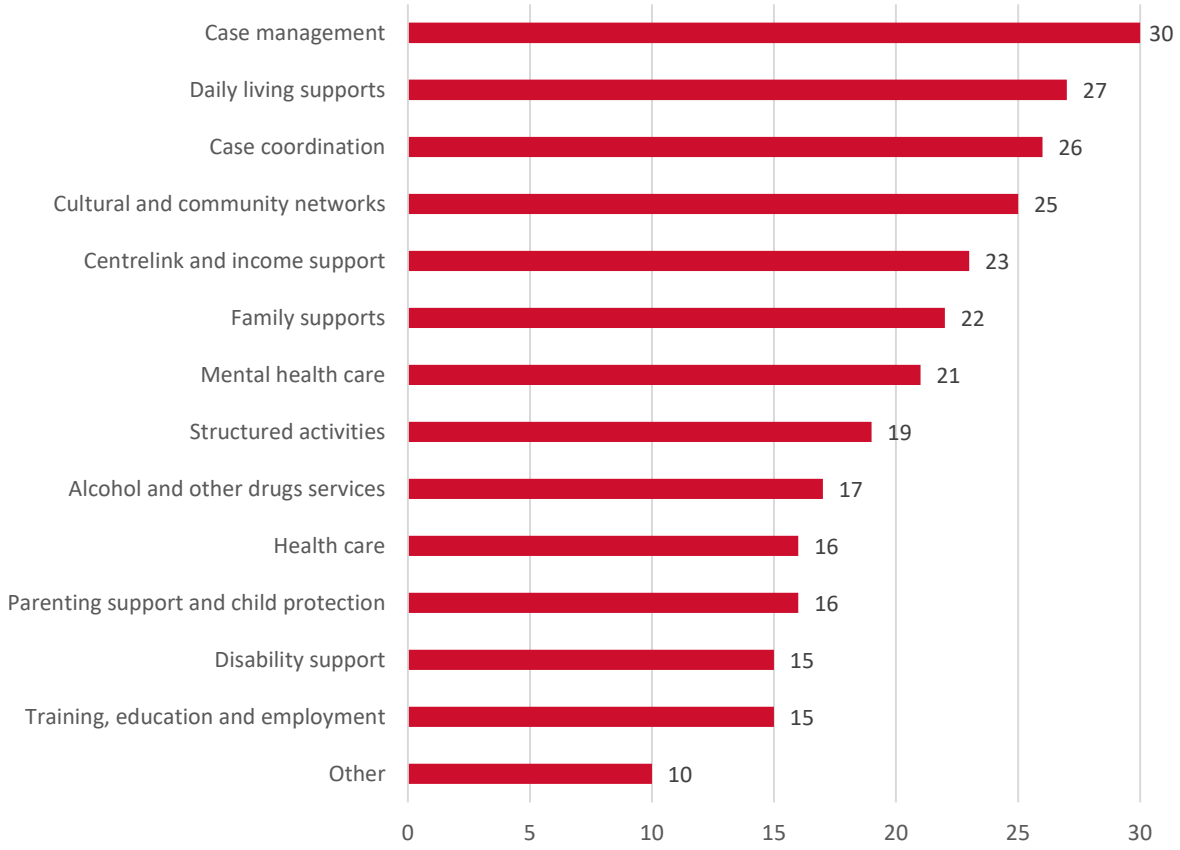


Note: N=19, multiple responses allowed.

Source: Authors.

According to survey data, case management, daily living supports and case coordination were delivered by almost all responding support providers (Figure 16).

Figure 16: Supports provided by contracted support provider organisations



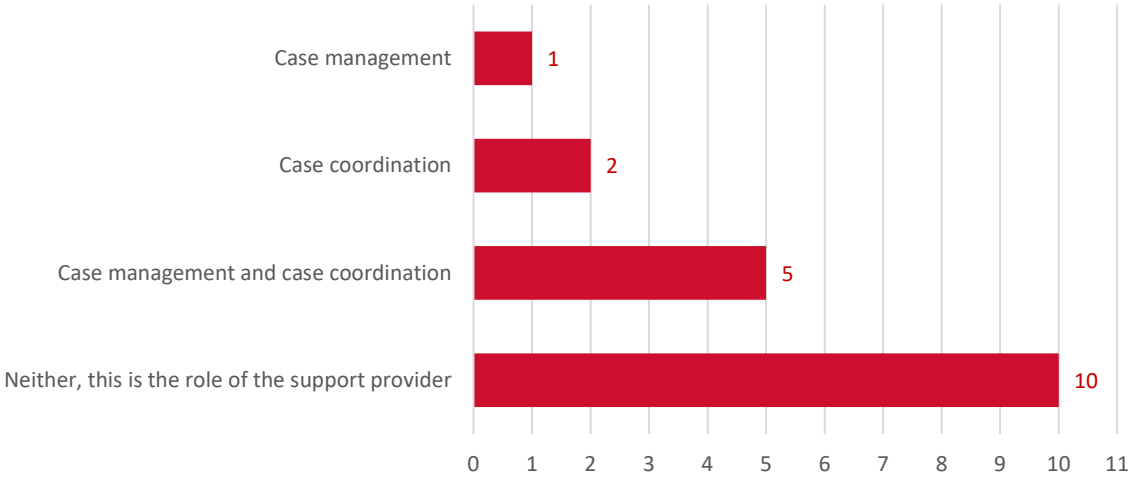
Source: Authors.

9.1.1 Case management

The evaluation found that there were considerable variations in how case management was provided and by whom. Survey data showed that eight CHPs provided either case management, case coordination or both, while 10 indicated that this was the role of the support provider (Figure 17).[36] All support providers delivered case management (Figure 16).

36 Definitions of case management and case coordination can be fluid and vary between organisations. The Case Management Society of Australia uses the case management definition by Marfleet, F., Trueman, S. & Barber, R. (2013). 3rd Edition, National Standards of Practice for Case Management, Case Management Society of Australia & New Zealand: 'Case management is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's holistic needs through communication and available resources to promote quality cost-effective outcomes.' (CMSA, https://www.cmsa.org.au/about-us/definitions-of-case-management, accessed 31 May 2023). The distinction between a case coordinator and a case manager is that the coordinator works with, and guides, the team process, and tasks while building collaboration with all parties at the table. The agency-specific case manager works with and guides the service needs of the client-specific to its agency. https://healthcarechannel.co/learn-difference-between-a-care-coordinator-from-a-case-manager/#:~:text=The%20distinction%20between%20a%20care,client%2Dspecific%20to%20its%20agency, accessed 31 May 2023.

Figure 17: CHP provision of case management or case coordination



Note: N=18.

Source: Authors.

Support providers identified client willingness to engage, ongoing engagement with services and establishing trusting relationships as the key challenges they faced in supporting clients.

> *Engagement can be a big barrier for some of our current cohort. We have a few clients that do not want to engage, or minimal engagement, which can cause barriers when trying to provide wrap-around support. (Support provider)*

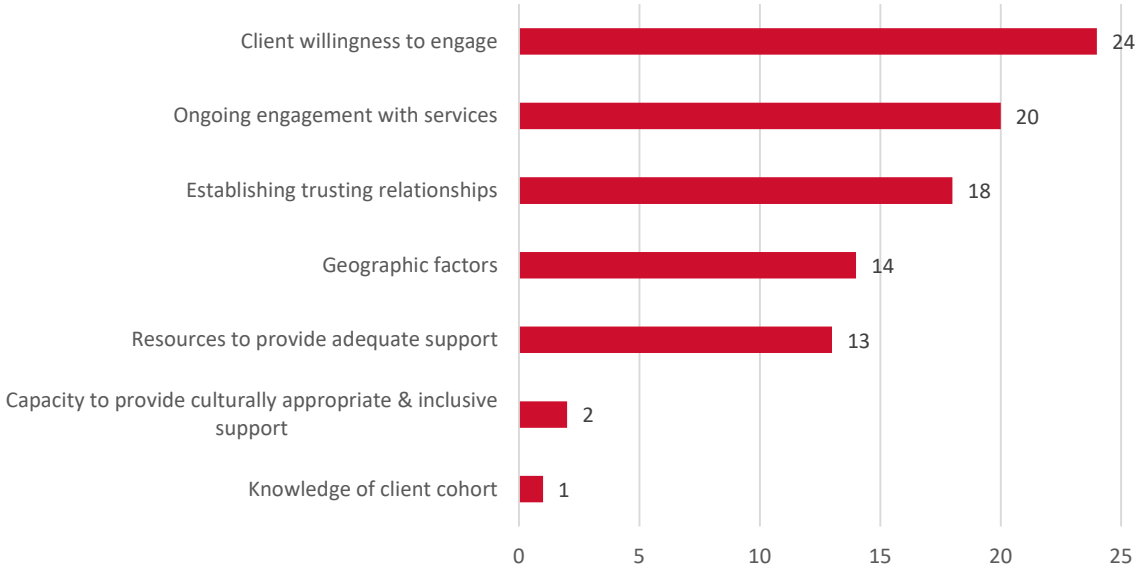
This highlights the importance of active outreach and good case work to establish and sustain trusting relationships as part of the THP model. Support providers sometimes struggled with client willingness to engage (Figure 18). The importance of the case work relationship was also highlighted in the comments support providers made in response to the question 'What elements of support contribute most to positive client outcomes?'

> *Intensive case management—being able to engage with a client multiple times a week. (Support provider)*

> *Rapport-building with clients and established trusting relationships that help clients engage. (Support provider)*

> *Clients can engage when and if they want to or need to. For many clients who have experienced institutional or systemic disadvantage this assists in placing them in charge of their support and the form that it takes. (Support provider)*

Figure 18: Support provider perceptions of the key challenges in supporting THP clients?



Note: N=32, multiple responses allowed.
Source: Authors.

9.1.2 Trauma-informed practice

> *This is a much needed program addressing a gap in stabilising clients into housing. It is well resourced and trauma-informed. (CHP)*

Consultations with support providers and CHPs showed that many aimed to implement a trauma-informed approach. For some CHPs, learning about a trauma-informed approach took time and required a shift in thinking. Therefore, support providers had an important role in advocating for client needs and educating CHPs.

> *The CHP's lack of understanding of trauma, disadvantage and marginalisation meant that when the intake process was completed by the CHP, there was not a lot of empathy or understanding taken. This often made the client feel uncomfortable as the CHP came in with a lot of authority and lack of understanding. (Support provider)*

> *When the support provider wasn't included in the CRAG and only the CHP was available to give information about a THP client, the understanding of the trauma and client needs was often misconceived of what was achievable and what was not. I believe this was due to CHP not having knowledge or training in community services. So often the updates on a THP client [were] not accurate of the work actually achieved by a client. [Sometimes the CHP] was not fluent with the program guidelines around eligibility criteria. There is often a sense of someone deserving support vs requiring support. (Support provider)*

> *In T1, many tenancies failed and people exited the program, but as staff expertise and knowledge of the traumas faced by street sleepers increased, more targeted supports resulted in more tenancies being maintained. (CHP)*

Similarly, CHPs identified that some providers required extra training to address the needs of the THP target cohort.

> *While the funding was sufficient, there is certainly ongoing client need (beyond two years) and a higher level of training and expertise needed among support services to cope properly for the needs of people coming from street sleeping. (CHP)*

9.1.3 Capacity to work with the client cohort

> *We have enjoyed the opportunity to deliver this program and although [it] comes with its challenges, we have seen a number of clients progress well with their support needs and tenancy and are proud to be delivering a much needed program for our sector. (Support provider)*

> *We think that all SHS providers would benefit from allocated time and resources to upskill and train in Housing First. (Support provider)*

The evaluation found that all support providers had previous experience in working with the THP client cohort.

All 32 support providers who responded to the survey answered that they had prior experience in working with clients with high and complex needs and rough sleepers, and 30 out of 32 respondents were registered providers of SHS.

Some respondents indicated that no adaptation was needed as their services and practices were 'already in place and relationships with both clients and other services were already established from previous work' (Support provider). However, the comments made in the survey showed that several support providers were challenged by the needs of the client cohort, including challenges in working with complex clients with low living/tenancy skills, addictions, mental health challenges, prolonged experience of rough sleeping, previous offending and difficult behaviours.

Some respondents felt they had received insufficient information about clients' needs from the CRAG, 'including risks and capacity for engagement'.

> *Information provided at point of referral would often be inaccurate or incomplete. (Support provider)*

In addition, COVID-19 made delivery of face-to-face support more difficult and impacted on connections and access to external services.

Support providers identified the following challenges in adapting service delivery to meet the needs of the THP client cohort:

- difficulties achieving and maintaining client engagement
- long wait time for clinical specialist services
- recruiting and retaining qualified staff
- adapting to diverse client needs
- risk mitigation
- being new to providing outreach services—this was at odds with established operational procedures, which disrupted other services
- lack of information around the end of the program and any available supplementary funding.

While most support providers contracted to the THP had the capacity to work with the client cohort, in some instances this was not the case and support providers withdrew from the program.

> *The program has seen a high level of involvement with NSW Police, Corrections and NSW Health as clients are often incarcerated, in mental health inpatient units, or patients of local Community Mental Health teams … The two initial SHS agencies utilised for the program have decided to withdraw, as client complexity has become more obvious and the need for in-house supports has / will provide faster response and great concentration on long-term outcomes rather than crisis management. (CHP)*

9.2 Amount of support provided

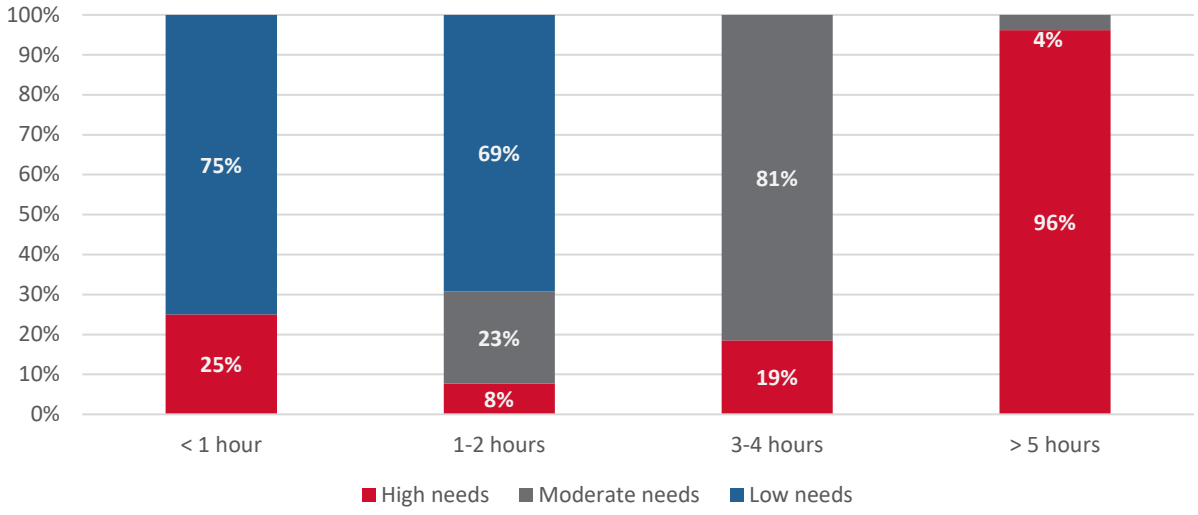
The evaluation was unable to ascertain the amount of support provided with any certainty. Administrative program data on support outputs appears to be incomplete or inaccurate. This will impact the ability of the outcomes evaluation to draw conclusions about the links between how much support was provided and client outcomes achieved.

The way contracting for the THP was structured meant that CHPs had great flexibility in how they contracted support providers. This freed CHPs from individual programmatic funding and enabled them to become more client-focussed. However, contracts between DCJ and CHPs did not specify a minimum expectation for support for standard packages, and routine program monitoring and reporting did not capture the quality, type and intensity of services provided. Consequently, each provider developed their own unit costings and managed their support differently (see also Section 12.3). Examples include:

> *Support packages were developed using a minimum total staffing requirement of at least one support worker for 15 clients, and packages were allocated to support providers in groups of 15. (CHP)*
>
> *Support quantum for each tranche was calculated based on the DCJ funding received and number of referrals. (CHP)*
>
> *CHP uses a guide that no support staff member should aim to work with more than 10 clients, aligning with international experience and that of other NSW providers. (CHP)*
>
> *We base on approximately five hours of direct support per week per client. This gives us flexibility when some clients need more or less than that amount. (CHP)*

The evaluation used the surveys of CHPs and support providers to gather information on how much support was provided to THP clients. The data showed that there were considerable variations in how much support clients received. Most (96%) support providers responding to the survey allocated more than five hours of support per week to high-needs clients; 81 per cent allocated between three to four hours of support to moderate-needs clients; and low-needs clients typically received less than one to two hours of support per week (Figure 19).

Figure 19: Average hours of support allocated for each THP client per week

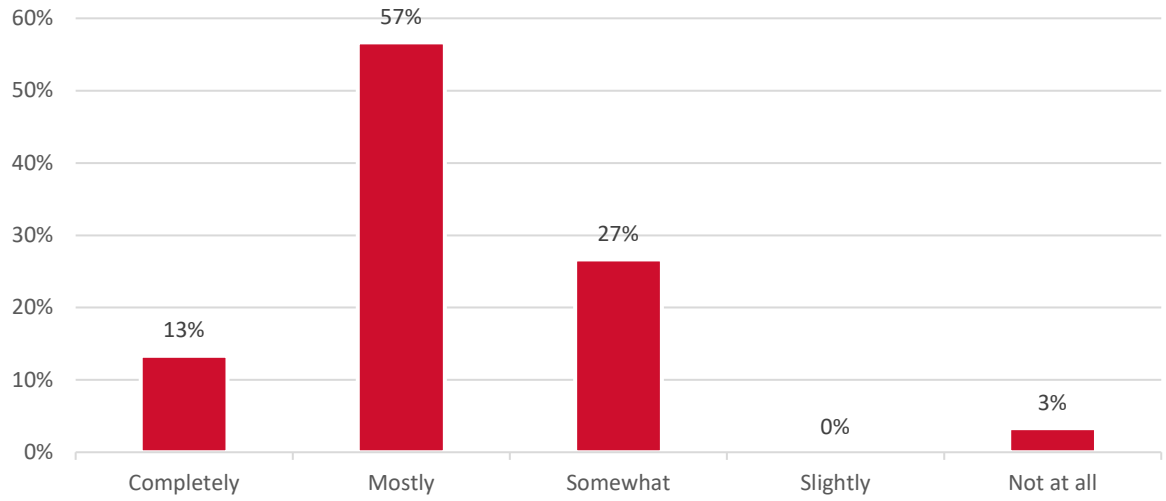


Note: N=27.

Source: Authors.

Most support providers (70%) considered the amount of support provided to be completely or mostly adequate (Figure 20).

Figure 20: Is the amount and intensity of contracted support adequate to address THP clients' needs?



Note: N=30.

Source: Authors.

Comments made in the survey of support providers indicated that they were generally flexible in the amount of support they provided and scaled this up or down as needed.

> *Intensity depends on clients' interaction or engagement, which can vary each week. (Support provider)*

> *As we have progressed with the program, we have recognised that for some clients they require higher intensity of supports than others. This is dependent on clients' support needs and particularly their mental health and living skills capacity. (Support provider)*

> *Clients in THP have varying levels of needs, with the highest in our program utilising 20+ hours per week, down to utilisation being as low as one to two hours per week. The ability to flex up and down is key is sustaining people in the program. (Support provider)*

Staff ratios varied from 1:7 to 1:15, depending on client need. Some providers indicated that they had experienced difficulties in recruiting staff, which had led to higher caseloads than they had been contracted for.

> *Due to staffing issues, it has been hard at times to maintain services; we now have more staff available which is of great help. (Support provider)*

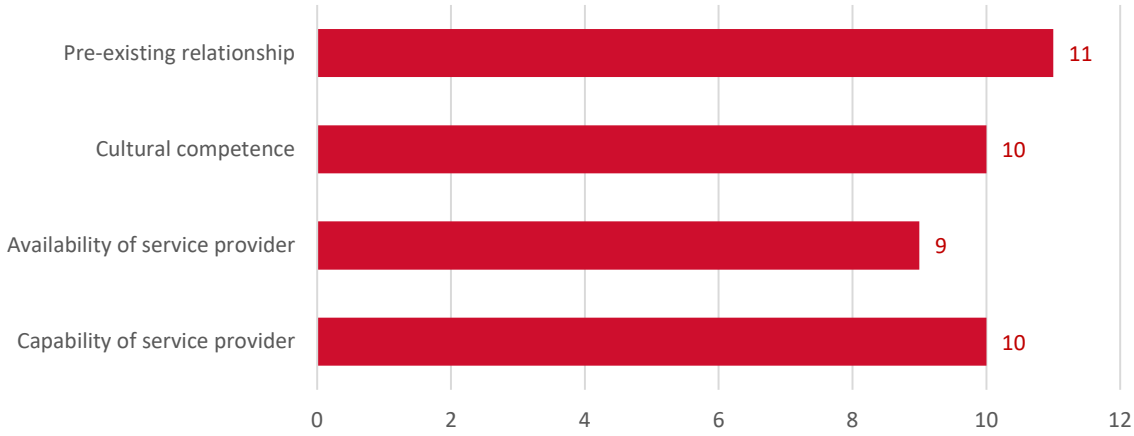
9.3 Contracting support

Not all CHPs contracted with external support providers (see Section 6.3.1). Seven out of the 19 CHPs delivered non-housing support to THP clients in addition to housing and housing services.[37] Of these, three were new to delivering SHS or non-housing support (since entering the THP).

For CHPs who contracted externally, survey data showed that pre-existing relationships were a key consideration in selecting partners, as were capability and cultural competence (Figure 21).

37 For the purposes of this analysis, Link Wentworth Northern and Link Wentworth Western are counted separately as they use different models. Link Wentworth Western provides non-housing support in-house, Link Northern has contracted out wrap-around support.

Figure 21: What criteria influenced your selection of external support provider/s?



Note: Link Wentworth Northern and Link Wentworth Western used different models and were treated as separate organisations for the purposes of this analysis.

Note: N=19, multiple responses allowed.

Source: Authors.

9.4 Ongoing access to support

Stakeholders raised questions about how adequate two years of support was to stabilise clients in terms of their ability to sustain long-term housing and how this support would be provided.

> *A number [of clients] need ongoing casework support to be able to sustain a tenancy after the two-year period. (CHP)*

The program design anticipated that the NDIS would provide long-term support funding for many clients, and that the remainder would receive mainstream support services. Consultation participants raised questions around whether this was a sufficient strategy to continue to support clients with a high level of need.

> *Some clients will require ongoing supports for years to come, due to their complexities and vulnerabilities, to enable them to maintain and sustain their tenancy. Although additional funding has been received to assist with this, it may not be enough to support those clients that will require years of support. (CHP)*

Housing First principles stipulate that clients should receive support for as long as they need it. While THP funding has changed to allow for longer support periods for some clients, the majority will be reliant on mainstream support services or the NDIS once they transition from the THP.

> *We would advocate for lengthier support periods offered to participants identified as requiring long-term support. There are also participants who have learnt to trust and work with a support person/service and these participants we would like to be able to also offer an ongoing support option. (Support provider)*

> *It is great that clients can transition through from T1 to T2 and eventually T3 if needed, but some clients require long-term support and don't always fit into other long-term complex needs supports such as HASI. (Support provider)*

> *Support funding should continue, as many of the THP clients have been long-term homeless and would require ongoing support to sustain their tenancies. (CHP)*

> *Ongoing funding for the program embedded within our sector. This cohort presents with years of trauma and vulnerabilities, although the two years has been a great opportunity for these clients, many will still struggle for years to come and require additional supports. (Support provider)*

> *Funding for wrap-around support services needs to continue after the 24-month program period. The THP clients are able to sustain a tenancy due to the wrap-around services being provided. Removal of those services may result in tenancies not being sustained and ultimately poor exits from their housing. (CHP)*

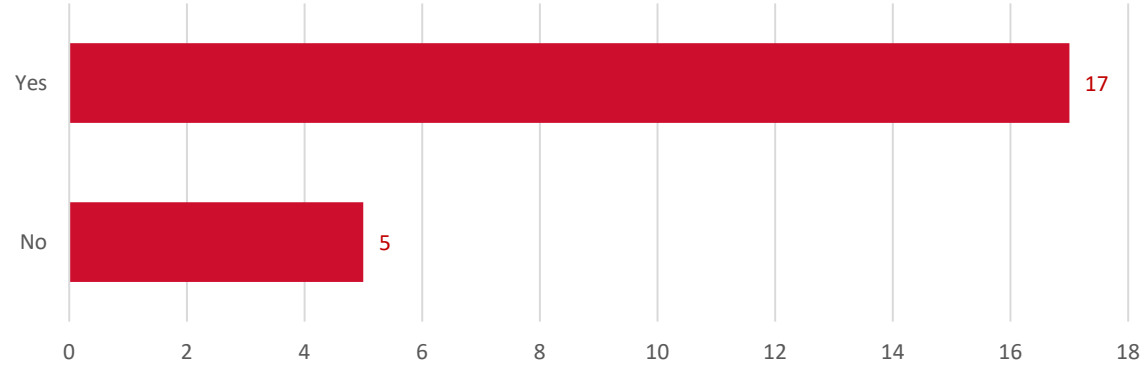
> *Some tenants would require ongoing support needs beyond the two years and this was identified in a paper to DCJ, with an estimate of 30–50 per cent of clients requiring ongoing support without funded exit options. (CHP)*

The major factors that contribute to the lack of continuous support are systemic, rather than programmatic.

> *The concern about Housing First … [is] … not efficacy, but rather the potential harms of setting Housing First programs up (again and again) as pilot programs where the support component vanishes at the end of funding cycles, and where they compete with each other and other homelessness programs for shrinking pots of public money.*[38]

Survey data showed that 17 (77%) out of 22 responding support providers intended to continue to support clients after they exited the THP (Figure 22).

Figure 22: CHP intention to continue to support clients after they exit THP



Note: N=22.

Source: Authors.

38 Oudshoorn, A (2002) 'Editorial: What Housing First Makes Worse', *International Journal of Homelessness*, *2*(2):1–2, https://ojs.lib.uwo.ca/index.php/ijoh/article/view/15399/12055.

Respondents' comments showed that ongoing support would provide different levels of intensity, as the:

- provider has the capacity to continue support after THP ends
- client continues on THP funding for an additional amount of time using underspends
- provider will continue to offer support but not at the same level of intensity (due to reduction in funding), and will make referrals to services as needed
- provider makes warm referrals to specialist homelessness services
- referrals to any available internal supports
- referrals to programs such as Commonwealth Psychosocial Supports and Housing and Accommodation Support Initiative (HASI)
- NDIS funding
- advocacy for further funding for ongoing outreach and case management.

9.5 Access to culturally appropriate health, mental health and wellbeing services

Administrative program data (Table 15) shows that the THP did not provide a high proportion of clients with access to culturally appropriate health, mental health and wellbeing services—of the 1,355 THP clients, only 395 (or 29%) had support plans that addressed this need (42% of target achieved).

Of the 561 clients who were identified as needing health, mental health and wellbeing services support, just over half (52%) received this support, which fell well short of the 100 per cent target (Table 15).

Despite the low number of clients who had plans and received support for culturally appropriate health, mental health and wellbeing services, the results appear better when they are calculated in relation to program KPIs. These show that the target for the proportion of people who remained engaged with any health and wellbeing services from 6–24 months was exceeded (128%). The target (KPI 80%) for the proportion of people requiring support at entry who actively engaged with services during support was not achieved (66%) (Table 15).

The THP fell short of referring 80 per cent of clients for assessment for NDIS eligibility within two months, with only 68 per cent of all clients who required it being referred in that timeframe. Furthermore, it would appear that the program data did not capture the entirety of need, as it appears unlikely that only 37 out of 1,355 THP clients required referral to assessment for the NDIS, indicating that there are gaps or inaccuracies in data collection (Table 15).

Table 15: Access to culturally appropriate health, mental health and wellbeing services, cumulative data, January 2023

		Outputs				Outcome Indicator	
		Number of people with support plans that address health and wellbeing services	Number of people receiving support^	Number of people referred for assessment within 2 months, if required#	Number of people referred for assessment for NDIS eligibility within 2 months, if required#	% People remain engaged with any health and wellbeing services from 6–24 months+	% People requiring support at entry who have actively engaged with services during support‡
Target KPI		70% of clients	100% of those needing support	100% of need (=referred for assessment)	80% of need (=referred for assessment)	KPI=50% T1, 70% T3, others 60%	KPI=80%
T1	Target	375	133	41	33	50%	80%
	Actual	96	63	19	19	93%	47%
	% of target reached	**26%**	**47%**	**46%**	**58%**	**185%**	**59%**
T2	Target	337	245	17	14	60%	80%
	Actual	178	139	11	11	89%	57%
	% of target reached	**53%**	**57%**	**65%**	**81%**	**149%**	**71%**
T3	Target	212	165	10	8	70%	80%
	Actual	117	92	7	7	90%	56%
	% of target reached	**55%**	**56%**	**70%**	**88%**	**128%**	**70%**
ALM	Target	25	18	0	0	60%	80%
	Actual	4	0	0	0	0%	0%
	% of target reached	**16%**	**0%**	**0%**	**0%**	**0%**	**0%**
Total	Target	949	561	68	54	70%	80%
	Actual	395	294	37	37	89%	52%
	% of target reached	**42%**	**52%**	**54%**	**68%**	**128%**	**66%**

Note: N=1,355.

* *Clients that have support plans that address health and wellbeing services (relative to those referred).*

^ *Clients that received health and wellbeing services relative to those who need them.*

\# *Clients referred for NDIS assessment within two months (relative to clients referred for assessment).*

\+ *Percentage of clients with health plan receiving health and wellbeing services (relative to benchmark).*

‡ *Percentage of clients needing health support receiving services (relative to benchmark).*

Source: Authors.

9.6 Rebuild family, community and network connections

According to administrative program data, the THP did not achieve desired outcomes in terms of rebuilding family, community and cultural connections. Only 221 out of 1,355 clients (16%) had a support plan to address connection to cultural and community networks established within three months, which fell well below the target of 90 per cent (21% of target achieved) (Table 16). It is likely, however, that the program data gathered for this indicator may be incomplete or not accurately reflect the actual outcomes achieved.

Of the few clients who had a plan in place in T1 (49 clients), only 37 (76%) were recorded as having actually been supported to engage with family, cultural and community networks, if required (Table 16). In T2, 110 clients had such a plan in place and 93 (85%) were supported to engage. In T3, 62 clients had a plan and 48 (77%) were supported to engage. For the ALM, no clients had a support plan in place and none were recorded as having been supported. Overall, 178 clients (81%) who had a support plan for engagement with family and community networks in place were supported to do so—this equates to only 13 per cent of the entire THP cohort.

However, if the program KPI of supporting 50–70 per cent of people with a plan for family, community and cultural connection to do so is considered, the outcome is met (81%) (Table 16). The target (80%) for the second outcome measurement, the proportion of people who required support at entry and who were provided with support to reconnect while in the program, was not met (48%).

Table 16: Rebuild family, community and cultural connections, cumulative data, January 2023

		People with support plans that address connection to family, cultural and community networks established within 3 months*	Number of people supported to engage with family, cultural and community networks, if planned^	Number of people supported to engage with family cultural and community networks if needed (with plan or not)#	% People who engaged with family, community, and cultural connections if planned+	% People requiring support at entry who engaged with support to reconnect during support#
Target KPI		90% of total clients with support plans	100% of clients with plan	100% of clients needing support	KPI=50–70%	(KPI=80%)
Tranche 1	Target	464	49	217	50%	80%
	Actual	49	37	105	76%	48%
	% of target reached	**11%**	**76%**	**48%**	**151%**	**60%**
Tranche 2	Target	428	110	243	60%	n/a
	Actual	110	93	123	85%	51%
	% of target reached	**26%**	**85%**	**51%**	**141%**	**n/a**
Tranche 3	Target	264	62	124	n/a	n/a
	Actual	62	48	59	77%	48%
	% of target reached	**24%**	**77%**	**48%**	**n/a**	**n/a**
ALM	Target	29	0	18	70%	n/a
	Actual	0	0	0	0%	0%
	% of target reached	**0%**	**0%**	**0%**	**0%**	**n/a**
Total	Target	1,056	221	602	n/a	n/a
	Actual	221	178	287	81%	48%
	% of target reached	**21%**	**81%**	**48%**	**n/a**	**n/a**

* *All clients accepted that have support record and have a plan to engage family, cultural and community networks.*

^ *All clients accepted that have a support record, plan to engage family and cultural community networks and received supports in this area.*

\+ *Percentage of all clients accepted that also have a support record, received family and community supports and record client and provider engagement.*

\# *Percentage of all clients that are recorded as needing family and cultural community supports that recorded as having client and provider engagement.*

Source: DCJ

9.7 Living skills and tenancy management

Cumulative administrative program to January 2023 shows that at that time, 222 clients had exited the THP: 58 per cent of exits were positive, and 42 per cent of exits were negative or the housing destination was unknown (Table 17).

A high proportion of clients who had a support record that included a plan to address living skills and tenancy management received this support (95%) and a similarly high proportion of clients (95%) remained engaged with this support (Table 17).

Only 28 per cent of people with a support plan in place had completed a living skills assessment within six months (as per program guidelines). Data on the proportion of people with improved living skills assessments is incomplete, but indications are that for T1, only 42 per cent of clients had an improved living skills assessment (Table 17).

Table 17: Exits, living skills and tenancy management, cumulative data, January 2023

		Outputs				Outcome Indicator	
		Number of people with positive tenancy exits*	Number of people with negative tenancy exits^	People with a support record that had a plan to address living skills and tenancy management*	People with living skills assessment completed within 6 mths	% People remained engaged in living skills or tenancy management support#	% People with improved living skills assessment+
Target KPI		All Exits N=155	All Exits N=155	KPI=100% of all clients with support plans	KPI=100% of all clients with support plans	KPI=60–80%	KPI=60–80%
T1	Target	155	n/a	365	365	60%	80%
	Actual	98	57	343	142	94%	42%
	% of target reached	**63%**	**37%**	**94%**	**39%**	**112%**	**52%**
T2	Target	40	n/a	363	363	80%	60%
	Actual	19	21	351	81	97%	6%
	% of target reached	**48%**	**53%**	**97%**	**22%**	**93%**	**10%**
T3	Target	24	n/a	240	240	n/a	n/a
	Actual	12	12	232	49	97%	n/a
	% of target reached	**50%**	**50%**	**97%**	**20%**	**n/a**	**n/a**
ALM	Target	3	n/a	19	19	n/a	n/a
	Actual	0	3	13	3	68%	n/a
	% of target reached	**0%**	**100%**	**68%**	**16%**	**n/a**	**n/a**
Total	Target	222	n/a	987	987	n/a	n/a
	Actual	129	93	939	275	95%	n/a
	% of target reached	**58%**	**42%**	**95%**	**28%**	**n/a**	**n/a**

* *Refers only to exits where the outcome is known (some exits are to be confirmed). Positive exits are where a client exited to safe long-term housing; negative exits did not exit to safe long-term housing.*

^ *Includes exits where the destination is unknown.*

^ *Clients with living skills assessment completed in six months (relative to numbers with living skills plan).*

\# *Percentage of all clients with a plan who received support.*

\+ *Percentage of all clients with living skills assessment that had an improved assessment.*

9.8 Positive structured activities

According to administrative program data, the THP did not achieve the intended outcomes in terms of client engagement with positive structured activities, such as social groups, education and/or employment. Across all tranches, only 212 out of the 539 clients who were identified as needing this support had a support plan established within six months (39%). This equates to an achievement of 56 per cent of the program KPI of 70 per cent (Table 18). Of the 539 people who were identified as needing structured activities, only 168 were supported in this need (31%). Of these, 78 per cent remained engaged in structured activities. Only a very small number of clients (24 clients, or 11%) with a support plan for structured activities engaged in education, training or employment.

As with other indicators relating to non-housing supports, it is possible that the administrative data for this indicator is incomplete and therefore does not accurately reflect the outputs and outcomes achieved.

Table 18: Engagement with positive structured activities such as social groups, education and/or employment, cumulative data, January 2023

		Outputs			Outcome Indicator	
		People with support plans addressing engagement with positive structured activities established within 6 months*	People supported in structured activities#	Number of people in education, training or employment^	% People remaining engaged in positive structured activities+	% People requiring support at entry that have actively engaged with those activities during support
Target KPI		KPI=70% of clients who need activities	100% of clients who need structured activities	100% of clients with plan	KPI=50–70%	KPI=70%
T1	Target	141	202	40	50%	70%
	Actual	40	62	41	75%	31%
	% of target reached	**28%**	**31%**	**103%**	**177%**	**44%**
T2	Target	148	212	102	60%	n/a
	Actual	102	65	52	77%	n/a
	% of target reached	**69%**	**31%**	**51%**	**146%**	**n/a**
T3	Target	78	112	69	n/a	n/a
	Actual	69	41	43	83%	n/a
	% of target reached	**88%**	**37%**	**62%**	**n/a**	**n/a**
ALM	Target	9	13	1	70%	n/a
	Actual	1	0	4	n/a	n/a
	% of target reached	**11%**	**0%**	**400%**	**n/a**	**n/a**
Total	Target	377	539	212	n/a	n/a
	Actual	212	168	24	78%	n/a
	% of target reached	**56%**	**31%**	**11%**	**n/a**	**n/a**

 # Clients supported with activities (relative to need for activities),

^ Clients presently in with a status of being in training or employment (relative to those with plan for structured activities).

+ People receiving support with positive structured activities as percentage of those planned.

** Clients with a plan for structured activities (relative to need for those activities),*

Source: Authors.

9.9 Whole of program impact

It is too early to assess whole of program impact—for example, data on the number of people who achieved their support plan goals is not yet available. Indicative data is provided in Table 19, and will be further analysed in the Final Report.

Table 19: Whole of program impact, cumulative data, January 2023

		Outputs		Outcomes	
		Completed PWI start survey*	Completed PWI data collection^	% clients with improved total wellbeing score+	% clients with improved wellbeing at exit#
Target KPI		KPI=80% of all clients	KPI=80% of all clients who completed program	KPI at 6–12 months=70% KPI at 24 months=80%	KPI=80%
T1	Target	412	412	80%	80%
	Actual	387	46	56%	38%
	% of target reached	**94%**	**11%**	**70%**	**47%**
T2	Target	381	381	70%	n/a
	Actual	380	7	51%	n/a
	% of target reached	**100%**	**2%**	**73%**	**n/a**
T3	Target	234	234	n/a	n/a
	Actual	211	4	n/a	n/a
	% of target reached	**90%**	**2%**	**n/a**	**n/a**
ALM	Target	29	29	n/a	n/a
	Actual	24	2	n/a	n/a
	% of target reached	**83%**	**6%**	**n/a**	**n/a**
Total	Target	1056	1056	n/a	n/a
	Actual	1002	57	n/a	n/a
	% of target reached	**95%**	**5%**	**n/a**	**n/a**

* *Clients who completed PWI at the start (relative to all clients accepted).*

^ *Clients who completed PWI collection (start+periodic+end PWI) relative to all clients accepted.*

\+ *For all situations where two or more PWIs have been collected.*

\# *For all situations where client has exited.*

Source: Authors.

Table 19 shows outcomes for participant wellbeing, as measured by Personal Wellbeing Index (PWI) start survey. Data show that across all tranches, 1,002 of the total 1,355 THP clients (74%) had completed the PWI start survey. This means that 95 per cent of the program KPI of 80 per cent of all clients having a PWI start survey was achieved. However, only 57 clients (5% of KPI) had completed the start, periodic and end PWI surveys. These low numbers mean that the outcome indicators of clients with an improved total wellbeing score and clients with improved wellbeing are not meaningful yet.

10. Housing and non-housing outputs across population groups

- **Key cohorts among THP clients were women (32%), Aboriginal people (33%), and people living with a disability. Most were in the 25–44 (43%) years and 45 years and older (47%) age groups.**
- **Overall, 81 per cent of accepted referrals were housed, but the THP struggled to house people quickly. Only 48 per cent of clients were housed within four weeks of referral, and 59 per cent within six weeks. Women, those with high needs, people living with disability and young people waited longer for housing than did other cohorts.**
- **Only 60 per cent of clients had a long-term housing plan; this was highest for those with a disability (70%) and those from non-English-speaking backgrounds (NESB) (68%). Concerningly, only 48 per cent of high-needs clients had a long-term housing plan, placing them at risk of housing instability at the conclusion of their time in the program.**
- **With the exception of the living skills and tenancy management plan (73%), few THP clients had plans to support outputs in the areas of health and wellbeing (36%); family, culture and community (26%); and positive structured activities (22%).**

This will be further investigated in the Final Report. This section describes the housing and non-housing outputs achieved by the THP for different client cohorts—namely Aboriginal people, people from non-English speaking backgrounds (NESB) and people living with a disability. Data is also disaggregated by gender and age group. The analysis is based on cumulative administrative program data for all 1,355 persons that were accepted into the program by January 2023.

According to administrative program data, the THP did not achieve strong non-housing outputs—with the exception of the living skills and tenancy management plan. However, it is possible that this is due to poor data collection and record-keeping rather than a lack of outputs achieved. There were big data gaps for the ALM, perhaps indicating that the type of data collected for it may not be suited to evidencing outcomes. This will be further investigated in the Final Report. Available data show only minor variations in outcomes across population groups, although it appears that the THP is slightly less effective for women and young people aged under 25 years, and slightly more effective for people with high needs and those with a disability.

10.1 Housing outcomes by population groups

Data show that the THP achieved strong housing outcomes overall, as 81 per cent of accepted referrals were housed (Table 20). However, there were minor differences between groups, with young people and women receiving slightly fewer housing outputs than other groups, while people with high needs and those with a disability fared slightly better than other groups.

The proportion of people housed was highest for those with high needs (94%) and those with a disability (91%), which attests to the program's effectiveness for these groups (Table 20). Variation across the remaining groups was minor, although women and those under 25 years were slightly less likely to be housed (77% and 75% respectively) than other groups. This may be because young people generally experience more discrimination in the private rental market due to their low incomes and lack of a rental history, and because they are sometimes perceived as higher-risk tenants.

Data show that providers struggled to rapidly house clients (Table 20). Across all tranches, just under half (48%) of all referrals were housed within four weeks, and 59 per cent were housed within six weeks. Women experienced longer delays in accessing housing, with only 38 per cent of women being housed within four weeks, and 48 per cent being housed within six weeks. This may be because women with children and those fleeing domestic and family violence have specific housing needs that may be more difficult to address. Qualitative data from stakeholder consultations showed T2 and T3 had a higher proportion of families. Some CHPs noted that the amount of funding per package was the same for a family as it was for a sole individual. This meant that although the costs of housing and supporting a family with children were higher, these additional costs impacted the housing and support that could be provided when CHPs supported families. Young people also waited longer to access housing, with only 42 per cent being housed within four weeks, and 53 per cent within six weeks.

Only 60 per cent of clients had a long-term housing plan (Table 20). This was highest for those with a disability (70%) and those from NESB (68%). Concerningly, only 48 per cent of high needs clients had a long-term housing plan, placing them at risk of housing instability at the conclusion of their time in the program.

10.2 Non-housing outputs by population groups

Administrative program data to January 2023 show that with the exception of the living skills and tenancy management plan (73%), few THP clients had plans in place to support outputs in the areas of health and wellbeing (36%); family, culture and community (26%); and positive structured activities (22%) (Table 20).

People with a disability tended to fare better than other groups; 80 per cent had a living skills and tenancy management plan, 43 per cent a health and wellbeing plan, 30 per cent a family culture community support plan, and 29 per cent a positive structured activities plan. This may be due to the relatively higher engagement with support services necessitated by having a disability.

Aboriginal people were more likely than all clients to have a health and wellbeing plan (42%), but less likely to have plans for other areas. People from NESB were more likely to have a health and wellbeing plan (42%) and living skills and tenancy management plan (79%) than all clients. Only 22 per cent of Aboriginal people and 23 per cent of people from NESBs had a family, culture and community support plan. These findings are interesting, as it would seem that Aboriginal clients and clients from NESBs would be more likely to need a family, culture and community support plan, but were less likely to actually have one.

There were minimal differences in the likelihood of referred clients having any type of support plan across age groups, with the exception of the 25–44 years age group, who were less likely than other groups to have a plan for positive structured activities.

Administrative data do not allow for conclusions about why this may be the case. Variations may be due to perceptions on behalf of support staff about the necessity for the various support plans in different population groups.

Table 20: Housing and non-housing outputs by population group, cumulative data, January 2023

	All persons	Women	Aboriginal	NESB	High needs	Disability	Age		
							< 25	25–44	45+
Number of persons referred	1,355	431	450	99	127	555	114	589	643
Proportion of persons referred	100%	32%	33%	7%	9%	41%	8%	43%	47%
Housing outputs (Objective 1)									
Housed	81%	77%	80%	78%	94%	91%	75%	81%	82%
Housed within 4 weeks	48%	38%	45%	53%	41%	43%	42%	47%	49%
Housed within 6 weeks	59%	48%	54%	64%	54%	55%	53%	57%	61%
People with long-term housing plan	60%	57%	59%	68%	48%	70%	57%	58%	63%
Non-housing outputs									
Objective 2: Health and wellbeing plan*	36%	29%	42%	42%	41%	43%	33%	33%	39%
Objective 3: Family culture community support plan*	26%	26%	22%	23%	25%	30%	28%	22%	29%
Objective 4: Living skills and tenancy management plan*	73%	74%	71%	79%	75%	80%	70%	70%	76%
Objective 5: Positive structured activities plan*	22%	21%	18%	20%	23%	29%	27%	16%	26%

* *Percentage of all persons or demographic subgroup with a plan for this item.*

Source: DCJ.

11. High Needs Packages

- High Needs Packages aimed to facilitate access to additional case management and specialist services, and to assist in making successful NDIS applications.
- A total of 105 High Needs Packages were awarded.
- CHPs and support providers strongly supported that High Needs Packages provided flexible funding to address clients' additional needs.
- The degree to which CHPs and support providers applied for and made use of High Needs Packages was uneven.
- Not all funds awarded for High Needs Packages were expended (with an underspend of $2.96 million); unexpended funds are being redeployed to support clients in the form of one-off grants.
- Independent administration of the High Needs Packages by Homelessness NSW worked well from the point of view of DCJ and providers.
- Most CHPs and support providers felt that the application process for High Needs Packages worked well.
- Initial challenges with the application process were largely addressed with additional training and support from Homelessness NSW.
- CHPs and support providers indicated that invoicing for High Needs Packages was cumbersome.

- **The degree to which High Needs Packages facilitated NDIS applications is unclear. The NDIS application process was difficult, time-consuming and frustrating, and providers sometimes struggled to engage clients in the application process.**
- **When NDIS packages were approved, this was of great benefit to clients.**
- **Administrative program data on referrals to the NDIS indicate a very low rate of referrals. It is possible that this is due to inaccuracies in how data were recorded. This will be further investigated in the Final Report.**

This section of the report assesses the effectiveness of High Needs Packages in terms of uptake by providers and the degree to which they facilitated client outcomes and access to NDIS packages.

High Needs Packages aimed to promote personal recovery and social inclusion through the provision of additional case management and specialist services.[39] In addition to meeting clients' support needs, a key function of the High Needs Packages was to assist in making successful NDIS applications. A key benefit of the High Needs Packages was that they could be used to address client needs that had gone unaddressed for a long time, or where a person had fallen through the gaps because their issues did not fit a particular program or funding stream.

Overall, the evaluation found that the High Needs Packages were a successful component of the THP that allowed complex client needs to be effectively addressed, often using innovative approaches.

11.1 Administration of and access to High Needs Packages

Independent administration of the High Needs Packages by Homelessness NSW worked well from the point of view of DCJ and providers. The High Needs Assessment Panel was set up to have secretariat function, allowing experts to make the decisions about allocation of packages (see Section 7.2).

The evaluation found that there is scope to further refine the model by which High Needs Packages are applied for and delivered. Data from the evaluation shows that not all CHPs and/or support providers applied for High Needs Packages. Some reasoned that they did not require High Needs Packages as client needs could be met through other programs and funding streams. Others indicated that they found the application process too difficult, did not fully understand the process, or that allocations of High Needs Packages had been exhausted by the time they were ready to apply.

Estimating the correct amount of funding to request was an issue for providers initially. This was borne out by the considerable proportion of awarded High Needs Package funding that remained unexpended (see Section 11.2). In response, DCJ commenced awarding unexpended funding as one-off grants.

Several consultation participants expressed that over time they had learnt to refine their application process for High Needs Packages and to better estimate the costs for required supports for their clients.

39 https://homelessnessnsw.org.au/project/together-home-high-needs-packages/; *Together Home Program Guidelines*, May 2022.

11.2 High Needs Packages awarded

By 4 November 2022, a total of 105 High Needs Packages had been awarded (Table 21). However, not all funds awarded were expended by CHPs and support providers; Homelessness NSW confirmed an underspend of $2.96 million. In response, DCJ and Homelessness NSW determined that the unexpended funds would be delivered to support clients in the form of one-off grants (Table 22).

Table 21: High Needs Packages and one-off grants awarded, current 4 November 2022

Tranche	One-off funding grants awarded	High Needs Packages awarded	Total
1	16	71	87
2	38	9	47
3	4	25	29
Total	**58**	**105**	**163**

Source: Homelessness NSW.

Table 22: Value of High Needs Packages and one-off grants awarded, current 4 November 2022

Tranche	One-off funding grants	High Needs Package expenditure approved	Total
1	$154,154	$2,483,958	$2,638,112
2	$401,667	$242,643	$644,309
3	$68,640	$432,934	$501,574
Grand total	**$624,461**	**$3,159,535**	**$3,783,995**

Source: Homelessness NSW.

The evaluation found that the degree to which CHPs and support providers applied for and made use of High Needs Packages was uneven. Data from the surveys and stakeholder consultations showed that most CHPs and support providers considered High Needs Packages an important component of the THP that allowed complex client needs to be addressed.

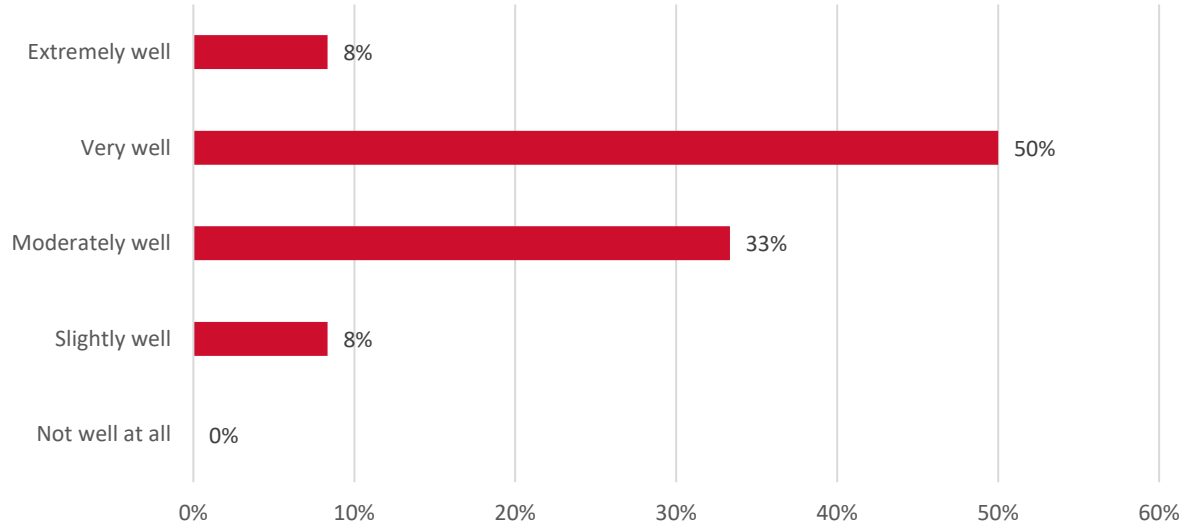
Preliminary findings from the ALM case study indicate that High Needs Packages did not work well for Yerin (see Section 13.4)

11.3 CHP adoption of High Needs Packages

Survey results showed that 12 out of 19 CHPs applied for High Needs Packages. Responsibility for making applications for High Needs Packages varied across providers. In the survey, four CHPs indicated that this was their role; 10 indicated this was the role of the support providers; and five indicated that applications were a joint effort between the CHP and the support provider.

Most CHPs indicated that the application process worked very well or extremely well (58%), with a further 33 per cent stating that it worked moderately well (Figure 23).

Figure 23: CHPs' views on how well the application process for High Needs Packages worked



Note: N=12.
Source: Authors.

Reasons given by CHPs for not applying included:

- initial lack of understanding about High Needs Packages
- allocations being exhausted
- advice that it was unlikely packages would be awarded
- lack of clarity about who was eligible.

Consultations showed that some CHPs and support providers found the application process cumbersome and time-consuming.

> *Additional training on how to complete the referral with what the panel exactly want could have been improved in the early stages to assist support workers with ensuring they are providing the exact details wanted by the panel. (CHP)*

While the application process experienced some initial challenges, these were largely addressed with additional training and support from Homelessness NSW.

> *We received guidance about how to obtain a positive result in applying for High Needs Packages, which is when the process improved. (CHP)*
>
> *Homelessness NSW staff were extremely helpful and the panel has been quite flexible in moving money from one category to another, or providing additional funds as needs became obvious. This has been very helpful in getting the right supports for people, even though clients are often very slow to take up the additional supports. (CHP)*
>
> *In later tranches, it was helpful having examples of successful applications and what types of things had been applied for. (CHP)*
>
> *High Needs Packages were highly targeted and so once clarity was provided the process worked better and providers understood who was being targeted. (CHP)*

Some CHPs found the application process and invoicing for High Needs Packages challenging.

> *The application process was convoluted and required quite detailed assessment of needs and the proposed service response, including quotes. When client needs changed and additional and different supports were required, it was overly complicated to go back and re-apply. Invoicing was also complicated, as the CHP was required to invoice Homelessness NSW for the total amount and then the various services that were contracted under THP were tasked with coordinating the extra services, who then had to be paid—causing many chains of invoicing between organisations. (CHP)*

CHPs acknowledged that High Needs Packages allowed them to provide extra support for clients who had additional needs.

> *Generally, most applications have been approved and the funding has enabled an additional level of supports for clients that might not have been otherwise offered if it weren't for the High Needs Packages. The additional funding has supported critical clients in sustaining their tenancies, and without the extra funds this might not have been possible. (CHP)*

> *The High Needs Package funds were critical in achieving some of the outcomes for participants, with the majority of funds applied for being allocated for increased support for health and wellbeing. All of our participants have benefitted greatly from the High Needs Package funding. (CHP)*

> *Access to regular psychological services [was] very positive; funding to support family restoration (fares, accommodation, etc.) [were] very positive. (CHP)*

11.4 Support provider adoption of High Needs Packages

Survey results showed that 72 per cent of responding support providers had applied for High Needs Packages (Table 23). In most cases (59%), it was the responsibility of the support provider to apply for High Needs Packages, though in a quarter of cases this was a joint responsibility between the support provider and the CHP. It was less common (16%) for the CHP to be solely responsible for applications (Table 23).

Table 23: Support provider applications for High Needs Packages

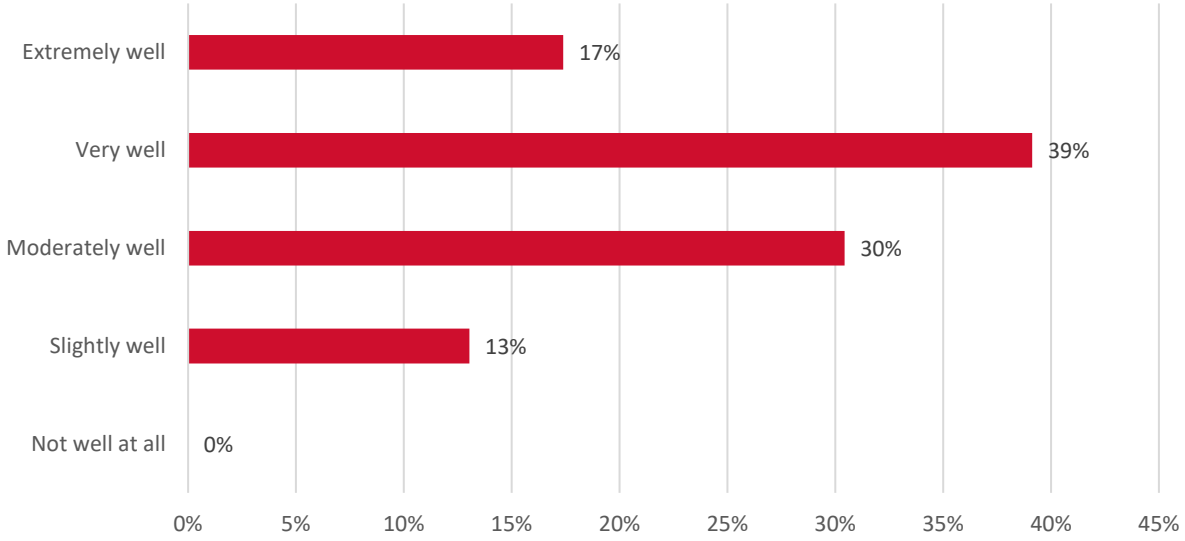
Answer	%	Count
Applied for High Needs Packages		
Yes	72	23
No	28	9
Total	**100**	**32**
Responsibility for High Needs Package applications		
CHP	16	5
Support provider	59	19
Joint application	25	8
Total	**100**	**32**

Source: Authors.

Support providers gave the following reasons for not applying for High Needs Packages:

- clients disengaged with the program prior to the application being submitted or did not agree to be part of High Needs Package
- other sources of funding were available to address client needs (e.g., Community Living Supports, Supporting and Securing Tenancies)
- clients did not need High Needs Packages
- CHP did not suggest High Needs Package
- did not understand what could be funded through High Needs Packages
- packages ran out before provider had clients who matched High Needs Package criteria.

Figure 24: Support provider perceptions of how well the application process for High Needs Packages worked



Note: N=23.

Source: Authors.

Most support providers (56%) thought the application process for High Needs Packages worked well or very well (Figure 24).

Several respondents noted that it took some time for staff to understand how to apply for High Needs Packages and that the application process could be time-consuming. Even those who struggled with the application process noted that the High Needs Packages were important in providing additional support that program funding would not have been able to offer otherwise.

> *The High Needs Packages my provider applied for were declined and case workers had to follow up the application, e.g., client went to dentist and needed major work done. Client was requested to return for mouldings and other prep work to be done, then to only have his application declined. (Support provider)*

Several respondents highlighted that the process around invoicing for High Needs Packages was cumbersome.

> *The invoicing approach was complicated from support provider to CHP to High Needs Panel. This required a lot of coordination between all three parties to work out who has invoiced and for what, particularly when packages were being reviewed/renewed. (Support provider)*

> *Something that didn't work well was the CHP having to hold the funding. This caused issues with triple handing as the support provider would organise and often pay for the support before invoicing the CHP for reimbursement. (Support provider)*

Respondents thought that High Needs Packages provided flexible funding for people who would have otherwise not been able to meet their goals without the support.

> *[A positive was the] ability to meet needs not available through mainstream processes. (Support provider)*

> *The packages provided a higher level and more specialised types of support for complex needs; each package that we were involved with provided very strong outcomes. A key aspect of this is the ability to use expert services such as medical and psychology specialists, OTs and targeted supports. (Support provider)*

11.5 High Needs Packages and referrals to the NDIS

A key function of the High Needs Packages was to assist in making successful NDIS applications; however, it is not clear whether this was achieved. This will be further explored in the Final Report. The survey showed that almost all support providers assisted clients to apply for NDIS packages, and that a total of 260 applications to the NDIS were submitted.

Survey respondents overwhelmingly indicated that they found the NDIS application process difficult, time-consuming and frustrating.

> *Nothing is working well. The process for applying for the NDIS with very vulnerable and unwell people, often having mental health, drug and alcohol issues or reduced capacity, is not an easy process. The whole process for the NDIS is set up for people who can easily navigate with very little support. Or people that have the capacity to follow through with requests to continue with the application. (Support provider)*

Support providers identified the following areas of difficulty with the NDIS application process:

- The need to upskill staff to enable them to complete NDIS applications:

  > *Staff have required upskilling in supporting a client to apply for NDIS, including understanding how to provide good evidence proving long-term impacts, which can be challenging for some diagnosis. (Support provider)*

- The cost of assessments required to support an application.
- Difficulties in gathering required assessments and supporting documentation:

  > *Many clients have dual diagnosis, such as substance use, which can be challenging to be assessed and approved. (Support provider)*

  > *NDIS requires when they were diagnosed and who they were diagnosed by—many clients don't have access to this information. Going through the process from the start can be re-traumatising. (Support provider)*

  > *By far the most significant issue is compiling adequate medical evidence; many of the clients experience undiagnosed mental illness or complex medical conditions that have not been diagnosed. Wait times and access to specialists provide limitations and it is increasingly difficult to access the NDIS in relation to psychosocial disability. (Support provider)*

- Long delays in decision-making.

In addition to the bureaucratic hurdles, providers sometimes struggled to engage clients in the application process.

> *Some clients are hesitant to apply due to stigma, particularly around mental health, being declined previously, the process being overwhelming. (Support provider)*

> *Evidence-gathering can be overwhelming for participants. Many participants that we suggest could be eligible to be assessed decline the offer. Similarly, they decline to be assessed for the DSP—often citing longstanding beliefs that disclosing their medical issues/histories will not get an outcome; that the system is against them; or that they are unwilling to go through testing and assessment of their functionality and health status. (Support provider)*

In order to overcome these hurdles, some providers had partnered with specialist NDIS support services.

> *Linking in with an NDIS specialist support service has worked really well. The process is complex, so having that resource is useful. (Support provider)*

On the positive side, when NDIS packages were approved, this was of great benefit to clients.

> *Participants who have obtained NDIS packages are receiving supports that complement and strengthen their ability to maintain tenancy, e.g., living skills, regular medication adherence, social activities, family connection. (Support provider)*

Some support providers felt that NDIS supports were a logical continuity of support after the THP, and that the overlap of NDIS services with THP case management provided clients with the time to develop confidence and capacity to engage with NDIS services independently.

Another issue was related to High Needs Packages ceasing when clients were awarded a NDIS package.

> *It's a shame that clients with NDIS packages needed to cease their funding once approved for NDIS. At times the additional funding supported the much needed supports for really high needs clients in addition to NDIS, as not always do clients get the right packages approved via NDIS and may still be restricted. (Support provider)*

Administrative program data for the THP shows that by January 2023, only nine (7%) of the 127 clients with a High Needs Package were referred to the NDIS; overall, only 5 per cent of clients were referred to the NDIS (Table 24).

Table 24: Proportion of clients referred to the NDIS, cumulative administrative program data, January 2023

	Yes	No	All
Client has a High Needs Package	127*	1,228	1,355
Client referred to NDIS	9	59	68
% clients referred to NDIS	7%	5%	5%

* *Note: There is a discrepancy between the cumulative administrative data to January 2023 (which shows that 127 High Needs packages had been awarded to THP clients) and the data supplied by Homelessness NSW (which records 105 High Needs Packages).*

Source: Authors.

Calculated in relation to the KPI of 80% of clients being referred for assessment for NDIS eligibility within two months, if required, data show that 57 per cent of this target was achieved (39 clients) (Table 25).

Table 25: Number of people referred for assessment for NDIS eligibility within two months, if required, cumulative program data, January 2023

	Target	Actual	Percentage Target 80%
Tranche 1	41	20	49%
Tranche 2	17	12	71%
Tranche 3	10	7	70%
ALM	0	0	0%
Total	**68**	**39**	**57%**

Source: Authors.

Overall, the available data on referrals to the NDIS indicate a very low rate of referrals. It is possible that this is due to inaccuracies in how data were recorded. This will be further investigated in the Final Report.

12. Funding

- **Overall, CHPs and support providers thought that the funding was sufficient to deliver the program.**
- **Financial pressure points for CHPs included the high cost of private rentals in some markets, and the costs of rent arrears and property damage.**
- **While only 25 per cent of CHPs cross-subsidised or supplemented THP funding with other funding streams, 43 per cent of support providers did so.**
- **Flexible funding contributed to positive client outcomes.**
- **CHPs used different models to contract support providers, most commonly block funding or fee for service.**

> *The funding to cover housing and support under THP is more generous than standard transitional housing models and previous Housing First programs such as STEP, and is a great recognition of the true costs involved in supporting such a complex cohort. (CHP)*

This section of the report uses survey data to assess the degree to which CHPs and support providers considered the THP to be adequately resourced. Overall, CHPs and support providers thought that the funding was sufficient to deliver the required supports, though the cost of headleased housing in very competitive rental markets was a pressure point for the program.

12.1 Adequacy of funding provided to deliver the THP

Based on survey data, CHPs considered THP funding to be mostly or somewhat adequate to deliver the program (Figure 25). The main pressure points were the high cost of private rentals in some markets. Only four out of 16 responding CHPs indicated that they cross-subsidised or supplemented THP funding with other funding streams. CHPs commented that this cross-subsidy usually consisted of in-kind staff time (management and frontline workers).

CHPs appreciated the ability to be flexible in using the funds.

> *The underspend from accommodation in Tranche 1 assisted to extend wrap-around supports for those clients that needed the extra time. These clients being the first in the program needed more time for the program to develop, as it was introduced very quickly. (CHP)*

Most CHPs thought that changes in funding across tranches did not affect the way they provided the program. For example, one CHP commented:

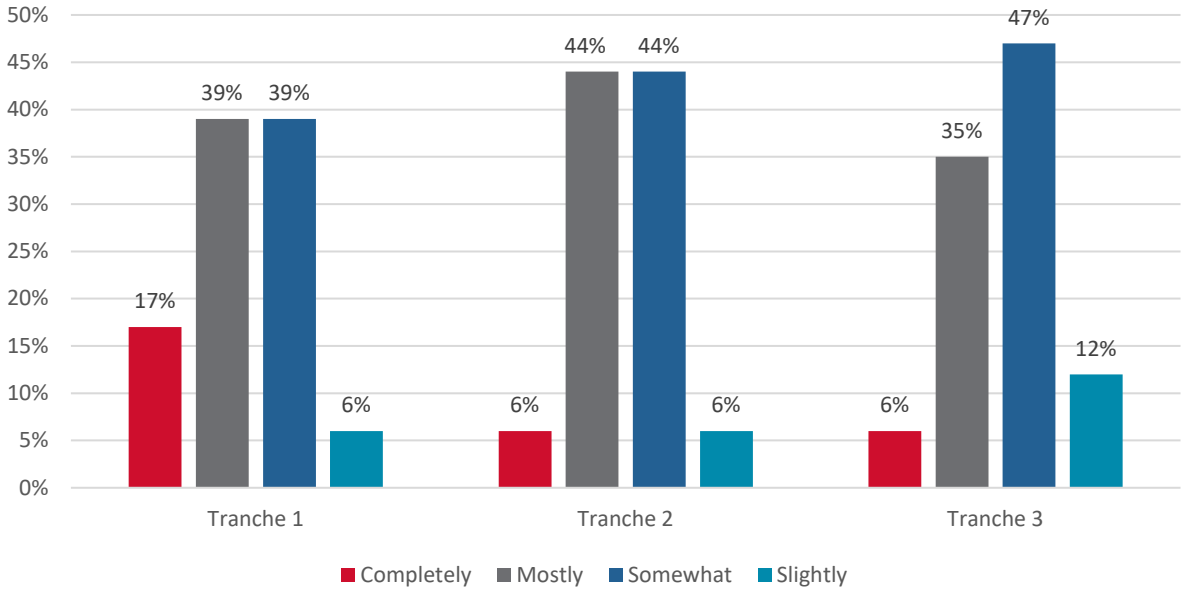
> *For Tranche 1, given the short timeframe to arrange support contracts, we agreed to provide the support funding in full to the one support provider and enabled [them] to use the funds flexibly to employ case-manager resources and pay for practical, material and other supports for THP clients as required. With more time to prepare, and more support service organisations to contract with in subsequent tranches, we agreed a set dollar value per client per year, with some reserve funding available for additional specific supports as required. This allowed a reconciliation and redistribution for any clients exiting the program prior to the two-year period, to extend support to others for beyond the two-year period. (CHP)*

However, another CHP noted that: 'The reduced funding meant we had to reduce brokerage expenditure and staffing costs [and] increase in caseloads in some circumstances.'

12.2 Funding for housing

Across all three tranches, most CHPs (T1 56%; T2 50%; T3 41%) thought that the funding they received for the provision of housing was completely or mostly sufficient. A further sizeable proportion (T1 39%; T2 44%; T3 47%) indicated that the level of housing funding was somewhat sufficient. Data indicate that the level of satisfaction declined slightly from T1 to T3 (Figure 25).

Figure 25: How sufficient was the allocated funding for housing?



Note : T1 & T2 N=18 ; T3 N=17

Source: Authors.

Most CHPs felt that flexible funding contributed to positive client outcomes.

> *The funding has been useful in … supporting clients with wrap-around supports, housing needs such as furniture, and fee for service or additional supports that are not otherwise offered within the general service delivery. (CHP)*

The increase in market rents in some markets and the low vacancy rates were a pressure point for the financial viability of the program in some areas. Several CHPs commented that funding was not sufficient in relation to the cost of sourcing headleases.

> *The funding didn't reflect the realistic value of the private rental market. (CHP)*

> *Tranche 3 has been difficult due to the steep increase in the private rental market. Across all tranches, it has been found that there may not be enough funding provided to cover things such as property damage that is inevitable when working with the complexities involved in this program. (CHP)*

Several survey respondents commented that they were affected by the costs of rent arrears and property damages.

> *Provision for things such as property damage may need to be considered in more detail for any future tranches, as these can be expected when working with such a vulnerable cohort. (CHP)*

> *The biggest issue we have seen is in regard to tenancy damages/rent arrears … it would be helpful to be able to support the more complex clients with property damages so that their tenancies could be further sustained, or so that the CHP could consider sourcing replacement tenancy. (Support provider)*

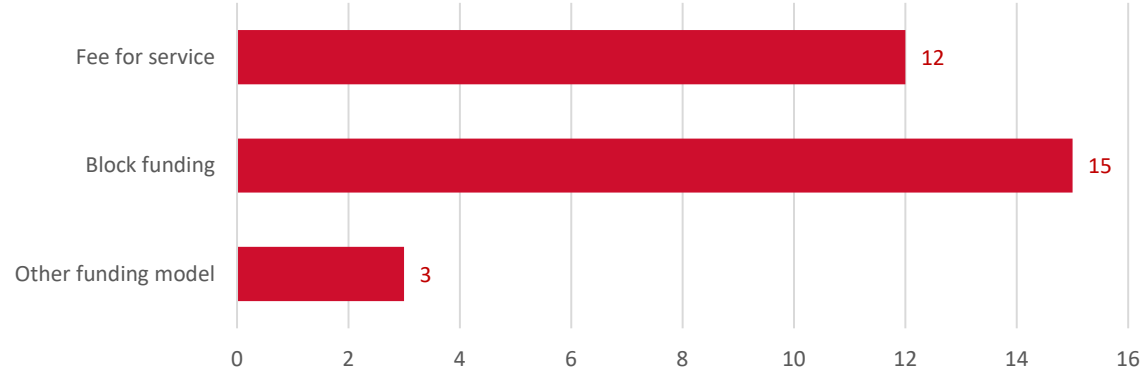
Some CHPs found the changes in funding difficult to navigate.

> *Ending of the T1 support period has been very confusing, with extra funding extending the support period for some clients. This has been very difficult to understand and navigate. (CHP)*

12.3 Funding for wrap-around services

CHPs used different models to contract support providers. Most support providers received block funding (50%) or delivered services on a fee-for-service basis (40%) (Figure 26). Two providers were funded using a combination of block funding and activity-based funding, while one provider was funded on a per client basis.

Figure 26: On what basis are support providers funded to provide support to THP clients?



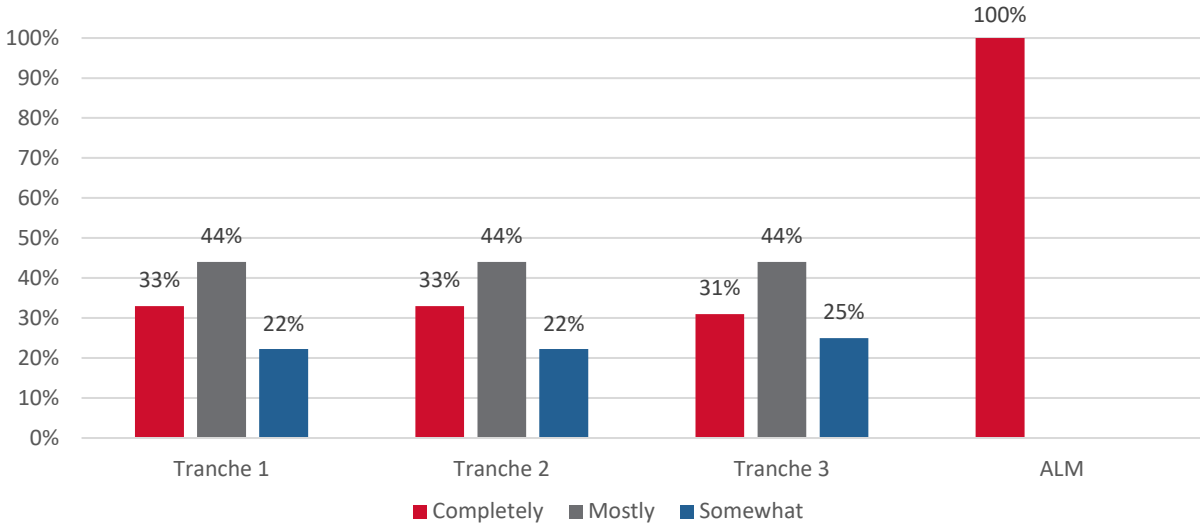
Note: N=30.

Source: Authors.

Figure 27 shows that most CHPs thought that the funding provided for wrap-around support services was completely or mostly sufficient (T1 77%; T2 77%; T3 75%), with only very minor variation across the tranches.

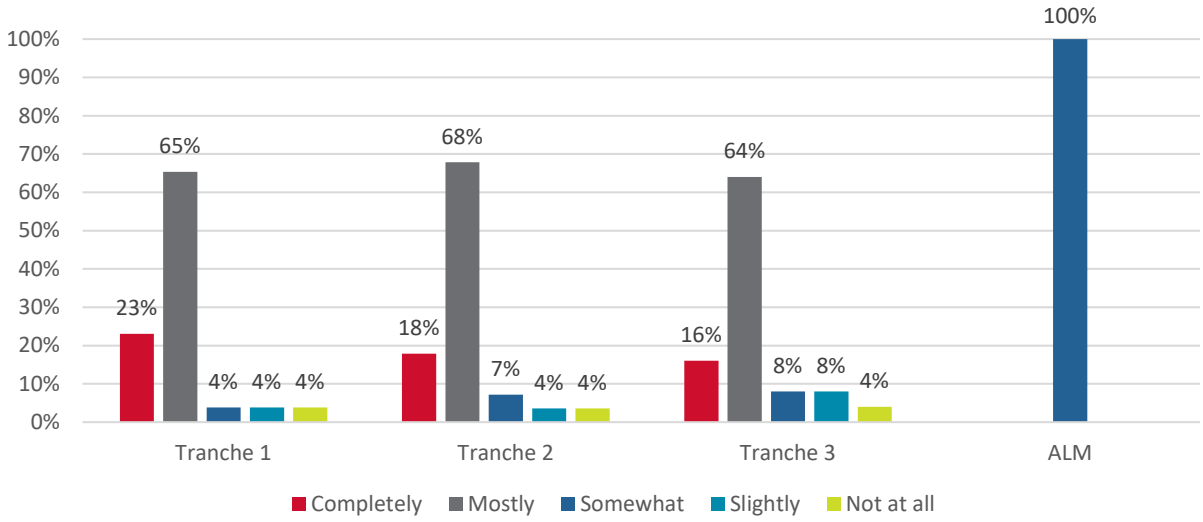
Similarly, Figure 28 shows that support providers also thought the THP funding they received from CHPs was completely or mostly sufficient (T1 88%; T2 86%; T3 80%). The CHP thought the funding allocated to the ALM for wrap-around support was completely sufficient, while the support provider thought this was somewhat sufficient.

Figure 27: CHP perceptions of the adequacy of THP funding for wrap-around support



Note : T1&T2 N=18; T3 N=16; ALM N=1.
Source: Authors.

Figure 28: Support provider perceptions of the adequacy of THP funding for wrap-around support



Note: N=28.
Source: Authors.

Compared to the low proportion (25%) of CHPs who cross-subsidised the THP from other funding, many (43%) support providers who responded to the survey indicated that they did so.

> *[Name of provider] has not had direct out-of-pocket expenses, however contributes to the program in-kind through staffing delivery costs. (Support provider)*

> *Due to unforeseen expenses, such as multiple moves, storage units, repairs etc., we have had to utilise other streams of funding to ensure we don't use all the allocated brokerage for our clients. (Support provider)*

Support provider opinions diverged on whether there was enough funding for case management and manageable caseloads.

> *Maintaining low caseloads for case managers is difficult with the current funding arrangement, leading to some salaries being subsidised from elsewhere in the organisation. (Support provider)*

> *Funding provided was sufficient for case managers to have a manageable caseload. (Support provider)*

> *Base THP funding is enough to pay for subsidy and establishment of tenancy, as well as basic casework. There is not enough funding for intensive support, nor is the base funding sufficient to allow for repairs to property or other issues that arise over the 24 months. (Support provider)*

Where additional funds were needed to address client needs, some CHPs accessed High Needs Packages.

> *[Funding was] sufficient. We were able to allocate funds for brokerage to meet support needs—meeting employment and nearly all other service costs. Where significant costs were required, e.g., dental care, we sourced High Needs Packages. (CHP)*

12.4 Changes to funding

In T3, DCJ made changes to the flexibility of funding and program duration clauses, which were applied retrospectively across all tranches (see Section 4.1.1). Consultations with DCJ indicated that the department thought these changes worked well to enable CHPs to better support clients. Consultations with CHPs confirmed this perception, and CHPs were appreciative to now have scope to use funding more flexibly to support clients over longer periods of time, if needed.

It is as yet unclear how this change is being leveraged by CHPs for clients' benefit and what the consequences (if any) will be for CHPs who have subcontracted support providers using different models, such as block funding or fee-for-service models. For example, support providers may have hired staff on fixed-term contracts, potentially impacting their ability to service the clients beyond a contracted period.

13. Culturally appropriate services

- A third (33%) of THP clients identify as Aboriginal, and the delivery of culturally appropriate services is a key principle underpinning the program.
- The degree to which the THP delivered culturally specific support varied; some providers had good relationships and worked with ACCOs; others had no identifiable strategy to provide culturally specific support.
- No Aboriginal housing providers were contracted for the THP, due largely to there being no Aboriginal housing providers in the CHLP, which is the foundation for THP contracting. Most CHPs did not contract formally with Aboriginal organisations to provide support.
- The ALM is a strength of the THP that aims to provide culturally informed and appropriate support; early indications are that the model worked well for the support provider, Yerin.
- CHPs and support providers used a range of activities to facilitate cultural safety, including cultural-competence training for staff, processes to refer clients to ACCOs if requested, partnerships with Aboriginal organisations, and Aboriginal-specific support planning.
- The surveys showed that most CHPs (68%) thought that the THP provided culturally safe and appropriate housing, and most support providers (83%) thought that the THP provided culturally safe and appropriate support.

The delivery of culturally appropriate services is a key principle underpinning the THP model, and 33 per cent of THP clients identify as Aboriginal.

This section of the report describes the ALM, and provides findings from the survey of CHPs and support providers about the degree to which the THP delivers culturally appropriate housing and supports.

One of the insights from the Early Findings Report was that the degree to which the THP delivered culturally specific support varied; that insight is confirmed by this Interim Evaluation Report. Some providers had good relationships with local support providers and worked with ACCOs, especially where there were pre-existing relationships. Other providers had no identifiable strategy to provide culturally specific support. No Aboriginal housing providers were contracted for the THP—due largely to there being no Aboriginal housing providers in the CHLP, which is the foundation for THP contracting—and most CHPs did not contract formally with Aboriginal organisations to provide support. However, the inclusion of the ALM from T2 onwards was a unique feature of the THP and delivered culturally tailored support to Aboriginal clients (see Section 4.1.10).

13.1 Culturally appropriate support

THP design has an emphasis on cultural appropriateness and safety in program governance, guidelines and operation.

The THP, together with Homelessness NSW and the Community Housing Industry Association, sought to build the capacity of CHPs and support providers to offer culturally appropriate support. This involved offering training on Aboriginal Cultural Safety. CHPs and support providers used a range of activities to facilitate cultural safety, including cultural-competence training for staff, having processes to refer clients to ACCOs if requested, and partnerships with Aboriginal organisations. Some offered Aboriginal-specific support planning and consulted with Aboriginal stakeholders to ensure that the service approach was culturally sensitive.

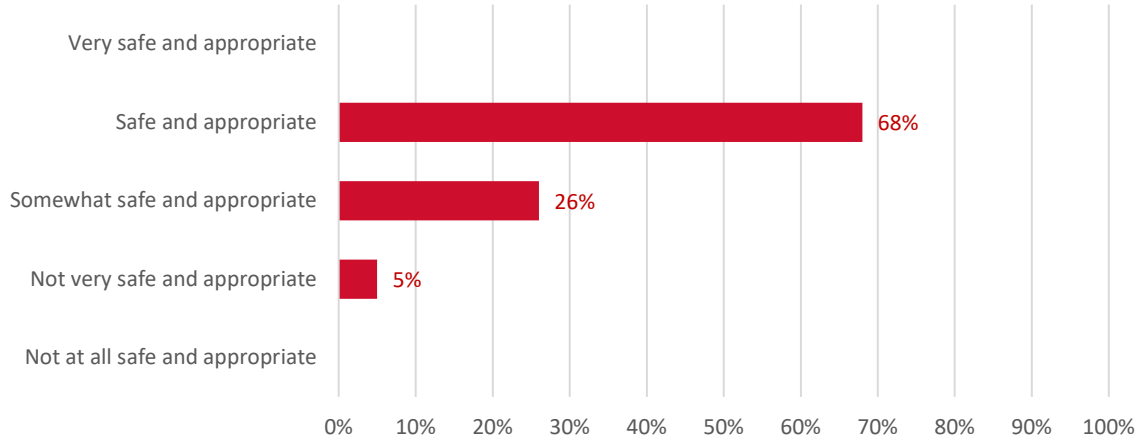
Nonetheless, the degree to which the THP delivered culturally specific support varied. Some providers had good relationships with local support providers and worked with ACCOs, especially where there were pre-existing relationships. Other providers had no identifiable strategy to provide culturally specific support. No Aboriginal housing providers were contracted for the THP—due largely to there being no Aboriginal housing providers in the CHLP, which is the foundation for THP contracting. Most CHPs did not contract formally with Aboriginal organisations to provide support.

13.2 CHP perceptions of cultural safety

This section uses survey data to examine how CHPs and support providers perceived their capacity and the degree to which the THP provided culturally safe and specific support.

Most CHPs who responded to the survey thought that the housing provided by THP was culturally safe and appropriate (68%) or somewhat safe and appropriate (26%) (Figure 29).

Figure 29: CHP perceptions of how culturally safe and appropriate THP housing is



Note: N=19.

Source: Authors.

Some CHPs reported that:

> *The lack of housing options makes matching of Aboriginal clients to safe and appropriate housing a challenge. (CHP)*

CHPs used a range of activities to facilitate cultural safety (Figure 30). Almost all (18) provided cultural-competence training to staff, and most (16) had established processes to refer clients to ACCOs if requested and were in partnerships with Aboriginal organisations (15). However, only seven CHPs provided Aboriginal-specific support planning, and 11 consulted with Aboriginal stakeholders to ensure that the service approach was culturally sensitive.

Figure 30: Activities undertaken by CHPs to facilitate culturally appropriate and safe support

Note: N=19; multiple responses allowed

Source: Authors.

Some CHPs had high proportions of Aboriginal clients, which reflected the high Aboriginal population of the area in which they operated. Consequently, cultural safety was a focus of their housing and support provision.

> *Some 80 per cent of our THP clients are Aboriginal, which equates with the high-level Aboriginal populations in the region. All staff receive cultural-competence training, and a high portion of staff recognise as Aboriginal. We have an Aboriginal specialist staff member who supports clients and provides advice on culturally specific practices under an Aboriginal Tenancies Matter program. We recognise that with many individual THP clients, comes the mob, other family members, children and grandchildren, who often overstay and can also take advantage of the THP client. We have staff who understand and deal with these issues and also gather other support agencies and the Aboriginal Housing Office to assist where possible. We refer people to Services Our Way[40] regularly. (CHP)*

Several CHPs highlighted the importance of 'having a culturally appropriate and safe work place and support coordination' and recruiting staff from diverse backgrounds to enhance culturally appropriate service delivery and support, and to advocate for clients.

> *We employ Aboriginal staff wherever possible, or provide an Aboriginal support worker to act as support person in all meetings, in particular external meetings, reporting to police, if there is an issue, etc. (CHP)*

Some CHPs were cognisant of the fact that Aboriginal tenants had close connections to their family and kin and that appropriate support needed to account for this.

> *Recognising the cultural requirements of Aboriginal people is paramount, and that a single client may come with the issues and tenancy needs, or many family members, sometimes adding to the pressure and responsibility on the client, such that they may feel it is simply easier to return to street sleeping than carry the family responsibility. (CHP)*

However, some providers acknowledged that culturally specific services were not available within their networks.

> *Unfortunately, we do not have Aboriginal-specific services for THP. We do work with First Nations people and refer them to Aboriginal-specific services if requested. (Stakeholder)*

13.3 Support providers' perceptions of culturally appropriate support

The survey asked support providers whether they provided Aboriginal-specific services to the THP. Only five out of 30 respondents provided Aboriginal-specific services, and only one out of 31 respondents was an ACCO.

Support providers who provided Aboriginal-specific services used one or several of the following strategies to tailor support.

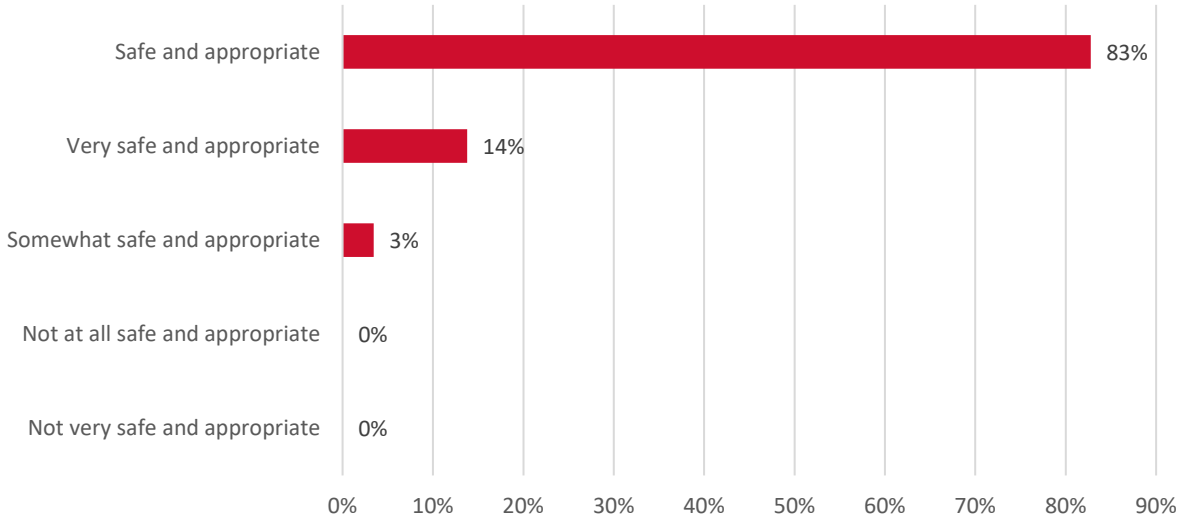
- Aboriginal case manager.
- Aboriginal Welcome Worker who provides a culturally specific response, including conversations about connection to culture, family, land and spirituality. This assists in making connections with Aboriginal-specific supports—health services, community engagement, Aboriginal Housing Officer—and engaging with the client's family.
- Identified processes, with which all staff are familiar, to ensure that Aboriginal clients have access to an Aboriginal worker and clear processes to refer to Aboriginal specialist services as required.

40 Services Our Way (SOW) provides culturally appropriate service coordination, support and capacity building for Aboriginal and Torres Strait Islander people and families experiencing vulnerability, enabling them to improve their wellbeing and achieve their goals. https://www.aho.nsw.gov.au/programs/services-our-way.

- Aboriginal staff; if Aboriginal staff are not available, then an Aboriginal support worker is allocated from another team.
- Referrals to Aboriginal medical services, Aboriginal tenancy support advocacy services, lands council services, etc.
- Safe cultural environment and cultural support around case management, identity connecting to culture/ community and family.

Despite the low number of Aboriginal-specific services involved in the THP, almost all responding support providers (83%) thought that THP provided culturally safe and appropriate support, and 14 per cent thought the support was very safe and appropriate (Figure 31). It should be noted that respondents were largely mainstream services (with two exceptions), which assessed themselves as being culturally safe. The view may differ if Aboriginal clients or workers were asked.

Figure 31: Support provider perceptions of whether THP is culturally appropriate and safe

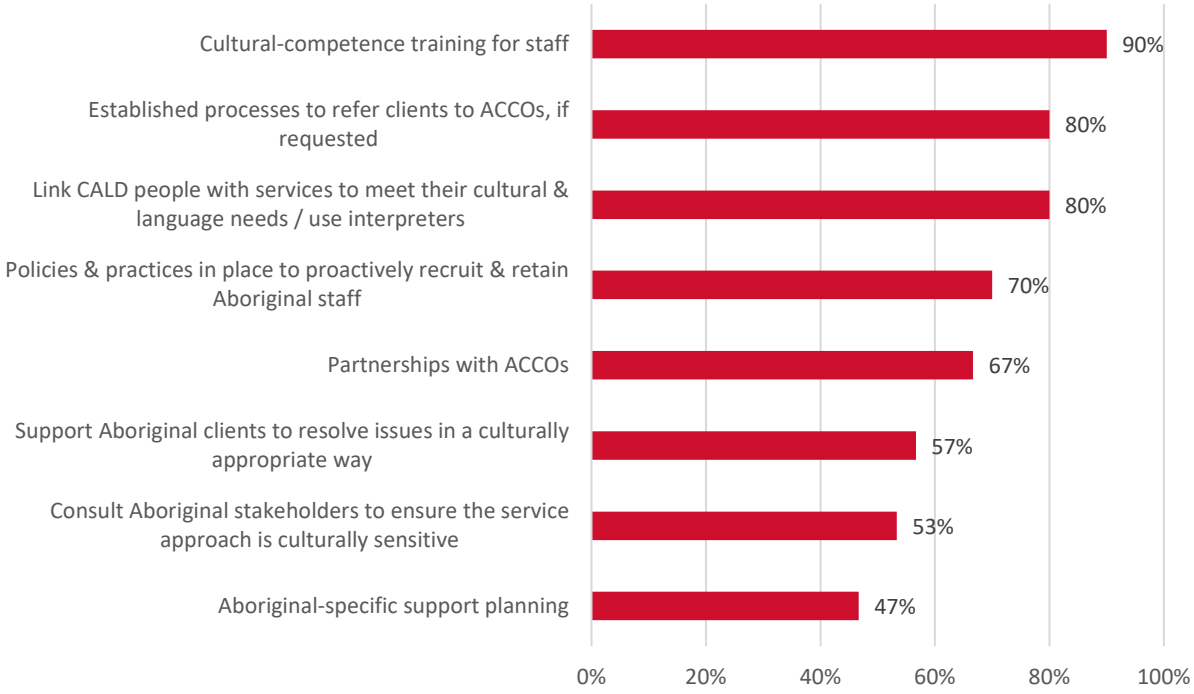


Note: N=29.

Source: Authors.

Survey data showed that support providers used a range of approaches to provide culturally safe and appropriate support. The most common were cultural-competence training for staff (90%); referral of clients to ACCOs if requested (80%); and linking with cultural and language services (80%) (Figure 32). More than two-thirds of organisations had policies and practices in place to proactively recruit and retain Aboriginal staff. More tailored approaches, such as Aboriginal-specific support planning, were used by less than half of respondents (47%).

Figure 32: Support provider activities to facilitate culturally appropriate and safe support



Note: N=30; 167 responses, multiple selections allowed.

Source: Authors.

> *As an Aboriginal Community Controlled Health Organisation (ACCHO), we pride ourselves on our ability to provide a culturally appropriate service to all clients and participants. (Support provider)*

In their comments, respondents highlighted a variety of ways in which they endeavoured to create culturally safe and appropriate support. Examples included:

- ensuring clients have control over their supports
- linking with appropriate CALD and Aboriginal-specific services as required/requested by the client
- employing Aboriginal staff
- working closely with ACCOs
- client-led conversations about connection to country, family, spirituality
- having a Reconciliation Action Plan (RAP)
- having an Aboriginal board member
- staff training
- expectation that staff apply principles of cultural safety to their work.

Some support providers were committed to improving the cultural safety of their services.

> *We obtain feedback and support from culturally specific services and seek relevant expertise when creating processes and frameworks. We seek regular feedback to review and improve our service delivery. (Support provider)*

> *[We are] currently undertaking to complete a reflect-level reconciliation action plan with the aim of embedding more culturally competent practice into our organisation. (Support provider)*

13.4 Early insights into the Aboriginal-led model

The ALM is an innovation of the THP that aims to provide culturally informed and appropriate support to Aboriginal people. The ALM is provided by Yerin and HiP in the Central Coast District. It has 35 THP packages and provides culturally specific support led by an ACCO.

A comprehensive analysis of the effectiveness of the model will be provided in the Final Report; a case study of the ALM is provided in a separate report. However, interviews and consultation with key stakeholders enable this Interim Report to offer initial observations on the operation and effectiveness of the ALM.

Under the ALM, the support provider, Yerin, is the lead and is directly contracted by DCJ, as is the housing provider, HiP. The evaluators found that positioning the ACCO as the lead had two key benefits: it prioritised a culturally safe operational framework, and it built the capacity of the ACCO.

Yerin employed a transdisciplinary model of care, where the client had direct input into driving the direction of supports to meet their needs. This included wrap-around support for medical, allied health, AoD and psychological services, along with social support groups and NDIS where applicable.

As the lead for the model, Yerin felt that they were enabled to self-determine ways of operating that best fit their model and organisation. This empowered Yerin to establish a culturally safe operational framework from the very beginning of this model. To make the selection, Yerin met with the CHP staff who would directly engage with THP clients.

> *We were able to really set the foundations right from the beginning as to this is our expectation, this is how we operate in our cultural space, and how we need you guys to work alongside of us. (Stakeholder)*

Yerin's position as lead provided opportunities to build their capacity. While Yerin was a service provider, they were also directly involved in and privy to aspects of the housing provision. To meet the demands of the THP, they expanded their team to include Aboriginal staff with housing provision expertise. In Yerin's collaborations with CHPs for other programs, they may not have had this exposure due to their peripheral status as the subcontractor.

> *It's actually been a really great way of two-way learning because this is a new space for us as well, as we are a community health organisation stepping into a housing area where we're pretty good at delivering the service supports, but that housing is something brand new. (Stakeholder)*

Yerin expressed that they had a strong level of commitment to their clients, and this spanned across the whole organisation as clients became 'part of the wider Yerin family' (Yerin stakeholder). They were committed to providing support both during and following the THP.

> *We have some clients who will be coming up to the end of their two years in March next year, but they're not going to actually exit any services from Yerin, and so they may exit the Aboriginal THP space but they've become part of the wider organisation, so there will always be a pathway back in with us, and we'll continue to help them in another capacity if this program ends … If they find themselves in trouble, they'll find their way back again. (Stakeholder)*

Yerin identified that a strength of their organisation was that they had staff with a broad range of skills and experiences. Yerin emphasised the importance of peer connections and strove to provide these, even when that was beyond that program team's immediate reach. This meant that in almost all instances there was a person to whom clients could relate to on a personal level.

> *That's been a benefit for my team up in that we all come from varying backgrounds and different experience, so there's not one client who has come through into our program who we haven't been able to relate to in some way, or to connect them with someone within the organisation who has had a similar experience. We have staff who work here who have been homeless themselves, who have struggled with addiction, who have struggled with incarceration, so there's been multiple points of connection for our clients coming through, so they're not just engaged with the THP team, they've become part of the wider Yerin family. (Stakeholder)*

Yerin commented that the intake and referral process worked well for them, as they had a high degree of autonomy.

> *Yerin had complete autonomy over the intake and referral process, which worked really well. We followed the program guidelines to develop our own intake system and we are able to monitor the referrals coming through. (Stakeholder)*

The high level of autonomy extended to Yerin's participation in the CRAG.

> *[What worked well was] Yerin having the autonomy to lead the CRAG from a trauma-informed and cultural lens was very positive. At times, DCJ staff […] challenged the decision-making process of the CRAG if they disagreed with the outcome of a referral. We felt pressured by DCJ when they were trying to push a client through who didn't meet the program criteria, or the client had been put in the too-hard category with other housing programs, and they were referred to Yerin as a last option. (Key stakeholder)*

For Yerin, this connection was key to trauma-based care, a fundamental component to their service provision.

> *Our past trauma and our experiences as Aboriginal people with previous policies, and just the history of Australia in general, we've really had to take a complete trauma-focus lens with what we're doing.*

Yerin found the process of applying for High Needs Packages 'unclear,' 'uncertain,' ever changing, and not timely.

> *Because of the nature of when we received our packages and the timing behind it, we don't sit nicely into Tranche 1, 2 or 3. We sit outside of that, so the justification for us to actually fit into one of those boxes when we didn't, meant that it was quite a difficult process for us to go through. (Stakeholder)*

> *They were piecing it together as they went along, which left us with service providers going, 'This is too hard, let's look elsewhere.' So we just went to where we knew we could get the services from, rather than trying to jump into an area which was complete uncertainty. (Stakeholder)*

While Yerin was grateful for the encouragement and extra assistance that DCJ provided to write High Needs Package applications, they still preferred to utilise other, more secure sources of funding, in particular the NDIS.

> *There was also an assumption that all our clients would need to access the High Needs Packages, when not all of them did. We actually had a very small number of people that came through and I think that was because we were able to leverage a lot of our resources that we already used in other community services programs. (Stakeholder)*

> *We did submit a couple of applications, but then those clients had their NDIS approved beforehand, so we withdrew those … it wasn't something that we relied on as an organisation to deliver the service to our clients. (Stakeholder)*

14. Client perspective

- **CHPs and support providers used a variety of methods to capture client progress and needs, including Independent Living Skills Assessments (ILSA), DCJ Client Information Management System (CIMS), PWI, VI-SPDAT, case reviews, reviewing client achievements against support plan goals and client surveys, as well as informal methods such as checking in with clients and monitoring changes in client behaviour.**
- **Clients actively engaging with case management and wrap-around support, having case plans and achieving their goals were frequently cited as markers of client success.**
- **Many CHPs had regular processes to get updates from support providers and to track client progress, such as coordination meetings with support providers, participant review meetings and case conferencing.**
- **The low number of responses to the client satisfaction and exit surveys (N=47) means that findings are indicative rather than representative.**
    - 90% felt the THP had improved their housing stability
    - 91% were very satisfied or satisfied with the property they moved into
    - 76% agreed or tended to agree that being in the THP had provided them with better access to support services
    - 87% were satisfied or very satisfied with the support they were receiving
    - 84% agreed or tended to agree that with support they were able to achieve the goals in their support plan.

This section of the report outlines how data on the client experience within the THP is captured. It draws on data from the surveys of CHPs and support providers, as well as the client satisfaction and exit surveys. The low number of responses to the exit surveys means that results are indicative rather than representative.

14.1 Assessing client progress and needs

The surveys of CHPs and support providers showed that CHPs used a variety of mechanisms to assess whether THP was meeting client needs. This included data from Independent Living Skills Assessments (ILSA) reports, CIMS, PWI, case reviews and reviewing client achievements against support plan goals. Where support was provided in-house, some CHPs used KPIs to monitor outcome measures to track client progress.

> *Each client has a support plan which outlines their support needs, including the wrap-around services required to address their needs. It is the responsibility of the support worker to manage/ coordinate these supports and monitor whether the client is engaging. (CHP)*

Many CHPs had instituted regular processes to get updates from support providers and to track client progress, such as coordination meetings with support providers, participant review meetings and case conferencing. CRAG meetings were another source of information about clients at entry. CHPs also used informal means, such as regular 'check-ins' with clients, observing good property care and living skills, and monitoring changes in behaviour. Some CHPs assessed client progress on the basis of their ability to sustain a tenancy. Some CHPs used client surveys, and several indicated they used direct feedback from clients where they had a good relationship with support providers.

> *Regular meetings with support partners [to] discuss tenancy sustainment and stability, as well as review of PWIs for all tenants. Dashboard data is provided quarterly from support partners to review wellbeing and discussed at regular meetings. Issues of breakdowns of support are also discussed at these meetings, and strategies for re-engagement. Tenants are encouraged to provide feedback on services provided, and a telephone survey is issued to any tenants who make telephone contact to provide feedback on our services. A tenants' compliments, complaints and appeals process is promoted to all tenants. (CHP)*

Similarly, support providers used a combination of formal and informal approaches to track client progress. Formal tools such as VI-SPDAT, PWI and ILSA were commonly used, along with formal and informal client feedback.

> *One of the tools we can see that THP is working is with the PWI scores. This also is a visual for the clients to see improvements. Also showing clients their case plans and situations that have improved or that they struggled with early on and now do individually. (Support provider)*

Clients actively engaging with case management, having case plans and achieving their goals were also frequently cited as markers of client success. This included engagement with wrap-around supports such as mental health and AoD services.

Housing stability and property care were other important indicators of client success.

> *For some clients, it's whether they have moved through to more sustainable long-term (independent) housing, and for others it is the fact they were able [to] remain in the program and not be evicted. (Support provider)*

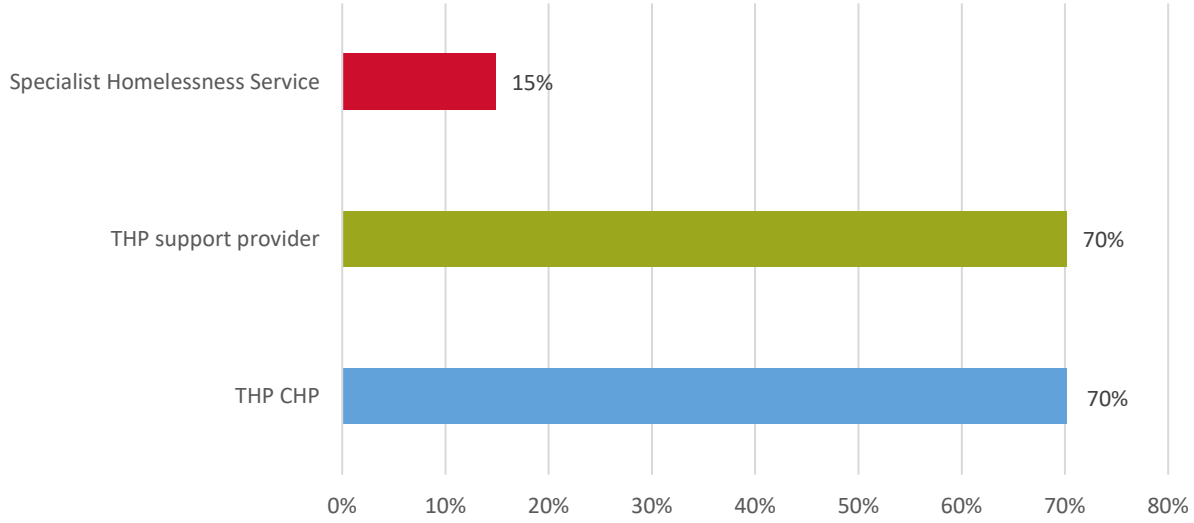
14.2 Client satisfaction survey

Good people … good program … (Client)

This section summarises client outcomes based on an analysis of data from the client satisfaction survey implemented by DCJ and CHPs. By November 2022, the client surveys had received a total of 47 responses.[41] The low number of responses means that the findings from these surveys do not have statistical significance, and serve only to illustrate the experiences of some clients in the program.

The survey asked clients which supports they had received during their time in the THP (Figure 33). Most respondents (70%) indicated that they had been connected with a THP support provider and a CHP. Only a minority (15%) had been connected with a Specialist Homelessness Service (SHS) provider.

Figure 33: During my time in the THP I have been connected with …



Note: N=47.

Source: DCJ client satisfaction and exit surveys

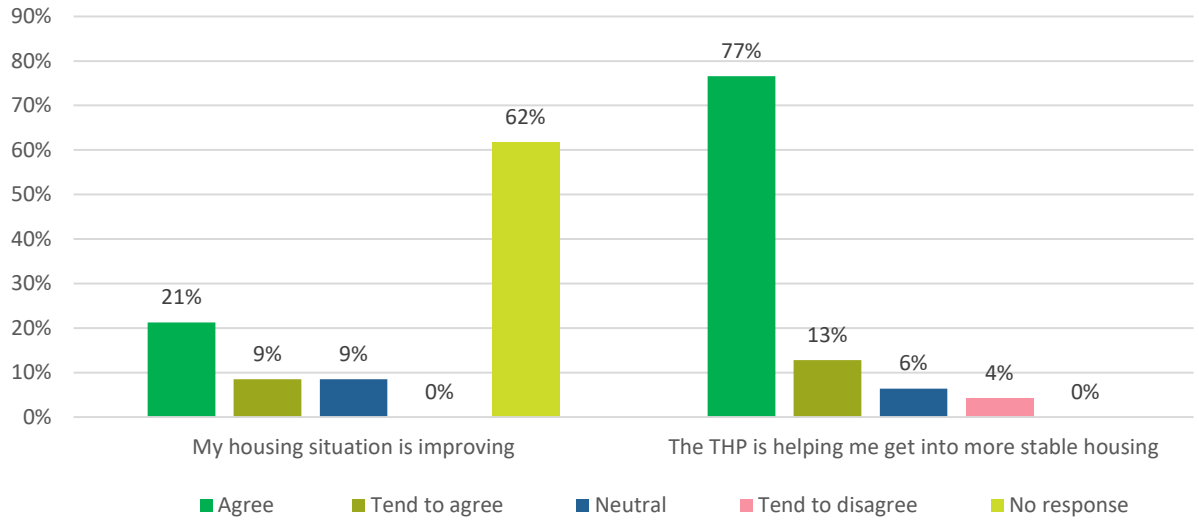
14.2.1 Client perceptions of housing outcomes

Survey results indicate a high degree of satisfaction with housing.

Only 14 respondents (30%) agreed or tended to agree that their housing situation was improving; a high 62 per cent (29 respondents) did not answer this question. Despite this, almost all respondents agreed or tended to agree that the THP had helped them into more stable housing (42 out of 47 respondents, or 90%) (Figure 34).

41 The 18-month survey had 30 responses; the exit survey had 17 responses. Because of the low number of responses, and because it is unlikely that the same respondents answered both surveys, the data were combined for the purposes of analysis.

Figure 34: Client perceptions of housing outcomes

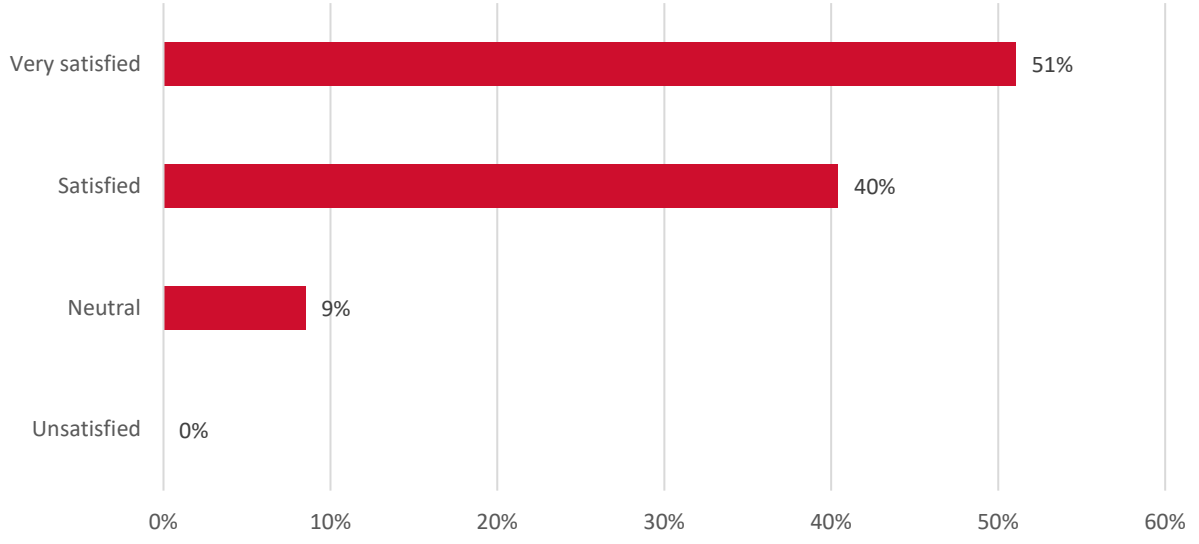


Note: N=47.

Source: DCJ client satisfaction and exit surveys.

Almost all (91%) respondents were very satisfied or satisfied with the property they moved into under the THP (Figure 35). Nearly half (49%) preferred to stay in the same housing upon exit from the program; eight clients (17%) wanted to move on to their long-term housing; and 17 per cent wanted to continue to receive support services (Figure 36).

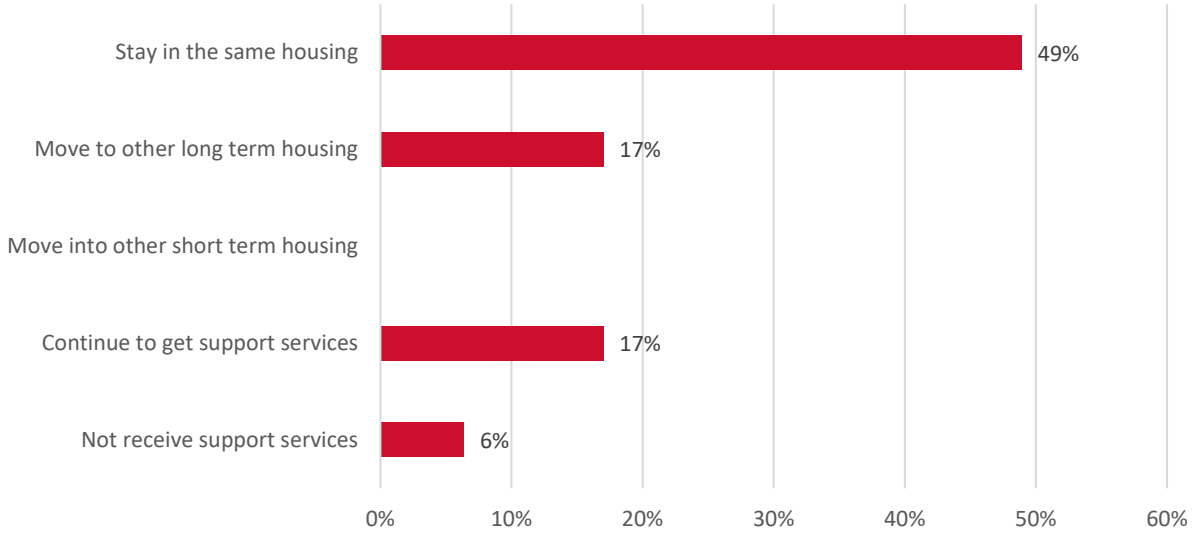
Figure 35: How satisfied were you with the property you moved into under the THP?



Note: N=47.

Source: DCJ client satisfaction and exit surveys.

Figure 36: Now that I am close to exiting the THP, I would like to …

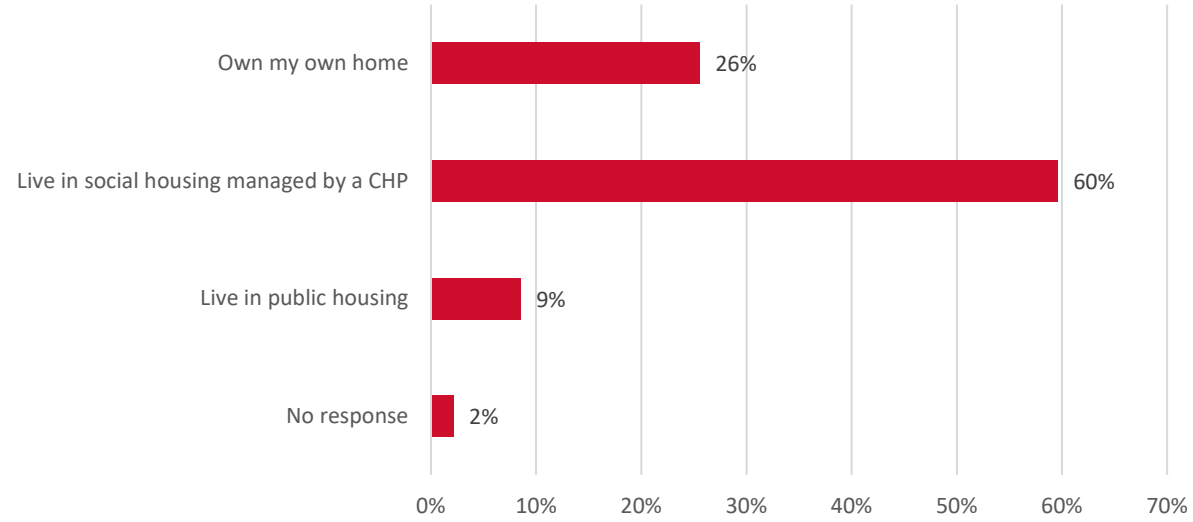


Note: N=47.

Source: DCJ client satisfaction and exit surveys.

Most respondents wanted to live in either community housing (60%) or public housing (9%). Another 12 clients (26%) wanted to own their own home (Figure 37).

Figure 37: When I leave the THP I would like to …



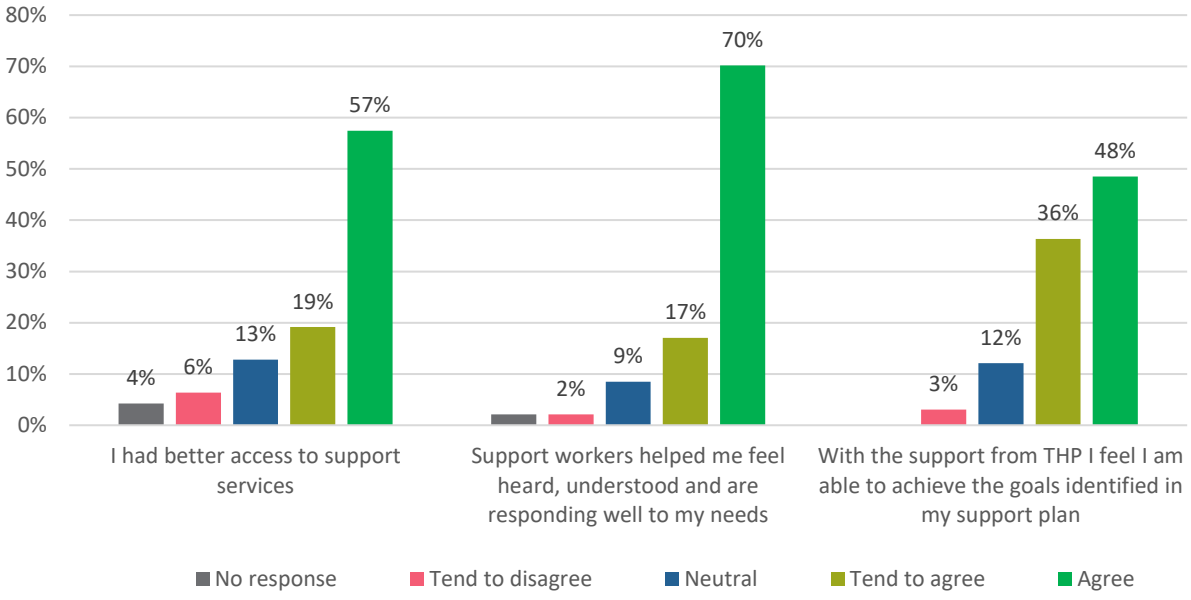
Note: N=47.

Source: DCJ client satisfaction and exit surveys.

14.2.2 Client perceptions of support services

Most (76%) respondents agreed or tended to agree that being in the THP had provided them with better access to support services; and most (87%) felt that support workers heard and understood them and responded to their needs (Figure 38). Most respondents (84%) agreed or tended to agree that with support they were able to achieve the goals in their support plan (Figure 38).

Figure 38: Client perceptions of support services

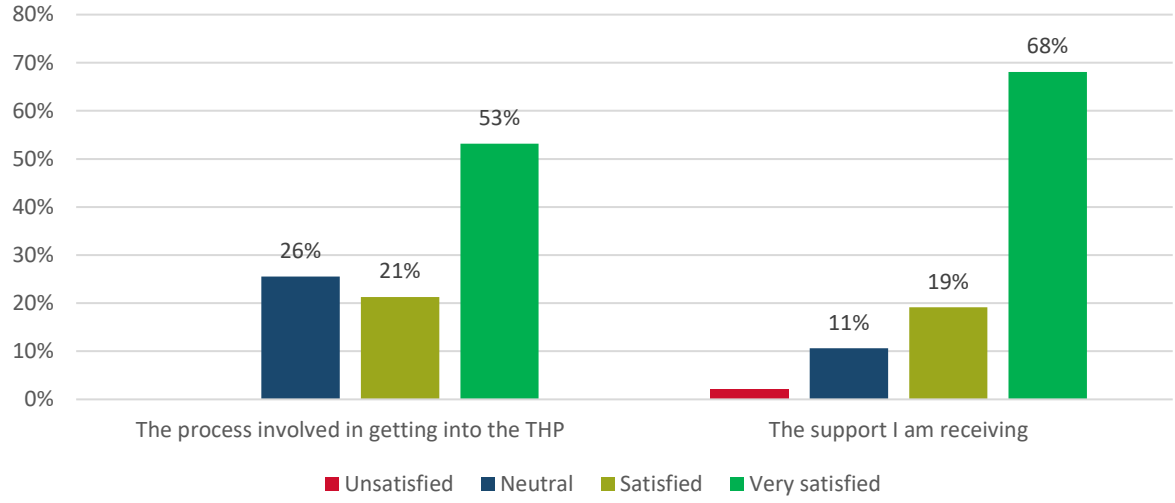


Note: N=47 and N=33 for last question due to lack of recent data.

Source: DCJ client satisfaction and exit surveys.

Most (87%) respondents were satisfied or very satisfied with the support they were receiving (Figure 39). Almost three-quarters (74%) were satisfied or very satisfied with the process of getting into the THP (Figure 39).

Figure 39: Client satisfaction with support services



Note: N=47.

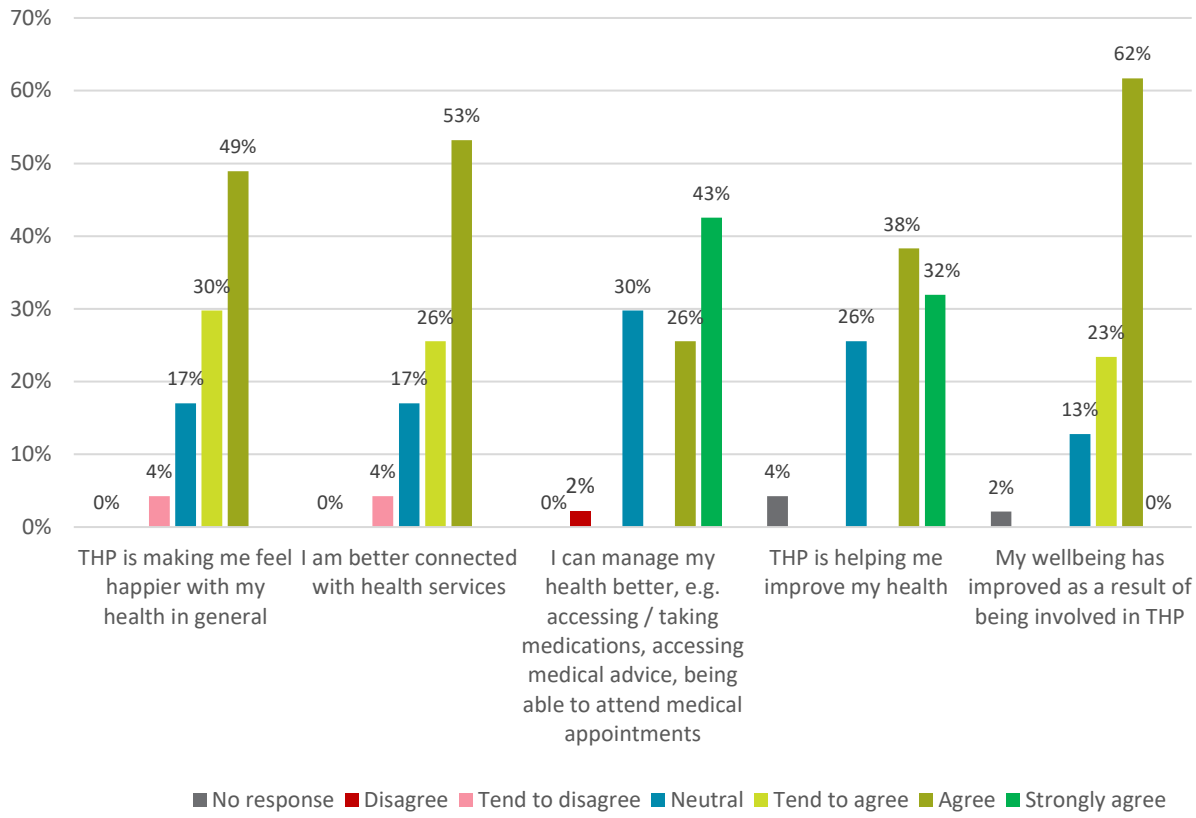
Source: DCJ client satisfaction and exit surveys.

14.2.3 Client perceptions of wellbeing and living skills outcomes

Figure 40 shows client perceptions of how the THP impacted their health and wellbeing. Clients largely reported positive health and wellbeing outcomes.

- 37 respondents (79%) agreed or tended to agree that the program was making them feel happier about their health in general.
- 40 respondents (85%) agreed or tended to agree that their wellbeing had improved as a result of being involved in THP
- 37 respondents (79%) agreed or tended to agree that they were better connected with health services as a result of being in THP
- 32 respondents (69%) agreed or strongly agreed that the program was helping them manage their health better, such as taking medications, accessing medical advice or attending medical appointments
- 33 respondents (70%) agreed or strongly agreed the program was helping them improve their health

Figure 40: Client perceptions of wellbeing outcomes



Note: N=47.

Source: DCJ client satisfaction and exit surveys.

Thirty-two respondents out of 47 (89%) agreed or tended to agree that the THP helped them feel more confident in maintaining and staying in a home; 35 respondents (73%) agreed or tended to agree that THP helped them to feel more confident in managing their own finances and paying bills. Most respondents (84%) agreed or tended to agree THP had helped them feel more confident about managing own finances and paying bills.

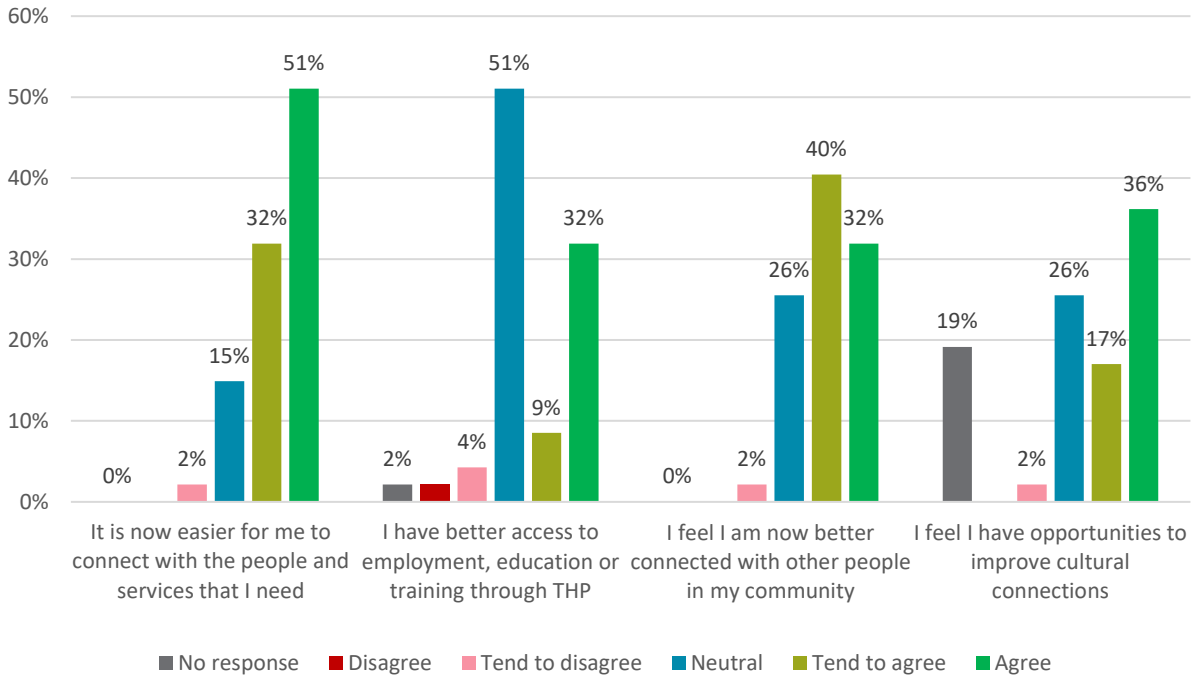
14.2.4 Client perceptions of social connection outcomes

Most respondents agreed or tended to agree that they had opportunities to improve cultural connections through THP (53%), and 62 per cent felt better connected with other people in their community (Figure 41).

Relatively few (41%) respondents felt better connected with employment, education and training as a result of being in the THP.

However, 73 per cent of respondents felt it was now easier to connect with the people and services they needed.

Figure 41: Client perceptions of social connection outcomes



Note: N=47

Source: DCJ client satisfaction and exit surveys.

All respondents indicated that they would recommend THP to others. Some comments included:

> *The program will get you off the streets if you let it. (Client)*
>
> *I would definitely recommend this for anybody who is in a bad situation. If it be possible, the program should remain. I am truly grateful, and I really appreciate the help and coordination that was given to me by the services provided to me in the times I was at my lowest. It has helped me to become more stable and safe, to grow further and move forward in life. Thank you to the people involved in this program and I can only hope that this program can help others who have found themselves in a situation that I was in before these services were offered to me. I still have a long way to go to achieve my long-term goals, but could not and would not have been able to move forward without this program. (Client)*
>
> *Being placed in a home has helped me overcome my previous drug problem and given me confidence. (Client)*
>
> *Because it [the program] helps you get a stable place and work on personal goals. (Client)*

15. Case studies

This section presents four case studies from the wider THP. Each case study provides broad insights into the different contextual factors that affected the implementation of the THP, and the finer detail of how the unique condition of the same contextual factor in each case produced a range of different results. The case studies offer insights into locational factors and the capacity of the CHP to understand and implement the THP model.

The case studies were chosen to illustrate a range of different contexts, including urban and regional locations, separated provision of housing and service support, and complete in-house provision, and the number of packages. A fifth case study focuses on the ALM and is provided in a separate report. Table 26 summarises case study locations, providers, key characteristics and findings.

The case studies demonstrate how housing markets can enable or constrain the headleasing model. For example, while some providers struggled to secure headleases, others benefitted from the availability of rental properties in very desirable locations, only to experience a swathe of terminations due to a resurgent property market following the easing of the COVID-19 pandemic. Case studies highlighted the importance of positive relationships between CHPs, support providers and real estate agents. Timely access to specialist supports was important for the operation of the THP, but this was not always available. Good intake and referral processes were important to manage risk, provide clients with appropriate supports and to sustain tenancies. Across all case study sites, clients expressed that the THP was different from other programs they had experienced, specifically in that the program provided access to housing and that it provided more (and more effective) support than they were used to.

Table 26: Case study characteristics

Provider	Evolve	Argyle	HiP	Bridge
Partners	N/A	Marathon Health	• Neami National • Jeder Institute	• Mission Australia • Salvation Army • St Vincent de Paul
Location	Western/southwestern Sydney, Nepean and Blue Mountains	Wagga Wagga and Murrumbidgee region	Central Coast and Hunter regions	Inner Sydney
Separation of housing and support	No	Yes	Yes	Yes
Number of packages	127	51	106	93

Table 26: Case study characteristics *(continued)*

Provider	Evolve	Argyle	HiP	Bridge
Case study characteristics	• Large provider • Metro location • Provides both housing and support in-house	• Large provider • Regional location • High staff turnover at the CHP during the first year of program operation • Initial issues with the relationship between Argyle and Marathon	• Large provider • Regional location Benefitted from existing relationships with experienced support providers	• Large provider • Metro location • Leveraged economies of scale
Housing	Housing markets in Greater Western Sydney and Blue Mountains provided opportunities for leaseholds in the private rental market	Tight housing markets with low vacancies and high rents impacted effectiveness of the headleasing model. This: • caused delays in housing people • required CHPs to house more clients in capital stock		Favourable rental market in the early stages of the program, reductions in vacancy rate and increased rents in the later stages of program
	Built strong relationships with real estate agents	• Wagga Wagga is a release destination for Junee Correctional Centre inmates • THP cohort had higher complexity than CHP was used to	• Property damage incurred additional costs and reputational risk to the program • Relaxing of eligibility requirements for housing caused issues with a small number of clients later on in the program	Tenants receiving rent increases and/or notices of termination due to resurgent property market
Support	• Support staff not confident in the capacity of allied support services to address clients' complex support needs (e.g. waiting lists for mental health services, gaps in services) • Identified need to temper client expectations of the support/type of housing they could expect to receive	• Staff proactive in contacting clients to address emergent risks to tenancies • Consistent team of known and trusted support workers	• Lack of specialist supports in the district (e.g. health and mental health) • Some disagreement between CHP and support providers about the boundaries between casework support for tenants and tenancy management	• Good availability of mental health and other support services provided clients with access to specialised supports if needed • Committed to a strength-based and trauma-informed approach • High levels of engagement from tenants
Client views	• Clients felt that the THP differed from other initiatives as it provided 'normalised' tenancies • Appreciated flexible and timely support • Having housing gave clients a sense of place and connection, which provided a sense of home	• Most clients were appreciative of and proud of their housing • Duration of support in combination with housing provided the 'proper help' clients required	• Appreciative of housing and ongoing support • Reduced levels of anxiety • Importance of good relationship with THP workers	• Most clients thought the program was 'excellent' and provided more support than they were used to • Appreciated choice of location, especially in eastern suburbs of Sydney

15.1 Home in Place case study

Home in Place (HiP) is a large and well-established CHP with extensive experience in delivering social and affordable housing. It operates in New South Wales, Queensland, Victoria and New Zealand. As at 30 September 2022, HiP had been allocated 106 THP packages in the NSW Central Coast and Hunter regions. In addition, HiP provides the housing component only for the 35 packages of the ALM, which is analysed in a separate case study and will be included in the Final Evaluation Report. The findings in this case study apply to the HiP component of the THP in Central Coast and Hunter region only.

HiP is a housing provider only. Two tenancy management staff at HiP Newcastle are in roles currently dedicated to the THP. Their roles include managing referrals into the program, allocating and administering properties, and responding to potential breaches of lease or other concerns from tenants. The support component is provided by Neami National and the Jeder Institute.

The case study shows that the implementation and operation of the THP by HiP, Neami National and the Jeder Institute in the Central Coast and Hunter region was successful. It benefitted from the experience and capacity of HiP and support organisations to work with the client cohort. Partners were committed to Housing First principles and built on existing working relationships. Tight housing market conditions strained relationships with real estate agents at times, and the lack of specialist support services (i.e., mental health) impacted program implementation. Due to these issues and the complexity of the client cohort, HiP housed many clients in capital stock rather than headlease properties.

Clients were positive about their experience in the program, highlighting that the longer support period allowed them to make real gains; the importance of positive relationships with support workers; and the quality of the housing.

15.1.1 Program implementation and operation

HiP reported that despite the rapid rollout of the program they received a lot of support to assist with the implementation, and that there was scope to be flexible within the program guidelines to implement quickly (CHP survey).

> *On receipt of the first Program Guidelines, we were able to review and submit questions and feedback to DCJ for clarification, further advice, and specific logistical questions. DCJ was very responsive by returning answers via email and updating Guidelines for further review. At a local level, we held a couple of workshops with DCJ Commissioning and Planning and DCJ Housing. Communities of Practice were established for housing providers and support services. (CHP survey)*

Examples of responsiveness include DCJ staff being available by phone, DCJ-facilitated webinars, training for Assertive Outreach and VI-SPDAT, and the provision of templates (e.g., forms and meeting terms of reference.

HiP was committed to Housing First principles and the separation of housing and support. They chose to partner with support organisations with whom they had established relationships, and reported in the survey that 'great working relationships and agreements with other service providers' are in place.

> *The separation of housing and support is crucial to the program. In order to commence implementation quickly, we sought to engage support providers with the relevant expertise who were already in operation. (CHP survey)*

A support provider described the relationship as follows:

> *There is open communication between [our service] and Home In Place and we have developed a collaborative working relationship to work toward positive outcomes for the clients engaged in the program. (Support provider survey)*

Interviews with stakeholders noted the unmet need for mental health services in the area, especially for people with significant and debilitating mental illness. This suggests gaps in the service network, which may have been a factor in the choice of contracting support providers.

Tenants and service providers both experienced THP as a substantively new program and very different from business as usual—especially in the capacity to follow the principles of Housing First. This is illustrated in their recounting of its early implementation.

A client who had been homeless for four years prior to being placed in his THP unit recalled his introduction to the program when describing its benefits.

> *Interviewer: And tell me, what you like about the flat?*
> *Tenant: Well, I was homeless for like four and a half years before it, so I love it how it's a roof […]. It takes so much stress and relief and like anguish and my anxiety has just like dropped out.*
> *Interviewer: It's so important, isn't it?*
> *Tenant: Yeah. [My worker] from Home in Place, she loves me, like I was walking past one day and she's like, she ran out, 'Oh Bill, come in here now', like 'What do you want?' She's like, 'I've been looking for you for the last two months, where you been? You weren't in jail were you?' I'm like, 'No.' 'I've put you on this program Bill, you'll love it, you'll get a unit.' [Worker name] is unreal. (Client)*

15.1.2 Intake, assessment and referral

HiP staff described the processes of allocating properties to vulnerable people during T1 and the relaxing of usual requirements for housing if people were otherwise eligible and in the target group for Together Home—particularly the requirements to have satisfied the eligibility criteria for social housing and have a live application on the NSW Housing Register.

> *Tranche 1 was a very quick fast-paced intake, we needed to get the program up and running […]. So, in Tranche 1 we just accepted anyone [street sleeping and eligible for Together Home]. If they didn't have a live housing application or it wasn't priority, we accepted it pending them getting a live housing application, and some of the thought behind it was, 'Well, if we accept them into the program, then they have a support worker who can then assist them to get all the documentation and get everything to escalate to get a live housing application or a priority.' (CHP)*

The CRAG is an important mechanism in managing new referrals, in which service providers from support and housing agencies discuss the needs and circumstances of potential THP clients.

> *We just open it up at the CRAG meeting, give a bit of a blurb on each [person newly referred]. And then allow for questions, suitability, what else is out there […] It's literally a big conversation where we decide as a group whether it's a 'Yes' [to be accepted into Together Home] and then [which agency] they should be supported by. (CHP)*

The Vulnerability Index-Service Prioritisation Decision Assistance Tool (VI-SPDAT) is the tool used to assess vulnerability of potential tenants. The VI-SPDAT was described as 'intense' by HiP and support agency staff.

The CHP noted:

> *It's a very intense survey. We've had clients who declined to participate or have in the end maybe not answered as truthfully or as correctly, because it asks a lot of personal questions about their complex mental [and] physical health, and sometimes clients want to portray themselves in the best light possible rather than they have the most needs, they want to show that. (CHP)*

A support provider described the following:

> *We've found that the VI-SPDAT can start to create a little bit of trauma based on the types of questions that are in there. The consumers are really looking forward, have really got an eye to moving forward […] So how we go about it is just really to start to develop a rapport with the person and then try and let it unfold a little bit for us. Rather than us asking the person in a really direct manner. (Support provider)*

There are subtle but possibly important differences between these perspectives: HiP staff reported that potential tenants may not be entirely truthful and misrepresent their needs for tactical reasons; support agencies described the potentially traumatising effects of the tool and its impact on therapeutic progress.

15.1.3 Housing

External factors, such as a very tight housing market and gaps in support services had negative impacts on the operation of the THP.

Interviews with service providers from HiP, and the support organisations Neami and Jeder, emphasised the successes of the program. They also illuminated the challenging components of its implementation in Newcastle and the Hunter district, from the perspective of different service sectors. One of the most important of these challenges was the scarcity of suitable private rental properties for the program. This scarcity was a function of two interrelated factors:

- the increasing costs of rental properties in the area, which made it difficult to secure leases with the funding provided to CHPs for the program
- the reluctance of some real estate agents to lease to THP clients.

The overall scarcity of rental properties is driving up market rents and providing landlords with a larger pool of prospective tenants. These prospective tenants include adults and families with rental and employment histories that register as less risky to leases than THP clients, and real estate agents are professionally obliged to be guided by this risk assessment. When service providers talked about the difficulties of securing properties for THP clients, they did not describe stigma and discrimination, although these are often experienced by people experiencing poverty and those with mental illness and contact with criminal justice systems. The reluctance of real estate agents to lease properties to THP appeared to be a function of very tight rental markets alone.

THP guidelines require that a leasehold property is secured for every client, even if clients are placed in CHP capital stock, so every new client requires a new property, which requires a lot of negotiating with real estate agents and good working relationships between HiP and private landlords.

Choices in location and type of housing are often severely constrained, and tenants were sometimes placed in accommodation that was not suitable or safe for them. These gaps in capacity could have negative effects on the sustainability of tenancies.

> *Severe shortage of housing stock has been the biggest challenge. We have had clients housed in temporary accommodation for in excess of 80 days while waiting for properties to become available. The housing stock availability is an issue across the entire Central Coast region and is not just specific to Home In Place. (Support provider survey)*

> *In later tranches there has been a significant delay with sourcing leaseholds or capital options. Acceptance into the program is hopeful and optimistic at first, but the delay in housing turns into frustration and impacts support service delivery. Participants with significant mental health concerns are not able to engage with therapeutic mental health intervention without stable housing. (CHP survey)*

Property damage strained relationships with real estate agents and placed financial burden on the CHP. One CHP worker described the resources required in ensuring properties are maintained and strong relationships with landlords maintained, given the scarcity of properties in the area, and the differences between THP clients and those from other programs and agencies. Initially THP funding seemed to be sufficient, providing subsidies for more expensive properties than the base rate for HiP headleases, but tightening rental markets and funds required to repair property damage from THP tenancies have reduced this adequacy.

> *We were having a lot of damage to private rentals by the tenants and a lot of repairs that we had to do, and didn't have the funds to cover that on top of the funds just to pay the normal rent for the leaseholds we were requiring. Which has a bit of a trickle effect with then compromising our relationship with the real estates to then get more private rentals. (CHP)*

HiP offers tenants a choice to pay for repairs due to damage caused by them. Tenants can organise repairs themselves, or they can pay back the costs of repairs that HiP arranges.[42] Because of these debt management policies, HiP allows tenants more time to finalise repairs than is usual for private rental tenancies, which causes tensions with real estate agents already reluctant to take on THP clients.

> *When it came to repairing holes in the wall, we needed time to either have supports actually physically do those or work with the tenants on how to save money to buy the supplies. How then to patch and paint a wall and that's only a small— then you put in hoarding and squalor and the collection of things in there, it takes a while to do all of that […] All of those things take time, and the real estates were not allowing us to have that time and wanted the issue dealt with immediately. (CHP)*

The suspension of eligibility rules during allocation of housing—such as requiring a live housing application—supported the rapid housing of vulnerable clients as intended. However, HiP service providers expressed that this caused complications later. In their view, a small number of clients did not have live housing applications because they were not able to apply for social housing, or did not have the capacity to live independently. This became clear, they reported, when tenancies ended very badly with significant discord between tenants and real estate agents and damage to property. While this applied only to a very small number of clients, the impact on the sustainability of the program was disproportionate to that number.

> *Housing First is really important and for the majority of our people that has made a great difference. I guess it's these particular people […] that have been so unwell […] they don't have the capacity perhaps. And I don't just mean the capacity cognitively, I mean emotionally, psychologically. [A small number of Together Home clients] probably should have been in mental health rehabs first for periods of time […] when someone is this unwell and unstable, well it hasn't helped. I guess. They're all back out. They're back on the street. (Support provider)*

These incidents seem also to have generated some disagreement between support providers and housing organisations about the best way of managing clients, and who should have responsibility for managing problems such as rent arrears and other breaches of the residential tenancy agreement like noise and nuisance resulting in complaints from neighbours. The boundaries between casework support for tenants and tenancy management are not always clear—for example, rent arrears relate to the tenancy, but ensuring that information about the arrears, options for addressing it, and ensuring it doesn't happen again, are classed as support for the tenant.

42 https://homeinplace.org/repairs-and-maintenance/.

This is difficult for support workers who struggle to get some clients to understand they are in arrears and how to address this.

> *We get notified that a person's behind in their rent, and then we get asked to talk to that person, get them to fill out a few forms to sort it out and then try and navigate that system. But it's really, really difficult to explain that to somebody when they believe that they haven't, that they're not behind in their rent. And the issue for the person is, well, if they're saying I'm behind on my rent, how did that come about? And we're not able to explain that because it's really hard to understand. (Support provider)*

It is also confusing and difficult for tenants who may, unsurprisingly, then see those support workers as managing their tenancy.

> *I've gone and knocked on people's doors and heard them go, 'Oh, shit my landlord's here', even though we're about to take him and pick him up for a doctor's appointment. (Support provider)*

15.1.4 Support

The support needs of THP tenants can be significant when compared to other programs, and this has resource implications. In some cases, it relates to the need for multiple and expensive health and other services; in other cases it relates to the need for goods and furniture to set up a household for people who have experienced street homelessness for long periods and have very little property. Local service networks are also important factors in supporting clients. Support needs are often unmet for long periods because of a lack of available mental health and other services.

Support providers emphasised during interviews and focus groups that a few clients (a 'handful') had unmet support needs that made tenancy difficult. However, this small number had an impact on the broader program, both in terms of the resources required from HiP and support agencies in their efforts to organise support, and in terms of their impact on the decisions of some real estate agents to avoid the program altogether.

Service gaps, especially in mental health, made it difficult to implement Housing First and trauma-informed principles.

> *Tenants with very complex needs may require service support through the NDIS and require significant support to activate and maintain the coordination of such a plan: this requires ongoing funding. A high number of initial tenants were temporarily exited to jail and may return to the program with an agreement to rehouse outside the funding period to access support previously committed under the program. (CHP survey)*

> *Funding provided was insufficient to cover the cost of meeting the complex needs of our clients, in particular in relation to medical and mental health cost and setting up houses with basic goods for clients when they have nothing but the clothes on their backs in most instances. (Support provider survey)*

The CHP and service providers nevertheless expressed strong support for THP principles and its potential for clients.

> *It has been a very valuable program for our clients, and the successful outcomes we have achieved through assisting our most vulnerable community members turn their lives around and get on a pathway to positive sustainable change has been amazing. This program has highlighted an area of need that has been ignored by government for too many years—this program needs to continue into the future to help address the chronic homelessness problems affecting our Aboriginal community and the wider community in general. (Support provider survey)*

15.1.5 Client experience

Tenants described the benefits of THP and the components of the program that differentiated it from other initiatives. These included relief from time pressures, and the absence of a usual sense of time limits and rationing.

> *I don't feel like time's running out, and I have to make the most of it. There's no anxiety, like, 'Oh no, what do I need to get done?' I think that that relaxed pace of the program has really helped that side of things, definitely. […] I was just saying to [support worker] the other day, I think if there were set times that we—and we had to achieve things by certain periods of time, then I don't know that it would have worked as well. (Client)*

Clients appreciated the responsive care and support they received.

> *I'm living in Adamstown in a private rental which Together Home subsidises for me. It's a wonderful place. I came off the back of a year and a half being homeless, so I was desperate and in a real state and Together Home saved my life. They really did. I can't thank them enough for what they've done for me, they've just saved my life as I say. (Client)*

> *[Neami support worker] has made a point of, like, sort of touching base with people that I've worked with [in other support organisations]. She sort of saw that I was ready [for Together Home] too. (Client)*

Clients also liked the quality of the housing with which they were provided.

> *Tenant: [Referring to her housing, a two-bedroom unit] Well, so far, so good. I'm mean, yes, it's pretty new, and yeah, I like it.*
> *Interviewer: You like it. What do you like about it?*
> *Tenant: That no one else has lived here and I'm the first one. (Client)*

15.2 Bridge Housing case study

Bridge Housing Limited (Bridge) is a large CHP that provides the THP in the inner Sydney area. Bridge has partnered with three well-known charities with a strong track record of assisting persons experiencing homelessness and with a high complexity of need. Mission Australia (MA), the Salvation Army and St Vincent de Paul all had previously established relationships with Bridge.

Bridge has a strong commitment to Housing First principles and upholds a separation of housing and support services. Bridge has previously undertaken programs similar to the THP with similar cohorts (STEP).

> *We have a history of delivering Housing First programs. That started before I joined Bridge Housing. So, there's a strong commitment to applying a Housing First approach and a commitment to working in the area of homelessness as an inner-city provider. (CHP)*

Despite the complexity of the client group, and the program's rushed beginnings, Bridge and the support partners achieved excellent outcomes in terms of tenancy retention (78%), meeting clients' preferences and the type of housing obtained, and engagement with support workers. The THP in this case study location benefitted from the experience, size and capacity of the housing and support providers, and their pre-existing relationships. For example, as Bridge is a large housing provider offering more than one Housing First program, they are able to capitalise on economies of scale and employ dedicated Housing First Housing Managers. The Housing First principle of separating housing and support was faithfully implemented. Due to the exodus of renters from the inner Sydney area during COVID-19, there were enough rental vacancies at affordable rents and in desirable locations to benefit program participants. The inner city typically has good availability of mental health and other services, which provided clients with access to specialised supports if needed. However, Bridge is now facing the challenging nature of a resurgent rental market and is prioritising acquisitions of new capital properties to meet the program absorption requirements. Bridge and the support partners adhered to Housing First principles, and drew on their previous experience in working on Housing First programs and working with the target cohort for the program.

15.2.1 Program implementation and operation

The rapid implementation of the program and release of Tranche 1 funding caused a flurry of rushed activity. Bridge built on established relationships with experienced support providers in the local area. There were few issues between the CHP and support organisations and staff turnover was low. Bridge had regular meetings with each individual support provider, but meetings that brought together all three providers and the CHP happened less frequently (twice).[43] However, the relationship with DCJ at a regional level was destabilised by constant staff changes at both head office and regional levels.

Bridge noted that the THP had been a great response to support people experiencing homelessness with a history of rough sleeping. The parameters of the program were very clearly defined by the NSW Government and were pushed at the edges with the advocacy of the community housing and support sector—for example, advocating for longer-term support funding to enable people to sustain their tenancies beyond the two years.[44]

Participants noted that there was data double-handling, as some NGOs had to record data on their internal systems but could not access the CIMS system. In addition, Bridge was required to provide both tenancy and support updates to DCJ as part of detailed unit level reporting via CHIMES.[45]

15.2.2 Intake, assessment and referral

The intake, assessment and referral processes were impacted by the rapid implementation of T1. Some support providers reported that the information available on client circumstances provided at first referral was minimal in the early period of the program. This may have been due to poor communication and internal processes, where not all information that was sent to support providers by Bridge was passed on to case workers.[46] Bridge's standard procedure was to provide all information received by DCJ to support partners.[47]

> *That proved as a bit of a challenge compared to some of our other Housing First programs that are a little bit more paced to ensure that, you know, engagement with the client and support was in place. (Support provider)*

As a result, some clients were housed quickly in accommodation that was not the best fit for them, resulting in transfers.

Support workers described having minimal information on referred clients and sometimes met them for the first time at a rental inspection. At first, less time was spent matching clients to support workers. Some support providers reported that in the early implementation phase of the THP, some clients were housed without supports in place, which led to some failed tenancies. In addition, T1 clients typically had higher needs, and some did not necessarily adjust well to being housed and paying rent. As the program went on, outcomes improved.

A CHP staff member pointed to some unwieldy processes. In their view, CRAG meetings did not necessarily add much:

> *[It] could be an email to be honest. There was less about reviewing and agreeing on an assessing referrals—that probably takes one minute of the hour—the rest is just providing updates on where you're at with housing people, which I think is also required by email to DCJ as well. So just seems a little bit of duplication. (CHP)*

43 Email communication with Bridge Housing, 3 February 2023.
44 Email communication with Bridge Housing, 3 February 2023.
45 Email communication with Bridge Housing, 3 February 2023.
46 Email communication with Bridge Housing, 3 February 2023.
47 Email communication with Bridge Housing, 3 February 2023.

15.2.3 Housing

Bridge's role as the housing provider is to source and allocate housing to clients. Clients were housed in a combination of headleases and capital stock. Bridge has good links with real estate agents, which they use to source headlease properties. Bridge's capital stock comprises older-style dwellings and new builds. At the time of writing, Bridge had two dedicated Housing First Housing Managers and one Housing Support Officer (the total ratio for housing management is one staff member for 100 tenants).

THP clients were housed in inner Sydney and the eastern suburbs, in one- and two-bedroom apartments. Thirty months into the program, 78 per cent of clients had maintained tenancies (73 of 93 tenants). Of the 20 exits, five were positive (moved interstate, went into rehab, found full-time employment, found another rental), five were neutral, and 10 were negative (incarceration, death, breach followed by notice of termination, abandonment).

The THP model relies mainly on sourcing private rentals via headleasing. In contrast to regional case studies, inner Sydney's rental vacancy rate increased in 2020–2021 due to the pandemic causing an exodus of renters and aspiring home owners to the suburbs and regions, and departure of visa holders. Bridge was able to capitalise on these market conditions, leveraging its relationships with real estate agents to obtain private rental leasing options in well-located high-amenity areas close to public transport in central and eastern Sydney, away from areas clients were keen to avoid (like close to social housing estates) and at favourable price points.

The situation has now reverted, as in-migration to inner Sydney has resurged. A Bridge staff member reflected that 'COVID was a godsend—now [the private rental market] has absolutely tipped on its head' and the CHP sector is collectively dealing with this trend.

In December 2022, Bridge reported that their THP clients had received unprecedented notices of termination, including for breaches (property managers from real estate agencies have become less tolerant of noise/nuisance) and no-grounds 90-days terminations. These breaches aim to facilitate charging higher rents now that vacancy rates have fallen post-pandemic peak and interest rates have risen. Discrimination is also an issue. Bridge staff observed increased asking rents, high levels of competition for rentals, and rent bidding. This has caused delays and challenges when trying to house new clients or when rehousing existing clients. Additionally, moving between private rentals is stressful for clients and incurs additional costs and charges. Accessing rental housing is also resource-intensive for Bridge staff and leads to unfunded costs from the relocations. Bridge is documenting how many tenancy applications are being made before one is successful for their clients.

As vacancies are low and rents high in inner Sydney and the eastern suburbs, Bridge is working with clients to house them in adjacent areas in the inner west, like Summer Hill, Leichhardt, Petersham and Marrickville.

Bridge is also acquiring two more blocks of capital properties with contribution funding from the NSW Government (Transition Program) in the inner west and will transition some of the THP clients into those in 2023. Bridge has already used its capital properties in the inner city and eastern suburbs to house some clients facing greater mental health challenges, AoD issues, and those with pets.

Bridge observed that the 24-month program duration is a short period of time to absorb all THP tenancies into long-term social housing.[48]

Bridge aimed to mitigate risks such as rental arrears, noise and nuisance complaints, neighbour conflict and damage to premises. Risk management included reducing potentially damaging behaviours that could threaten the tenancy. Mitigations included:

- direct debit of rent and payments for utility bills (income smoothing)
- jumping on arrears straight away

48 Email communication with Bridge Housing, 3 February 2023.

- ensuring clients were connected to health professionals
- having clients assessed by specialists/having tests and scans
- supporting clients to exclude problematic influences/helping clients to set boundaries
- having clients reduce or stop using problematic levels of drugs/alcohol
- encouraging clients to not get isolated/bored/unwell
- encouraging clients to avoid going back to jail
- getting clients assessed for the NDIS.

> *I mean, I still struggle with mental health, and I still do at times struggle with alcohol, but I have cut it back to a more manageable [level]. (Client)*

15.2.4 Support

The staff to client ratio for support services is one staff member for 15 clients. While the THP provides support for 24 months (two years), most staff agreed that for the majority of clients this was not long enough, and that some clients required ongoing long-term support. Nonetheless, it was noted that 24 months was longer than a typical support period. Bridge noted that supplementary funding has been provided to all support partners for an additional 12 months, and that Bridge also negotiated with all support providers throughout the tender process that there would be a commitment to ongoing or reintroduction of support as required on a case-by-case basis.[49]

Support providers were committed to focussing on clients' strengths and were trauma-informed in approach. A case worker reflected that the directive from Bridge, as head contractor, was that supports had to engage the client. The rationale for this is that clients with complex needs often lack the capacity to sustain a tenancy without support. Thus, while Housing First is not conditional on clients engaging with support, the consequence of non-engagement can be loss of tenancy.[50]

> *That's the thing, like a true Housing First model though would be, yeah, none of the support is conditional. The person can tell you to 'Piss off' if they want and that's all part of it. But there was … also discussion around, 'You need to go in and support them,' because that's kind of what they're saying our role is. (Support provider)*

As with all CHPs, a small number of tenants disengaged from support, caused noise and nuisance, and one abandoned their property. This was mainly due to the effects of AoD addictions and mental health issues, and histories of rough sleeping.

Support providers proactively contacted clients regularly, talked to them, and assisted them with their goals. They visited them in their homes or in other places like cafes or parks, depending on client preference. Caseworkers had the compassion and skills to support clients who had challenging issues and complex mental health needs. Tenancy managers from the CHP also had a very hands-on approach with clients that went beyond simple tenancy management.

Due to health orders, support services could not meet with clients face to face for a period in 2020, but compensated by using phone calls. However, they agreed this was to clients' detriment. Unfortunately, for two clients with addictions and aggressive behaviours, support was withdrawn and these tenants lost their tenancies; however, Bridge continues to assist them with rehousing options.

49 Email communication with Bridge Housing, 3 February 2023.
50 Email communication with Bridge Housing, 3 February 2023.

Culturally, Aboriginal clients felt supported. The sole Aboriginal support worker explained that he was able to establish 'instant rapport' with Aboriginal clients. While there were no significant complaints, some Aboriginal clients thought more Aboriginal support workers would be good. On the other hand, another Aboriginal client said, 'I'd rather go mainstream. You know, as long as the person is looking after me and she's done the best job ever.' (Client)

THP included Australian, English and Irish staff. All had done cultural awareness training within three months of onboarding.

15.2.5 Client experience

Overall, most clients thought the program was 'excellent'. Some were in brand-new capital stock units, others were in private rental units in high-amenity eastern suburbs, while a few were in less salubrious types of housing including dark and less-well-designed units. Tenants who liked their rental unit mentioned sunlight and view as assisting their wellbeing; others had pets that provided companionship.

The provision of housing in combination with a two-year support period provided better support than many clients had been used to. Some clients had not been assisted into housing ever before, let alone provided with ongoing support.

> *The one thing [I did not expect was] that I'd get so much help, you know, like proper help. Like it's easy to throw money at something … but if there's no sort of help that goes with it, then that's pretty useless, you know. Whereas when I ask for stuff, it's done properly and explained to me … instead of just, 'I'll give [his own name] money and let him go his own way' … if I knew how to sort it out I … wouldn't have had that problem in the first place. (Client)*

Bridge worked with clients to ask them where they wanted to be and what kind of housing would best meet their needs.

> *The place I've got now, I'm housed up in […] and I've got my own apartment, first time I've lived alone for a long time, apart from in jail, of course, but that's different. (Client)*

Some clients had negative experiences trying to get help in the past or had missed out on social housing. One person contrasted 'business as usual' with the THP as delivered by Bridge.

> *I think it's the absolute best program and to be honest I think they [Bridge Housing] should be in charge of homeless accommodation because the government just isn't up for the job. (Client)*

Nearly all tenants chose to engage with their support workers, attributing success to the combination of housing and medium-term (two years) support that was lacking in other programs. This is a crucial factor in the program's success—that Bridge and the support providers could work together and work with the client. Clients often described the positive effects of housing and support and the counterfactual, often stating words to the effect that:

> *… if it wasn't for this program I'd be back inside jail/dead. (Client)*

Clients reported that engagement with support workers was key, and helped them retain their tenancy and avoid negative outcomes like jail or hospitalisation, or out-of-control addictions.

> *Tenant: Just house to house … Yeah, and I was an alcoholic. Interviewer: So that was one of the factors, right, keeping you homeless?*
> *Tenant: Hundred percent … Now that I've got housed, I nearly quit drinking. Yeah, just about quit. (Client)*

Clients who had been in jail described reoffending so they could re-enter jail, which provided routine, order and meals. This is an overlooked aspect of the social welfare system: jail is often beneficial in its effects on wellbeing for persons who experience homelessness as they are, in a minimal way, 'looked after' in terms of basic needs: shelter, food, warmth, and a social setting. Programs that offer to meet basic needs, like THP, are obviously an incentive to avoid jail—although social isolation is still a factor. However, interaction with former associates was a risk factor. Some clients actively preferred to preserve their anonymity and stayed away from former associates.

Pathways database information on clients and establishing rapport with the client once in the program assisted in choosing appropriate private rentals. However, Bridge's Pathways Team had to manage client expectations due to the cost of housing.

> *It's been very useful for us as well in the Pathways team because we do the sort of initial interview with them before we do start looking for properties. It's just sort of we can manage their expectations and just basically having a look at what their housing requirements are, any history they may have in any particular areas and that sort of thing. (CHP)*

Clients were able to express locational preference, and some chose areas perceived to keep them away from negative influences.

> *I just said that I didn't want to be in a Department of Housing complex if I could help it … Yeah, they were great … I gave them a couple of … areas that I would prefer due to … my health … Because the last time … they put me out at Marrickville, which is really not my area, and I just found it just really affected my depression. (Client)*

Many clients appreciated the location of their properties especially those in high-amenity areas like Sydney's eastern suburbs rather than in stereotypical 'social housing' areas. This was important for those trying to avoid incarceration or managing mental health challenges or addictions. They did not want a 'criminogenic' environment and Bridge tried to accommodate those locational preferences. Clients also wanted good security in their building/unit.

A minority of clients were not ideally housed. For example, one tenant in a private rental near a large public housing estate complained about the location and lack of adequate locks.

Consistent and persistent casework with support staff was valued by clients. Brokerage money was used with clients to buy furniture after moving in so the premises were immediately useable. Support workers visited clients at their homes, checking in, leaving them alone if they were having a bad week. They met with clients at places they frequented, like Wayside Chapel, if the client was hard to contact.

15.3 Evolve Housing Limited case study

Evolve Housing Limited (Evolve) is a large and well-established CHP based in Western Sydney, with extensive experience in delivering social and affordable housing. Evolve had no contractual support partners. Instead, the CHP provides both the housing and support component of the THP.

Evolve is the only case study in which housing and support are provided by the same organisation. Evolve attempted to emulate the separation required by Housing First principles by separating the housing and support functions of the program internally. Evolve felt that this arrangement enabled them to respond more rapidly to issues around damage to properties and risks to tenancies. Housing markets in Western Sydney provided options for headleasing in the private rental market and Evolve built strong relationships with real estate agents.

Evolve support staff sometimes experienced clients' complex and intense support needs and the associated risks as intractable—for example, due to waiting lists for mental health services in particular and unmet support needs. Support staff expressed little confidence in the capacity of the service support network to address these risks. As a result, they felt they needed to temper client expectations.

Tenants appreciated the experience of having housing and a 'normalised' tenancy in neighbourhoods that they had chosen, in comfortable and well-maintained housing, and with furniture and household goods that are usual for most people. This provided a sense of having a home.

15.3.1 Program implementation and operation

Two teams at Evolve are responsible for delivering the THP in Parramatta and Western Sydney: the tenancy support team, and the tenancy management team. The tenancy support team is made up of a team leader, manager and case managers. The tenancy management team has a team leader and two housing managers (one for T1 and T2, one for T3) and reports to the Evolve Executive Manager for social housing. Other Evolve staff, not dedicated to the THP, also conduct some work for the program in rent reviews, access and allocations. Evolve staff said that the decision to provide support internally, rather than by contracting external agencies, was made after early assessments of what clients and landlords would need, especially in terms of rapid responses to damage to properties and risks to tenancies. They also indicated that these early assessments had proved accurate.

> *We can actually act on [problems with tenancies] really quickly. Yes, we've got these risks around real estate agents and obviously landlords not being happy with … some of our clients, but at the same time we're able to respond quite quickly and do some of those risk mitigations. Otherwise, you'd be relying on an external party to do that for you and that reputation still comes back to you no matter what. (Tenancy support team)*

> *You've got that relationship, you know, they're your teammate [and both tenancy support and tenancy management workers] understand the expectation of what a tenancy is and how to maintain a tenancy and it's easier [for support workers to call me when they're with a tenant] and say, 'I've got the tenant now.' They just call me and I'll go straight to whatever we need to action. Having external services, I don't know how well that would work in the situation because everything is so reactive. (Tenancy management team)*

Interviews with staff from both teams emphasised that their roles are separate. This is demonstrated to clients by the teams arriving at different times and in different vehicles for meetings with clients.

> *We put [mechanisms] in place around making sure the support guys are that advocate for the client. They're not, you know, just because we're in this one office, they don't go with the housing manager in the same car and go to see the client. They've got to go separately, arrive earlier, be there with the client and then the housing manager can come in and do the inspection. (Tenancy support team)*

Both teams also emphasised that the role of tenancy management is typical of any property manager in rental housing, and that tenancy support workers act as advocates for tenants when tenancies are at risk and the tenancy management property team needs to prioritise compliance.

> *What we do is just end-to-end property management and tenancy management. It's about identifying a property or sourcing a property, entering into a tenancy agreement with the tenant, managing that tenancy in accordance with the Residential Tenancies Act and our policy throughout the course of the tenancy […] It's all just standard property management, and I suppose a feature of this program is that we provide the housing management and support the tenant. (Tenancy management team)*

15.3.2 Intake, assessment and referral

The CRAG plays an active role in intake and assessment of new referrals, and reportedly works well, with the caveat that sufficient information about prospective tenants' support needs, and the resources that will be needed to support a successful tenancy, is sometimes not fully available.

> *Although we are working off these Housing First principles, and it's been fantastic and such a life-changing opportunity for a lot of these people, there are a small number of these people that do really, really struggle on their own and really do need supported accommodation. And so sometimes when referrals are presented, it can be difficult to make that decision as to whether they are suitable because we don't actually have all the information about those really critical matters. (Tenancy support team)*

Intake and referral works well and is managed through weekly meetings between DCJ, Evolve and other CHPs, in which potential clients are matched to the program assessed as most suitable for them. Evolve report being very satisfied with the support for the THP implementation, which was in the form of 'implementation meetings, CRAG, VI-SPDAT training, Housing First materials, guidelines, [regular] check-in meetings re contract and program delivery' (CHP survey).

15.3.3 Housing

Evolve have built strong relationships with real estate agents and expend significant resources in finding and securing housing for new tenants. Evolve considered that housing markets in Western Sydney provide a range of options for headleases in the private rental market, as it is a large market with a range of property types for rent, and rents are relatively affordable compared with other parts of metropolitan Sydney.

Tenants described the benefits of living in neighbourhoods that they had chosen, in comfortable and well-maintained housing, and with essential furniture and household goods. Choice of location was especially emphasised by tenants when describing the benefits of their housing. For example, when a client was asked about her housing and why she liked it, she said:

> *Well, I have family that live [nearby]. Two sisters live [nearby]. My son lives in the area […] plus it's close to the hospital as well. [It is a] really nice flat. It has two bedrooms and two bathrooms. It's very easy to clean because it's tiled. It's very quiet and peaceful. (Client)*

Another client described both the housing and its location as positive:

> *I'm in a two-bedroom unit close to amenities, as I requested. It's close to hospitals and public transport. I'm only five minutes' walk from the train and if you're healthy, it's a 15-minute walk to the hospital. The shopping centres are right there. The location is fantastic. The accommodation itself is fantastic. There's no stairs, which I requested. I moved in [when] I was at a very low point and it was fantastic. When I moved in there, everything picked up and has been coming along nicely now, getting me back on track. (Client)*

Choice of location and other choices were also emphasised by service providers in the context of Housing First principles. Housing First is based on a principle that participation with services is not required to secure or keep a tenancy, but that these support services should be intensive and flexible to support tenancies and meet health and other support needs.[51] This potentially poses risks to the program if those support needs cannot be met by flexible and intensive services that also support client choice.

> *One of the concerns I have in my position is that we're signing lease agreements and we're undertaking that we're going to look after their property, we're going to pay rent, we're not going to be a nuisance and an annoyance, and some of the clients that we're putting in are anything but that. (Tenancy management team)*

51 Roggenbuck, C. (2022) *Housing First: An evidence review of implementation, effectiveness and outcomes*, Australian Housing and Urban Research Institute Limited, Melbourne.

Evolve staff said that the reputational risk with real estate agents was significant.

> *We are picking up clients that have some very challenging behaviours and have high support needs. And some of those tenancies involve quite significant property damage and antisocial behaviour that affect the leasehold property and the local community of that complex. What happens then, that if we end up having a bad relationship or a bad experience, especially for a landlord or an agency that we haven't previously dealt with, it depletes or diminishes our ability to pick up another property from that agency into the future, whether it's to get a home or whether it's just one of our housing clients. So, I think there is a long-term risk for organisations or community housing providers. (Tenancy management team)*

15.3.4 Support

Evolve staff described that they sometimes experienced as intractable clients' complex and intense support needs and the associated risks. Support staff expressed little confidence in the capacity of mental health services, in particular, to address these risks. Instead, they highlighted the need to temper client expectations of the support they could receive.

> *[We] meet the client and they identify their needs and then we come [up against] some barriers in a sense where we might not be able to meet that need. And then it goes against what the Housing First principles are all about. And it's not because it's a fault of Evolve or DCJ or anything like that. […] The principles are fantastic and we should definitely keep them. But there are definitely challenges as well to manage the expectations of the clients and what they say they need for themselves. (Tenancy support team)*

Waiting lists and unmet need for support services posed barriers to Evolve's implementation and operation of the THP.

> *[When] booking a psychiatrist or a neuro-psych, the waiting list is three or four months. So, you are thinking about understanding the client and getting their information, doing all these documents and forms and applying for the funding, getting back to us, getting the funding, finding the right appointments, booking the psych, having the client willing, being in the right state of mind to go through with it, and then going for the first appointment. So, this could be a year later down the track. (Tenancy support team)*

15.3.5 Client experience

Clients felt that the THP differed from other initiatives. They described the benefits of flexible and timely support.

> *I think I said what kind of services I like or something like that in the beginning. Then [tenancy support worker] recommended stuff like NDIS things and, yeah, it was nice. I think he said something about he was going to refer me to a living skills kind of thing, which I'm pretty excited about. […] It was very different from the caseworker I had in my older place. That person was, 'Oh, you want to learn how to do something, just Google it. It's easy.' Whereas this person will literally teach me; go out of his way to teach me stuff, like, living skills and stuff which I'm pretty bad at. (Client)*

A client, who was interviewed together with their support worker, talked about a mental health support service that they were using. The service can visit clients at home and also assist with documentation needed for the NDIS application process. This was important, as it reduced the pressure on Evolve case managers and provided support for clients waiting for NDIS.

> *Support worker: If he needs to go to the GP again to get more [documentation] that's where it takes the capacity off us as case managers because NDIS is a long process.*
> *Client: I nearly got NDIS when I was living at [suburb], but I went back to jail. I had my own flat and I had nothing. All I had was a mattress on my bedroom floor and a blanket. That's all I had. I was trying to get NDIS to help me get furniture and stuff like that. They were going to help me but I ended up back in jail.*
> *Support provider: This is the longest [client name] has been out of jail.*
> *Client: Yeah, six months. Because usually when I'm on parole I end up back in jail again because I can't do my parole.*

Clients were appreciative of having housing and felt that it met their needs.

> *It's actually really good, because before I was living in my car for a long time with my cat. So now me and my cat have a lot of space, as in I can do my physio and stuff like that. […] I have a roof over my head. I never thought I would. I was with normal Department of Housing and they've been basically screwing me around for five years. Then I got with Evolve Housing and […] I was with [tenancy support worker] for two weeks and [they] got me a place. Because Housing was refusing to help me and give me a two-bedroom because I need the physio room. That's what they don't understand. They weren't interested in helping me. (Client)*

Clients described new housing and friendly neighbours.

> *The house is new. It's new. Everything is new. The neighbours are so good with me and I have no problem. No one has any problem with me. We greet each other when we see each other. (Client)*

Overall, clients felt that having housing gave them a sense of place and connection, which provided a sense of home.

> *I've got everything. I know they're just—material possessions don't make people but, in a sense, having a house makes someone happy. I have everything I need just by having a home, because that's all I needed. I guess that's all anyone needs is a home; somewhere safe to call home. (Client)*

15.4 Argyle Housing case study

The focus of this case study is Argyle Housing (Argyle), a large and well-established housing provider that operates in multiple locations across NSW, including the Wagga Wagga and Murrumbidgee region. Wagga Wagga is a major regional centre of 67,000 people, with other significant towns in the region including Cootamundra and Junee.

The effective implementation of the THP was impacted by high staff turnover at the CHP during the first year of program operation. Similarly, the partnership between Marathon and Argyle experienced some initial challenges—for example, disagreements about which client would be eligible for the program due to their complexity. In addition, pandemic health orders impacted regular meetings with Marathon. However, the relationship has solidified over time.

Wagga Wagga is the closest regional centre to Junee Correctional Centre and is a post-release destination. Thus, the existence of programs like the THP in this area is especially important to assist in preventing parolees' return to jail due to their homelessness or reoffending.

For Argyle, the THP was different from business as usual, as clients had higher complexity of need than most of their other tenants. Sourcing headleases in the private market was problematic because of Wagga Wagga's low vacancy rate and increases in rents. This led to significant delays in sourcing rentals.

Client experience was initially impacted because of a lack of staff and continuity at Argyle, but this has since improved. While some clients felt that their current housing did not suit their long-term needs, the majority were appreciative of and proud of their housing, and they felt that through the THP they had finally received 'proper' help.

15.4.1 Program implementation and operation

Argyle entered into an agreement with Marathon Health (Marathon) to provide support services. At Argyle, one worker manages the THP tenancies. At Marathon, a Team Leader overseas two case workers who support the THP clients.

Like elsewhere, the THP was rapidly implemented. However, a CHP interviewee did not view the rushed implementation as problematic. In their view, the NSW Government was allowing organisations to be innovative.

> *The government has allowed us to really have a bespoke approach to the delivery of services to these clients, rather than a prescriptive model. I think that's what's led to the huge amount of success … we've seen with this particular program, and the outcomes that we've seen with the cohort that we've worked with. They're to be congratulated for that. Whether it was an intentional outcome or whether it was a time pressure, regardless, they've trusted us to determine how that should look for the individual and I think that's a magnificent thing too. (CHP)*

In the first year of the program, Argyle experienced staff churn and recruitment difficulties due to high vacancy rates in the local community sector labour market, but staffing has stabilised. Marathon did not have the same staffing issues, and staff were enthusiastic about the organisational culture.

Regular meetings with Marathon were at times affected by the pandemic health orders. However, the relationship between Argyle and Marathon has solidified as the program has proceeded and the parties now meet face to face on a weekly basis, and call each other as required.

Initially, there were tensions around Housing First principles between the partner organisations, specifically in relation to eligibility for the program. One consultation participant recounted that Argyle rejected some persons with high VI-SPDAT scores that Marathon thought would benefit from the program, on the basis that they had a housing debt from a previous tenancy.

> *[Even though a female client was street sleeping] they wouldn't accept her because she had an outstanding rental debt, which to me was totally against Housing First. (Support provider)*

Both Argyle and Marathon worked to overcome the challenges of building their relationship, which took time and effort.

> *It's taken a lot of work behind the scenes to build on these relationships and go, 'Okay, how are we going to do that the next time? Is that actually the right thing to do?' 'No, it's actually not. We actually need to be looking at …' (Support provider)*

Both Marathon and Argyle were committed to making the THP work and developing the relationship between the two organisations. The program is evolving, and Marathon were on their fourth variation of contract.

Argyle and Marathon were in favour of the separation between tenancy management and support services. In their view, separating housing and support ensured that clients remained engaged with at least one of the organisations, even if clients had to have difficult conversations around certain issues.

> *Sometimes there's somebody that can still be … the kind of good cop or the parent who's kind. As much as we're trying to be trauma-informed and whatever else, and deliver things in a certain way, [clients still] may stop engaging with us because they hear something that they don't want to hear, or they just go into shutdown where there's still that other person. (CHP)*

Another local factor is that Wagga Wagga is the closest regional centre to Junee Correctional Centre, and is a post-release destination. If parolees' needs for shelter and food are not met and they experience homelessness, it is not unusual for them to engineer a return to jail. One client who had been in Junee Correctional Centre said:

> *That's why I went back to jail, because I just had nowhere to go, you know? I was sick of living on the river … I didn't have to worry about getting food or where I was going to sleep. It was all there. (Client)*

The client said that THP housing and support had prevented reoffending.

> *It's the first time I've owned anything in my life, too …. I've got my own place, own stuff in it and that … If I didn't have my flat, I'd probably [be] back in jail … (Client)*

15.4.2 Intake, assessment and referral

Intake into the THP benefitted from the fact that there was a known population of people sleeping rough in known spots and in hotels. THP clients were identified through DCJ and outreach to an encampment on Crown land at the Murrumbidgee River at Wilkes Park (which was later affected by flooding), via referrals from Marathon, and by word-of-mouth—as people got housed, they told their friends to go and inquire about the program.

A client described how he entered the program.

> *Tenant: I was down at the local park sort of thing in my car, and had a couple of tents set up as well. It was reasonably comfortable, before that I was moving around a bit, just out of my car and stuff like that. And yeah, we just had some government workers from Centrelink, I think, or somewhere—they came just wandering through the park and seeing how people are going. They said they could assist. I was on the housing list for a while, but…*
> *Interviewer: Nothing happened there?*
> *Tenant: Yeah, it wasn't happening right away. Once we agreed to it, it was good, they all sort of moved it along pretty quick, it was good, we got a house. (Client)*

Consultation participants noted that the pace of the referrals was very fast.

> *That proved as a bit of a challenge compared to some of our other Housing First programs that are a little bit more paced to ensure that, you know, support was in place. (CHP)*

As a result of the rapid program implementation, support workers did not always have all the needed information about their clients, and some clients were housed in accommodation that was not appropriate for them, resulting in property transfers.

The use of the VI-SPDAT tool highlighted differences among clients, calling for diverse responses to take account of client backgrounds, life stages and needs: 'there was no cookie-cutter approach' (CHP). Marathon staff thought the tool worked well, but did not always capture context and there were discussions between Argyle and Marathon about this.

> *That's the other stuff [context] that we're considering as well as the VI-SPDAT. It's a tool and a tool can be used, but there needs to be that conversation about context and all those bits and pieces to kind of go alongside it as well. (Support provider)*

15.4.3 Housing

For Argyle, the THP was different from business as usual, as clients had higher complexity of need than most of their other tenants.

Argyle put in place processes to mitigate risks such as rental arrears and property damage. Risk management included reducing potentially damaging behaviours that could threaten the tenancy. Mitigations included:

- direct debit of rent and payments for utility bills (income smoothing)
- talking to clients before arrears got out of hand
- payment plans to fund repairs if the client damaged the property.

Many of the THP clients had been on the waitlist for social housing (either an active application or a lapsed one), but the THP enabled them to achieve housing much faster. If they were housed in capital stock, this affected others on the waitlist. Argyle was aware of this problem and is committed to addressing this by finding other sources of housing so that non-THP applicants were not negatively impacted.

At times, Argyle resisted pressures to house clients in available but unsuitable accommodation, or in a location that was not conducive to clients being successful. This was to avoid 'setting them up to fail' (CHP).

The THP sources private rentals via headleasing, which proved problematic in a tight rental market. Wagga Wagga's current vacancy rate is 1.35 per cent, house rents have increased by 13.5 per cent and unit rents by 12 per cent in 12 months.[52] Another factor impacting the private rental market was that Wagga Wagga's population increased due to outmigration from cities with yearly population growth about 0.8–1 per cent.[53]

> *I'm not going to lie. It's very, very hard to get private rental stock at the moment. It's highly competitive and it's not an attractive proposition with this particular client base. So, it's a case of diminishing supply. Look long term: what do we need? Major, major infrastructure in capital development. Major investment in capital development of social housing stock. (CHP)*

This accords with comments made in the survey—that there can be significant delays with sourcing private rentals and pressures to house clients in areas not conducive to their wellbeing. Some of the headleased properties were in 'rough' areas with regular police call-outs, noise and drug use, with run-down or decrepit private rental housing, and poor public transport (bus services in Wagga typically only run every hour).

Long-term reliance on the private rental market is also problematic, as it does not provide secure housing.

> *So, [clients have] got somewhere to be, but there's still an uncertainty … You speak to most people who are just renting privately and they're going to say, 'Well, real estate could just flick me a 30-day, 60-day [notice of termination], whatever, because they're going to sell the property.' It's an underlying thing for everybody. (CHP)*

Most staff consulted agreed that for the majority of clients, loss of rental subsidy for private rental housing following their exit from the THP posed a threat to tenancy sustainment, as rental properties were unaffordable for clients in the medium term.

> *Tenant: I think the one hiccup that we have run into in the last couple of months is because the private rental market is so expensive the idea is obviously to put the clients into a leasehold property, support them for two years and at the end of the tenancy Argyle pop them into the leasehold under their name.*
> *Interviewer: Without subsidy?*
> *Tenant: Yes. So, this is where obviously that issue comes into play, because without subsidy some people just can't afford it. (CHP)*

Another Argyle tenancy manager agreed:

> *For example, we have one [coming up to the end of the two-year period] and we're going to keep them on our books just because the private rental's so expensive they unfortunately can't afford to actually go into that. So, I guess that's the one challenge that we do have at the moment with the THP. (CHP)*

52 Real Estate Investor, Postcode 2650, https://www.realestateinvestar.com.au/Property/wagga+wagga.
53 Population Growth Australia, https://www.population.net.au/wagga-wagga-population/.

Headleasing is not an adequate social-housing supply option. It really isn't. It's a short-term fix. I think social housing is absolutely the responsibility of government to fund and the private market can't deliver that solution, and all we're doing is increasing the amount of funding that's going forward into subsidisation and not necessarily delivering outcomes in the process. (CHP)

Argyle has approximately 60–70 units of capital stock. However, these units are at capacity—and therefore the private rental market remains an important source of housing. Argyle staff indicated that the safety and security provided by capital stock underlies better mental health and client outcomes.

The quality of the new Argyle units is far superior to regular social housing or private rentals (see Figure 35). Clients housed in the new capital stock enjoyed high-quality amenity, especially those in the well-designed units in Kooringal. Clients in capital stock showed more signs of having transformed their indoor environments and yards, reflecting the higher investment in place that comes with security of tenure.

Figure 42: New Argyle units

Source: Blunden, H. 2022.

We're offering people dignity through housing, and that we give them something that they can be proud of. If we value the home that they live in, they'll also value the home that they live in. So, it's a win-win. If you put somebody in a substandard housing option and expect them to look after that really well, I think we'll be all very, very disappointed. If we don't repair properties quickly enough, then how do we expect clients to actually respect the home that we've given them? (CHP)

Clients in stable and new housing in the Kooringal complex had made noticeable changes to their yards and personalised their homes. A tenancy manager who had recently joined Argyle said:

> *I think people really do thrive through it … Especially for the housing aspect. You've got a tenancy officer that's there to support them one phone call away, and you've got a support network that's regularly supporting them through their individual needs. I think it works fantastically. I really do. (CHP)*

Argyle staff reported transferring clients to another private rental property or to capital stock, if necessary—for example, in the case of clients experiencing significant mental health challenges.

Argyle's Wiradjuri complex is medium-rise and quite dense. One client complained about its design.

> *You walk out and right now there's one up above me and the other ones who can see me, there's 11 people can see me, 12 people—yeah, as soon as you walk outside. No privacy … If you look up and you hear someone staring at you, hanging out your washing, and that's about three metres away from you. (Client)*

Several consultation participants noted that client complexity was seemingly not predictive of tenancy failure or exit. Some clients with long histories of rough sleeping and other issues showed great progress.

> *I think it's challenged us all to think a lot differently about how we work and how we solution it. But I think across the board both in Wagga and also in Campbelltown, we've had quite a high sustainability rate in terms of clients, and I think pretty good engagement, particularly for such a complex cohort. [I'm] really quite impressed that a lot of the greatest successes … are actually the people that have got really long-term rough sleeping histories and that surprises me, because I actually thought that they were the ones that probably wouldn't necessarily engage as well as what they have. But they've been phenomenal. (CHP)*

Argyle were resourceful about finding housing to suit the hardest to house rough sleepers. For example, a long-time rough sleeper who had been living in a caravan for some years with a much-loved dog was shown a unit. Argyle had changed the fencing to show that the dog could not get out and had left a dog bowl with water in the unit. As the dog 'decided' he liked the place, the client decided to stay too.

15.4.4 Support

The staff to client ratio for Marathon's two case workers was one to 16–24 clients, dependent on the number of people in program at any given time.

Marathon staff proactively contacted clients regularly, talked to them, and assisted them with their goals. They visited them in their homes or in other places like cafes or parks, depending on client preference. Case workers had the compassion and skills to support clients who had challenging issues and complex mental health needs. Tenancy managers from the CHP also had a very hands-on approach with clients that went beyond simple tenancy management.

> *With the ones that are less engaged, I think, it's because essentially at the very beginning when we were choosing them, we had to rank them based on—and we'd take the ones with the highest needs. The fact that their engagement levels might go up and down or there might be a bit of conflict, not conflict but just tension, so they might disengage for a little bit but then they sort of tend to come back. (Support provider)*

Consistency and support from a known and trusted support worker was very important for clients maintaining stability and pursuing their goals.

> *With all the assistance too, with Marathon, them coming to see you and they don't hassle you with nothing, but it sort of gives you—it's just handy to have that sort of gentle nudging reminder to keep going in the right direction. So, you don't get stagnant—try to, anyway. (Client)*

Engagement with support workers was key and helped clients retain their tenancy and avoid negative outcomes like jail or hospitalisation.

> *One of my participants is on an intensive corrections order. They give them a reoffending score and his was in the highest bracket, and apparently 95 per cent of people go back to jail. But yeah, he passed his intensive corrections order and I was at court with him and the judge said that he would be going back to jail except for the work you're doing with Marathon, and he's now off all parole and bail conditions. (Support provider)*

It was important for clients to know who 'their' tenancy officer and support worker were and how to contact them, and 'put a name to a face'. Clients stressed the importance of face-to-face contact. Support workers visited clients at clients' homes or at another location—for example, one client who did not want to engage agreed to meet the support worker at a café on the highway.

Most tenants chose to engage with their support workers, attributing success to the combination of housing and medium-term (two years) support that was lacking in other programs.

Brokerage money was used to buy furniture so new premises were immediately useable after moving in. Clients also accessed the No Interest Loans Scheme (NILS) to purchase items like TVs.

The program has done what couldn't be done previously, because it involves housing and a flexible support package, which means funds can be used for a variety of client needs.

> *You know, nobody on JobSeeker could ever afford to furnish a house or do all that stuff, so without that, they wouldn't have been able to do it. (Support provider)*

15.4.5 Client experience

The initial issues experienced by Argyle in terms of recruiting and retaining tenancy managers impacted communication with clients. The frequency of communication was reduced, as Argyle staff were either not trained or did not return calls (according to a former client). Once staffing stabilised, the client was able to reach her tenancy manager.

> *They were waiting for people to replace them and then train them everything. I don't know whether that was the cause of the downfall or lack of communication or not. (Client)*

Some clients conveyed that the THP was the first time they felt they had received 'proper' help, so engagement was 'worth it'.

The program worked well for women escaping domestic and family violence (DFV). The rental housing on offer was spacious, if a little on the run-down side; however, clients relished having enough bedrooms and a garden/playing space for their children. For example, a woman who had escaped violent and abusive relationships and their children seemed to be thriving, once they were established in the tenancy and safe.

> *But other than that [worrying about when her former partner would be released from jail], the kids are happy, they're in a safe environment, they're back in their own routine. They're not squished up and moving from post to post to post which, that done my son's head in … (Client)*

> *For them the issue was really just having that physical structure that was safe and affordable for them to go home to at the end of the day and they've been able to leverage that really exceptionally well. (CHP)*

A woman with children fled a DFV situation and was staying at her sisters' but then had to leave and was put into emergency accommodation at a hotel for a week or two. She noted that:

> *Housing [DCJ] just wasn't being helpful. Then I had to pay about four or five nights. And I tried to explain to her, 'How am I going to pay that and do food for my children?' It just wasn't happening. (Client)*

She was offered a headlease via Argyle and at the same time DCJ made an offer; however, the DCJ property was too small for her and the children, so she went with the more spacious Argyle headlease property. This client said she would stay there until something better came up. She valued the support.

> *[They've] been my main support with everything that's going. And she's brilliant. Like if I need something or if I need someone to talk to even, I'll just ring her and she's there. (Client)*

The program was assisting some clients to move into work; we heard of one example of a person moving into a type of employment that suited their personality, as well as women contemplating finding part-time work. One client had enrolled into a bachelor's degree, and a few were enrolled in short TAFE courses.

Clients often described what would have happened had they not been housed. One client was still struggling with his drinking and poor health, and had been advised to try residential rehab.

> *Got this flat. I'm pretty happy that I got it. If I didn't take the flat back in 2020, I'd be probably dead by now ... I know—I just know it's a lot better than where I was living, and if I was still living there, I wouldn't be alive. (Client)*

Some of the single men were battling with addictions that had badly affected their health, and were managing conditions, personal care and housework (with the help of NDIS) and had been able to access medical specialists facilitated by their support workers. For example, one client had been driven down to Melbourne by their support worker to get tests.

Overall, most clients felt that the benefits of the program had made engagement worth it.

> *The majority [of clients] are still engaged or have exited with no issues after their time was up after the two years. So, I think it's been a really positive experience overall for the participants. For the most part, they've had a really positive outcome, particularly the initial couple of months when they've exited [homelessness], be it the streets or couch surfing. (Support provider)*

16. Monitoring and reporting

- **Overall, the monitoring and reporting framework is adequate but some areas need improvement.**
- **Administrative program data on non-housing outputs and outcomes may be inaccurate or incomplete.**
- **The monitoring and reporting framework does not capture information on how much support is provided to clients and what the quality of that support is.**
- **The monitoring and reporting framework may not be adequate to capture support delivered and outcomes achieved by the ALM.**
- **There is a need to strengthen client voice in monitoring and reporting.**

This section assesses the adequacy of the monitoring and reporting framework. The evaluation finds that the monitoring and reporting framework is adequate overall. However, there are some areas in which improvements are necessary. These include:

- the accuracy and completeness of data on provision, outputs and outcomes of non-housing support
- capturing data on the amount and quality of non-housing support provided
- administration of the client satisfaction and exit surveys
- the accuracy and completeness of data on provision, outputs and outcomes of non-housing support for the ALM, and whether the current monitoring and reporting framework is adequate for the ALM.

16.1 Monitoring and reporting framework

The THP monitoring and reporting framework draws on data from a range of sources, including CIMS, Community Housing Information Management E-System (CHIMES) and Housing Operation Management System (HOMES). Together, these datasets form the basis for the monitoring and reporting framework (see Together Home Program Guidelines, May 2022, Appendix 1) and capture the high-level objectives, linked outcomes, output and outcome indicators, and the correlating key performance indicators (KPIs). The CHPs and support providers are required to report quarterly on their performance against the THP Outcomes Framework.

The program seeks to achieve the following outcomes for people who are experiencing homelessness:

- Increased number of individuals are safely housed in long-term / permanent housing (including social housing, community housing and private rental properties).
- Increased number of individuals successfully referred to health and wellbeing services.
- Increased number of individuals are connected to supportive family, cultural or community networks.
- Individuals have improved level of daily living skills necessary for long-term accommodation and self-management.
- Increased number of individuals are positively engaged with structured activities (i.e. support groups, education and employment).
- Individuals have improved subjective wellbeing.[54]

Outcomes and outputs as established through the monitoring and reporting framework are reported in sections 8, 9 and 10 of this report.

In addition, the client satisfaction and exit surveys are designed to provide important information on clients' experience of the program.

16.2 Data on non-housing outcomes

Analysis of administrative program data on non-housing support provided, and outputs and outcomes achieved, indicated that this data is likely inaccurate or incomplete. Evaluators draw this conclusion as there are many empty data fields within the dataset in relation to non-housing outcomes. What data is available appears to indicate that few clients needed various non-housing supports, and that even fewer were provided with these. However, these conclusions based on administrative data do not accord with the information gathered from stakeholder consultations and the surveys of CHPs and support providers.

It is therefore likely that data on non-housing support was either not captured or not entered accurately into the administrative program dataset.

16.3 Data on the quantity of support provided

The flexibility with which CHPs contracted support providers was beneficial in that it allowed for a diversity of approaches. However, this diversity may have caused equity issues across the THP and between providers. Contracts between DCJ and CHPs did not specify a minimum amount of support for a standard package, and program monitoring and reporting was also silent on this. Thus, it remains unclear how much support participants received across different providers. The evaluation indicated that there was considerable diversity (see Section 9).

The Baseline Report identified that the monitoring and evaluation framework was not set up to capture data on how much support was provided to clients and what the quality of this support was. From an evaluation perspective, this makes it difficult to ascertain whether there are links between the amount of support received by clients and the outcomes they achieved.

The Baseline Report noted that an absence of these data constrained the evaluation's ability to ascertain:

- whether the program was implemented and realised as planned
- whether intervention components were implemented as often or for as long as prescribed
- whether there is a link between the amount of support clients received and outcomes
- whether the funding provided for support services was adequate or represents value for money.

The Baseline Report recommended that DCJ amend the way data about support provision is collected to ensure that inputs—for example, hours of support received—are captured along with outcomes.

54 Together Home Program Guidelines, May 2022.

16.4 Adequacy of the monitoring and reporting framework for the ALM

Evaluators noted that there were gaps in the data on non-housing outcomes and outputs delivered by the ALM. This could indicate that the monitoring and reporting framework is not set up to adequately capture the way in which the ALM works and achieves outcomes. A detailed case study of the ALM will be included in the Final Report and will further investigate this issue.

16.5 Data on client voice

Initially, the THP did not gather ongoing insights into clients' experience in the program other than a voluntary exit survey. This was recognised as a shortcoming of monitoring and reporting. In response, an additional voluntary client satisfaction survey was introduced and is administered by CHPs to clients that have been in the program for 18 months. However, the low number of responses received to both the client exit and satisfaction surveys indicates that, in their current form, these surveys are not adequate to gather representative feedback from clients. This suggests a need to change the way in which client feedback is gathered and the surveys are administered.

This could include mechanisms such as focus groups, drawing in client feedback already being collected by CHPs (see Section 13) and support providers, better and more consistent implementation of the client satisfaction, and exit surveys.

17. System impact

- **The THP placed additional pressure on the NSW Housing Register.**
- **The THP's need for a large number of headlease properties increased competition in already competitive local markets, including with private renters and between headleasing programs competing for the same properties.**
- **The THP facilitated local collaboration and communication between various agencies, through the CRAGs and by strengthening relationships between CHPs and support providers, as well as with DCJ.**

This section of the report explores the degree to which the THP interacted with and impacted the wider housing and homelessness system in NSW.

17.1 NSW Housing Register and housing markets

The THP operated in the context of other DCJ housing and support provider programs, and was interconnected with local support providers and local housing markets. It impacted the NSW Housing Register and waiting lists, as some clients entering the THP did not have active Applications for Housing Assistance. In generating more active Applications for Housing Assistance, the THP created additional demand on the NSW Housing Register, placing further pressure on an already strained system.

Stakeholder consultations indicated that the THP impacted social housing priority waiting lists, as THP clients may have 'pushed' other applicants further down the waiting list, causing them to wait longer for housing.

There was limited scope to source replacement properties via headleases in tight rental markets. The many headleases required by the THP placed additional pressures on the market for affordable rental properties. In some instances, THP headleases were in direct competition with other headlease programs funded by DCJ and operated by the same CHPs that were delivering the THP. Headleasing programs also faced competition from other low-income private renters. The combined effect of this was to further reduce the number of affordable, appropriate and available rental properties in local markets.

Overall, this highlights the limitations of the headleasing model to supplement social housing in markets with limited supply of affordable housing, and affected the program's ability to rapidly house clients (see Section 8.2).

17.2 Collaboration and capacity building

While local mechanisms for communication and collaboration already existed in some areas (e.g. AOP), the THP facilitated local collaboration and communication between various agencies, through the CRAGs and by strengthening relationships between CHPs and support providers, as well as with DCJ.

The THP led to organisational capacity building for CHPs and support providers. Organisational learnings for CHPs included better knowledge of the needs of the client cohort, and how to undertake less punitive (e.g. threat of eviction) and more engaging tenancy management. For some support providers, learning how to support the complex THP cohort built organisational capacity and knowledge.

Expanding the number of CHPs in the THP, when and if the model continues, could be a way of building the capacity of CHPs across the sector more broadly, and in particular to build the capacity of Aboriginal housing providers.

Results from the survey demonstrated the implementation of the non-housing component of the program relied heavily upon existing relationships between CHPs and support providers. Three-quarters (75%) of the responding support providers had a pre-existing relationship with the contracting CHP, only 25 per cent did not (Figure 12). Support providers described their relationships with CHPs as collaborative, relationship-based, professional, positive and effective. Some commented that an existing good relationship had been strengthened through the THP. However, there were a few isolated instances in which relationships became strained, including due to organisational differences, and a lack of clarity about responsibilities and communication.

While there was considerable variation across CRAGs, most worked well for the purpose for which they were intended and acted to bridge sectors, agencies, and government (see also Section 7.1). CRAGs enabled local knowledge and networks to be utilised in the intake and allocation process for the THP, and to identify alternative options if needed.

Communities of Practice were useful to share information and skills, and share lessons for the implementation and operation of the program (see Section 6.2). They were also important mechanisms to facilitate networking.

Consultations indicated that overall, communication with DCJ was open and responsive and contributed positively to the implementation and operation of the program.

18. Key findings and recommendations

This section of the report highlights key implementation findings and recommendations. Note that the Final Evaluation Report, which will be delivered in 2024, will add an analysis of linked administrative data and an economic evaluation.

Key findings

The THP is an innovative program that fills a gap in the provision of homelessness services in NSW

The THP is an innovative program that fills a gap in the provision of homelessness services in NSW and is based on sound principles. Delivering housing and wrap-around support together is the central part of the THP, and the key to its success. Providing CHPs with the funding for support services and giving them autonomy over contracting is an innovation of the THP that freed CHPs from individual program funding. This enabled them to become more client-focussed in contracting supports and services. During the operation of the program, changes were made so that funding for various components of service provision was provided on a flexible basis across years and service streams. This allowed CHPs to better tailor their services to client need and accommodated delays in program entries due to onboarding with support providers or sourcing suitable housing for clients.

The program was designed around Housing First principles (see Section 4.1.2), which enabled CHPs and support providers to work in a client-centred way and helped clients to break the cycle of homelessness and stabilise their lives. Leveraging existing programs (CHLP, CHIF, STEP) aided program design and implementation as it allowed the THP to build on existing structures and frameworks for contracting, funding and program design. This was important, as the THP was designed and implemented rapidly in response to the COVID-19 pandemic.

The program benefitted from a collaborative cross-sectoral approach between government departments, CHPs, support providers and peak bodies. The program was progressively adjusted and calibrated to respond to emerging issues, which enhanced its effectiveness (see Section 4.1.1).

The High Needs Packages met the needs of complex clients that could not be met in other ways

The High Needs Packages were a unique and effective element of the program that addressed the needs of complex clients that could not be met in other ways. A total of 105 High Needs Packages were awarded, but not all awarded funds were expended (Table 21). Unexpended funds were redistributed in the form of one-off grants. Independent administration of the High Needs Packages by Homelessness NSW worked well and they provided training and support for High Needs Package applications.

The Aboriginal-led model is an innovation of the THP designed to deliver culturally appropriate support

The delivery of culturally appropriate services is a key principle underpinning the program. CHPs and support providers used a range of mechanisms to facilitate this (Figure 30). The survey showed that most CHPs (68%) thought that the THP provided culturally safe and appropriate housing (Section 13.2); most support providers (83%) thought that the THP provided culturally safe and appropriate support (Section 13.3).

No Aboriginal housing providers were contracted for the THP (largely due to there being no Aboriginal housing providers in the CHLP, which is the foundation for THP contracting), and most CHPs did not contract formally with Aboriginal organisations to provide support. The need to provide culturally tailored support for Aboriginal clients was recognised as a significant gap early in the implementation of the THP. This led to the introduction of the ALM in January 2021 (see Section 15).[55] To facilitate the ALM, DCJ contracted directly with the ACCO, namely Yerin, as well as HiP, to provide housing for the ALM. The ALM operated in the Central Coast region and comprised a total of $3.3 million for 35 packages over two years. Early indications are that the model is working well for Yerin.

The greatest challenge facing the THP is the lack of access to housing

The greatest challenge facing the THP is the lack of access to housing. The THP relied heavily on a headleasing model to provide needed housing. However, many THP locations experienced very competitive rental markets with vacancies below 1 per cent (see Section 8.5). This meant that needed housing was not available or was expensive and difficult to access, leading CHPs to house more clients than had been anticipated in their own capital stock. In addition, private rental was not the most suitable tenure for some THP clients experiencing complex issues, as rent arrears, difficult behaviours and property damages engendered reputational and financial risk.

The case studies reported in Section 15 of this report demonstrate that where housing markets created an enabling environment (i.e. suitable headlease properties were available at an affordable cost), the benefits of this flowed to clients. However, most CHPs operated in environments with constrained availability of suitable rental properties.

An unintended outcome of the THP is that it negatively impacted local housing markets and the NSW Housing Register (Section 17). Because the THP required a large number of rental properties, the program placed additional pressures on already very competitive rental markets in some regions that were already struggling with increased demand due to COVID-19. In some instances, the THP was competing with other DCJ-funded headleasing programs as well as other persons requiring low-income rentals in the same markets. The THP also increased pressures on the NSW Housing Register. To be eligible for the program, clients were required to be approved or eligible for priority housing using the AHA.

The Transition Program is an important initiative that grows the amount of housing available to the THP

Introduced in T2, the Transition Program is an innovation of the THP that aims to deliver around 250 additional social dwellings to address the lack of social housing available to the program (see Section 4.1.11). The program is delivered by participating THP CHPs (who provide co-contributions) and in partnership with DCJ through the CHIF approach. NSW state government investment in the Transition Program is $72.5 million: $35.5 million in the first round and $37 million in the second round.

55 An in-depth case study of the ALM is provided in a separate report.

A continuing plan is needed to sustain outcomes achieved by the THP

Looking forward, continued provision of housing and support long term according to Housing First principles remains a challenge for the THP. Ongoing access to housing is facilitated by CHPs absorbing THP properties into their portfolios. However, for many clients, sustaining their housing will be a struggle once the wrap-around support provided by the THP drops off (Section 9). Some clients will be able to access needed services and supports through the NDIS; however, many will need to rely on mainstream offerings, which are often not matched to their needs.

The THP was implemented as intended and progressively adjusted to address emerging issues

The THP is an agile program that has been progressively adjusted to respond to sector advocacy, contextual and implementation issues, and early evaluation findings. This flexibility and responsiveness of DCJ to emerging issues has positively affected program implementation and operation (Section 6). For example, flexible funding, additional supplementary funding and an extension of funding were implemented in response to Issues Papers by CHPs to the Program Steering Committee. Feedback to the Steering Committee also led to the introduction of a client satisfaction survey (at 18 months) in addition to the original exit survey. Other key changes included broadening eligibility criteria for the program, and the introduction of the ALM and the Transition Program.

The THP was largely implemented as envisioned by the program logic and program guidelines. The main pressure points arose during early implementation and were due to the rapid pace of program design and implementation. External factors such as housing markets, insufficient availability of social housing, and the impact of COVID-19 affected implementation fidelity, but the program's flexible design allowed some of these issues to be mitigated as they arose. Once the THP progressed to T2 and T3, most aspects of the program operated well (see Section 6).

The THP is strongly supported by the CHP sector

CHPs and support providers were largely committed to adopting the THP model, though there were variations in relation to different aspects of the program. Most CHPs had a strong commitment to Housing First principles, and 12 out of 18 CHPs ensured that housing and support were separated by contracting out the non-housing support component of the program. The six CHPs that delivered both housing and support had varying arrangements in place to separate the operation of these functions within their organisations. These included clearly defined roles, and guidelines and processes to ensure separation of housing and support provision. In some organisations, housing and support functions are delivered by separate line managers or business streams. CHPs that delivered both housing and support in-house emphasised the operational efficiencies and being able to respond early and effectively to any client issues (e.g. better value for money, lower administration costs, eliminating subcontracting agreements, employing qualified staff directly) (see Section 6.3).

CHPs were committed to absorbing THP clients into their long-term housing portfolios but experienced difficulties due to the shortage of appropriate, secure housing. There was varying uptake of High Needs Packages across providers, with some not applying because they felt client needs could be met with other resources, or because High Needs Package allocations had been exhausted. Almost all support providers assisted clients to apply for NDIS packages (see Section 11).

Broadening the number of CHPs delivering the THP could enhance the program's sustainability

The CHLP is a core part of the community housing sector's supply of social housing. Most CHPs currently contracted to the THP are also partners in the CHLP. This is a legacy of the need to rapidly implement the program during its inception. While this has worked well, it has excluded some CHPs. Broadening the number of CHPs who are delivering the program could increase its reach and sustainability and continue to build the capacity of the sector (see Section 17.2).

The THP has achieved strong housing outcomes for clients

A key factor of the program's success is that it delivered access to housing together with wrap-around support over the medium term. The program's funding structure freed CHPs and enabled them to contract supports according to client need. This facilitated a client-centred approach, which contributed to positive client outcomes.

The THP delivered strong housing outcomes to clients (see Section 8). Overall, using cumulative data current in January 2023, the THP housed 1,092 clients (81% of all accepted referrals) and most (74%) clients sustained their tenancies. However, due to very competitive rental markets, which constrained the effectiveness of the headleasing model, only 48 per cent of referrals were housed within four weeks (74% of the program target of housing 80% of referrals within four weeks). By January 2023, only 60 per cent had a long-term housing plan in place and 74 per cent had a support provider support plan.

Assessment of non-housing outcomes is constrained due to incomplete or inaccurate administrative data

Administrative program data on support appears to be incomplete or inaccurate, which made it difficult to ascertain with any certainty the support outputs and outcomes achieved by the THP (see Section 9). This will be further investigated in the Final Evaluation Report. Existing data indicate that 74 per cent of all clients had support provider support plans in place and 76 per cent remained engaged with a support provider, which would indicate a relatively high engagement with supports overall (see Section 8.1).

Data from stakeholder consultations and surveys offered further information on support provision. These data indicate that the THP delivered a broad range of supports, including AoD, disability, mental health care and access to cultural and community networks. Most (70%) support providers considered the amount of support provided by the THP to be completely or mostly adequate (see Section 9.2).

The monitoring and reporting framework is adequate but some areas need improvement

Overall, the monitoring and reporting framework is adequate; however, there are some areas in which improvements are necessary (see Section 16).

The evaluation found that administrative program data on non-housing outputs and outcomes appears to be inaccurate or incomplete, which suggests a need to investigate the reasons for this—for example, whether data were not gathered, entered or reported.

Similarly, data gaps in relation to the support provided by the ALM suggest that the monitoring and reporting framework may not be adequate to capture support outputs and outcomes achieved by the ALM. This indicates a need to review whether the current monitoring and reporting framework is culturally appropriate to gather outcomes achieved by the ALM.

The monitoring and reporting framework does not capture information on how much support is provided to clients and what the quality of that support is—which makes it difficult to ascertain links between client outcomes and the support they received. This information is critical to understanding how the program works for different cohorts, and is important to inform program improvement.

Very few clients answered the client satisfaction and exit surveys which means that the client voice is almost absent in monitoring and reporting (see Section 13.4). There is a need to increase the number of clients completing these surveys or to broaden how data about clients' experiences in the program is collected.

Recommendations

The evaluation finds that overall, the THP is a well-designed and innovative program that has delivered strong outcomes to clients in terms of providing access to housing and needed supports (the program housed 1,092 clients, or 81% of all program participants, and 74% of these sustained their tenancies).

The THP faces two primary system constraints. First, the shortage of appropriate, safe and affordable housing (social and private rental housing). Second, the THP is a Housing First informed program that operates within a wider housing and homeless system that is not oriented towards Housing First. As a time-limited program, the THP cannot guarantee that clients will continue to receive Housing First informed housing and support once they exit the program and re-enter the wider housing and homelessness system. However, if the THP were to transition to a business-as-usual model, this would increase the chances that those clients who need it could continue to receive the housing and support they need in a way that is not time-limited. Consequently, the recommendations identify how the THP could effectively be transitioned to a sustainable business-as-usual model. Table 27 sets out brief recommendations, and for each recommendation, the agency responsible, likely impact, cost, feasibility, and whether it applies to the current or a potential future THP model.

Recommendations are then put forward in full.

Table 27: Brief recommendations summary

	Recommendation	Responsibility	Impact (high, medium, low)	Cost (high, low, neutral/no cost)	Feasibility (high, medium, low)	Current or future model
1	Continue to deliver THP under a business-as-usual model.	DCJ	High	High	Medium	Future
2	Engage in a co-design process to refine the THP business-as-usual model.	DCJ, HNSW	High	Low	High	Future
3	Ensure that former THP clients who need it continue to receive Housing First–informed support beyond the program timeframe.	DCJ	High	High	Medium	Current and future
4	Continue to provide a capital component to the THP.	DCJ	High	High	Medium	Future
5	Improve reporting of data on non-housing support.	DCJ	Low	Low	Medium	Current and future
6	Broaden the base of THP CHPs in the business-as-usual model.	DCJ	Medium	High	High	Future
7	Build the capacity of Aboriginal housing providers to become contracted THP CHPs.	DCJ	Medium	Low	Medium	Future
8	Increase the number of ACCOs that are contracted to provide support to the THP.	DCJ	Medium	Low	Medium	Future
9	Strengthen client voice in monitoring and reporting.	DCJ	Medium	Neutral/no cost	High	Current and future

Recommendation 1: Continue to deliver THP under a business-as-usual model

The analysis provided in this report indicates that the THP is strongly supported by the CHP sector and is delivering positive outcomes to clients. Combining the delivery of housing and support using Housing First principles has allowed the THP to achieve client outcomes that exceed those of the mainstream homelessness system where housing and support are not integrated (see Section 3.1).

There is a risk that the client outcomes achieved by the THP cannot be sustained if clients who need it do not continue to have access to the levels of support required and instead have to rely on the NDIS or mainstream supports to assist them (see Section 9).

DCJ should continue to deliver the THP and all of its key elements into the future. This would include commitment to Housing First principles, High Needs Packages and the Transition Program.

Recommendation 2: Engage in a co-design process to refine the THP business-as-usual model

The THP is an agile program that DCJ has already refined in response to arising issues and sector advocacy (see Section 4.1.1). There remains scope to further improve the program when transitioning to a future business-as-usual model. CHPs, support providers, clients and sector peaks will be able to make an important contribution in assisting DCJ to develop the program to achieve the best possible outcomes for clients and to ensure sustainability of the model.

Areas identified in this report that would improve the program include better information to support the intake and assessment process, and refining the application process for High Needs Packages (see Section 11). Monitoring and reporting would benefit from strengthening client voice (refer to Recommendation 9) and better capturing what and how much support is provided to clients (refer to Recommendation 5).

DCJ should engage CHPs, support providers and THP clients in an iterative co-design process to refine the THP for a business-as-usual model.

Recommendation 3: Ensure that former THP clients who need it continue to receive Housing First informed support beyond the program timeframe

Flexible support for as long as needed is a key principle of Housing First. Having the needed support is also a key element that has enabled THP clients to sustain their housing. It is desirable that DCJ identify how ongoing wrap-around support at the required level of intensity and flexibility will be provided once clients exit the THP. There is a real risk that a high proportion of tenancies will fail for those clients with high support needs that cannot be met by the mainstream system (see Section 9). This would undermine achievements made by the CHP and lead to repeat homelessness.

DCJ should develop approaches that will allow former THP clients to continue to receive flexible support as per Housing First principles after they have graduated from the program if they need it. This could include direct funding for ongoing support or introducing a THP flag into the broader homelessness data systems so that support providers and housing providers will be able to identify former THP clients and re-refer them to the THP business-as-usual model if needed.

Recommendation 4: Continue to provide a capital component to the THP

The element of providing access to long-term housing is a cornerstone of the success of the THP, and this has been facilitated via headleasing (the primary intended tenure type for THP clients), using CHPs' capital stock and the Transition Program. The evidence presented in this report shows that the headleasing model was not effective in the very competitive private rental markets (low vacancy rates, lack of appropriate and available housing stock, high cost of rentals) in which many THP CHPs operated (see Section 8.5). Competition between headleasing programs for the same properties in the same markets exacerbated these pressures. Additionally, the private rental market was not the most appropriate tenure for some THP clients, causing tenancies to fail and incurring reputational and financial risk to CHPs. This has meant that CHPs have housed a high proportion of THP clients in their own capital stock, which has created further pressures on the availability of social housing. Overall, this situation shows that a commitment to long-term housing cannot be successful unless that housing exists. The Transition Program is a unique and innovative feature of the THP that provides a capital component to increase the availability of social housing in a housing-poor environment (see Section 4.1.11). It was introduced to increase the amount of social housing available for THP clients.

DCJ should explore how the Transition Program (or similar) can be continued when the THP transitions to a business-as-usual model, to ensure the effectiveness of the program in providing secure housing for its clients.

Recommendation 5: Improve reporting of data on non-housing support

While the monitoring and reporting framework is adequate overall, improvements are needed in relation to data on non-housing support provision, outputs and outcomes (see Section 16).

DCJ should:

- investigate the accuracy and completeness of data on provision, outputs and outcomes of non-housing support
- investigate the feasibility of capturing data on the amount and quality of non-housing support provided
- in consultation with ALM partners, review whether the current monitoring and reporting framework is appropriate and adequate for the ALM.

Recommendation 6: Broaden the base of THP CHPs in the business-as-usual model

If and when the THP moves to a business-as-usual model, DCJ should seek to broaden the base of CHPs contracted to the THP, including building the capacity of smaller CHP and Aboriginal Housing Providers to become part of the program. This change to the program would require new funding beyond already existing contracts.

Recommendation 7: Build the capacity of Aboriginal housing providers to become contracted THP CHPs

A third of THP clients identify as Aboriginal. The THP is committed to providing culturally safe and inclusive services and features the innovation of the ALM. However, no Aboriginal housing providers are currently contracted to the program, largely due to there being no Aboriginal housing providers in the CHLP, which is the foundation for THP contracting (see Section 15).

It is recommended that DCJ work toward building the capacity of Aboriginal housing providers to become contracted THP CHPs if and when the THP moves to a business-as-usual model.

Recommendation 8: Increase the number of ACCOs that are contracted to provide support to the THP

The evidence presented in this report shows that some CHPs have partnered with ACCOs to deliver the support component of the THP, and DCJ directly contracts an ACCO to deliver the ALM. However, the majority of CHPs do not have formal partnerships with ACCOs to deliver the THP, which impacts the delivery of culturally appropriate supports (see Section 15).

DCJ should work with THP CHPs to increase the number of ACCOs that are contracted to provide support to the THP if and when the THP moves to a business-as-usual model.

Recommendation 9: Strengthen client voice in monitoring and reporting

While DCJ has already taken steps to increase opportunities for THP clients to provide feedback about their experiences of the THP, the low number of responses to the client satisfaction and exit surveys shows that more work is needed (see Section 14.2). This could include mechanisms such as focus groups, drawing in client feedback already being collected by CHPs (see Section 13) and support providers, better and more consistent implementation of the client satisfaction, and exit surveys.

DCJ should put in place mechanisms to facilitate a better understanding of how clients experience the THP and the impact of the program on client vulnerability and wellbeing.

Appendix 1: Program logic for the Together Home Program

PROBLEM

Impact of COVID-19
People experiencing homelessness have been impacted significantly by COVID-19.

Over 1,800 people who had been rough sleeping were assisted with TA between April and August 2020.

The NSW Government has invested $36.1m into the Together Home Program to assist eligible people into longer-term accommodation. The program will target those assisted into TA.

Risk factors
People who are street sleeping may face a range of complex issues including:

- historical and/or current trauma;
- abuse;
- physical and mental health issues (including Post Traumatic Stress Disorder), and substance use;
- cognitive impairment;
- discrimination;
- distrust of authorities or services as a result of institutional or custodial experiences;
- limited or non- existent history of successful tenancies;
- and financial difficulty.

Delivery context
People street sleeping often:

- remain homeless;
- disengaged from support services and not accessing the assistance they require;
- are generally unable to access the private rental market due to the perceived barrier of their high support needs.

The high degree of specialisation within the homelessness service system provides a strong basis on which to build robust strategies to assist people with complex needs.

As people exit from TA, a rapid response is required and therefore headleasing is considered the best option for the current delivery context.

EVIDENCE

Research on the most effective programs and program components available to change identified problems:[1]

- **Housing First principles** are used to ensure there is a separation of housing and support, no requirements to demonstrate housing 'readiness', incorporation of self-determination principles (Woodhall-Melnik 2016).
- **Rapid rehousing** may reduce substance abuse.★★★
- **Case management** improves housing stability, reduces substance use, and removes employment barriers.★★★★
- **Supported housing** for people with mental and substance use disorders reduces homelessness, increases housing tenure, and results in fewer emergency room visits and hospitalisations.★★★
- **Tenancy support programs** are successful in preventing homelessness among those at imminent risk of homelessness, including for Indigenous clients.★

INTERVENTION

Core components and flexible activities

Core component 1: Referral and assessment of client need

- Person referred from DCJ or SHMT locations into a Client Referral Assessment Group.
- Person is assessed using the VI-SPDAT, Application for Housing Assistance

Core component 2: Accommodation

- Headleased properties in the private rental market as part of the Community Housing Leasing Program.
- Informed choice and consent: confirming the tenant's understanding of the program processes and their rights and responsibilities and information-sharing.
- Housing First principles applied, including separation of housing and support.
- Rapidly rehouse people who were street sleeping during the COVID-19 pandemic.

Core component 3: Person- centred wrap-around case management

- Evidence-based practice including trauma-informed care
- Support plan developed with program participant
- Support provider assists participant to access culturally appropriate health, mental health and wellbeing services
- Support plan may include personal, psychological and practical living skills support, brokerage, advocacy, legal and financial advice, and referrals to health, education, training and employment services.

Core component 4: Longer-term housing

- During the person's engagement in the program, the CHP and DCJ will work to identify longer-term stable housing solutions for the program participant, such as private rental or access to social housing.

Core component 5: Mental health and higher-needs support

- Some program participants will have access to higher-needs support packages to assist with complex needs.
- Other clients with identified needs will also be referred to the NDIS.

Core component 6: Brokerage

- Flexible brokerage funds used to assist in addressing the program participant's needs

MECHANISMS OF CHANGE

Providing stable accommodation with wrap-around support provides the program participant with a home and resources, which can: increase the likelihood of improving participants' independent living skills, and increase the likelihood of successful and sustainable tenancies.

Providing support to improve participants' interpersonal and relationship management skills, which may (where appropriate) increase their opportunities for active participation in structured community activities and reconnection with family.

Providing higher-needs support packages for people with more complex health and mental health support needs helps the program participants to sustain tenancies for longer and in the future.

Flexible brokerage assists program participants to have a tailored support plan to their needs and reduce barriers to establishing a tenancy.

Key stakeholders involved in design and implementation will ensure the program is fit for purpose in the local delivery context.

Increasing participants' average level of subjective wellbeing improves their chances of sustaining positive outcomes (e.g. employment or reduction in problematic substance use).

OUTPUTS AND IMPLEMENTATION OUTCOMES

Goal 1

- No. of accepted referrals.
- No. of people housed.
- No. of people housed within 4 weeks of referral and acceptance into the program.**R**
- No. of people with a support provider support plan.
- No. of people with a custody history
- No. of people with DFV as presenting reason.

Goal 2

- No. of people referred to health and wellbeing services.
- No. of people introduced to primary physical and mental health care (if required) within 3 months.
- No. of people who have been assessed for NDIS eligibility within 2 months (if required).
- No. of people that achieve (in part or in full) their relevant support plan goals

Goal 3

- No. of people with support plans that address connection to family, cultural and community networks, established within 3 months.
- No. of people who are connected to family/ cultural/community networks (if required)
- No. of people that achieve (in ipart or in full) their relevant support plan goals

Goal 4

- No. of people with positive tenancy exits.
- No. of people with negative tenancy exits.
- No. of people with support plans that address living skills and tenancy management established within 6 months.**R**
- No. of people with living skills assessment completed within 6 months.**R**
- No. of people receiving a form of tenancy support (tenancy management or living skills or income management or legal or court support)
- No. of people that achieve (in part or in full) their relevant program participant support plan goals.

Goal 5

- No. of people with support plans that address engagement with positive structured activities, established within 6 months.**R**
- No. of people referred to structured activities
- No. of people who enter education/training or employment (can include ongoing voluntary work).
- No. of people that achieve (in part or in full) their relevant program participant support plan goals.

Whole of program impact

- No. of people with completed PWI start survey.**R**

CLIENT OUTCOMES

Client outcomes likely to result from each program component across the NSW Human Services Outcome Framework domains

Short-term outcomes (outcome measure) Primarily attributed to the program	Medium-term outcomes (outcome measure) Partly attributed to program, beginning of shared attribution	Long-term outcomes (outcome measure) Shared attribution across agencies/NGOs
Home		
Increased number of individuals are safely, sustainably and securely housed		
% of people that have a long-term housing plan.**R**	% of people that remain housed at 15, 18 months.	% of people that remain housed at 21, 24 months.
% of people that remain housed at 3, 6, 9, 12 months.	% of people that remain engaged with a support provider at 15, 18 months.	% of people that remain engaged with a support provider at 21, 24 months.
% of people that remain engaged with a support provider at 3, 6, 9, 12 months.		% of people street sleeping at entry, in stable housing at exit.**R**
Health (physical & mental)		
Increased number of individuals successfully engage with health and wellbeing services		
% of people that remain engaged with any health and wellbeing services at 6, 9, 12 months.	% of people that remain engaged with any health and wellbeing services at 15, 18 months.	% of people that remain engaged with any health and wellbeing services at 21, 24 months.
		% of people with limited engagement to health and wellbeing services at entry, who have actively engaged with services during support.**R**
Social & Community		
Increased number of individuals are connected to supportive family, cultural or community networks		
% of people that develop connection to family, cultural and community networks at 6, 9, 12 months.	% of people that remain connected to family, cultural and community networks at 15, 18 months.	% of people that remain connected to family, cultural and community networks at 21, 24 months.
		% of people with limited connection to family, culturaland community networks at entry, who have rebuilt a connection during support.
Empowerment		
Individuals have improved level of daily living skills necessary for long-term accommodation and self-management		
% of people that remain engaged in living skills or tenancy management supports at 9, 12 months.	% of people that remain engaged in living skills or tenancy management supports at 15, 18 months.	% of people that remain engaged in living skills or tenancy management supports at 21, 24 months.
% of people with improved living skills assessment at 12 months (using the Together Home Living Skills Assessment compared to initial DCJ Application for Housing Assistance Independent Living Skills assessment)	% of people that maintain improvement in living skills at 15, 18 months (compared to initial assessment using the Together Home Living Skills Assessment).	% of people that maintain improvement in living skills at 21, 24 months (compared to initial assessment using the Together Home Living Skills Assessment).
Economic & Education and Skills		
Increased number of individuals are positively engaged with structured activities (i.e. support groups, education and employment).		
% of people that engage with positive structured activities at 9, 12 months.	% of people that remain engaged with positive structured activities at 15, 18 months.	% of people that remain engaged in structured activities at 21, 24 months.
		% of people with limited engagement in positive structured activities at entry that have actively engaged with these activities during support.**R**
Safety		
Nil outcome measured for safety		
Whole of program		
Individuals have improved personal wellbeing		
% of people with **improved total wellbeing score** at 3 months (compared to start survey total score).	% of people with **an improved total wellbeing score** at 15, 18 months (compared to start survey total score).	% of people with **an improved total wellbeing score** at 21, 24 months (compared to start survey total score).
% of people with **an improved total wellbeing score** at 6, 9, 12 months (compared to start survey total score).		% of people with **an improved total wellbeing at exit** (compared to start survey total score).**R**

GOALS

1. Rapidly rehouse people who were street sleeping during the COVID-19 pandemic with a plan for long-term housing
2. Provide access to culturally appropriate health, mental health and wellbeing services
3. Rebuild family, community and cultural connections
4. Support the development of daily living and self-management skills including skills to sustain a tenancy
5. Facilitate engagement with positive structured activities such as social groups, education and/or employment

1. *Evidence sourced and analysed by DCJ Insights, Analysis and Research (FACSIAR).* ★ *– Refers to the quality of evidence as categorised by DCJ Insights, Analysis and Research (FACSIAR).* **R** *– refers to what is part of the regular reporting for contract management and continuous improvement purposes.*

Note: Program logics articulate the theory of change by which a program is predicted to have an impact on pre-determined client outcomes. Developing this theory of change before a program or activity is implemented allows programs to empirically test whether the program had an impact on these outcomes, and whether this impact can be attributed to the program. This includes the best-available research evidence and data to justify program activities and ensures alignment of outcomes to the NSW Human Services Outcomes Framework. Please note: identifying medium- and long-term outcomes does not mean the program is solely responsible for achieving these outcomes. Rather the program aims to contribute towards achieving these outcomes. It also provides a justification for selected output measures by showing how they are linked to outcomes.

Source: DCJ.

Appendix 2: Stakeholder roles and responsibilities

Table A1: Stakeholder roles and responsibilities

Role	Responsibility
DCJ Together Home Project Team	**Program design and implementation** • Lead program establishment including program design and implementation • Lead program communications including with CHPs, sector peaks and DCJ, through Implementation Progress Notes, Implementation Forum meetings and other consultation methods • Develop program-level documentation, including Program Guidelines, Reporting templates, Program logic • Coordination of all relevant program-level approvals • Program-level risk assessment and management • Manage Program Evaluation **Governance** • Convene and provide secretariat for the Program Steering Committee • Escalate issues raised by the Program Delivery Group to the Steering Committee • Provide advice to the Minister, DCJ Executive and other senior stakeholders. **Contract management and program reporting** • Determine the resource implications for CHPs in managing the program • Lead contract management relationship with CHPs and allocations of funds as part of the CHLP, for the duration of the program • Approve subcontracting arrangements for support providers • Manage incoming fortnightly and quarterly reports through CHIMES, and input into Treasury and Ministerial reporting as required • Develop Quarterly Reports and dashboards **Systems and reporting** • Support CHPs and support providers with access to relevant systems such as CHIMES and CIMS *Implementation/program issues escalation: THP Steering Committee*
DCJ Housing	**Provide referrals to program where engaged with people street sleeping or people who have a history of street sleeping** • Member of the CRAG. Lead of group to be determined locally with DCJ Commissioning and Planning • Participate in local governance to oversight implementation and delivery of the program • Along with CHPs, provides options for long-term housing pathways for program participants • Implementation issues escalation: CRAG and/or PDG

Table A1: Stakeholder roles and responsibilities *(continued)*

Role	Responsibility
DCJ District: Commissioning and Planning	• Participate in program governance • Member of the CRAG: lead of group to be determined locally with DCJ Housing • Escalation of risks to program management, where appropriate • Escalation of issues that cannot be resolved at district level • Lead variations to service design and planning at a district level • Participate in local collaborative service planning with key stakeholders • Local stakeholder management • Relevant briefings to District Directors • Resolution of district-level issues within program parameters • District/local-level risk management *Implementation issues escalation: CRAG and/or PDG*

Homelessness NSW	Homelessness NSW will administer the High Needs packages for the Together Home Program by:
	• informing and promoting awareness of the program
	• developing a fair and transparent criteria and application process in consultation with DCJ
	• overseeing the application process and support organisations in completing applications
	• establishing and supporting an independent High Needs Assessment Panel to make a range of decisions relevant to High Needs packages, including:
	  • assessment and approval of referrals and reviews of packages, as well as one-off funding decisions
	  • case-by-case decisions to determine whether to keep a package open and/or transfer the support funding for a client who has left the THP permanently or has a period of absence from the program
	• supporting the liaison with the CHP who will receive the funds and the support provider who will be delivering the support service
	• managing reallocation of packages and unspent funding from closed packages
	Implementation issues escalation: THP Project Team

CHP in Social Housing Management Transfer (SHMT) sites	• Provide referrals to program where engaged with people street sleeping or a history of street sleeping • Participate in local governance to oversight implementation and delivery of the program • Along with CHPs, provides options for long-term housing pathways for program participants • Lead CRAG *Implementation issues escalation: PDG*
Contracted CHP as part of CHLP	• Identify and let appropriate headlease • Maintain urgency in the response for the person • Participate in program governance • Participate in the CRAG • Tenancy management • Deliver an individualised package of support for the person • Establish and maintain a relationship with local health district for people with mental health issues, as required • As this is a time-limited program, identify alternative housing solutions in partnership with the person and support provider before the end of the program • Allocate funding to support provider for support planning and delivery of wrap-around support • Manage subcontracts with support provider/s and ensure that appropriate and culturally safe support is delivered by qualified staff.

Table A1: Stakeholder roles and responsibilities *(continued)*

Role	Responsibility
Contracted CHP as part of CHLP *(continued)*	• Work with the support provider/s to ensure that support expenditure is linked to support provided to engaged clients. In the case of High Needs Packages, CHPs should ensure that client is receiving approved support and that the High Needs Assessment Panel is informed of changes of circumstances • Program reporting that include details and frequency as specified by DCJ • Provide referrals to program where engaged with people street sleeping or a history of street sleeping • Manage program funding as per these guidelines, including flexible use of remaining funding after client exits, etc. **Implementation issues escalation: PDG**
Contracted support provider	• Partnership with CHP in program delivery • Participate in program governance • Undertake assessment of the person's support needs • Participate in referral and exit assessment group • Provide referrals to program where engaged with people street sleeping or a history of street sleeping • Deliver individualised wrap-around support and tenancy sustainment over approximately two years • Develop a support plan with the program participant to include long-term housing planning from commencement of support • As this is a time-limited program, identify alternative housing solutions in partnership with the program participant and the CHP before the end of the program • Referral to other supports as required • Maintain reporting requirements to the CHP • Data reporting in CIMS or equivalent data reporting system, which includes reporting to provide direct visibility on the progress for each program participant • Provide 6-monthly updates to the High Needs Assessment Panel (e.g. NDIS package has been approved, client disengaging from support, client requires different support to the approved support in their High Needs package, etc.) • Establish and maintain a relationship with Local Health District for people with mental health issues as required *Implementation issues escalation: CHP and/or PDG*
Specialist homelessness service providers	• Provide referrals to program where engaged with people street sleeping or with a history of street sleeping

Source: THP Guidelines, May 2022.

Appendix 3: Assessment tools

Assessment tool	Purpose	Administered by
Application for Housing Assistance (AHA)—required for referral process *May include the Independent Living Skills Assessment, Medical Assessment form and Locational Needs Assessment form*	This initial assessment will provide adequate information about the person to help determine their housing and support needs.	• DCJ • The CHP in non-SHMT locations • Support providers, where appropriate
Together Home Living Skills Assessment	This assessment will provide adequate information about the person to help determine their housing and support needs. The assessment will also help to measure whether individuals have an improved level of daily living skills necessary for long-term accommodation and self-management. The assessment is completed at set intervals: • Within first 6 months as part of the DCJ Application for Housing Assistance Independent Living Skills Assessment • Within first 9–12 months using the Together Home Living Skills Assessment • Within 12–18 and 18–24 months using the Together Home Living Skills Assessment.	• Support provider
Vulnerability Index-Service Prioritisation Decision Assistance Tool (VI-SPDAT)	It is strongly encouraged that each program participant has the VI-SPDAT undertaken as part of this program. This tool can help the CRAG understand a person's level of vulnerability and can support program participant prioritisation.	• Trained support worker
Personal Wellbeing Index (PWI) start survey	The PWI start survey will gather baseline information about a person's wellbeing prior to being successfully housed. This is best completed prior to the person being housed. The PWI is integrated into CIMS. Start survey scores will need to be provided to the allocated support provider for entry into CIMS.	• Trained support worker
Personal Wellbeing Index (PWI): periodic and end surveys	Administered at review points during the program and at exit to assist with outcomes data. The PWI is integrated into CIMS. *Note: It is not anticipated or required that continual improvement in PWI scores is achieved for the program participant. However, it is anticipated that the program participant will experience improved wellbeing due to their participation in the program. The 'improved total wellbeing score' is always measured against the start survey.*	Support provider
THP Client Satisfaction Survey	This is an anonymous survey to be completed by program participant at the 18-month point and on exit from the program (positive or negative exits): this could be where a client chooses to exit, or the point at which the subcontracted support is ending, or the THP ends.	Managed by DCJ CHP/provider will work to administer this survey

Source: THP Guidelines, May 2022.

Appendix 4: Research questions against research tools

Research questions		Stakeholder consultations	CHP and support provider survey	Case studies	Program data	Client interviews	Linked data
1	Implementation evaluation						
1.1	**How well does THP work or why did it not work?**						
1.1.1	How well does THP work for CHPs?	■	■	■			
1.1.2	How well does THP work for support providers?	■	■	■			
1.1.3	How well does THP work for program participants?				■	■	■
1.2	**To what extent was THP implemented and delivered as intended?**						
Governance, roles and responsibilities							
1.2.1	Were governance structures established as anticipated?	■	■				
1.2.2	Was the allocation of roles and responsibilities for program design and implementation clear and appropriate?	■	■				
1.2.3	Was the allocation of roles and responsibilities for ongoing program management clear and appropriate?	■	■				
1.2.4	Are the accountability mechanisms appropriate and effective?	■	■				
1.2.5	How well did the administration of High Needs Packages by Homelessness NSW work?	■	■	■			
1.2.6	Were CRAG processes transparent and aligned with program guidelines?	■	■				
1.2.7	Were appropriate CHPs selected to implement the program?	■	■				
1.2.8	Were the contracting arrangements for CHPs appropriate?	■	■				
1.2.9	Were the contracting arrangements for support providers appropriate?	■	■				
1.2.10	Has the THP governance structure and its membership supported effective ongoing improvement of the program?	■	■				
Implementation facilitation							
1.2.11	Did information material, guidelines, training and support for CHPs appropriately support implementation of the program?	■	■				
1.2.12	Did information material, guidelines, training and support for support providers appropriately support implementation of the program?	■	■				
1.2.13	Does THP, as implemented, adhere to Housing First principles?	■	■	■		■	

Research questions	Stakeholder consultations	CHP and support provider survey	Case studies	Program data	Client interviews	Linked data
Intake, referral and assessment						
1.2.14 Did the intake and referral process operate as envisioned in the program guidelines?	■	■	■			
1.2.15 Did the referral process for High Needs Packages operate as envisioned in the program guidelines?	■	■	■			
1.2.16 Were appropriate services represented at the CRAG?	■	■	■			
Funding						
1.2.17 Was the funding allocated for housing sufficient?	■	■				
1.2.18 Was the funding allocated for wrap-around support sufficient?	■	■				
Monitoring and reporting						
1.2.19 Is the monitoring and reporting framework appropriate?	■	■		■		
1.2.20 Is the nature and amount of data collected from clients appropriate?	■			■		
1.2.21 Were the tools and reporting requirements used to measure outcomes appropriate?	■			■		
Cultural appropriateness						
1.2.22 Did the program guidelines facilitate the implementation of culturally appropriate and sensitive supports?	■	■	■		■	
1.3 To what extent was THP adopted by implementers?						
Housing						
1.3.1 To what extent is THP integrated with the CHLP?	■	■				
1.3.2 To what extent does THP use capital supply to house program participants?	■	■		■		
Cultural appropriateness						
1.3.3 Do THP providers consult with Aboriginal stakeholders to ensure the service approach is culturally sensitive?	■	■				
1.3.4 Do THP providers have policies and practices in place to proactively recruit and retain Aboriginal staff (where possible)?	■	■				
1.3.5 Do THP providers make cultural-competence training available for their staff?	■	■				
1.3.6 To what extent does THP deliver culturally sensitive and appropriate support?	■	■	■			
1.3.7 Does the THP offer Aboriginal-specific support planning?	■	■	■			
Support services						
1.3.8 Do support providers feel equipped to apply for High Needs Packages?	■	■				
1.3.9 Were referrals to the NDIS made where required?	■	■		■		
1.3.10 Did support providers develop support plans for program participants as outlined in program guidelines?	■	■		■		
1.3.11 Did CHPs engage appropriate service providers as specified in the program guidelines?	■	■				

Research questions		Stakeholder consultations	CHP and support provider survey	Case studies	Program data	Client interviews	Linked data
1.3.12	Were supports delivered in accordance with the THP Model set out in the program guidelines?	■	■		■		
1.3.13	Were exits from THP managed in accordance with the program guidelines?	■	■		■		
1.3.14	Did support providers adopt a trauma-informed approach?	■	■	■			
1.4	**What factors have influenced the implementation of THP?**						
1.4.1	How have the characteristics of the private rental market in THP locations affected program implementation?	■	■	■	■		
1.4.2	What other factors have influenced THP implementation?	■	■	■	■		
1.5	**What is the association between improved client outcomes and how THP was implemented?**						
1.5.1	Were the core components and flexible activities of the program implemented as set out in the program logic and program guidelines?	■	■	■	■		
1.5.2	Did THP achieve the anticipated client outcomes?	■	■	■	■	■	■
1.6	**Did the implementation approach lead to service system improvements?**						
1.6.1	Overall, did the implementation approach lead to improved connectivity and collaboration between sectors, agencies and government?	■	■	■	■		
1.7	**Was the program design and implementation culturally appropriate?**						
	See questions 1.3.3–1.3.7	■	■	■		■	
1.8	**How well did the model address the needs of and deliver outcomes for different population groups?**						
1.8.1	What outcomes did the THP achieve for different population groups?				■		■
2	Outcomes evaluation						
2.1	Did THP achieve the intended outcomes in the short, medium and long term for program participants?	■	■		■		■
2.1.1	For whom, to what extent, and in what circumstances were outcomes achieved/ not achieved, and to what factors might this be attributed?	■	■	■	■		■
2.2	**What unintended outcomes—positive and negative—did the program produce?**	■	■	■	■		■
2.3	**Were the assumed relationships between inputs, outputs and outcomes in the program logic supported?**	■	■		■		
2.4	**What is the broader impact of the THP on the NSW Housing Register and social housing allocations?**	■	■				
2.4.1	Are the program parameters sufficient to allow CHPs to absorb clients into their social housing portfolios sustainably?	■	■				
2.4.2	How has the THP impacted the NSW Housing Register?	■			■		■
2.4.3	To what extent is THP competing with other programs delivered by CHPs which also require access to private market and capital supply?	■		■			
2.4.4	How did private rental market conditions impact access to leaseholds?	■		■			

Research questions		Stakeholder consultations	CHP and support provider survey	Case studies	Program data	Client interviews	Linked data
3	Cost effectiveness and public value						
3.1	**Is the THP a cost-effective intervention compared to business-as-usual service provision to the street homeless cohort?**				■		■
3.2	**To what extent was the additional investment in the THP offset by cost savings in other areas (e.g. hospital admissions, interactions with justice system)?**				■		■
3.3	**What are the critical factors and barriers to translating additional investment into cost savings in other areas?**				■		■
3.4	**Did the economic benefits of the THP exceed the costs to deliver the program?**				■		■

Australian Housing and Urban Research Institute
Level 12, 460 Bourke Street
Melbourne VIC 3000
Australia
+61 3 9660 2300
information@ahuri.edu.au
ahuri.edu.au
twitter.com/AHURI_Research
facebook.com/AHURI.AUS
Australian Housing and Urban Research Institute