Together Home Program Evaluation:
Final Report

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Related reports and documents

Nygaard, C. and Randall, S. (2025) *Together Home Program Evaluation: Economic Assessment Statistical Paper,* AHURI Professional Services for NSW Department of Communities and Justice, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/research-papers/together-home-program-evaluation-statistical-paper.

Brackertz, N. (2024) *Together Home Program Evaluation: System Impacts Paper,* AHURI Professional Services for NSW Department of Communities and Justice, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/sites/default/files/documents/2024-06/Together-Home-Program-Evaluation-System-Impacts-Paper.pdf.

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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.

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Disclaimer

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Acronyms and abbreviations used in this report

ACCO	Aboriginal Community Controlled Organisation
AHA	Application for Housing Assistance
AH&MRC	Aboriginal Health and Medical Research Council
AHURI	Australian Housing and Urban Research Institute Limited
ALM	Aboriginal-led model
ATT	Average treatment effect of the treated
AVO	Apprehended Violence Order
BAU	Business-as-usual – in this report, BAU refers to standard DCJ social housing and support
BCR	Benefit-cost ratio
CBA	Cost benefit analysis
CRA	Commonwealth Rent Assistance
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.
CHP	Community Housing Provider
CRAG	Client Referral and Assessment Group
DCJ	Department of Communities and Justice (NSW)
DiD	Difference-in-Difference
DSP	Disability Support Pension
DVO	Domestic Violence Order
ED	Emergency Department
HiP	Home in Place
HOMES	Housing Operations Management System and Extended Services
Housing and Homelessness linked dataset	Future Directions for Housing and Homelessness in NSW linked dataset
KPI	Key performance indicator
NESB	Non-English-speaking background
NPV	Net present value

OOFG	One-off Funding Grants
pp	Percentage point
PWI	Personal Wellbeing Index
ROGS	Report on Government Services
SHMT	Under the Social Housing Management Transfer Program, 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.
SHS	Specialist homelessness services
Statistical Paper	Together Home Program Evaluation: Economic Assessment Statistical Paper
T1	Tranche 1
T2	Tranche 2
T3	Tranche 3
TA	Temporary accommodation
THP	Together Home Program
THTP	Together Home Transition Program
Victim	Throughout this report, the term victim is used to reflect everyday understanding; it encompasses the technical definition, which is protected person / person in need of protection.
VI-SPDAT	Vulnerability Index – Service Prioritisation Decision Assistance Tool

Glossary

A list of definitions for terms commonly used by AHURI is available on the AHURI website ahuri.edu.au/glossary.

Executive summary

The **Together Home Program (THP)** is a $189 million investment by the NSW Government to support people experiencing homelessness into stable accommodation and link them with wrap-around support. The program aims to facilitate pathways into longer-term housing and provide access to culturally appropriate support, health, mental health and wellbeing services. THP was started as part of a key initiative to support the former Premier's Priority to halve street homelessness by 2025.

The THP was initiated in July 2020 during the COVID-19 pandemic to minimise transmission as public health restrictions were implemented. The THP is a two-year model and is underpinned by Housing First principles. It was delivered across NSW by 18 community housing providers (CHPs) who headleased properties in the private rental market or used their own capital stock to house THP clients. The CHPs contracted support providers, such as specialist homelessness services (SHS), to provide wrap-around support, or in some circumstances provided this directly.

The **Aboriginal-led model** (ALM) of the THP was established in the Central Coast region in January 2021. The ALM is led by service provider Eleanor Duncan Aboriginal Services, an Aboriginal Community Controlled Organisation (ACCO). Eleanor Duncan Aboriginal Services was contracted directly by the NSW Department of Communities and Justice (DCJ) to lead the delivery of the ALM and worked in collaboration with the housing provider, Home in Place (HiP), who was also directly contracted by DCJ. The ALM differed from the standard THP model in that it implemented a culturally specific approach to service delivery. The ALM received $3.3 million in funding to deliver 35 packages over two years.

Program overview

282
new social and affordable housing properties

$189m
investment by NSW Government

18 CHPs

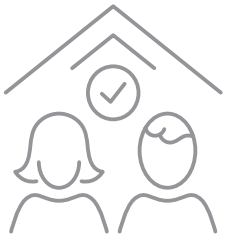
35 packages for the Aboriginal-led model

Provided **1,117 funded packages** to **1,414 clients**

High Needs Packages and One-off Funding Grants (OOFG) provided additional support to THP clients with complex needs. Administered by Homelessness NSW, these packages offered access to services not available through mainstream systems. By 30 June 2024, over $6 million was invested to support 335 clients: 106 received High Needs Packages (average value $34,046) and 229 received OOFGs (average value $10,875). Eleanor Duncan Aboriginal Services did not use these packages, preferring their own networks and resources (Section 5.3).

The **Together Home Transition Program (THTP)** aimed to increase social housing supply and ease the pressure on the Social Housing Register caused by the THP. Launched in two phases (April 2021 and June 2022), THTP delivered 282 additional social and affordable housing units. The program followed the Community Housing Innovation Fund (CHIF) model, with co-contributions from participating CHPs.

Program outcomes



84% clients housed

64% clients remain housed

Net present value over 4 years

$1.2-6.9 million

and likely to increase over time

Improved client safety

Average number of days housed **725 days**

98% of clients were linked to support services

$6 million

to deliver **335 support packages** for clients with high and complex needs

24% of clients received High Needs Packages/ OOFGs

About the evaluation

DCJ engaged the Australian Housing and Urban Research Institute (AHURI) in collaboration with the Social Policy Research Centre at the University of NSW, Swinburne University, Deakin University, and Garamada Universal Indigenous Resources (GUIR) to undertake an independent evaluation of the THP.

Previous evaluation outputs are:

- Together Home Program Interim Implementation Report, https://www.ahuri.edu.au/research/research-papers/together-home-program
- Together Home Program Evaluation: System Impacts Paper, https://www.ahuri.edu.au/research/research-papers/together-home-program
- Together Home Program Evaluation—Early Findings Report
- Together Home Program Evaluation—Baseline Report.

This Final Evaluation Report assesses the outcomes achieved by the THP, provides a case study of the Aboriginal-led model and cultural safety, and a cost benefit analysis (CBA). To answer the evaluation questions, the Final Evaluation used administrative program data, cost data, linked cross-government administrative data from the Future Directions for Housing and Homelessness in NSW dataset (Housing and Homelessness Linked Dataset), survey data and stakeholder consultations.

Cohort overview

67% MALE

32% FEMALE

1% gender non-conforming or not known

32% reported a disability

42% aged 25-44 years

45% aged 45+ years

35% identified as Aboriginal and/or Torres Strait Islander

Key findings

Overall, the evaluation found the THP was a well-designed and innovative housing-led program that successfully housed a large number of rough sleepers with high and complex needs during and after the COVID-19 emergency. The THP delivered strong outcomes for clients in terms of access to housing and tenancy sustainment, and the enhanced support provided by the THP allowed clients to access services and supports from which they were otherwise excluded.

A key distinction between the THP and many other homelessness programs in Australia was how the funding was allocated and distributed. CHPs were directly contracted by DCJ to provide housing and sub-contracted support services. The THP pioneered several innovations in housing-led homelessness support, including creation of additional social housing through the THTP, the pilot of the ALM, and the allocation of High Needs Packages through a non-government agency (Homelessness NSW). The program took advantage of available and emerging funding opportunities and was flexibly adjusted to meet changing circumstances and emerging issues.

The CBA shows that the enhanced support provided by the THP is effective. However, it does not put a monetary value on one of THP's key achievements: housing 84 per cent of its clients. In comparison, only about 27 per cent of all people who had applied for social housing were housed.[1]

The evaluation found that the benefits of the THP are significant but still less than the program's cost. The CBA shows that **for every dollar invested in THP's additional support services, there is a return of 17 cents, or a benefit-cost ratio (BCR) of 0.17. These benefits are likely to grow over time.** At the time of the analysis, only 46 per cent of THP clients for whom linked data were available had completed 24 months in the program, so the full impact may not be captured. Additionally, THP clients often have high and complex needs, and benefits can take years to appear. The COVID-19 pandemic also affected service use patterns, with many services operating at reduced capacity and clients delaying access to services.

Note that a detailed Statistical Paper (Nygaard and Randall 2025)[2] detailing the linked data analysis and CBA is provided as a separate volume to this report.

1 The THP housed figure is based on program data to June 2024. Comparison information is based on linked data to June 2023 and is based on all social housing applicants, not just high priority applicants.
2 Hereafter only referred to as Statistical Paper.

Findings against evaluation questions and recommendations

This section sets out key evaluation questions (KEQs) against key findings and recommendations. It also shows where in the report the questions are answered.

KEQ1 To what extent was the additional investment in THP offset by cost savings in other areas?

The CBA analysed how effective the THP's enhanced support was compared to standard DCJ social housing and support (business as usual (BAU)) (Section 3.3). It found that THP's enhanced support services provided significant benefits, including cost savings for the public sector, improved wellbeing for clients, and positive effects for society. Over four years, **these benefits were estimated to be worth between $1.2 and $6.9 million, which is about 3 to 17 cents for every dollar invested (in net present value (NPV)) (BCR 0.03-0.17) compared to the THP elevated service costs.** The cost of delivering THP was $105 per person per day for property expenditure and wrap around support, or $57 per day for wrap around support only. The analysis suggests that these benefits will continue to grow over time, leading to more savings.

Recommendation 1

DCJ should undertake further analysis of linked cross government data once all clients have completed 24 months in the program to gain a more accurate understanding of the impact, costs and benefits of the enhanced support provided by the THP. Follow-up analysis should also be conducted 2, 5 and 10 years after exiting THP.

Recommendation 2

DCJ should undertake further analysis of linked cross government data to ascertain the impact and economic costs and benefits of providing long-term housing to THP clients.

KEQ 1.1 What are the critical factors and barriers to translating additional investment into cost savings in other areas?

A critical factor for establishing cross government cost savings is the timeframe over which savings are measured, because THP clients often experience high and complex needs that require long term support. Thus, cost savings may take 5 to 10 years to become apparent in the data.

While providing services like healthcare and addiction treatment may initially increase costs, these services can lead to long-term savings and better health outcomes.

For THP to save money in other areas, it is critical that clients can maintain their housing and continue to improve their lives. This depends on their ability to access ongoing support and housing. The greatest barrier is ensuring that clients have enough support after they leave the program, as many will need continuing elevated support help to stay housed and improve their non-housing outcomes.

KEQ 1.2 Is THP a cost-effective intervention compared to BAU service provision to the street homeless cohort?

The THP costs more to deliver than BAU. However, it achieves several outcomes that BAU cannot. By June 2024, **almost all (84%) THP clients were housed,** compared to 27 per cent of all people who had applied for social housing.[3] Most (64%) of these remained housed at the last point for which data were available (regardless of when they entered the program) (Figure 16). On average, THP clients stayed housed for 725 days during and after the program, compared to 803 days for the comparison group (Section 4.2.2).[4] Notably, some 64 per cent of clients were still in the THP in the first six months of 2023, the last period for which linked data is available.

The THP also generated **264 additional social housing and 18 affordable housing dwellings** at an average cost of $508,375 per dwelling. Only 61 per cent of this cost was borne by the NSW government (Section 6.4).

KEQ 1.3 Did THP lead to cost savings/avoided costs across government (e.g. hospital admissions, interactions with justice system)?

The THP **generated public sector cost offsets, client wellbeing benefits and wider societal wellbeing effects, especially in relation to reducing police and justice interactions.**

There was a statistically significant reduction in the number of police incidents related to Apprehended Violence Orders (AVOs) where THP clients were recorded as a victim, with an average reduction of one less incident per 7 THP clients. The trend strengthened over time, with one less incident per four THP clients in the last 6-month period examined (Figure 10).[5]

There was a statistically significant decrease in the number of times THP clients were named as a person of interest in police incidents for domestic violence episodes, equivalent to an average reduction of one less incident per 20 THP clients. This trend strengthened over time; in the final 6-month period examined there was on average one less incident per 10 THP clients (Figure 12).

Housed THP clients experienced a slight increase in hospitalisations equivalent to one additional hospitalisation per 10 THP clients in each 6-month period after entering the THP.

While not statistically significant, there were emerging trends in reductions in the use of emergency health services, suggesting these impacts will increase over time. In the last 6-month observation period, reductions in Emergency Department (ED) presentations and ambulance trips became statistically significant, with ED presentations reduced by one incidence per four THP clients and ambulance trips reduced by one less trip per six THP clients.

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3 The THP housed figure is based on program data to June 2024. Comparison information is based on linked data to June 2023 and is based on all social housing applicants, not just high priority applicants.

4 Days housed is based on the observation period for linked data from H2 2020 to H1 2023 and includes clients that were still in the THP (about two thirds of the sample) and housing after they exited the program (about one third of the sample). While it appears that BAU clients were housed for longer, this figure may be misleading as, due to data limitations, it does not include those housed in headleases.

5 For clarity, this report uses the term victim to reflect everyday understanding; it encompasses the technical definition, which is protected person / person in need of protection.

KEQ1.4 Did the economic benefits of THP exceed the costs to deliver the program?

The economic benefits of the THP are significant but still less than the cost of delivering the program. This means that for every dollar invested in THP's additional wrap around support, there is a return of 17 cents at the higher estimate, or a benefit-cost ratio (BCR) of 0.17. When considering the total THP expenditure (wrap around support and property expenditure), the return drops to 9 cents per dollar invested, or a BCR of 0.09 (Section 3.2).

The economic analysis likely underestimates the benefits of the THP because the evaluation period of four years is very short. At the time of analysis, 64 per cent of clients were still receiving THP services. The analysis shows that the benefits of the program accumulate and increase over time.

KEQ 2 Did THP achieve the intended outcomes in the short, medium and long-term for program participants?

The THP achieved many intended short- and medium-term outcomes (Section 4). It is too early to assess long-term outcomes.

THP delivered strong housing outcomes:

- 1,189 (84%) clients were housed
- 909 (64%) clients remained housed at the last point for which data were available
- on average, clients were housed for 725 days during and after the program (Table 27)
- out of the 824 clients who exited the THP, 450 (55%) moved into safe, long-term housing (primarily social housing, 343 clients); 223 clients (27%) had negative exits to short- or medium-term housing, disengaged from the program, were evicted or abandoned their housing, or exited without housing; 151 persons (18%) had neutral exits (client died, moved interstate, or where the housing outcome is not known) (Table 29).
- only 45 per cent of THP clients were housed within 6 weeks (target 100%), due to rapid program roll out, housing shortages in some areas, and the COVID context.

Data on the number and type of support interactions were not collected, therefore the impact of this on client outcomes could not be analysed. KPIs for non-housing outcomes did not accurately capture support outcomes. Therefore, the evaluation reports how many clients received support, but does not measure this against KPIs.

THP provided almost all clients with support (98%) (Table 1):

- 1,195 (85%) received support for living skills and tenancy management
- 652 (41%) received health, mental health and wellbeing support
- 305 (22%) were provided with support with family and cultural networks
- 246 (17%) received support for engagement with positive structured activities, such as social groups, education and training (Section 4.3).

Overall, the analysis shows that the main benefits of THP lie in providing housing and the gains that flow from this. The elevated support provided by the program led to additional non-housing outcomes and cost savings compared to BAU, but it's too early to fully estimate their impact. At this point in time, based on an analysis of linked data, it appears, that BAU non-housing supports are almost as effective as the elevated support provided by the THP.

Recommendation 3

DCJ should continue to deliver the THP or a similar housing-led approach under a business-as usual model, either at the program or systems levels.

KEQ 2.1 Did client outcomes differ in social housing management transfer (SHMT) locations compared to non-social housing management transfer locations?

The evaluation found few statistically significant and practically meaningful differences in outcomes between SHMT and non-SHMT locations (Section 4.5).

KEQ 2.2 Were there differences in outcomes for in-house case management and support compared to where these were subcontracted?

The evidence on outcomes for in-house case management and support compared to outsourced support is mixed (Section 4.6). Administrative program data to June 2024 show that CHPs that outsourced support housed clients more rapidly compared to those that provided support in-house (39% of clients housed within 4 weeks and 49% housed within 6 weeks compared to 25% housed within 4 weeks and 38% housed within 6 weeks respectively) (Table 43).

Linked data showed no differences in non-housing outcomes between CHPs that provided support in-house and those that outsourced support. This may be due to the short time period covered by the analysis.

KEQ 3 For whom, to what extent, and in what circumstances were outcomes achieved/not achieved, and to what factors might this be attributed?

There were only minor variations in outcomes across cohorts (Section 4.4.3).

Compared to all THP clients, and consistent with the program's emphasis on supporting those with high needs (Table 39):

- the program was slightly more effective for people with high needs, a higher proportion of whom were housed (+10 percentage points (pp)), received support with health and wellbeing (+13pp) and living skills and tenancy management (+10pp)
- those with a disability were more likely to be housed (+8pp), have long-term housing plans (+14pp) and received health and wellbeing support (+13pp).

It took slightly longer to house women (-7pp housed within 4 weeks, -8pp housed within 6 weeks), but overall, a similar proportion of women (83%) were housed compared to all THP clients (84%). This may be because women with children and those escaping domestic and family violence have specific housing needs that may be more difficult to address. Women were slightly more likely to have received family, culture and community support (+8pp), reflecting the needs of families.

Young people took longer to house (-10pp housed within 4 weeks, -10pp housed within 6 weeks), but the proportion of young people housed (86%) was similar to the overall THP cohort (84%). This may be because young people generally experience more discrimination in the private rental market due to their low incomes, lack of a rental history, and because they are sometimes perceived as higher-risk tenants. More young people received support for reconnection with family, culture and community (+14pp) and positive structured activities (+10pp) compared to all THP clients. This likely reflects the needs associated with their life stage.

By June 2024, 106 High Needs Packages and 229 OOFGs had been awarded (total value $6,092,257). The average value of a High Needs Package was $34,046; the average value of an OOFG was $10,875.

High Needs Packages were important for addressing complex client needs, but available quantitative data does not allow for robust conclusions about their impact on client outcomes.

The way Key Performance Indicators (KPIs) were measured did not always match how support was provided. KPIs for non-housing outcomes assumed a sequential process (i.e. support need identified, support plan provided if needed, support received, if planned). Some clients received support plans and/or support without being referred for an assessment (i.e. a support need was not formally identified), leading to under-reporting of how many clients received support.

Additionally, data on the number and type of support interactions was not collected, which makes it difficult to draw conclusions about the degree to which the level of support provided impacted client outcomes.

Recommendation 4

DCJ should develop and implement KPIs, systems and processes to consistently and accurately capture the type, quality and quantity of support provided to enable a more robust assessment of clients' support and non-housing outcomes.

KEQ 3.1 How did clients perceive the outcomes they achieved through the THP?

The client satisfaction and exit surveys had low response rates (n=67, 5% of all THP clients), but provide illustrative insights into how clients felt about the program. Most respondents were very positive about the impact of the THP on their lives (Section 4.2.4). They felt that THP:

- increased their housing stability (90%)
- made them very satisfied with their housing (88%)
- improved their tenancy skills (91%)
- contributed to better health and wellbeing (87%)
- connected them better with health services (78%)
- provided better access to support services (69%)
- made it easier to connect with people and needed services (82%)
- provided opportunities for better cultural connections (52%)
- increased their confidence in managing finances and paying bills (76%).

However, less than half (46%) felt that THP improved their access to employment, education and training.

To get more accurate feedback from clients, CHPs and support providers should promote the client satisfaction and exit surveys more assertively. Many CHPs and support providers already have effective feedback mechanisms in place, and it would be beneficial to extend these to the overall program level.

Recommendation 5

DCJ should develop and implement proactive approaches to better understand the client experience.

KEQ 4 Was the THP culturally safe for Aboriginal[6] participants?

The standard THP was culturally safe and produced similar outcomes for both Aboriginal and non-Aboriginal clients. The ALM added a higher level of culturally safe service delivery, serving as a model for Aboriginal Housing First and boosting the service provider's capacity and capability.

Recommendation 6

DCJ should continue to deliver the ALM or a similar model and should consider replicating the ALM model in other locations.

Recommendation 7

DCJ should engage in a co-design process with ACCOs to ensure that a BAU THP and other standard homelessness programs more closely align with models that have cultural safety at their centre.

KEQ 4.1 Were there substantial variations in outcomes or experiences between Aboriginal clients and the broader THP cohort?

Analysis of program data and linked administrative data identified no substantial variations in outcomes between Aboriginal clients in the standard THP model and the broader THP cohort (Section 5.4).

KEQ 4.2 How did the experience of Aboriginal clients in ALM differ to that of clients receiving mainstream THP support?

The standard THP included cultural safety as an additional feature, while the ALM made it central to the model design (Section 5.3).

The ALM provided extra benefits for both clients and providers by focusing on Aboriginal culture and values. It showed how cultural safety can be effectively operationalised and how Housing First approaches can be tailored to meet the needs of Aboriginal people and communities. Key points include:

- The ACCO had a high level of independence and received direct funding
- the ALM was supported by strong partnerships between the housing provider, the department and the ACCO, and a high level of collaboration and communication

6 Throughout this report the term Aboriginal is used to encompass both Aboriginal and Torres Strait Islander people. This is done for the sake of brevity.

- the ALM offered immersive, culturally responsive support using a transdisciplinary model
- the ALM worked closely with families and viewed clients as part of a network of relationships, which fostered a sense of home and belonging
- the ALM built the lead agency's capacity, visibility and recognition.

A key lesson from the ALM is that cultural practices should be treated as guiding principles rather than prescriptions.

KEQ 5 How did the capital support delivered through the THTP assist with transitions to long-term housing?

The THTP added more housing to the social housing system, creating 264 social housing and 18 affordable dwellings. This offset 55 per cent of the 479 new Applications for Housing Assistance (AHAs) generated by the THP (Section 6). THTP housing facilitated a substitution where planned THP headleases instead became CHP tenancies. This allowed more THP clients to be placed directly into CHP dwellings, which offered them a higher chance of long-term stable tenancies (compared to headleases). At the same time, CHP tenants not in the THP had access to headleases created through the THP.

Recommendation 8

DCJ should develop and incorporate mechanisms to generate additional social housing stock, such as the THTP, into a business-as-usual model for the THP and other Housing First informed homelessness programs.

Recommendation 9

- DCJ should provide a broad range of housing options including head leasing, social housing, supported housing, and congregate housing, as part of a business-as-usual model for the THP or any future Housing First informed homelessness program.

KEQ 5.1 How quickly or efficiently was the THTP rolled out?

The THTP was implemented quickly and efficiently. Providing upfront capital funding was efficient and low cost over time (Section 6.5).

- THTP delivered 62 more dwellings than planned (Section 6.3)
- THTP was cost effective
- the total value of THTP dwellings was $133 million, of which the NSW Government funded 61 per cent. The average cost per dwelling was $508,375
- THTP benefitted partners by reducing costs and risk, building CHPs' balance sheets and enabling their capacity for future borrowing (Section 6.6).

KEQ 5.2 If/how were economies of scale utilised?

The THTP did not utilise economies of scale.

KEQ 5.3 Were there any new CHP approaches and/or innovation strategies?

Most CHPs used standard approaches, such as acquisition and construction to generate additional stock, but there were examples of innovation in relation to building techniques and local partnerships (Section 6.4).

KEQ 5.4 Did the THTP have additional benefits?

The THTP model provided new public assets and created a program legacy (Section 6). The THTP model is transferrable and could be replicated and flexibly targeted to provide additional housing stock to other homelessness programs and cohorts.

KEQ 6 Were the assumed relationships between inputs, outputs and outcomes in the program logic supported?

Overall, the evaluation finds that the assumptions underpinning the program logic for the THP were partially supported (Section 7).

Evaluation results support that providing stable accommodation with wrap-around support increased the likelihood:

- of improving participants' independent living skills (Section 4.3.4)
- of successful and sustainable tenancies – THP clients were housed for an average of 725 days during and after the program (Table 26)
- of exiting to stable long-term housing (Section 4.2.3)
- reductions in some service use categories (Section 3.1.1).

Evaluation results support that involving key stakeholders in program design and implementation ensures the program is fit for purpose in the local delivery context (see Interim Implementation Report).

Evaluation results do not confirm that support to improve interpersonal and relationship management skills may increase opportunities for:

- active participation in structured community activities (Section 4.3.3)
- reconnection with family (Section 4.3.3).

Evaluation results do not confirm that increasing participants' average level of subjective wellbeing improves their chances of sustaining positive outcomes such as employment (Section 4.3.5) or reduction in problematic substance use (Section 3.2.1).

There is insufficient evidence to evaluate whether:

- providing higher needs support packages for people with complex support needs assists to sustain tenancies for longer (Section 4.4.2)
- flexible brokerage assists clients to have a tailored support plan to their needs and reduce barriers to establishing a tenancy (see Implementation Evaluation Report).

Linked data show that in relation to the comparison group, THP clients were less likely to be recorded as a victim in police incidents related to AVOs and less likely to be a person of interest in police incidents for domestic violence episodes (Section 3.1.1). Linked data show emerging trends that THP clients were presenting to ED less often and had fewer ambulance trips (Section 3.1.1).

KEQ 6.1 What unintended outcomes – positive and negative – did the program produce? How did these occur?

Positive unintended outcomes included:

- Directly funding housing providers built their capacity to deliver wrap-around supports (Section 7.2.1)
- The ALM contributed to the service provider, Eleanor Duncan Aboriginal Health Services, becoming a registered housing provider (Section 7.2.2).

Negative unintended outcomes included:

- Reliance on headleasing negatively impacted rental markets in some regional areas (Section 7.2.3 and System Impacts Paper)
- NSW Housing Register applications increased (Section 7.2.4).

1. Introduction

The NSW Department of Communities and Justice (DCJ) engaged the Australian Housing and Urban Research Institute (AHURI) to independently evaluate the Together Home Program (THP).

This Final Evaluation Report assesses whether the THP achieved its intended outcomes and what the costs and benefits of the program were. This evaluation builds upon findings from previous streams of the evaluation as outlined in Figure 1.

Figure 1: Together Home Program evaluation streams

2021 — **Baseline report**
Provided a baseline analysis using high level aggregate program data, including client demographics and outcomes against program objectives.

2022 — **Early Findings Report**
Provided preliminary insights of the interim implementation evaluation.

2023 — **Interim Implementation Report**
Assessed the THP implementation against the program guidelines and the program logic, and how the model was adapted to meet new challenges and contexts. Provided evidence to inform the ongoing refinement and development of the THP, and identified success factors, barriers and opportunities.

2023 — **Case study of the Aboriginal-led Model (ALM)**
Provided a case study (undertaken by GUIR) of the implementation and delivery of the ALM from January 2021 to April 2023. Findings from the case study were incorporated into the final report (2025).

2024 — **System Impacts Paper**
A systems view was used to analyse how a future THP or similar Housing First model could operate within the NSW housing and homelessness system. Included an evaluation of the impact of rental vacancies in the viability of the headleasing model.

2025 — **Final Evaluation Report**
Evaluates the outcomes of THP for clients across a range of domains and provides a cost benefit analysis by comparing THP clients to a matched comparison group, a case study of the Transition Program and a case study of the ALM.

1.1 About the Together Home Program

The THP aims 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 support, health, mental health and wellbeing services. The program is a $189 million investment (over 4 years, 2020–2024) by the NSW Government and was started as part of a key initiative to support the Premier's Priority to halve street homelessness by 2025. Funding occurred over multiple stages (Appendix 2).

The THP was developed to curtail the spread of COVID-19 as public health order restrictions were implemented across NSW in early 2020. At the beginning of the COVID-19 pandemic, 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).

The THP was implemented across NSW by 18[7] community housing providers (CHPs), as a two-year model informed by Housing First principles.[8] A foundational principle of the Housing First model is that safe and secure housing is provided to people experiencing homelessness prior to, rather than conditional upon, participation in addressing other support needs. The THP is an extension to the Community Housing Leasing Program in which registered housing providers are provided with funding to headlease private rental market properties to provide social housing. CHPs were engaged to headlease properties in the private rental market or use their own capital stock to house THP clients. The CHPs directly contract support providers, such as SHS, to provide the wrap-around support. In some instances, CHPs provide both housing and support. The program aims to exit clients to stable long-term housing. Refer to Appendix 1 for the program logic.

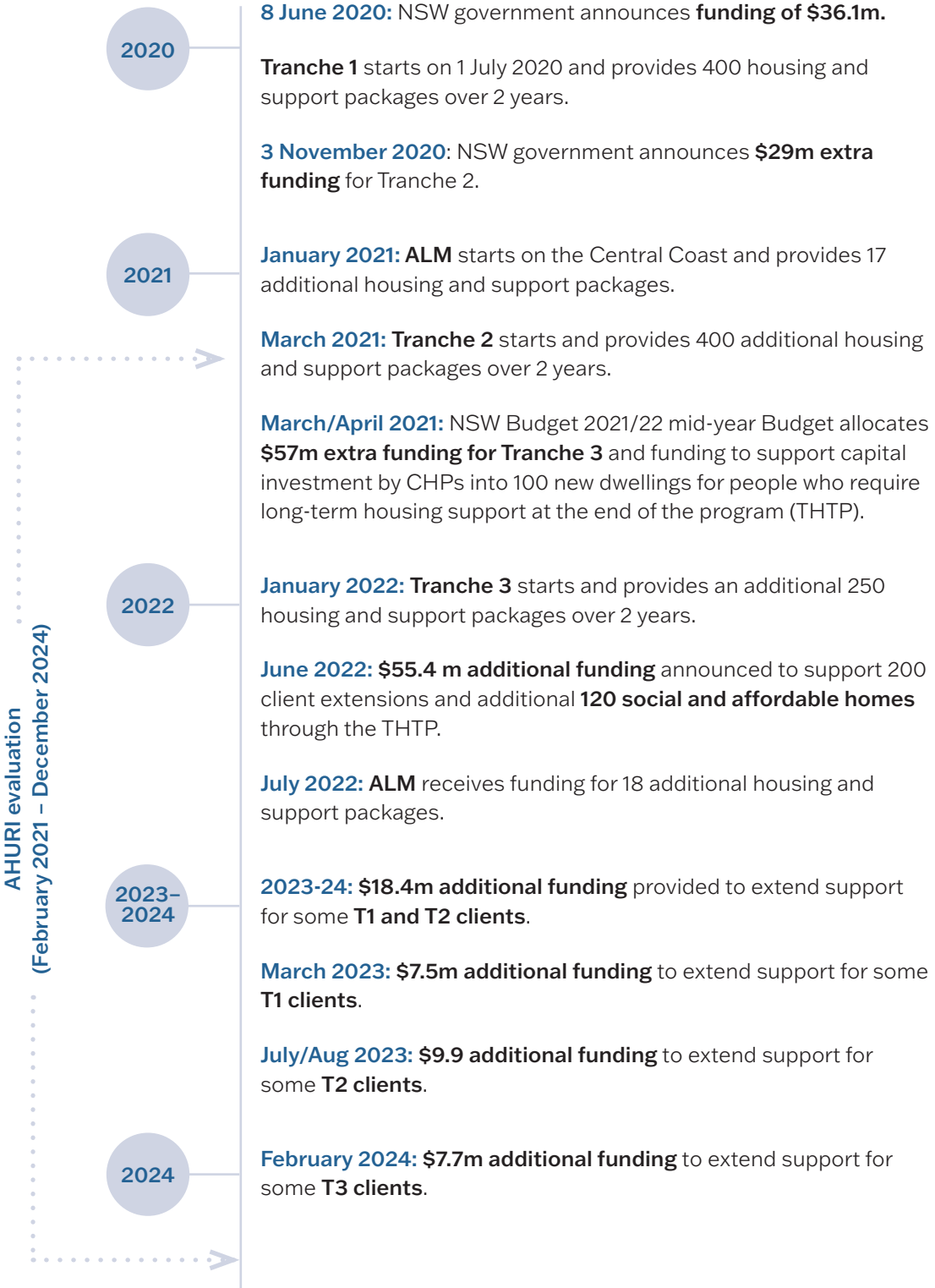
The THP was extended following implementation through the introduction of:

- The **Aboriginal-led model** (ALM) in 2021 in the Central Coast. The ALM was structured differently from the standard THP. The service provider was an ACCO (Eleanor Duncan Aboriginal Services) and was contracted directly by DCJ to lead delivery of the ALM. A CHP (HiP) was also directly contracted by DCJ to provide the housing and worked in collaboration with the ACCO. The ALM model of service delivery differed from the standard THP model in that it used a culturally specific approach to service delivery.
- The **Together Home Transition Program** (THTP) commenced in 2021. It aimed to increase the amount of social housing in NSW and facilitate transitions to long-term housing for THP clients. The THTP was modelled on the Community Housing Innovation Fund (CHIF) approach, with the DCJ providing upfront capital grants and CHPs providing co-contributions in the form of debt, land, cash, reserves or support.

The THP was funded across three tranches. Figure 2 shows the funding and timing of each tranche, the ALM and THTP, and the evaluation (compare also Table 63).

7 Link Housing and Wentworth Community Housing merged on 1 April 2021.
8 See Appendix 4 for a breakdown of package allocations across providers and regions.

Figure 2: Timing of THP stages and evaluation



1.1.1 Implementation context

The THP was designed and implemented quickly, which led to some challenges. External factors such as housing markets, insufficient availability of social housing, and the impact of COVID-19 affected implementation fidelity, but the flexible design of the program allowed some of these issues to be mitigated.[9]

The THP was an agile program that was progressively adjusted to respond to sector feedback, contextual and implementation issues, and early evaluation findings. Early on, it became clear that the headleasing model did not work for all clients or locations in NSW. In response, and with support from DCJ, CHPs housed more clients than anticipated in their own capital stock, rather than headleased properties (Section 4.2.2).

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. Other changes introduced to the program included the introduction of a client satisfaction survey, broadening eligibility criteria for the program to include referrals from SHS, and the introduction of the ALM and the THTP. Once the THP progressed to Tranches 2 and 3, most aspects of the program operated well and there was less adjustment required.

1.1.2 Allocation of packages and client characteristics

The THP provided 1,117 packages to 1,414 clients across the entire program, which reflects 82 per cent of all referrals (1,719) (Table 1).[10] The number of clients exceeded the number of funded packages, as when clients dropped out of the program, their packages were reallocated to other clients.

- By 30 June 2024, 1,385 (98%) of clients had been linked to support services and 1,189 (84%) had been housed; 24 per cent of clients had received either a High Needs Package (106 persons) or an OOFG (229).
- The ALM provided 35 packages; all ALM clients were linked to support services and 26 (70%) were housed.
- 824 clients exited the THP, with 450 of these entering long-term, stable housing (55% of exits), as discussed further in Section 4.2.3.

9 See Interim Implementation Report, https://www.ahuri.edu.au/research/research-papers/together-home-program.
10 Cumulative program data to 30 June 2024.

Table 1: Summary of THP housing and support outcomes, cumulative program data, 30 June 2024

Number of	T1	T2	T3	ALM	Total
Referrals	677	586	391	65	**1,719**
Funded THP packages	404	400	278	35	**1,117**
Clients accepted	552	489	336	37	**1,414**
Clients linked to support services	531	485	332	37	**1,385**
Clients housed	472	419	272	26	**1,189**
Clients with High Needs Packages					**106**
Clients with OOFGs					**229**
Program exits	443	248	104	29	**824**

Source: DCJ.

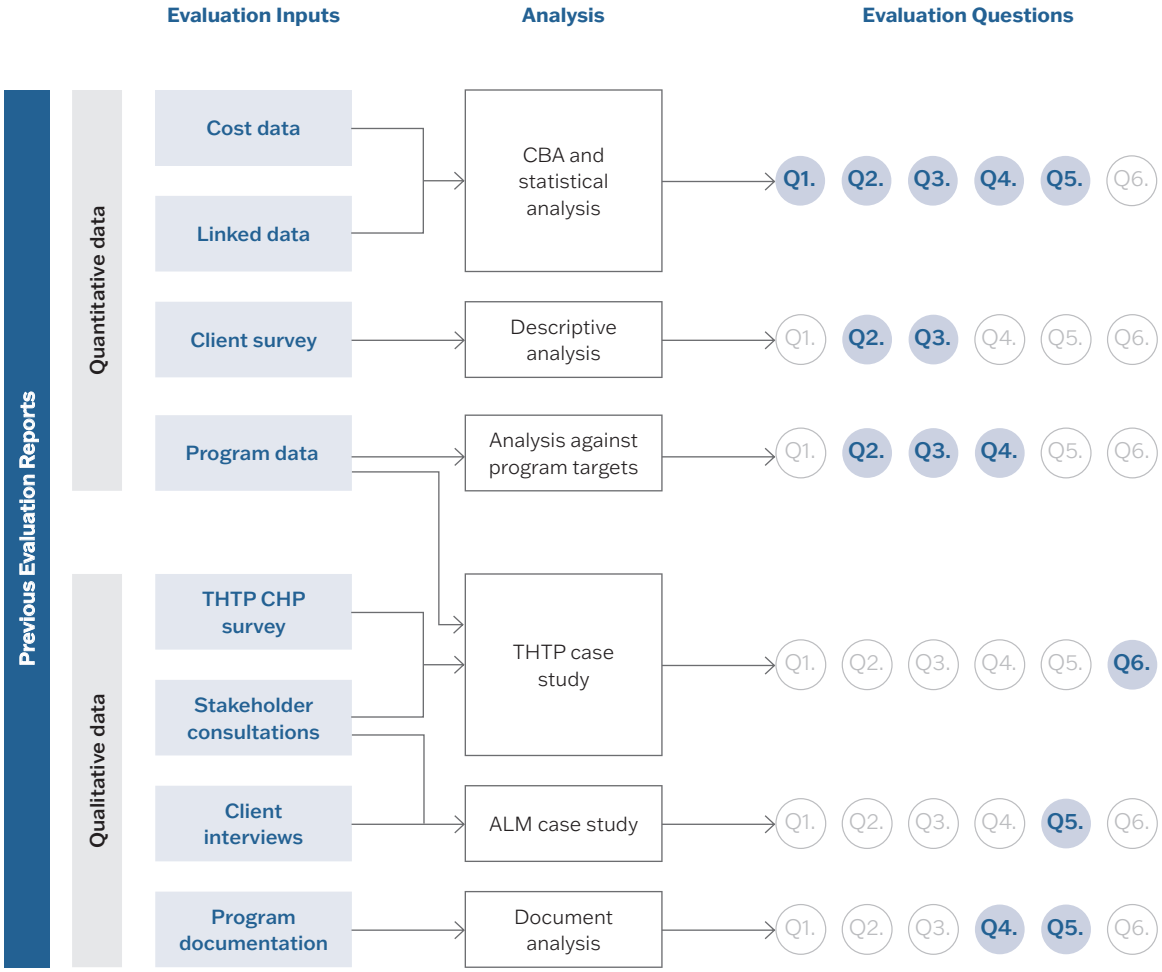
Approximately two thirds of clients were male (67%), 35 per cent identified as Aboriginal, and a high proportion reported a disability (32%). Overall, participants had very low levels of income as more than half received the JobSeeker payment (47%) and just over a third (35%) received the Disability Support Pension (DSP). Employment and education payments were the main source of income for only 2 per cent of clients.

About half (51%) of all program participants were over 45 years of age. There were very few clients aged under 25 years (6%). In comparison, most (65%) of the ALM clients were under the age of 45, with about half (49%) aged between 24–44 years. 16 per cent of participants were under the age of 25 years and 35 per cent over 45 years. 16 per cent of clients in the ALM reported a disability. This could be due to the younger age profile of the ALM or to fewer clients reporting a disability (see also Table 64 in Appendix 3).

2. Method

The Final Evaluation Report draws together findings from all previous stages of the evaluation and provides additional analysis to assess the overall outcomes achieved by the THP in the period from 1 February 2021 to June 2024. It also provides a CBA.

Figure 3: Outcomes and economic evaluation methods overview



Q1. To what extent was the additional investment in THP offset by cost savings in other areas?

Q2. Did THP achieve the intended outcomes in the short, medium and long term for program participants?

Q3. For whom, to what extent, and in what circumstances were outcomes achieved and why?

Q4. Were the assumed relationships between inputs, outputs and outcomes in the Program Logic supported?

Q5. Was the THP culturally safe for Aboriginal participants?

Q6. How did the capital support provided by the THTP assist with the transition of THP clients to long term housing?

The evaluation used a mixed methods approach that combined quantitative, statistical and qualitative analysis. The method was designed to facilitate robust findings and allow for triangulation of findings against evaluation components.[11]

Figure 3 provides an overview of evaluation data sources and analysis, and links this to the research questions. Methods are further detailed in the following sections.

2.1 Project stages

The THP evaluation had several changes in timeline and scope.

The original scope of the evaluation was for Tranche 1 of the THP from February 2021 to June 2023 and included a cost effectiveness analysis and public value evaluation. This was revised in May 2022 to extend across all three tranches of the THP from February 2021 to June 2024, to include the ALM and conduct a CBA instead of a cost effectiveness analysis. A second revision to the scope extended the evaluation period to December 2024 to enable analysis of linked data and program data by Aboriginal status.[12]

Figure 4 provides an overview of the evaluation timeline, outputs and data sources.

THP dwelling, DCJ housing stock.

11 Detailed information on the methods of previous outputs is provided in the earlier reports.
12 Refer to Appendix 6 for further detail.

Figure 4: Evaluation timeline, outputs and data sources

	Administrative program data	Program documentation	Stakeholder consultations	Surveys
Baseline report, 2021	Data to December 2020 / February 2021	Yes		
Early Findings Report, 2022	Data to December 2020 / February 2021		9 focus groups and 2 one-on-one interviews with key stakeholders (DCJ, CHPs and peaks)	
Interim Implementation Report, 2023	Administrative program data to January 2023		16 consultations with key stakeholders	Survey of all THP CHPs and their subcontracted support providers Client satisfaction survey
Case study of the Aboriginal-led model, 2023	Yes		Consultations with CHP and service provider key stakeholders	
System Impacts Paper, 2024	THP administrative program data as reported in the Interim Implementation Report		Stakeholder consultations (THP CHPs and their contracted support providers, DCJ staff, Together Home Steering Committee, Homelessness NSW, Women's Housing Company)	
Final Evaluation Report, 2025	Administrative program data to June 2024		Key stakeholder consultations	Survey of CHPs who received THTP funding Client satisfaction and exit questionnaire

Client interviews	Housing secondary data	Program cost data	Linked administrative data
4 site-specific case studies with client interviews			
Interviews with 8 ALM clients			
	Analysis of data, including: • NSW rental vacancy data • Report on Government Services (RoGS) data • Australian Institute of Health and Welfare (AIHW) data • Australian Bureau of Statistics (ABS) data		
Case study of the Aboriginal-led model with additional research and analysis		Program cost data	Service use: health, mental health, police and justice interactions, vocational education, access to statutory entitlements, SHS interactions and training. Data to 30 June 2023

2.2 Data sources

This section provides an overview of the data sources analysed and synthesised in the Final Evaluation Report.

2.2.1 Quantitative data

Administrative program data

The evaluation analysed THP cumulative administrative program data to 30 June 2024. This included data from DCJ's Client Information Management System (CIMS) and the Community Housing Information Management and Engagement System (CHIMES). Program data were analysed to understand clients' key demographic characteristics and to assess program outcomes against key performance indicators (KPIs) and goals as set out in the program logic.

Linked cross government administrative data

The evaluation used the Housing and Homelessness Linked Dataset to assess housing and non-housing outcomes of the THP. See Appendix 7 for a list of linked data.

The subset analysed for the evaluation is a function of a) someone being in the THP and b) someone being an eligible match as a control. The temporal match among other things means many observations in the data are not eligible for inclusion. The subset analysed for the report had a total of 1,389,204 observations for 115,767 individuals. Across all observations, 27 per cent received housing support at some stage over the various periods.[13] The linked data cover the whole housing and homelessness client population, including people who have applied for or are/have been in receipt of homelessness programs and assistance, social housing tenants and applicants on the NSW Housing Register between 1 July 2010 and 30 June 2023. This enabled a robust analysis, as matched comparison groups were drawn from the broader housing and homelessness client population.

A quasi-experimental research design was used to compare outcomes among THP program participants to matched comparison groups of individuals with similar characteristics, but who were not in the THP.

Linked administrative datasets were used to create timeseries (2018–2023) of non-housing variables for THP participants and matched comparison groups of non-THP participants. Categories of service use examined included: health and mental health services, police and justice services, SHS, and access to statutory entitlements and training. Each period of observations was 6 months. Linked data were, for most variables, available until the first half of 2023.

Cost data

The evaluation used data relating to the program cost of delivering the THP, the High Needs Packages, and the THTP. Program cost data is based on aggregate funding amounts representing the maximum contract value of delivering THP. Contract value will in some instances differ from actual expenditure. To compare program costs to THP generated benefits, program costs were inflation adjusted to 2022/23. Finally, in the CBA analysis allocated program cost data were adjusted proportionally to account for the difference between the estimation sample (n=1,252) and all THP program participants (1,414).

13 This figure is based on all social housing applicants, not just high priority applicants.

Client survey

A voluntary online client survey was designed by DCJ and administered by CHPs. Initially, the survey was available only to clients exiting the THP. In response to feedback about low response numbers, an additional survey was added, that could be completed by clients after 18 months in the program.

Table 2: THP client survey responses, cumulative to June 2024

N	Interim report	Final evaluation report	Total
Client satisfaction survey	30	4	34
Client exit survey	17	16	33
Total	**47**	**20**	**67**

Source: authors

Due to the small number of responses (n=67, which represents only 5% of all 1,414 THP clients), the evaluation analysed 18-month surveys and exit surveys together across the entire program duration. The low number of responses mean that the findings from these surveys may not be representative of the perspectives of THP clients as a whole; rather, they illustrate the experiences of some clients in the program. Since November 2022,[14] when client survey data were previously analysed for the Interim Implementation Evaluation, only 4 additional client satisfaction surveys and 16 additional exit surveys had been received (Table 2).

2.2.2 Qualitative data

The Final Evaluation used a range of qualitative sources, including program documentation, stakeholder consultations and a qualitative survey. It also drew on the extensive qualitative research undertaken for previous stages of the evaluation. For ease of reference, the additional qualitative research undertaken for the Final Evaluation is described below, in the context of the analysis that was undertaken (see Section 2.3). Details on prior qualitative research can be found in earlier evaluation reports.

2.3 Analysis

This section describes how data sources were analysed for the Final Evaluation.

2.3.1 Outcomes evaluation

The outcomes evaluation investigated the outcomes achieved by the THP in relation to housing, client outcomes, cultural safety and cost.

Program outputs in relation to support provision were assessed in relation to housing and non-housing measures, using cumulative program data to June 2024. This included assessment of the overall THP cohort, as well as analysis in relation to sub-groups (women, young people, Aboriginal people, people from non-English speaking backgrounds). Data on support package (i.e. High Needs Packages) also informed this analysis. Linked data were used to ascertain client outcomes in relation to changes in cross government service use, such as health and mental health services, SHS, police and justice interactions, and accessing benefits and entitlements. Self-reported data from the client satisfaction and exit surveys provided illustrative insights to these analyses.

14 By November 2022, the client surveys had received a total of 47 responses.

At a program level, the evaluation used linked and program data to assess whether differences in how housing and support were provided (either both by the same CHP, or the separation of housing and support), impacted client outcomes.

Housing outcomes at the program level were examined by investigating whether there were differences in outcomes between SHMT locations and non-SHMT locations. The case study of the THTP provided an additional dimension to the housing outcomes achieved by the THP, in relation to examining effective mechanisms to increase social housing supply and facilitate transitions to long-term housing.

The qualitative case study of the ALM, combined with analysis of cumulative program data and linked data investigated whether the THP was culturally safe, and whether there were differences in outcomes for Aboriginal and non-Aboriginal THP clients.

2.3.2 THTP case study

The case study of the THTP combined qualitative data from semi-structured key stakeholder interviews with DCJ, and a qualitative survey of CHPs who had received funding from the THTP (Table 3). It also analysed quantitative program and cost data provided by DCJ, current on 13 May 2024.

Table 3: THTP qualitative data

Format	Date	Organisation	No. of participants
Interview	1 July 2022	DCJ	1
Interview	22 May 2024	DCJ	1
Group interview	11 June 2024	DCJ	4
Survey	26 May to 27 June 2024	CHPs receiving THTP funding	8

Stakeholder interviews asked about the perceived impact of the THTP in enabling CHPs to deliver new housing stock, any innovations observed, benefits and challenges of the THTP, and perceived impact of the THTP on assisting transitions to long-term housing for THP clients.

The survey asked CHPs about their perceptions of the implementation of the THTP, whether they utilised innovative approaches to deliver new housing, how the THTP assisted in transitioning THP clients to long-term housing, any challenges or opportunities they had experienced in implementing the THTP, and what they saw as the benefits of the THTP beyond the delivery of housing. A total of 15 surveys were distributed, with a response rate of 53 per cent.

Stakeholder interviews and CHP survey responses were analysed thematically using the immersion technique. For the case study of the THTP, these data were combined with cost data about the THTP.

2.3.3 ALM case study interviews and focus groups

A case study of the ALM aimed to document and analyse how the ALM was implemented and operated, and what outcomes it produced for clients and the ACCO who was the lead in delivering the model. The case study covered the period from the ALM's initial implementation in January 2021 to October 2023.

To ensure cultural safety of the research and approach, an Aboriginal research consultancy, Gamarada Universal Indigenous Resources (GUIR) was contracted to conduct interviews, focus groups and write the report for the case study of the ALM and obtain ethics approval.

The initial case study report was produced by GUIR in July 2023. Based on feedback from Eleanor Duncan Aboriginal Services, Home in Place (HiP) and DCJ, AHURI collected additional interviews with key stakeholders and expanded the case study to integrate data from the overall evaluation of the THP. The final expanded version of the ALM case study is provided in this report.

Table 4 sets out the consultations undertaken for the ALM case study. Participating ALM clients were compensated with gift vouchers for their participation. Interviews used a mix of online and face-to-face methods. All interviews and focus groups with ALM clients were held face-to-face and were undertaken by GUIR. Interviews were audio recorded (with participants' permission), transcribed and then analysed thematically. Administrative program data were used to provide further information on the ALM.

Table 4: ALM case study stakeholder research participants

Consultation type	Stakeholder type	No. of participants
Focus group	ALM Program delivery partners	3
Focus group	ALM clients	3
Interviews	ALM clients	5
Interview	HiP	1
Interview	Eleanor Duncan Aboriginal Services	1
Total participants		**11**

2.4 Linked data analysis and CBA

The approach to the linked data analysis was designed to identify the impact that the additional investment in THP wrap-around support had on client outcomes. The analysis compares THP housing and wrap-around support relative to standard DCJ BAU rather than no service (or housing) provision. This comparison ascertains the additional benefit created by the intensified wrap-around support provided by THP compared to BAU.

Using statistical linkage keys, 1,252 individuals who received the THP intervention were identifiable in the Housing and Homelessness linked dataset. The estimation example was thus less than the entire THP cohort of 1,414, reflecting the difficulty of identifying a small number of THP clients in the linked data.

Drawing on the Housing and Homelessness linked data set, the analysis applied a quasi-experimental design using a staggered Difference-in-Difference (DiD) approach to compare the impact of THP on housing, health and mental health service use, police and justice system interactions, SHS use, and access to statutory entitlements and vocational training for THP clients with a matched comparison group. (See Statistical Paper for details of the analysis and estimation strategy.)

Most (90%) of THP clients identifiable in the linked data were housed through THP. Housing outcomes were assessed in relation to tenancy sustainment and movement between tenure types.

The analysis also examined non-housing outcomes in relation to four main outcome domains (see Appendix 10 for a list of variables used to define outcomes):

1. Health and mental health service use: hospital admissions, ED visits, ambulance trips, community mental health service contacts, Medicare Benefits Schedule (MBS) items, Pharmaceutical Benefits Scheme (PBS) items.

2. Police and justice interactions: victim in AVO, domestic violence episode and other police incidents; person of interest in AVO, domestic violence episode and other police incidents; proven court cases, custody day(s), use of legal aid in-house service and use of legal aid duty solicitor service.

3. SHS use: SHS interactions, including minor engagements, non-accommodation case management and crisis accommodation.

4. Access to statutory entitlements and training: unemployment benefit, DSP, Parenting Payment, Youth Allowance, Commonwealth Rent Assistance (CRA), other benefit recipient, in short-term vocational education and training (a course that lasted less than two weeks), in long-term vocational education and training (a course that lasted longer than two weeks).

2.4.1 Approach to the economic assessment

The economic analysis had the following key steps.[15]

First, a **descriptive trend comparison** identified trends in service use for the THP and comparison groups. This measured the change in the number of instances in which THP clients and comparison groups accessed government services. This analysis did not consider the temporal profile of THP impacts (i.e. when someone started in the THP, which varied due to the staggered intake).

Analysis showed that there was a declining trend in many service use categories after 2020 for both THP clients and comparison groups. This was likely due to the impact of COVID-19 on service use (e.g. services were operating at a reduced capacity, people delayed accessing services).

Overall, trends in service use for THP and comparison group individuals were largely similar, with a small number of notable exceptions in the police and justice category. Specifically, relative to the comparison group, the THP cohort showed a reduction in the number of police incidents for AVOs where THP clients were recorded as a victim and police incidents for domestic violence episodes where THP clients were a person of interest (see Statistical Paper, Section 1.4.2).

The second step was an **econometric analysis**, which estimated the impact of the THP on the change in service use counts, per 6-month window, for THP clients compared to the comparison group. This identified the numeric service use impacts for THP individuals relative to standard DCJ housing and support.

Third, the **economic outcomes assessment and CBA**, translated the service use impact of the THP into program level economic outcomes. Service impacts were monetised for those service use categories where the analysis showed statistically significant differences between THP clients and comparison groups, and where parallel trend assumptions were met.

Economic outcomes were measured in terms of government cost offsets, client wellbeing benefits and wider societal wellbeing effects and client wellbeing. Table 5 provides an overview of the applied cost parameters. See Statistical Paper for full details of the analysis and results.

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15 Refer to the Statistical Paper for a detailed description of the method and analysis.

Table 5: Service use costs

Service use category	Cost value	Note	Source
Health and mental health			
Hospitalisation: assault	$5,766	Per person, per episode.	HE1. DCJ Benefits Menu (2024)
Hospitalisation: drugs & alcohol	$5,766	Per person, per episode.	HE1. DCJ Benefits Menu (2024)
ED presentation	$922	Per person, per episode. Weighted average cost. Weight based on % admitted and non-admitted presentations.	HE26, HE27. DCJ Benefits Menu (2024) ROGS (2024)
Avoided ambulance trips	$1,067	Per vehicle, per episode.	HE21. DCJ Benefits Menu (2024)
Police and justice interactions			
Person of interest, police incidents for domestic violence	$2,782 +$406	Per person, per episode. +Weighted average of DCJ assault and sexual assault victim compensation. Weights based on incidence of assault and sexual assault proportional to sexual assault crimes, in crime statistics (finalised and proceeded).	SA4, SA48, SA49, SA52, SA53. DCJ Benefits Menu (2024). ROGS (2024)
Victim, AVO related police incidents	$6,068 +$399	Per person, per episode. +Weighted average of DCJ client avoids victimisation assault and sexual assault. Weights based on incidence of assault, sexual assault and all other crimes, in crime statistics (finalised and proceeded).	SA7, SA46, SA47. DCJ Benefits Menu (2024). ROGS (2024)
Victim, domestic violence episode related police incidents	$6,068 +$399	Per person, per episode. +Weighted average (see victim AVO).	SA7. DCJ Benefits Menu (2024)
Victim, other police incidents	$339	Per person, per episode. Weighted average of DCJ impact assault and sexual assault. Weights based on incidence of assault, sexual assault and all other crimes, in crime statistics (finalised and proceeded).	SA47, SA48. DCJ Benefits Menu (2024) ROGS (2024)

Note: The cost basis for prices is financial year 2022-2023. AVO = Apprehended Violence Order. It is likely that the cost parameters applied to AVOs and domestic violence episodes in relation to persons of interest are an under estimation of the true societal costs. Within each of the categories (AVO and domestic violence episode) it is likely – though not tractable in the data – that incidences also relate to assault and sexual assault charges and victimisation. These are high category cost factors in terms of impacts on individual wellbeing, public sector police and justice costs, and public sector compensation costs. To account for these additional benefit values, a weighted cost estimate is applied by adding the + elements in Column 2 to the economic assessment.

2.4.2 Construction of comparison groups

The linked data made it possible to identify THP and non-THP clients and to match them on certain socio-demographic characteristics. Non-THP clients for comparison groups were selected based on matching individuals to key characteristics of the THP group.

Individuals were identified as controls if, between 1 July 2018 and 30 June 2021, they had history of rough sleeping, or a stay in emergency accommodation, or a stay in temporary accommodation. These dates were selected as being two years from the THP intervention start to one year after intervention start.

Housed controls were individuals that received (a) public housing; or (b) community housing; or (c) a private rental subsidy (PRA) after their determined housing precarity (stay in the above accommodations/rough sleeping) and before 30 June 2021.

Unhoused controls were individuals that **did no**t receive (a) public housing; or (b) community housing; or (c) a private rental subsidy. In practice, the sample size (across outcome categories) for the unhoused THP client analysis was too small to allow for robust identification. This analysis is therefore omitted from the remainder of this report.[16]

Once the potential controls (two groups) were identified, then within these two groups, individuals were selected based on the following matching criteria: gender, age, Indigenous status, disability, history of alcohol and drug abuse, homelessness history, geography and housing status (note that the latter two do not apply to the unhoused group). Housing status means onset of housing. That is, since entry into THP was staggered controls were matched to the housed THP group also in terms of when housing was obtained to control for length of being housed as confounding factor.[17] Each THP group was matched to an equal number of individuals in the comparison groups.

Finally, to control for minor variation in pre-THP housing service interaction (Table 7) DiD regressions were estimated with and without weights generated from propensity score matching. Propensity score matching weights were calculated from history of specialist homelessness support, emergency housing support and temporary housing support. The use of weights had no qualitative impact on the magnitude of effects.

The main methodological aim in selecting comparison group individuals was to minimise the pre-THP variation in risk characteristics and service usage so that any differences between the groups post-THP can be more confidently attributed to the program. In addition, propensity score based weights were employed to control for minor variation in pre-THP housing support histories.

Table 6 summarises key characteristics for housed THP clients and housed comparison group individuals. Most THP participants (90% identified in the linked data) were housed, but a relatively small group was not (10%, 126 persons). Note that while this discussion of comparison group construction includes housed and unhoused THP clients, the analysis presented later in this report relates only to housed THP clients. This is because the sample of unhoused THP clients was too small for meaningful statistical analysis.[18]

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16 Refer to the Statistical Paper for details and analysis of unhoused controls, including weighting and propensity score matching.
17 In practice the matching was based on timing of receiving THP (which for some THPs might vary marginally from time of entering housing) and time receiving housing (control group). 6-month estimation window (see below) minimises any practical implications.
18 Refer to the Statistical Paper for the full analysis, including the unhoused THP cohort.

Table 6: Summary information THP and comparison groups

	Housed THP	Housed comparison group	Unhoused THP	Unhoused comparison group
Number of people	1,126	1,126	126	126
Median age of adults (IQR)	42 (33–49)	39 (31–49)	36 (29–49)	36 (29–45)
Male	67%	67%	62%	62%
Indigenous	26%	26%	44%	44%

Note: IQR=interquartile range. The overall proportion of Indigenous THP participants was 28%. Housed THP + unhoused THP = all THP clients.

Source: authors' calculation from linked administrative data.

Table 7 compares the incidence of select risk of homelessness indicators for the THP and comparison groups. Aside from the two matching criteria (*) there is some minor variation in pre-THP housing support histories. In the empirical analysis this minor variation is controlled for by constructing propensity scores and weighting each DiD regression. Their inclusion or exclusion in the estimations has no material effect.

Table 7: Summary information risk of homelessness factors, THP and comparison group prior to THP (H2 2020)

	THP All (housed + unhoused)	Comparison All (housed + unhoused)
Person with disability*	38%	38%
Person with history of drugs and alcohol service*	73%	73%
Recipient of homelessness support	80%	66%
Evidence of prior rough sleeping	38%	21%
Evidence of prior emergency accommodation	39%	33%
Evidence of prior temporary accommodation support	84%	79%

*Note: * indicates matching criteria. Hence no variation across the two groups.*

Source: authors' calculation from linked administrative data.

Table 8 to Table 11 compare service usage for THP clients and the combined comparison group in the period H1 2018 to H1 2020. These tables show the percentage of individuals making use of different services or being recorded in administrative data over the 2.5 years preceding the start of THP (notably, H1 2020 includes any initial effect of COVID-19). The two final columns in Table 8, Table 9 and Table 10 show the average service usage or record per person over the 2.5-year period prior to the commencement of THP.

Across each of the tables it is evident that for each of the types of service use or administrative records there is very little systematic difference between THP recipients and the matched comparison group. While the incidence of service use in many cases is high (meaning over 1-in-3 individuals affected), the average occurrence is often relatively small, less than once over the 2.5 years before the start of THP. The similarity of service use or interaction profiles across the THP and comparison group before the THP intervention provides additional confidence in the validity of the comparison group for identification purposes.

Table 8: Incidence and average usage of health services in the 30 months prior to program start of THP (H2 2020)

	Incidence		Average usage	
	THP All (housed + unhoused)	Comparison All (housed + unhoused)	THP All (housed + unhoused)	Comparison All (housed + unhoused)
Hospital admission	56%	58%	2.1	2.6
Hospital admission (assault)	5%	4%	0.1	0.1
Hospital admission (self-harm)	11%	11%	0.2	0.2
Hospital admission (drugs & alcohol)	32%	30%	1.0	0.9
Hospital admission (mental health)	11%	12%	0.2	0.3
Hospital admission (injury)	8%	10%	0.1	0.1
Hospital admission (other)	28%	33%	0.5	0.9
ED presentation	79%	76%	5.8	5.7
Ambulance trip	61%	60%	2.7	2.7
MBS items	82%	72%	39.4	37.3
PBS items	76%	35%	29.2	31.5
Community mental health contact	49%	45%	222.2	206.7

Source: authors' calculation from linked administrative data.

Table 8 focuses on interaction with health and medical services. For both groups, most individuals were hospitalised at least once in the 2.5 years before the commencement of THP. Within this group hospitalisation due to drugs and alcohol treatment and other reasons for admissions were the main categories. Nearly 2-in-3 required ambulance transportation, typically up to 3 times. Nearly 4-in-5 presented to an ED. The average number of ED presentations was almost 6 across both groups.

In relation to the impact of THP, later analysis focuses on identifying two types of effects. One: secure housing and wrap-around services may reduce the incidence of some types of health sector interaction. This is particularly the case for in-the-moment events such as assault, ED presentations and ambulance transportation. Two: secure housing and wrap-around services may result in individuals obtaining treatment for pre-existing conditions. This is particularly the case for drugs and alcohol and mental health hospital admissions or interactions. The effects of THP may thus be both positive and negative.

Table 9: Incidence and average records police and justice system in the 30 months prior to program start of THP (H2 2020)

	Incidence		Average	
	THP All (housed + unhoused)	Comparison All (housed + unhoused)	THP All (housed + unhoused)	Comparison All (housed + unhoused)
Victim, AVO related police incidents	16%	19%	0.4	0.4
Victim, domestic violence episode related police incidents	20%	25%	0.5	0.6
Victim, other police incidents	47%	46%	1.6	1.5
Person of interest, AVO related police incidents	28%	28%	0.8	0.8
Person of interest, police incidents for domestic violence	34%	31%	0.8	0.7
Person of interest, other police incidents	57%	54%	2.4	1.9
Proven court case	54%	51%	1.4	1.3
Custody day(s)	38%	35%	67.3	81.0
Legal aid in-house service	28%	32%	1.0	1.2
Legal aid duty solicitor service	32%	29%	1.9	1.9

Source: authors' calculation from linked administrative data.

Table 9 focuses on interactions with the police and the justice system. From the table involvement with police incidents affects nearly 1-in-2 individuals in both groups. Between 1-in-5 and 1-in-4 individuals were victims of domestic violence in the THP and comparison groups respectively. 1-in-3 were persons of interest in relation to domestic violence. Just over 1-in-3 were incarcerated at some point in the period 2018–H1 2020. Around 1-in-3 also accessed legal aid services in the 2.5 years before the start of THP.

In relation to the impact of THP, secure housing and wrap-around support might be expected to reduce both the rate of victimisation and perpetration of aggravated violence and domestic violence. Similarly, much recorded crime among people experiencing homelessness or rough sleeping might relate to theft (subsistence) and public nuisance (urination or defecation). Housing and support might here too, be expected to reduce occurrences.

Table 10: Incidence and average number of SHS interactions in the 30 months prior to program start of THP (H2 2020)

	Incidence		Average	
	THP All (housed + unhoused)	Comparison All (housed + unhoused)	THP All (housed + unhoused)	Comparison All (housed + unhoused)
SHS interaction	57%	50%	1.9	1.5
SHS minor engagement	15%	13%	0.3	0.3
SHS non-accommodation case management	30%	26%	0.5	0.4
SHS crisis accommodation	46%	37%	1.0	0.8

Source: authors' calculation from linked administrative data.

Table 10 shows interactions with SHS. Unsurprisingly, most individuals in both groups had some interaction with SHS in the period up to the commencement of THP. In most cases, SHS support provided was short- or medium-term accommodation, and non-accommodation case management services. Minor engagements (where SHS support begins and ends on the same day) were typically recorded less frequently for both groups.

In relation to the impact of THP on SHS interactions, the structure and objective of THP might be such that short- or medium-changes may differ substantially from longer-term changes. If THP achieves its objective *(transition people onto a trajectory away from homelessness and into long-term, stable housing, while improving overall personal wellbeing)* then following completion of the treatment period, engagement with SHS might be expected to decline. With respect to the current evaluation, this longer-term impact cannot robustly be evaluated. However, the pathway to achieving this long-term outcome will, for many people experiencing homelessness, entail a period of receiving appropriate and sustained support. As such, there may be little change, or potentially some increase, in SHS engagement in the short- to medium-term that is observable in the current evaluation.

Table 11: Incidence access to statutory entitlements and training indicators in the 30 months prior to program start of THP (H2 2020)

	THP All (housed + unhoused)	Comparison All (housed + unhoused)
Unemployment benefit recipient	47%	33%
Disability support benefit recipient*	30%	30%
Parenting payment recipient	5%	9%
Youth allowance recipient	8%	5%
Commonwealth rent assistance recipient	64%	52%
Other benefit recipient	15%	22%
In short-term training	17%	13%
In long-term training	17%	17%

*Note: * indicates matching criteria. Hence no variation across the two groups.*

Source: authors' calculation from linked administrative data.

Table 11 focuses on the incidence of receiving social security benefits. Across most of the categories there is little difference between the two groups. Potential exemptions here are being a recipient of an unemployment benefit and rent assistance, where the incidence difference exceeds 10 percentage points.

In relation to the impact of THP the additional wrap-around service might be expected to ensure that THP participants are supported to obtain and secure such benefits as they are entitled to.

Child related indicators (child protection, OOHC) are not reported here due to small sample size.

2.4.3 Change in service use using DiD regression with staggered timing of interventions

DiD methods compare the change in an outcome variable (such as service usage) for a group experiencing a program or other treatment (the intervention group) with the change in outcomes for a comparable group not experiencing the same program or treatment (the control or comparison group), over the same time period. In this analysis the intervention group is THP clients.

The analysis identified the quantitative changes over time in service usage categories (health and mental health service use, police and justice interactions, SHS use, access to statutory entitlements and training by THP participants, relative to the comparison groups outlined above.

In addition, the evaluation tested for statistically different outcomes across the relevant sub-groups (Aboriginal and Torres Strait Islander people versus all THP participants, SHMT versus non-SHMT locations, and in-house versus outsourced service provision). This included THP in group changes, comparison group in group changes and changes between the THP and comparison groups.

In this research, a quasi-experimental staggered DiD approach was applied for several reasons. One, it is considered good practice in policy and program evaluation and efficacy analysis to compare pre and post intervention outcomes for those receiving a program package and those who are not receiving a program package to robustly say something about the effects of programs. DiD approaches are among the most used identification strategies in empirical economics (Callaway 2022).

Two, an evaluation framework for THP was not included or designed at the time of program development. A pure experimental approach, such as randomised control trial (RCT), could therefore not be implemented. Perhaps more importantly, it might not have been ethical to randomly allocate eligible individuals to the THP program during the COVID-19 pandemic. Linked administrative data made it possible to construct comparison groups that, a priori, resembled the THP group in terms of recent housing precarity, but did not form part of the program itself.

Three, a staggered DiD method (event study) was chosen due to differences in when individuals were provided with any of the two intervention packages, and consequently the length of time they have been part of the program. Moreover, the staggered approach allows identification of heterogeneity in THP impact over time.

Four, due to the unique contextual circumstances, an alternative research design, such as in-group before and after analysis, or counterfactual service usage analysis (e.g. Coram, Lester et al. 2022), was not considered appropriate. From an economics and program evaluation perspective the aim is to identify the causal impact of THP on outcome variables. The assumption behind the identification strategy is that alternative explanations for change in service usage are either controlled for, or non-existing. The COVID-19 context complicates the analysis by being an alternative explanation shaping THP individual's (all NSW residents') access and usage of services.

For NSW residents, 2020 was characterised by mobility restrictions, but also closure of many services or switching of services to online modes. Both, the introduction of restrictions (2020), and then loosening of restrictions (2021–2022) provide alternative explanations for changes in service usage. Since these restrictions broadly affected all NSW residents in similar ways, their impact is controlled for by comparing service usage in the THP group, to the comparison groups.

Estimation strategy

Equation (Eq) (1) sets of the general estimation framework for an event study regression.

$$S_{i,t} = \alpha_t + \alpha_g + \left(\sum_{e=-\mathrm{K})}^{-2} \delta_e \cdot D_{i,t}^{e} \right) + \left(\sum_{e=0}^{L} \beta_e \cdot D_{i,t}^{e} \right) + X_i + v_{i,t} \qquad (1)$$

Eq (1) estimates the number of service use counts for individual *i* at time *t*, relative to the period before THP onset. Service use counts are estimated as a function of time and belonging to the THP treatment group. The first bracket measures THP client specific average effects before treatment; the second bracket measures THP client average effect after THP.

In (1) S is the outcome (service use) variable of interest, α_t and α_g are fixed effects for time and treatment groups, $v_{i,t}$ is the error term. $D_{i,t}^{e}$ is a binary (0,1) variable equal to 1 for individual *i*, if the individual has been treated for e periods at time *t*. For individuals without THP, $D_{i,t}^{e}$ is 0 in all periods. K and L are positive constants measuring time periods before (K) and after (L) THP entry. Specifically, then, the two $D_{i,t}^{e}$ elements are indicators for individual *i* being *e* periods away from THP at time *t*. Each time period represents a 6-month window of service usage.

β_e is the parameter of interest and measures the average treatment effect of the treated (ATT) across group and time, measuring the effect of participation in THP for different lengths of participation. In (1) the first summation captures the periods leading up to commencement in THP; the second summation captures the periods following entry into THP. The presentation of econometric output is based on the 6-month windows analysis.

X is a vector of additional control variables. As discussed in Section 2.4.2, the analysis uses a matched sample approach. Consequently, matching criteria were statistically insignificant in the analysis. Additional controls were age at the time of intervention, length of receiving THP treatment based on start and end date of intervention, and time since obtaining accommodation support. Apart from age, other controls were not significant.

Eq (1) is estimated using STATA's user-written commands jwdid (Rios-Avila 2022) and wooldid (Hegland 2023). Both commands implement the extended two-way fixed-effects estimators proposed by Wooldridge (2021, 2023) for count data (poisson method). This estimation strategy is robust to variations in timing of entry into THP and, potentially, heterogeneous treatment effects evolving over time.

Heterogeneous treatment effects are expected because of variation in participant characteristics, as well as previous longitudinal studies showing temporal variation in the outcomes. Specifically, Johnson, Kuehnle et al. (2012) show that participants in the Journey to Social Inclusion pilot study took some time to adjust to new housing circumstances (impacting both physical and mental wellbeing). Impact on service usage was mixed, but with several participants showing a decline over time (48 months).

Other studies analysing impacts of housing people experiencing homelessness also suggest that outcomes develop over time (Flatau, Seivwright et al. 2018). A distinction between the analysis of THP and the two referenced Journey to Social Inclusion (J2SI) studies is that the composition of THP participants is more varied. Like the two J2SI studies, participants include rough sleepers and individuals with chronic and complex mental and physical health conditions, but also individuals with less intensive service requirements.

Eq (1) is estimated with and without covariates, and weighting the regression based on propensity-scores from a probit regression. Propensity score matching weights and inclusion of controls significantly improved overall model fits—but did not substantively impact on the magnitude of any treatment effects.

In addition to Eq (1), the ATT is calculated using a conventional two-way fixed effect (Eq 2).

$$S_{i,t} = \alpha_t + \alpha_i + \beta D_{i,t} + v_{i,t} \quad (2), \quad D = \alpha_t \cdot \alpha_i$$

In Eq (2), and excluding covariates, α_t is a before and after intervention fixed effect, α_i is an intervention group or comparison group fixed effect, and $v_{i,t}$ is an error term. β is the parameter of interest measuring the average treatment effect of the treated (ATT).

2.4.4 Economic outcomes and CBA

A CBA measures incremental costs and benefits, relative to what may have occurred in the absence of the intervention. For the purposes of this CBA, the THP cohort was compared to a similarly housed comparison group receiving standard DCJ housing (social housing or private rental subsidy) and standard SHS. This comparison monetises the additional benefit created by the intensified wrap-around support provided by the THP (as compared to standard DCJ housing support).

Estimating service impacts and costs

The analysis calculated the economic benefits (or avoided cost) of statistically significant changes in service use for each statistically significant 6-month window following entry into THP (allowing for staggered entry over the period 2020–2023). The primary source of cost estimates was DCJ Benefits Menu (Fusarelli et al. 2024; see also Statistical Paper). Economic benefits are calculated in three ways:

First, in-group (the change in monetary value of service use change within each THP and respective comparison group) and between-group (the difference in the change in monetary value of service use change for each THP and comparison group pairing) comparison. This comparison sums the total observed service use instances for up to 36 months before and after obtaining housing/THP support.[19] For the THP group, this corresponds with the operationalisation of receiving full THP treatment (i.e. a Housing First solution). Only statistically significant change categories were multiplied with service use cost estimates.

Second, statistically significant regression coefficients were multiplied by the number of treated THP individuals to generate the statistically significant change (counts) in service usage. This count was then multiplied by individual cost estimates resulting in the combined economic impact. The staggered estimation approach allowed for the effect of THP to materialise or change over time.

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19 Due to the staggered nature of entry into THP, the number of available pre-THP periods differ across individuals. A window of up to 36 months was used for this analysis. For those receiving THP in H2 of 2020 only 30 months of pre-THP data is available, but they have 36 months of post-THP data. For those receiving THP later than H2 2020, 36 months of pre-THP data is available, but less post-THP data is available. For the housed comparison group the same applies with respect to entry into housing.

Third (omnibus outcome basis), the observed number of services uses for each statistically significant outcome variable (from step 2), per 6-month period, was multiplied by the monetary value of individual cost estimates, for each THP and comparison group individual. For each THP and comparison group individual, a new variable was generated representing the combined sum of service cost per 6-month window. A staggered DiD was then estimated on the dollar value of combined service use (instead of individual counts of service use). This is an econometric version of the first way.

The research approach is designed to identify the impact that the additional investment in THP wrap-around support had on client outcomes. To avoid confounding factors, such as the role of housing itself, the comparison group was based on individuals also receiving housing support. The analysis therefore compares THP relative to standard DCJ BAU, rather than no service or housing provision, or continued homelessness.

2.4.5 Limitations

Entry into THP was staggered: 414 individuals entered in H2 2020, 165 in H1 2021, 342 in H2 2021, 199 in H1 2022, 99 in H2 2022 and 33 in H1 2023. Only the first 579 THP entrants can be observed *after* 24 months. 10 per cent (126 individuals) of THP clients were not housed. The number of THP clients who can be observed *after* 24 months, and who received a full THP intervention, declines to 579, of which 550 were housed (Figure 5).

In addition, many THP clients had their period in the program extended. Based on chronological entry data (Figure 5) the number of clients receiving THP in the final period (H1 2023) should be 673 (1,252-414-165=673). However, linked data show that in H1 2023, 802 THP clients remained in the program, indicating that 129 clients have had their intervention period extended. Consequently, in the final data period, 64 per cent of THP clients remained under treatment, making it difficult for us to say much about what happens/happened when THP clients graduate from the program.

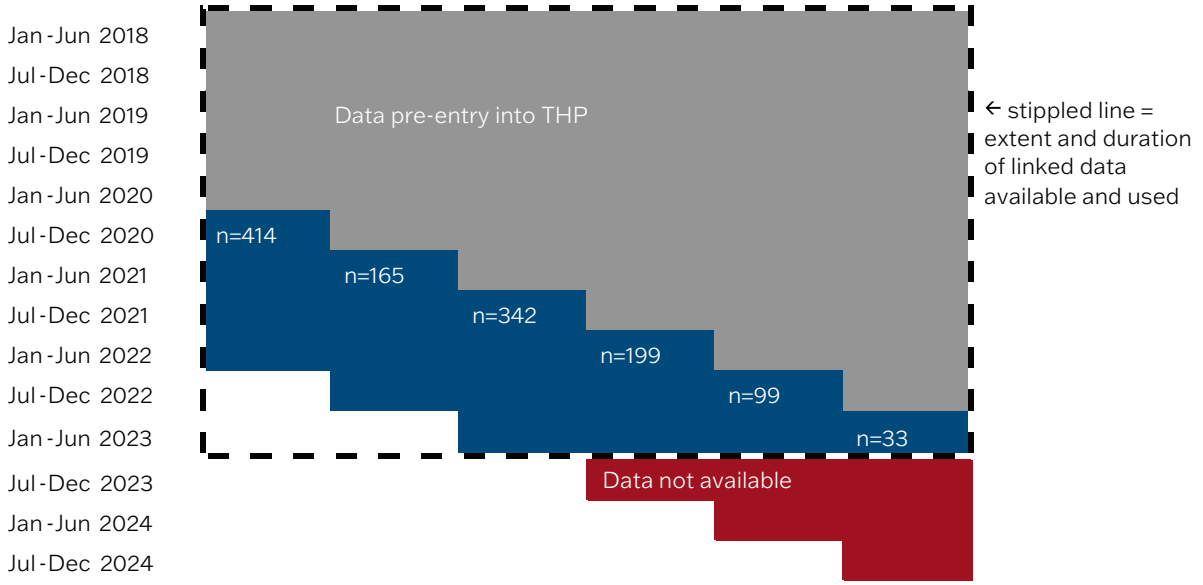
While the staggered DiD approach is designed to deal with the, potentially, heterogeneous impacts that THP might have (that is, impact emerging over time), the lack of complete cycles of THP participation and post-THP participation data is nevertheless a significant limitation on the ability to identify impacts and calculate economic outcomes. Little can be said about effectiveness of THP in graduating participants to long-term stable housing after the end of the program itself.

A second limitation for the analysis relates to the 235 individuals who received additional support in the form of High Needs Packages (106 packages) and OOFGs (229 OOFGs). The impact of this is, however, less certain. While the literature suggests (Nygaard 2019 provides an overview) that economic impacts of housing and service provision vary considerably across sub-groups, the small sample size might in practice have meant that identification of separate effects is difficult. Nevertheless, it remains a caveat that combining THP individuals in a single group potentially biases downwards the impact assessment of otherwise expected higher-impact groups (chronic or complex experiences of homelessness).

As a result of data availability it is, in practice, too early to evaluate whether THP is achieving the aim of transitioning people away from a trajectory of homelessness and into long-term stable housing. It should be noted that the impacts of programs like the THP often emerge over time. In the analysis 921 individuals are observed for 24 months. However, 64 per cent of clients remained under THP treatment in the final 6-month window of observation (H1 2023).

Follow-up analysis will be needed to analyse additional post-THP data and longer periods of comparisons. It is thus, arguably, premature to make firm conclusions about the economic value of THP.

Figure 5: Data availability for THP clients identifiable in the linked data over time



2.5 Ethics approval

The THP evaluation project sought and obtained ethics approvals to conduct the research.

Table 12: Ethics approval

Process	Focus	Date
UNSW ethics approval	Approval for the research was sought and obtained from the UNSW Human Research Ethics Committee (HC210445)	9 July 2021
Amendment of UNSW ethics approval	Amendment of HC210445 was received to accommodate the changed project scope.	14 June 2022
AH&MRC ethics approval	Ethics approval for the case study of the THP Aboriginal-led model was sought and granted by the AH&MRC, with GUIR as the lead researcher (2014/22).	5 December 2022
AH&MRC ethics approval	Ethics approval for the analysis of linked administrative data in relation to Aboriginal status was sought and granted by the AH&MRC (2179/23).	27 November 2023
Population Health Services Research Ethics Committee (PHSREC) approval	DCJ obtained ethics approval to access the Housing and Homelessness linked dataset (2022/ETH01376) for the purpose of evaluating the THP (2023UMB0803).	24 August 2023
Community Services Ethics Committee (CSEC) approval	DCJ obtained ethics approval to access BOCSAR Reoffending Database including Custody variables in the Housing and Homelessness linked dataset for the purpose of evaluating the THP.	6 January 2023
AIHW ethics approval	DCJ obtained ethics approval to access AIHW data in the Housing and Homelessness linked dataset for the purpose of evaluating the THP (EO2020/3/1171).	15 August 2022

In line with the requirements of the ethics approval by the AH&MRC, the analysis of data pertaining to Aboriginal people was overseen by an Aboriginal Reference Group (ARG). The ARG met three times (February, July and December 2024). Where quorum was not reached, ARG members who could not attend the meeting were provided with recordings of the meeting and were invited to provide their feedback.

3. Economic analysis

The analysis estimated the efficacy of THP's enhanced wrap-around support component without considering potential interactions with housing provision. Outcomes for individuals housed through the THP were compared to individuals housed through DCJ's BAU social housing and support provision. The analysis does not compare THP effectiveness to no homelessness support or continued homelessness.

- Wrap-around support and housing provided by THP generated public sector cost offsets, client wellbeing benefits and wider societal wellbeing effects.
- The impact of THP in reducing police and justice interactions, a proxy for safety, was particularly strong.
- There was a statistically significant reduction in the number of police incidents related to Apprehended Violence Orders (AVOs) where THP clients were recorded as a victim, with an average reduction of one less incident per 7 THP clients. The trend strengthened over time, with one less incident per four THP clients in the last 6-month period examined (Figure 10).
- There was a statistically significant decrease in the number of times THP clients were named as a person of interest in police incidents for domestic violence episodes, equivalent to an average reduction of one less incident per 20 THP clients. This trend strengthened over time; in the final 6-month period examined there was on average one less incident per 10 THP clients (Figure 12).
- Housed THP clients experienced a slight increase in hospitalisations, equivalent to one additional hospitalisation per 10 THP clients in each 6-month period after THP.
- While not statistically significant, emerging trends in reductions in emergency health services suggest these impacts will increase over time. In the last 6-month observation period, reductions in ED presentations and ambulance trips became statistically significant, with ED presentations reduced by one incidence per 4 THP clients and ambulance trips reduced by one less trip per 6 THP clients.
- Access to statutory entitlements and training increased for THP clients, with more clients accessing CRA and DSP (Figure 15).
- There were no clear impacts of the THP on SHS use.

- The CBA estimated that for housed THP clients, the net present value (NPV) of THP over 4 financial years ranged from $1.2–6.9 million in public sector cost offsets, client wellbeing benefits and wider societal wellbeing effects. This equates to approximately 3–17 cents per dollar invested (in NPV) (BCR 0.03–0.17). These effects are likely to increase and accumulate further over time.
- The cost of delivering THP was $105 per person per day, including elevated services and property expenses; wrap around support cost $57 per day.
- The estimated benefits were substantially less than program cost. However, the economic evaluation period (4 years) is very short and likely understates the benefits, as 808 clients (64%) had not completed the program at the time of analysis. Benefits to clients are likely to accumulate and increase over time.
- THP clients largely experience high and complex needs, and many require ongoing support to sustain their housing. Additional wrap-around support links clients to services such as healthcare and alcohol and drug treatments, which may initially increase cross-government costs but is a positive outcome.

While the cost of delivering the THP was higher than standard DCJ social housing and support, the program achieved several outcomes that BAU does not.

- By June 2024, 84 per cent of THP clients were housed (compared to 27% of all people who had applied for social housing)[20] and 64 per cent remained housed (Figure 16).[21] On average, THP clients remained housed for 725 days during and after the program.
- The THP generated 264 additional social housing and 18 affordable housing dwellings at an average cost of $$508,375 per dwelling, with only 61 per cent of this cost borne by government (Section 6).
- The impact of the COVID-19 emergency meant that service use patterns during the analysis period were atypical. There was a declining trend in many service use categories after 2020 for both THP clients and the comparison group, likely due to the impact of COVID-19 on service use (e.g. services operating at a reduced capacity, people delayed accessing services).
- Translating the additional investment in THP into cost savings in other areas will depend on THP clients' ability to sustain and build upon gains made during the program. Continued access to needed support services and tenancy sustainment is crucial. The greatest barrier and risk are if participants' housing and support are not sufficient or if they cannot access additional supports as necessary once they exit THP, as many may need ongoing elevated support to sustain their housing and non-housing outcomes.

20 The THP housed figure is based on program data to June 2024. Comparison information is based on linked data to June 2023 and is based on all social housing applicants, not just high priority applicants.

21 Remained housed means that, regardless of when they entered the program, participants were still housed at the last point for which data were available.

This section translates the impact of the THP into program level economic outcomes. It answers the question: To what extent was the additional investment in THP offset by cost savings in the use of other government services?

Section 3.1 is the econometric analysis, Section 3.2 provides an economic outcomes assessment, and Section 3.3 delivers a CBA. For the full and detailed method and findings, refer to Statistical Paper. The economic assessment estimated the monetary value of THP outcomes in terms of cross-government cost offsets, wider societal wellbeing effects and client wellbeing.

The analysis was designed to identify the efficacy of THP's elevated support without a potential interaction effect with housing provision. In other words, the analysis estimated the impact of the enhanced wrap-around support delivered by THP compared to people who received standard DCJ housing and support. The analysis is not a comparison of THP program effectiveness compared to no homelessness support, or continued homelessness. **The results suggest that the wrap-around support and housing provided by THP generated identifiable public sector cost offsets, client wellbeing benefits and wider societal wellbeing effects.**

Public sector cost offsets are avoided public sector expenditure, attributable to the impact of THP. These include avoided policing, victim compensation, ambulance and emergency department cost.

Client wellbeing benefits are avoided pain and suffering costs across THP clients, attributable to the impact of THP. These benefits are attributable to THP when, for example, there is a reduction in police recorded victimisation among THP clients.

Wider societal wellbeing effects are avoided pain and suffering costs across individuals who are not part of THP. These benefits are attributable to THP when, for example, there is a reduction in police recorded crime offences among THP clients.

Table 13 summarises NPV benefits and costs based on four financial years of assessment, comparing the NPV of econometrically identified benefits to cost-of-service provision. Based on housed THP clients, the estimated NPV of THP over four financial years ranged from $1.2–6.9 million in public sector cost offsets, client wellbeing benefits and wider societal wellbeing effects. This equates to approximately 3–17 cents per dollar invested. Notably, the results show that effects are likely to increase and accumulate further over time.

Table 13: THP summary cost benefit outcomes for housed THP clients and housed comparison group

	Upper central estimate	Lower central estimate
NPV cost	$39,808,331	$39,808,331
NPV benefit	$6,869,958	$1,208,623
NPV	-$32,938,373	-$38,599,709
BCR	0.17	0.03

Note: 5% social discount rate. Benefits and cost calculated on a financial year basis 2020/21–2023/24. There are 1,126 THP clients in THP-housed group. Upper central estimate refers to benefits calculations from individually significant count / use regression outcomes. Lower central estimate refers to benefits calculations from combined and monetised benefit regression outcomes. Central estimate refers to 5% social discount rate. Sensitivity analysis at 3% and 7% are provided in Appendix C of Statistical Paper.

While the benefits identified by the analysis are significant, they remain substantially less than program cost. There are several explanations for this. First, the economic evaluation period (4 years) is very short and likely artificially understates the benefits, which accumulate and increase over time. At the time of the analysis, data available did not capture 24-months of program duration for all THP clients and many had not yet exited the THP (see Figure 5).

3.1 Econometric analysis

This section details the findings from the econometric analysis.

The econometric analysis compares the change in counts of individual service use per 6-month window for THP clients before and after entering the THP. In other words, how often did THP clients access services before entering the THP and how often they accessed services after entering the THP. The analysis uses two regression equations to identify the average effect of the THP on those individuals receiving THP, compared to those not receiving the program. This is the ATT, or average treatment effect of the treated.

In Eq (1) the ATT of THP is identified for each 6-month window after participating in THP. In Eq (2) the ATT is identified for all periods after THP jointly. Making a distinction between these two approaches is particularly relevant for programs such as THP. For instance, the ATT from Eq (2) will not be statistically significant if the effect of THP at first is positive (say a THP client gets more health treatment) and then becomes negative (say, the need for health treatment declines over time because the client has received appropriate initial treatment). In this case the two effects will cancel out, suggesting that THP had no effect. The advantage of Eq (1) is that it can identify these temporal differences and estimate separate ATTs for each time period. In some cases, Eq (2) will nevertheless be preferred. If the typical impact can be described as a level effect (a one-time shift in the regression line) then the identification of the ATT will be more precise under Eq (2).

The results in this section identify impacts of THP relative to standard DCJ housing and service provision. That is, it compares THP clients with people who received housing via BAU support. It is not a comparison to no support provision.

Figures and main regression results are based on output following the user-written Stata commands *jwdid* and *wooldid*. Two types of output are presented – Figures and Tables.

Figures

Figures display coefficient values from event studies as per Eq (1). Estimation is based on number of counts (for different service uses) in 6-month windows. Eq (1) allows for the identification of heterogeneity in the treatment effect over time. That is, the impact of THP may emerge over time and as clients benefit from ongoing housing and support.

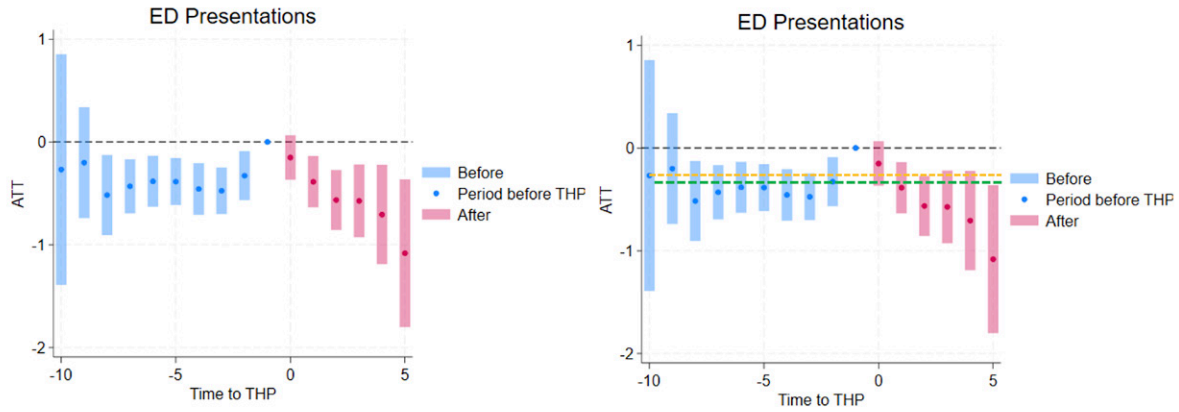
The key difference between *jwdid* and *wooldid* estimates lies in which period is taken as the reference period for each of the THP clients.[22] The conventional approach is to compare the impact of programs (such as THP) on service use to the time period just before an individual enters the program. However, in some cases the period before entering a program may not be a good indicator of what the typical pre-program service use is. In some cases, anticipation effects cause a change in behaviour before formally entering a program. In other cases, there may be trigger effects that result in individuals coming to a program's attention.

22 *jwdid* compares the impact of THP relative to the 6 months before entering THP. *wooldid* estimations are based on comparing the impact of THP relative to the average service usage in the 2 years before entering THP. *jwdid* results are marginally preferred for statistical reasons but are only valid where the comparison period reflects a reasonable representation of an individual's typical service use.

From an evaluation perspective, and from a public cost perspective, it is the typical effect of THP that provides a measure of what the long-term impacts / efficacy of THP are. From a homelessness service provision perspective—and due to severe housing access constraints—clients (whether THP or not) are more likely to come to the attention of SHS providers, and receive access to the very limited housing, following a crisis or trigger event in their lives. Service use during the trigger event is therefore not a good indicator of typical service usage.

This is illustrated in Figure 6 which shows the regression coefficient value for number of ED presentations, per individual, after estimating Eq (1).

Figure 6: ED presentations event study



Note: Coefficient value, event study.

In Figure 6 (left and right panel) the x-axis shows the number of 6-months periods before and after entering THP. Each dot represents the ATT/coefficient value, each bar represents the 95 per cent confidence interval. The y-axis shows the statistical difference in service use incidents per 6-month period. The dot without a bar represents the comparison period, which is the 6-month window before entering THP (irrespective of when someone became a THP client, e.g. H2 2020, H1 2021, H2 2021 etc). From Figure 6 it is evident that the comparison point is not in line with the blue dots before THP or the red dots after THP. Moreover, the 95 per cent CI around the dots do not even cross the stipulated black line in left panel. The estimated change—as represented by the red dots and bars—is therefore an overestimation of the impact of THP.

In these circumstances the stippled green line in the right-hand panel provides a better representation of the typical service usage in the entire period before entering THP; and the orange stippled line is a better representation of the two years before entering THP.

Throughout this section graphs like the left-hand side version of Figure 6 are presented. However, when assessing the magnitude of THP efficacy, the evaluation is based on comparing coefficient values after THP to the more representative comparison base. This is either the period before entering THP—if the blue dot (right-hand side version of above figure) is a good representation of service use before THP—or the orange line (right-hand side version of the above figure) if the blue dot is not a good representation of service use before THP. In the former case the effect of THP is estimated based on *jwdid,* in the latter case the effect of THP is estimated based on *wooldid*.

Tables

Tables display output from Eq (1) and Eq (2). Specifically, all numbers presented in Table 14 to Table 17 are the ATT based on Eq (2) and their associated *p*-values. Bold figures indicate statistically significant results at the 10 per cent level.

In addition, *some* numbers are coloured green and some cells are coloured grey. Green figures indicate that the ATTs based on Eq (1) display a trend (such as in Figure 6) (Note: the number in the tables is still that from Eq (2)). The ATTs from Eq (1) are not shown in the tables but are selectively shown in Figure 7 to Figure 15. Green figures therefore mean that the there is a general trend or pattern (declining or increasing) in the ATTs from Eq (1) and that at least some of these are statistically significant at the 10 per cent level. Green and bold indicate that there is a trend and the ATT from Eq (2) is also statistically significant. Just green indicates that the ATT from Eq (2) is not statistically significant, but there is a significant trend. Green figures therefore mean that the there is a general trend or pattern (declining or increasing) in the ATTs from Eq (1) and that at least some of these are statistically significant at the 10 per cent level. Cells shaded in grey indicate that parallel trend assumptions are met.[23]

Tables show econometric results for housed THP clients (relative to their respective comparison groups). Columns labelled 'Period before' are based on *jwdid*; columns labelled 'Avg period before' are based on *wooldid.*

Econometric analysis of health service use

In the homelessness literature, analysing housing and service provision for individuals receiving housing (and support) compared to no support, a key outcome variable is public sector health cost offsets. The results for THP clients are, however, somewhat mixed.

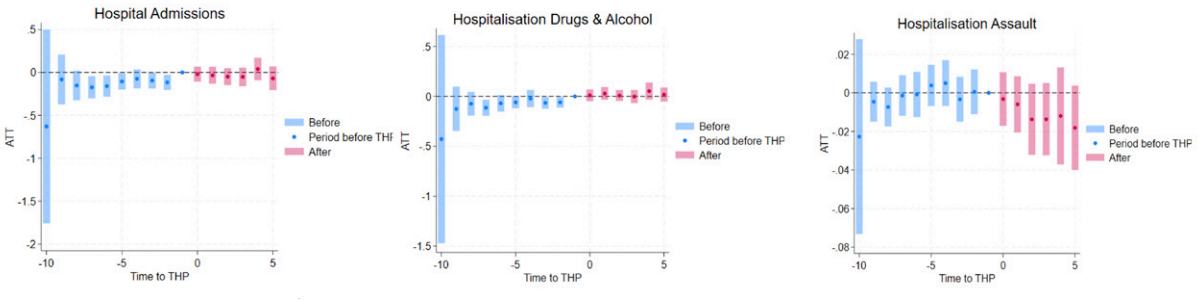
The analysis provides some evidence of impact on hospitalisation rates for housed THP clients (Table 14). Overall, hospitalisation is positive and statistically significant at the 10 per cent level. The coefficient value 0.0940 (~ 0.1) indicates that each housed THP client experienced an average 0.1 increase in the number of hospitalisations per 6-month period after THP. This is equivalent to one additional hospitalisation per 10 THP clients in each 6-month period after THP. Looking at the sub-categories, this increase in hospitalisation stems from increased hospitalisation due to drugs and alcohol. It is likely that the combination of housing and wrap-around support ensured that individuals requiring medical treatment for drug and alcohol reasons received necessary treatment. While, at least in the short run, this is associated with an increase in public sector cost, it is overall a positive THP outcome.

Table 14 also shows that hospitalisation due to assault declines after THP treatment (green value). This is an effect that emerges over time. That is, there is no average decline for the period as a whole, as tested by Eq (2), but a gradual decline in hospitalisations over time. Being removed from less safe environments (e.g. rough sleeping conditions, hostels or emergency accommodation) and provided with wrap-around support is a likely cause of this effect. Other hospitalisation series are either not statistically significant or not conforming to parallel trend requirements.

---

23 The parallel trends assumption is a key assumption in DiD analysis. For identification purposes the assumption is that the treatment and control groups must have the same trend pre-treatment (in service use) to robustly claim that any difference in trend after treatment is the result of the treatment.

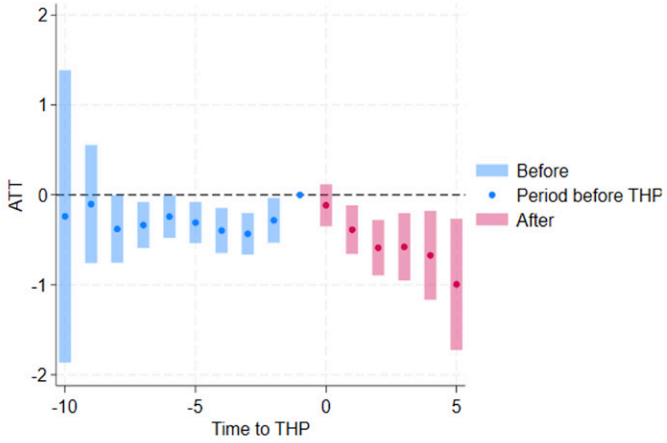
Figure 7: Hospitalisation housed THP, event study



Note: Coefficient value, event study.

ED presentations show a clear and declining trend. Notably, there is in these data series some indication of a trigger event—that is, ED presentations spike in the period before entering THP. This could be due to the effects of the COVID-19 pandemic. The average period estimations, which take this into account, show no statistically significant difference in ED presentations for the housed THP and comparison group. However, for those individuals with 6 post-THP periods of observation the effect becomes statistically significant, equating to one less ED presentation per 4 THP individuals.

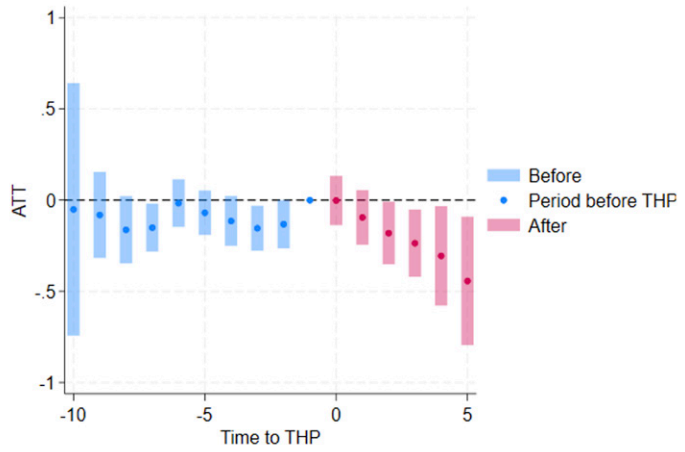
Figure 8: Number of ED presentations, housed THP



Note: Coefficient value, event study.

Ambulance service usage shows a clear and declining trend that becomes statistically significant for the housed THP group. Here too, there appears to be a trigger event, but the effects remain statistically significant also when calculating on an average before THP basis. Trend effects for those with 4 or more periods of post-THP observation become statistically significant and equate to one less ambulance trip per 6 THP individuals. Parallel trend tests are borderline insignificant. Ambulance trends are nevertheless included in the CBA due to the stability of pre-THP coefficients up to 5 periods and the clear trend post-THP.

Figure 9: Number of ambulance trips, housed THP



Note: Coefficient value, event study.

Community mental health service interaction may show some indication of increased engagement post THP, but parallel trend statistics are borderline insignificant, but *without* stability in the pre-THP coefficients up to 5 periods. An increase in interaction with community mental health is interpreted as increased engagement.

MBS items and PBS items (total number of items recorded under MBS and PBS) trends do not show any significant THP impact.

THP dwelling, headleased stock.

Table 14: DiD and event study regression results – health services

	Housed THP	
	Period before	Avg period before
Hospital admission	-0.0312 (0.451)	**0.0940** **(0.021)**
Hospital admission (assault)[1]	-0.0098 (0.185)	-0.0078 (0.180)
Hospital admission (self-harm)	-0.0109 (0.267)	0.0083 (0.837)
Hospital admission (drugs & alcohol)	0.0172 (0.469)	**0.1008** **(0.038)**
Hospital admission (mental health)	-0.0080 (0.528)	0.0175 (0.724)
Hospital admission (injury)	-0.0006 (0.968)	0.0330 (0.340)
Hospital admission (other)	-0.0134 (0.447)	**0.0512** **(0.034)**
ED presentation	**-0.4781** **(0.002)**	0.0045 (0.958)
Ambulance trip	**-0.1657** **(0.039)**	-0.0339 (0.546)
Community mental health contact	**5.3090** **(0.051)**	6.0164 (0.211)
MBS items	-0.0136 (0.970)	0.0136 (0.970)
PBS items	0.2099 (0.518)	0.5438 (0.107)

Note: 1 Cell show the aggregated (across cohorts and time periods) average treatment effect of the treated (Eq 2). Green text indicates event study outcomes. Figures in this section display event study coefficient values.

Note 2: Period before = THP outcomes compared to 6-month period before participation in THP. Avg period before = THP outcomes compared to average occurrence in the 24-month period before participation in THP. Grey shaded cells = parallel trend assumption met at 10% level. Green text = trend in the post-THP coefficient values and significant at 10% level. P-values in brackets. Bold=significant at 10% level. [1]Sample sizes too small for fixed effect estimator. Instead, clustered standard errors applied.

Source: authors' calculations from linked administrative datasets.

Overall, there is some evidence of a THP impact across health services usage. Moreover, in some cases (such as ED presentations and ambulance trips) there are trends emerging suggesting that these impacts will increase over time.

Econometric analysis of police and criminal justice system interactions

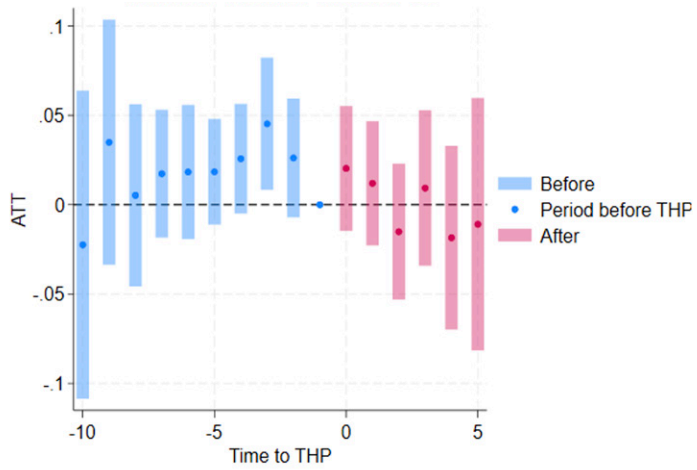
THP shows the clearest and most consistent impact on individuals' police and justice interactions, wider societal wellbeing and on public sector cost offsets in the form of reduced incidences and victimisation of crime. These results are summarised in Table 15.

Housed THP clients are, over time, more likely to experience a reduction in being recorded as a victim in police incidents related to AVOs than individuals in the housed comparison group. This is equivalent to an average reduction of one less incident per 7 THP clients. This effect is strengthening over time. In the last 6-month period examined, there was one less incident per 4 THP clients (Figure 10). Unlike several series where there is a trigger event (an increase before THP), being named as a victim in an AVO has a noticeable reduction in the period immediately prior to THP. Average period-before results are therefore used in the CBA analysis. The reduction in police incidents related to an AVO where THP clients were recorded as a victim is not accompanied by reduction in incidents where THP participants were recorded as persons of interest (Table 15).

Consequently, a reduction in AVO related police incidents is likely to take place elsewhere in society. This effect cannot be observed in the available administrative data (out of sample). A reduction in AVO related incidents is therefore an inferred effect attributed as a society wide wellbeing effect due to the lower rate of victimisation in the THP population (i.e. applied to individuals not in THP and who cannot be observed in the data). Recent NSW research shows that one in 10 men, born in NSW, had been proceeded against for a family or domestic violence offence by the age of 37 (Payne and Morgan 2024).[24]

There is similarly a reduction, over time, in the likelihood of being a victim in other police recorded crime (Figure 11).

Figure 10: Number, being named as a victim in AVO related police incidents, housed THP



Note: Coefficient value, event study.

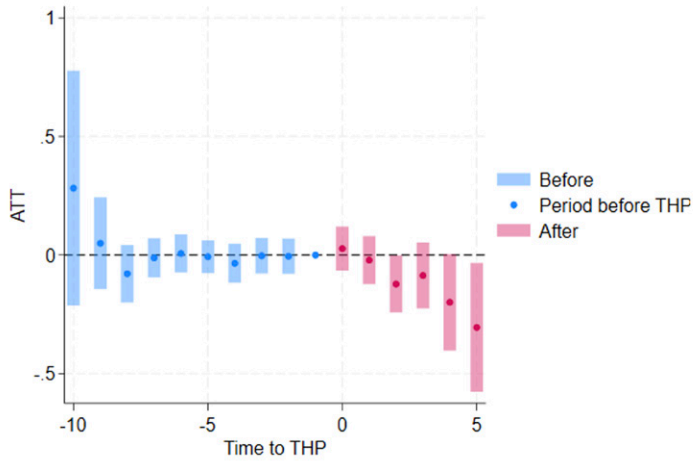
There is no average effect on police incidents for domestic violence episodes where THP clients are the victim or a person of interest in relation to other police incidents (Table 15).

There is, however, an effect on police incidents for domestic violence episodes where THP clients are a person of interest (Figure 12). There was a statistically significant reduction in the number police incidents for domestic violence episodes where THP clients are a person of interest. Again, this trend was strengthening over time, and in the final 6-month period examined, the effect was equivalent to one less incidents per 10 THP clients.

24 Notably, the confidence intervals (CI) around estimates are wide, which likely also explains borderline meeting parallel trend test at 10% level. Being recorded in an AVO related police incident is included in later CBA analysis, based on the assessment of validity across multiple estimation methods. Longer time periods enabling more aggregated trend analysis would strengthen identification.

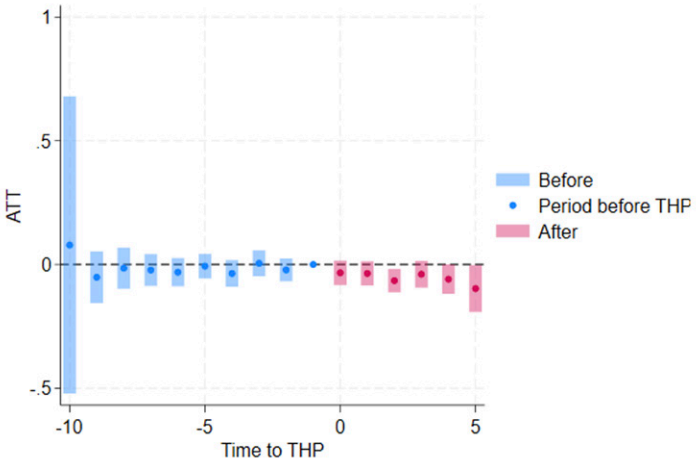
There is no corresponding reduction in the incidence of being a victim in police incidents for domestic violence among THP clients. However, the reduction in police incidents for domestic violence where THP clients were persons of interest means that there is a wider societal wellbeing effect arising from a reduction in domestic violence incidences outside the THP group.

Figure 11: Number, victim other police incidents, housed THP



Note: Coefficient value, event study.

Figure 12: Number, person of interest, police incidents for domestic violence, housed THP

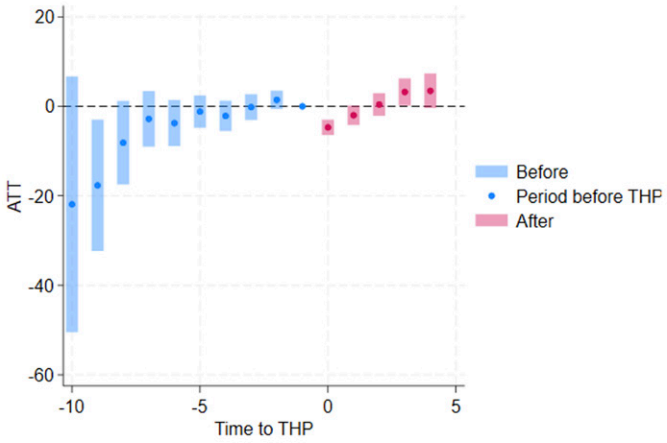


Note: Coefficient value, event study.

The impact on proven court cases is inconsistent across the two estimation methods. There is no apparent spike or trigger in the period before THP and the parallel trends assumptions is only borderline met in the wooldid approach. Similarly, there is no apparent THP impact on the number of days in custody (Figure 13). Importantly, given the short period of post-THP analysis, any causal relationship between these two outcome categories and THP appears more tenuous.

Finally, there is a significant increase in access to the NSW Legal Aid duty solicitor service. However, due to the substantial gap in the pre-THP data series this result is not included in later economic assessment.

Figure 13: Number, days in custody, housed THP



Note: Coefficient value, event study.

Overall, within the short period of evaluation considered in this report, THP shows the clearest impact on individuals' police and justice interactions and wellbeing, wider societal wellbeing and on public sector cost offsets in the form of reduced incidences and victimisation of crime.

Table 15: DiD and event study regression results – police and justice system

	Housed THP	
	Period before	Avg period before
Victim, AVO related police incidents	0.0028 (0.864)	**-0.1408** **(0.015)**
Victim, domestic violence episode related police incidents	0.01286 (0.438)	0.0414 (0.367)
Victim, other police incidents	-0.0836 (0.153)	-0.0616 (0.214)
Person of interest, AVO related police incidents	-0.0221 (0.314)	-0.0093 (0.794)
Person of interest, domestic violence episode related police incident	**-0.0494** **(0.022)**	-0.0458 (0.148)
Person of interest, other police incident	-0.0660 (0.145)	-0.0442 (0.345)
Proven court case	-0.0028 (0.920)	**0.0923** **(0.002)**
Custody day(s)	-0.9579 (0.293)	**-3.0155** **(0.030)**
Legal aid in-house service	na	0.0540 (0.222)
Legal aid duty solicitor service	0.0264 (0.983)	**0.1576** **(0.053)**

Note 1: Cells show the aggregated (across cohorts and time periods) average treatment effect of the treated (Eq 2). Green text indicates event study outcomes. Figures in this section display event study coefficient values.

Note 2: Period before = THP outcomes compared to 6-month period before participation in THP. Avg period before = THP outcomes compared to average occurrence in the 24-month period before participation in THP. Grey shaded cells = parallel trend assumption met. Green text = trend in the post-THP coefficient values. P-values in brackets. Bold=significant at 10% level.

Source: authors' calculations from linked administrative datasets.

Econometric analysis access of statutory entitlements and training

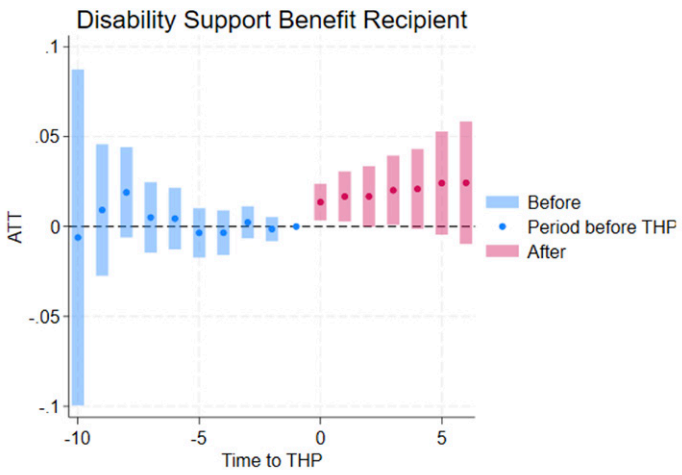
Table 15 summarises the econometric analysis of THP impacts on accessing social welfare payments and training. Unlike the above service usage analysis which counts the number of service interactions per individual, this analysis counts the number of individuals receiving benefits or training. Unemployment benefits are a potential proxy for change in labour market attachment, and training (short- or long-term) is a proxy for human capital accumulation.[25] Conversely, access to social welfare payments more generally, provide a social justice proxy—that is, any impact of THP had on enabling clients to access their legislatively defined rights and entitlements.

25 This analysis uses data from the National Centre for Vocation Education Research, where short-term refers to vocational education and training lasting less than two weeks and long-term vocational education and training is a course that lasted longer than two weeks.

Data suggest that there is an average increase in the number of THP clients receiving unemployment benefits. The identification of this effect is, however, weak given non-conformance with parallel trend assumptions (Table 16).

For disability support payments there is a clearer identification of a positive THP impact. This effect suggests that, over time, an increasing rate of THP clients access disability support payments (Figure 14).

Figure 14: Accessing disability support payments, housed THP



Note: Coefficient value, event study.

There is some evidence that there is an average decline in housed THP clients receiving Parenting Payments. Reasons for this cannot be established from the data. There is, by comparison, no evident impact on Youth Allowance recipients among THP clients (potentially due to the small sample size of clients aged under 24 years.

There is a clear increase in access to rent assistance. This increase reflects THP program design whereby THP clients were much more likely to access community housing than the comparison group (see also Section 3.3.1).

There is no clear impact on training participation. Notwithstanding the negative and significant impact on short-term training, this effect is based on data only to 2021. There is no apparent impact on long-term training participation.

Table 16: DiD and event study regression results, access to statutory entitlements and training indicators

	Housed THP	
	Period before	Avg period before
Unemployment benefit recipient	0.0145 (0.264)	**0.0843** **(0.000)**
Disability support benefit recipient	**0.0184** **(0.031)**	**0.0408** **(0.008)**
Parenting payment recipient	-0.0013 (0.750)	**-0.1923** **(0.000)**
Youth allowance recipient	-0.0050 (0.253)	-0.0133 (0.752)
Rent assistance recipient	**0.2700** **(0.000)**	**0.3609** **(0.000)**
Other benefit recipient	0.0032 (0.576)	**-0.1773** **(0.000)**
In short-term training	na	**-0.0802** **(0.038)**
In long-term training	na	-0.0161 (0.379)

Note: 1 Cell show the aggregated (across cohorts and time periods) average treatment effect of the treated (Eq 2). Green text indicates event study outcomes. Figures in this section display event study coefficient values.

Note 2: Period before = THP outcomes compared to 6-month period before participation in THP. Avg period before = THP outcomes compared to average occurrence in the 24-month period before participation in THP. Grey shaded cells = parallel trend assumption met. Green text = trend in the post-THP coefficient values. P-values in brackets. Bold=significant at 10% level.

Source: authors' calculations from linked administrative datasets.

Econometric analysis of SHS use

Table 17 summarises the econometric results relating to SHS use. Across these services there is no clearly identified impact of THP on service engagement. Parallel trend assumptions are not well met in the SHS statistics, thereby making identification fraught.

Table 17: DiD and event study regression results – SHS engagement

	Housed THP	
	Period before	Avg period before
SHS interaction	-0.2259 (0.000)	-0.0337 (0.331)
SHS minor engagement	-0.0111 (0.322)	0.0365 (0.376)
SHS non-accommodation case management	**-0.0648** **(0.000)**	-0.0164 (0.466)
SHS crisis accommodation	**-0.1518** **(0.000)**	**-.0489** **(0.007)**

Note: 1 Cell show the aggregated (across cohorts and time periods) average treatment effect of the treated (Eq 2). Green text indicates event study outcomes. Figures in this section display event study coefficient values. Note 2: Period before = THP outcomes compared to 6-month period before participation in THP. Avg period before = THP outcomes compared to average occurrence in the 24-month period before participation in THP. Grey shaded cells = parallel trend assumption met. Green text = trend in the post-THP coefficient values. P-values in brackets. Bold=significant at 10% level.

Source: authors' calculations from linked administrative datasets.

3.1.1 Combined service use costs results

In this sub-section the econometric analysis is done on the monetary value of service use categories identified as statistically significant and robust for inclusion in CBA. The monetary value of service uses is derived by multiplying number of service counts by their monetary value (see Table 5 for monetary values). The analysis is conducted on three aggregate measures:

1. Public sector cost offsets: This category includes hospitalisation, ED presentations, ambulance use, persons of interest in a police incident for domestic violence episode, and the inferred category societal AVO persons of interest due to reduced AVO victimisation in the THP group.

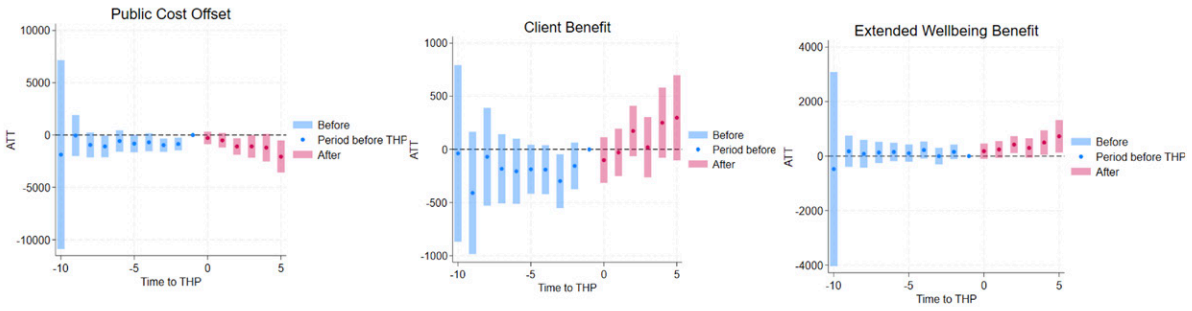
2. Client wellbeing effects: This category includes reductions in being recorded as a victim in an AVO and other police incidents.

3. Wider societal wellbeing effects: This category includes wider societal wellbeing effects arising from a reduction in domestic violence episodes for victims in the general population due to a reduction in police incidents for domestic violence episodes where THP clients are a persons of interest.

Figure 15 summarises the coefficient values derived from statistically significant and robustly identified effects for the housed THP group (approximately 90% of all THP clients).

After adjusting for the period-before THP effect, the public sector cost offset value for housed THP clients is not statistically significant within the period analysed here.[26] THP client benefits increase over time and are statistically significant after adjusting for the period-before THP effect (the blue dot without a confidence interval). The effect increases from approximately $200 in the second 6-month period after THP to approximately $550 in the 6th period after THP. Finally, the wider societal wellbeing effect also shows a clearly increasing effect over time—from $280 in the second period after THP to nearly $800 in the 6th period after THP.

Figure 15: Combined monetary THP impacts, housed THP, event study



Note: Coefficient value, event study.

Overall, the econometric analysis of THP impacts for housed THP clients suggests that there are discernible reductions in both being a victim and perpetrator of crime. These effects are noticeable in client wellbeing as well as wider societal wellbeing impacts.

There are, while less marked, also discernible impacts on ED presentations and use of ambulance services. Impacts on hospitalisation are more mixed. Housed THP clients appear to benefit from greater safety in the form of fewer hospitalisations due to assault. They also appear to benefit from getting treatment for drug and alcohol misuse, resulting in increased rates of hospitalisation.

Notably, only few clients have participated in THP for a full 24 months and only 550 housed THP clients are observed after 24-months of THP treatment. Previous studies on housing of people experiencing homelessness suggest that effects on service usage take place over time. This is also evident in our analysis, but given the staggered entry into THP the evaluation period is short in many cases.

26 For estimation purposes: only 371 individuals are observed with a 6-period participation in the housed group.

3.2 Economic outcomes and assessment

In this section the impact of THP is translated into program level economic outcomes. Section 3.2.1 takes a descriptive approach to the analysis that identifies in-group economic (THP and comparison group) impacts. The analysis in this sub-section is based on what is referred to in Section 2.4.4 as the first way of calculating economic benefits. Section 3.2.2 calculates the economic impact based on the econometric analysis. The analysis in this sub-section is based on what is referred to in Section 2.4.4 as the second way (individually significant regression coefficients) and third way (omnibus test) of calculating economic benefits. Section 3.3 is the CBA comparing public sector cost offsets, client and wider societal wellbeing to THP program costs.

3.2.1 Descriptive economic impacts – in-group and between-group analysis

Table 18 and Table 19 take as their basis the value of the absolute change in the count of service use for each statistically significant service category (first way of calculating economic benefits). The results are estimated based on 36 months (3 years) of service use before and after receiving housing support for the housed THP clients and relevant comparison groups.[27]

Reductions in being a victim and being a person of interest in police incidents for domestic violence episodes, AVOs and other police incidents, generate wider public sector cost offsets and societal wellbeing. Table 18 shows the in-group change in service use and interactions. Table 19 shows the combined between-group cost offset and wellbeing impacts of the in-group changes. Between-group changes are shown for public sector cost offsets, THP clients, and wider societal wellbeing.

Table 18 shows that reductions in hospitalisation, ambulance trips, police incidents for domestic violence episodes and AVOs generate the largest monetary cost offsets or wellbeing effects. There is a decline in service use across these categories, resulting in substantial declines in the monetary equivalent of service use (cross government savings) or wellbeing.

For most indicators, the intervention and comparison group share a similar temporal profile. This is, in part, due to most individuals being housed, and because of impacts from COVID-19 throughout 2020 and 2021, which affected service availability and changed service use patterns for intervention and comparison group individuals.

Over a 36 month period, housed THP clients experienced a decline in hospitalisations due to drugs and alcohol by 26 per cent. However, the comparison group experienced a decline of 44 per cent—in comparative terms the drugs and alcohol hospitalisations therefore increased by 18 percentage points in the housed THP group (Table 18). Relative to the comparison group, this increasing effect is particularly noticeable in the early THP phase.

27 Due to the staggered nature of entry into THP, the number of available pre-THP periods differ across individuals. A window of 36 months was used for this analysis.

One plausible explanation is that the stable housing and wrap-around support provided by the THP facilitate better access to treatment for underlying medical conditions. Drug and alcohol addiction is a key marker of homelessness risk (Batterham 2019; Batterham, Nygaard et al. 2021). It is not caused by the onset of accessing accommodation or receiving wrap-around support. Rather the elevated THP support, for those who also experience stable housing, is instrumental in ensuring more individuals are treated for this underlying condition. Notably, the event study for this group shows that the higher level of hospitalisation (relative to the comparison group) is most prevalent in the first 12 months of THP treatment and weakens thereafter. Unfortunately, based on the available data it cannot be established whether, over time, THP clients become less likely to access these services than individuals in the comparison group.

From a THP efficacy perspective, Table 19 provides a summary of the combined totals for each in-group change per annum in Row 1 (public sector cost offsets) and 5 (client wellbeing benefits), and on per person, per annum in Row 2 (public sector cost offsets) and 6 (client wellbeing benefit). Change is calculated on 36 months (3 years) before and after receiving THP or housing in the case of the comparison group.

Comparing 36 months of service use for the housed THP group (n=1,126) and the housed comparison group, THP did not generate any public cost offsets (Table 19). Instead, there was an increase in public expenditure of $336,684 per annum (Row 3), or $311 per annum, per THP participant (Row 4). THP did, however, generate an additional annual client wellbeing benefit of $539,978 (Row 7), or $499 per annum per THP participant (Row 8); and an annual $300,973 of wider societal wellbeing effects (Row 9), or $278 per person, per THP participant (Row 10). The total annual benefit generated by THP was therefore $504,267, or $466 per housed THP participant.

THP dwelling, CHP capital stock.

Table 18: Comparing service use change 36 months before and after THP commencement, housed THP and housed comparison group

			Hou	
	Beneficiary	Cost per incidence	36M before	36M after
Hospitalisation (assault)	PSC	$5,766	91	54
Hospitalisation (drugs and alcohol)	PSC	$5,766	1,429	1,056
ED presentations	PSC	$922	8,005	6,140
Person of interest, domestic violence related police incidents	PSC	$2,782	1,054	594
(Wider person of interest, AVO related police incidents)	PSC	$2,782		
Ambulance trips	PSC	$1,067	3,791	3,034
Victim, AVO related police incidents	CLW	$6,068	593	487
Victim, other police incidents	CLW	$339	2218	2037
(Wider victim, police incidents for domestic violence)	WSW	$6,068		

Note: Figures in column 3,4,5 and 8,9,10 are counts of service use. Diff= difference. Comb.= combined. Additional benefit values identified in Table 5 are not included in this table. Beneficiary column denotes the three beneficiary categories: PSC=public sector cost offset, CLW=client wellbeing benefits, WSW=wider societal wellbeing effects.

Source: authors' calculations from linked administrative datasets.

used THP			Housed comparison group				
Diff.	Diff. %	Change comb. $ Service cost,	36M before	36M after	Diff.	Diff. %	Change comb. $ Service cost,
-37	-41%	-$213,342	80	61	-19	-24%	-$109,554
-373	-26%	-$2,150,718	1,431	801	-630	-44%	-$3,632,580
-1,865	-23%	-$1,719,530	7,442	5,503	-1939	-26%	-$1,787,758
-460	-44%	-$1,279,720	974	638	-336	-34%	-$934,752
-106		-$294,892			102		$283,764
-757	-20%	-$807,719	3,774	2,718	-1056	-28%	-$1,126,752
-106	-18%	$643,208	625	727	102	16%	-$618,936
-181	-8%	$61,359	2,075	2,153	78	4%	-$26,442
-460		$2,791,280			-336		$2,038,848

Table 19: Comparing in-group and between-group economic impact 36 months before and after THP, housed THP and housed comparison group

	Housed THP	Housed comparison
1. Total PSC offset,1 per group, per annum	$2,586,368	$2,923,053
2. Totals PSC offset, per person, group	$2,388	$2,699
3. Total THP PSC offset compared to matched group[1] per annum	-$336,684	
4. Total PSC offset per THP compared to matched group, per annum	-$311	
5. Total client wellbeing, per group, per annum	$281,827	-$258,151
6. Total client wellbeing, per person, group	$260	-$238
7. Total THP client wellbeing, compared to matched group, per annum	$539,978	
8. Total THP client wellbeing, compared to matched group, per person, per annum	$499	
9. Total WSW, compared to matched group, per annum	$300,973	
10. Total WSW, compared to matched group, per person, per annum	$278	

Note: 1 Includes wider public sector cost offsets. Positive values indicate THP effect greater than effect for comparison group. For client wellbeing a reduction in the number of police interactions in Table 18 means an improvement in wellbeing. Values for combined $ service change cost has thus been reversed in row 7-10 (when compared to Table 18).

Source: authors' calculations from linked administrative datasets.

3.2.2 Econometric assessment of economic impact

In this section, the economic impact of THP is calculated based on individually significant coefficients per 6-month window (second way of calculating benefits) and the monetary value of the combined differences in service use for the housed THP group (third way of calculating benefits). The latter is referred to as an omnibus test and allows for testing of the combined significance of the total monetary differences between the THP and comparison groups.

The two calculating methods form the basis for the upper-bound (second way) and lower-bound (third way) estimates in the CBA analysis. Overall, the upper-bound estimate is the preferred estimate as it more robustly accounts for variability in service use across each 6-month window. The lower-bound estimates are based on variables where there is at least one statistically significant effect across the post-THP period, but from a calculation basis includes service use in those 6-month windows where there is no statistically significant effect. It thus, to some extent, allows for the arbitrariness in setting the 6-month windows.

Economic impact based on individual significant coefficients, housed THP

Table 20 and Table 21 show the impact of THP over time for statistically significant changes in service use categories for housed THP clients and the housed comparison group. Impacts are calculated by multiplying statistically significant changes in service use to obtain the statistical change in service use and then multiplying change by THP individuals in each time period and cost factors.

To give an example of how this works in practice, consider the calculation of public sector costs associated with changes in ambulance trips. The cost per trip is $1,067 (Table 5). In the fourth 6-month period of THP the reduction in ambulance trips is 0.1784 per treated THP participant (from Table 14 the value is green and significant, suggesting that the impact of THP varies over time). In the estimation sample 817 individuals are observed at least 3 periods after THP treatment. Multiplying reduction in trips (the average treatment effect on the treated) by number of treated individuals gives a value of 145.75 (0.1784205x817). In other words, compared to the counterfactual (no THP treatment) the number of ambulance trips in the THP group was 145.75 less than expected. Multiplying the number of reduced trips by the cost of each trip gives a public sector cost offset of $155,536 (Table 20).

Table 20 summarises public sector cost offsets over time. Empty cells indicate no statistically significant effect in that period. Table 20 relates to public sector cost offsets and shows an increase in hospitalisation (drugs and alcohol) costs immediately after being housed through THP. This effect likely reflects the efficacy of THP in ensuring that clients obtain appropriate treatment for conditions that put individuals at risk of homelessness. Future evaluation may establish whether the long-term impact also results in a reduction in service use and therefore public sector costs.

Notably, public sector costs associated with hospitalisation (assault) generate a public sector cost offset after approximately 18 months of treatment. Unlike hospitalisation (drugs and alcohol), hospitalisation (assault) is more likely to directly relate to altered living and support circumstance. Being removed from rough sleeping, shelters or emergency accommodation and being provided with wrap-around support likely also removes THP clients from situations that may result in hospitalisation. Over time, this might be what is also reflected in fewer ambulance service requirements and ED presentations.

Findings show that the THP had a significant impact in terms of reducing police and justice interactions, with police incidents for domestic violence episodes where a THP client was a person of interest reducing after the first year.

Overall, the public sector cost offset amounts to $166,078 per annum, or $153 per THP participant (Table 20).[28]

The wellbeing effect of THP on clients, in the form of a reduction in being a victim in AVO related police incidents, emerges after the first year (Table 21). Similarly, the incidence of being a victim in other police incidents reduced after the first year. In both cases, THP generates significant wellbeing effects in the form of reduced violence and enhanced security. The wider societal wellbeing effect arising from reduction in domestic violence episodes related police incidents similarly emerge after the first year.

The combined wellbeing effect (THP clients and wider societal) is substantial – approximately $1.5 million per annum, or $1,405 per THP participant (Table 21).

Overall, the combined effect of public sector cost offsets, client wellbeing benefits and wider societal wellbeing effects is $1.687 million per annum, or $1,558 per annum, per THP client.

28 See Statistical Paper Section 1.4.

Table 20: Economic impact of THP, public cost offsets, event study coefficients, housed THP

	THP happens	1 period after THP
Hospital admission – assault	$-	$-
Hospital admission – drugs/alcohol	$816,684	$831,067
ED presentations	$-	$-
Person of interest, domestic violence related police incidents	$-	$-
Ambulance trips	$223,594	$-
(Wider person of interest, AVO related police incidents)	$-	$-
Total	$1,040,278	$831,067
per treated THP client	$961	$782
Combined annualised cost offset		
Combined annualised cost offset, per person		

Note: negative values indicate a reduction (benefit) in public sector cost. Estimates in this table do include the additional benefits values indicated by '+' in Table 5.

Source: authors' calculations from linked administrative datasets

Table 21: Economic impact of THP, wellbeing, event study coefficients, housed THP

	THP happens	1 period after THP
Victim, AVO related police incidents	$-	$-
Victim, other police incidents	$-	$-
(Wider victim, police incidents for domestic violence)	$-	$-
Total	$-	$-
Per treated THP client	$-	$-
Combined annualised wellbeing effect		
Combined annualised wellbeing effect, per person		

Note: negative values indicate a reduction (benefit) in wellbeing cost (pain and suffering). Estimates in this table do include the additional benefits values indicated by '+' in Table 5.

Source: authors' calculations from linked administrative datasets

2 periods after THP	3 periods after THP	4 periods after THP	5 periods after THP	Beneficiary
$-	-$52,495	-$32,707	-$38,786	PSC
$-	$-	$406,362	$-	PSC
$-	$-	$-	-$109,744	PSC
-$204,778	$-	-$98,607	-$115,034	PSC
$-	-$155,536	-$105,792	-$101,258	PSC
-$558,931	-$403,183	-$460,809	-$338,279	PSC
-$763,709	-$611,214	-$291,554	-$703,102	
-$776	-$748	-$559	-$1,895	
		-$166,078	-$166,078	
			-$153	

2 periods after THP	3 periods after THP	4 periods after THP	5 periods after THP	Beneficiary
-$1,133,816	-$817,874	-$934,772	-$686,214	CLW
-$38,254	-$28,082	-$36,212	-$40,400	CLW
-$415,402	$-	-$200,029	-$233,352	WSW
-$1,587,471	-$845,956	-$1,171,013	-$959,967	
-$1,613	-$1,035	-$2,243	-$2,588	
			-$1,521,469	
			-$1,405	

Omnibus test

Table 22 shows the results of the analysis of the combined (public sector cost offset, client wellbeing benefits, wider societal wellbeing effects) monetary value of service use. The results provide a robustness test to the results in the previous sub-section, by also focusing on the statistical difference of the combined categories. This is an econometric version of the results in Table 17. As shown in the previous sections, where hospitalisation (drugs and alcohol) leads to an increase in public sector costs, the statistical significance of differences in the combined values cannot directly be assessed. The omnibus test allows for testing of the combined significance of any differences between the THP and comparison groups.

Table 22 analyses the combined monetary impact for housed THP clients. Overall, the combined effect of public sector cost offsets, client wellbeing benefits and wider societal wellbeing effects is approximately $327,545 per annum, or $302 per annum, per THP client.

A key issue is the effect of increased hospitalisation (drugs and alcohol) in the THP group, in the observed period, where the temporal trend in the public sector cost offsets for the omnibus test is going from positive (additional public sector cost) to negative (reduced public sector costs) over time. Since this calculation method (third way) includes all post THP periods (for where there is at least one significant period) there is a substantial reduction in overall cost offset.[29] There is an increase in public sector cost in the initial THP treatment period, which then subsides over time. However, within the timeframe of the assessment, the declining effect in the final period of observation (5 periods after THP) has not yet reached statistical significance.

Table 22: Economic impact of THP, omnibus test, event study coefficients, housed THP

	THP happens	1 period after THP	2 periods after THP	3 periods after THP	4 periods after THP	5 periods after THP
Public sector cost offset	$924,005	$-	$-	$-	$-	$-
Client wellbeing	$-	-$205,063	-$379,214	-$267,600	-$291,981	-$209,381
Wider societal wellbeing	$-	$-	-$254,590	$-	-$168,982	-$129,828
Combined annualised PSC offset						$308,002
Combined annualised PSC offset, per person						$284
Combined annualised wellbeing effect (CLW+WSW)						-$635,546
Combined annualised wellbeing effect (CLW+WSW), per person						-$587

Note: all $ values are 2022/23. PSC=public sector cost offset. CLW=client wellbeing benefit. WSW=wider societal wellbeing effects. Negative values indicate a reduction in societal costs.

Source: authors' calculations from linked administrative datasets.

29 See Statistical Paper Section 1.4.

3.3 Cost-benefit analysis

The outcomes of the economic assessment in Section 3.2.2 provide an upper and lower estimate of THP's monetary impact. In this section, the two sets of estimates also provide the upper and lower limits in the CBA. Results in this section are presented on a financial year basis, rather than relative to the onset of THP.

At the point of evaluation only 3 financial years (2020/21–2022/23) of service usage data was available. By contrast, 4 financial years of cost data is available. A key insight from previous longitudinal analysis of service provision to people experiencing homelessness is that impacts tend to accumulate over time. The results in Section 3.3.4 are based on extrapolating the monetised value service usage change in 2022/23 to a fourth financial year (2023/24) to allow for comparison with program costs accumulated over the period 2020/21–2023/24. This provides an estimate for THP impacts in 2023/24. Alternative approaches and results are presented in the Statistical Paper. The cost-benefit approach in this section follows NSW Treasury guidelines for ex-post CBA analysis (NSW Treasury 2023). All values were converted into financial year 2022/23 using the RBA's financial year inflation series. A 5 per cent social discount rate was applied.

3.3.1 Comparing service use change

The analysis compares THP clients and comparison group individuals that were matched on housing status. Housing costs were assumed to be the same for THP and comparison group individuals and were assumed to be the same for CHP housing and public housing. More THP clients were in CHP housing and more comparison group individuals were in public housing (Table 26).

As per the Report on Government Services (ROGS) 2025, government recurrent spending (excluding capital) per public housing dwelling was approximately $10,900 (NSW, 2022/23, $=2023/24); recurrent spending per CHP dwelling was approximately $5,100 (NSW, 2022/23, $=2023/24). However, this cost differential cannot be equated with a whole of government saving. Accommodating someone in CHP housing is not necessarily $5,800 cheaper than housing them in public housing, as demonstrated below:

- CHPs can access CRA payments. Thus, while the cost to the NSW government is less, the whole of government and housing system cost of provision includes CRA, and any additional costs borne by the CHP provider, and federal costs (e.g. NASHH).
- Previous research for DCJ makes use of estimated recurrent costs associated with tenancy management (Melbourne Institute Consortium 2023). This shows a minor difference in the annual tenancy management cost between public housing and CHPs. In 2021 prices, CHP annual recurrent cost (for CHPs participating in SHMT) was $2,951 (excluding one-off costs) and public housing annual recurrent cost was $2,611, or a difference of $340.
- THP program data provides information on funding amounts per client/dwelling, per year. With the exemption of one CHP, each of the participating CHPs are allocated the same management fee ($1,959, averaged over 3 years) and repairs and maintenance fee ($385, averaged over 3 years). While previous DCJ research suggests that CHP recurrent costs may be marginally higher than the equivalent delivery in public housing, the allocations for management fees under THP are significantly lower than either estimate (CHP or public housing).

Overall, it is difficult to conclude that the cost of managing tenancies differed substantially between the two tenures, though clearly the distribution of where costs fall differs.

A second reason for keeping the housing cost component constant is that the structure of the analysis primarily allows for an evaluation of whether the additional service costs (wrap-around) generated identifiable outcomes and value for money.

3.3.2 Annual THP costs

Table 23 provides detail on annual THP costs. A primary evaluation question for this report is whether the additional THP investment in wrap-around support was offset by cost savings in other areas. Consequently, the primary cost comparison component is the support expenditure category.[30]

Table 23: THP program cost components, inflation adjusted

	Support expenditure (incl. high needs)[1]	Total expenditure (support and property)
FY 2020/21	$7,766,640	$13,820,789
FY 2021/22	$16,912,107	$31,712,383
FY 2022/23	$16,635,863	$30,496,874
FY 2023/24	$15,038,892	$24,220,032

Note: all $ values are 2022/23. [1]In subsequent analysis there are minor variations in the values. The unhoused sample constitutes approximately 10% of the total THP group. In addition, the estimation sample is approximately 90% of all THP clients. Support expenditure is therefore adjusted proportionally. It is assumed that all high-needs expenditure is applied to the housed group. This cost component is not adjusted.

3.3.3 The cost of delivering the THP was $105 per person per day

The calculation of cost per person, per day for the THP is based on number of days supported by THP (from intervention start date to intervention end date), using linked data. This comes to 694,701 days across all THP clients (2020/21–2022/23) at a cost of $105 per client per day, or $38,325 annually (Table 24).

Program costs are based on reported cost 2020/21–2022/23. Linked data was only available to 30 June 2023.

Table 24: THP program costs per day, per person

	Cost per THP client per intervention day		
	Support	Property	Total
Combined cost 2020/21–2022/23	$57	$48	$105

Note: cost components are adjusted for a small number of THP clients not tractable in the linked data (3.8%). Intervention days is measured as days between THP entry and exit. Total cost is the sum of support and property costs.

30 Due to program design property expenditures under THP may have been less than under standard SHS support. Compared to the comparison group, THP clients were significantly more likely to be housed in community housing than in public housing. According to the ROGS (2024) public expenditure per property is approximately 3 times greater per public housing dwelling than per community housing dwelling. However, the available data are insufficient to accurately identify the property cost component in the comparison group. Nor does the difference in public expenditure necessarily capture differences in cost of housing individuals. Given the primary objective – identifying the impact of THP – the more appropriate CBA focus (in this analysis) is in relation to support expenditure. Separate effects relating to the housing component, for instance such as the benefits of housing separately from benefits of THP or differences in benefits of housing are not included in the analysis. Such benefits would offset property costs. The Statistical Paper further discusses differences in the cost of managing tenancies, arguing that 'it is difficult to conclude that the cost of managing tenancies differed substantially between the two tenures [CHP and public housing], though clearly the distribution of where costs fall differs'. Comparison to total expenditure (support and property) are included primarily for fullness.

3.3.4 THP generated $1.2-6.9 million in public sector cost offsets, client wellbeing benefits and wider societal wellbeing effects over 4 years

Table 25 shows the cost-benefit calculations based on statistically significant coefficients (event study), including additional benefit parameters (client wellbeing benefits, wider societal wellbeing effects).[31]

Data show that the NPV of THP investment (public cost offset, client and wider societal wellbeing) for the housed THP group is approximately $6.9 million over 4 years.[32] While not (yet) on par with the additional investment in wrap-around support, the outcomes suggest that the THP generates a return of 17 cents per $1 invested in THP additional wrap-around supports, or a BCR of 0.17. When compared to the total THP expenditure (property expenditure plus wrap-around support) the return declines to 9 cents per $1 or a BCR of 0.09.

The results in Table 25 represent an upper-bound estimate based on only individually significant coefficients after event study. Lower-bound estimates based on omnibus-test coefficients after event study are presented in Table 26. These indicate a NPV of THP (public sector cost offset, client and wider societal benefits) of $1.2 million based on the housed THP sample. Relative to the additional service expenditure on THP this generates a BCR of 0.03 for the housed THP sample. Compared to total program costs (including property expenditure) this generates a BCR of 0.02.[33] Notably, total program costs comparisons are included for fullness (See Statistical Paper Section 1.4). Importantly, this BCR does not capture potential benefits of being housed.

Table 25: Cost-benefit analysis, coefficients after event study (incl. additional crime cost estimates), housed THP

Housed THP			FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
THP wrap-around support						
NPV Cost	$39,808,331	Cost services	$6,197,684	$13,573,661	$13,455,031	$12,119,938
NPV Benefit	$6,869,958	PSC offset	-$791,461	-$109,773	$1,399,468	$1,399,468
NPV	-$32,938,373	WCL	-	$1,005,917	$2,709,706	$2,709,706
BCR	0.17	WSW	-	$220,365	$628,417	$628,417
Total THP expenditure						
NPV Cost	$74,073,012	Cost total	$11,555,606	$26,671,905	$25,722,026	$20,245,248
NPV Benefit	$6,869,958	PSC offset	-$791,461	-$109,773	$1,399,468	$1,399,468
NPV	-$67,203,054	WCL	-	$1,005,917	$2,709,706	$2,709,706
BCR	0.09	WSW	-	$220,365	$628,417	$628,417

Note: Additional benefit values identified in Table 5 are included in this table. PSC=public sector cost offset. CLW=client wellbeing benefit. WSW=wider societal wellbeing effects. Compared to the information in Tables 20 and 21 the results are here presented in financial years, rather than periods after entering THP. Negative values indicate a societal disbenefit, positive values indicate a benefit.

31 Outcomes without the additional benefit parameters are shown in in the Statistical Paper Attachment C.
32 This based on a mid-point approach to extrapolating THP outcomes into 2023/24. Attachment C of the Statistical Paper provides estimates based on out-of-sample calculations and discarding the final year (2023/24) of program costs.
33 Attachment C of the Statistical Paper provides a comparison of the sensitivity of these estimates to variations in the social discount rate. Estimates are shown for 3%, 5% and 7% social discount rates. Overall, the impacts of varying the discount rate are minimal given the temporal profile of expenditures and benefits follow each other closely and the analysis only covers 4 years.

Table 26: Cost-benefit analysis, coefficients after omnibus test, (incl additional crime cost estimates), housed THP

Housed THP			FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24
THP wrap-around support						
NPV Cost	$39,808,331	Cost services	$6,197,684	$13,573,661	$13,455,031	$12,119,938
NPV Benefit	$1,208,623	PSC offset	-$445,365	-$394,174	-$84,466	-$84,466
NPV	-$38,599,709	WCL	$71,570	$408,724	$872,946	$872,946
BCR	0.03	WSW	-	$135,057	$418,343	$418,343
Total THP expenditure						
NPV Cost	$74,073,012	Cost total	$11,555,606	$26,671,905	$25,722,026	$20,245,248
NPV Benefit	$1,208,623	PSC offset	-$445,365	-$394,174	-$84,466	-$84,466
NPV	-$72,864,389	WCL	$71,570	$408,724	$872,946	$872,946
BCR	0.02	WSW	-	$135,057	$418,343	$418,343

Note: Additional benefit values identified in Table 5 are included in this table. PSC=public sector cost offset. CLW=client wellbeing benefit. WSW=wider societal wellbeing effects. Compared to the information in Tables 20 and 21 the results are here presented in financial years, rather than periods after entering THP. Negative values indicate a societal disbenefit, positive values indicate a benefit.

4. Client outcomes achieved by the THP

The THP achieved many intended short and medium-term outcomes, though it is too early to assess long-term outcomes.

THP housing outcomes far exceeded those achieved by BAU service provision, where only 27 per cent of people who had applied for social housing received housing.[34]

THP delivered strong housing outcomes. In June 2024:

- 1,189 (84%) of clients were housed, with 64 per cent still housed at the latest data point.
- clients were housed for an average of 725 days during and after the program (Table 27)
- 450 (55%) clients exited the THP and moved into safe, long-term housing, while 223 (27%) had negative exits (not to long-term housing) and 151 (18%) had neutral exits (deceased, moved interstate, outcome unknown) (Table 29)
- only 45 per cent of THP clients were housed within 6 weeks (target 100%), due to rapid program roll out, housing shortages in some areas, and the COVID context.

Data on the number and type of support interactions was not collected, so their impact on client outcomes could not be analysed. KPIs for non-housing outcomes did not accurately capture support outcomes. Consequently, the evaluation reports how many clients received support, but does not measure this against KPIs.

THP provided almost all (98%) clients with wrap-around supports:

- 1,195 (85%) received support for living skills and tenancy management
- 652 (41%) received health, mental health and wellbeing support, however 428 (45%) with an identified need did not receive support

34 The THP housed figure is based on program data to June 2024. Comparison information is based on linked data to June 2023 and is based on all social housing applicants, not just high priority applicants.

- 305 (22%) received support with family and cultural networks; but a high proportion with an identified need did not receive support (423 clients, 64.2%), which may indicate that this was not a high priority for support providers, or that clients were reluctant to engage in this process.
- 246 (17%) received support for engagement with positive structured activities, such as social groups, education and training; but a high proportion of clients with an identified need did not receive support (405 clients, 69.9%); however, these are often longer-term goals and may not have been seen as a realistic or a high priority within the timeframe of the THP.

By June 2024, 106 High Needs Packages and 229 OOFGs had been awarded, totalling $6,092,257. The average value of a High Needs Package was $34,046; the average value of an OOFG was $10,875.

There were only minor variations in outcomes across cohorts. Consistent with the program's emphasis on supporting those with high needs:

- A higher proportion of people with high needs were housed (+10 percentage points (pp)), received support with health and wellbeing (+13pp) and living skills and tenancy management (+10pp).
- A higher proportion of people with a disability were housed (+8pp), had long-term housing plans (+14pp) and received health and wellbeing support (+13pp).
- It took slightly longer to house women (-7pp housed within 4 weeks, -8pp housed within 6 weeks). This may be because women with children and those escaping domestic and family violence have specific housing needs that may be more difficult to address. Women were slightly more likely to have received family, culture and community support (+8pp), reflecting the needs of families.
- Young people took longer to house (-10pp housed within 4 weeks, -10pp housed within 6 weeks). This may be because young people experience more discrimination in the private rental market, have lower incomes, lack a rental history, and are sometimes perceived as higher-risk tenants. More young people received support for reconnection with family, culture and community (+14pp) and positive structured activities (+10pp). This likely reflects the needs associated with their life stage.

CHPs and support providers considered High Needs Packages an important component of the THP that allowed complex client needs to be addressed, but available quantitative data does not allow for robust conclusions about the impact of High Needs Packages on client outcomes.

Respondents to the client satisfaction and exit surveys (a low n=67, 5% of all THP clients) were very positive about the impact of the THP on their lives. Clients felt that THP improved housing stability, tenancy skills, health and wellbeing, connections with health services, and cultural connections.

There were few statistically significant and practically meaningful differences in outcomes between SHMT and non-SHMT locations.

Findings on the differences in outcomes between CHPs that separated housing and support and those that did not are unclear.

- Administrative program data showed that CHPs with outsourced support housed clients faster (39% housed within 4 weeks and 49% housed within 6 weeks) compared to those that did not (25% housed within 4 weeks and 38% housed within 6 weeks) (Table 44).
- Linked data showed no differences in non-housing outcomes between CHPs that provided support in-house and those that outsourced support.

This section analyses client outcomes achieved by the THP. The analysis draws on cumulative administrative program data and compares these to the key performance indicators (KPIs) and targets established by the program. Analysis of linked data provides insights into the types of housing THP clients received, changes between housing tenures, and tenancy sustainment. Analysis also describes differences in outcomes for client cohorts or circumstances. The voluntary client satisfaction and exit surveys provides insights into clients' experiences of the program, though results may not be representative due to the small number of responses (n=67, 5% of THP clients).

Linked data from the Housing and Homelessness data set are used to examine whether there were differences in outcomes between SHMT and non-SHMT locations and whether separating delivery of housing and support impacted client outcomes.

Available data enable assessment of THP client outcomes in the short- and medium-terms. However, it is too early to assess long-term outcomes, as, at the time of writing, not all clients had completed 24 months in the program. Overall, the analysis shows that the THP performed strongly against housing targets but struggled to achieve some service outcomes. This is likely due to the short timeframes of the analysis (i.e. not all clients had yet completed the program) and lack of available data to comprehensively assess service outcomes. Clients who completed the voluntary satisfaction and exit surveys, and those who participated in qualitative interviews had high levels of satisfaction with the program, though the response rate was low (5% of all THP clients).

4.1 What factors impact the achievement of program outcomes?

Several factors impact achievement of program outcomes. First, the strong performance of the THP in relation to housing outcomes is because it is a housing led model. In the THP, housing, funding and support were administered by CHPs. A high proportion of clients were accommodated in CHPs' capital stock, which is conducive to long-term housing stability (especially when compared to headleasing in the private market).

Importantly, and as noted in previous evaluation reports, data collection in relation to service delivery was not complete and consistent. Data on the quantity, type and quality of support provided was also not systematically captured at a program level.

Administrative program data gathered in CIMS was used to construct KPIs for program performance. As set out in Section 4.3.1, the measurement of non-housing outcomes assumed a sequential process involving needs assessment, support plan development, and support provision. However, this process was not always followed and KPIs are therefore misleading.

Further factors were as follows. First, the THP is a Housing First informed program and therefore client engagement with services is voluntary. It is likely that not all clients who were assessed as having a need for support were willing to engage with support. Second, qualitative data indicated that, in some instances, there were issues with service capacity. That is, needed support services were either not available or there were waiting lists to access supports. Third, support services were sub-contracted by CHPs. Consequently, DCJ did not have oversight over data collection. While support data were gathered in CIMS, it is unclear whether all support providers used CIMS and how accurate data are.

Some CHPs were new to service provision, and there was a steep learning curve for them initially in terms of addressing the needs of the THP cohort. Qualitative data indicate that access to services and supports was constrained in some locations.

Finally, as described in the literature and demonstrated by the linked data analysis, non-housing outcomes develop and accumulate over time, especially for those with high and complex needs and long histories of homelessness. The timeframe for this evaluation is relatively short and therefore it is likely that the impact of supports on non-housing outcomes will continue to improve over time.

Overall, data show that THP was successful at housing and engaging clients while they were in the program. A longer-term assessment of the effectiveness of the program is recommended for a later date.

4.2 The THP performed strongly against housing targets

The THP successfully achieved the intended client outcome: an 'increased number of individuals are safely, sustainably and securely housed.' Program administrative data to June 2024 shows that most clients (84%) were housed during the THP, and many (64%) were still housed at the last point for which data were available (regardless of when they entered the program) (as per the indicator 'sustained their housing after first housed') (Figure 16). Linked data indicate that clients remained housed for an average of 725 days (during and after the program). Of those who exited the program, 55 per cent moved into stable long-term housing (social housing, family/friends, private rental, hospital or rehabilitation, disability accommodation, return to country) (target 100%) (Table 29).

Rapid re-housing aims to reduce the amount of time individuals and families spend homeless. For a program to meet this performance benchmark, households served by the program should move into permanent housing in an average of 30 days or less.[35]

The THP aimed to house all clients within 6 weeks and support them with a plan for long-term housing as documented in the Program Logic (Appendix 1). This was challenging, however, and fewer than half of participants (45%) were housed within 6 weeks, due to rapid program roll out, housing shortages in some areas, and the COVID context.

35 https://endhomelessness.org/resources/toolkits-and-training-materials/rapid-re-housing-performance-benchmarks-and-program-standards/

Nonetheless, this compares favourably with national and international evidence. The median waiting time for priority applicant households housed from the NSW Housing Register from March 2024 to March 2025 was 3.9 months.[36] A study from the USA found that youth who received rapid rehousing waited on average for 131 days following their eligibility assessment (Hsu, Rice et al. 2019). Data from Scotland show that in 2019–20, just over half of all homeless households that were offered settled accommodation in Scotland had their applications closed in less than 160 days; 11 per cent of homelessness applications took 500 or more days to be closed (Thomas and Mackie 2021).

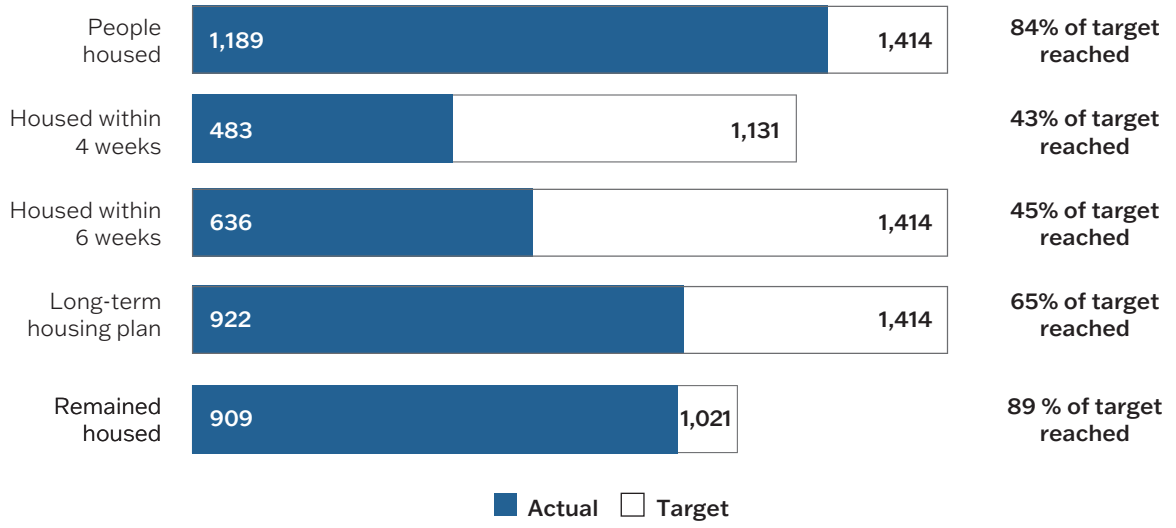
The following provides further discussion of housing outcomes.[37]

4.2.1 THP provided widespread access to housing, but experienced difficulties housing clients quickly

The THP performed well in terms of providing access to housing; 1,189 clients (84%) were housed (Figure 16). While this fell slightly short of the target of housing all clients, it is nonetheless a result that far exceeds the housing outcomes achieved by BAU, where linked data indicates that only 27 per cent of all people who had applied for social housing received housing.[38]

Due to the COVID context, the rapid roll out of the program, and the lack of available housing in some areas, the program struggled to house clients quickly (Figure 16). Only 43 per cent of clients were housed within four weeks (target 80%) and 45 per cent of clients were housed within six weeks (target 100%).[39]

Figure 16: Housing outputs and outcomes, measured against target KPIs, cumulative program data, June 2024



Source: DCJ.

Note: Left hand figures represent number of clients; percentages represent %target reached. Remained housed includes those who were still in the THP and those who had exited.

36 https://dcj.nsw.gov.au/about-us/families-and-communities-statistics/social-housing-waiting-list-data.html#:~:text=Shows%20median%20waiting%20time%20in%20months%20for%20priority%20applicant%20households,Housing%20Register%20was%203.9%20months

37 Refer to Appendix 9 for detailed information on program data in relation to housing outcomes.

38 The THP housed figure is based on program data to June 2024. Comparison information is based on linked data to June 2023 and is based on all social housing applicants, not just high priority applicants.

39 It should be noted that these figures were impacted by a small number of clients who withdrew from the program before they could be housed: 36 unhoused clients withdrew from the program within four weeks while 59 withdrew within six weeks.

4.2.2 THP clients remained housed for an average of 725 days

Administrative program data show that the THP performed well on KPIs for tenancy sustainment (target 60% of all clients in T1 and 80% for other tranches). Overall, 909 clients (64%) were still housed at the latest point for which data were available (H1 2023), regardless of when they entered the program (89% of target met). This figure includes those who were still in the THP and those who had exited (Figure 16).

Two thirds of clients (65%) had a long-term housing plan (Figure 16).[40] While this fell short of the target KPI (100%), there was improvement over the life of the program, increasing from 57 per cent of clients in T1 to 72 per cent in T3.

Linked data was used to analyse tenancy sustainment by comparing the number of days THP clients remained housed with the comparison group. These data include housed days in the program and, where data were available, days housed after exiting the program.

Limitations are as follows:

1. Data for the full THP program duration was not available for many THP clients. At the time of the analysis, data were available from the start of the THP (1 July 2020) to 30 June 2023. At this point in time, 64 per cent of THP clients remained in the program (i.e. had not yet complete the program).

2. Data on days housed in private rental were not available. Consequently, the total number of days in housing reported may underestimate how long THP clients were housed.

The analysis shows that the average number of housed days for THP clients was 725 days, compared to 803 days for the comparison group (Table 27). While this finding indicates that the comparison group was housed for longer, it may be that the omission from the analysis of days housed in the private rental market has reduced the number for the THP group.

Table 27: Average (standard deviation) days in housing THP and non-THP housed, H2 2020 to H1 2023

	Community Housing	Temporary Accommodation	Public Housing	Private Rental	Total days per client
THP	542 (320)	44 (76)	139 (345)	n/a	725 (438)
Non-THP housed	251 (359)	29 (83)	522 (452)	n/a	803 (377)

Note: Standard errors in brackets. Head leasing data was not recorded in relation to days housed and was therefore unavailable.

This figure includes clients that were still in the THP in the last observation period (H12023) (about two thirds of the sample) and housing after they exited the program (about one third of the sample).

Source: authors.

40 A long-term housing plan is a strength-based plan that reflects the client's goals and follows them through their housing pathway to address housing needs over a period of time.

Data show that both THP clients and the comparison group experienced a degree of churn in housing outcomes. Table 28 records the average proportion of individuals that moved between tenures (CHP housing, public housing, temporary accommodation, no housing/not yet housed) in each 6-month period. Data show that, on average, for each group in a 6-month window, 17 per cent recorded two different tenure types and 1 per cent recorded three different tenure types. Note that while the proportion of THP individuals not housed (21%) is marginally greater than for the non-THP group (16%), this is because it includes THP clients who were not yet housed; it also explains the marginally lower single housing outcome in the THP group (rather than greater churn across other housing tenures).

Table 28: Tenure stability and movement between tenure types, H2 2020 to H1 2023

	No housing/not yet treated	Single housing tenure	Two housing tenures	Three housing tenures
THP	21%	60%	17%	1%
Non-THP	16%	66%	17%	1%

Note: Tenure types analysed are CHP housing, public housing, temporary housing, no housing/not yet housed. Analysis is for 6-month intervals.

Source: authors.

4.2.3 More than half of clients exited the THP into long-term accommodation

The THP aimed to ensure that all clients who exited the program entered safe, long-term housing (social housing, living with family or friends, private rental, hospital or rehabilitation, disability accommodation or return to country). Cumulative program data to June 2024 show that of the 824 clients who had exited the THP by June 2024, 450 (55%) entered stable, long-term housing, falling significantly short of the 100% target KPI (Table 29). Most of these were exits to social housing (42%).

There were 223 (27%) negative exits, where clients disengaged from the program, were incarcerated, moved to short and medium-term housing, were evicted or abandoned their housing, or exited without housing. Neutral exits were when a client died, moved interstate, or where the housing outcome is not known; this happened 151 times (18%).

Table 29: Positive and negative THP housing exits, cumulative program data to June 2024

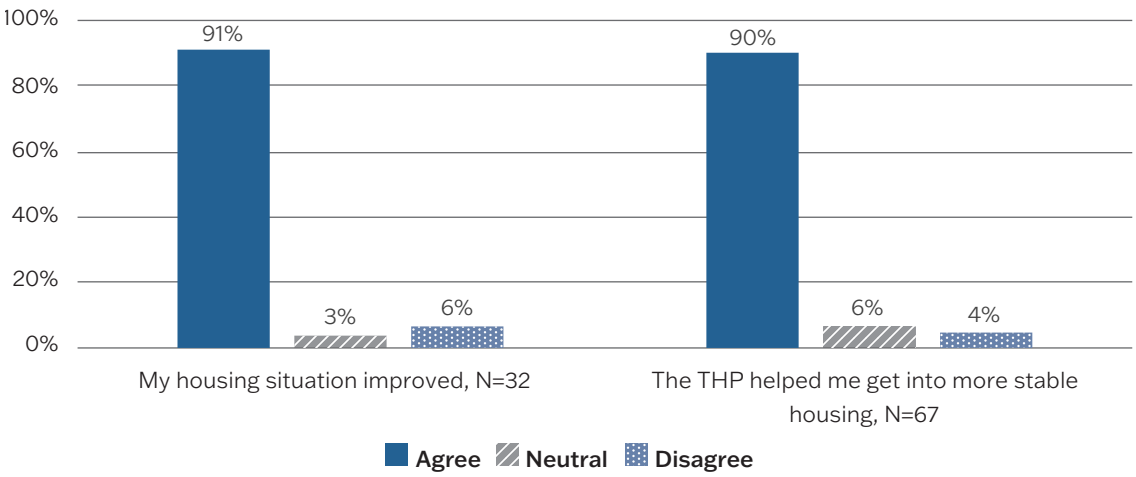
	No. of clients	%
Positive Exit	**450**	**54.6**
Social housing	343	41.6
Family and/or friends	56	6.8
Private rental	27	3.3
Hospital and/or rehabilitation	13	1.6
Disability accommodation	7	0.8
Return to country	4	0.5
Neutral Exit	**151**	**18.3**
Client exited – outcome unknown	67	8.1
Deceased	44	5.3
Moved interstate	40	4.9
Negative Exit	**223**	**27.1**
Client disengaged	71	8.6
Incarceration	62	7.5
Breach eviction, abandoned, and/or NCAT termination	33	4.0
Short and medium-term housing	29	3.5
Client exited – not housed	28	3.4
Total	**824**	**100**

Source: DCJ.

4.2.4 Clients were very satisfied with their housing and felt THP increased housing stability

Almost all clients who responded to the client survey (n=67, or 5% of all THP clients) had a high degree of satisfaction with their housing and felt THP increased their housing stability. Most (91%) respondents agreed that support provided through the THP had helped them to feel more confident in maintaining and staying in a home. A high 91 per cent thought their housing situation had improved and that the THP had helped them into more stable housing (90%) (Figure 17). Note that only 5 per cent all THP clients completed this survey.

Figure 17: Client perceptions of housing outcomes



Source: THP client satisfaction and exit survey (n = 67).

When asked where they would like to live after exiting the THP, 87 per cent of respondents indicated they would like to stay in the same dwelling and 16 per cent would like to move to another type of long-term housing (multiple responses allowed).

Overall, 61 out of 62 respondents (98%) felt that THP had helped them move towards their long-term housing goals. Looking to the future, 56 per cent of respondents preferred to remain in community housing after exiting the THP, with another 22 per cent aspiring to home ownership. Only few wanted to live in the private rental market (11%) or in public housing (9%).

4.3 Non-housing outcomes

The THP aims to deliver a range of non-housing outcomes in the domains of physical and mental health, social and community connections, safety, empowerment and positive structured activities (e.g. support groups, education and skills development).

Overall, the analysis shows that the THP provided almost all clients with support. However, program KPIs did not accurately reflect how many clients received support (see Section 4.3.1). **Consequently, reporting of non-housing outcomes in this section focuses on the number and proportion of clients who received supports rather program KPIs.**[41]

4.3.1 Limitations of program data and program KPIs

Administrative program data gathered in CIMS was used to ascertain data on non-housing outcomes for the program and construct KPIs. The measurement of non-housing outcomes assumed a sequential process involving:

1. Assessing clients for support needs
2. Receiving a plan for a support need, if identified
3. Receiving support, if planned.

41 Program outcomes and outputs against program KPIs are included in Appendix 9 for the sake of completeness.

However, this process was not always followed. Some clients received support plans and/or support but were not referred for an assessment (i.e. a support need was not formally identified). Frequently, the number of clients identified as needing support is lower than actual number of clients needing support.

For example, for health, mental health and wellbeing services, 952 clients were formally assessed as in need of support. However, 150 clients received a support plan without being referred for an assessment (i.e. a support need was not formally identified). This indicates that the number of clients needing support was actually 1,102 (952 identified clients plus 150 unidentified). The KPIs are measured based on identified support needs and hence understate the number of clients missing out on required support. For health, mental health and wellbeing services, 652 clients received support but 128 (19.6%) were not referred for an assessment and hence not included the KPI target. Overall, 428 clients of the 952 (45%) with an identified support need did not receive support.

An additional caveat is that data do not record the exact type of support provided, or how often a support was provided.

Further factors were as follows. First, the THP is a Housing First informed program and therefore client engagement with services is voluntary. It is likely that not all clients who were assessed as having a need for support were willing to engage with support. Second, qualitative data indicated that, in some instances, there were issues with service capacity. That is, needed support services were either not available or there were waiting lists to access supports. Third, support services were sub-contracted by CHPs. Consequently, DCJ did not have oversight over data collection. While support data were gathered in CIMS, it is unclear whether all support providers used CIMS and how accurate data are.

In addition to administrative program data, the client satisfaction and exit surveys provide insights into clients' self-reported perceptions of and outcomes achieved by the THP. While the results from the survey are overwhelmingly positive, it should be noted that only 5 per cent of THP clients (67 persons) completed the surveys, and these data are therefore not representative.

4.3.2 Health and wellbeing outcomes

Although the THP did not meet its KPIs for health and mental health and wellbeing support, most clients who completed the client satisfaction and exit survey felt their health and wellbeing improved. Note that survey data are not representative due to the very low completion rate (only 5% of THP clients responded).

Just under half (46%) of all THP clients received support with culturally appropriate health, mental health and wellbeing services

A core client outcome of the THP is an 'increased number of individuals successfully engage with health and wellbeing services.' Administrative program data show that just under half (46%) of all THP clients received support with culturally appropriate health, mental health and wellbeing services (Table 30). This should be considered in the context of the 952 people who had a formally identified need for this support, plus an additional 150 people who received this support without having their need formally identified. In other words, 1,102 (78%) THP clients needed support for health, mental health and wellbeing, and 652 (46%) received this. In addition, 428 clients of the 952 (45%) with an identified support need did not receive support.

Table 30: Access to culturally appropriate health, mental health and wellbeing services, cumulative program data to June 2024

Output	KPI	Actual (number of clients)	Target (number of clients)	% Target reached	Actual as a percentage of all clients (n=1,414)
Support need identified	n/a	952			67.3%
Support plan provided	80% of clients referred for assessment	727	762	95.5	51.4%
Support received	100% of clients with support plans	652	727	89.7	46.1%

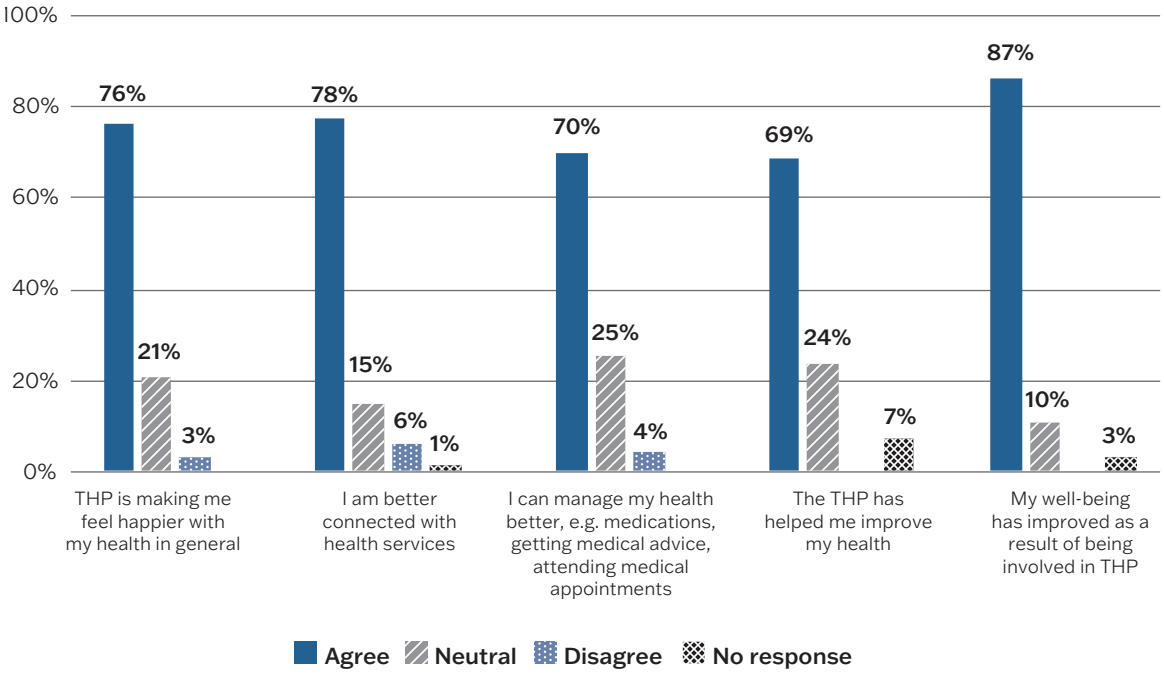
Source: authors from DCJ data.

Note: 428 clients of the 952 (45%) with an identified support need did not receive support. 375 clients of the of the 952 (39.4%) with an identified support need did not receive a plan. 150 clients of the 727 (20.6%) that received a support plan were not referred for an assessment (i.e., a support need was not formally identified). 7 clients of the 652 (1.1%) that received support did not have a support plan.

Client feedback indicated improvements in health and wellbeing due to being in the THP

Most respondents to the client satisfaction and exit surveys reported positive health and wellbeing outcomes. However, these data are self-reported and based on a small sample (n=67). Results should therefore be treated as illustrative and are not representative. A high 87 per cent (58 respondents) indicated that, due to being in the THP, their wellbeing improved; 69 per cent (58 persons) said their health improved; and 76 per cent (51 persons) felt happier with their health in general (Figure 18). Clients felt that THP support helped them to better connect with health services (78%, or 52 persons) and manage their health (70%, 47 persons).

Figure 18: Client perceptions of wellbeing outcomes, client satisfaction and exit surveys

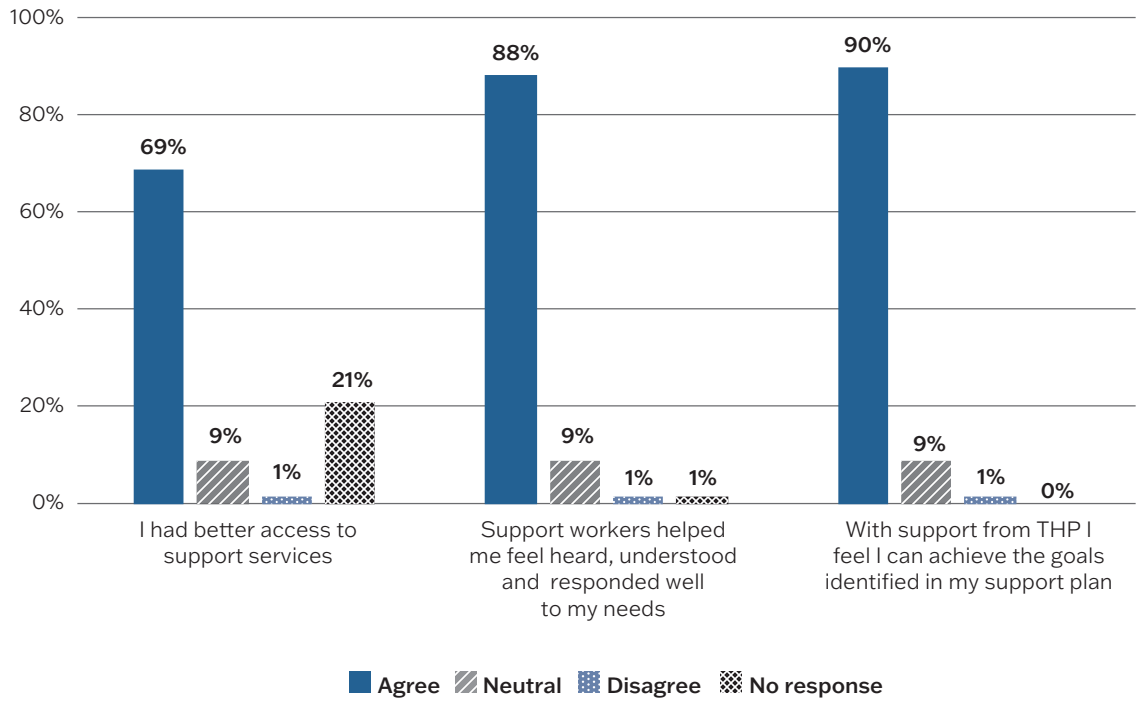


Source: THP client satisfaction and exit survey (n = 67).

Client feedback indicated that THP facilitated better access to services and was responsive to clients' needs and goals

Most (88%) respondents to the client satisfaction and exit surveys felt that support workers heard and understood them and responded to their needs. Most (90%) agreed that with support they were able to achieve the goals in their support plan (Figure 19). Over two thirds of respondents (69%) agreed that the THP had provided them with better access to support services. The relatively lower level of agreement is due to a higher proportion of non-responses, perhaps indicating that respondents were not sure about the impact of the THP on their ability to access services.

Figure 19: Client perceptions of support services, client satisfaction and exit surveys



Source: THP client satisfaction and exit survey (n=67).

4.3.3 Social and community outcomes

The THP aims to support clients to rebuild family, community and cultural connections (see Program Logic Appendix 1) and to ensure that an 'an increased number of individuals are connected to supportive family, cultural or community networks.' Program data show that only about one in five THP clients in the standard model of THP received this support; qualitative data from the ALM case study highlight social and community reconnection as a key positive outcome (see Section 5.3).

Only 22 per cent of clients received support to rebuild family, community and cultural connections

Cumulative program data to June 2024 show that only 21.6 per cent of THP clients (305 individuals) received support to rebuild family, community and cultural connections (Table 31). A high proportion of clients with an identified need did not receive this support (423 clients, 64.2%). These data may indicate that family, community and cultural connections were not a priority for support providers, or that clients were reluctant to engage in this process.

Table 31: Rebuild family, community and cultural connections, cumulative program data, June 2024

Output	KPI	Actual	Target	% Target reached	Actual as a percentage of all clients (n=1,414)
Support need identified	n/a	659			46.6
Support plan provided	90% of clients referred for assessment	373	593	62.9	26.4
Support received	100% of clients with support plans	305	373	81.8	21.6

Source: authors from DCJ data.

Note: Actual column refers to the total number of clients with an identified support need (row 1), support plan (row 2), support (row 3). This did not always occur sequentially (E.g., clients received support without an identified need and/or support plan).

423 clients of the 659 (64.2%) with an identified support need did not receive support. 375 clients of the of the 659 (56.9%) with an identified support need did not receive a plan. 89 clients of the 373 (23.9%) that received a support plan were not referred for an assessment (i.e., a support need was not formally identified). 69 clients of the 305 (22.6%) that received support were not referred for an assessment (i.e., a support need was not formally identified).

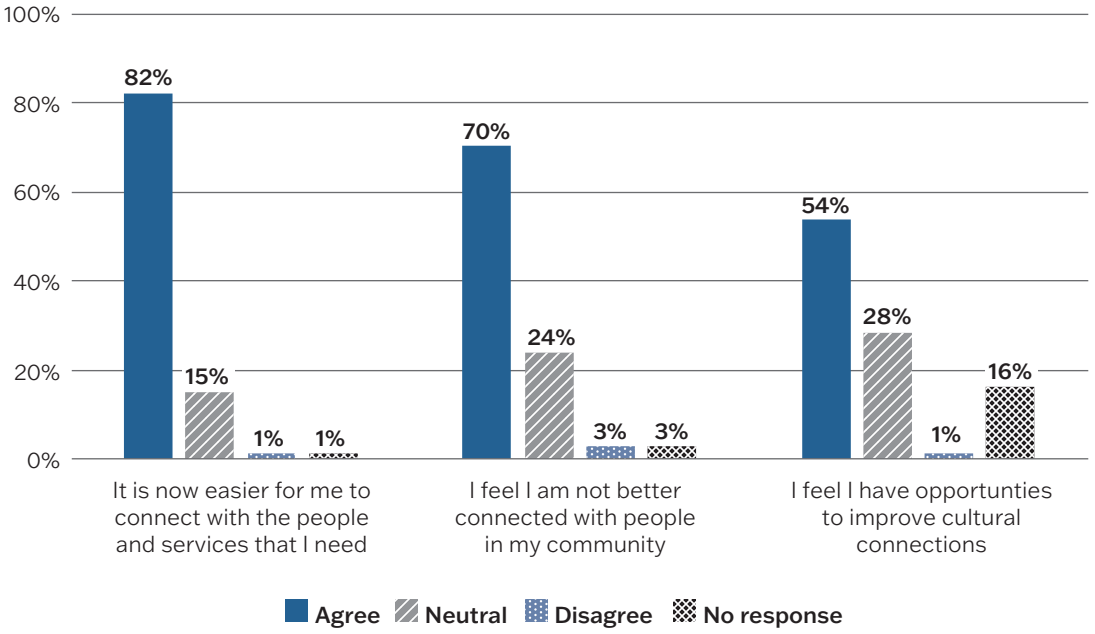
Client feedback indicates better connections with other people and services, but only just over half agreed they had opportunities to improve cultural connections

Just over half of respondents to the client satisfaction and exit surveys agreed that they had opportunities to improve cultural connections through the THP (54%, n=36). Most respondents (70%, n=47) felt better connected with other people in their community and most (82%, n=55) felt it was now easier to connect with the people and services they needed (Figure 20).

It should be noted that these results are based on a small sample (n=67) and are not representative. Furthermore, it appears that clients who had a positive experience in the THP were more likely to answer the surveys. Qualitative data from the case study of the ALM (Section 5) show that the model was successful in fostering cultural connections.

THP dwelling, CHP capital stock.

Figure 20: Client perceptions of social connection outcomes, client satisfaction and exit surveys



Source: THP client satisfaction and exit survey, n=67.

4.3.4 Empowerment and daily living skills outcomes

THP aimed to empower clients to develop daily living and self-management skills, including skills to sustain a tenancy (see Program Logic Appendix 1). The client outcome sought by the program was 'individuals have improved level of daily living skills necessary for long-term accommodation and self-management.'

Most clients received support for living skills and tenancy management and most maintained improvements

Program data show that most (85%) THP clients received support with living skills and tenancy management (Table 31).

Table 32: Living skills and tenancy management, cumulative program data, June 2024

Output	KPI	Actual	Target	% Target reached	Actual as a percentage of all clients (n=1,414)
Support need identified	n/a	1,414			100.0
Support plan provided	100% of clients referred for assessment	1,260	1,414	89.1	89.1
Support received	100% of clients with support plans	1,195	1,260	94.8	84.5

Source: authors from DCJ data.

Note: Actual column refers to the total number of clients with an identified support need (row 1), support plan (row 2), support (row 3). This did not always occur sequentially (E.g., clients received support without an identified need and/or support plan).

72 clients of the 1,260 (5.7%) with support plans did not receive support.

7 clients of the 1,195 (0.6%) that received support did not have a support plan.

THP used the Living Skills Assessment (LSA) to determine clients' housing and support needs and measure improvements in their daily living skills. According to the program guidelines, LSAs were to be completed within the first 6 months as part of the AHA Independent Living Skills Assessment; followed by the first 9–12 months, 12–18 months and 18–24 months. However, either LSAs were not consistently administered, or data on this was not consistently recorded.

Available CIMS data (n=320), current on 21 September 2023, shows that 222 clients completed an initial LSA and 153 had an improved LSA at 12 months (69%). Thereafter, most clients maintained their living skills (i.e. maintained or improved their LSA score):

- 141 out of 180 (78%) had maintained their LSA score at 15 months
- 125 out of 157 (80%) had maintained their LSA score at 18 months
- 99 out of 136 (73%) had maintained their LSA score at 21 months
- 70 out of 91 (77%) had maintained their LSA score at 24 months
- 19 out of 28 (68%) had maintained their LSA score at 27 months
- 17 out of 20 (85%) had maintained their LSA score at 30 months.

4.3.5 Economic, education and skills outcomes

THP aims to facilitate engagement with positive structured activities such as social groups, education, and/or employment. The outcome measure is: an 'increased number of individuals are positively engaged with structured activities (i.e. support groups, education and employment)'. THP fell well short in achieving this aim. Administrative program data to June 2024 show that only 17.4 per cent of clients received support with this, although a high proportion (41%) had an identified need for this. The experience of long-term homelessness and rough sleeping that characterises many in the THP cohort, means that engagement with education and training is a long-term goal for many, if it is at all realistic; this is confirmed by the literature (Roggenbuck 2022). Consequently, it is possible that some support providers assessed that a client may have a need for support with education and training, but that this was not a realistic goal or a high priority within the timeframe of the THP.

Only 17 per cent of THP clients received support to engage with positive structured activities, and only 11 per cent engaged with education, training and employment

Although 41 per cent of THP clients had an identified need for positive structured activities, only 17 per cent of THP clients received support for this (Table 32). 405 clients of the 579 (69.9%) with an identified support need did not receive support.

Table 33: Engagement with positive structured activities, cumulative program data, June 2024

Output	KPI	Actual	Target	% Target reached	Actual as a percentage of all clients (n=1,414)
Support need identified	n/a	579			40.9
Support plan provided	80% of clients referred for assessment	315	463	68.0	22.3
Support received	100% of clients with support plans	246	315	78.1	17.4

Source: authors from DCJ data.

Note: Actual column refers to the total number of clients with an identified support need (row 1), support plan (row 2), support (row 3). This did not always occur sequentially (E.g., clients received support without an identified need and/or support plan).

405 clients of the 579 (69.9%) with an identified support need did not receive support.

371 clients of the of the 579 (64.1%) with an identified support need did not receive a plan.

107 clients of the 315 (34.0%) that received a support plan were not referred for an assessment (i.e., a support need was not formally identified).

72 clients of the 246 (29.3%) that received support were not referred for an assessment (i.e., a support need was not formally identified).

Cumulative program data show that only 11 per cent of THP clients engaged with education, training and employment.

Table 34: Education, training and employment, cumulative program data, June 2024

Output	KPI	Actual	Target	% Target reached	Actual as a percentage of all clients
Engaged in education, training, and/or employment	100% of clients with support plans	160	315	50.8	11.3

Source: DCJ.

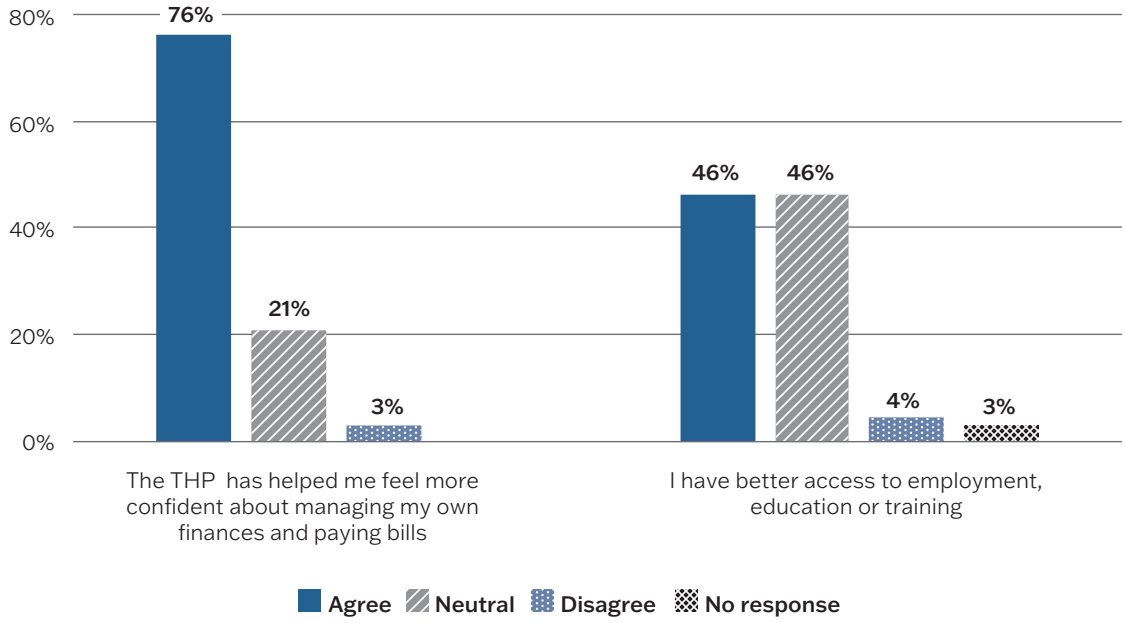
Note: The KPI target refers to the number of clients with a support plan for positive structured activities. Program data does not include a separate support plan for education, training and employment (hence, it is assumed this is part of the positive structured activities plan).

Findings are consistent with the literature and indicate that it takes most long-term rough sleepers a long time to be ready to engage with structured activities, education and training (Roggenbuck 2022). Thus, engagement with education and training may be an ambitious goal for a 24-month program like the THP.

THP increased most clients' confidence with managing finances, but less than half felt it improved access to employment, education and training

Respondents to the client satisfaction and exit surveys indicated that the THP increased their confidence with managing finances and paying bills (76%, n=52) (Figure 21). Consistent with findings in the previous section, just less than half (46%) of respondents agreed that the THP had enabled them to have better access to employment, education and training, while the same proportion felt neutral about this and 4 per cent disagreed.

Figure 21: Client perceptions of financial and employment, education and training outcomes, client satisfaction and exit surveys



Source: THP client satisfaction and exit surveys, n=67.

4.3.6 Wellbeing

The THP aimed to improve participants' personal wellbeing (see Program Logic, Appendix 1) as measured by the Personal Wellbeing Index (PWI).[42] The program guidelines envisioned that clients would complete a PWI to provide baseline information when they commenced the program, at review points throughout the program and at the end of their time in the THP. It was anticipated that clients would experience improved wellbeing due to their participation in the program (as measured against the PWI start survey). While early indications are that THP clients' wellbeing increased, the evaluation finds that it is too early to make a robust assessment because, at the time of writing, PWI scores current to June 2024 had not been finalised.

Clients' PWI scores improved slightly over time

Cumulative program data to June 2024 record that 1,251 of the program's 1,414 clients completed a PWI start survey (88%; target 80%); 935 completed at least one periodic survey; and only 160 clients completed periodic and end surveys. Low response rates for exit PWI surveys indicate that clients were either reluctant to engage with the process, or that the survey was inconsistently administered.

At the time of writing, PWI scores current to June 2024 had not been finalised. Analysis of clients PWI scores captured in linked data current on 21 September 2023 shows that there were 384 clients with more than one PWI score. A comparison of the start survey and last available scores shows that the average improvement was 7 points on the total PWI scale:[43]

- the average first recorded score was 55
- the average final recorded score was 62

42 https://www.acqol.com.au/instruments
43 Note that the 'last' score recorded could be a periodic survey or an end survey.

- 239 out of 384 clients (62%) had an improved PWI score (based on any first and last score recorded).

Looking specifically at clients who had a PWI recorded at the 'start' and 'end' of the intervention:

- 33 clients had a PWI recorded at the start and end of the program
- 20 out of 33 clients had an improved PWI score (61%)
- the average start score was 54
- the average end score was 55
- the average improvement was 1 point on the scale.

These results should be interpreted with caution. It is unlikely that available PWI data is representative of the overall THP cohort, given the relatively small sample size. Only 27 per cent of clients had more than one recorded PWI score; an even smaller proportion (2%) had PWI start and end scores recorded. The small numbers are likely because data available at the time of writing did not include clients who exited the THP after September 2023. While it appears that there was a small improvement in client's wellbeing as measured by the PWI, data is not reliable enough to draw firm conclusions.

4.4 Cohort analysis

This section compares outcomes for client cohorts and package types. Overall, the evaluation finds that there were only minor variations in outcomes across cohorts.

4.4.1 VI-SPDAT scores show that THP clients had high levels of vulnerability, but implementation of the tool was inconsistent

The Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT) was intended as a key tool to assess client vulnerability, for triage, and to support referrals to the High Needs Panel. However, the tool was administered inconsistently.

Program guidelines suggested that each THP participant should be assessed at intake using the VI-SPDAT.[44] This was intended to help the Client Referral and Assessment Group (CRAG) understand a person's level of vulnerability and support needs by providing information on their history of homelessness, emergency service use, risk of harm and exploitation, and physical and mental health. However, not all clients referred to the THP had a completed VI-SPDAT, and there was sometimes a considerable time lag between when a client was admitted to the THP and when the VI-SPDAT was completed (compare Interim Implementation Report). This was, in part, because some of the questions on the VI-SPDAT ask for sensitive information that clients may not feel comfortable disclosing before a trusting relationship is established.

While not the sole deciding factor for eligibility or suitability, the VI-SPDAT was used for High Needs assessments and funding. A score of 15 or higher was considered to be indicative of a person experiencing multiple and complex factors that could benefit from High Needs funding.[45] Of the 789 clients who completed a VI-SPDAT, more than half had a score above 15, a further 328 clients had scores between 10 and 14, and 20 per cent had scores of 9 or lower (Table 35).

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44 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.

45 https://homelessnessnsw.org.au/project/together-home-high-needs-funding/

Overall, there was a low completion rate for VI-SPDAT assessments and 44 per cent of clients did not have a VI-SPDAT score recorded. As noted in the Interim Implementation Report, this may have been due to the rapid implementation of the program, the voluntary nature of the VI-SPDAT, CHPs experiencing difficulties engaging clients to complete assessments and the fact that the VI-SPDAT contains highly personal questions. Where VI-SPDAT scores were not available for the intake process or when assessing High Needs Packages, other referral information and/or PWI assessments were used.

Table 35: VI-SPDAT completion rates and scores, n=1,414

		THP clients	
VI-SPDAT	Score	Number	%
VI-SPDAT not recorded		625	44%
VI-SPDAT completed		789	56%
	>15	305	39%
	10 to 14	328	42%
	Less than 10	156	20%

Source: DCJ.

4.4.2 High Needs Packages

By June 2024, a total of 106 High Needs Packages and 229 OOFGs had been awarded (Table 36). The total value of High Needs Packages and OOFGs was $6,092,257.20 across all three tranches (Table 37). The average value of a High Needs Package was $34,046; the average value of an OOFG was $10,875.

Table 36: High Needs Packages and OOFGs awarded, current June 2024

Tranche	OOFGs awarded	High Needs Packages awarded	Total
1	36	71	107
2	112	9	121
3	77	25	102
STEP-C	3	1	4
Unspecified tranche	1		1
Total	**229**	**106**	**335**

Source: DCJ.

Table 37: Value of High Needs Packages and OOFGs awarded, current June 2024

Tranche	OOFGs	High Needs Package expenditure approved	Total
1	$437,683.87	$2,701,343.61	$3,139,027.48
2	$1,069,355.09	$264,931.12	$1,334,286.21
3	$920,624.30	$627,670.03	$1,548,294.33
STEP-C	$21,170.18	$14,950.00	$36,120.18
Unspecified tranche	$2,000.00		$2,000.00
Grand total	**$2,490,362.44**	**$3,608,894.76**	**$6,092,257.20**

Source: DCJ.

All CHPs except Mission Australia applied for High Needs Packages. The ALM did not use High Needs Packages because they preferred to access needed services and supports through their own networks and resources (compare Section 5.3). Data from 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.

Within the linked data, it was possible to identify 234 individuals who received a High Needs Package or OOFG and link this with housing outcomes (Table 38). Data show that those receiving elevated support were much more likely to be in CHP housing than public housing. The exception are the periods H2 2020 and H1 2021, where a high proportion were in temporary accommodation, reflecting the program design and circumstances under which the THP was set up.

Table 38: Housing outcomes for High Needs Package and OOFG recipients

Period	CHP	PH	TEMP	PRVT
H2 2020	31%	14%	56%	0%
H1 2021	46%	17%	37%	0%
H2 2021	56%	14%	29%	0%
H1 2022	68%	13%	18%	0%
H2 2022	77%	15%	9%	0%
H1 2023	77%	14%	8%	0%

Note: error due to rounding. The typical (median) number of treatment days in a year was 361 (except for the period H2 2020-H1 2021 which would have included recruitment periods).

4.4.3 There were only minor variations in outcomes across cohorts

This section uses descriptive statistics from cumulative program data current to June 2024 to assess housing and non-housing outputs (support provided) for different client cohorts—namely Aboriginal people, people from non-English speaking backgrounds (NESB), people with high needs and people living with a disability. Data is also disaggregated by gender and age group. Overall, there were only minor variations in outcomes across cohort sub-groups.

The program was slightly more effective for people with high needs, a higher proportion of whom were housed (+10pp), received support with health and wellbeing (+13pp) and living skills and tenancy management (+10pp) compared to all THP clients. Similarly, those with a disability were more likely to be housed (+8pp), have long-term housing plans (+14pp) and receive health and wellbeing support (+13pp). This is consistent the program's emphasis on supporting those with high needs.

The program took slightly longer to house women (-7pp housed within 4 weeks, 8pp housed within 6 weeks), but overall, a similar proportion of women (83%) were housed compared to all THP clients (84%). This may be because women with children and those escaping domestic and family violence have specific housing needs that may be more difficult to address. Women were slightly more likely to have received family, culture and community support (+8pp), reflecting the needs of families. Qualitative data from stakeholder consultations showed that 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, despite higher costs for housing a family with children. These additional costs impacted the housing and support that could be provided when CHPs supported families.

Young people took longer to house (-10pp housed within 4 weeks, -10pp housed within 6 weeks), but the proportion of young people housed (86%) was similar to the overall THP cohort (84%). This may be because young people generally experience more discrimination in the private rental market due to their low incomes, lack of a rental history, and because they are sometimes perceived as higher-risk tenants. More young people received support for reconnection with family, culture and community (+14pp) and positive structured activities (+10pp) compared to all THP clients. This likely reflects the needs associated with their life stage.

THP participant, Rodney and his dog Gator.

Table 39: Housing and non-housing outputs by population group, cumulative program data, June 2024

	All clients	Women	Aboriginal	NESB	High needs	Disability	Age <25	Age 25-44	Age 45+
Number of persons referred	1,414	452	493	104	286	451	84	594	727
Proportion of persons referred	100%	32%	35%	7%	20%	32%	6%	42%	51%
Housing outputs (Objective 1)									
Housed	84%	83%	83%	82%	94%	92%	86%	82%	86%
Housed within 4 weeks	34%	27%	33%	35%	36%	33%	24%	33%	37%
Housed within 6 weeks	45%	37%	41%	48%	47%	45%	35%	43%	48%
People with long-term housing plans	65%	64%	67%	71%	67%	79%	63%	62%	68%
Non-housing outputs (support received)									
Objective 2: Health and wellbeing	46%	48%	47%	46%	59%	58%	49%	44%	48%
Objective 3: Family, culture, community support	22%	30%	26%	18%	28%	25%	36%	21%	20%
Objective 4: Living skills and tenancy management	85%	85%	83%	87%	95%	86%	79%	83%	87%
Objective 5: Positive structured activities	17%	17%	17%	18%	22%	20%	27%	15%	18%

Source: authors from DCJ data.

Note: Housing and non-housing outcomes are measured against the total population for each subgroup (rather than the number of people with an identified need). For example, 83% of all women in the THP were housed and 48% received a health and wellbeing support.

Non-housing outcomes have not been benchmarked against identified need because this number is lower than actual number of clients needing support (as explained above).

4.5 There were few meaningful differences in outcomes between SHMT and non-SHMT locations

This section compares outcomes for THP clients in SHMT locations (Hunter, (except Newcastle and Lake Macquarie), New England, Mid North Coast, Northern Sydney and Shoalhaven) to those in non SHMT locations. The analysis compared SHMT THP clients (n=263) to non-SHMT THP clients (n=863) and examined the average differences between THP clients in each of the two SHMT categories (see Statistical Paper for details of the analysis).

Overall, the analysis found few statistically significant and practically meaningful differences in outcomes between SHMT and non-SHMT locations.

The main differences relate to police and justice interactions. Table 40 compares ATT after Eq (2) across police and criminal justice outcomes. Here, there are meaningful differences. THP clients in SHMT locations experienced a greater reduction in being a victim in a police incident related to AVOs and other crime; these reductions equate to one less incident per 43 and 23 THP clients in SHMT areas, respectively.

Table 40: DiD and event study regression results, police and justice system use in in SHMT locations compared to non-SHMT locations

	SHMT v non-SHMT
Victim, AVO related police incidents	**-0.0439 (0.004)**
Victim, domestic violence episode related police incidents	0.0150 (0.468)
Victim, other police incidents	**-0.0235 (0.022)**
Person of interest, AVO related police incidents	-0.0008 (0.872)
Person of interest, police incidents for domestic violence	**-0.0049 (0.002)**
Person of interest, other police incidents	-0.0085 (0.130)
Proven court case	**-0.0056 (0.001)**
Custody day(s)	**0.9636 (0.000)**
Legal aid in-house service	-0.0241 (0.274)
Legal aid duty solicitor service	-1.0179 (0.182)

Note: 1 Cells compares the difference in ATT after Eq 2 for subgroup versus non-subgroup. Event study outcomes for each sub-group not included in the summary statistics.

Note 2: Results based on average period before estimation, THP outcomes compared to average occurrence in the 24-month period before participation in THP. Bold=significant at 10% level.

Source: authors' calculations from linked administrative datasets.

Table 41 shows differences in health service interactions. Apart from hospital admissions due to drugs and alcohol there were no significant differences between THP clients in SHMT or non-SHMT areas. The effect for drugs and alcohol admissions, while statistically significant, is too small to be meaningful in practical terms—one additional hospitalisation per 175 SHMT THP clients, per 6-month period.

Table 41: DiD and event study regression results, health services use in SHMT locations compared to non-SHMT locations

	SHMT v non-SHMT
Hospital admission	-0.0019 (0.230)
Hospital admission (assault)[1]	
Hospital admission (self-harm)	-0.0001 (0.992)
Hospital admission (drugs & alcohol)	**0.0057** **(0.068)**
Hospital admission (mental health)	-0.0015 (0.787)
Hospital admission (injury)	-0.0052 (0.289)
Hospital admission (other)	0.0008 (0.727)
Emergency Department presentation	-0.0163 (0.397)
Ambulance trip	-0.0241 (0.274)
Community mental health contact	-1.0179 (0.182)

Note: 1 Cells compares the difference in ATT after Eq 2 for subgroup versus non-subgroup. Event study outcomes for each sub-group not included in the summary statistics.

Note 2: Results based on average period before estimation, THP outcomes compared to average occurrence in the 24-month period before participation in THP. Bold=significant at 10% level. [1]Sample sizes too small for fixed effect estimator. Instead, clustered standard errors applied.

Source: authors' calculations from linked administrative datasets.

There are few differences in the level of SHS use for THP clients in SHMT and non-SHMT areas (Table 42). The difference in accessing crisis accommodation, while statistically significant, is in practical terms less significant (one additional instance per 312 participants, per 6-month period).

Table 42: DiD and event study regression results, SHS use in SHMT locations compared to non-SHMT locations

	SHMT v non-SHMT
SHS interaction	0.0030 (0.570)
SHS minor engagement	-0.0047 (0.479)
SHS non-accommodation case management	-0.0015 (0.145)
SHS crisis accommodation	**0.0032** **(0.091)**

Note: 1 Cells compares the difference in ATT after Eq 2 for subgroup versus non-subgroup. Event study outcomes for each sub-group not included in the summary statistics.

Note 2: Results based on average period before estimation, THP outcomes compared to average occurrence in the 24-month period before participation in THP. Bold=significant at 10% level.

Source: authors' calculations from linked administrative datasets.

Table 43 compares outcomes for access to statutory entitlements and training. While there were several statistically significant differences between THP clients in SHMT and non-SHMT areas, most of these have few implications in practical terms. For instance, the probability of an increase in becoming a DSP recipient is less than 0.2 percentage points; the difference in becoming a Parenting Payment recipient is approximately 2 percentage points for THP clients in SHMT areas.

Table 43: DiD and event study regression results, access to statutory entitlements and training in SHMT locations compared to non-SHMT locations

	SHMT v non-SHMT
Unemployment benefit recipient	0.0022 (0.201)
Disability support benefit recipient	**0.0017** **(0.002)**
Parenting payment recipient	**-0.0180** **(0.013)**
Youth allowance recipient	**-0.0049** **(0.099)**
Rent assistance recipient	**0.0097** **(0.000)**
Other benefit recipient	**0.0020** **(0.071)**

Note: 1 Cells compares the difference in ATT after Eq 2 for subgroup versus non-subgroup. Event study outcomes for each sub-group not included in the summary statistics.

Note 2: Results based on average period before estimation, THP outcomes compared to average occurrence in the 24-month period before participation in THP. Bold=significant at 10% level.

Source: authors' calculations from linked administrative datasets.

4.6 Were there differences in outcomes for in-house case management and support compared to where these were subcontracted?

The separation of housing and support is one of the key principles of Housing First. Whether or not the separation of housing and support affected client outcomes can be tested in the THP, as the program included 11 CHPs that outsourced service provision, six that did not, and one CHP that used both models.

Factors that influenced CHPs' choice of whether to separate housing and support were the availability of support services in some areas, existing capacity, and existing organisational structures within CHPs (Brackertz, Alves et al. 2023). 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.

Analysis of linked data showed no significant and practically meaningful differences in client outcomes between CHPs that provided both housing and support, and those that outsourced support (4.6.2). However, analysis of program data showed that CHPs that outsourced support housed clients more quickly (Table 44).

4.6.1 CHPs that outsourced support housed clients more rapidly

The evaluation analysed cumulative program data to June 2024 to ascertain differences in program outputs provided by CHPs with in-house service provision compared to those with outsourced service provision.

Analysis showed that CHPs that separated housing and support had better housing and non-housing program outputs than those with in-house service provision. Those with outsourced support housed clients more quickly (39% housed within 4 weeks and 49% housed within 6 weeks) compared to those with in-house service provision (25% housed within 4 weeks and 38% housed within 6 weeks). CHPs that outsourced support were also significantly more likely to provide clients with long term housing plans (74% compared to 49%) (Table 44).

With the exception of support for living skills and tenancy management, where supports were outsourced, these were also more likely to be provided to clients.

Conversely, CHPs that provided support in-house were more likely to provide clients with support for living skills and tenancy management (92% vs. 81%) than CHPs that outsourced support.

There is not enough evidence to determine the reasons for these differences, but overall, the results suggest separation of housing and supports in line with a Housing First approach may be preferable.

Table 44: Housing and non-housing outputs by in-house and outsourced service provision, cumulative data, June 2024

	All clients	CHP provides housing and support	CHP outsources support
Number of persons referred	1,414	502	912
Proportion of persons referred	100%	36%	64%
Housing outputs – support received			
Housed	84%	83%	85%
Housed within 4 weeks	34%	25%	39%
Housed within 6 weeks	45%	38%	49%
People with long-term housing plans	65%	49%	74%
Non-housing outputs – support received			
Objective 2: Health and wellbeing support	46%	42%	48%
Objective 3: Family, culture, community support	22%	18%	24%
Objective 4: Living skills and tenancy management support	85%	92%	81%
Objective 5: Positive structured activities support	17%	13%	20%

Source: authors from DCJ data.

Note: The 'Housing and support' column refers to clients receiving support from a CHP that delivered both housing and support services. 'Outsourced support' column refers to clients receiving support from a CHP that delivered housing but outsourced support services.

Note Link Wentworth Housing Limited delivers housing and support services in some areas. The 'Housing and Support' column includes clients where Link Wentworth was listed as both the CHP and support provider. All other Link Wentworth clients have been included in the 'Outsourced Support' column.

Housing and non-housing outcomes are measured against the total population for each subgroup (rather than the number of people with an identified need). For example, 83% of all clients receiving support from a CHP that delivered housing and support were housed and 42% received health and wellbeing support.

4.6.2 Linked data showed no practical differences in non-housing outcomes between CHPs that provided support in-house and those that outsourced support

Analysis of cross government linked data allowed the evaluation to assess whether there were differences in non-housing outcomes for clients receiving either in-house or outsourced service provision (see Statistical Paper for detailed methods and results).

The analysis compared THP clients (n=370) receiving combined housing and wrap-around service delivery to THP clients (n=756) receiving outsourced support.

Table 45: DiD and event study regression results, health services use in-house vs outsourced service delivery

	In-house v outsourced service provision
Hospital admissions	**0.0078 (0.049)**
Hospital admissions (assault)[1]	
Hospital admission (self-harm)	0.0019 (0.469)
Hospital admission (drugs & alcohol)	**-0.0017 (0.028)**
Hospital admission (mental health)	0.0052 (0.624)
Hospital admission (injury)	-0.0047 (0.377)
Hospital admission (other)	0.0044 (0.109)
Emergency Department presentation	-0.0068 (0.301)
Ambulance trip	0.0001 (0.992)
Community mental health contact	1.2001 (0.203)

Note: 1 Cells compares the difference in ATT after Eq 2 for subgroup versus non-subgroup. Event study outcomes for each sub-group not included in the summary statistics.

Note 2: Results based on average period before estimation, THP outcomes compared to average occurrence in the 24-month period before participation in THP. Bold=significant at 10% level. [1]Sample sizes too small for fixed effect estimator. Instead, clustered standard errors applied.

Source: authors' calculations from linked administrative datasets.

Table 45 compares the health service use THP clients where wrap-around services also were provided by the housing provider, versus instances where supports were outsourced. Overall, there were few differences between the two means of service delivery. The statistically significant difference in hospitalisation due to drugs and alcohol is, in practical terms, not significant for the in-house group.

Table 46: DiD and event study regression results, police and justice system use in-house vs outsourced service delivery

	In-house v outsourced service provision
Victim, AVO related police incidents	**-0.0295 (0.010)**
Victim, domestic violence episode related police incidents	0.0088 (0.161)
Victim, other police incidents	-0.0145 (0.121)
Person of interest, AVO related police incidents	0.0008 (0.393)
Person of interest, police incidents for domestic violence	**0.0020 (0.014)**
Person of interest, other police incident	-0.0009 (0.506)
Proven court case	**0.0045 (0.005)**
Custody day(s)	0.1173 (0.248)
Legal aid in-house service	0.0031 (0.165)
Legal aid duty solicitor service	**-0.0342 (0.043)**

Note: 1 Cells compares the difference in ATT after Eq 2 for subgroup versus non-subgroup. Event study outcomes for each sub-group not included in the summary statistics.

Note 2: Results based on average period before estimation, THP outcomes compared to average occurrence in the 24-month period before participation in THP. Bold=significant at 10% level.

Source: authors' calculations from linked administrative datasets.

Similarly, statistically significant differences in police and criminal justice outcomes were largely insignificant in practical terms (Table 46). There were two exceptions. THP clients receiving in-house service delivery had a slightly greater reduction in being a victim in an AVO related police incident (one fewer per 34 THP clients); and a slightly greater reduction in interactions with the legal aid duty solicitor (one less interaction per 33 THP clients).

Table 47: DiD and event study regression results, SHS engagement in-house vs outsourced service delivery

	In-house v outsourced service provision
SHS interaction	0.0016 (0.657)
SHS minor engagement	-0.0053 (0.402)
SHS non-accommodation case management	**-0.0032** **(0.041)**
SHS crisis accommodation	**0.0039** **(0.021)**

Note: 1 Cells compares the difference in ATT after Eq 2 for subgroup versus non-subgroup. Event study outcomes for each sub-group not included in the summary statistics.

Note 2: Results based on average period before estimation, THP outcomes compared to average occurrence in the 24-month period before participation in THP. Bold=significant at 10% level.

Source: authors' calculations from linked administrative datasets.

Table 47 examines SHS interactions. While categories such as non-accommodation case management and access to crisis accommodation are statistically significant between the in-house and outsourced service delivery groups, these have limited practical implications.

Table 48: DiD and event study regression results, access to statutory entitlements and training indicators in-house vs outsourced service delivery

	In-house v outsourced service provision
Unemployment benefit recipient	**-0.0042** **(0.000)**
Disability support benefit recipient	**-0.0009** **(0.030)**
Parenting payment recipient	-0.0002 (0.900)
Youth allowance recipient	-0.0061 (0.286)
Rent assistance recipient	**0.0017** **(0.000)**
Other benefit recipient	**-0.0074** **(0.000)**

Note: 1 Cells compares the difference in ATT after Eq 2 for subgroup versus non-subgroup. Event study outcomes for each sub-group not included in the summary statistics.

Note 2: Results based on average period before estimation, THP outcomes compared to average occurrence in the 24-month period before participation in THP. Bold=significant at 10% level

Source: authors' calculations from linked administrative datasets.

Table 48 summarises results for access to statutory entitlements and training indicators in the two groups. Here, too, statistically significant differences in benefit recipient outcomes after THP are too minor to have practical implications.

5. Experiences of Aboriginal clients and cultural safety of the THP

The standard THP was culturally safe and delivered similar outcomes for Aboriginal and non-Aboriginal clients.

While cultural safety was an additional requirement in the standard THP, the ALM placed it at the centre of the model design, generating additional benefits for Aboriginal program participants and the ACCO.

The ALM demonstrates how cultural safety can be effectively operationalised and how Housing First approaches can be adapted to meet the needs of Aboriginal people and communities, as demonstrated by the following:

- High autonomy for the ACCO in running the ALM.
- Immersive, culturally responsive support using a transdisciplinary model.
- Working with family and understanding clients as part of a network of relationships.
- Strong partnerships and collaboration between the housing provider, the department, and the ACCO.
- Modified intake and assessment procedures to meet the needs of the ACCO and client cohort.
- Fostering a sense of home and belonging, with positive feedback from clients about their housing quality and suitability.
- Building capacity, visibility, and recognition of the lead agency.

A key lesson from the ALM is the importance of embedding culturally responsive practices as principles and not prescriptions.

This section discusses the experiences of Aboriginal program participants and the cultural safety of the THP. Aboriginal people are a priority group for the THP and the delivery of culturally safe housing and support is a key principle underpinning the THP model. The following analysis uses the framework of 'cultural safety' to conceptualise the degree to which the THP responded to the needs of Aboriginal people.

About a third (35%) of THP clients identified as Aboriginal or Torres Strait Islander. Most used the standard THP model; a small cohort of 35 clients accessed the ALM. Delivering culturally appropriate services was a key principle of the THP, however, how this was operationalised differed considerably between the standard THP model and the ALM.

This section analyses administrative program data, linked data from the Housing and Homelessness dataset, and the case study of the ALM to assess the effectiveness of the THP for Aboriginal participants and adherence to cultural safety.

The evaluation used administrative program data and linked cross government data from the Housing and Homelessness dataset to ascertain outcomes for all THP clients. Analysis of program data showed that THP delivered strong outcomes in terms of access to housing and tenancy sustainment but was slightly less effective in achieving non-housing outcomes (see Section 4). Analysis of the Housing and Homelessness dataset focused on non-housing outcomes in the domains of health and mental health service use; homelessness support in the form of accessing SHS; safety (police and justice interactions); and access to statutory entitlements and training (e.g. unemployment benefits, disability support, and parenting payments) (Section 3). It found that the THP increased participant safety (there was a marked reduction in THP clients being reported as a victim in an AVO related police incident or as a person of interest in a police incident for domestic violence) and, after an initial increase, exhibited trends over time towards a reduction in use of health services (fewer ED presentations and ambulance trips).

Overall, the analysis shows that, for the standard THP, outcomes for Aboriginal THP clients were largely similar to the overall THP cohort. The case study of the ALM demonstrates the additional benefits generated for Aboriginal program participants, the ACCO and the Aboriginal community from using a model that is centred on culture and is consistent with the principles of Housing First for Aboriginal people.

The section is set out as follows. First, an overview of the key concepts of cultural safety and Housing First for Aboriginal people is provided. Then, the performance of the THP is assessed using administrative program data and linked cross government data is presented. A qualitative case study of the ALM then examines the benefits of this model of program delivery for Aboriginal clients, providers and communities. The final section draws together all the findings to assess the cultural safety of the THP.

5.1 Key concepts

This section sets out the key concepts and methods used to analyse cultural safety of the THP.

5.1.1 Cultural safety

Cultural safety offers a framework for understanding how policies and practices can create risk for Aboriginal people (Australian Human Rights Commission 2018). Cultural safety must be understood in the context of colonisation and dispossession and their lasting impact and consequences. Self-determination is a foundational principle of cultural safety and means that Aboriginal people are involved in the design and delivery of policies, programs and services (Ramsden 2005). In its most basic form, self-determination is about choice – the choice to engage (whether it be with an ACCO or a mainstream organisation) and the choice to have a say in all services and service delivery.

The right to self-determination for Indigenous Peoples is affirmed in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), which was endorsed by the Australian Government in 2009 (DCJ 2021). Within service delivery, self-determination and ensuring that Aboriginal clients feel safe and empowered begins with Aboriginal people meaningfully leading, designing and implementing services (Davis 2019). There are six critical elements of cultural safety (GUIR 2021):

- recognising the importance of culture
- self-determination
- workforce development
- whole of organisation approach
- leadership and partnership
- research, monitoring and evaluation.

Successful Aboriginal homelessness programs rely on commitment to self-determination (Tually, Tedmanson et al. 2022). Programs working with, and through, ACCOs and Aboriginal Community Controlled Health Organisations are central to meeting the needs of Aboriginal people experiencing homelessness.

Successful programs recognise the unique experiences and needs of Aboriginal people and offer appropriately tailored responses. An example of this is the development of culturally appropriate Housing First models for Aboriginal people (see Section 5.1.2).

THP Program Guidelines emphasise that service practice should reflect culturally safe, supportive and inclusive approaches for Aboriginal people and set out key mechanisms to facilitate this (DCJ 2022: 10). Providers should:

- make cultural competence training available to their staff
- adopt Aboriginal specific support planning
- adopt and put in place mechanisms to support and assist Aboriginal staff and program participants to resolve issues in a culturally appropriate way
- allocate 30 per cent of High Needs Packages to Aboriginal clients
- identify cultural needs
- be culturally sensitive and appropriate in their response
- undertake research and consult with Aboriginal stakeholders to ensure the service approach is culturally appropriate
- have policies in place that proactively recruit and retain Aboriginal staff
- provide people from culturally and linguistically diverse backgrounds with links to services to meet their cultural and language needs and engage interpreters as required.

5.1.2 Housing First for Aboriginal people

The general literature on Housing First is clear that programs need to align with and be adapted to suit local conditions and to address the needs of the target cohort, including the cultural needs of Aboriginal people (Roggenbuck 2022; Spinney, Beer et al. 2020; Johnson, Parkinson et al. 2012). This may include re-establishing connections to Country and kinship and supporting cultural healing. A critical component is the engagement with local communities and Aboriginal-led services in the design and implementation of a Housing First program to ensure housing and support services are provided in a culturally appropriate and safe way (Spinney, Beer et al. 2020).

In Western Australia, the Noongar Housing First Principles (Noongar Mia Mia 2022) aim to help housing and support service providers to create culturally safe environments. It shows how a cultural lens reshapes Housing First principles. The Noongar Housing First Principles are grounded in the concept of doyntj-doyntj koorliny (going along together) to achieve greater collective impact through meaningful partnerships and strong relationships throughout the journey from homelessness to secure, stable and culturally safe housing. The six principles are:

1. Noongar people and their families have a right to a home with cultural connections to boodjar (land or Country), moort (family) and kaartdijin (knowledge, cultural knowledge)
2. Support is flexible, culturally appropriate and is available whenever needed
3. Choice and self-determination with no cultural compromise
4. Culturally appropriate active engagement through kwop daa (good talk)
5. Support focuses on strengthening wirrin (sprit, soul)
6. Social, cultural and community inclusion.

The limited literature available on First Nations-specific Housing First models of provision from Australia, Canada and Aotearoa New Zealand highlights that 'standard' Housing First approaches may not be appropriate for Aboriginal people (Alaazi, Masuda et al. 2015; Firestone, Zewge-Abubaker et al. 2022; Distasio, Zell et al. 2018; Vallesi and Wood 2021; Hutchings, Simmonds et al. 2020; Potter 2020; Smith, Davies et al. 2022). Key principles identified as underpinning Housing First responses for Aboriginal people in this literature include:

- localised approaches
- provided by Aboriginal people
- relationships and partnership with local communities
- embedded with Aboriginal understandings of and practices around home
- utilise Aboriginal concepts of wellbeing to provide Aboriginal focused support.

The literature identified that, in addition to these principles, self-determination and responsive services were enabled by strong Aboriginal leadership and governance, buy-in from local communities, and communities having a say in what the provision of Housing First looks like. Successful approaches were enabled by secure long-term income streams.

5.2 The standard THP increased safety and showed trends towards a reduction in the use of health services over time for Aboriginal participants

This section uses linked cross government data from the Housing and Homelessness dataset to analyse the non-housing outcomes achieved by the THP for Aboriginal program participants.

The linked data analysis compares housed Aboriginal THP clients with similar individuals who were not in the program (comparison group). The analysis was conducted two ways:

i. By comparing housed Aboriginal THP clients (n=296) to housed Aboriginal clients in the comparison group (n=296).[46]

ii. By comparing housed Aboriginal THP clients (n=296) and housed non-Aboriginal THP clients (n=830).[47]

Analysis investigated service use for four domains:

1. Health and mental health service use
2. Police and justice interactions: being victims or perpetrators of crime, legal aid services, court cases and custody days
3. Homelessness support: accessing SHS
4. Access to statutory entitlements and training: receipt of benefits and entitlements, short-term and/or long-term vocational training.

Refer to Statistical Paper for detailed statistical findings and method.

5.2.1 There are no practically meaningful changes in health service use by Aboriginal THP clients, though there is a declining trend over time

Analysis of linked data showed no clear findings in relation to health and mental health service use by Aboriginal THP clients. A comparison of the use of health and mental health services by housed Aboriginal THP clients to a group of Aboriginal people not in the THP who received social housing and support showed (Table 49):

1. An overall increase in hospitalisations driven by increased hospital admissions due to drugs and alcohol and 'other' admission reasons. In terms of magnitude, the drugs and alcohol coefficient value of 0.085 translates into one extra hospitalisation per 12 Aboriginal THP participants. This may be because the THP facilitated better access to medical support for Aboriginal clients.
2. No statistically significant results in relation to ED presentations and ambulance trips; however, there were observable trends pointing towards a decrease in ED presentations and ambulance trips over time.

When comparing Aboriginal THP clients to non-Aboriginal THP clients, the analysis showed (Table 49):

46 Estimation numbers vary marginally due to individual missing data.
47 Estimation numbers vary marginally due to individual missing data.

3. The rate of hospitalisations due to drugs and alcohol was lower for Aboriginal THP clients. This effect was statistically significant. The drugs and alcohol coefficient value of -0.021 translates into one less hospitalisation per 48 Aboriginal THP clients. Thus, while both Aboriginal THP and non-Aboriginal THP clients experience an increase in hospitalisation due to drugs and alcohol, the effect is marginally greater for the non-Aboriginal THP clients.

4. The rate of ED presentations and ambulance trips was marginally higher for Aboriginal THP clients. On a substantive basis the coefficient values in Table 49 translate into 1 more ED presentation or ambulance trip per 47 and 88 Aboriginal THP participants.

Table 49: DiD and event study regression results, health services use, Aboriginal THP participants and comparison groups

	Housed	
	Aboriginal THP v Aboriginal comparison group	Aboriginal THP v non-Aboriginal THP
Hospital admission	**0.0845** **(0.019)**	**-0.0129** **(0.048)**
Hospital admission (assault)[1]		
Hospital admission (self-harm)	0.0080 (0.816)	-0.0003 (0.966)
Hospital admission (drugs & alcohol)	**0.0851** **(0.038)**	**-0.0212** **(0.036)**
Hospital admission (mental health)	0.0112 (0.738)	-0.0082 (0.694)
Hospital admission (injury)	0.0354 (0.302)	0.0029 (0.356)
Hospital admission (other)	**0.0531** **(0.028)**	0.0026 (0.225)
Emergency Department presentation	0.0199 (0.825)	**0.0206** **(0.003)**
Ambulance trip	-0.0255 (0.695)	**0.0113** **(0.010)**
Community mental health contact	0.37183 (0.206)	-3.083 (0.219)

[1] *Insufficient sample size.*

Note: 1 Cell show the aggregated (across cohorts and time periods) average treatment effect of the treated (Eq 2). Green text indicates event study outcomes. Figures in this section display event study coefficient values.

Note 2: Period before = THP outcomes compared to 6-month period before participation in THP. Avg period before = THP outcomes compared to average occurrence in the 24-month period before participation in THP. Grey shaded cells = parallel trend assumption met. Green text = trend in the post-THP coefficient values. P-values in brackets. Bold=significant at 10% level. 1Sample sizes too small for fixed effect estimator. Instead, clustered standard errors applied.

Note 3: The final column compares the ATT after Eq (2) of the sub-group v non-sub-group. Event study outcomes for each sub-group not included in the summary statistics.

Source: authors' calculations from linked administrative datasets.

5.2.2 THP increased safety for Aboriginal THP participants

Analysis of linked data showed that, overall, being in the THP led to Aboriginal THP participants engaging less with police and justice services, which is an indicator of increased safety.

When comparing Aboriginal THP clients to a comparison group of Aboriginal people receiving BAU social housing and support, the analysis is in line with the general analysis in Section 3.2, showing (Table 50):

1. a statistically significant reduction in police incidents relating to AVOs THP clients were recorded as a victim. The average reduction is like the effect in the analysis in Section 3.2, one fewer incident per 7 THP clients, per 6-month window

2. an observable trend over time towards a reduced likelihood of being recorded as a person of interest in police interactions for domestic violence

3. an increase in the number of proven court cases

4. a reduction in number of days in custody (Aboriginal THP clients typically spent 4 days less in custody per 6-month period)

5. an increase in the use of legal aid duty solicitor services (one additional interaction for every 8 Aboriginal THP clients).

Note that while the differences in proven court cases and days in custody are meaningful, in terms of impact, the causal relationship is less clear as proven court cases may have taken time to come to court.

When comparing Aboriginal THP clients to non-Aboriginal THP clients, several differences emerged. The analysis shows (Table 50):

1. A statistically significant reduction in custody days (approximately one day less per Aboriginal THP client)

2. A statistically significant increase in proven court cases (though this is less meaningful in terms of impact). The estimates coefficient (0.0037) translates into one less court case per 270 THP clients, per 6-month window.

3. A small increase in the likelihood of being a person of interest in an ‘other’ police incident.

Table 50: DiD and event study regression results, police and justice system use

	Housed	
	Aboriginal THP v Aboriginal comparison group	Aboriginal THP v non- Aboriginal THP
Victim, AVO related police incidents	**-0.1485 (0.018)**	-0.0113 (0.141)
Victim, domestic violence episode related police incidents	0.0432 (0.352)	0.0027 (0.164)
Victim, other police incidents	-0.0601 (0.259)	0.0020 (0.690)
Person of interest, AVO related police incidents	-0.0100 (0.785)	-0.0011 (0.605)
Person of interest, police incidents for domestic violence	-0.0509 (0.144)	-0.0072 (0.103)
Person of interest, other police incident	-0.0422 (0.373)	**0.0027 (0.098)**
Proven court case	**0.0951 (0.002)**	**0.0037 (0.000)**
Custody day(s)	**-3.7843 (0.009)**	**-1.035 (0.000)**
Legal aid in-house service	0.0504 (0.252)	-0.005 (0.109)
Legal aid duty solicitor service	**0.1310 (0.058)**	**-0.0345 (0.047)**

Note: 1 Cell show the aggregated (across cohorts and time periods) average treatment effect of the treated (Eq 2). Green text indicates event study outcomes. Figures in this section display event study coefficient values.

Note 2: Period before = THP outcomes compared to 6-month period before participation in THP. Avg period before = THP outcomes compared to average occurrence in the 24-month period before participation in THP. Grey shaded cells = parallel trend assumption met. Green text = trend in the post-THP coefficient values. P-values in brackets. Bold=significant at 10% level.

Note 3: The final column compares the ATT after Eq (2) of the sub-group v non-sub-group. Event study outcomes for each sub-group not included in the summary statistics.

Source: authors' calculations from linked administrative datasets.

5.2.3 THP had no significant impact on SHS interactions

Being in the THP did not impact how often Aboriginal THP clients used SHS, compared to non-Aboriginal THP clients and Aboriginal people who were not in the THP but received social housing and support. Analysis of SHS interactions did not show significant outcomes or robust evidence of impact (Table 51). Where there is an average effect (e.g. reduction in SHS crisis accommodation), parallel trend assumptions are not met.

Table 51: DiD and event study regression results – SHS engagement

	Housed THP	
	Aboriginal THP v Aboriginal comparison group	Aboriginal THP v non- Aboriginal THP
SHS service interaction	-0.0396 (0.344)	-0.0078 (0.411)
SHS minor engagement	0.0320 (0.371)	-0.006 (0.412)
SHS non-accommodation case management	-0.0188 (0.479)	-0.0033 (0.552)
SHS crisis accommodation	**-0.0588 (0.008)**	**-0.0134 (0.012)**

Note: 1 Cell show the aggregated (across cohorts and time periods) average treatment effect of the treated (Eq 2). Green text indicates event study outcomes. Figures in this section display event study coefficient values.

Note 2: Period before = THP outcomes compared to 6-month period before participation in THP. Avg period before = THP outcomes compared to average occurrence in the 24-month period before participation in THP. Grey shaded cells = parallel trend assumption met. Green text = trend in the post-THP coefficient values. P-values in brackets. Bold=significant at 10% level.

Note 3: The final column compares the ATT after Eq (2) of the sub-group v non-sub-group. Event study outcomes for each sub-group not included in the summary statistics.

Source: authors' calculations from linked administrative datasets.

5.2.4 Access to statutory entitlements and training indicators

In relation to access to statutory entitlements and training indicators, when comparing Aboriginal THP clients to a comparison group of Aboriginal people who received BAU social housing and support, THP the analysis showed (Table 52):

1. A trend indicating that, over time, Aboriginal THP clients were more likely to obtain disability support payments (this echoes the general results). The average effect in the post-THP period translates into 1 additional disability support payment per 23 THP clients, per 6-month window.

2. Aboriginal THP clients were less likely to obtain parenting support payments following program entries.

Table 52: DiD and event study regression results – access to statutory entitlements and training indicators

	Housed	
	Aboriginal THP v Aboriginal comparison group	Aboriginal THP v non- Aboriginal THP
Unemployment benefit recipient	**0.0748 (0.000)**	**0.0050 (0.000)**
Disability support benefit recipient	**0.0433 (0.008)**	**0.0031 (0.022)**
Parenting payment recipient	**-0.2038 (0.000)**	**-0.0181 (0.000)**
Youth allowance recipient	-0.0134 (0.766)	-0.0001 (0.987)
Rent assistance recipient	**0.3329 (0.000)**	**-0.0367 (0.000)**
Other benefit recipient	**-0.1712 (0.000)**	**0.0088 (0.000)**

Note: 1 Cell show the aggregated (across cohorts and time periods) average treatment effect of the treated (Eq 2). Green text indicates event study outcomes. Figures in this section display event study coefficient values.

Note 2: Period before = THP outcomes compared to 6-month period before participation in THP. Avg period before = THP outcomes compared to average occurrence in the 24-month period before participation in THP. Grey shaded cells = parallel trend assumption met. Green text = trend in the post-THP coefficient values. P-values in brackets. Bold=significant at 10% level.

Note 3: The final column compares the ATT after Eq (2) of the sub-group v non-sub-group. Event study outcomes for each sub-group not included in the summary statistics.

Source: authors' calculations from linked administrative datasets.

5.3 The Aboriginal-led model – a case study

The ALM is an example of how cultural safety is operationalised by an ACCO and how Housing First can be adapted to meet the needs of local communities and implement the key principles of Housing First models for Aboriginal people identified in the literature. The case study shows how the culturally specific ALM approach contrasts with the approaches to cultural safety taken by mainstream providers.

As part of the Interim Implementation Evaluation, CHPs and support service providers were surveyed about the degree to which they thought their practices reflected culturally safe approaches (Brackertz, Alves et al. 2023). Results showed that some CHPs and support providers had a strong commitment to culturally safe ways of operating; for others, cultural safety was a peripheral consideration. Mainstream providers primarily operationalised cultural safety through a series of activities that were added on to regular THP delivery (e.g. cultural training for staff, establishing processes to refer clients to ACCOs and cultural support if requested). This differs markedly from the ALM, which placed Aboriginal clients at the centre of the model.

5.3.1 About the ALM

The ALM was led by an ACCO, the Eleanor Duncan Aboriginal Health Service (known as Yerin Eleanor Duncan Aboriginal Services at the time of contracting), in the NSW Central Coast area. Eleanor Duncan Aboriginal Services delivers a broad range of services through a transdisciplinary framework.[48]

In a reversal of the 'standard' THP model, Eleanor Duncan Aboriginal Services, the support provider, was directly contracted by DCJ and housing was provided by Home in Place (HiP). The model exhibited a high degree of partnership and a strong collaboration between all parties. In operationalising the ALM, Eleanor Duncan Aboriginal Services employed a transdisciplinary model of care, where the client had direct input into driving the direction of supports to meet their needs. The approach understood clients and their needs within the context of their families, friends and connections (a group model, rather than an individualistic model).

Eleanor Duncan Aboriginal Services received a total of $3.3 million to deliver 35 packages over 2 years as a pilot. This consisted of an initial 17 packages, with a further 18 added in July 2022 (Table 53). As of 28 April 2023, 37 packages had been allocated through the ALM,[49] with 26 active at the time producing this report (see Figure 23). All clients received wrap-around support from Eleanor Duncan Aboriginal Services but only 22 were housed (by HiP), with 19 housed at the time of writing. This reflects the issues reported by program partners with regard to the challenge of procuring housing suitable for ALM clients. Challenges included severe housing shortages in the Central Coast area, and the need for housing that met the cultural and practical needs of ALM clients.

There was high demand for the ALM. Eleanor Duncan Aboriginal Services received almost 100 referrals for the 35 available packages; (noting that 37 clients received a package) 47 of these referrals were actively case managed and housed separate to the THP. (See section 5.3.4 for details on the intake process.) The discrepancy between the 47 case managed participants and 35 available packages is explained by the fact that some clients found their own accommodation and chose to exit the program, some moved out of the area, some were incarcerated, or chose to exit the ALM for other reasons. Additionally, Eleanor Duncan Aboriginal Services provided advice and guidance to non-supported clients, assisted them to find temporary accommodation and connected them with housing providers and DCJ housing.

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48 Services include medical and dental care and education, mental health and alcohol and other drugs supports and intervention services, permanency support, family preservation, targeted youth support services, antenatal, postnatal and parenting support groups and support services, NDIS, chronic disease management using integrated team care, and wrap-around homelessness care and coordination.

49 Note that packages were re-allocated if clients dropped out of the program.

Table 53: ALM monthly reporting data current 28 April 2023, cumulative and active

	ALM1	ALM2	Total
Clients accepted into program			
Cumulative	22	15	37*
Active	15	11	26
Wrap-around support (Eleanor Duncan Aboriginal Services provider)			
Cumulative	22	15	37
Active	15	11	26
Housed			
Cumulative	16	6	22
Active	14	5	19
Exited from the program (withdrawal)	7	4	11
High Needs Packages and OOFGs			
Active	0	0	0
PWI Assessment			
Active	15	7	22
Clients reported having disability			
Cumulative	6	2	8
Clients provided with NDIS Plan			
Cumulative	2	0	2

Source: DCJ.

** When clients exited or withdrew from the THP, packages were re-allocated. This is why the number of packages is lower than the number of clients supported.*

5.3.2 ALM model inception

The ALM is, in part, the result of advocacy by Barang Regional Alliance and their local decision making panel who were raising awareness of the need for a culturally led response to homelessness in the Central Coast area.

The Central Coast district has a large Aboriginal population and high levels of people experiencing homelessness (rough sleeping) and living with complex issues. It is the site of several trials and pilot programs. In selecting Eleanor Duncan Aboriginal Services from the tender, DCJ were looking for a provider with experience in providing intensive wrap-around support for those in crisis, at risk of homelessness or rough sleeping, and/or complementary experience.

Once Eleanor Duncan Aboriginal Services was selected for the tender, negotiations began with potential housing providers. **Eleanor Duncan Aboriginal Services sought a high degree of autonomy over how the model would be run** and how referrals would be handled. It was important to Eleanor Duncan Aboriginal Services to have agency and authority to make decisions and have autonomy about how they would work. This required negotiation with DCJ and the prospective housing provider. The initial proposed housing provider did not align well enough with Eleanor Duncan Aboriginal Services' values and ways of operating. Home in Place (then Compass Housing) became the housing provider for the ALM, as they were amenable to changing the way they worked to align with Eleanor Duncan Aboriginal Services priorities. A Memorandum of Understanding between Eleanor Duncan Aboriginal Services and HiP was established to facilitate program implementation and delivery.

> *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)*

When the tender was awarded, Eleanor Duncan Aboriginal Services did not have extensive experience in the homelessness space. Eleanor Duncan Aboriginal Services hired additional staff with expertise in housing and homelessness at the outset of the program, to enhance their capacity to deliver ALM program outcomes. In partnership with DCJ, Eleanor Duncan Aboriginal Services then adapted the THP to develop the ALM program model and framework.

5.3.3 The ALM was supported by strong partnerships and a high level of collaboration and communication

Because the ALM was a pilot model, there was flexibility in program design and implementation. Eleanor Duncan Aboriginal Services realised that it was necessary to adjust the THP model and to clarify the roles and responsibilities of each of the collaborating partners (DCJ, HiP and Eleanor Duncan Aboriginal Services). **Eleanor Duncan Aboriginal Services stressed the importance of the ALM being founded on a genuine partnership** (i.e. DCJ were not holding all the power). Eleanor Duncan Aboriginal Services described this approach as 'open collaboration based on client needs'.

Strong partnerships and collaboration between DCJ, HiP and the ACCO underpinned the success of the ALM. These partnerships developed under the leadership of Eleanor Duncan Aboriginal Services. Regular and effective communication was the key mechanism that made this work.

> *The connection with [Eleanor Duncan Aboriginal Services] as a support agency and our working relationship has been just phenomenal. Just open communication, transparency, working together very well … the impact it has on participants and clients – to be able to be connected with a culturally sensitive, specific and appropriate support whilst they're trying to move out of homelessness is everything … It's the housing provider, having a really good partnership with the support services, [having] really good partnership with a client … I think if we didn't have communication … it would just break down. (CHP)*

Both Eleanor Duncan Aboriginal Services and HiP, had open communication with DCJ Commissioning and Planning. For HiP this built upon and deepened existing relationships with DCJ, while for Eleanor Duncan Aboriginal Services, it was an opportunity to develop new relationships.

> *I think it's worked really well. Given our success rate with the homeless people around the community and where they're at now. It's been pretty successful with getting them off the street. I think we work well with external agencies, whether that be DCJ, Home in Place, and other support networks around the community… I think it's been pretty successful. (Support provider)*

Eleanor Duncan Aboriginal Services highlighted the importance of working collaboratively with HiP but **keeping tenancy support separate from service provision**. This allowed Eleanor Duncan Aboriginal Services to look at service provision through an Aboriginal lens, and be connected to, navigate and understand the local Aboriginal community. Eleanor Duncan Aboriginal Services felt their voices were heard by HiP in terms of seeking housing and space for their clients. Similarly, HiP expressed that their relationship with Eleanor Duncan Aboriginal Services was successful, that they were confident in the efficacy and continuity of the support they provided, and that they worked well together to ensure that tenants were not exited prematurely.

5.3.4 ALM intake and assessment were designed to meet the needs of the support provider and the client cohort

To establish eligibility for the ALM, Eleanor Duncan Aboriginal Services allowed for **self-identification** in relation to Aboriginal status and considered this in conjunction with heritage to Aboriginal bloodlines and whether the person was known and recognised in the community.

Where practicable, **intake and assessment were modified to meet the needs of Eleanor Duncan Aboriginal Services and the client cohort**. For example, Eleanor Duncan Aboriginal Services proposed that initially the ALM should have staggered referrals and a restricted referral base to understand demand and client needs.

> *[Eleanor Duncan Aboriginal Services] 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)*

VI-SPDAT

The THP used the VI-SPDAT to assess client vulnerability. The ALM adhered to this requirement but amended the approach to how the tool was used. Eleanor Duncan Aboriginal Services considered the VI-SPDAT has a very Western lens without sufficient cultural considerations and many of the questions are intrusive. Changes included not administering the VI-SPDAT straight away—instead, case workers first built rapport with clients. The information needed to complete the VI-SPDAT was gathered by case workers over a period of about 6 weeks, rather than completing the tool 'clipboard style'. Once completed, VI-SPDAT information was shared with HiP. This indicates that the use of the VI-SPDAT as a triage tool for Aboriginal clients may be limited.

Instead of the VI-SPDAT, the CRAG assessed ALM applicants based on the THP referral tool, along with evidence of the applicant having a live housing application and information regarding their prior experience in temporary accommodation. Where available, VI-SPDAT information was also used.

Client Referral and Assessment Group (CRAG)

Decisions about package allocations and service provision for clients were made through the CRAG. The CRAG comprised representatives from DCJ Housing, DCJ Commission and Planning, HiP and Eleanor Duncan Aboriginal Services.

Rather than accepting clients directly from the CRAG, Eleanor Duncan Aboriginal Services contacted the client to have an initial discussion to understand their needs, whether the ALM was most suitable approach or whether another housing product or program would be better for them.

> *The CRAG was just the beginning point of where we started working together and building that rapport. [But] working with government and non-government has increased our … position in the community. (Support provider)*

Initially, CRAG meetings were held fortnightly and served to allocate packages. CRAG meetings then moved to a monthly schedule and later became as needed to assess referrals. The CRAG also acted as a mechanism for fostering strong working partnerships and collaboration, within the program and externally. CRAG meetings were an opportunity to review referrals, discuss new or existing issues, receive critical client and service updates and receive DCJ and HiP updates. In this way, CRAG meetings were an effective mechanism to solve problems.

When referrals were unsuccessful, CRAG members advised of alternative suitable support options for the applicant. These support options were often also provided by Eleanor Duncan Aboriginal Services, which ensured culturally appropriate service provision regardless of whether clients were accepted into the THP. It also meant that clients who were new to service provision remained engaged, and that engagement effort was not lost.

> *… letting the referrals know that even … if they don't get accepted into the [Together Home] program, [Eleanor Duncan Aboriginal Services] has services that the community can still access. So, we've been utilised that way as well. Not just through the program. (Support provider)*

5.3.5 ALM outcomes against program KPIs

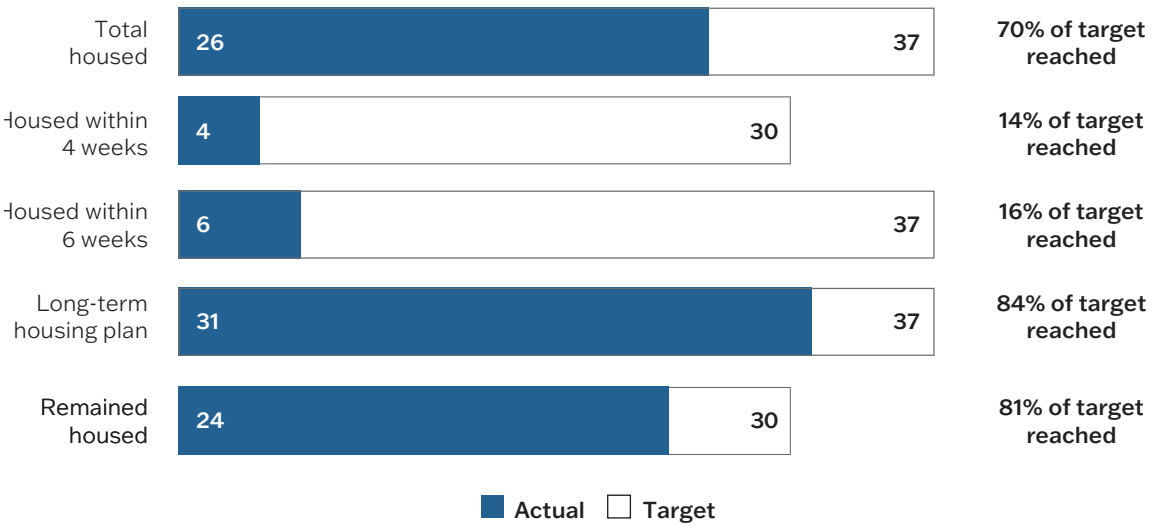
This section describes ALM outcomes against program targets, using administrative program data.

The ALM delivered strong housing outcomes

Program data show that the ALM housed 70 per cent of its clients and that 81 per cent of these remained housed after initially being housed. While this falls slightly short of the program targets of housing all clients and sustaining all tenancies, it is nevertheless a good outcome, considering the acute housing shortages in the Central Coast area (Brackertz, Alves et al. 2023). A high proportion (84%) of ALM clients had a long-term housing plan.

Like the overall THP, the ALM struggled to house clients quickly. THP program KPIs show that only 4 clients were housed within 4 weeks and only 6 clients (16%) were housed within 6 weeks. Once again, this reflects the challenges of finding suitable housing in the Central Coast area and constraints on the availability of capital stock from the housing provider HiP.

Figure 22: ALM housing outputs and outcomes against program targets, cumulative program data, June 2024



Source: DCJ.

The way the THP captured data on non-housing outcomes was not well aligned with the ALM model

Program data recorded non-housing outcomes (physical and mental health, social and community connections, safety, empowerment and positive structured activities) for the ALM in the same way as for the THP as a whole (Section 4.3). The measurement of non-housing outcomes assumed a sequential process involving:

1. Assessing clients for support needs
2. Receiving a plan for a support need, if identified
3. Receiving support, if planned.

As noted in Section 4.3, this process was not always followed. Consequently, ALM non-housing outcomes are reported in relation to the number and proportion of clients who received supports rather program KPIs (although KPIs are also stated).

Several caveats apply to this analysis. First, the number of clients in the ALM is very small compared to the overall cohort, so results are only indicative. Second, the ways of measuring non-housing outcomes used by the THP are not fully consistent with the ways services were provided by the ALM and therefore may not fully reflect the breadth of support received. The ALM undertook a series of internal evaluation activities, including client case studies, which demonstrated the positive impact of the model. In addition, the case study of the ALM (Section 5.3) shows its positive impact.

Findings from the analysis of non-housing outcomes from the cumulative program data to June 2024 contrast with the findings from the qualitative component of the case study. Where program data record poor performance in relation to program objectives, qualitative data show the opposite. The two most likely explanations for this are that program data were not well aligned with the ALM ways of working, or program data were not systematically recorded and reported for the ALM.

Only few (24%) ALM clients are recorded in the program data as receiving health, mental health and wellbeing supports, but qualitative data document positive health support and outcomes

The THP and ALM aim to provide access to culturally appropriate health, mental health and wellbeing services to ensure that an 'increased number of individuals successfully engage with health and wellbeing services'.

Cumulative program data to June 2024 show that only 24 per cent (9 persons) of ALM clients received support to access health, mental health and wellbeing services (Table 53). This is although 32 out of 37 clients needed this support. It is unclear whether this finding is the result of incomplete data collection or whether there was low engagement with health services for the ALM. The latter seems unlikely considering as Eleanor Duncan Aboriginal Health Services is a health services provider.

This contrasts with findings from the qualitative component of the ALM case study. ALM clients received intensive, hands-on transdisciplinary support. ALM assisted clients with transport to and from medical appointments, checked their health, and supported them with healthy eating. 'Yadhaba', a mental health, drug and alcohol program, was a popular support program (Section 5.3.7). In addition, Eleanor Duncan Aboriginal Services had a high success rate with NDIS packages, due to their expertise in the field of health.

Table 54: ALM, access to culturally appropriate health, mental health and wellbeing services, cumulative program data, June 2024

Output	KPI	Actual	Target	% Target reached	Actual as a percentage of all ALM clients (n=37)
Support need identified	n/a	30			81.1
Support plan provided	80% of clients referred for assessment	11	24	45.8	29.7
Support received	100% of clients with support plans	9	11	81.8	24.3

Source: DCJ.

Note: Actual column refers to the total number of clients with an identified support need (row 1), support plan (row 2), support (row 3). This did not always occur sequentially (E.g., clients received support without an identified need and/or support plan).

22 clients of the 30 (73.3%) with an identified support need did not receive support.

21 clients of the of the 30 (70.0%) with an identified support need did not receive a plan.

2 clients of the 11 (18.2%) that received a support plan were not referred for an assessment (i.e., a support need was not formally identified).

1 client of the 9 (11.1%) that received support was not referred for an assessment (i.e., a support need was not formally identified).

Consultation indicated the ALM had strong outcomes in connecting clients with family, community and culture, but this is not reflected in the program data, likely because reporting was not consistent with ALM ways of working

The THP aims to support clients to rebuild family, community and cultural connections to ensure an 'increased number of individuals are connected to supportive family, cultural or community networks'. Qualitative data from the case study indicates that the ALM performed very strongly in terms of connecting clients to community and culture. The ALM approach was to work with family and understand clients as part of a network of relationships and engage clients in immersive, culturally responsive support programs (Section 5.3.7). Meaningful relationships were at the heart of the ALM model (Section 5.3.8).

Contrasting this, cumulative program data to June 2024 show that only 5 (13%) clients received support to rebuild family, community and cultural connections (Table 55). The discrepancy between the findings from the ALM case study and the program data are likely because the ALM way of working is not aligned with the THP data collection. Cultural connections and family are integral to the ALM model and are not considered as a 'separate' activity.

Table 55: ALM, rebuild family, community and cultural connections, cumulative program data, June 2024

Output	KPI	Actual	Target	% Target reached	Actual as a percentage of all ALM clients (n=37)
Support need identified	n/a	21			56.8
Support plan provided	90% of clients referred for assessment	6	19	31.7	16.2
Support received	100% of clients with support plans	5	6	83.3	13.5

Source: DCJ.

Note: Actual column refers to the total number of clients with an identified support need (row 1), support plan (row 2), support (row 3). This did not always occur sequentially (E.g., clients received support without an identified need and/or support plan).

16 clients of the 21 (76.2%) with an identified support need did not receive support.

16 clients of of the 21 (76.2%) with an identified support need did not receive a plan.

1 client of the 6 (16.7%) that received a support plan was not referred for an assessment (i.e., a support need was not formally identified).

All 5 clients that received support were referred for an assessment (i.e., a support need was formally identified).

76 per cent of ALM clients were supported with daily living skills

The THP aims to empower clients to develop daily living and self-management skills including skills to sustain a tenancy so 'individuals have improved level of daily living skills necessary for long-term accommodation and self-management' (Program Logic). Program data shows that three quarters (75%) of ALM clients received support for living skills and tenancy management (Table 56).

Table 56: ALM, living skills and tenancy management, cumulative program data, June 2024

Output	KPI	Actual	Target	% Target reached	Actual as a percentage of all ALM clients (n=37)
Support need identified	n/a	37			100
Support plan provided	100% of clients referred for assessment	31	37	83.8	83.8
Support received	100% of clients with support plans	28	31	90.3	75.7

Source: DCJ.

Note: Actual column refers to the total number of clients with an identified support need (row 1), support plan (row 2), support (row 3). This did not always occur sequentially (E.g., clients received support without an identified need and/or support plan).

3 clients of the 31 (9.7%) with support plans did not receive support. The remaining 28 clients had a plan and received support.

Twice as many (22%) ALM clients engaged in education and training, compared to THP overall

The THP aims to facilitate engagement with positive structured activities such as social groups, education, and/or employment to ensure that an 'increased number of individuals are positively engaged with structured activities (i.e. support groups, education and employment)' (Program Logic). There were 17 clients in the ALM identified as needing support plans for positive structured activities but only two received support (Table 57). This is likely due to missing data or the fact that the support plan approach may be culturally inappropriate for the ALM model.

Table 57: ALM, engagement with positive structured activities, cumulative program data, June 2024

Output	KPI	Actual	Target	% Target reached	Actual as a percentage of all ALM clients (n=37)
Support need identified	n/a	17			45.9
Support plan provided	80% of clients referred for assessment	2	14	14.7	5.4
Support received	100% of clients with support plans	2	2	100.0	5.4

Source: DCJ.

Note: Actual column refers to the total number of clients with an identified support need (row 1), support plan (row 2), support (row 3). This did not always occur sequentially (E.g., clients received support without an identified need and/or support plan).

17 clients of the 17 (100%) with an identified support need did not receive support.

17 clients of the 17 (100%) with an identified support need did not receive a plan.

2 clients of the 2 (100%) that received a support plan were not referred for an assessment (i.e., a support need was not formally identified).

2 clients of the 2 (100%) that received support were not referred for an assessment (i.e., a support need was not formally identified).

The ALM had the highest proportion of clients engaged in education and training (22%) compared to an average of 11 per cent for the overall THP program (Table 34).

Table 58: ALM, education, training and employment, cumulative program data, June 2024

Output	KPI	Actual	Target	% Target reached	Actual as a percentage of all clients
Engaged in education, training, and/or employment	100% of clients with support plans	8	2	400.0	21.6

Source: DCJ.

Note: The KPI target refers to the number of clients with a support plan for positive structured activities. Program data does not include a separate support plan for education, training and employment (hence, it is assumed this is part of the positive structured activities plan).

5.3.6 ALM housing provided stable, long-term accommodation and fostered a sense of home and belonging

As with the standard THP, the limited availability of headleases and capital stock constrained the ALM's capacity to rapidly provide housing to clients. HiP intentionally prioritised use of capital stock for ALM clients to enable faster housing outcomes and aid tenancy sustainment.

The lack of available, suitable housing **occasionally meant that clients remained in TA**, which incurred additional costs. In some instances, Eleanor Duncan Aboriginal Services felt pressured by DCJ to expedite the client's transition into long-term accommodation. This pressure was considered undue given that external factors were contributing to the extended stay in TA, and not program management or delivery.

> *So, DCJ, a lot of the time, are constantly reminding us of how many days or how many nights that clients have had a temporary accommodation and trying to push us to get them out. But we can't do much if there's no accommodation available. So yes, some of our participants have had over 100 nights temporary accommodation, because there's just nothing available. (Support provider)*

It was suggested that funding to support TA, when needed, would be a valuable addition to the THP.

Interviews with HiP staff indicated that ALM tenants experienced issues such as poor property care, hoarding issues, mental health issues and drug use, which were not unforeseen, given the complexity of the client cohort. Nonetheless, HiP considered ALM tenancies to be relatively stable, as Eleanor Duncan Aboriginal Services were well connected with tenants and responsive and persistent in supporting them. In some instances, tenancy sustainment was compromised as clients were not yet 'ready' to move into ALM housing.

> *… only when we have a referral or a client that's just not ready for the program. I think that's maybe when it hasn't worked, despite all efforts made by supports and efforts made to house … but that's very much in the minority overall. (CHP)*

ALM clients frequently conveyed an overwhelming sense of appreciation for accommodation they had received. Clients s**poke positively about the quality and suitability of their housing** and frequently remarked that simply having access to amenities for basic living (bathing, laundry facilities, proximity to local shops) was a vast improvement on their prior circumstances.

> *… it's [good] just being off the street and having a place to sleep, eat, cook, shower, toilet, whatever. Wash your clothes … before being homeless we would be trying to find place to have a shower... (Client)*

> *It's beautiful. It's a three bedroom home in Killarney Vale … Now I've got three bedrooms I can have my kids over with me so it's been really good ... It's great actually. (Client)*

> *I have a roof over my head. Have electricity. [It's] just a lot ... way lot better. (Client)*

The **importance of home and belonging** was a key theme in client interviews. Having stable, long-term accommodation provided ALM clients with a sense of home, and the opportunity to build a stable sense of community, family and belonging. This was particularly significant in the context of the ALM program mandate to deliver and ensure culturally specific outcomes for Aboriginal clients and demonstrated that cultural safety was both embedded in the program delivery and, also, an outcome of the ALM.

> *It's a good area. It's quiet … very homey. I was homeless. Sleeping on couches [but] now I have my own house … own bed to rest my head at night … [a] space to call home … my own place. I guess I can call it home, and every other place that I've ever had has never really felt like home. So, I guess this is the first place that actually feels really comfortable. (Client)*

> *I just feel good about myself in the program … Now I got a place. Now I got my own place I can invite friends and around. (Client)*

5.3.7 ALM provided immersive, culturally responsive support using a transdisciplinary model

In operationalising the ALM, Eleanor Duncan Aboriginal Services employed a transdisciplinary model of care, where the client had direct input into driving the direction of supports to meet their needs. The approach understood clients and their needs within the context of their families, friends and connections (a group model, rather than an individualistic model).

Transdisciplinary framework

A **transdisciplinary framework** involves professionals from different disciplines working together to provide an integrated and planned support for individuals. The approach is to transcend the traditional borders of each discipline in order to upskill every team member to high quality, using a holistic perspective (Total Communication 2004; Xavier n.d.).

The ALM transdisciplinary model actively involved clients at each stage and put client voices first. Eleanor Duncan Aboriginal Services provided guidance to clients, but the decision was always the client's choice. Transdisciplinary teams came together monthly to review client caseloads and had individual case client meetings. They also connected with services outside of Eleanor Duncan Aboriginal Services to negotiate and clarify the supports clients needed, how they would be provided and by whom. The goal was for open dialogue of client journey throughout the program.

ALM clients received i**ntensive, hands-on transdisciplinary support.** This included regular home visits, assistance with physically accessing service programs, completing paperwork where literacy or other factors presented issues for the client, and assistance with transportation to and from medical appointments. ALM clients highly valued the level, and holistic nature of the support they received.

> *She's [my worker] just always checking up on my health and see if I need food or whatever else … I feel really comfortable with [her] doing everything [she's] been doing for me. (Client)*

> *They've helped me with everything like, I just asked them and if she [my worker] can do it she'll help me … like my son's at school and they're saying he's got ADHD, and she said, she'll take him to a GP and get a GP plan. She'll help me through [Eleanor Duncan Aboriginal Services] … get all the checks done for him … Anything I've asked if she can help me, they help. (Client)*

> *They do a good job and don't know what I'll do [without them] really … and I just want to tell them all that. Thank them and love them all and thank you for a better life. (Client)*

The ALM approach was to **work with family** and understand clients as part of a **network of relationships.** At initial intake, clients were asked about key supports, families, friends, connections, etc. This enabled Eleanor Duncan Aboriginal Services to consider the wider story and family.

> *The impact it has on participants and clients to be able to be connected with a culturally sensitive specific and appropriate support whilst they're trying to move out of homelessness is just everything, and then that connection with housing, to be able to have the stability to be able to continue with those goals… So, we're very happy with the program. It's had some remarkable goals. (CHP)*

Eleanor Duncan Aboriginal Services also supported ALM clients by engaging them in i**mmersive, culturally responsive support programs.** Eleanor Duncan Aboriginal Services' existing suite of programs were included as wrap-around services within the ALM program delivery. This provided clients with a 'one-stop shop' through the ALM. 'Yadhaba', a mental health, drug and alcohol program, was mentioned by Eleanor Duncan Aboriginal Services staff as being the most popular of their support programs, and one that clients could also self-enrol in.

Having Aboriginal workers enabled Eleanor Duncan Aboriginal Services to use culturally safe practices, deliver culturally safe support and connect with clients.

> *I have one client in particular that, you know, has had it really rough … At the end of the day, he needed that cultural specific support and we, obviously, we're able to provide that to him. And he actually said to me only in recent months that 'If it wasn't for you, I wouldn't be here today.' And I guess that to me just tells me that having understanding from Aboriginal point of view about the complexities that Aboriginal people live on a daily day-to-day life. It's hard for them [non-Aboriginal workers] to make decisions for Aboriginal people when they don't have that understanding, and they won't ever have that understanding. I think it's really important to have. Yeah, that cultural specific knowledge has impact on decision making. (Case worker)*

ALM clients **valued the culturally sensitive and appropriate delivery of the program through Aboriginal-led support services**. A common theme among ALM clients was their appreciation for the opportunity to attend Eleanor Duncan Aboriginal Services support programs as part of their participation in the ALM. Eleanor Duncan Aboriginal Services' men's group, which provided an immersive, culturally connected program, offering clients a sense of community, belonging and support, and a chance to connect with their wider community and mob, was frequently mentioned.

> *I'll do men's groups here as well … that's a cultural thing, because I never really explored my culture much until I've come to this program … I'll get to meet other Indigenous people as well … It's huge. It's a huge thing. (Client)*

Access to culturally specific Aboriginal-led support was particularly significant for some clients for whom it provided a connection to community and mob while away from their home Country, as well as supporting their sense of wellbeing. In the absence of the crucial spiritual and cultural connection to one's own Country, to some extent, having connections to community filled that gap.

5.3.8 Meaningful client relationships were at the heart of the ALM

Interviews with ALM clients demonstrated that Eleanor Duncan Aboriginal Services staff cultivated sincere, meaningful and genuine relationships, including with case workers and clients. It was evident from client interviews that the experience of genuine, rather than superficial, community ties and sincere, meaningful support was central to the sustained, positive outcomes of the program for them as individuals.

> *They helped me stay a part of the community … because I never really do feel like a part of the community. But to be in this course, and doing all these groups … it really helps me feel engaged … When I came home, I used to always tell my parole officer, "I want to be a part of the community, but I don't know how". And to have them [Eleanor Duncan Aboriginal Services] engage with me and actually [say] "These are things you need to start doing". It has really, really helped. (Client)*

The ALM provided the opportunity to foster community ties through Eleanor Duncan Aboriginal Services' existing programs and services and this was central to the sustained, positive outcomes of the program for clients as individuals.

> *Some people that come into the program they might identify, but they're not familiar with their mob or with their culture... in the two years in the program, they're going to have that opportunity to be able to embrace their culture and learn a lot more of their mob. I think that's an amazing opportunity. (Support provider)*

Clients commonly articulated that Eleanor Duncan Aboriginal Services caseworkers frequently went above and beyond to assist their clients.

> *[They're] always, always [available]. Not one day that I don't call … [and] I always get a phone call back if they can't answer. Or I get a text message back to say "We're here still, we haven't just disappeared" … I've been getting helped with everything I asked for really, anything I'm struggling with. (Client)*

All clients interviewed expressed overwhelming gratitude for the extent to which **the ALM had helped to turn their life around.**

> *I tell them all … even all my brothers and all my mates. I said 'mate, the people up here work a lot better than they do in Sydney'… [It's] really the best program I've seen. (Client)*

The most prominent theme in clients' remarks was their appreciation for the **extent and quality of support** they had received through the program. Clients valued the intensive and consistent support they received, felt deeply understood by their case workers, and felt the support was sincere and genuine, rather than perfunctory.

> *… refuges asked for 10 times more from their clients. So, seeing my workers once a week isn't even that much. Or having them call me up, like that's not even a harassment. It feels good to actually have someone that's not invading because I already know that support's there. I've already agreed to the support. So, I feel good getting that phone call every now and again. And the checkup. (Client)*

> *… it's just the open arms and that they respect, you know, your life … (Client)*

All clients interviewed were aware that could refuse having a case worker, or request an alternative date for a home visit, and generally felt comfortable saying 'no' if needed. Notably, clients never stated that they would choose to refuse a visit, as they recognised that regular contact from their case worker, and their involvement in Eleanor Duncan Aboriginal Services support programs, were adding value to their overall wellbeing and continued growth.

> *I want to see them. I don't feel like I have to or it's forced or anything … it just makes me feel good. I feel better … I know I can say no, but I don't want to. (Client)*

> *I suppose I could say no, if I wanted to, but I quite enjoy seeing a support worker. It really helps me with a lot of that anxiety. (Client)*

> *I'm not from this town. I'm from up Arnhem land way, and knowing that … I've got support here … so I'll use it in a good way to help myself. (Client)*

Understanding of lore was another key aspect of culturally specific and appropriate support that was explicitly mentioned during client interviews. Clients noted that Aboriginal lore-men would feel more comfortable sharing personal information with other men (e.g. male support staff). This needs to be considered as a matter of cultural safety within the THP.

> *I've been through lore and that and as lore men, we don't talk about things, especially when you got a woman's workers… Like I'm a male, so I could [be] telling them about males problems and all this. And then, because lore men they don't like talking to womans (sic) much about things … But apart from that … I still go across with them. You know, 'easy way' so we can help each other… (Client)*

> *We go through some stuff where people don't understand and, and if they can understand that, give a bit of counselling and bit of help … it'd be great. (Client)*

Some clients expressed that they would readily accept help if it was offered but, for cultural reasons, were disinclined to proactively ask for help, even if needed. Eleanor Duncan Aboriginal Services case workers were able to recognise and respond to this, building meaningful and sincere relationships within their clients that enabled them to anticipate clients' needs and offer the appropriate support. Eleanor Duncan Aboriginal Services **capacity to recognise and respond to such cultural nuances meant that culturally sensitive practices were naturally embedded within the ALM** and resulted in a high level of cultural safety throughout the program delivery.

> *… we don't like asking for help. Never have. I guess it's a bit uncomfortable, because they kept saying "Just keep asking for help. And we're here for you". But if they had to come and say, "Here, we're taking you to the shop, we're going …" I'm just happy knowing there's got support, it just makes it so much easier. (Client)*

5.3.9 The ALM did not use High Needs Packages

Eleanor Duncan Aboriginal Services did not utilise High Needs Packages and had a preference for accessing needed supports through their own networks and resources. Eleanor Duncan Aboriginal Services considered the process of applying for High Needs Packages to be cumbersome and preferred to utilise other contacts to draw in additional needed support. For example, Eleanor Duncan Aboriginal Services had a Centrelink Partnerships Officer who provided a direct line to Centrelink and could advise on available payments, thereby minimising the need for High Needs Packages. In addition, Eleanor Duncan Aboriginal Services had a high success rate with NDIS packages, due to their expertise in the field of health.

5.3.10 ALM funding was appropriate but more funding would be valuable

While the program partners agreed that more funding would be valuable, they did not consider the program to be under- or insufficiently funded. Stakeholders thought that provisions for maintenance costs be included in THP packages, so clients are not left with tenant debt upon exiting the THP program property.

> *… in order not to disadvantage the client with having excessive tenant debt. If there was funding to allow for assistance with maintenance, that would be that would be beneficial. And like I said, it hasn't occurred with our client … our core cohort with this Aboriginal Together Home program. But that's something that … has been highlighted in other programs. (CHP)*

5.3.11 The ALM built capacity, visibility and recognition of the lead agency

As lead organisation for the ALM, Eleanor Duncan Aboriginal Services was afforded the opportunity to demonstrate their cultural competence, expertise and effectiveness in delivering social services to Aboriginal clients. This led to several significant, unanticipated positive outcomes for Eleanor Duncan Aboriginal Services as highlighted in Section 7.2.2.

Leading the ALM **built Eleanor Duncan Aboriginal Services' capacity to provide services within the housing sector.** Their role within the ALM informed their decision to employ more Aboriginal staff (with housing sector experience) and developed the skills of their existing Aboriginal workforce. The development of industry skills among Eleanor Duncan Aboriginal Services staff was also due, in part, to increased collaboration and new working relationships with other allied services, both health and non-health related.

The partnership and collaboration with HiP built Eleanor Duncan Aboriginal Services' confidence to **become a registered housing provider** and successfully bid for funding to deliver a core and cluster model women's refuge.

Leading the delivery of the ALM increased the recognition and profile of the services provided by Eleanor Duncan Aboriginal Services within the local community and among other local support service providers, particularly for their expertise and the effectiveness of their approach in supporting clients. Some of this increased visibility for Eleanor Duncan Aboriginal Services came about through DCJ promoting their work and capability.

> *[The program] had all this backing and all this support that DCJ seemed to really prioritise. My experience was DCJ seemed … [to] really prioritise the work [Eleanor Duncan Aboriginal Services] was doing and leading this … DCJ Commissioning and Planning saying that this an organisation who knows this target group, who knows the community … [that Eleanor Duncan Aboriginal Services] knows what they're doing. (CHP)*

Their effectiveness in engaging Aboriginal clients strengthened Eleanor Duncan Aboriginal Services' credibility as experts in the provision of services for the Aboriginal community.

> *[Eleanor Duncan Aboriginal Services] is such a huge part of the community, and provides significant services and it's only getting bigger, it's getting bigger and better. But since working with us, I think they actually realised the true value of having [Eleanor Duncan Aboriginal Services] in the community and working with [Eleanor Duncan Aboriginal Services] to be able to provide the service, and that we're the best organisation to do so. (Support provider)*

5.3.12 Case study findings: the ALM is culturally safe and exhibits key elements of Housing First for Aboriginal people

The case study shows that the ALM was culturally safe and exhibited the key elements of Housing First for Aboriginal people. The ALM effectively implemented the THP and achieved similar housing and non-housing outcomes as did the THP.

The ALM enabled a deep and sensitive approach to cultural safety which also produced unexpected positive outcomes by empowering and growing the capacity, capability and recognition of the service provider.

Key aspects of ALM aligned with the principles of cultural safety

Being the lead in the ALM enabled Eleanor Duncan Aboriginal Services to have considerable autonomy, continuity and integration in how services were delivered. It enabled them to deliver culturally immersive and appropriate wrap-around support services. It also facilitated cultural safety in program delivery—for clients and Aboriginal staff—as the practice knowledge, experience and cultural capital of Aboriginal support service organisations could be fully utilised.

Key aspects of ALM design and implementation align with the principles of cultural safety and Aboriginal Housing First.[50]

- The ALM recognised the **importance of culture** and delivered culturally specific and immersive support that was consistent with Aboriginal concepts of wellbeing (e.g. focus on family and community as opposed to individualistic approach). Strengthening connection to culture and connection to mob was a notable and significant outcome of the ALM. The success of the program for clients can be attributed to cultural competence of Eleanor Duncan Aboriginal Services staff, and the culturally immersive approach of their service provision. This resulted in community and culture being the embedded foundation of the ALM framework.
- The ALM **supported self-determination** as the model design and implementation was led by Eleanor Duncan Aboriginal Services. Eleanor Duncan Aboriginal Services was empowered to **lead the model and build partnerships**. There were strong collaborative relationships between DCJ, Eleanor Duncan Aboriginal Services and HiP and the ACCO responded to local issues and drew on partnerships with local communities. This was aided by the fact that the ACCO was directly contracted and funded by DCJ (as opposed to being funded at 'arm's length' as was the case with the other support providers under the standard THP model).
- Winning the tender and being the lead in the ALM partnership **developed the workforce** for Eleanor Duncan Aboriginal Services. The ACCO employed more Aboriginal staff with housing sector experience and grew organisational capacity to deliver services and supports to the housing sector. Subsequently, the ACCO built on this success and has become a registered housing provider and successfully bid for funding to deliver a core and cluster model women's refuge.
- Eleanor Duncan Aboriginal Services applied a **whole of organisation approach** to deliver a transdisciplinary model of service delivery that was embedded within Aboriginal concepts of wellbeing, provided Aboriginal focused support, and was integrated with the wider suite of services and supports delivered by the ACCO.
- As far as was practicable, the ALM provided clients with access to suitable long-term housing and was **embedded with Aboriginal practices and understandings of home and belonging**. Program data shows that the ALM had high levels of success in housing clients and sustaining their tenancies (Section 5.3.5).
- **Localised approaches** to designing and delivering the ALM expanded Eleanor Duncan Aboriginal Services' existing support services and programs and resulted in greater reach of support across the local Aboriginal community. This increased their overall impact and extended their services to new clients, for example through the healing circle and 'Yadhaba', a drug and alcohol yarning program.

50 There is considerable overlap between the key principles of cultural safety and Housing First for Aboriginal people, hence the two are assessed together.

5.3.13 Insights for a future ALM

This section provides key insights from the case study of the ALM and how these could be used to refine and continue to deliver the ALM into the future and act as a guide to replicate the model in other locations across NSW. The benefits of this would be twofold. It would contribute to addressing Aboriginal homelessness and would build the capacity and capability and recognition of ACCOs. Collaborations with ACHPs, where feasible, would extend the remit and capability of Aboriginal housing organisations.

A key lesson from the ALM is the importance of embedding culturally responsive practices as principles and not prescriptions. Eleanor Duncan Aboriginal Services engaged Aboriginal clients through intensive, holistic, multidisciplinary support that was culturally responsive and therefore meaningful, including immersive, culturally responsive support programs. Clients valued this highly. Eleanor Duncan Aboriginal Services' existing suite of programs (including mental health and drug and alcohol support) were included as wrap-around services within the ALM, which provided clients with a model of housing true to the Aboriginal definition of health.

Consequently, clients felt understood and supported, rather than burdened or under duress with regard to program compliance. The support provided through Eleanor Duncan Aboriginal Services was tailored to their individual clients. It would not, however, be culturally safe to stipulate this as a 'requirement' or 'prescription' within a continuing ALM or any potential future programs using this model. Rather, it is important to recognise that it was Eleanor Duncan Aboriginal Services' freedom and jurisdiction to be responsive as needed to their clients, in their particular community and service location. It was their authority as lead organisation to respond to their clients' needs with their own self-determination that produced this outcome. This aspect of the ALM is readily transferrable so long as it is ensured that the program delivery is not made too prescriptive.

The evidence suggests that positioning the ACCO as the lead in delivering Housing First informed support for Aboriginal people strengthened both the model and the ACCO. Any continuation of the ALM or similar in the future would benefit from this approach.

It would be valuable for DCJ to build the capacity of the ACCO sector to deliver support services to the housing sector. This could enable other ACCOs in future to become lead agencies in providing support to the THP or similar programs. It would be advantageous to develop this capacity in consultation and collaboration with ACCOs. Where an ACCO has limited prior experience, they could be supported through industry skills development for staff. This could be a mechanism through which DCJ could support and expand the ALM model to continue demonstrating the critical elements of culturally safe program delivery across the industry.

> *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)*

This approach would need to be underpinned by genuine and empowered partnerships, that enable the ACCO to actively participate and lead in shaping how the partnership operates.

The ALM showed that 'standard' program guidelines for 'mainstream services' that take a 'one size fits all' approach across Aboriginal and non-Aboriginal clients do not foster cultural safety.

This highlights the importance and benefits of co-designing programs and interventions with Aboriginal organisations and communities and to ensure specific and appropriate models to meet the needs of Aboriginal clients. This contrasts with the common practice of mainstream organisations employing Aboriginal staff members that are required to operate within mainstream program guidelines or referring Aboriginal clients to Aboriginal organisations if they request this.

At the program level, improvements to the ALM pilot could include the following:

- Developing models that are a partnership between an ACCO and an ACHP.
- Ensuring continuation of high levels of support aligned with client need beyond program duration to ensure tenancy sustainment.
- Flexible contracting that accounts for staggered client intake and the fact that some clients will require longer than 2 years to become stabilised in housing.
- Investigating alternative housing models to meet a range of client needs (e.g. congregate living arrangements with living skills support and intensive case management).
- Design the program to account for restrictions clients may have on where they can reside (e.g. due to parole conditions, past trauma).
- Tapering support towards the end of a client's period in the program to ease their transition to independence.

5.4 The standard THP delivered similar outcomes for Aboriginal and non-Aboriginal clients and the ALM provided an additional level of culturally safe service delivery

This section draws together the evaluation findings on the cultural safety of the THP. Overall, the evaluation finds that the THP was culturally safe and effective for Aboriginal program participants. Within the THP, cultural safety was operationalised in two ways. The standard THP model treated cultural safety as being a **subset of program operationalisation**; the ALM treated cultural safety as **central to program delivery.**

The standard THP model was equally effective for Aboriginal and non-Aboriginal clients. However, the qualitative case study of the ALM shows that the cultural model of the THP delivered additional benefits in terms of connection to culture and community to a small number of Aboriginal clients; the provider, Eleanor Duncan Aboriginal Health Services benefitted in terms of capacity growth.

Analysis of program data (Section 4.4.3) showed no substantial variations in housing and non-housing outcomes between Aboriginal and non-Aboriginal THP participants. The analysis of Housing and Homelessness linked data (Section 5.2) further confirmed that outcomes for Aboriginal THP participants were broadly aligned with outcomes for non-Aboriginal THP participants, and a comparison group of Aboriginal people that had similar characteristics to Aboriginal THP clients, but did not receive THP support.

The standard THP model largely adhered to cultural safety as set out in the program guidelines (e.g. cultural competence training for staff, Aboriginal specific support planning, policies to recruit and retain Aboriginal staff). However, the ALM had a broader and more principles-based interpretation of cultural safety, which transcended the 'tick box' approach to cultural safety set out in the program guidelines. The importance of culture was central to the ALM, and Eleanor Duncan Aboriginal Services took a whole of organisation approach to providing localised, culturally centred service delivery that was embedded with Aboriginal practices and understandings of home and belonging. 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. As the lead agency, Eleanor Duncan Aboriginal Services felt enabled to self-determine ways of operating that best fit their model and organisation. This empowered Eleanor Duncan Aboriginal Services to establish a culturally safe operational framework from the very beginning and allowed the agency to develop its capacity and workforce and build partnerships that underpinned the model.

Overall, the ALM demonstrates how cultural safety can be effectively operationalised and how Housing First approaches can be adapted to meet the needs of Aboriginal people and communities.

6. Transitions to long-term housing and program legacy

The Together Home Transition Program (THTP) delivered new capital stock (264 social housing and 18 affordable housing dwellings), which offset 55 per cent of the 479 new AHAs generated by the THP.

The THTP achieved the following outcomes:

- delivered 62 more dwellings than planned
- was implemented quickly and efficiently
- upfront capital funding was efficient and low cost over time
- total value of dwellings was $133 million, with the NSW Government funding 61 per cent of this amount
- average cost per dwelling was $$508,375
- benefitted partners by reducing costs and risk, building CHPs' balance sheets and enabling their capacity for future borrowing
- assisted in transitioning clients to long-term housing
- largely used standard approaches to generate additional stock, such as acquisition and construction, but there were examples of innovation in relation to building techniques and local partnerships
- provided new public assets and created a program legacy
- the model is transferrable and could be replicated and flexibly targeted to provide additional housing stock for other homelessness programs and cohorts.

> *The [Transition] Program demonstrates a longer-term view towards customer outcomes by enabling CHPs to plan the transition for Together Home participants and providing certainty for those participants and their supports. (CHP)*

The Together Home Transition Program (THTP) was an innovative feature of the THP. The THTP was designed to partially offset the additional pressures on social housing generated by the THP and facilitated pathways to long-term housing. The THTP resulted in 264 new social housing dwellings and 18 affordable housing dwellings and created a legacy for the THP. Linked data to June 2023 show that new THTP dwellings covered 55 per cent of the additional demand for social housing, as expressed by 479 new AHA applications from THP clients. As social housing is a more secure form of tenure than headleasing or private rental, THTP dwellings facilitated transitions to long-term housing by providing more secure housing options.

6.1 The THTP partially offset additional demand for social housing and assisted transitions to long-term housing

> *In the midst of a housing crisis, it is difficult to see beyond the key benefit of delivering more housing. Perhaps there is a lesson learned that if we have another program like this, that when funding options are considered and you are housing exceptionally vulnerable clients, that we need to provide homes with stability rather than leasehold properties. (CHP)*

The THP created additional expressed demand for social housing in NSW. To be eligible for the THP, clients had to have an active AHA. Therefore, THP clients who had not previously registered for social housing lodged an AHA, which increased the number of those on the social housing register.

Linked data shows that this additional demand was 479 new AHAs (or 38% of the 1,252 THP clients who could be identified in the linked data) between the start of THP and end of study period in June 2023. THTP provided 282 additional dwellings (264 social housing, 18 affordable housing), which offset 61 per cent of the additional demand for social housing (as expressed by the AHA) generated by the THP.

While the THP was designed as a headleasing model, program implementation showed that headleasing was not always the best tenure for THP clients (e.g. due to their complex needs).[51] As a result, CHPs accommodated many more THP clients than anticipated in their own capital stock. Tenants not in the THP, who would have rented CHP properties now occupied by THP clients, were instead placed in headleased properties.

While THTP dwellings were not reserved for THP clients, the THTP created additional capacity within the social housing system. This allowed for a substitution effect where planned THP headleases instead became CHP tenancies, which were a more secure form of tenure for the THP client cohort, and therefore more conducive to sustaining tenancies long term. This allowed a large proportion of THP clients to be placed directly into CHP dwellings, which offered them a higher chance of long-term stable tenancies than headleased properties. At the same time, CHP tenants not in the THP had access to headleases created through the THP.

> *The new purchased properties, whilst some were used for Together Home clients, other properties were used to house social housing eligible clients off pathways. This in turn reduced impact on participants on the program and enabled continuity of their existing housing. (CHP)*

51 See Interim Implementation Report.

The THTP made an important contribution to transitioning a proportion of THP clients to stable long-term housing. Although the 282 dwellings generated through the THTP were not quarantined for THP clients, they provided additional capacity within the system and contributed to a better mix of housing options for social housing tenants.

> *[THTP properties were] integral in enabling [us] to transition Together Home participants into a long-term social housing outcome. [The THTP] also enabled [us] to transition a larger number of participants. (CHP)*

> *One of the challenges were the tenants who were renting through private rental in the properties we purchased. We overcome this by working closely with them and developing a transition plan. (CHP)*

> *We developed transition plans with the tenants already in the properties and the managing agent in place at time of purchase. We assisted the tenants to apply for social housing if they were eligible and in a lot of circumstances they were allocated to the home they were already living in. [In this way we were] able to keep the Together Home clients in their current home and not transition them out of the home they were first housed in. (CHP)*

6.2 The THTP model

The THTP is modelled on the CHIF. CHIF is a co-contribution model of funding that aims to facilitate better outcomes for vulnerable people through government partnerships with CHPs (DCJ 2024). The CHIF co-contribution model is a way of reducing the subsidy gap in social housing (AHURI 2019; Lawson, Pawson et al. 2018).

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

For the THTP, DCJ offered upfront capital grants that were accessible via a tender process. CHPs provided co-contributions in the form of debt, land, cash, reserves or support, and DCJ provided capital investment. DCJ registered an interest on the property title for perpetuity. Buildings were acquired or developed by the CHP, who has full ownership of the final property but also full liability and maintenance responsibility. While THP clients were prioritised, THTP properties were not restricted to THP clients. The level of CHP co-contribution was not the most important criterium when assessing tenders. The THTP also considered the need for the supply, value for money, geographic area, size of the provider, provider capacity to deliver and manage dwellings, and the provider's experience in delivering the proposed project. Other criteria included the quality of the proposed housing, energy efficiency and proximity to services.

Applying the CHIF model allowed DCJ to implement the THTP 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 was leveraged by scoping potential co-contributions for CHPs and presented to NSW Treasury as a shovel-ready project. The THTP was delivered in T2 and T3 of the THP.

Partnerships between CHPs and government, as well as CHPs' local partnerships (e.g. philanthropic, architects providing work pro bono) were an important feature of the THTP model, as these partnerships delivered additional benefits and efficiencies that government alone cannot realise.

6.3 The THTP delivered more dwellings than planned

In April 2021, the NSW Government announced the allocation of $35.5 million for the THTP to build or acquire an additional 100 social and affordable housing dwellings. The first tranche of the THPT received more viable applications than could be funded. Recognising the value of the program, in June 2022, the NSW Government announced an additional $37 million to deliver an additional 120 social and affordable housing dwellings. This allowed the THTP to fund nearly $27 million worth of projects that had missed out in the previous tranche. The remaining $10 million were allocated to five CHPs through a competitive tender process (Table 59).

Table 59: THTP implementation

	THTP Tranche 1, April 2021	THTP Tranche 2, June 2022
Aim	100 new dwellings	120 new dwellings
Investment	$35.5 million NSW Government	$37 million NSW Government
	$25.7 million CHP co-contributions	$35.8 million CHP co-contributions
Delivered	146 new properties (138 social housing, 8 affordable housing)	133 new properties (124 social housing, 9 affordable housing)

Source: authors.

The THTP generated an additional 264 social housing properties and 18 affordable housing properties (Table 60). By 13 May 2024, 113 dwellings had been delivered; an additional 166 properties were still pending completion or acquisition. Over half (56%) of properties were by acquisition only, a further 19 per cent were a combination of acquisition and development; and 22 per cent of properties were new developments.

Table 60: Types of properties generated by the THTP, June 2025

	Number of properties		
	Social housing	Affordable housing	Total
Acquisition only	156	2	158 (56%)
Combined - acquisition and development	54	0	54 (19%)
Development only	45	16	61 (22%)
Refurbishment existing structure	9	0	9 (3%)
Total number of TP properties funded	264	18	282 (100%)

Source: DCJ.

6.4 The THTP is a cost-effective way for the NSW Government to generate new housing

For the NSW Government, the THTP was a cost-effective way of delivering additional social housing stock and provided good value for money. The total value of THTP dwellings was $133 million, of which the NSW Government funded 61 per cent. The average cost per dwelling was $508,375 (Table 61). The average provider contribution was 39 per cent of project value, though this varied considerably across projects, with some contributing as low as 13 per cent and others as high as 77 per cent.

Table 61: Cost of THTP dwellings, June 2025

	Overall THTP	Per dwelling	Percent
Provider contribution	$60,756,102	$233,023	39
Agreed funding	72,692,821	$275,352	61
Total project funding	**$133,478,318**	**$508,375**	**100**

Source: DCJ.

The way dwellings were delivered affected cost-effectiveness. Purchase of existing dwellings was less risky and had fewer delays than construction and development of new stock.

> *[It is necessary to] accommodate the reality of lead times … For new builds, a longer lead time is required for the planning process, the lapse in time escalates cost … Spot purchase is a more timely and reliable delivery option but needs to be appropriate to a constrained market. (CHP)*

> *[We] decided to utilise the funding to purchase established built properties to decrease the implementation period to deliver housing solutions in the shortest time possible. (CHP)*

The cost-effectiveness of purchases relied on market knowledge and relationships with real estate agents. Some providers noted that they had very good relationships with real estate agents and therefore got good deals on purchases.

> *[We] purchased already built dwellings to fulfill the requirements of the transition program which was smooth due to our relationships with local agents. (CHP)*

The THTP created benefits for CHPs in terms of generating additional rent revenue.

> *By delivering additional properties through the program, the additional revenue raised from rents offset some of the additional costs experienced by the program. (CHP)*

The key challenges for the THTP were delays in approvals, supply shortages, labour shortages, increases in housing and construction costs and inflation. The longer a project was delayed, the greater the cost blowout became, e.g. an initial feasibility study was no longer current after a 20-month delay. Strategies used by CHPs to mitigate this and to address funding shortfalls included: finding additional funding (e.g. through philanthropy); requests to DCJ to change the method of delivery from development or construction to acquisition (only one CHP did this); and delivering fewer units (this was not a preferred option for the THTP).

Most CHPs used standard approaches to acquire or develop additional stock and most new stock was delivered through acquisition.

> *[We] utilised the tried and tested duplex design which we used for the majority of the SAHF[52] project. This methodology ensures speed and value for money and supports housing clients sooner.*

There were examples of innovation, in relation to building techniques.

> *We are using new building techniques that will result in fire-resistant, prefabricated (not modular), modern design, low maintenance buildings with thermal qualities to reduce costs for occupants. (CHP)*

Some CHPs developed innovative local partnerships.

> *We have partnered with an Aboriginal building company to build for Aboriginal tenants and provide employment opportunities for young Aboriginal people in regional NSW. (CHP)*

6.5 The THTP was implemented quickly and efficiently

In their survey responses, CHPs indicated that the tender process had been streamlined, efficient and flexible. Good communication between DCJ and CHPs aided the process and facilitated a good understanding of the outcomes sought without compromising the tender process. Timeframes and clarity of success criteria worked well.

> *The tender process was flexible, and the people knowledgeable enough, to support local needs solutions without compromising at all the integrity of the tender process. The flexibility was built into the tender design. Also, communication facilitated a good understanding of outcomes sought without compromising the tender process. (CHP)*

> *The tender process was efficient and seamless and allowed ample time for the submission. Similarly, the governance throughout the development phase was not onerous however covered all the required aspects to ensure smooth delivery of the project. (CHP)*

CHPs considered timelines and funding allocations to be appropriate.

> *In general, the THTP and associated CHIF funding programs provided a great opportunity for CHPs to deliver new social housing quickly and efficiently. (CHP)*

6.6 The THTP benefitted partners by reducing costs and risk

The THTP delivered a range of benefits to partners. These included:

- upfront funding from DCJ reduced CHPs' borrowing and delivery costs
- the equity of owning the property increased CHPs' balance sheet capacity for future borrowing
- the upfront cash contribution (not contingent upon meeting set milestones) enabled CHPs to move quickly and reduced their borrowing costs
- spreading funding across several smaller developments rather than one large development spread risk
- DCJ benefitted as the cost to government of creating additional social housing was only 61 per cent of dwelling cost, with the remainder being borne by the CHPs.

52 Social and Affordable Housing Fund.

THTP funding allowed new social housing stock to be acquired that would otherwise not have been viable.

> *… it is a positive outcome for CHPs as we benefit from additional housing assets in ownership via state government funding. (CHP)*

For some CHPs, the THTP was the first time they were enabled to acquire (purchase) properties in conjunction with the NSW government.

> *We collaborated with larger community organisations to assist in the design of our submission along with the specs for the build of the new properties. Our organisation has no experience in building new properties and our partnership has allowed us to learn about standards for properties to be accessible for people with a disability. (CHP)*

CHPs identified that upfront capital funding was efficient and low cost over time.

> *Capital up front is a remarkably efficient form of funding sub-market housing – for all parties. (CHP)*

6.7 Opportunities and replicability

Overall, the THTP was an effective and cost-effective mechanism to generate additional social housing to partially offset the additional pressures the THP placed on the Social Housing Register through new AHAs. Upfront capital funding was an enabling mechanism that allowed to CHPs to quickly and efficiently procure capital stock and reduce borrowing and delivery costs. The THTP supported key principles of Housing First, by providing options for long-term housing and supporting client choice and empowerment.

At the same time, the equity from THTP housing built CHPs' balance sheets, increased their capacity for future borrowing and enabled them to deliver further public goods. In this way, investment in CHPs created a virtuous cycle for ongoing delivery and long-term benefit in building their balance sheets.

Nonetheless, the THTP faced several challenges. The program model relied on CHP co-contributions, which meant that small providers who could not co-contribute were disadvantaged or excluded. This disproportionately impacted regional areas, many of which were exclusively serviced by smaller CHPs.

There was an issue of equity across the community housing sector in NSW. Some non-THP CHPs felt that THP providers had been given an unfair advantage to access additional funding not available to all.

The THTP model is transferrable. The CHIF and THTP model could be replicated and flexibly targeted to provide additional housing stock to other homelessness programs and cohorts. At the time of writing, DCJ was using similar co-contribution funding models with CHPs to deliver properties for women and children experiencing domestic and family violence, and transitional housing for young people.

7. Assessment of program logic

Evaluation results indicate that providing stable accommodation with wrap-around support can:

- improve participants' independent living skills (Section 4.3.4)
- support successful and sustainable tenancies—THP clients remained housed for an average of 725 days during and after the program (Table 27)
- facilitate exits into stable long-term housing (Table 29)
- reduce the use of some services.

Involving key stakeholders in program design and implementation ensures the program is fit for purpose in the local delivery context (see Interim Implementation Report).

Evaluation results do not confirm that support for interpersonal and relationship management skills increased opportunities for participation in structured community activities (Section 4.3.3) or reconnection with family (Section 4.3.3), nor that better subjective wellbeing led to better employment outcomes (Section 4.3.5) or reduced problematic substance use (Section 3.2.1).

There is also insufficient evidence to evaluate the impact of High Needs Packages or flexible brokerage on sustaining long-term tenancies.

Positive unintended outcomes included:

- directly funding housing providers built their capacity to support clients (Section 7.2.1)
- the ALM lead, Eleanor Duncan Aboriginal Health Services, becoming a registered housing provider (Section 7.2.2).

Negative unintended outcomes included:

- the negative impacts of head leasing on rental markets in some regional areas (Section 7.2.3).
- an increase in NSW Housing Register applications (Section 7.2.4).

This section draws together findings from earlier sections of this report and previous evaluation reports to assess the degree to which the assumed relationships between inputs, outputs and outcomes in the program logic are supported. It evaluates to what extent the assumptions and design underpinning the program (program logic) produce intended outcomes (theory of change). This analysis considers evidence of program outcomes, as well as contextual factors that impacted the program.

The THP program logic (Appendix 1) established how the program was intended to function by linking inputs, outputs and outcomes. The mechanism of change captures the intended causal links for the program.

Overall, the analysis finds that two of the program assumptions were met, two were not met, and two had insufficient data for a robust assessment. In addition, the program produced several unintended outcomes, including growing the capacity of CHPs and the lead in the ALM (Eleanor Duncan Aboriginal Health Services). Unintended negative outcomes included the impact of headleasing on small regional housing markets (discussed in the System Impacts paper) and the impact on the NSW Housing Register.

7.1 Relationships between program design and outcomes

Table 62 provides an assessment of the program assumptions as documented in the Program Logic (Appendix 1).

Table 62: Assessment of program assumptions and theory of change in the THP Program Logic

Program assumptions	Findings
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 s**uccessful and sustainable tenancies.**	Supported • Of the 222 clients who completed an initial LSA and follow up, 69% maintained or improved their score (Section 4.3.4) • The THP performed strongly in terms of producing housing outcomes (Section 4.2) – Most clients (84%) were housed – 64% remained housed at the last point for which data were available, regardless of when participants entered the program – linked data indicate that clients remained housed for an average of 725 days during and after the program – of those who exited the program, 55 per cent moved into stable long-term housing (program data, Table 29). A key factor in the program's success is that it delivered access to housing together with wrap-around support over the medium term, which aided tenancy sustainment. 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.

Table 62 (contined): Assessment of program assumptions and theory of change in the THP Program Logic

Program assumptions	Findings
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.**	Not supported • Only 22 per cent of clients received support to assist rebuild family, community and cultural connections (Section 4.3.3) • Only 17 per cent of clients received support with positive structured activities (Section 4.3.5) • The client satisfaction and exit questionnaires had a very low response rate (67 responses, 5% of clients, thus the following findings must be treated as illustrative only. – Of these, 70 percent of clients felt better connected with other people and services, 82 per cent felt it was now easier to connect with the people and services they needed, but only 54 per cent agreed they had opportunities to improve cultural connections (Section 4.3.3) – Most (76%) clients thought THP increased their confidence with managing finances, but less than half (46%) felt it improved access to employment, education and training (Section 4.3.5) Note that robust assessment of non-housing outcomes was constrained due to incomplete or inaccurate administrative data. This made it difficult to ascertain with any certainty the support outputs and outcomes achieved by the THP. Because information on how much support was provided to individual clients wasn't recorded, it was impossible to assess causal relationships between the amount of support a client received and the outcomes they achieved. In addition, it is overly optimistic to assume that a large share of the client cohort would engage with positive structured activities (e.g. employment, education and training).
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.	Unclear Overall, 24 per cent of clients received a High Needs Package or OOFG. CHPs and support providers considered High Needs Packages/OOFGs an important component of the THP that allowed complex client needs to be addressed, but available quantitative data does not allow for robust conclusions about the impact of High Needs Packages/OOFGs on client outcomes. (Section 4.4.2)
Flexible brokerage assists program participants to have a tailored support plan to their needs and reduce barriers to establishing a tenancy.	Unclear There is insufficient quantitative evidence to evaluate the degree to which flexible brokerage assisted clients to have a tailored support plan to their needs and reduce barriers to establishing a tenancy. Qualitative data indicates that providers used brokerage to facilitate access to services, and supports and cover costs, such as moving house, storage and repairs (see Interim Implementation Report).

Table 62 (contined): Assessment of program assumptions and theory of change in the THP Program Logic

Program assumptions	Findings
Key stakeholders involved in design and implementation will ensure the program is **fit for purpose in the local delivery context.**	Supported Key stakeholders were involved in program design and the program was progressively amended to respond to arising issues and changing circumstances. (See Interim Implementation Report Section 4.1)
Increasing participants' average level of **subjective wellbeing improves their chances of sustaining positive outcomes** (e.g. employment or reduction in problematic substance use).	Not supported • 87% of clients surveyed reported increased subjective wellbeing, 69% reported better health, and 76% reported being happier (Section 4.3.2) • Only 46% of clients reported improvements in employment prospects (Section 4.3.5); the linked data analysis did not identify statistically significant impacts on receipts of unemployment benefits received by THP clients (Table 15) • Linked data showed increases in hospital admissions due to drugs and alcohol (Section 3.1) Note that it is overly optimistic to assume that the target cohort for the THP (long-term rough sleepers with high and complex needs) are likely to engage in employment, education and training or reduce their substance use in such a short timeframe.

7.2 Unintended positive and negative outcomes

The evaluation identified several unintended outcomes arising from the THP. The insights in this section draw upon and synthesise insights from all evaluation stages.

7.2.1 Directly funding housing providers positively built capacity to support clients

The THP demonstrated the feasibility and efficiency of directly funding housing providers (CHPs) to deliver a large homelessness program and sub-contract support. This housing led response to homelessness also developed and extended the capacity of CHPs to deliver support and work with the client cohort and 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 (Brackertz, Alves et al. 2023: 143).

7.2.2 The ALM positively built capacity and led Eleanor Duncan Aboriginal Services to become a registered housing provider

The ALM engendered positive unexpected outcomes for the provider, Eleanor Duncan Aboriginal Services. These benefits included building the capacity of Eleanor Duncan Aboriginal Services to deliver supports into the housing sector. Beyond the THP, this led Eleanor Duncan Aboriginal Services to become a registered housing provider and successfully bid for a grant to deliver a core and cluster model for a women's refuge. Being the support provider and lead for the ALM, built Eleanor Duncan Aboriginal Services' recognition within the sector as it afforded the opportunity to demonstrate cultural competence, expertise and effectiveness in delivering social services to Aboriginal clients. Leading the delivery of the ALM increased the recognition and profile of the services provided by Eleanor Duncan Aboriginal Services within the local community and among other local support service providers, particularly for their expertise and the effectiveness of their approach in supporting clients.

7.2.3 Reliance on headleasing negatively increased competition for rental properties in some areas and was not appropriate for some clients

Headleasing was the key mechanism by which the THP intended to source housing for program participants but had several unintended negative consequences. Headleasing negatively impacted local housing markets because the program needed a large number of rental properties. This placed additional pressures on rental markets in some regions that were already very competitive and struggling with increased demand due to COVID-19 (Brackertz 2024). In some instances, the THP was competing with other DCJ-funded headleasing programs, as well as with other people requiring low-income rentals in the same markets. In addition, private rental was not the most appropriate form of tenure for some of the THP cohort (Brackertz, Alves et al. 2023). To mitigate these issues, CHPs housed more THP clients in capital stock than had been planned for. This was made possible by the flexible and outcomes-oriented implementation and management of the THP.

7.2.4 NSW Housing Register applications increased

The THP 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 effect of this was that the THP generated additional applications. Of the 1,290 THP clients who could be identified in the linked data, 479 (37%) lodged a new AHA between the start of the THP and end of study period in June 2023. The THTP mitigated the impact of this increase in AHAs by 55 per cent, as it delivered 264 additional social and 18 affordable housing dwellings.

8. Findings against evaluation questions

This section synthesises the analysis from previous sections and incorporates findings from earlier evaluation reports to address the evaluation questions.

8.1 To what extent was the additional investment in THP offset by cost savings in other areas?

The evaluation found that THP's wrap-around support and housing generated public sector cost offsets, client wellbeing benefits, and wider societal wellbeing effects. These benefits are expected to increase over time.

The CBA compared the THP's enhanced support to DCJ's standard housing and service provision (BAU). The cost of delivering the THP was $105 per person per day (property expenditure plus warp around support). The CBA estimated the NPV of the THP over four financial years to be between $1.2–6.9 million in public sector cost offsets, client wellbeing and wider societal wellbeing effects. This equates to approximately 3–17 cents per dollar invested (in NPV) (BCR 0.03–0.17).

The analysis examined the impact of the THP's enhanced wrap-around support on clients' service use to estimate the program's economic costs and benefits.

Using linked data, it compared outcomes for individuals housed through the THP to those housed through BAU. Both groups had similar housing status, socio-demographic characteristics, and homelessness histories. Housing costs were assumed to be the same for both THP and comparison group individuals, regardless of whether the housing was provided by CHPs or public housing (Section 3.3.1).

8.1.1 What are the critical factors and barriers to translating additional investment into cost savings in other areas?

The critical factors in translating additional investment into cost savings in other areas are the ability of THP clients to sustain and build upon any gains they have made during their participation in the program. This will depend on continued access to needed support services and tenancy sustainment. The greatest barrier and risk are if participants' housing and support are not sufficient (or if they cannot access additional supports as required) once they exit the THP, as many may require ongoing elevated support to sustain their housing and non-housing outcomes.

Another critical factor for establishing cross government cost savings is the time frame over which savings are measured. The THP client cohort largely experiences high and complex needs. Addressing these issues typically takes many years and consequently, cost savings on these gains made may take 5 to 10 years to become apparent in the data.

8.1.2 Is THP a cost-effective intervention compared to BAU service provision to the street homeless cohort?

The cost of the elevated wrap-around support provided by the THP does not appear to be cost effective compared to BAU service provision at the time of the analysis. However, it is likely that the benefits of this additional support will increase over time. The main benefit of the THP is that it provided housing to most of its clients and the attendant gains that flow from this.

While the cost of delivering the THP was higher than standard DCJ social housing and support, the program achieved several outcomes that BAU does not.

- By June 2024, almost all (84%) THP clients were housed (compared to 27% of all people who had applied for social housing)[53] and most (64%) were still housed at the last point for which data were available (regardless of when they entered the program) (see Figure 17). THP clients remained housed for an average of 725 days during and after the program compared to 803 days for the comparison group, however, due to data limitations the number of days housed is likely an underestimation (Section 4.2.2).
- The THP generated 264 additional social housing and 18 affordable housing dwellings at an average cost of $508,375 per dwelling. Only 61 per cent of this cost was borne by government (see Section 6).
- The impact of the COVID-19 emergency meant that service use patterns throughout the period of analysis were atypical. Analysis showed that there was a declining trend in many service use categories after 2020 for both THP clients and the comparison group. This was likely due to the impact of COVID-19 on service use (e.g. services were operating at a reduced capacity, people delayed accessing services).

8.1.3 Did THP lead to cost savings and avoided costs across government?

The analysis suggests that—at a relatively early point of estimation when most THP clients had not yet exited the program—positive impacts of THP can be robustly identified in relation to police and justice interactions and health outcomes that translated into public sector cost offsets, client wellbeing effects and wider societal wellbeing effects. The impact on other service categories, such as SHS use and access to statutory entitlements and training, is as yet unclear.

The analysis found that the impact of the THP in reducing police and justice interactions, a proxy for safety, was particularly strong. There was a marked reduction in incidents where THP clients were recorded as a victim in police interactions relating to AVOs and were persons of interest in police interactions for domestic violence. Reductions in health-related cost were also evident and are accumulating over time, particularly for ED presentations and ambulance services. Hospitalisations associated with alcohol and drugs increased relative to the comparison group, however this may be a positive indication that THP clients have better access to needed medical supports.

- There was a statistically significant reduction in housed THP clients being recorded as a victim in an AVO related police incident, equivalent to an average reduction of one less incident per 7 THP clients. The trend was strengthening over time, in the last 6-month period examined, there was one less incident per four THP clients (Figure 10).

53 The THP housed figure is based on program data to June 2024. Comparison information is based on linked data to June 2023 and is based on all social housing applicants, not just high priority applicants.

- There was a statistically significant decrease in the number of times THP clients were named as a person of interest in police incidents for domestic violence episodes, equivalent to an average reduction of one less incident per 20 THP clients. This trend strengthened over time, with one less incident per 10 THP clients in the final 6-month period examined (Figure 12).

Housed THP clients experienced a slight increase in hospitalisations equivalent to one additional hospitalisation per 10 THP clients in each 6-month period after THP.

While not statistically significant, there were emerging trends in reductions in the use of emergency health services, which suggest these impacts will increase over time. In the last 6-month observation period:

- Reductions in ED presentations equivalent to one less presentation per four THP clients were evident
- Reductions in ambulance trips equivalent to one less trip per six THP clients were evident.

8.1.4 Did the economic benefits of THP exceed the costs to deliver the program?

The estimated benefits of the THP were substantially less than program cost. The estimated benefits ranged from $1.2–6.9 million over four financial years, 2020/21 to 2023/24. At the time of writing, the accumulated benefits remain less than the cost of delivering THP with estimate BCR ranging from 0.03–0.17.

However, the economic evaluation period (4 years) is very short and likely artificially understates the benefits. This is because, at the time of analysis, 808 clients (64%) had not yet completed the program.

Based on the current cohort sample and observed short term trends, it is likely that the benefits to clients will continue to accumulate and increase over time. It is thus highly likely that the current economic assessment underestimates the societal impact and efficacy of THP. Further evaluation is needed assess whether the trends observed persist and the benefits accrue to the point of THP being cost-effective.

It should also be noted that the analysis does not include key wellbeing impacts of accessing safe and secure housing. The analysis uses a matched (in terms of housing services and key characteristics) approach to identify the impact of THP wrap-around support. Given the small number of THP clients who did not obtain housing support it was not feasible to separately identify the housing effect. THP ensured that 84 per cent of participants were housed and provided with elevated support.

Recommendation 1

DCJ should undertake further analysis of linked cross government data once all clients have completed 24 months in the program to gain a more accurate understanding of the impact, costs and benefits of the enhanced support provided by the THP. Follow-up analysis should also be conducted 2, 5 and 10 years after exiting THP.

Recommendation 2

DCJ should undertake further analysis of linked cross government data to ascertain the impact and economic costs and benefits of providing long-term housing to THP clients.

8.2 Did THP achieve the intended outcomes in the short, medium and long-term for program participants?

The THP achieved many intended short and medium-term outcomes. It is too early to assess long-term outcomes.

THP delivered strong housing outcomes:

- 1,189 (84%) of clients were housed
- 909 (64%) remained housed at the last point for which data were available, regardless of when they entered the program
- on average, clients were housed for 725 days during and after the program (linked data, Table 27)
- out of the 824 clients who exited the THP, 450 (55%) moved into safe, long-term housing (primarily social housing, 343 clients) (Table 29); 223 clients (27%) had negative exits to short or medium-term housing, disengaged from the program, were evicted or abandoned their housing, or exited without housing; 151 persons (18%) had neutral exits (client died, moved interstate, or where the housing outcome is not known).
- however, only 45 per cent of THP clients were housed within 6 weeks (target 100%), due to rapid program roll out, housing shortages in some areas, and the COVID context.

Data on the number and type of support interactions was not collected, therefore the impact of this on client outcomes could not be analysed. KPIs for non-housing outcomes did not accurately capture support outcomes. Therefore, the evaluation reports how many clients received support, but does not measure this against KPIs.

THP provided almost all clients (98%) with support (Table 1):

- 1,195 clients (85%) received support for living skills and tenancy management
- 652 clients (41%) received health, mental health and wellbeing support
- 305 clients (22%) were provided with support with family and cultural networks
- 246 clients (17%) received support for engagement with positive structured activities, such as social groups, education and training (Section 4.3).

Overall, the analysis demonstrates that the main benefits of the THP lie in the provision of housing and the gains that flow from this. The analysis shows that the elevated support provided by the program led to additional non-housing outcomes and cost savings compared to BAU, however, it is too early to fully estimate their impact. At this point in time, based on an analysis of linked data, it appears that BAU non-housing supports are almost as effective as the elevated support provided by the THP.

Recommendation 3

DCJ should continue to deliver the THP or a similar housing-led approach under a business-as-usual model, either at the program or systems levels.

8.2.1 Did client outcomes differ in SHMT locations compared to non-social housing management transfer locations?

The evaluation found few statistically significant and practically meaningful differences in outcomes between SHMT and non-SHMT locations (Section 4.5).

8.2.2 Were there differences in outcomes for in-house case management and support compared to where these were subcontracted

The evidence on outcomes for in-house case management and support compared to where these were subcontracted is mixed.

Administrative program data to June 2024 show that CHPs that outsourced support, housed clients more rapidly compared to those that provided support in-house—39 per cent of clients housed within 4 weeks and 49 per cent housed within 6 weeks compared to 25 per cent housed within 4 weeks and 38 per cent housed within 6 weeks respectively (Table 44).

Linked data showed no differences in non-housing outcomes between CHPs that provided support in-house and those that outsourced support. This may be due to the short time period covered by the analysis.

8.3 For whom, to what extent, and in what circumstances were outcomes achieved/not achieved, and to what factors might this be attributed?

There were only minor variations in outcomes across cohorts (Table 39). Compared to all THP clients, and consistent with the program's emphasis on supporting those with high needs:

- a higher proportion of people with high needs were housed (+10pp), received support with health and wellbeing (+13pp) and living skills and tenancy management (+10pp)
- a higher proportion of people with a disability were housed (+8pp), had long-term housing plans (+14pp) and receive health and wellbeing support (+13pp).

It took slightly longer to house women (-7pp housed within 4 weeks, -8pp housed within 6 weeks), but overall, a similar proportion of women (83%) were housed compared to all THP clients (84%). This may be because women with children and those escaping domestic and family violence have specific housing needs that may be more difficult to address. Women were slightly more likely to have received family, culture and community support (+8pp), reflecting the needs of families.

Young people took longer to house (-10pp housed within 4 weeks, -10pp housed within 6 weeks), but the proportion of young people housed (86%) was similar to the overall THP cohort (84%). This may be because young people generally experience more discrimination in the private rental market due to their low incomes, lack of a rental history, and because they are sometimes perceived as higher-risk tenants. More young people received support for reconnection with family, culture and community (+14pp) and positive structured activities (+10pp) compared to all THP clients. This likely reflects the needs associated with their life stage.

By June 2024, a total of 106 High Needs Packages and 229 OOFGs had been awarded (total value $6,092,257). The average value of a High Needs Package was $34,046; the average value of an OOFG was $10,875.

CHPs and support providers considered High Needs Packages an important component of the THP that allowed complex client needs to be addressed, but available quantitative data does not allow for robust conclusions about the impact of High Needs Packages on client outcomes.

The way in which KPIs were measured did not align with practice. KPIs for non-housing outcomes assumed a sequential process (i.e. support need identified, support plan provided if needed, support received, if planned). This process was not always followed with some clients receiving support plans and/or support that were not referred for an assessment (i.e. a support need was not formally identified). This meant that KPIs, which measured the proportion of those with an identified need who received a support plan, and the proportion of those with a support plan who were provided with support, under-reported how many clients received support. Combined with the fact that data on the number and type of support interactions was not collected, this makes it difficult to draw conclusions about the degree to which the level of support provided impacted client outcomes, or what works best for whom.

Recommendation 4

DCJ should develop and implement KPIs, systems and processes to consistently and accurately capture the type, quality and quantity of support provided to enable a more robust assessment of clients' support and non-housing outcomes.

8.3.1 How did clients perceive the outcomes they achieved through the THP?

The client satisfaction and exit surveys had low response rates (n=67, 5% of THP clients), but provide illustrative insights on client satisfaction with the THP. Clients who responded were very positive about the impact of the THP on their lives (Section 4.3). Clients felt that THP:

- increased their housing stability (90%)
- were very satisfied with their housing (88%)
- increased their tenancy skills (91%)
- contributed to improved health and wellbeing (87%)
- better connected them with health services (78%)
- provided better access to support services (69%)
- made it easier to connect with people and needed services (82%)
- provided opportunities for better cultural connections (52%)
- increased confidence in managing finances and paying bills (76%)
- however, less than half (46%) felt that THP improved their access to employment, education and training.

More pro-active approaches to gathering client feedback would facilitate a more accurate assessment of client perspectives. This could include CHPs and support providers more assertively promoting the client satisfaction and exit surveys. It should be noted that many CHPs and support providers already have effective client feedback mechanisms in place. It would be desirable to extend these to the overall program level.

Recommendation 5

DCJ should develop and implement proactive approaches to better understand the client experience.

8.4 Was the THP culturally safe for Aboriginal participants?

The standard model of the THP was culturally safe and delivered similar outcomes for Aboriginal and non-Aboriginal clients. The ALM (a model for Aboriginal Housing First) delivered additional benefits in terms of culturally safe service delivery and connection to culture (Section 5). It also enhanced the capacity of the provider.

8.4.1 Were there substantial variations in outcomes or experiences between Aboriginal clients and the broader THP cohort?

Analysis of program data and the Housing and Homelessness linked dataset identified no substantial variations in outcomes between Aboriginal clients in the standard THP model and the broader THP cohort.

8.4.2 How did the experience of Aboriginal clients in ALM differ to that of clients receiving mainstream THP support?

The standard THP had an approach where cultural safety was required but was additional to the model. The ALM placed cultural safety at the centre of the model design, and delivered additional benefits to clients and the provider because it had Aboriginal culture and values at its centre. The ALM demonstrates how cultural safety can be effectively operationalised and how Housing First approaches can be adapted to meet the needs of Aboriginal people and communities, as demonstrated by the following:

- the ACCO had a high degree of autonomy and was funded directly
- the ALM was supported by strong partnerships between the housing provider, the department and the ACCO, and a high level of collaboration and communication
- the ALM provided immersive, culturally responsive support using a transdisciplinary model
- the ALM approach was to work with family and understand clients as part of a network of relationships, this fostered a sense of home and belonging
- the ALM built capacity, visibility and recognition of the lead agency

A key lesson from the ALM is the importance of embedding culturally responsive practices as principles and not prescriptions.

Recommendation 6

DCJ should continue to deliver the ALM or a similar model and should consider replicating the ALM model in other locations.

Recommendation 7

DCJ should engage in a co-design process with ACCOs to ensure that a business-as-usual THP and other standard homelessness programs more closely align with models that have cultural safety at their centre.

8.5 How did the capital support delivered through the THTP assist with transitions to long-term housing?

THTP created additional capacity within the social housing system (264 social housing and 18 affordable housing dwellings), which offset 55 per cent of the 479 new AHAs generated by the THP. THTP housing facilitated a substitution where planned THP headleases instead became CHP tenancies. This allowed more THP clients to be placed directly into CHP dwellings, which offered them a higher chance of long-term stable tenancies (compared to headleases). At the same time, CHP tenants not in the THP had access to headleases created through the THP (Section 6).

8.5.1 How quickly or efficiently was the THTP rolled out?

The THTP was implemented quickly and efficiently and was cost effective. Providing upfront capital funding was efficient and low cost over time (Section 6.5).

The THTP delivered 282 new dwellings (62 more than planned) (Section 6.3). The total value of THTP dwellings was $133 million, of which the NSW Government funded 61 per cent. The average cost per dwelling was $508,375. THTP benefitted partners by reducing costs and risk, building CHPs' balance sheets and enabling their capacity for future borrowing (Section 6.6).

8.5.2 If/how were economies of scale utilised?

The THTP did not use economies of scale.

8.5.3 Were there any new CHPs approaches and/or innovation strategies?

Most CHPs used standard approaches (e.g. acquisition and construction) to generate additional stock, but there were examples of innovation in relation to building techniques and local partnerships (Section 6.4).

8.5.4 Did the THTP have additional benefits?

The THTP model provided new public assets and created a program legacy. The THTP model is transferrable and could be replicated and flexibly targeted to provide additional housing stock to other homelessness programs and cohorts.

Recommendation 8

DCJ should develop and incorporate mechanisms to generate additional social housing stock, such as the THTP, into a business-as-usual model for the THP and other Housing First informed homelessness programs.

Recommendation 9

DCJ should provide a broad range of housing options including headleasing, social housing, supported housing, and congregate housing, as part of a business-as-usual model for the THP or any future Housing First informed homelessness program.

8.6 Were the assumed relationships between inputs, outputs and outcomes in the Program Logic supported?

Overall, the evaluation finds that the assumptions underpinning the program logic for the THP were partially supported. For some elements of the program the validity of assumptions could not be tested due to a lack of data (e.g. High Needs Packages and flexible brokerage) (Section 7). For other elements, assumptions were overly optimistic (e.g. employment and training, reductions in substance misuse). The evaluation identified several positive and negative unintended outcomes.

Evaluation results support that providing stable accommodation with wrap-around support can:

- improve participants' independent living skills (Section 4.2.4)
- support sustainable tenancies: THP clients were housed for an average of 725 days during and after the program (Table 26)
- facilitate exits to stable long-term housing (Table 28)
- reduce the use of some services (Section 4).

Evaluation results support that involving key stakeholders in program design and implementation ensures the program is fit for purpose in the local delivery context (see Interim Implementation Report).

Evaluation results to date do not confirm that support to improve interpersonal and relationship management skills may increase opportunities for:

- active participation in structured community activities (Section 4.2.5)
- reconnection with family (Section 4.2.3)

There is insufficient evidence to confirm that increasing participants' average level of subjective wellbeing improves their chances of sustaining positive outcomes such as employment (Section 4.2.5) or reduction in problematic substance use (Section 3.2.1).

There is insufficient evidence to evaluate whether:

- providing High Needs Packages for people with complex support needs assists to sustain tenancies for longer and in the future (Section 4.4.2)
- flexible brokerage assists clients to have a tailored support plan to their needs and reduce barriers to establishing a tenancy (see Interim Implementation Report).

8.6.1 What unintended outcomes – positive and negative – did the program produce? How did these occur?

Positive unintended outcomes included:

- Directly funding housing providers built their capacity to support clients (Section 7.2.1)
- The ALM contributed to the service provider, Eleanor Duncan Aboriginal Health Services, becoming a registered housing provider (Section 7.2.2).

Negative unintended outcomes included:

- Reliance on headleasing negatively impacted rental markets in some regional areas (Section 7.2.3 and System Impacts Paper)
- NSW Housing Register applications increased (Section 7.2.4).

9. Conclusion

The THP was an innovative housing-led program that successfully housed a high proportion of vulnerable people with experiences of long-term homelessness and rough sleeping during and after the COVID-19 pandemic. DCJ effectively built upon existing programs, infrastructure and partnerships to rapidly establish this large and complex program. THP pioneered several elements that could readily be expanded or replicated, such as the ALM and the THTP. The model of funding CHPs to house clients and subcontract services and support was an effective alternative to the standard model of SHS provision. The strength of the model lies in that housing and support are integrated at the program level.

Most clients and stakeholders consulted for this evaluation were positive about the THP and wished for it to continue. They also expressed concerns about reverting to 'standard' ways of delivering housing and support once the THP concluded, and the negative impact this could have on clients.

Analysis of program data showed that most clients accessed support services. Analysis of linked cross government data showed that THP measurably reduced police and justice interactions and showed emerging trends in reducing the number of ED presentations and ambulance trips.

The CBA estimated that for housed THP clients, the NPV of THP over 4 financial years ranged from $1.2–6.9 million in public sector cost offsets, client wellbeing benefits and wider societal wellbeing effects. This equates to approximately 3–17 cents per dollar invested (in NPV). These effects are likely to increase and accumulate further over time.

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Appendix 1: Program logic for the Together Home Program

PROBLEM	EVIDENCE	INTERVENTION Core components and flexible activities	MECHANISMS OF CHANGE	OUTPUTS AND IMPLEMENTATION OUTCOMES
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.	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 and Dunn 2016).[54] **Rapid rehousing** may reduce substance abuse[***] **Case management** improves housing stability, reduces substance use, and re-moves 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[*]	**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.	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).	**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 domestic and family violence (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 part or in full) their relevant support plan goals.

54 Woodhall-Melnik and Dunn J. (2016) 'A systematic review of outcomes associated with participation in Housing First programs', *Housing Studies*, vol. 31, no. 3, https://www.tandfonline.com/doi/full/10.1080/02673037.2015.1080816

CLIENT OUTCOMES Client outcomes likely to result from each program component across the NSW Human Services Outcome Framework domains			GOALS
Short-term outcomes (outcome measure) **Primarily attributed to the program**	**Medium-term outcomes (outcome measure)** **Partly attributed to program, beginning of shared**	**Long-term outcomes (outcome measure)** **Shared attribution across agencies/NGOs**	
Home — increased number of individuals are safely, sustainably and securely housed			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 in skills to sustain a tenancy Facilitate engagement with positive structured activities such as social groups, education and/or employment
% of people that have a long-term housing plan.[R] % of people that remain housed at 3, 6, 9, 12 months. % of people that remain engaged with a support provider at 3, 6, 9, 12 months.	% of people that remain housed at 15, 18 months. % of people that remain engaged with a support provider at 15, 18 months.	% of people that remain housed at 21, 24 months. % of people that remain engaged with a support provider at 21, 24 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, cultural and community networks at entry, who have rebuilt a connection during support.	

Appendix 1 (continued): Program logic for the Together Home Program

PROBLEM	EVIDENCE	INTERVENTION Core components and flexible activities	MECHANISMS OF CHANGE	OUTPUTS AND IMPLEMENTATION OUTCOMES
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.		**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		**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]

1. Evidence sourced and analysed by DCJ Insights, Analysis and Research (FACSIAR); ★ – Refers to the quality of evidence as categorised by DCJ Insights, Analys

CLIENT OUTCOMES Client outcomes likely to result from each program component across the NSW Human Services Outcome Framework domains			GOALS
Short-term outcomes (outcome measure) **Primarily attributed to the program**	**Medium-term outcomes (outcome measure)** **Partly attributed to program, beginning of shared**	**Long-term outcomes (outcome measure)** **Shared attribution across agencies/NGOs**	
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 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 remain engaged in living skills or tenancy management supports at 15, 18 months. % 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 remain engaged in living skills or tenancy management supports at 21, 24 months. % 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 6, 9, 12 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 scor**e at 21, 24 months (compared to start survey total score). % of people with **an improved total wellbeing at exit** (compared to start survey total score).[R]	

sis and Research (FACSIAR); R – refers to what is part of the regular reporting for contract management and continuous improvement purposes.

Appendix 2: THP funding

Table 63: THP funding and packages

Date	Stage	Packages
8 June 2020	NSW government announces funding of $36.1m	
1 July 2020	Tranche 1 starts – over 2 years	400 housing and support packages
3 November 2020	$29m additional funding as part of the 2020/21 NSW Budget for Tranche 2	400 additional housing and support packages
January/February 2021	ALM starts in Central Coast	17 additional housing and support packages
February 2021	AHURI evaluation starts	
March/April 2021	$57m extra funding over two years allocated as part of the 2021/22 mid-year NSW Budget for Tranche 3 and funding to support capital investment by CHPs into new social housing (THTP) Tranche 2 starts – over 2 years	250 additional housing and support packages Funding towards 100 new dwellings for people who require long-term housing support at the end of the program (THTP)
January 2022	Tranche 3 starts – over 2 years	
June 2022	$55.4 m additional funding announced	200 client extensions 120 new homes through the THTP
June 2022	All stimulus funding expended	
July 2022	Funding for ALM now totals $3.3 million	18 additional housing and support packages for the ALM
2023-24	Additional $18.4m funding	Extend support from some clients of T1 and T2

In addition to the stimulus funding (above), the THP benefitted from the following additional funding (DCJ 2022):

- $6.1m for 106 High Needs Packages and 229 OOFGs
- $3.3m for 32 packages in the Central Coast ALM and three packages from stimulus funding
- $4.2m supplementary funding pro-rata across 18 CHPs to offset mainstreaming costs

Appendix 3: Client demographic characteristics

Table 64: THP client demographic characteristics, cumulative program data, 30 June 2024

		Tranche 1		Tranche 2		Tranche 3		ALM		All Participants until June 2024	
		Number	%	Number	%	Number	%	Number	%	Number	%
Age	<25	26	5	30	6	22	7	6	16	84	6
	25-44	224	41	204	42	148	44	18	49	594	42
	45+	295	53	253	52	166	49	13	35	727	
	Unknown	7	1	2	0	-	-	-	-	9	1
Gender	Male	378	68	324	66	220	65	26	70	948	67
	Female	164	30	163	33	114	34	11	30	452	32
	Other term or unknown	10	2	2	0	2	1	-	-	14	1
Cultural identity	Aboriginal	187	34	157	32	112	33	37	100	493	35
	Non-identifying	365	66	332	68	224	67	-	-	921	65
Disability	Client reports disability	180	33	150	31	115	34	6	16	451	32
	No disability	223	40	251	51	181	54	24	65	679	48
	Unknown	149	27	88	18	40	12	7	19	284	20
Main income source	JobSeeker/ Newstart / Youth Allowance	247	45	219	45	172	51	24	65	662	47
	Employed/ education	14	3	10	2	9	3	1	3	34	2
	Disability Support Pension	204	37	177	36	108	32	11	30	500	35
	Unknown/ other	87	16	83	17	47	14	1	3	218	15
Total accepted into THP		552	100	489	100	336	100	37	100	1,414	100

Source: DCJ.

Note: Slight discrepancy between age data in DCJ cumulative report and AHURI calculations. In T2, DCJ reports 205 people aged 25-44 and 252 aged 45+. In T3, DCJ reports 150 people aged 25-44 and 164 aged 45+.

Disability reported using CHIMES data as it was more complete than CIMS data (i.e., less unknown or missing records).

Appendix 4: THP clients by CHP and region

Table 65: THP clients by CHP and region, cumulative program data, 30 June 2024

	Metropolitan				Regional					Grand Total
CHP	T1	T2	T3	Total	T1	T2	T3	ALM	Total	
Argyle Community Housing Ltd	36	24	12	72						72
Bridge Housing Limited	45	35	16	96						96
Community Housing Limited					34	17	26		77	77
Compass Housing Services Co Ltd					35	32	15	37	119	119
Evolve Housing Limited	75	56	43	174						174
Homes North Community Housing Company Ltd					62	31	13		106	106
Housing Plus					17	19	15		51	51
Hume Community Housing Association Company Limited	15	39	19	73						73
Kirinari Community Services Ltd					15	3			18	18
Link Wentworth Housing Limited	47	76	55	178						178
Metro Community Housing Co-operative Ltd	25	24	13	62						62
Mission Australia Housing					16	12	4		32	32
North Coast Community Housing Company Ltd					35	10	10		55	55
Pacific Link Housing Limited					29	16	12		57	57
Southern Cross Community Housing Ltd					11	11	12		34	34
St George Community Housing Limited	12	34	46	92						92
The Illawarra Community Housing Trust Ltd					28	28	7		63	63
Women's Housing Company Ltd	15	22	18	55						55
Total	**270**	**310**	**222**	**802**	**282**	**179**	**114**	**37**	**612**	**1,414**

Source: DCJ

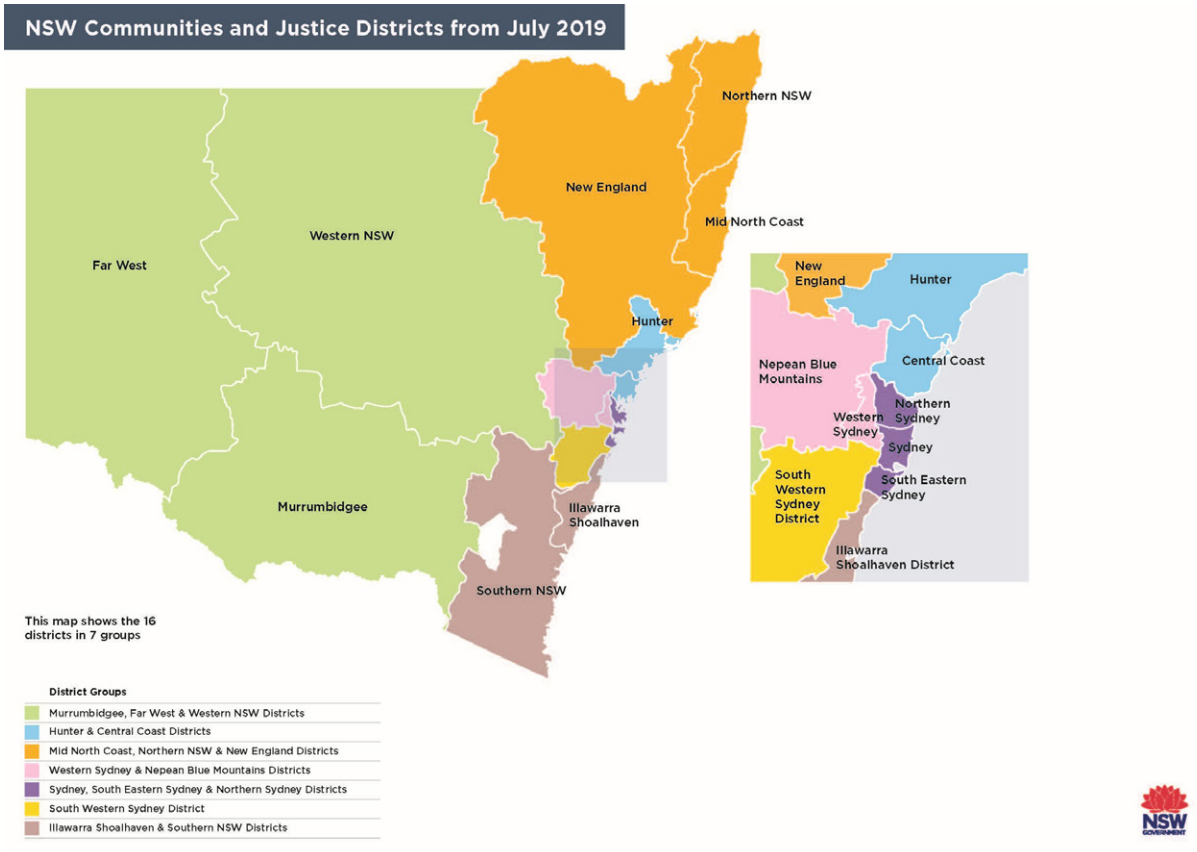
** See Appendix 5 for a map and list of DCJ districts.*

Appendix 5: DCJ districts

To analysing THP program data spatially, the following DCJ districts were identified as being metropolitan and regional (in line with the way data were recorded). Some metropolitan districts include regional areas because service providers operate across metropolitan and regional areas.

Metropolitan DCJ districts: South Western Sydney and Murrumbidgee, Far West, Western NSW; South Western Sydney and Western Sydney Nepean Blue Mountains; South Western Sydney, Western Sydney, Nepean Blue Mountains and Hunter; Sydney, South Eastern Sydney, Northern Sydney; Sydney, South Eastern Sydney, Northern Sydney and South Western Sydney; Sydney, South Eastern Sydney, Northern Sydney, Western Sydney, Nepean Blue Mountains; Western Sydney Nepean Blue Mountains

Regional DCJ districts: Hunter Central Coast; Hunter Central Coast, Western NSW; Illawarra Shoalhaven; Mid North Coast, Northern NSW, New England; Murrumbidgee, Far West, Western NSW; Northern NSW, Mid North Coast and New England.



Appendix 6: Evaluation timeline and scope changes

Evaluation component	Scope	Data sources
Original project scope	Duration: February 2021 to June 2023, covering Tranche 1 of the THP. • Scope: undertake an implementation evaluation, outcomes evaluation and cost effectiveness and public value evaluation of the THP, including two place-based case studies. Outputs to include a Baseline Evaluation Report, an Interim Implementation Report, and a Final Evaluation Report Research partner: UNSW	• Administrative program data • Program documentation • Housing and Homelessness linked dataset • Stakeholder consultations (DCJ, peaks, CHPs, support providers) • Survey of CHPs and support providers • Client interviews
UNSW ethics approval	Approval for the research was sought and obtained from the UNSW Human Research Ethics Committee and was granted on 9 July 2021 (HC210445)	
Baseline Report, 2021	Provided a baseline analysis using high level aggregate program data, including client demographics and outcomes against program objectives. A document review offered THP context, principles and objectives.	• Administrative program data to December 2020 / February 2021 • Program documentation
1st contract variation, May 2022	Duration: February 2021 to June 2024, covering Tranches 1–3 of the THP and the ALM. Additional scope: • Two additional case studies • Additional stakeholder consultations • Case study of the ALM and engagement of an Aboriginal consultant as the lead for this • Additional research questions to incorporate sustainability concerns • Expand implementation evaluation to include analysis of how Tranches 1, 2 and 3 were implemented • Additional data collection and analysis and review of the capital component of the THP (THTP) • Economic evaluation of THP to include a CBA • Additional data collection and analysis for Tranche 2 and 3 for outcomes evaluation • Additional output: Issues paper to explore a critical issue for THP that may have emerged through the evaluation process (System Impacts Paper) Research partners: UNSW, Swinburne University of Technology, Deakin University	• Administrative program data • Program documentation • Housing and Homelessness linked dataset • Stakeholder consultations (DCJ, peaks, CHPs, support providers) • Survey of CHPs and support providers • Client interviews
Amendment of UNSW ethics approval	Amendment of the existing UNSW ethics approval (HC210445) to accommodate the changed project scope was received on 14 June 2022.	

Appendix 6 (continued : Evaluation timeline and scope changes

Evaluation component	Scope	Data sources
Early Findings Report, 2022	Provided preliminary insights of the interim implementation evaluation were superseded by the Interim Implementation Report (2023) and Final Evaluation Report (this report).	• Nine focus group interviews and two one-on-one interviews with key stakeholders (DCJ, CHPs, peaks) • Administrative program data to December 2021
AH&MRC Ethics approval for ALM case study	Ethics approval for the case study of the THP Aboriginal led model was sought and granted by the AH&MRC on 5 December 2022, with GUIR as the lead researcher (2014/22).	
Interim Implementation Report, 2023 [55]	Used an implementation science approach to assess THP implementation against the program guidelines and the program logic, and how the model was adapted to meet new challenges and contexts. Focussed on providing evidence to inform the ongoing refinement and development of the THP, and to identify success factors, barriers and opportunities.	• 16 consultations with key stakeholders • Survey of all THP CHPs and their subcontracted support providers • Four site-specific case studies with client interviews • Administrative program data to January 2023 • Client satisfaction survey
Case study of the Aboriginal-Led Model, 2023	Undertaken by GUIR. Focused on the implementation and delivery of the ALM from January 2021 to April 2023. Note that the case study was further extended for inclusion in the Final Evaluation Report (this report).	• Administrative program data • Consultations with CHP and service provider key stakeholders • Interviews with 8 ALM clients

55 A detailed description of the method used for the Interim Implementation Evaluation is provided in that report (Brackertz, Alves et al. 2023).

Appendix 6 (continued): Evaluation timeline and scope changes

Evaluation component	Scope	Data sources
3rd contract variation	Duration: February 2021 to September 2024, covering Tranches 1–3 of the THP and the ALM. This aimed to expand the proposed analysis to enable analysis of the Housing and Homelessness linked dataset and THP program data by Aboriginal status. Additional scope: • Ethics approval to use the Aboriginal indicator from AH&MRC • Disaggregate program and linked data by Aboriginality in analyses using the Housing and Homelessness linked dataset as per approved protocol in AH&MRC in ethics application. • Summarise experiences of Aboriginal clients across THP • Use a culturally safe approach to data analysis. Research partners: UNSW, Swinburne University of Technology, Deakin University	• Administrative program data • Program documentation • Linked administrative data • Stakeholder consultations (DCJ, peaks, CHPs, support providers) • Surveys • Client interviews • Four place based case studies • Case study of the ALM
AH&MRC ethics approval for analysis of linked administrative data by Aboriginal status	Ethics approval for the analysis of linked administrative data in relation to Aboriginal status was sought and granted by the AH&MRC on 27 November 2023, (2179/23).	
System Impacts Paper, 2024[56]	Takes a systems view to analyse how a future THP or similar Housing First model could operate within the NSW homelessness system. Integrates evidence from the Interim Implementation Report and new quantitative and qualitative data A discussion paper was produced to inform consultations with key stakeholders to ascertain their views on the key challenges and opportunities for the THP's future operation. The discussion paper and findings from the stakeholder consultations informed the final System Impacts paper.	• Vacancy data from rental markets across NSW • Report on Government Services (RoGS) data • Australian Institute of Health and Welfare (AIHW) data • Australian Bureau of Statistics (ABS) data • THP administrative program data as reported in the Interim Implementation Report • Stakeholder consultations (THP CHPs and their contracted support providers, DCJ staff, Together Home Steering Committee, Homelessness NSW, Women's Housing Company)

56 A detailed description of the method used for the *System Impacts Paper* is provided in that report (Brackertz 2024).

Appendix 6 (continued): Evaluation timeline and scope changes

Evaluation component	Scope	Data sources
Final Evaluation Report, 2024	Evaluates the outcomes of THP for clients with different characteristics (including Aboriginal status) and different levels of support (standard/ higher needs package), and in different geographical areas of NSW in relation to the THP Monitoring and Reporting Framework and Outcomes Framework and the program logic. Uses program data and linked administrative data to measure the change in THP client outcomes across a range of domains (aligned with the NSW Human Services Outcomes Framework), and the difference in outcomes for THP participants and a matched comparison group. Provides a CBA, a case study of the THTP and a case study of the ALM.	• Stakeholder consultations • Survey of CHPs who received THTP funding • Case study of the ALM • Administrative program data to June 2024 • Linked administrative data • Client satisfaction and exit questionnaire • Program cost data

Appendix 7: Linked data sources

Table 66: Details of the Linked Data for use in the THP Evaluation

NSW Agency	Secondary data source
DCJ	NSW Housing Register and Public Housing and Supports (including Rent Choice) Data Collection (HOMES)
	Housing Outcomes and Satisfaction Survey (public housing)
	Community Housing Data Collection (CHIMES)
	NSW Specialist Homelessness Services (SHS) Data Collection
	Housing and Homelessness Program-level Data Collections (including the Together Home Program Data Collection)
	Child Protection and Out-of-Home Care Data Collections (ChildStory and KiDS)
	BOCSAR's Reoffending Database (ROD) (courts data)
	Corrections Research Evaluation and Statistics (custody data in ROD)
NSW Police Force	Police incidents data collection
NSW Legal Aid	Legal Aid advices and services data collection
NSW Health	NSW Admitted Patient Data Collection
	NSW Emergency Department Data Collection
	NSW Ambulance – Computer-Aided Dispatch Data Collection
	NSW Ambulance – Electronic Medical Records Data Collection
	NSW Ambulance – Patient Health Care Records Data Collection
	NSW Perinatal Data Collection (formally Midwives Data Collection)
	NSW Mental Health Ambulatory Data Collection
	Controlled Drugs Data Collection (CoDDaC) – Subcollection 1: Opioid Treatment Program (OTP)
NSW DCS	NSW Registry of Births Deaths and Marriages – death registrations

Commonwealth Agency	Secondary data source
AIHW	DOMINO
	Pharmaceutical Benefit Scheme (PBS)
	Medicare Benefit Schedule (MBS)
National Centre for Vocation Education Research	National VET Provider Collection (VETPC)

Appendix 8: Stakeholder consultations

Table 67: 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

Appendix 9: Program outcomes against program targets

Table 68 and Table 69 summarise program outputs and outcomes against program KPIs. These tables are included for completeness. However, as discussed in Section 4.3.1, it should be noted that KPIs for non-housing outputs and outcomes do not accurately reflect program achievements as they under-report the support that was provided to clients.

Table 68: Housing outputs and outcomes, cumulative program data, June 2024

	Tranche	Actual	Target	% Target Reached
People housed Target KPI: All clients referred	T1	472	552	86%
	T2	419	489	86%
	T3	272	336	81%
	ALM	26	37	70%
	All	1,189	1,414	84%
Housed within 4 weeks Target KPI: 80% of all clients referred	T1	211	442	48%
	T2	172	391	44%
	T3	96	269	36%
	ALM	4	30	14%
	All	483	1,131	43%
Housed within 6 weeks Target KPI: All clients referred	T1	280	552	51%
	T2	229	489	47%
	T3	121	336	36%
	ALM	6	37	16%
	All	636	1,414	45%
Long-term housing plan Target KPI: All clients referred	T1	316	552	57%
	T2	332	489	68%
	T3	243	336	72%
	ALM	31	37	84%
	All	922	1,414	65%
Remained housed at the last period for which data are available Target KPI:60% for T1, 80% for all other tranches	T1	294	331	89%
	T2	323	391	83%
	T3	268	269	100%
	ALM	24	30	81%
	All	909	1,021	89%

Source: DCJ

Note: People that remain housed after initially being housed includes (1) clients that exited the program into long-term housing and (2) active clients that are currently housed. 36 clients that were not housed withdrew from the program within 4 weeks, while 59 clients that were not housed withdrew from the program within 6 weeks.

Table 69: Non-housing outputs and outcomes, cumulative program data, June 2024

		Tranche	Actual	Target	% Target Reached
Health, mental health and wellbeing services	**Received support plan** Target KPI: 80% of clients referred for assessment	T1	231	291	79%
		T2	191	260	73%
		T3	146	186	78%
		ALM	9	24	38%
			577	**762**	
		All			**76%**
	Received support, if planned Target KPI: 100% of clients with support plans				
		T1	199	231	86%
		T2	175	191	92%
		T3	135	146	92%
		ALM	8	9	89%
			517	**577**	
		All			**90%**
Rebuilding family, community and cultural connections	**Received support plan** Target KPI: 90% of clients referred for assessment	T1	115	221	52%
		T2	103	223	46%
		T3	61	130	47%
		ALM	5	19	26%
			284		
		All		**593**	**48%**
	Received support, if planned Target KPI: 100% of clients with support plans	T1	91	115	79%
		T2	86	103	83%
		T3	46	61	75%
		ALM	5	5	100%
		All	**228**	**284**	**80%**

Appendix 9 (continued): Program outcomes against program targets

		Tranche	Actual	Target	% Target Reached
Living skills and tenancy management	**Received support plan** Target KPI: 100% of clients referred for assessment	T1	479	552	87%
		T2	450	489	92%
		T3	300	336	89%
		ALM	31	37	84%
			1,260	**1,414**	
		All			**89%**
	Received support, if planned Target KPI: 100% of clients with support plans	T1	450	479	94%
		T2	430	450	96%
		T3	280	300	93%
		ALM	28	31	90%
		All	**1,188**	**1,260**	**94%**
Health, mental health and wellbeing services	**Received support plan** Target KPI: 80% of clients referred for assessment	T1	231	291	79%
		T2	191	260	73%
		T3	146	186	78%
		ALM	9	24	38%
			577	**762**	
		All			**76%**
	Received support, if planned Target KPI: 100% of clients with support plans	T1	199	231	86%
		T2	175	191	92%
		T3	135	146	92%
		ALM	8	9	89%
			517	**577**	
		All			**90%**

Appendix 9 (continued): Program outcomes against program targets

		Tranche	Actual	Target	% Target Reached
Rebuilding family, community and cultural connections	**Received support plan** Target KPI: 90% of clients referred for assessment	T1	115	221	52%
		T2	103	223	46%
		T3	61	130	47%
		ALM	5	19	26%
			284		
		All		**593**	**48%**
	Received support, if planned Target KPI: 100% of clients with support plans	T1	91	115	79%
		T2	86	103	83%
		T3	46	61	75%
		ALM	5	5	100%
		All	**228**	**284**	**80%**
Living skills and tenancy management	**Received support plan** Target KPI: 100% of clients referred for assessment	T1	479	552	87%
		T2	450	489	92%
		T3	300	336	89%
		ALM	31	37	84%
			1,260	**1,414**	
		All			**89%**
	Received support, if planned Target KPI: 100% of clients with support plans	T1	450	479	94%
		T2	430	450	96%
		T3	280	300	93%
		ALM	28	31	90%
		All	**1,188**	**1,260**	**94%**

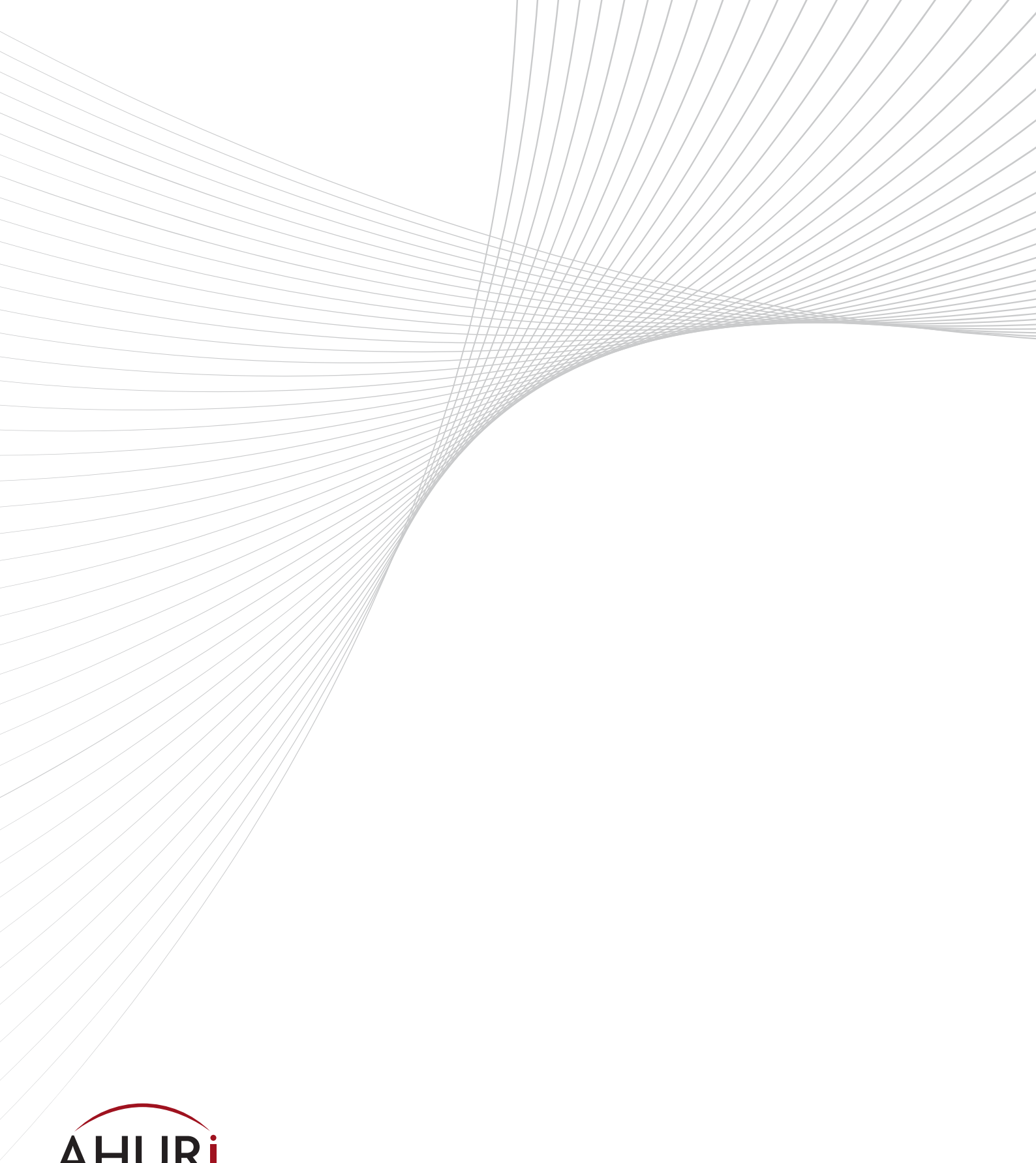
Appendix 10: Datasets and variables

The variables used to assess outcomes are derived from the following data sources.

Number of hospital separations	Note: a hospital separation generally refers to a stay within a ward, and a single continuous hospital stay can result in more than one hospital separation.
Number of ED presentations	Count of ED presentations (row in ED dataset)
Number of hospital presentation sub-types **Assault** **Self-Harm** **Drugs/Alcohol** **Mental Health** **Injury** **Other**	Each hospital separation was classified into one of the six listed types. Each separation could be only one type. Subtypes were based on the following ICD-10-AM codes (principal or additional diagnosis were used) Assault: X92-9, Y00-6, Y08-9 Self-Harm: X60-X84, Z91.5, R45.81 Drugs/Alcohol: F10-19, Z72.1-2, X41-2, X45, Y11-2, Y15, T40-43, T50.9, T51 Mental Health: F00-09, F20-99, R45.5, Z04.6, Z65.8, Z73.1, Z00.4 Injury: S, T00-39, T44-49, T50.0-8, T52-99 Where individuals had codes from multiple sub-types, they were classified based on the following order of precedence: assault, self-harm, drugs/alcohol, mental health, injury, other. This classification was based on previously published work (see 10.18408/ahuri8121301)
Number of days in community housing	Number of days in the time period where the individual is listed as a resident within at least one community housing tenancy. Calculated from the CHIMES dataset, using tenancy start and end dates, linking tenancies and residents using the Household_ID_Case_Safe_Mask variable.
Number of days in temporary housing	Number of days in the time period where the individual is listed as in temporary housing, using EffectiveFromDate and EffectiveToDate in the HOMES temporary accommodation dataset.
Number of days in public housing	Number of days in the time period where the individual is listed as in a public housing tenancy, using TenantEffectiveFromDate and TenantEffectiveToDate in the Homes Public Housing Tenants dataset. Tenancies without a recorded end date were assumed to be still existing.
Paid Private rental assistance	The amount of private rental assistance recorded within the time period, using PRA_Amount in the HOMES Private Rental Assistance (bond loans, advanced rent, rent arrears, tenancy guarantee, Rent Choice subsidy) datasets.
In OOHC	A flag indicating whether an individual was in out of home care for any days within the described time period.
Number of child protection reports	Count of all child protection reports within time period (date taken from the ContactStartDate variable).

Number of substantiated child protection reports	Count of child protection reports substantiated within the time period, defined as where the OutcomeOfFieldAssessment variable was 'Assessment Complete: Substantiated'(date taken from the ContactStartDate variable).
Victim police AVO count	Count of police 'victim' records where the: 1. Event Reported Date is within the time period; 2. the Involvement Type is listed as 'Av Victim'.
Victim police DV count	Count of police 'victim' records where the: 1 . Event Reported Date is within the time period; 2. the Involvement Type is listed as 'Victim' ; and, 3. the Incident Category is listed as 'Domestic Violence Episode.
Victim police Other count	Count of police 'victim' records where the: 1. Event Reported Date is within the time period; 2. the Involvement Type is listed as 'Patient' or 'Victim' or 'Victim Named In Order'; 3. the Involvement Type is not 'Av Victim'; and, 4. the Incident Category is not 'Domestic Violence Episode'. *This includes events such as: Assault, Sexual Offence, Breach AVO, Malicious Damage etc.*
Named or Person of interest police AVO count	Count of police 'offender' records where the: 1. Event Reported Date is within the time period; 2. The Involvement Type is listed as 'Person Named' or 'Person of Interest'; and, 3. the Incident Category is listed as 'Apprehended Violence Order'.
Named or Person of interest police DV count	Count of police 'offender' records where the: 1. Event Reported Date is within the time period; 2. The Involvement Type is listed as 'Person Named' or 'Person of Interest'; and, 3. the Incident Category is listed as 'Domestic Violence Episode'.
Named or Person of interest police Other count	Count of police 'offender' records where the: 1. Event Reported Date is within the time period; 2. The Involvement Type is listed as 'Person Named' or 'Person of Interest'; and, 3. the Incident Category is not 'Apprehended Violence Order' or 'Domestic Violence Episode'. *This includes events such as: Assault, Sexual Offence, Breach AVO, Drug Detection, Homicide, Intoxicated Person etc.*
Specialist homelessness services count	Count of the number of specialist homelessness services support periods, defined as the number of unique 'support_period_identifier' values occurring within a time period, where time is defined by the 'date support period commenced' value.

SHS Minor Engagement	Homelessness services were classified based on provided business rules into four categories, reflecting the extent and cost of the engagement.
SHS NACHMS	Homelessness services were classified based on provided business rules into four categories, reflecting the extent and cost of the engagement.
SHS Crisis Accommodation	Homelessness services were classified based on provided business rules into four categories, reflecting the extent and cost of the engagement.
SHS Transitional	Homelessness services were classified based on provided business rules into four categories, reflecting the extent and cost of the engagement.
Ambulance Trips	Number of ambulance trips in the time period (based on 'time dispatched')
MBS Services	Total number of MBS Items billed against an individual within the time period from all providers (note a single service could result in multiple billing codes)
MBS Costs	Total fees charged for all MBS Items billed against an individual within the time period from all providers.
PBS Medications	Total number of dispensed scripts within the time period
PBS Costs	Total government cost of dispensed scripts within the time period
Legal Aid Service – In House	A count of legal service records that occurred within the time period, including those listed as 'Advice', 'ERAS', 'ELAS', 'Minor', and 'Grants'
Legal Aid Services – Duty Solicitor	A count of legal service records listed as category 'Duty'
Court Cases	Number of records within the 'Courts' file with finalisation date within the time period
Days in Custody	Number of days within the time period where the individual was listed as being in custody (between reception and discharge date for any custody episode).
Unemployment Benefit	Whether an individual received employment benefits during the time period, defined as a Benefit Type Code of JSP or NSA where the benefit period overlapped with the time period.
Disability Support	As above, but for Benefit Type Code DSP
Parenting Payment	As above, but for Benefit Type Codes PPP, PPS, PGA or PPL
Youth Allowance	As above, but for Benefit Type Codes YLA, YLO, YLS
Rent Assistance	As above, but for Benefit Type Codes RAF, RAG, RAN, RAP, RAS
Other Benefits	As above, but for any Benefit Type Code not listed in any other previous categories.
In Training Short	Whether an individual was in short term training at any time during the time period. Short term training was defined as lasting two weeks or less.
In Training Long	Whether an individual was in long term training at any time during the time period. Long term training was defined as lasting more than two weeks.



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