

Together Home Program: High Needs Funding Evaluation

Final Report

SEPTEMBER 2026

AHURI

AUTHORED BY

Nicola Brackertz, AHURI Ltd
Declan Martin, AHURI Ltd
Renee Lane, AHURI Ltd

FOR

Homelessness NSW

Preferred citation

Brackertz, N., Martin, D. and Lane, R. (2026) *Together Home Program: High Needs Funding Evaluation,* report produced by AHURI Advisory for Homelessness NSW, Australian Housing and Urban Research Institute Limited, Melbourne.

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Acronyms and abbreviations used in this report

AHURI	Australian Housing and Urban Research Institute
AOD	Alcohol and Other Drugs
CHIMES	Community Housing Information Management 'E' System
CHP	Community Housing Provider
CIMS	Client Information Management System
COVID 19	Coronavirus Disease 2019
DCJ	Department of Communities and Justice
EQ	Evaluation question
FG	Focus group
FTE	Full time equivalent
HAFF	Housing Australia Future Fund
HASI	Housing and Accommodation Support Initiative
HNP	High Needs Panel
HNSW	Homelessness NSW
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual+
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NSW	New South Wales
OoFG	One-off Funding Grant
OT	Occupational Therapy
SHS	Specialist Homelessness Service
SP	Support provider
TA	Temporary Accommodation
VI-SPDAT	Vulnerability Index – Service Prioritisation Decision Assistance Tool

Glossary

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

Executive summary

High Needs Funding demonstrated what a flexible, genuinely person centred, Housing First informed brokerage model can achieve for people experiencing long-term homelessness with high and complex needs. Administered by the peak body, Homelessness NSW, at arm's length from government and facilitated through an independent, multidisciplinary High Needs Panel, High Needs Funding made a tangible, often life-changing difference to clients whose needs were not met by mainstream systems.

The Australian Housing and Urban Research Institute (AHURI) was contracted by Homelessness NSW (HNSW) to evaluate the administration of the High Needs Funding component of the Together Home Program. Together Home was a statewide, Housing First informed program that supported people who had been sleeping rough into stable accommodation. High Needs Funding provided targeted brokerage to the subset of clients whose complex, co-occurring needs could not be met through mainstream services. HNSW administered High Needs Funding on behalf of Homes NSW from 2020 until the program's closure on 30 June 2026, during which time 385 people accessed specialist or intensive support through the model.

The evaluation drew on document review, eight stakeholder focus groups, and analysis of de-identified administrative and cost data, and was structured around five evaluation questions covering data collection and reporting, outcomes, equity of access, governance, and system impacts.





Key findings

Governance and delivery were strengths of the model. Peak body administration, delivered through a multidisciplinary, non-hierarchical High Needs Panel supported by a dedicated HNSW secretariat function, was the standout strength of the program's governance and should be retained largely unchanged in any future model. Whether approved funds should be held by community housing providers or paid directly to support providers remains an unresolved governance question that this evaluation does not recommend one way over the other.

High Needs Funding was highly successful in delivering **positive client outcomes**. High Needs Funding was appropriately scoped and highly effective in responding to individual client need. This is the single most robust and consistent finding in the evaluation. Near-unanimous agreement across every stakeholder group credited the funding's flexibility, speed and person centredness for outcomes that would not have been achievable through any other mechanism.

Data collection and reporting arrangements served financial accountability reasonably well, but did not effectively support learning, systematic outcome tracking or advocacy. Every stakeholder group independently identified the same gap: data on what High Needs Funding achieved for clients, and how it interacted with the broader health and service system, was not gathered or synthesised in a way that could inform decision-making or demonstrate the program's value.

Access to High Needs Funding was **equitable**, and the program was able to reach clients who sat entirely outside the mainstream service system. Where equity concerns arose, they reflected a small number of interacting factors rather than deliberate bias: application complexity, organisational capability, regional and remote service availability, and the structural position of subcontracted support providers. Cultural appropriateness of the application process for First Nations clients remains a clear gap, distinct from the overall, proportionate share of funding this cohort received.

At a **system level**, High Needs Funding was a practical demonstration that a Housing First informed, flexible, person centred brokerage model can achieve outcomes for people with high and complex needs that mainstream systems could not. High Needs Funding acted as a diagnostic lens, revealing real gaps in mental health, disability, aged care and housing systems, but in practice it worked by bridging these gaps rather than resolving them.

Recommendations

Fourteen recommendations flow from these findings, organised around six themes.

Governance and administration

Recommendation 1: Retain peak body administration of High Needs style brokerage funding.

Recommendation 2: Retain one or more multidisciplinary, non-hierarchical assessment panels, with representation spanning lived experience, Aboriginal and cultural knowledge, clinical, sector, NDIS, government and local or regional knowledge; paid participation for lived-experience and other non-salaried members; consensus decision-making bound by confidentiality; and a dedicated secretariat function for triage, quality assurance and form refinement.

Brokerage design

Recommendation 3: Preserve the discretionary, non-prescriptive, case-by-case nature of brokerage funding, including its capacity for rapid, private purchasing.

Recommendation 4: Adopt One-off Funding Grants as the standard access mechanism, while retaining a package-style option for clients whose sustained, high-level need is clear from the outset.

Recommendation 5: Establish a separate, adequately resourced funding stream for ongoing case management, budgeted per client and inclusive of a resourced coordination function connecting a client's case to mainstream services.

Recommendation 6: Size brokerage funding to actual client need rather than a fixed per-client amount.

Data collection and reporting

Recommendation 7: Streamline the funding flow and acquittal chain so support providers have clearer visibility and control over funds, closing the reporting loop between the peak body, the fund holder, the frontline and government.

Recommendation 8: Develop an outcomes framework built around a small number of meaningful, person centred measures, favouring simplicity over a heavier or standardised approach.

Recommendation 9: Design a lightweight, structurally embedded data collection system from the outset, linked to platforms frontline providers already use, such as CIMS.

Recommendation 10: Capture clinical and health-burden data to quantify system gaps and build the economic case for continued or expanded investment.

Equity of access

Recommendation 11: Fund proactive, ongoing support for the application process and provider training from the peak body.

Recommendation 12: Build in specific consideration of regional and remote access to specialist services, local expertise and cultural supports.

Cultural safety

Recommendation 13: Treat cultural safety as integral to program design rather than an add-on, delivered through genuine, iterative co-design with First Nations communities and Aboriginal controlled organisations from the outset.

Funding flow

Recommendation 14: Resolve the choice between routing High Needs Funding through CHPs or directly to SHSs as part of the broader Housing First systems design process for NSW, ensuring that whichever option is adopted preserves an equivalent mechanism for tenancy accountability.



1. Introduction

The Australian Housing and Urban Research Institute (AHURI) has been contracted by Homelessness NSW (HNSW) to evaluate the administration of High Needs Funding component of the Together Home Program. The purpose of the evaluation is to capture lessons learned through the process of administering the High Needs Funding and to understand better the impacts of the model of service used.

The objectives of the evaluation are to:

- articulate the opportunities, challenges and impacts observed through the delivery of High Needs Funding, so that the lessons learned from project design and implementation can inform future projects and policy
- understand what structural limitations were being targeted through High Needs Funding, and consider how this brokerage might address or obfuscate systemic issues
- inform HNSW's work with Homes NSW and the homelessness sector under the NSW Homelessness Strategy 2025-2035.

1.1 Background

HNSW was contracted by Homes NSW (previously the Department of Communities and Justice (DCJ)) to administer the allocation of funding for the High Needs Funding component of the Together Home Program. HNSW undertook this role commencing in 2020 and concluding on 30 June 2026.

Together Home was a statewide Housing First informed program, delivered by the NSW government through the community housing sector, assisting people who had been sleeping rough and were housed in hotels during COVID-19 pandemic to transition to permanent, stable accommodation. Over 1,400 people who had experienced homelessness were provided with housing and access to appropriate supports through the course of the program. High Needs Funding was provided to assist a subset of the people supported through the Together Home Program to access additional supports that respond to their needs through targeted brokerage.

High Needs Funding aimed to respond to complex, co-occurring support needs, which were not being met through mainstream homelessness services in NSW, so that people could access appropriate, intensive supports to achieve their goals and sustain their tenancy. This was integral to the design of Together Home Program as a person centred response to homelessness, in line with Housing First principles. Across the duration of the program, 385 people accessed specialist or intensive supports through High Needs Funding.

2. Program description

High Needs Funding was a component of the Together Home Program. High Needs Funding delivered additional support to Together Home clients whose high and complex needs could not be appropriately met through mainstream and subsidised community services. The funding was administered by HNSW on behalf of Homes NSW, which was a unique feature of the program.

2.1 The Together Home Program

The Together Home Program was initiated in 2020 during the COVID-19 pandemic to minimise transmission as public health restrictions were implemented. It represents a $189 million investment by the NSW Government that aimed to support people experiencing homelessness into stable accommodation, facilitate pathways into longer-term housing and link clients with trauma informed wrap-around support (e.g. health, mental health and wellbeing services) and provide access to culturally appropriate support.

The Together Home Program was underpinned by Housing First principles and was delivered across NSW by 18 community housing providers (CHPs) contracted by DCJ. Together Home was implemented as an expansion of the Community Housing Leasing Program, where CHPs headleased properties in the private rental market or used their own capital stock to house clients. CHPs contracted external support providers to provide wrap-around support (outsourced service delivery model). In some instances, CHPs provided both housing and support (in-house service delivery model). Where a CHP provided in-house support, the CHP was required to demonstrate a separation between case management and tenancy management functions and have its own processes in place (Homelessness NSW 2026).

2.2 High Needs Funding

High Needs Funding provided additional support to Together Home clients whose high and complex needs could not be met through mainstream and subsidised community services. It enabled tailored supports that promoted recovery, work and learning, independent living skills and social inclusion, and facilitated access to ongoing clinical supports such as mental health, alcohol and other drug services and the National Disability Insurance Scheme (NDIS) (Homelessness NSW 2026). Funding was delivered through either full High Needs Packages or One-off Funding Grants, depending on client need and available funding (Homelessness NSW 2026). HNSW administered the funding on behalf of Homes NSW, with applications assessed by the High Needs Panel. Under Letters of Variation, CHPs were responsible for administering, monitoring and reporting High Needs Funding expenditure to Homes NSW, including where support providers were subcontracted to manage High Needs Funding (Homelessness NSW 2024).

2.2.1 Administration of High Needs Funding

It was the role of HNSW to administer the High Needs Funding. This included:

- informing and promoting awareness of the program
- developing fair and transparent criteria and application process in consultation with DCJ

- overseeing the application process and providing information sessions and support to applicants
- establishing and supporting the independent High Needs Panel (HNP) to make a range of decisions relevant to High Needs Funding, including:
  - assessment and approval of referrals, reviews of packages, and one-off funding decisions
  - case by case decisions to determine whether to keep a package open and/or transfer the support funding for a client who has left the Together Home Program permanently or has a period of absence from the program
- supporting the liaison with the CHP who received the funds and the support provider delivering the support service
- managing reallocation of packages and unspent funding from closed packages.

When a decision was made to allocate High Needs Funding to a program participant, HNSW authorised funding to be transferred to the CHP, which subcontracted the High Needs support component, or in some cases funds were used by CHPs to directly purchase items (i.e., furniture, domestic cleaning services). CHPs were required to report monthly on High Needs Funding expenditure via Community Housing Information Management 'E' System/ Client Information Management System (CHIMES/ CIMS).

2.2.2 High Needs Packages and One-off Funding Grants

The Together Home Program was initially designed to provide housing and support for a 2-year period. High Needs Packages were introduced in late 2020 to provide flexible funding of $78,000 over two-years for 107 Together Home Program participants with complex service needs. As the Together Home Program was rolled out, it became evident that some participants would not be ready to exit the program and successfully maintain their tenancy independently at the end of the 2 years and extension funding was approved for nominated participants who were unable to be supported to graduate the program at the end of this 2-year period. Through implementation, it was agreed that High Needs Packages could be accessed as long as a participant was still engaged in the Together Home Program, even if this was longer than 2 years (Homelessness NSW 2026).

As the High Needs Funding was rolled out it became evident that not all participants approved for a full High Needs Package would require the full allocation. Unspent funds from closed packages were therefore reallocated through OoFGs, allowing additional Together Home participants with high and complex support needs to access targeted brokerage.

Table 1: High Needs Packages and One-off Funding Grants

High Needs Packages	One-off Funding Grants
$78,000 package for use over 2-years	Pool of funding created from unused funding in High Needs Packages
6-month review points to request additional funding and monitor appropriateness of High Needs Funding in meeting support needs, out-of-cycle reviews can be considered for urgent circumstances	Applicants can return for additional requests or to reallocate previously approved funding as needs change
	Referrers can apply for a specific service item or a collection of services without a minimum or maximum expenditure amount

2.2.3 Changes to High Needs Funding and governance

Over time, changes were made to High Needs Funding scope, allocations, processes and governance. These changes responded to changes in *Together Home Program Guidelines*, sector feedback and unspent funding re-allocations. Changes to High Needs Funding scope were authorised by Homes NSW, with support and consultation from HNSW and the sector.

As of 1 July 2025, the High Needs Funding scope was reviewed to support program closure and ease the transition of existing clients into long-term stable housing and mainstream supports. Homes NSW outlined the below criteria is considered for the panel to assess applications through to the end of the financial year 2025-26:

- evidence that other avenues have been explored / exhausted is required
- support needs must be specific and time limited (under 6 months preferred)
- support will be utilised to assist in transitioning away from Together Home Program to mainstream support and NDIS
- evidence of a lack of services to fill the support gap between now and securing long term housing / capital properties
- the transition to long term housing / capital properties will be a difficult transition, due to complex needs, and support will be needed to effectively transition the client into a long-term housing option
- the clients are currently in leaseholds and there is a gap between now and when they can transition into long term housing / capital properties (Homelessness NSW 2026).

2.2.4 The High Needs Panel

The HNP comprised an independent group of experts whose role was to assess referrals and decide allocation of High Needs Funding. The HNP comprised representatives from the following areas:

- lived expertise
- Aboriginal specialist
- homelessness service delivery
- NSW DCJ
- NSW Health
- National Disability Insurance Agency (NDIA).

The lived experience independent representative panel members were reimbursed for their time and expertise at a rate comparable with their current employment. Homes NSW contracted HNSW to support the function of the HNP and facilitate the panel's discussion and decision making. The HNP met monthly via Zoom or MS Teams, was facilitated by HNSW, and required a quorum to proceed (Homelessness NSW 2024).

The HNP was responsible for the financial allocation and monitoring suitability of the High Needs Package. The CHP was responsible for managing and monitoring expenditure of High Needs funds, as per their contractual obligations with Homes NSW.

The HNP had a role in identifying serious concerns regarding the quality of care and systemic policy issues, such as providers' suitability and systemic barriers (e.g. in applying for NDIS, Housing and Accommodation Support Initiative (HASI)) (Homelessness NSW 2026).

Due to the sensitive matters considered by the HNP, members were bound by a confidentiality agreement not to divulge information to anyone outside of the HNP.

Referrals for High Needs Funding could be submitted by CHPs or subcontracted support providers on behalf of Together Home Program clients, with the individual's consent. Required supporting documents were a High Needs Panel New Referral Form or Review Form and supporting documents, such as a quote, support letter or treatment plan (Homelessness NSW 2026). Referrals had to clarify if they were for a full High Needs Package or an OoFG.[1] Referral forms changed multiple times, most significantly in 2023 (see appendix 2).

The HNP considered several factors in eligibility decisions: Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT) score (where available) and acute needs with serious impacts requiring intensive support (e.g. long-term homelessness or marginal housing, health, significant substance misuse, poor health and mental health, legal issues, risk of incarceration, trauma).

The HNP collectively assessed the full range of information available to determine the applicant's eligibility and appropriate allocation of funding. Broadly speaking, this included determining whether an individual:

- belonged to a priority group: Aboriginal and/or Torres Strait Islander people; Aboriginal and/or Torres Strait Islander ≥ 45 years; LGBTQIA+; women; ≤ 24 years; ≥ 55 years; culturally and linguistically diverse background (Homelessness NSW 2026)
- was highly vulnerable and requires High Needs Funding
- had support needs that could better be met by alternative or mainstream funding options
- required additional support to what was originally identified by the referring agency.

The HNP's role was to review budget proposals and referral information, decide on funding allocation, make recommendations for proposed and available supports where appropriate, and revise budgets as needed. Decisions could allocate funding in full or in part, with provision for the referring agency to request additional funding later if needs changed, and the Panel retained discretion to approve additional funding where an existing Package or OoFG proved insufficient. Where funding was not approved, the Panel would provide a recommendation to the referrer on how they could work with the client and other services they could contact to resolve the unmet support need.

HNSW was mandated to maintain an audit trail of all decisions and make this available to Homes NSW upon request (Homelessness NSW 2026).

1 See document Together Home Program High Needs Panel Business Process section 3.

The Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT) is a screening tool that assesses a person's level of vulnerability and support needs. A score of 10+ is nationally recognised as the eligibility threshold for a general Housing First program, while a score of 15+ indicates multiple and complex factors suggesting a need for long term permanent support and High Needs Funding (Homelessness NSW 2026).

In the High Needs Funding context, the VI-SPDAT was intended as a key tool for triage, vulnerability assessment and referral to the High Needs Panel. However, it was administered inconsistently, with a considerable time lag sometimes occurring between Together Home Program admission and completion, partly because some questions ask for sensitive information clients may not feel comfortable disclosing before a trusting relationship is established (Brackertz et al. 2025).

The VI-SPDAT was not the sole determinant of whether referrals could be considered by the HNP, which also weighed:

- the reason a score did not accurately reflect support needs
- any change in circumstances affecting the score's relevance
- barriers to completing the survey, and referrer understanding of client eligibility
- evidence that the current support package was not meeting the client's needs, requiring additional support (Homelessness NSW 2026).

2.2.5 Reviews

Reviews of High Needs Packages and OoFGs allowed the HNP to assess how funding was meeting recipients' needs, identify systemic barriers, and consider requests for additional or reallocated funding. Reviews initially occurred every six months, or on request. Over time this was revised, as many referrers preferred reviewing only when client needs changed, review requests were often out-of-cycle, and OoFGs increased the volume of six-monthly reviews required. The six-monthly review requirement was consequently deprioritised, and HNSW ceased actively monitoring and following up referrers for these reviews, with the review process instead led by the referring agency and the individual.

2.2.6 Supports funded

High Needs Funding was available for items directly related to unmet support needs and transition goals. Support costs varied depending on factors such as geographical location of available services, out-of-hours support requirements, and the availability of publicly funded services.

The following parameters informed the allocation of High Needs Funding:

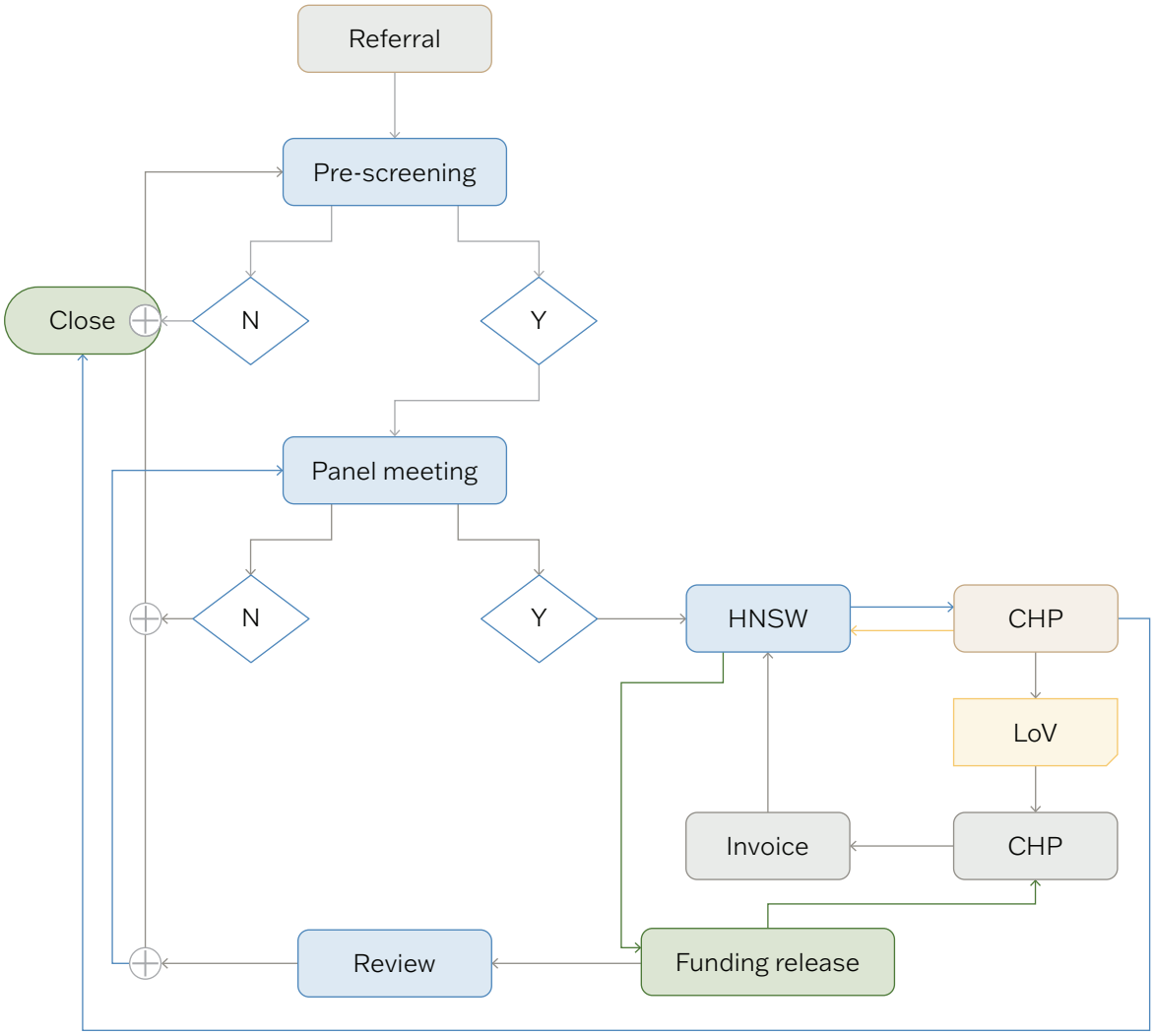
- a cap on the number of inner-city applications to ensure that there is distribution across NSW
- 30% of funding to be allocated to Aboriginal people referred to the Panel
- suitability of the proposed intervention and provider delivering the intervention, and consideration of culturally safe service delivery
- flexible funding allocation, to reflect current practice in HASI service delivery
- establish a relationship with the National Disabiltiy Insurance Agency (NDIA) to understand how these packages align with or support NDIS packages and that consideration is given to how the NDIS could be used for any applicants who may be unsuccessful for High Needs Funding

Funded service types included:

- additional case management and support
- alcohol and other drugs (AOD) rehabilitation
- psychology and counselling
- cultural services and support, rebuilding family connection
- education and employment support
- life skills support
- neuropsychological assessment
- OT assessment and treatment
- application related support (e.g. NDIS, aged care, HASI, Centrelink, Legal Aid)
- property maintenance and domestic services
- psychiatric assessment and treatment
- specialist health assessments and treatments (inc. dental, cardiology, rheumatology)
- specialist trauma therapy
- domestic and family violence supports
- social support and activities, including exercise
- transportation assistance (Homelessness NSW 2024).



Figure 1: High Needs Funding process



Source: Homelessness NSW (2026)

3. Method and approach

The evaluation uses a mixed methods approach, combining review of program documentation, qualitative data collection and analysis, and analysis of administrative and cost data. This triangulated design enables findings to be examined across multiple data sources, strengthening the evidential basis for conclusions and recommendations.

The evaluation is structured around five evaluation questions (EQs), developed in consultation with HNSW and designed to address the three evaluation objectives: to articulate opportunities, challenges and impacts observed through the administration of High Needs Funding; to understand the structural limitations being targeted; and to inform HNSW's ongoing work with Homes NSW under the NSW Homelessness Strategy 2025–2035.

The evaluation draws on three interrelated data sources to address the EQs set out in Table 2. Together, these sources provide complementary perspectives on program design, implementation, outcomes, and system impacts.



Table 2: Key evaluation questions against data sources

EQ	Evaluation question	Data sources
EQ1	**Data collection and reporting**: How effectively did data collection and reporting arrangements support learning, accountability and advocacy in the administration of High Needs Funding?	Document review; interviews and focus groups (FGs); administrative data analysis
EQ2	**Outcomes**: How appropriate and effective was the scope of High Needs Funding in responding to need and supporting intended outcomes?	Document review; interviews and FGs; administrative data analysis
EQ3	**Equity of access**: How equitable was access to High Needs Funding, and what factors shaped patterns of uptake (e.g. application process, distribution of funds to Specialist Homelessness Services (SHSs) or CHPs, First Nations context, client profile)?	Document review; interviews and FGs; administrative data analysis
EQ4	**Governance and administration**: How effective were the governance and delivery arrangements for administering High Needs Funding?	Document review; interviews and FGs
EQ5	**System impacts**: What impact did High Needs Funding have on client outcomes, service delivery, and the broader homelessness system?	Interviews and FGs; administrative data analysis

3.1 Document review

Evaluators reviewed the program documentation, including process and guidance documents, service agreements, program design documentation, HNP policy and procedures, presentations, and monthly reports. Document analysis established a baseline understanding of program design, intended objectives, and operational procedures, and provided context for interpreting findings from the primary data collection.

3.2 Stakeholder consultations

Evaluators conducted eight focus groups (FGs) with key stakeholders involved in the design, delivery, and administration of High Needs Funding. FGs took place via MS Teams in June and early July 2026 and lasted 90 minutes each (Table 3). With participants' consent, sessions were recorded and transcribed using MS Teams. Anonymised transcripts were summarised and thematically coded in relation to the key EQs; emerging themes not directly addressed by the consultation questions were also captured and coded and included in the analysis. Findings were triangulated with results from the administrative data analysis and document review.

HNSW assisted with identifying and convening stakeholders. Table 3: Stakeholder groups and engagement methods sets out the stakeholder groups engaged, the methods applied, and the rationale for their inclusion.

Table 3: Stakeholder groups and engagement methods

Stakeholder group	Number of consultations	Number of participants	Rationale
HNSW project team	1 x FG	2	Internal staff responsible for the administration of High Needs Funding and secretariat support for the HNP
HNSW historical	1x FG	2	Past HNSW staff
HNP	1 x FG	4	Panel members involved in assessing and approving High Needs Funding applications
CHPs	2 x FG	15	CHPs managing tenancies for Together Home Program clients accessing High Needs supports
Support Providers	2 x FG	8	Managers and front-line staff working directly with Together Home Program clients in receipt of High Needs Funding
Homes NSW / DCJ	1 x FG	6	Staff with involvement in Together Home Program delivery and oversight

3.3 Administrative and cost data analysis

AHURI analysed de-identified High Needs Funding administrative and cost data held by HNSW. This included analysis of the distribution of approved funding disaggregated by cohort (including gender, age, and cultural background), level of need, and location. Administrative data were also used to determine the mostly commonly funded services through High Needs Packages and OoFGs, including the median, minimum and maximum spends on service items.

Note that client outcomes could not be analysed because data were incomplete or lacked sufficient detail. Approved funding amounts were used as a proxy for actual spending on services due to difficulties matching budget approvals with service provider invoices. Together Home Program data held by Homes NSW and any data linkages were outside the scope of this evaluation.

3.4 Findings workshop

Key results from the qualitative and administrative data analysis and draft recommendations were compiled into a Discussion Paper that informed the findings workshop with HNSW which was held in early August 2026. The final evaluation report incorporated the results of the findings workshop.

3.5 Scope and limitations

The evaluation does not include direct consultation with Together Home Program clients who accessed High Needs Funding. Conducting primary research with this cohort would require research ethics approval and significant additional resourcing, which fell outside the scope of the commissioned evaluation. Client perspectives are therefore considered only insofar as they are reflected in stakeholder accounts and administrative records.

This evaluation excludes analysis of Together Home Program data held by Homes NSW, and any data linkages between HNSW and Homes NSW datasets. Administrative data analysis is limited to de-identified High Needs Funding data held by HNSW.

Where data availability, stakeholder access, or response rates constrained the analysis, this is noted in the relevant findings sections of this report.

4. Findings against evaluation questions

High Needs Funding made a genuine, sometimes life-changing difference to clients, driven by the flexibility, speed and person centred design of both the funding and its governance (EQ2, EQ4). These findings recur across every evaluation question and stakeholder group.

Peak body administration and the multi-disciplinary High Needs Panel were a standout strength of the model's governance (EQ4).

Access to funding was reasonably equitable given the model's discretionary, non-prescriptive design; its ability to reach clients who sat entirely outside the mainstream service system was a strong point (EQ3).

At a system level, High Needs Funding demonstrated that a Housing First informed brokerage model can achieve outcomes for this cohort that mainstream systems could not (EQ5).

Data collection and reporting arrangements served financial accountability reasonably well but did not effectively support learning, systematic outcome tracking or advocacy (EQ1).

Where equity concerns arose, they were driven not by deliberate exclusion but by a small number of interacting factors, including application complexity, capability of the applying organisation, regional and remote service availability, and gaps in the cultural appropriateness of the application process for First Nations clients (EQ3).

High Needs Funding worked by flexing around gaps in mainstream mental health, disability, aged care and housing systems rather than closing them and brokerage risks masking these structural problems rather than resolving them (EQ5).

Whether approved funds should continue to be held by community housing providers or paid directly to support providers remains an unresolved governance question (EQ4).

The sections that follow set out these findings in detail against each evaluation question, before turning to the lessons and recommendations they generate for future brokerage models (see section 5).

4.1 EQ1: How effectively did data collection and reporting arrangements support learning, accountability and advocacy in the administration of High Needs Funding?

Data collection and reporting arrangements for High Needs Funding served financial accountability reasonably well, but did not effectively support learning, outcome tracking, or advocacy. Every stakeholder group independently identified the same underlying gap: financial and process data were captured to varying degrees, but quantitative data on what High Needs Funding actually achieved for clients, and on its interaction with the broader health and service system, were not gathered or synthesised in a way that could inform decision-making, demonstrate the program's value, or make the case for future investment. Closing this gap does not mean defaulting to rigid, quantitative outcome measures, rather qualitative evidence, including case studies, was seen by stakeholders as the most credible way of demonstrating the program's value.

4.1.1 The multi-step funding flow to support providers created administrative delays and reporting friction

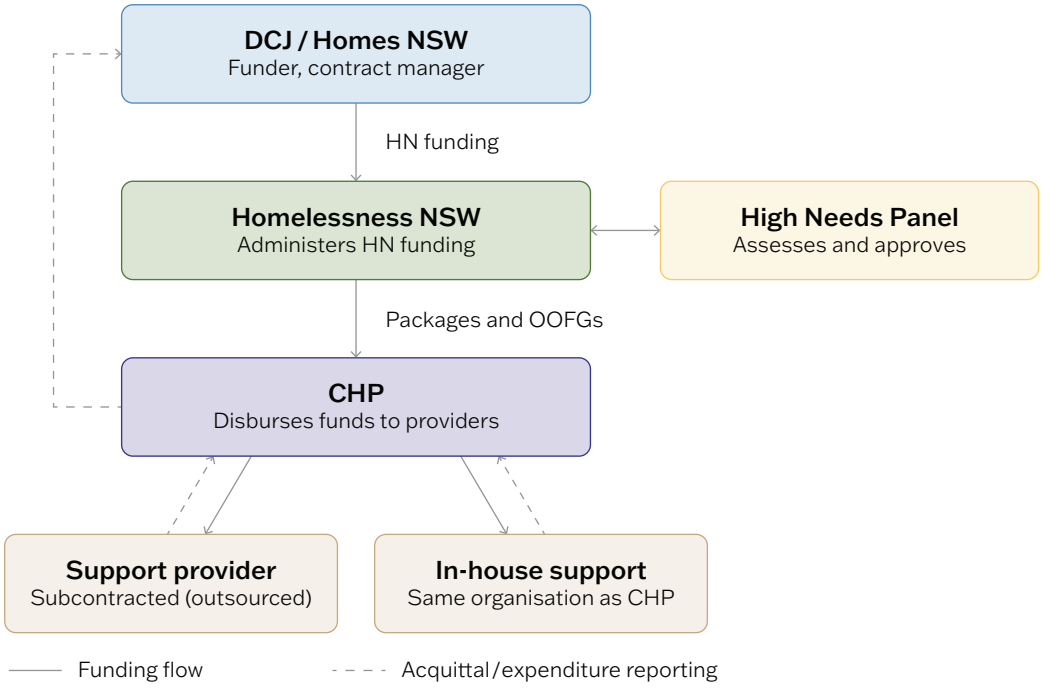
Every stakeholder group consulted independently identified that financial and process data for High Needs Funding were captured to varying degrees, but that data on the types of supports funded and what High Needs Funding achieved for clients were not gathered in a systematic way.

The Together Home Program was set up so that funding flowed from DCJ/Homes NSW to CHPs via Letters of Variation, and then to support providers who were subcontracted by the CHPs (where support was outsourced), or to the in-house support area (where support was provided in-house). In line with this architecture, acquittal of funds spent was from CHPs to Homes NSW. Similarly, High Needs Funding flowed from Homes NSW to HNSW, who then disbursed the funds (in the form of High Needs Packages and OoFGs) to CHPs, who then passed them on to support providers. CHPs were required to report on High Needs expenditure to Homes NSW, but not to HNSW. HNSW knew what was approved but had no visibility of actual expenditure.

The fact that support providers, who managed the bulk of the funded work, did not hold the money directly was identified as a structural problem that created administrative delays and friction. Support providers attributed the gap to disconnected reporting systems rather than a deliberate withholding of information.

There were variations in how individual CHPs passed funds on to support providers once a package or grant was approved, and this shaped how much delay and administrative burden was experienced downstream.

Figure 2: Funding flows and acquittal



Source: authors

The most commonly described model required support providers to invoice the CHP, either to draw down approved funds before spending, or to seek reimbursement after having spent them. One CHP stakeholder described:

> *It was also written in our contracts that they [support providers] couldn't get the money direct and had to come to us … the process was quick from Homelessness New South Wales to us … but then we have to then hold the funds and chase the support providers who have got to go to their finance team to get them to raise an invoice … it was just this other sort of extra steps along the way that made it a bit funky.*
>
> — CHP stakeholder

Some CHPs required this on an item-by-item or transaction basis, generating repeated invoicing cycles rather than a single disbursement:

> *There was lots of invoices raised and it went from somebody to somebody to then raise another invoice to somebody to get back to somebody else.*
>
> — CHP stakeholder

Support providers operating under a reimbursement arrangement described spending first and then invoicing to recover funds, which added an administrative function they were not resourced for:

> *We'd have to invoice them and get the money back. And that was like, it was very fiddly … We're not really set up to do that kind of admin, so that was annoying.*
>
> — SP stakeholder

Even within a single provider's experience, which party held the funds was not consistent, which created reconciliation problems:

> *Sometimes we would hold the funds and then at other times the CHP would hold the funds and then we'd have to request them … We'd keep our own records, and they'd have their own records and then they weren't matching up.*
>
> — SP stakeholder

These extra steps sometimes impacted clients' ability to access the supports they needed. In one case, a support provider's invoices to the CHP went unpaid, resulting in a client's physiotherapy appointments being paused until the matter was resolved. More generally, participants noted that time-sensitive purchases could miss their window.

> *Having that extra sort of step sometimes means you've missed appointments and windows to get things done.*
>
> — CHP stakeholder

By contrast, where the CHP and support provider sat within the same organisation, funds were typically held centrally and released on request, without an invoicing or reimbursement cycle, which created a more streamlined process.

> *The funds were there; it was very transparent. All I needed to do was send an email to Accounts … it was a lot easier because we were all under the same umbrella … I didn't have any of those barriers or things to jump through. It was very easy.*
>
> — CHP stakeholder

Both, CHPs and support providers experienced reporting as burdensome and oriented towards compliance. CHPs and support providers both described the acquittal and reporting chain as manual, repetitive, and largely about financial accountability rather than program improvement. Funders concurred that some of the reporting was administratively heavy relative to the value returned. There were exceptions, however, with one CHP noting that the acquittal and invoicing process was 'nice and easy'.

HNSW observed that as there was no standardised approach to expenditure tracking, support providers developed their own spreadsheets, invoices were lost, and staff turnover compounded the problem. One suggestion was to create a centralised portal for tracking individual client funding (ideally integrated within existing frontline reporting, i.e. CIMS) as a way of addressing the transparency gap.

The issues described here resulted largely from the fact that the overall Together Home Program was stood up very rapidly in response to the COVID-19 context and built on existing models of contracting through the Community Housing Leasing Program. Nonetheless, none of the issues described materially impacted the effectiveness of the High Needs Funding overall in its ability to create positive client outcomes (see following sections).

Interestingly, stakeholders from Homes NSW/DCJ described the light-touch, trust based reporting approach as a deliberate choice made in order to give the sector flexibility to do their work on the ground without being overburdened by compliance and reporting, rather than an oversight. Yet, it should be noted that this, in practice, created some friction for CHPs and support providers and that the approach should ideally better balance flexibility with clarity.

4.1.2 Outcomes data were not tracked systematically

Every stakeholder group independently identified that data around what High Needs Funding achieved in terms of client outcomes was not tracked systematically. Stakeholders described outcomes data as anecdotal, qualitative, or simply 'nothing that I'm aware of.'

> *You'd have your notes and you'd have in [them] whether the client's been successful for NDIS or things like that, but there wasn't an actual tracking way that if you'd pulled a report to see what the outcome was from that particular transaction, you wouldn't have been able to actually marry the two up in saying, okay, this was provided ... this has improved the circumstance. So that's probably an area that could strengthen in regard to being able to track the direct correlation to the outcome to the funding.*
>
> — SP stakeholder

HNP and HNSW stakeholders noted that there was no formal outcome feedback loop back to decision-makers. The Panel's clearest window into outcomes was when applicants returned seeking additional funding and incidentally reported on earlier approvals.

The HNP noted a lack of aggregate and benchmarking data that would have allowed it to see what proportion of funds were allocated to dental, transport, health and other items, which might have aided the decision-making process, and that it could not benchmark cost items. HNSW corroborated this from the administering side. Despite collecting a substantial volume of data through routine approvals and reporting, it acknowledged that it 'collected far more data than was actually used', with much of this never aggregated or benchmarked into a form decision-makers could act on.

There was no aggregate view of how funds were being spent across categories, which limited the Panel's ability to reflect on whether spending patterns matched the program's intent.

> *What I find that we didn't see ... was ever within our brief to stop, pause and reflect on how much was spent in different areas and whether that felt right or wrong. And I would have thought it's at this point in time that panel members would like to know that, you know, 30% was spent on dentistry and 20% was spent on transport, 40% was spent on accessing health services ... That sort of thing I think would help us answer some of the questions that the High Needs Packages were actually intended to deliver.*
>
> — HNP stakeholder

Aggregate data on clinical and health burden could have been used to make the case for wider system impacts and savings.

> *I would like to see the saving that we contributed to the medical savings and other institutional saving that we made through High Needs Package because I know for some of our Together Home participants ... by using their High Needs Package, that they reduce their frequency to hospitals ... We had customers who would regularly go to hospital before coming into the program. And I think that having High Needs Package helped them to get support, like right health assistance they needed and they couldn't access before, so that eventually it resulted in improving their health and reducing access to hospital.*
>
> — CHP stakeholder

Others argued that the lack of outcomes and impact data represented a lost advocacy opportunity for the sector. Taken together, this points to a data-collection process oriented toward compliance and a missed opportunity for data collection to support outcomes analysis and advocacy.

4.1.3 What is a good outcome?

Throughout stakeholder consultations there was discussion of what a good outcome for a client looked like and who was in a position to judge this. Tenancy sustainment was a key measure, but there were many discussions that were far more nuanced, human and philosophical.

There is a distinctive concern that the more a program is structured to allow rigorous outcome measurement in relation to set key performance indicators (KPIs), the more it risks losing the person centred quality that makes the funding effective. Homes NSW and DCJ stakeholders engaged most directly and philosophically with the question of what a 'good outcome' means for this cohort. In discussing the department's standard reporting questions, one stakeholder noted:

> *We've got two particular questions, for example, it's like, why did the client leave their last home … and then where did they end up? Those two questions are directly contradictory in some people. I can think of an example where someone was evicted because of the bad behaviour of various sorts, and then was almost immediately placed in disability accommodation … You've got to be really careful about what you want to know. What you want to know is where they ended up … did they end up in the place they needed to be at?*
>
> — Stakeholder

Another stakeholder extended this into a broader conceptual position, arguing that outcome measurement itself sits in tension with the program's person centred philosophy:

> *In an ideal world, it's kind of like, who cares what the outcome is? … All humans have the opportunity and the right to like screw it up and have a bad outcome … It's about giving that person the empowerment to go 'I can now get on my two feet and go on that journey.' And it might fall apart, but that's not because we gave them dental work or not. It's about going, well, we've taken away that barrier. Now you can go on your journey and good luck to you. We hope it works out, but we know that in some cases it won't … I know that that from a reporting point of view, you can't measure that. But like, I'd love to live in a world, idealistically speaking, where that wouldn't matter.*
>
> — Stakeholder

Other stakeholders engaged with the same underlying difficulty from more practical or operational angles. Some reflected on what could realistically be tracked by blunt proxy indicators rather than formally defined outcomes.

> *Not being evicted is in of itself … was something we were tracking … but in other cases it was … that they were still alive, or in some cases that they had a good death, you know, because some of those tenants died … because they're engaging with the health services for the first time in 20 years, get a terminal diagnosis and then it's like, okay, how do we manage that?*
>
> — HNSW stakeholder

Stakeholders repeatedly framed good outcomes as a qualitative shift from clients merely surviving to actively thriving, rather than a single discrete metric.

> *The thing that stood out for me is it wasn't just people surviving anymore. Like, oh, here's a house and just go on, just make do, just keep your head above water. It was actually, they were able to start to thrive in a lot of circumstances, you know … it shouldn't just be like, oh, look, you're not on the street anymore. You got a roof over your head. You should be able to, you know, it's not just that bottom hierarchy of needs. Like, you should be able to further yourself and be connected.*
>
> — SP stakeholder

They noted that High Needs Funding achieved good outcomes for clients, while consistently cautioning against simple, linear claims of attribution. Qualitative case studies (rather than dollar-to-outcome reporting) were seen as the most credible way of demonstrating the program's value and to demonstrate the funding's ability to be genuinely need-led rather than housing-led (e.g. dental work, mental health support, pathways into NDIS) as its strongest outcome (see Figure 3).

Figure 3: Qualitative case study example of client level impact

My name is Melody, and I have been housed with Women's Housing Company since 2022, joining through my participation in the Together Home Program.

I had experienced over 20 years of chronic homelessness and incarceration. I ended up in hospital after a near fatal infection and was in there for a whole year. I then was referred to the Together Home Program and was lucky enough to be allocated to Women's housing Company.

Now, my life is completely changed! Having a safe and stable home and the support of my Case Manager has been all I needed to start living a full, meaningful and productive life.

Since being engaged with the Together Home Program, I have been linked in with so many services and programs. My Case Manager helped me get a computer and I was able to get a mentor to help me learn how to use it. I was able to have lessons and obtain my driver's license with the Driving Change program. I have also completed a barista training course that was run through WHC!

All these things have really helped me with my confidence and self-worth. So much so that I was able to talk to my Case Manager about getting dentures as I had lost all my teeth. My Case Manager accessed funding, and I now have a full set of implant dentures. This gave me so much confidence so that when I was asked to be involved in a training video that was developed to help with service improvement and fundraising, I jumped at the chance. I also now help the Junior Doctors through St Vincents Hospital twice a year in their training in cardiology. This is my way of giving back for all the care I received when I was so sick.

My Case Worker has worked with me to identify my goals and what is important to me. I realised that being healthy and giving back to the community are very meaningful for my recovery. I engage in counselling once a week, I exercise daily (my Case Manager even got me a pass to my local pool!) and I manage all my medical appointments and treatments. After many years on a medical exemption with Job Seeker, my Case Manager helped me to apply for the DSP, and I was successful. This has been a massive help, and I have been able to engage in volunteer work, helping my friend with the running of his business. I have also contributed to the WHC Quarterly Newsletter, been involved in Journey Mapping to help the improvement of services at WHC and have registered my application for the George and Jaqui Maree Fellowship.

Most importantly, since having safe and stable housing and Case Management I have been clean from all substances for 4 years and have reconnected with my children and grandchildren. My life has never been this good!

Source: Women's Housing Company Annual Report, supplied by HNSW

4.1.4 Key messages

- It is important to maintain a lightweight, structurally embedded data collection system.
- There is an opportunity to streamline the funding flow and capture data on how funds move through it, closing the reporting loop between HNSW, CHPs and support providers, easing invoicing burdens and giving support providers greater visibility and control.
- There is an opportunity to develop an outcomes framework that captures person centred change, including tenancy sustainment, improved wellbeing, increased autonomy, connection to supports and reduced barriers, while avoiding rigid indicators that could undermine the flexibility and client-led nature of the funding model.
- There is an opportunity to embed data collection about funds spent and supports provided under High Needs Funding / additional brokerage within CIMS, to ascertain how much and what kind of support was provided to clients. This would ease evaluation of client outcomes and funding effectiveness and provide a structured dataset by which to track system trends that could be used for advocacy.
- There is an opportunity to capture clinical and health-burden data (e.g. mental health, AOD prevalence, reductions in hospital presentations) alongside financial and process data, to demonstrate the systemic health-system savings High Needs Funding likely generated. This is a distinct gap from the data-architecture/aggregation issues above, and one with standalone value for making the case to government for continued or expanded investment.



4.2 EQ2: How appropriate and effective was the scope of High Needs Funding in responding to need and supporting intended outcomes?

High Needs Funding was appropriately scoped and qualitative data show it to be highly effective in responding to individual client need and supporting intended outcomes. This was one of the most robust and consistent findings in the evaluation. Even though broader client outcomes were difficult to measure or track systematically (see EQ1), there was a very high level of consistency in the supports requested and funded and near universal agreement among stakeholders on positive, sometimes life-changing client outcomes. The main nuances concern model design (packages versus One-off Funding Grants) and the sustainability of client gains once funding ends. The main risk to sustaining this effectiveness in any future model lies not in scope, but in the temptation to impose rigid, easily measured outcome frameworks that could undermine the person centred flexibility behind these results.

4.2.1 Universally and strongly positive assessment of client level impact

All stakeholders affirmed that High Needs Funding made a material, sometimes life changing, difference to individual clients, and that outcomes would have been 'substantially worse' without it. This is the single most consistent finding across the entire evaluation.

Illustrative language recurs across groups.

> *I just remember it being like this magic brokerage that you never ever get access to.*
>
> — SP stakeholder

> *It was hands down the best job I've ever done. I feel like it had the most effect on individuals and their lives. The best phone call I ever made was someone put in an application for a second-hand car for a mum with eight kids out in a country town. She had great all of these complications. And they put it in an application and we showed it to the panel and the panel were like, well, it's too low, like that car's going to break down in five years. Tell them to come back and ask for more money. And when you ever get to call a support worker and say, ask for more money and they'll give it to you.*
>
> — HNSW stakeholder

> *I also had a had a client that was approved a High Needs Package for medical transition needs, and this had been a client that had had significant suicidality as a result of their circumstance, so this particular package, I mean, hand on heart, I can tell you, saved their life. You know, how, how do you measure that?*
>
> — CHP stakeholder

Case study: the life-changing impact of High Needs Funding

A woman from a CALD background fled domestic violence with her two children, one of whom has muscular dystrophy, an intellectual disability, and uses a wheelchair. Housed temporarily through Together Home while awaiting priority social housing, the family faced danger from an unsecured wheelchair ramp — an accident from it caused her son to fracture his femur, leaving him too afraid to go outside.

When he was later approved for a heavier powered wheelchair ahead of starting high school, the unsafe ramp posed an even greater risk. Through coordinated advocacy with the tenancy manager and OT, a High Needs Funding application secured an OT Home Mods report. This unlocked owner approval for a permanent ramp and a long-term lease, resolving the housing uncertainty.

The new ramp was completed just two weeks before the powered wheelchair arrived — in time for the start of high school.

Without High Needs Funding, none of this would have been possible. This has been life altering for my client and her son and I cannot communicate this more strongly. – Ella Women's Housing Company

Source: Authors adapted from notes supplied by Women's Housing Company via HNSW



Alongside this consensus on impact, stakeholders raised a more nuanced concern that outcome measurement, if too rigidly defined, can sit in tension with the program's person centred philosophy. Funding decisions should not be contingent on guaranteeing a particular result, because clients retain the right to self-determine, including 'the right to … screw it up and have a bad outcome.' While every stakeholder group agreed that High Needs Funding changed lives for the better, this observation cautions against treating a good result as the measure of the funding's value in the first place, since doing so risks quietly narrowing what 'appropriate' support looks like to only what can be shown to succeed (see also section 4.1.3).

4.2.2 The scope of High Needs Funding was appropriate because it matched what clients needed, and funding was rapid and flexible

A near-identical list of supports requested and funded recurs across all stakeholder groups: dental care (consistently flagged as among the most significant, 'funder of last resort' for a public system gap); NDIS-related assessments (OT, neuropsychological, psychiatric) enabling access to longer-term support; psychology/counselling beyond Medicare/mental-health-plan limits; transport; furniture/tenancy set-up; and cultural connection activities for First Nations clients (travel to Country, art supplies). This consistency across independently conducted focus groups is a strong evaluative signal that the funding's scope was well matched to the cohort's actual needs.

Stakeholders drew a direct connection between the wait times in mainstream systems and the value of High Needs Funding's speed.

> *Being able to get some private trauma-specific counselling, being able to fast-track neuropsych assessments that could take literally … people could be on waiting lists for the entire duration of Together Home unless they had those.*
>
> — CHP stakeholder

Speed and responsiveness relative to mainstream systems was identified as a precondition for engaging this cohort and was a core value proposition of High Needs Funding. The ability to purchase services privately and immediately, bypassing mainstream waitlists, was what let stakeholders keep a commitment in real time rather than asking a client with limited trust in systems to wait weeks for a process to conclude.

Stakeholders explained that clients experiencing long-term homelessness and complex trauma have limited tolerance for delay, and that any process resembling a typical government approval timeframe risked losing the client before support could even be delivered.

> *Quite often we find with this particular cohort that unless you're able to act and act now without having to go: 'Oh, I need to go through a process with government and it'll take about 30 days, maybe it'll take 60 days.' … they completely disengage by the time we get there. If you can't actually respond on the day and deliver the outcome that you're committed to, you lose the relationship, you lose the trust and the ability to actually deliver on the promise.*
>
> — CHP stakeholder

Stakeholders described how they could procure services privately while a slower mainstream pathway (such as a NDIS application) was still working its way through the system.

> *We could procure some of those services before we could get them within the actual systems and structures themselves … whilst we actually worked their way through … to be able to access complex systems like NDIS, which takes quite a long time.*
>
> — CHP stakeholder

Examples of timely access to private services

Service providers and CHPs identified High Needs Funding for privately procured services as an example of how timely, flexible support could respond directly to clients' needs. Funding for private assessments, counselling and treatment helped clients access support more quickly, build trust with providers and remain engaged with services. Access to mental health services in particular were identified by providers as supporting clients to sustain tenancies. Examples include:

- enabling timely access to specialist trauma counselling
- helping clients bypass six- to twelve-month waitlists for AOD counselling
- supporting access to longer-term mental health support than was unavailable through standard mental health plans
- fast-tracking medical and psychiatric assessments that supported access to appropriate care
- enabling access to private rehabilitation through private health insurance.

Flexibility was named by every group as the defining strength of the funding scope, specifically, the capacity to fund non-clinical, creative, person centred items (driving lessons, dog training, equine therapy, gym memberships, vehicles), and to reallocate or step support up or down as client needs changed over time.

> *The discretionary nature and the flexibility [of High Needs Funding] is very important … what is identified initially with goals or needs or requirements can change over time or can change very, very quickly.*
>
> — HNP stakeholder



The client impact of flexible, person centred funding

Vehicles: Service providers and CHPs identified High Needs Funding for vehicles and vehicle-related costs as an example of how flexible, non-clinical support could respond directly to clients' needs. Funding for car repairs, servicing and registration helped clients gain greater independence. Reported impacts include:

- helping a client access specialist support for their children without the added stress of relying on public transport
- supporting a client living remotely to access training that later led to employment
- giving a client greater opportunity to reconnect with their child who had previously been removed.

Dental work: Department stakeholders, service providers and CHPs identified High Needs Funding for dental work as another example of how flexible support could respond directly to clients' needs. Funding for dental treatment helped improve clients' confidence, self-worth and ability to engage with opportunities. Reported impacts include:

- giving a client the confidence to take part in a training video developed to support service improvement and fundraising
- supporting a client to participate in training programs as a way of giving back
- helping a client seek and gain employment, which in turn supported their ability to reconnect with family.

4.2.3 Transition from High Needs Packages to One-off Funding Grants was a positive adjustment

The transition from full High Needs Packages to smaller OoFGs was broadly seen as a positive scope adjustment, since full packages were considered oversized relative to typical actual need and created recurring underspends. This was, however, tempered by a secondary observation from some support providers that some clients were better served by a package once established, since reallocating funds within an existing package was administratively simpler than repeatedly applying for a new OoFG each time a need arose.

> *I think the like doing the initial High Needs Package was a lot of work. Once you got one done and you were just reallocating funding or moving things around, it was much easier. The one-off grants, I did one recently, but I didn't even know I was doing that. So, I couldn't really see too much different in the process.*
>
> — SP stakeholder

This has implications for the design of any future model; rather than choosing between packages and OoFGs, a future model should treat OoFGs as the standard access mechanism, since most clients did not need a full package, while preserving a package-style option specifically for clients whose sustained, high-level need is established at the outset.

4.2.4 High Needs Funding was effective in supporting intended outcomes

Stakeholders consistently identified the strongest outcomes as being in mental health access, tenancy sustainment for the most complex clients, access to clinical diagnoses and assessments, and bridging otherwise unavailable gaps in mainstream service systems. Even where a tenancy was not ultimately sustained, stakeholders noted that the diagnostic and assessment work funded through packages retained lasting value for the client's future service engagement.

A distinctive pattern emerged around how outcomes differed across program tranches. Tranche 1 clients, primarily rough sleepers housed rapidly in temporary accommodation (TA) during the COVID period and before Housing First support-sequencing was fully embedded, were seen as the most complex and least likely to achieve durable outcomes, reinforcing that time-limited brokerage was least sufficient for exactly the highest-need cohort:

> *There was a big difference between tranche 1 participants and tranche 2 because of the … Housing First principle that says you connect with your supports before and you kind of commit to the program. [In tranche 1] everybody got swept up off the street into TA and then referred from a provider who wasn't going to provide the ongoing support … it was a little bit rushed … You can see the difference between tranche 1 outcomes, tranche 2 outcomes, even with the High Needs Packages … Tranche 1, they're actually the cohort of people that we still have left in the program that we think are going to struggle without the supports that we are not able to give them.*
>
> — CHP stakeholder

An unresolved tension was raised around whether outcomes should be formally measured at all (see also section 4.1.3). The HNP and HNSW flagged the absence of an aggregate expenditure view as constraining their ability to judge whether the overall balance of outcomes matched program intent (this was also mentioned by CHPs and support providers, who focused on individual client outcomes). There was concern that a rigid outcomes framework could distort panel decision-making toward what is easily measurable, at the expense of the individually appropriate, person centred responses that made the funding effective in the first place:

> *The outcome was that they survived, which wasn't guaranteed. So that was, you know, depending on how you view things, that was a good outcome … I do think that would be a risk of setting outcomes, but I think if you do it carefully, you could maintain enough flexibility to allow the panel to respond to each individual request.*
>
> — HNSW stakeholder

Stakeholders administering the funding observed that the character of applications shifted considerably over the program's life. Early in the program, requests skewed toward creative, recovery-focused, person centred interventions; as the program approached its end, requests became increasingly crisis-driven and tenancy-sustainment-focused:

> *I think since that's happened, like there's just been this like constant decrease in the amount of like funding requests, the High Needs Funding that come through as people start to close the program … we're not seeing, you know, like we used to see a lot of like really creative requests that might be for interventions, for cultural connection and family rebuilding. But I'd say a lot of the requests now, it's, you know, someone's in quite a dire situation, they're not in a house, like we're paying for six months of the support worker to come in and try and respond to the tenancy risks. So, you see that there's quite a shift in tone and like the style of case management that comes through.*
>
> — HNSW stakeholder

This suggests the scope of High Needs Funding remained appropriate throughout, but its practical application shifted from an enabling, aspirational function toward a more defensive, risk-mitigation function as program end dates approached.

Related to this, the sustainability of client gains once funding ceased was contested, both within and across stakeholder groups. Some stakeholders were confident that outcomes had proven durable

> *When it was done well ... [High Needs Funding] created the foundations for people to be able to access those systems and be engaged in things like NDIS and my aged care packages ... [High Needs Funding] has tapered off now to nothing, it's actually been sustainable.*
>
> — CHP stakeholder

Some stakeholders described gains that proved fragile once funding was no longer available, with client trajectories after the program ending in financial difficulty or reincarceration rather than continued stability. This tension between durable and fragile gains was not fully resolved within or across groups, and may point to differences in individual client complexity rather than a flaw in the funding model itself.

4.2.5 Key messages

- Outcomes findings are the strongest and most robust in the dataset. There was near-unanimous, cross-group agreement that High Needs Funding was highly effective, driven by flexibility, speed and true person centredness.
- The High Needs Funding is an example of what can be achieved for a highly complex cohort through a genuine person centred approach that is fully resourced. The funding acted as a system disruptor. It enabled clients to access supports (private psychiatric assessments, dental treatment, vehicles, home modifications) that were otherwise entirely out of reach for this cohort, whether because of cost, eligibility gaps, or the delays built into mainstream systems. Stakeholders described outcomes that would not have been achievable through any other existing mechanism.
- The main nuances concern model design (most clients were better served by the more flexible OoFG model, though a package remains useful for clients with established and sustained, high-level needs) and the sustainability of client gains once funding ends.
- High Needs Funding's scope and flexibility were validated near-unanimously across all stakeholder groups as appropriate to this cohort's needs and are recommended for retention in any future model.
- The main risk to future effectiveness is not scope, but the temptation to impose rigid, easily measured outcome frameworks that could undermine the person centred flexibility stakeholders consistently credited as the source of the funding's effectiveness.
- Where funding fell short, the cause was process complexity and access friction rather than the scope or amount of funding available; a distinction relevant to EQ3 (equity of access).

4.3 EQ3: How equitable was access to High Needs Funding, and what factors shaped patterns of uptake?

Overall, access to High Needs Funding was reasonably equitable, particularly given the funding's discretionary and non-prescriptive design.

Where equity concerns arose, this was not due to deliberate exclusion, but because of a small number of interacting factors: the complexity of the application process, the capability of the organisation making the application, applicants' visibility and understanding of the funding itself, and the structural position of subcontracted support providers within the funding chain.

Regional and remote access to services and local expertise added a distinct equity dimension.

First Nations equity was a consistently raised issue, though this concern centred on the cultural appropriateness of the application process and available support services, rather than on the overall proportion of funding reaching First Nations clients, which appears to have been broadly consistent with their representation in the program.

The program's success in reaching clients who sat entirely outside the mainstream service system, often due to past negative experiences, was one of the program's most significant achievements and equity strength.

4.3.1 Organisational capability shaped who could access funding

Access to High Needs Funding was driven more by organisational and applicant capability than by client need. This is the dominant and most consistent equity theme across CHPs, support providers and HNSW stakeholders. Applications tended to cluster around case managers and organisations already familiar with the process. Larger or more clinically experienced providers were repeatedly described as having found an implicit formula for a successful application, while smaller or less-resourced organisations, or those with high staff turnover, were disadvantaged.

> *It was quite complex to get some applications through and we … were successful in putting that together more often than not … The person who was doing [the applications] … seemed to crack a formula, whatever that was … I don't necessarily think that the decisions were always made on who had the highest needs as a consequence to that. It was more about, you know, how savvy you were in actually putting those particular applications forward.*
>
> — CHP stakeholder

> *The bigger SHSs had more success. It's almost like … they found the magic words to know what to say to get through … [the application was] quite a complex and arduous process to get high needs.*
>
> — CHP stakeholder

The HNP corroborated this pattern from the receiving end, acknowledging it had no visibility of organisations or clients who had chosen not to apply at all, or who had been discouraged from applying before a case ever reached the Panel.

HNSW sought to mitigate this imbalance through education and assistance with the application process, rather than leaving organisations to navigate the process unsupported. Stakeholders described this support as accessible and substantive, not merely administrative.

> *[The] communication [with HNSW] worked really well … if you're not sure what to ask for, give us a call and we'll help you guide you on what you need.*
>
> — CHP stakeholder

> *I found the process sort of always took me a lot longer than I was hoping … quite repetitive in some points. But the feedback and the open communication with Homelessness New South Wales was really helpful. They were really able to assist in … what to take out, what to maybe add.*
>
> — SP stakeholder

This assistance appears to have narrowed, without eliminating, the gap between well-resourced and less experienced applicants; organisations that made use of it described a more manageable process, while the underlying pattern of stronger applications from larger, more experienced organisations persisted regardless.

4.3.2 Referral processes evolved to reduce access barriers over time

The referral form and application process were revised more than once over the life of the program, in order to make the application process more manageable for applicants. As HNSW staff developed a clearer sense of what information the Panel typically needed to reach a decision, this was fed back into the referral form itself, reducing the number of applications returned for missing information.

> *Having sat on the meetings every month, you start, you knew what the questions they were going to ask and when they were going to say no because there's not sufficient evidence … [HNSW staff] were able to streamline the referral forms … the referral forms were … more effective.*
>
> — HNSW stakeholder

Support providers experienced this as a real, if gradual, improvement:

> *I think it got clearer. And some of that was a bit of a process of just try it and see what you can get approved. And, like, the goalpost did sort of change a little bit along the way.*
>
> — SP stakeholder

HNSW staff described working proactively over time with case managers, particularly first-time applicants, to strengthen applications ahead of submission, which stakeholders felt had a genuine, if partial, equalising effect on application quality across organisations of different sizes and experience levels.

4.3.3 Application complexity was broadly proportionate to funds requested, but still a barrier for some

Application complexity was an access barrier for some, but many stakeholders felt the complexity of the process was broadly commensurate with the amounts of funding being requested.

> *I thought the process for applying was obviously quite lengthy, but at the same time, I actually think it was quite good as well. Like we were asking for 30, 40, 50 grand at a time, so I could see why it was quite in depth.*
>
> — SP stakeholder

> *I thought the form was complex … but yeah, it was a lot of money, so it was understandable.*
>
> — SP stakeholder

For some organisations, however, this complexity was an access barrier. Stakeholders described cases where support staff reviewed the requirements and declined to proceed altogether, meaning that clients who might have been eligible did not access funding at all. This was consistently framed as a process accessibility issue rather than a sign that funding itself was scarce: the application itself was described as 'complicated, repetitive' and as something that 'turned you off doing it.'

Although HNSW introduced an FAQ and 'what to apply for' guidance in 2024 and circulated these materials when each referral round opened, stakeholders suggested that written guidance alone did not materially reduce the level of support applicants needed. This was likely because applicants were often already overwhelmed by the referral process and because guidance was intentionally broad to preserve flexibility and encourage individualised, needs-led applications. The absence of clear, published guidance on what categories of support were likely to be approved was raised independently by several stakeholder groups. Stakeholders described this as amounting to a guessing game, in which time was invested in gathering reports and invoices only to face a decline with no clear basis for understanding what evidence would have been sufficient.

> *It was quite a bit of a guessing game for our support providers … if there was more of a guideline, that could be, you know, these are the things that will be approved or likely, that would give them a really good indication of how much time they should invest.*
>
> — CHP stakeholder

At the same time, stakeholders recognised a trade-off here. The absence of a fixed, published list of eligible items also meant applicants were not constrained to a predetermined menu of options, leaving room for truly person centred applications that responded to what an individual client actually needed rather than what a checklist allowed for. Suggestions for a reference guide or indicative pricing thresholds were generally framed as a loose calibration tool rather than a restrictive approved list, in recognition that over-specifying eligible categories risked narrowing the flexibility that made the funding effective in the first place. These reflections suggest that future models may require more active training from HNSW and regular check-ins with organisations to build confidence in the process, particularly in the context of staff turnover.

4.3.4 Funding reached First Nations clients proportionately, but process and cultural appropriateness remained gaps

The program guidelines state that 'Where possible, 30% of packages will be allocated to Aboriginal people referred to the High Needs Assessment panel'. Administrative data confirm that the program exceeded this target, with 34% of High Needs Packages (N=36) and 35% of OoFGs (N=99) allocated to Aboriginal people.

This proportion is roughly consistent with the composition of the broader Together Home Program cohort, of whom around a third identified as Aboriginal or Torres Strait Islander, suggesting that despite the process and cultural competency concerns raised throughout this section, First Nations clients were not underrepresented in the funding's overall distribution. Stakeholders themselves were cautious about reading too much into this, since it appeared to reflect the underlying composition of referrals reaching the panel rather than a deliberate equity strategy, and did not resolve the separate concerns raised about cultural appropriateness once funding was received.

Nonetheless, the issue of First Nations equity elicited considerable discussion across stakeholder groups, specifically in relation to cultural appropriateness of the application process and supports.

The Panel and HNSW framed the gap as a systemic cultural-competency gap among support providers, compounded by structural and historical factors such as the program's COVID-era origins precluding proper co-design with Aboriginal organisations, and a separately contracted Aboriginal-led model that did not itself generate High Needs applications. HNSW additionally reflected that very few applications were received from Aboriginal Community Housing Organisations, describing this as 'a genuine failure' and a lost opportunity for more targeted, culturally appropriate support.

CHP stakeholders instead attributed the gap primarily to service availability in regional and remote areas, rather than funding design. Cultural supports were described as underfunded and understaffed, so brokerage cannot create services that do not exist.

> *Most of the cultural supports are really underfunded as well. It's hard to then kind of go to them when they don't have capacity because they're just so stretched.*
>
> — CHP stakeholder

> *It's difficult generally just from a regional perspective because we don't have those additional services, even just to get basic medical services in some of these communities is next to impossible. A psychiatrist, you've got to be bloody kidding me, like they don't exist. And so, you know, it's layer upon layer, but then you add another cultural element on top of that, it just becomes even that much harder.*
>
> — CHP stakeholder

Other stakeholders raised a related but distinct concern about a process design blind spot, an absence of cultural sensitivity built into the application, assessment and communication process, alongside provider uncertainty about whether cultural uses of the funding were even permitted.

Taken together, this suggests First Nations clients received High Needs Funding at a rate roughly proportionate to their representation in the program overall, but that the experience of accessing and using that funding was shaped by cultural competency gaps in the sector, service scarcity and process design issues that a numerical target alone does not capture. A future model should not treat a met quota as evidence that equity has been achieved for this cohort but should engage in genuine co-design and collaboration.

4.3.5 Regional and metropolitan inequity was a broader pattern

Stakeholders described an equity gap between metropolitan and regional or remote access in terms of availability of and access to services and supports, especially specialist services and supports. Specialist assessments such as psychiatry or cognitive and psychosocial testing were often unavailable locally, requiring telehealth or travel to major centres. Housing outcomes, too, depended on local relationships and infrastructure that took longer to establish outside metropolitan areas.

> *Sometimes just sitting in a regional area, it was a bit like, oh, what can I apply for? … At times I probably felt a little bit isolated in that space.*
>
> — SP stakeholder

> *Housing First takes a lot of local expertise … to wrap the services around people.*
>
> — SP stakeholder

4.3.6 Whether support was delivered in-house or subcontracted shaped access to funding, independent of client need

A further equity dimension raised by some stakeholders concerned the position of support providers within the funding chain rather than client-level factors. Because High Needs Funding could only be issued to CHPs, subcontracted support providers holding the direct client relationship had no formal funding relationship or independent voice in the process.

The impact of this differed depending on whether CHPs provided support in-house or subcontracted it. CHPs delivering support in-house had smoother access to funding than those relying on external support providers, which introduced a further, structurally based inequity, distinct from the applicant capability theme, since it depended on how a CHP was organised rather than the merits of the individual case.

The disconnect between support providers, CHPs and the High Needs Funding was over time partly mitigated bringing support providers into governance forums, which was characterised as a workaround rather than a structural fix. CHIA and HNSW originally held separate CHP and support provider communities of practice (CoP). When the CHP CoP ceased in later years, HNSW opened the support provider CoP to CHPs to aid information sharing.

4.3.7 High Needs Funding reached clients the mainstream system could not

A distinct equity theme concerns who accesses and uses the system in the first place. On this measure, enabling access for those who had previously been disconnected from the system, the broader Together Home Program and the High Needs Funding were seen as unusually effective. Stakeholders saw this as one of the program's most significant achievements.

> *[Most of the high needs clients] were outside the current service system, either because they had bad experiences with us or the police or whoever in the past.*
>
> — Department stakeholder

Stakeholders were explicit that this cohort typically does not present to services on its own initiative, and that reaching them requires something more deliberate than making a service available and waiting for people to seek it out.

> *I think one of the key wins or the achievements of this was to capture people who were not in the system, who were homeless on the street with acute, high needs, vulnerable clients.*
>
> — Department stakeholder

> *We are talking about really complex clients who hadn't necessarily navigated some of the typical systems, you know, that were, when they were sleeping rough, for example, they weren't engaged with the NDIS services ... we could procure some of those services before we could get them within the actual systems and structures themselves.*
>
> — CHP stakeholder

Standard outreach models were seen as necessary but insufficient for this cohort, whose prior experiences of services, police or government had often taught them to avoid contact rather than seek it out.

> *That net, I think, was unique to this program. How do you cast that net to bring those people in? I think that's a challenge. I don't know how you do it, but that would be something that you would want to retain for any future programs.*
>
> — Department stakeholder

This is an important finding in relation to equity as it highlights the capacity of the program to succeed in reaching the people with the least capacity to seek it out themselves. This was possible, in part, because of the genuinely person centred design of High Needs Funding, which allowed clients to receive the supports they needed and wanted, rather than being limited to what was already available, and to receive it in a timely way. This flexibility helped establish trust with a cohort who had often disengaged from mainstream services, and allowed providers to meet clients where they were at, rather than requiring them to fit into a predetermined service pathway. Stakeholders saw this as true strength of the model worth retaining in the design of a future model.

4.3.8 Client input into the application process: a design consideration for future models

A distinctive observation, raised by the Panel itself, concerned how far a client's own voice travelled through the layers of the application process. One stakeholder described the practical distance between what a client had actually asked for and what ultimately reached the Panel:

> *That's sort of like that six degrees of separation from what the client was specifically asked for and why they were asking for it, that might get lost over those each of those steps. And by the time it gets to the panel, it will resemble but may not be accurate to what the actual client was asking for or what they needed.*
>
> — HNP stakeholder

Panel stakeholders discussed, without reaching a settled view, whether clients might have a limited, targeted opportunity for direct input (for example, being able to explain their circumstances further where a panel was leaning toward declining a request) while acknowledging the practical constraints of panel size and meeting length if this were extended to every application:

> *In some cases, if the client felt strongly about it and felt that they could present themselves, you know, it might be useful and they could then describe how the package might change their lives in some way or maintain their tenancy.*
>
> — HNP stakeholder

This was not raised as a criticism of how the Panel operated, but as an open question worth considering in any future model: whether a lightweight mechanism for direct or supported client input could reduce the risk of a client's actual need being diluted as it passes from case manager to referring organisation to Panel.

4.3.9 Administrative data show that High Needs Funding allocations broadly aligned with the demographic and geographic composition of the cohort

As of 30th June 2026, 385 clients received assistance through the THP HN program with approved budgets totalling $7,229,344 (Table 4). Packages accounted for 51% of total approved funding and OoFG comprised the remaining 49%.

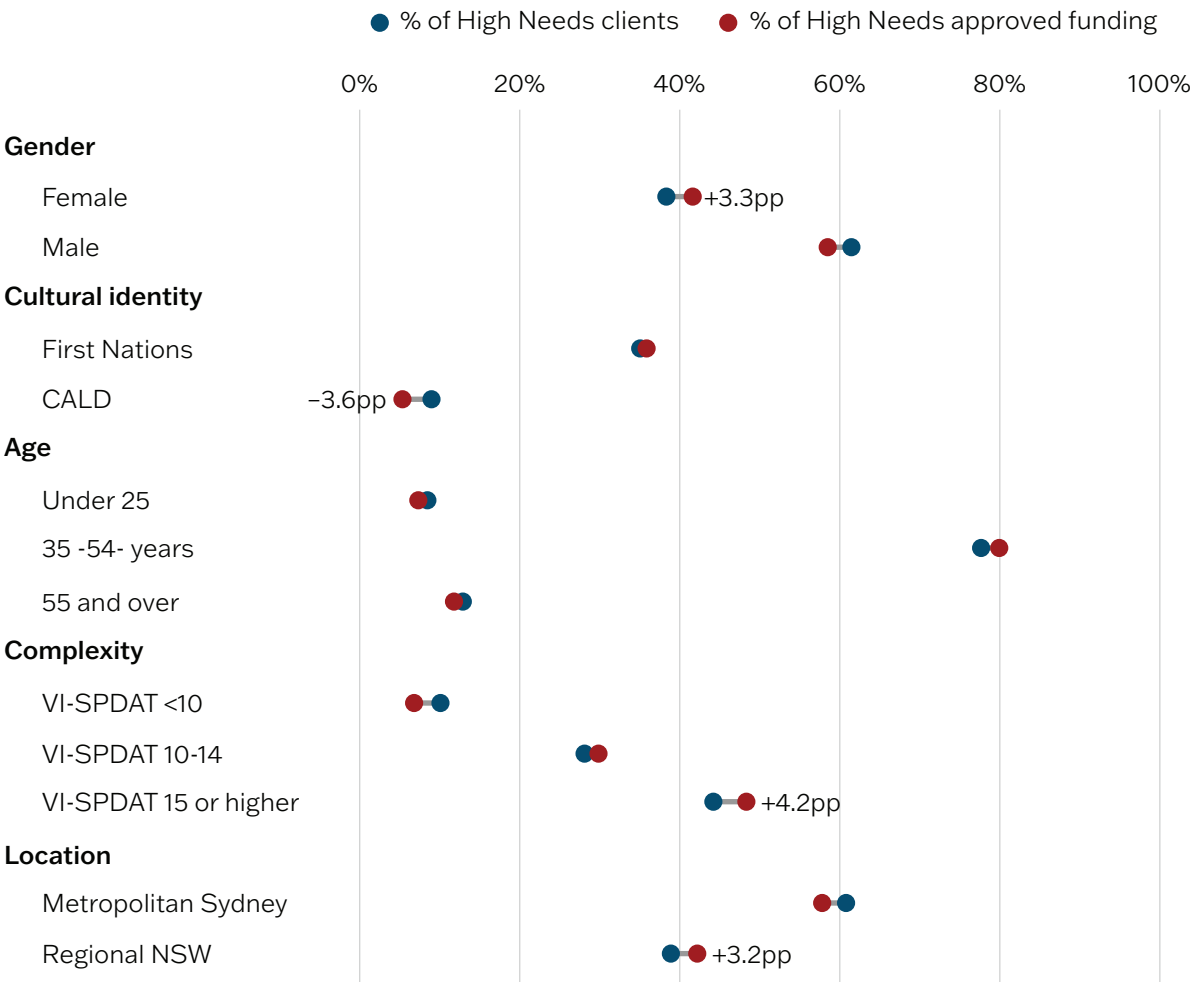
Table 4: Number of clients and budget, by funding type

	Number of clients	Budget requested	Budget approved
High Needs Package	106	$5,217,813	$3,711,802
OoFG	279	$4,906,360	$3,517,545
Total	385	$10,124,173	$7,229,347

Overall, 71% of funding requested by providers was approved. This varied by location and cohort, but not substantively. The percentage of requested funding approved was slightly higher in Regional NSW[2] (76%), for male clients (73%), adults aged 55 and over (77%), and clients with a VI-SPDAT score of 10-14[3] (75%). Approval percentages were slightly lower in Metropolitan Sydney[4] (68%), for female clients (69%), First Nations clients (69%), and for clients with a VI-SPDAT score of less than 10 (64%) or 15 and higher (69%).

The share of approved High Needs Funding proportionally matched the demographic and geographic composition of the High Needs cohort, with slight variances (Figure 4: High Needs client share versus funding share, by cohort). Unsurprisingly, clients with a VI-SPDAT 15 or higher received a disproportionate level of funding (44.2% of all THP clients, receiving 48.4% of total approved funding). Female clients and clients located in Regional NSW also received slightly more funding relative to client share, while CALD clients received slightly less.

Figure 4: High Needs client share versus funding share, by cohort



2 This includes all districts outside of Metropolitan Sydney: Illawarra; Shoalhaven; Southern NSW; Hunter; Central Coast; Mid-North Coast; Northern NSW; New England; Murrumbidgee; Far West; Western NSW.

3 Nationally, a VI-SPDAT score of 10+ would be expected for access to a Housing First Program. Where an individual has VISPDAT score of 15+ this indicates the existence of multiple and complex factors that indicate an individual requires long-term permanent support and would benefit from High Needs Funding.

4 This includes three districts that approximately correspond with the Sydney Greater Capital City Statistical Area : Sydney; South Eastern Sydney; Northern Sydney; South West Sydney; Western Sydney; Nepean Blue Mountains.

4.3.10 Key messages

- Overall, equity of access to High Needs Funding was good, particularly relative to the flexibility and person centred intent of the funding model.
- One of the program's significant achievements was its success in reaching clients who sat entirely outside the mainstream service system, often because of past negative experiences with services, police or government.
- Where there were issues, these were driven by a small number of interacting factors rather than deliberate bias in access and decision-making: the complexity of the application process itself (which, while broadly proportionate to the funding at stake, still discouraged some eligible applications); the capability and experience of the organisation applying, which shaped the strength and success rate of applications independent of client need; applicants' visibility and understanding of the funding itself, including uncertainty about what would be approved; and the structural position of subcontracted support providers, who had no formal funding relationship or independent voice in the process.
- Regional and remote access to specialist services and local expertise added a further, distinct equity dimension. Unlike the factors above, this reflected the structural availability of services rather than a flaw in the funding's design or administration, but it shaped patterns of uptake nonetheless
- Cultural appropriateness of the application process and supports for First Nations clients is a clear and consistently identified gap, distinct from the overall proportion of funding this cohort received, with causes ranging from provider cultural competency to service scarcity to process design. A future model will need to address several of these levers together, through a genuinely co-designed process.



4.4 EQ4: How effective were the governance and delivery arrangements for administering High Needs Funding?

Peak body administration was the standout strength of High Needs Funding's governance design, credited by stakeholders across every group as central to the program's success. The High Needs Panel, combining lived experience, Aboriginal, sector, clinical, NDIS and government expertise in a single, non-hierarchical body, allowed funding to be assessed on individual merit rather than through a systemic or policy driven lens.

The one governance question this evaluation leaves open is how funds should flow once the Panel has decided. CHPs holding the funds gave them leverage for accountability and engagement with support providers: the tenancy agreement creates an ongoing legal relationship with the client, keeps support providers engaged with difficult clients, and ties financial accountability to the organisation responsible for the tenancy outcome. Yet this sits uneasily with a Housing First lens, which requires housing and support to remain separate. Direct payment to SHSs would remove an administrative layer, cutting delay and double handling, and would lift a coordination burden arguably outside CHPs' core role. This tension is also apparent in the delivery models. Where CHPs delivered support in-house rather than subcontracting it, many of the frictions associated with the outsourced model, including data blind spots, acquittal delays and accountability mismatches, did not arise.

The relationship between HNSW and its government funding partner was itself a strength when actively resourced and came under strain only with staff turnover and program closure, a pattern reflecting how the relationship was managed rather than an unavoidable feature of government partnerships.



4.4.1 Peak body administration was the standout strength of the governance model

Peak body administration of the High Needs Funding was strongly and consistently endorsed across every group. CHPs, support providers, the HNP, department staff and HNSW itself all independently credited the peak body model with making the program work. Key benefits identified were sector proximity and trust, responsiveness, flexibility, and freedom from the bureaucracy and policy orientation stakeholders associated with government administered funding. Government administration was not simply seen as a weaker alternative, it was actively opposed.

> *No, for God's sake, don't put it back to government. They are a nightmare to get $5 out of. And just the level of bureaucracy … when you start dealing with those big bureaucracies and they feel quite out of touch with the reality, and how quickly you need to turn things around … and not just sort of being counters and going, oh no, we can't approve that, our policy says blah, blah, blah.*
>
> — SP stakeholder

> *I think having that third party approach where they're acting on behalf of government to manage the funds is important … they were so well connected to the sector to understand the challenges of the supporting clients in programs like this. So I think they actually sat in a nice balance of understanding the government's perspective in regards to the responsibility of managing those funds and distributing those funds appropriately, but also then having the sector relationships and membership to really understand how they can support the sector by making these processes quite quick and easy.*
>
> — SP stakeholder

Department stakeholders described a sincere wish to keep government at arm's length from decisions about which clients or providers received funding.

> *We got an arm's length kind of an arrangement happening outside of government that was very fairly and equitably distributing those funds to the clients most in need … kudos to Homelessness New South Wales.*
>
> — Department stakeholder

They credited the governance structure itself, rather than any particular individual, with making the arrangement durable.

> *If you've got the structure set up, then actual personnel movement doesn't matter … if you have some underlying infrastructure set up and good governance … it's easier for new people to come in.*
>
> — Department stakeholder

This is a strong finding that shows that the governance choice was the right one, was defensible, and worth carrying forward deliberately in any future model.

4.4.2 The High Needs Panel functioned well and process embedded diverse, local expertise directly into decision-making

The HNP's conduct was consistently described as fair, multidisciplinary and non-hierarchical. The Panel was not simply an approval mechanism sitting downstream of HNSW's administration. Its formal design deliberately combined lived experience, sector, Aboriginal, NDIS, clinical and government perspectives in a single decision-making body, and stakeholders consistently described this combination, as what made the governance arrangement work in practice.

Panel members were reimbursed for their time at a rate comparable to their usual employment, treating the role as professional expertise rather than an unpaid or token contribution, and members were bound by a confidentiality agreement given the sensitivity of the matters considered. The Panel met monthly and required a quorum to proceed.

The process itself was structured to give this diversity of expertise a genuine role in each decision, rather than being a formality. Decision-making was described as collegial, consensual and compassionate, with the diversity of perspectives on the Panel seen as instrumental in reaching well rounded decisions rather than as a source of friction or delay. Lived experience representation in particular was credited with adding distinctive value, and the environment was described as safe and non-hierarchical, enabling frank contribution from all members regardless of seniority.

Support providers corroborated this from outside the Panel, describing the mix of expertise as a strength rather than a bureaucratic feature:

> *[The Panel] seemed to have good, good representation, and I felt that there was the right mix of people there … you had multiple decision makers that could then collaborate together to come up with an answer, or a question back, of why something was or wasn't going to be accepted for funding.*
>
> — SP stakeholder

Overall, the governance and composition of the HNP allowed it to focus on an individualised, person centred response to each case rather than defaulting to a systemic or policy driven lens.

A related refinement raised by one stakeholder group was whether the HNP's composition should include specific technical expertise for particular high-cost, high-variance items, dental treatment being the clearest example. Dental work was among the most frequently requested and most cost-variable items funded through High Needs Funding, yet no Panel member had the clinical background to judge whether a given private quote was reasonable. Adding a dental professional, or ready access to one, to the Panel's expertise was suggested as a way of closing this specific gap.

4.4.3 HNSW facilitated and supported the High Needs Panel, which contributed to the Panel's success

Stakeholders consistently praised the substance and quality of HNSW's day to day involvement, describing it as truly valuable rather than purely administrative.

> *I think it was essential to the process ... the Panel members had the information they needed, which involved a triage function ... they [HNSW] really added value to the process. It wasn't just an administrative function. They actually used their knowledge and asked questions and made sure things were provided. So, it actually made the Panel run well ... it's probably one of the best panel meetings I've been to.*
>
> — HNP stakeholder

This secretariat function extended well beyond simply circulating paperwork. HNSW performed a triage and quality assurance role ahead of each monthly meeting, filtering out incomplete or out of scope applications and progressively refining the referral form itself based on a growing understanding of what the Panel needed to reach a decision, which freed Panel time for substantive case discussion rather than basic eligibility checking.

4.4.4 In-house vs outsourced model

The variance in in-house versus outsourced service provision emerged as a central 'structuring variable' that shaped CHPs' and support providers' experiences and accounts of High Needs Funding. Any future brokerage model needs to account for the impact variations in delivery models might have on data collection, client outcomes, equity, governance and administration.



Table 5: In-house versus outsourced delivery model

EQ	In-house model	Outsourced model	Key finding
EQ1 — Data & reporting	Simpler, but reporting was often minimal and informal (internal meetings only).	Structural blind spot: parallel systems (CHIMES, CIMS and providers' internal systems); no reporting loop back to HNSW; double handling of data.	*The outsourced model, while consistent with Housing First principles, in practice contributed to issues in data handling, oversight and acquittal. This is a data-architecture problem, not a flaw in the High Needs Funding model itself.*
EQ2 — Outcomes	No evidence of stronger client outcomes, but ability to provide faster, more predictable, more continuous support.	Positive client outcomes, but occasional service disruption from payment delays; quality of support depended more on support provider capability.	*The delivery model did not appear to change whether High Needs Funding achieved good outcomes, but it did affect how reliably and quickly those outcomes could be realised.*
EQ3 — Equity of access	Fewer barriers; continuity of client knowledge made applications easier.	Fragmented process; mismatch between who does the work (support provider) and who is accountable (CHP); the administrative burden could deter smaller support providers from applying for High Needs Funding.	*The in-house model reduced barriers in the application process, support provision and accountability. It did not eliminate the broader equity driver of organisational capability (skewed to favour larger organisations), which applied to the outsourced model as well.*
EQ4 — Governance & administration	Consistently described as seamless, transparent and very, with no barriers or extra steps to navigate.	The most consistently raised governance problems were the multi-step acquittal, reconciliation failures, contractual ban on direct support provider payment, real delays to service delivery.	*While the in-house model simplified governance and administration, Housing First principles provide a compelling case for retaining separation of housing and support. The governance and administration issues experienced in the outsourced model can be addressed in the design of a future model (see section 5.3).*
EQ5 — System impacts	Avoided some of the systemic frictions seen elsewhere.	CHPs were structurally unable to see how their own contracted outcomes were delivered.	*The High Needs Funding model produced fewer problems under the in-house model than under the outsourced model. Because the same program design produced different problems depending on the delivery model, this suggests some program-level problems were structural or organisational artifacts rather than flaws in the funding model itself.*

4.4.5 Whether approved High Needs Funds should be held by CHPs or SHSs was an unresolved governance question

The mechanics of the funding flow through CHPs, and the friction this created, are described in detail under EQ1. From a governance perspective, the more significant finding is that stakeholders were divided on the right structural fix, and this evaluation does not find a clear basis for recommending one option over the other.

Some CHPs and support providers argued for direct payment to support providers, on the basis that they held the client relationship and were doing the underlying work.

> *Give the money to the support … give it to the people that are working directly on the front line with the tenants that are helping actually spend the funds and come alongside them, not to the CHPs. I don't think it's the most integrous way to do it.*
>
> — CHP stakeholder

Direct payment to support providers would remove a layer between approval and spending, cutting the delay and double handling described under EQ1, and would relieve CHPs of a coordination burden that several CHPs themselves described as sitting outside their core role. It would also better reflect the separation of housing and support that Housing First requires.

Other stakeholders argued the opposite, that CHPs holding the funds gave them leverage to keep support providers engaged with clients who were difficult to reach or prone to disengaging, and tied financial accountability to whichever organisation was ultimately responsible for the tenancy outcome, the precondition for any brokered support to work in the first place.

> *Having us involved in the funnelling of [funds] and the process of case managing [clients] is important because … often, if there's no kind of relationship with our support providers, often they'll disengage if the tenant is not engaging. So that assertive kind of follow up falls away. But the good thing about this program is that they're in it with us and there's a contract arrangement and we can always kind of say, look, we'll go out with you or keep trying. We just really need you with them. Because otherwise we can't disengage people just because they stop talking to us. We've got tenancy agreements with them that compel us to keep working with them, and we don't want that tenancy to fail.*
>
> — CHP stakeholder

Neither position resolves cleanly. This is an understandable concern, but it describes CHPs using financial leverage over a support provider to manage a support engagement problem, which sits in some tension with the separation between housing and support that Housing First calls for, even where, as here, it was used with good intent. Direct payment removes that tension but, without an alternative mechanism, leaves no clear structural incentive tying a support provider to the tenancy outcome specifically, as opposed to the support relationship alone.

On balance, this evaluation does not support a recommendation for either option in isolation. Any future model needs to weigh this trade-off as part of a broader decision about how accountability for tenancy sustainment is assigned and monitored across the housing and homelessness system, rather than settling it within a brokerage model on its own (see further discussion under 5).

4.4.6 The relationship between HNSW and the department shifted over the life of the program

Stakeholders on both sides described the relationship between HNSW and its government funding partner as genuinely collaborative in the program's early years, with regular meetings, a well-resourced departmental team, and active steering committee engagement.

> *It really did feel like joint decision making ... there was a very honest, transparent communication between both sides, very respectful.*
>
> — Department stakeholder

Both sides observed this relationship become more strained as the program approached closure, which was partly attributed to communication that became more reactive and last minute. HNSW's own account described a period of role confusion, where it found itself effectively communicating on the department's behalf to the sector at points it later reflected was not an appropriate role for a peak body to hold.

Department stakeholders observed that the CHP contracting model which underpinned the broader Together Home Program was widely acknowledged as a source of internal disruption.

> *It did disrupt the way we normally do business ... there were lots of people quite unhappy about this arrangement because it was a major disruptor within the department.*
>
> —Stakeholder

While High Needs Funding sat outside that contracting relationship, it too, was a disruptor to how things were usually done. The strain in the broader HNSW and department relationship was real and consistently reported, but stakeholders themselves did not attribute it to the High Needs Funding component, or to the Panel's own governance and decision-making, both of which continued to function well through this period. The internal disruption described above should therefore be understood as a feature of the wider program and its contracting arrangements, not as evidence against the High Needs governance model evaluated in this section.



4.4.7 Key messages

- Peak body administration was the standout strength of High Needs Funding's governance design and should be retained largely unchanged in any future model. This was delivered through a HNP that combined lived experience, Aboriginal, clinical, sector, NDIS and government expertise in a single, non-hierarchical body, and was supported by a dedicated secretariat function by HNSW that performed triage, quality assurance and referral-form refinement ahead of each meeting, freeing Panel time for substantive case discussion. Both the Panel's composition and this secretariat support should be carried forward in any future model.
- A comparison of delivery models (in-house versus outsourced) showed that many of the frictions associated with subcontracting, including data blind spots, acquittal delays and accountability mismatches, did not arise where CHPs delivered support in-house, suggesting these problems were structural or organisational artifacts rather than flaws in High Needs Funding itself.
- How funds should flow once the Panel has approved them remains the one governance question this evaluation leaves open. Holding the funds gave CHPs a lever for accountability and engagement with support providers: the tenancy agreement ties them into an ongoing legal relationship with the client, keeps support providers engaged with clients who are hard to reach, and links financial accountability to whichever organisation is responsible for the tenancy outcome. This sits uneasily, though, with a Housing First lens that calls for housing and support to stay separate. Paying SHSs directly would strip out an administrative layer, reduce delay and double handling, and lift a coordination burden that arguably sits outside CHPs' core role.
- The relationship between HNSW and its government funding partner worked well when actively resourced, and its later strain reflects how the relationship was managed, particularly through staff turnover and role confusion as the program approached closure, rather than an inherent limit of the arrangement itself.



4.5 EQ5: What impact did High Needs Funding have on client outcomes, service delivery, and the broader homelessness system?

High Needs Funding stands as a practical demonstration that a Housing First informed, person centred brokerage model can achieve outcomes for people with high and complex needs that mainstream systems could not.

The answer to how High Needs Funding affected service delivery and the broader system is double edged. On one hand, it was consistently described as a powerful diagnostic lens, exposing real gaps in mainstream systems; on the other hand, almost every stakeholder group raised a concern that brokerage risks masking structural problems rather than resolving them. This included observations of health and mental health system failures; lack of, or very long wait times for, specialist services and supports through the public system; barriers to accessing NDIS and My Aged Care systems; lack of good and long-term case management for clients with complex needs. However, these are unresolved cross-portfolio funding issues that round out a systemic picture rather than a simple account of program success.

This section focuses on what High Needs Funding revealed and contributed to at the level of the broader service system (client level outcomes are addressed in detail under EQ2).

4.5.1 The Together Home Program and High Needs Funding were a practical demonstration of how a Housing First informed, flexible, person centred brokerage model could achieve outcomes for people with high and complex needs

Stakeholder groups independently pointed to the same system level achievement, namely that the Together Home Program and High Needs Funding demonstrated that a Housing First informed, flexible, person centred brokerage model could achieve outcomes for people with high and complex needs that mainstream systems could not.

The funding of CHPs under the Together Home Program represents a system disruption. Under this model, someone (e.g. CHPs) was held responsible for housing provision and tenancy sustainment, both of which are required to support a Housing First approach alongside the support funded and provided under the High Needs Funding.

Stakeholders reflected on the process by which program evidence translates, or fails to translate, into sustained policy commitment. A strong evidence base for a program's value does not translate into policy continuity on its own; it requires deliberate, sustained advocacy at the moments when that evidence is politically relevant. The peak and the department's ability and appetite to consistently lobby for the continuation of a pilot program is difficult to sustain through change and reprioritisation over time. Stakeholders suggested several possible contributing factors, including leadership changes in the peak body and departmental restructuring, as examples of the kind of disruption that can affect this.

This dynamic reveals a structural vulnerability in pilot programs; initiatives that demonstrate strong evidence of success but remain programmatically siloed are dependent on sustained advocacy to survive changes in leadership, organisational priorities, and funding cycles.

A system-level approach may provide a mechanism to address this vulnerability. The NSW Homelessness Strategy 2025-2035 aims to apply Housing First philosophy and principles at a system level. This implies a shift toward effective initiatives and their operating principles being integrated into standard practice, rather than reliant on renewal decisions for a defined pilot. This is the shift in implementation that would be welcomed by the sector as the Strategy's approach is put into practice, where successful elements of initiatives like the Together Home Program and High Needs Funding are sustained by embedding what works into system-level design from the outset. The stakeholder experience of the Together Home Program's discontinuation illustrates why this shift matters. Several stakeholders described the discontinuation as a genuine loss.

Stakeholders identified a range of contributing factors, including several changes in leadership in the peak body and restructuring of the department, which impacted the peaks' ability to effectively lobby for the program to be continued.

> *I really thought the program was good … I thought it was amazing. It was one of the better programs that I've worked on. And I think a really great opportunity has been missed by not continuing.*
>
> —Stakeholder

The lesson for future initiatives is procedural; strong evaluation evidence needs a pathway into system design, not just a case made for the renewal of individual pilot programs.

4.5.2 High Needs Funding acted as a diagnostic lens on system gaps

All stakeholder groups described High Needs Funding as revealing the true scale and nature of gaps in mainstream systems, systematically exposing shortfalls in dental care, NDIS access, specialist and psychosocial support, and ongoing sustainable case management.

While High Needs Funding was able to bridge these gaps (e.g. by sourcing and paying through the private system), this is a 'work around' the limitations of the current system, rather than a system fix. Stakeholders described this as:

> *… a tension between compassionate individual responses and structural accountability.*
>
> — HNP stakeholder

NDIS and MyAgedCare access represent a partial exception to this pattern. Where High Needs Funding was used to finance the assessments and source the documentation required to establish, the brokerage ceased to function as a one-off intervention and instead secured the client's transition into an ongoing, mainstream funding stream.

> *… getting evidence to apply for NDIS, because that was going to be the long-term funding to support people. So things like getting neuropsych assessments, functional assessments, OT assessments … psychiatric reports … a lot of that was to access a long-term funding stream for someone to keep them supported … some of that was stopgap, right, till NDIS came on board.*
>
> — SP stakeholder

Support providers reported that this outcome was sustained in practice, with clients remaining stable once mainstream funding had been secured.

> *It created the foundations for people to be able to access those systems and be engaged in things like NDIS and My Aged Care packages … and that has continued to support them to live well since that time, as ongoing.*
>
> — SP stakeholder

4.5.3 Case management and psychiatric support were the most common supports funded through High Needs Packages

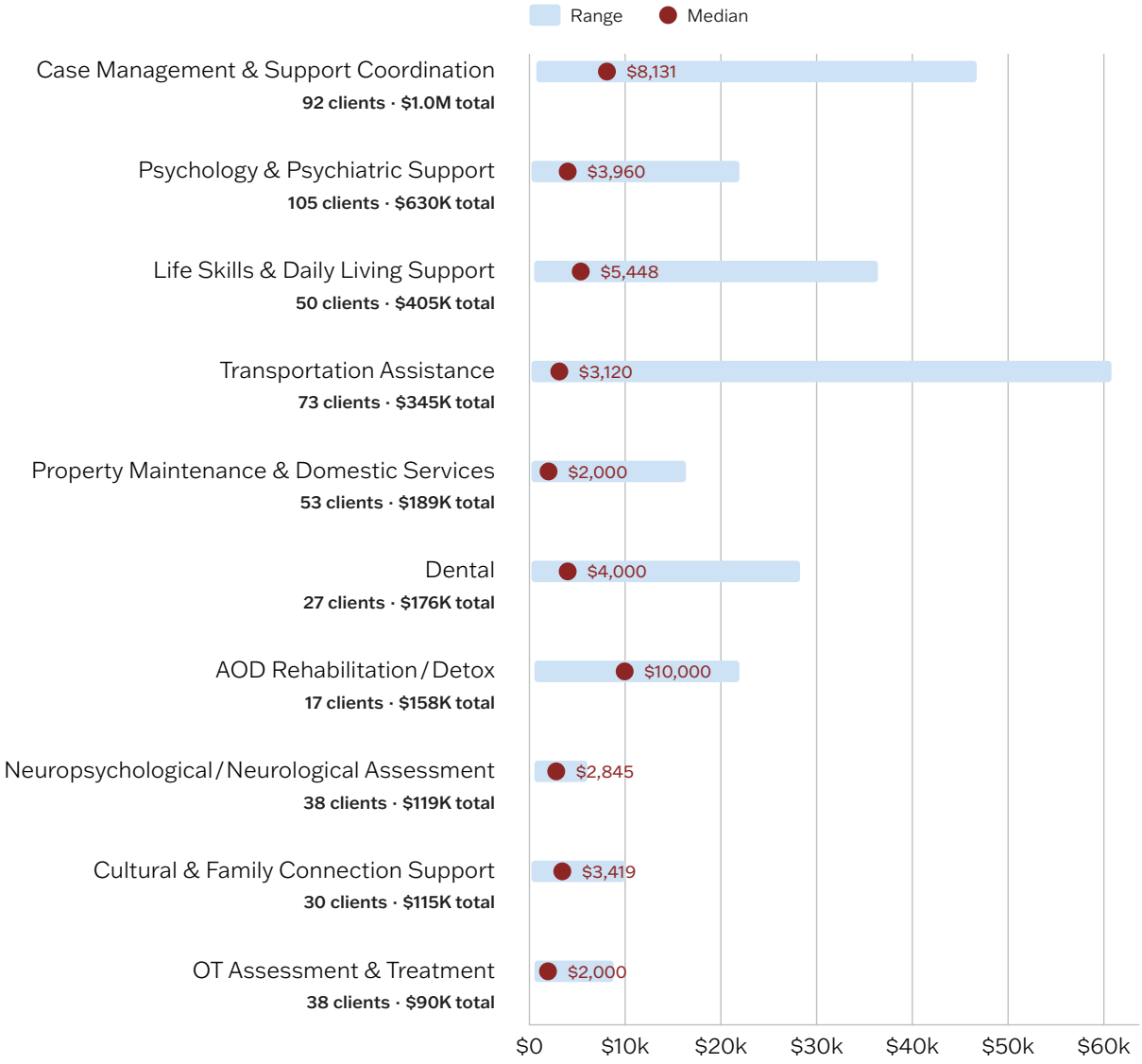
Administrative data show that approximately 87% of clients with High Needs Packages were approved for case management (92 of 106 clients). The median approved amount for case management was $8,131, with a range from $770 to $46,810, depending on the intensity and duration of support (Figure 5: High Needs Packages, top 10 service items by total spend).

All but one client with a HN Package were approved for psychological and/or psychiatric support (99%). The median approved amount was $8,131, ranging from $200 for art therapy supplies to $22,000 for an intensive inpatient trauma program.

Approved funding for transport assistance was the fourth most common funded service ($345,255 in funding, 50 clients). This encompassed a wide range of services, ranging from assistance with driving tests ($52) to purchase of a second hand car ($10,000) and facilitated transportation ($60,840).



Figure 5: High Needs Packages, top 10 service items by total spend



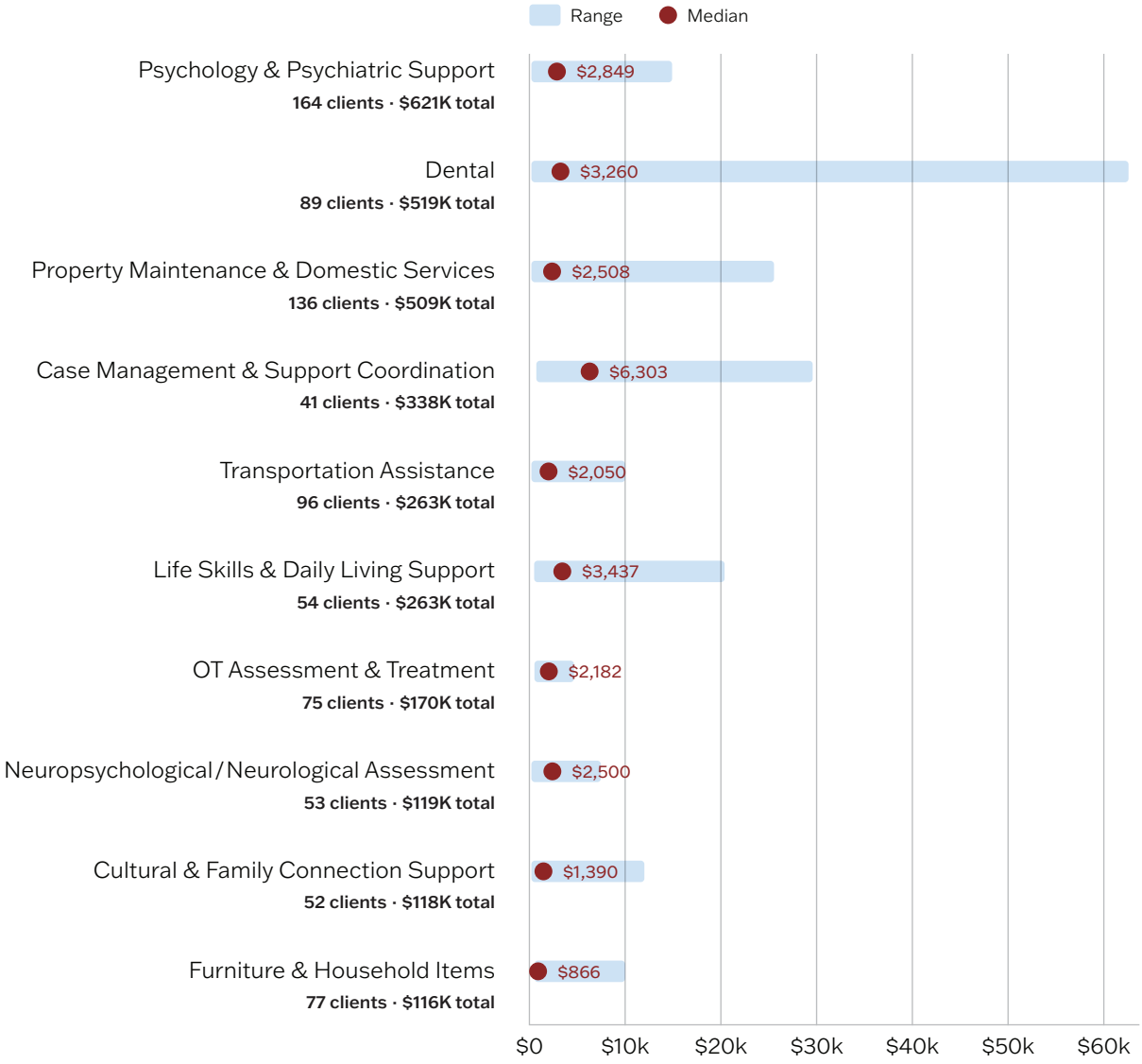
Source: authors based on HNSW administrative data

4.5.4 Psychiatric support and dental treatments were the most common supports funded though OoFGs

Administrative data show that OoFGs were used extensively to fund psychological and psychiatric support. Approximately 59% of clients who received OoFGs were approved for psychological and psychiatric support (164 of 279), accounting for 18% of total OoFG funding (Figure 6: OoFGs, top 10 service items by total spend). OoFGs for psychological and psychiatric support had a lower median ($2,849) and range ($200 to $15,000) of than High Needs Packages. Yet the high prevalence of this support need demonstrates the high demand for this support among the overall THP cohort and the stark gaps within the mental health system.

Dental treatments were the second most common services funded through OoFGs (32% of OoFG clients; 15% of OoFG funding). The median spend was $3,260 but varied significantly, ranging from basic oral assessments ($59) to more intensive treatments and oral surgeries ($62,550).

Figure 6: OoFGs, top 10 service items by total spend



Source: authors based on HNSW administrative data

4.5.5 Brokerage risks masking structural problems rather than fixing them

Stakeholders consistently raised concerns that brokerage, by patching gaps at the individual level, risks normalising rather than resolving the structural failures it responds to. This is not a criticism of how High Needs Funding was administered, it is a more fundamental question about what brokerage can and cannot achieve.

This dynamic was visible across several distinct systems. In mental health and alcohol and other drug services, the underlying problem was limited availability and long wait times through the public system. Brokerage was valuable for buying speed and for securing access to support that the public system could not reliably provide.

Support providers noted that High Needs Funding allowed clients to bypass long mainstream waitlists for psychosocial and allied health services, effectively queue jumping.

> *It shouldn't be this way, but a lot of the times money talks all languages.*
>
> — SP stakeholder

Stakeholders framed this as revealing a systemic access problem rather than something to celebrate uncritically: the fact that funding, rather than need, determines who gets timely access to care is itself evidence of a mainstream system under strain.

Access to the NDIS and MyAgedCare presented a related but structurally distinct barrier, one of exclusion rather than delay, since clients with histories of homelessness were often unable to produce the assessment evidence required to apply, or fell just below eligibility thresholds, leaving brokerage as the only practical bridge into support otherwise closed to them.

A further issue was the absence of long-term funding to sustain intensive support where needed, once High Needs Funding ends.

Stakeholders repeatedly used High Needs Funding itself to cover case management hours, at times pooling several clients' funding to approximate one ongoing position, because no properly resourced mechanism existed to fund sustained case management directly.

> *It's really hard to fund a person for two hours a week to work with one person … in practice, people would then bulk apply for like five people in order to have one FTE. And the panel sees that and they're like, well, that's not person centred, that's service led.*
>
> — HNSW stakeholder

This points to a gap in the availability of funded case management within the current system, with brokerage being an unsustainable, ad hoc substitute for it.

The consistent theme across these examples is that High Needs Funding worked because it could flex around gaps that mainstream health, disability and housing systems not because it closed those gaps.

4.5.6 Incoming social housing stock may be poorly suited to this cohort

CHPs raised a distinctive concern that the composition of new social housing supply (e.g. funded by the Housing Australia Future Fund (HAFF)), was weighted toward medium density and high rise dwellings, and is poorly matched to a cohort whose tenancy sustainment depends on lower density, lower conflict settings.

> *The stock that is coming online is not designed to meet this cohort of clients … there's a lot more medium density or complexes being built. Yet we've got people that struggle with neighbours … you would see a lot of people maybe exhibit antisocial behaviours. And so in terms of being able to sustain those tenancies, it just makes it that little bit harder if they are in a complex where there are other vulnerable people, potentially younger families and kids.*
>
> — CHP stakeholder

> *The thing that I'm the most worried about is all this HAFF coming through, one and two bedrooms. And then what we've got is basically high rise. So you're either going to put people in with serious mental health and it's going to go sideways, and we're exposing our staff to trauma … or we're just going to not house them, and where are they going to go?*
>
> — CHP stakeholder

Stakeholders could not identify a workable alternative within current housing supply settings, which highlights a planning challenge for any future model rather than a problem with an solution.

4.5.7 Key messages

- At a system level, High Needs Funding made a genuine difference, but only within limits it could not fix on its own. Within the context of the Together Home Program, High Needs Funding was a practical demonstration that a Housing First informed, flexible, person centred brokerage model can achieve outcomes for people with high and complex needs that mainstream systems could not.
- High Needs Funding worked well as a diagnostic lens, showing up gaps in health, mental health, specialist supports, AOD, NDIS and MyAgedCare access, funded case management, and the suitability of incoming social housing stock.
- In practice, High Needs Funding worked by getting around gaps in mainstream systems, not by closing them, so once the funding stops, clients go back to facing the same gaps for which it had been covering. NDIS and MyAgedCare access is a partial exception to this pattern, where High Needs Funding covered the cost of assessments and evidence that secured a client's entry into one of these systems, it converted a one-off brokerage spend into an ongoing, mainstream funding stream, a genuinely durable outcome rather than a temporary workaround.
- Overall, the most significant contribution of the High Needs Funding model (and the broader Together Home Program) lies in the transferrable lessons it generates for a future system-based approach (see the following section)

5. Lessons for future brokerage models and recommendations

High Needs Funding demonstrated what a flexible, person centred, Housing First informed brokerage model can achieve for people experiencing long-term homelessness with high and complex needs. It shows what is needed to make a difference in their lives, highlighting where mainstream systems consistently fall short and perpetuate people's homelessness.

The design principles a future model needs to retain include peak body administration delivered through a multidisciplinary assessment panel; the discretionary, non-prescriptive, person centred nature of brokerage; budgets sized to actual client need rather than a fixed per-client amount; and co-design between government, the peak body and the sector.

In terms of structure and governance, releasing funding to either SHSs or CHPs both have their advantages and draw backs. When CHPs hold the funds, this ties financial accountability to tenancy outcomes but sits uneasily with a Housing First model that calls for housing and support to stay separate. When SHSs are paid directly, this would remove that friction at the cost of the tenancy-accountability lever. This choice should be resolved as part of the broader Housing First systems design process for NSW rather than settled on administrative convenience alone.

Improvements needed include a separate, adequately resourced funding stream for case management; a lightweight, structurally embedded data collection and outcomes framework that closes the reporting loop; proactive, ongoing support and training for applicants; and genuine, iterative co-design, including with First Nations communities and organisations.

5.1 Governance and administration

The evaluation finds that governance and administration of the High Needs Funding model were a strength of the model and its key features should be retained in any future model.

5.1.1 Peak body administration

Peak body administration was the most consistently and strongly endorsed feature of the model across every stakeholder group, valued for sector trust, responsiveness and freedom from bureaucratic, policy driven decision-making. Administration of High Needs Funding by an independent peak body, rather than by government, was unanimously supported as a feature that any future model should carry forward largely unchanged.

Retaining the arm's-length, relationally driven administration model and 'central integrator' function (coordinating and brokering support across multiple systems on the client's behalf) would be essential in any future model regardless of which entity performed it (with HNSW considered an appropriate contender).

This arrangement reflects a genuine structural advantage where an independent body was able to make funding decisions on their merits and at speed, rather than through the slower, more risk averse processes typical of direct government administration.

Recommendation 1

It is recommended that any future model retain peak body administration of High Needs style brokerage funding.

5.1.2 Well-constituted, multidisciplinary assessment panels with local knowledge and connections

Overall, the evaluation's evidence shows that a multidisciplinary panel, like the HNP, produced better decisions than any single perspective or process could have reached alone. Complex, high need cases routinely span housing, health, mental health, living skills and cultural considerations; the panel's structure and ways of operating allowed each of these dimensions to be weighed together in the one decision rather than assessed in isolation or sequentially. Any future model should similarly comprise multiple perspectives, including lived experience, cultural knowledge, NDIS, clinical, sector, government and regional or local knowledge, so that referrals from any part of the state can be assessed with the same contextual understanding. The frequency with which funding for dental items was requested suggests inclusion of an expert in the field of dentistry would be advantageous to the panel's composition. The panel's non-hierarchical culture, local and sector knowledge and consensus decision making were added strengths that should be actively considered for a future model.

Structural and procedural mechanisms that made the panel work in practice, and that should be carried forward to a future model, included consensus decision making; reimbursement of panel members at a rate comparable to their usual employment; members were bound by a confidentiality agreement given the sensitivity of matters considered; and the peak body provided secretariat support, and performed a triage and quality assurance function before each meeting, filtering incomplete or out-of-scope applications, which allowed the panel to focus on substantive case discussion, rather than administrative tasks.

Recommendation 2

It is recommended that any future model retain one or more multidisciplinary, non-hierarchical assessment panels with the following key characteristics: representation spanning lived experience, Aboriginal and cultural knowledge, clinical, sector, NDIS, government and local or regional knowledge, with access to dental or other allied health expertise where relevant; paid participation for lived-experience members and other panel members who are not attending as part of their regular paid work at a rate comparable to their usual employment; consensus decision making bound by a confidentiality agreement; and support from a dedicated secretariat function (triage, quality assurance, form refinement) to keep panel time focused on substantive case discussion.

5.2 Brokerage design

The evaluation found that non-prescriptive, flexible and person centred brokerage was highly effective in meeting client needs and overcoming systemic barriers to service access.

5.2.1 Flexible and genuinely person centred approach

Stakeholders almost unanimously agreed that High Needs Funding was highly effective, driven by flexibility, speed and true person centredness.

> *What we wanted to do was make a change for an individualised person … it shouldn't be this difficult to get a house cleaned. It shouldn't be this difficult to go to the dentist. It shouldn't be difficult to get transport from A to B, but it is.*
>
> — HNP stakeholder

Overall, the evaluation's evidence shows that High Needs Funding's discretionary, non-prescriptive design was what made a genuinely person centred approach possible, and this is the feature a future model should preserve. Because funding was not tied to a fixed list of eligible items, decisions could be organised around what a specific client actually wanted and needed to live well, rather than around what a standard service system was set up to provide. This allowed funding to cover creative, non-clinical supports, art supplies, gym memberships, driving lessons, cultural connection activities, equine therapy, alongside clinical and material needs, on the basis that these mattered to a client's own goals and wellbeing, not because they fit a predefined category of need.

The HNP's role in this was central rather than incidental. Because decisions were made case by case, on individual merit, rather than against a fixed eligibility checklist, a client's specific circumstances and goals could genuinely shape the outcome of an application, rather than being filtered through categories designed for a general population. A future model needs to preserve this case by case, merit based decision structure specifically, since it is the structural feature that translates a person centred philosophy into an actual funding outcome.

A future model should also preserve the practice of allowing funding decisions to follow a client's own stated priorities rather than a predetermined view of what they need. Where this worked well, it meant a case manager or panel could genuinely listen to what a client wanted, rather than defaulting to what a system typically offers, and fund accordingly. This is a design principle a future model needs to build in deliberately, since standard eligibility criteria and fixed service categories will tend to crowd it out over time unless the model is explicitly structured to resist that pull.

> *Flexibility in what you can access and how you can access … 'cause people aren't, you know, like little pegs to fit into holes, like, you know, it's gotta fit the person.*
>
> — SP stakeholder

Genuine flexibility emerged as a key requirement for any future model, because this cohort's needs are too heterogeneous and too changeable over time to be met by a fixed schedule of eligible items or a standard support package. The unconstrained nature of High Needs Funding (e.g. non-prescriptive scope, ability to reallocate, step support up/down, fund non-clinical/creative items) was its defining feature rather than an incidental benefit. Constraining this flexibility in the interests of administrative simplicity or tighter eligibility criteria would remove the mechanism by which the model achieved its outcomes, rather than simply making it more efficient.

The speed with which funding could be made available (relative to mainstream systems) was an important factor building trust with clients, many of whom, due to prior negative experiences, have limited tolerance for delay. The ability to purchase services privately and immediately, bypassing mainstream waitlists, was what let stakeholders keep a commitment in real time rather than asking a client with limited trust in systems to wait weeks for a process to conclude.

Recommendation 3

It is recommended that any future model preserve the discretionary, non-prescriptive nature of brokerage funding, including its case-by-case, merit-based decision structure and its capacity for rapid, private purchasing as the combined source of the model's flexibility, speed and person centredness for a cohort with highly individual and shifting needs.

5.2.2 Adopt One-off Funding Grants as standard

> *My personal belief is that the One-off Funding Grants were really beneficial in that there wasn't that expectation that they had to be followed up.*
>
> — HNSW stakeholder

Overall, the evidence shows that a future model should default to OoFGs rather than large, up-front packages. Most clients did not need anything close to the full High Needs Package amount, and the packages' six- and twelve-month review requirements imposed an ongoing engagement burden that some clients found overwhelming and that ultimately drove significant underspend. OoFGs proved more responsive to actual need and less administratively demanding for both clients and case managers.

This should not be treated as an unqualified case for abandoning packages altogether. A package style option has genuine advantages for some clients with sustained, high level complexities, as once a client's high level of need has been established, funding is simply available without requiring fresh justification for each request.

> *It's there [High Needs Package funding], they can use it when they need it. They don't have to kind of keep coming back and prove it, because that initial application proved that kind of evidence of high need. And then the funding was just there for you.*
>
> — HNSW stakeholder

A future model should therefore treat OoFGs as the standard access mechanism, while preserving a package-style option for clients with sustained, high-level need established at the outset, and should replace the rigid six- and twelve-month review points with a lighter-touch, less onerous follow-up mechanism, so continuity of oversight does not come at the cost of the responsiveness one-off grants were designed to provide.

Recommendation 4

It is recommended that any future model adopt One-off Funding Grants as the standard access mechanism for High Needs Funding and should also retain a package-style option for clients whose sustained, high-level need is clear from the outset.

5.2.3 Funding for case management

> *Going forward, if the government's going to fund Housing First with like a per client cost, I worry that ... what we need is people, we need people hours, we need support workers.*
>
> — CHP stakeholder

Funding for dedicated case management was not a designed feature of the High Needs Funding model, and this is a gap a future model needs to address directly. Case management was expected to be delivered through existing support provider or CHP funding arrangements, with High Needs Funding intended to cover discrete, individual items of support rather than ongoing staffing capacity.

In practice, this gap was significant enough that support providers found ways to direct High Needs Funding toward covering case management hours regardless, at times combining funding from several clients to approximate a single ongoing position. That this workaround emerged and persisted is evidence of an acute unmet need; sustained, adequately resourced case management is what allows a client's needs and goals to be identified accurately and tracked over time. Without it, the flexible, person centred design described above has no reliable mechanism for reaching a client in the first place.

A future model needs to fund case management as its own dedicated, adequately resourced stream, separate from and in addition to brokerage funding for discrete items of support. This means budgeting explicitly for ongoing case management capacity per client, rather than assuming it will be absorbed by existing support provider funding or worked around informally, and scoping this funding to allow long, stable case management relationships, since continuity over time is what allows a case manager to build trust with a client and understand how their needs and goals are changing.

A future model should also build in a related coordination function, connecting a client's case to relevant mainstream services and promoting good practice across the sector, as an explicit, resourced part of case management rather than something left to develop informally, so that person centred support remains linked to the broader service system upon which clients rely.

Recommendation 5

Establish a separate, adequately resourced funding stream for ongoing case management, budgeted explicitly on a per-client basis rather than relying on brokerage funds or existing support provider arrangements to absorb it, scoped to support long, stable case management relationships, and inclusive of a resourced coordination function connecting a client's case to mainstream services.

5.2.4 Adequate brokerage budgets

> *[Housing First] is only right if it is funded properly and that the support is commensurate with the needs of the clients.*
>
> — CHP stakeholder

Housing First only works if the support is funded at a level genuinely commensurate with client need, not scaled to a fixed per client cost.

The evidence shows that brokerage funding needs to be sized to actual client need rather than to a fixed per client cost, because a uniform allocation will systematically underfund more complex cases.

Expenditure data for OoFGs and High Needs Packages varied widely across commonly funded items, reflecting the need for brokerage budgets to respond to individual client circumstances rather than fixed service assumptions. For example, some clients needed basic oral assessments, while others required intensive dental surgery; similarly, transport support ranged from assistance with driving tests (low cost) to facilitated transport arrangements (high cost).

Most commonly funded brokerage items and their value

High Needs Packages

- Case management (87% of clients, median $8,131, range $770–$46,810)
- Psychological/ psychiatric support (99% of clients, median $8,131, range $200–$22,000)
- Transport assistance ($345,255 across 50 clients)

OoFG

- Psychological/psychiatric support (59% of clients, 18% of total OoFG spend, median $2,849)
- Dental treatment (32% of clients, 15% of OoFG spend, median $3,260, range $59–$62,550)

Recommendation 6

It is recommended that brokerage funding be sized to actual client need rather than allocated as a fixed per-client amount, given that expenditure for commonly funded items can vary widely across clients and a uniform allocation would systematically underfund more complex cases.

5.3 Data collection and reporting

Stakeholders universally flagged data collection and reporting, especially as regards client outcomes, as an area of program design that needed improvement. Data collection and reporting arrangements captured financial and process data to varying degrees, serving financial accountability reasonably well, but did not systematically gather data on the types of supports were funded or what High Needs Funding achieved for clients, and so did not effectively support learning, outcome tracking or advocacy. Similarly, there was a missed opportunity to capture and synthesise data on how High Needs Funding interacted with the broader health and service systems. This represents a missed opportunity to demonstrate the program's value, make the case for future investment and to evidence gaps in the broader service system.

A future model needs to aggregate individual case level data on how funding is being spent, broken down by category, so that decision-makers can see whether spending patterns match the program's intent and can identify emerging systemic pressure points, such as a rising volume of requests in a particular category. A well-designed data collection and reporting system would provide real time data and a benchmarking capability to assist panel decision making processes, identification of systemic issues and support program evaluation. Reporting responsibility should sit with a single accountable party, ideally whichever organisation actually holds and disburses the funds, since splitting financial and outcomes reporting across multiple organisations with separate systems makes it structurally difficult for either party to produce a complete picture and link expenditure directly to outcomes.

5.3.1 Funding flow and acquittal

The multi-step funding flow from HNSW to CHPs to support providers created administrative delays and reporting friction, and in some instances meant that clients missed out on support or that support was delayed. While HNSW had knowledge of what was funded, they did not have visibility of actual expenditure as CHPs were required to report on High Needs expenditure to Homes NSW, but not to HNSW. A genuine feedback loop connecting what was funded and what was spent and what outcomes resulted is a gap a future model needs to address.

Recommendation 7

It is recommended that any future model streamline the funding flow and acquittal chain so that support providers have clearer visibility and control over funds and close the reporting loop between the peak body, the fund holder, the frontline, and government.

5.3.2 Evidencing client outcomes

Every stakeholder group independently identified that data around what High Needs funding achieved in terms of client outcomes was not tracked systematically. Where data existed, it was largely qualitative and anecdotal. This was a lost opportunity as outcomes data could have supported broader analysis and advocacy, and could also have informed HNP decision-making.

At the same time, stakeholders were concerned that adoption of rigid, easily measured outcome KPIs as a condition of funding decisions could narrow panel decision-making toward what is measurable rather than what is appropriate for the individual.

Stakeholder often discussed what a good outcome for a client looked like and who was in a position to judge this. Tenancy sustainment was a key measure, but there were many discussions that were far more nuanced, human and philosophical. Stakeholders noted that 'what success looks like' is highly dependent on the circumstances of each individual client and that qualitative measures were, in many cases, the most appropriate way to make such an assessment.

Person centred markers such as tenancy sustainment, improved wellbeing, increased autonomy, connection to supports and reduced barriers emerged as more meaningful indicators of success for this cohort than standardised metrics, though any framework built around them would need to avoid rigid indicators that could undermine the flexibility and client-led nature of the funding model.

The key to success will be in balancing the burden of data and reporting requirements with program flexibility. Any outcomes mechanism a future model builds needs to be designed carefully rather than simply added as a compliance requirement. A future model should favour fewer meaningful measures, over a heavier or more standardised outcomes framework. The risk is that decisions are pulled toward what is easiest to measure or benchmark against a fixed indicator, rather than what a specific client actually needs. The purpose of the data is to inform system level learning and advocacy, not to shape individual funding decisions toward measurable convenience.

What is a good outcome

- Good outcomes framed as a qualitative shift from clients merely surviving to actively thriving, rather than a single discrete metric
- Importance of qualitative data
- Concern that the more a program is structured to allow rigorous outcome measurement in relation to set key performance indicators, the more it risks losing the person centred quality that makes the funding effective

Recommendation 8

It is recommended that any future model develop an outcomes framework built around a small number of meaningful, person centred measures, including qualitative data, favouring simplicity over a heavier or standardised framework, to prevent outcomes measures becoming a compliance requirement or a condition of individual funding decisions.

5.3.3 Structurally embedded data collection

CHPs and support providers described data collection as repetitive and burdensome. This pressure could be eased by capturing data on funding flow, acquittal and client outcomes, including how much and what kind of support was provided under High Needs funding and additional brokerage, within systems providers already use for frontline reporting, such as CIMS, rather than through a separate reporting requirement. Embedding data collection in this way would avoid creating an additional compliance burden, produce more complete and consistently captured data than a parallel system, and provide a structured dataset to support evaluation of client outcomes and funding effectiveness, as well as tracking system level trends for advocacy.

Recommendation 9

It is recommended that any future model design a lightweight, structurally embedded data collection system from the outset, linked to platforms frontline providers already use such as CIMS, recording the nature and volume of support delivered alongside amounts funded and spent, so that funding effectiveness and client outcomes can be properly evaluated and the sector has a reliable evidence base for advocacy.

5.3.4 Capture data on systems impact

The lack of data to support advocacy, demonstrates systems impact and to make the case for continued or expanded investment was identified by almost all stakeholder groups as a gap.

It has already been noted that brokerage acted as a diagnostic tool for system gaps; evidencing and quantifying these gaps is the next logical step in showing systems impact. For example, capturing clinical and health-burden data (e.g. mental health and AOD prevalence among clients, reductions in hospital presentations following High Needs support) would build an evidence base to demonstrate the systemic health-system savings High Needs funding likely generated.

This is a different function from the funding-to-outcome link described above; its purpose is to demonstrate system level savings and build the economic case for continued or expanded investment, not to inform individual funding decisions or program level learning. These data would allow a future brokerage model to quantify its value across systems.

Recommendation 10

It is recommended that any future model capture clinical and health-burden data (e.g. mental health and AOD prevalence, reductions in hospital presentations) to quantify system gaps and demonstrate the systemic savings High Needs-style funding generates, building an economic case for continued or expanded investment.

5.4 Equity of access

Overall, the evaluation found that access to High Needs Funding was reasonably equitable. Where equity concerns arose, this was not due to deliberate exclusion, but because of a small number of interacting factors. Organisational capability shaped who could access funding and the complexity of the application process was a barrier for some, although stakeholders noted that the complexity of the application process was broadly proportionate to the funds requested. Referral processes evolved over time to reduce access barriers.

The program's success in reaching clients who sat entirely outside the mainstream service system, often due to past negative experiences, was one of the program's most significant achievements and a genuine equity strength.

Constraints on the availability and accessibility of services and supports in regional and remote areas created a broader pattern of inequity, but this was a structural factor and not due to program design.

5.4.1 Support and training

> *If this process was going to be restarted, I'd love to have like a massive kind of educational piece for any service who's going to be engaged as to how best practice to fill out referrals.*
>
> — HNSW stakeholder

The complexity of the application process and the capability of the organisation making the application were drivers of inequity. Overall, the evidence shows that comprehensive provider training needs to be built into a future model from the outset, as core program infrastructure, rather than delivered informally and reactively once a provider is already submitting applications. There is an opportunity to integrate training about accessing High Needs Funding with the HNSW Learning and Development offering.

Under the current model, familiarity with the referral process was itself a significant driver of inequitable access and organisations that engaged well with the process, submitting thorough referrals and involving the client directly, achieved better outcomes from the panel, while first-time applicants and organisations with high staff turnover were disadvantaged, not because their clients had less need, but because they were less practised at presenting it or were deterred because they did not fully understand the application process. This is particularly salient in instances where there is a high level of staff turnover.

A future model should not allow an applicant's familiarity with the process to determine outcomes in this way, and structured, ongoing training (not just written guidance), covering both how to complete a referral and how to manage client data consistently, is the direct mechanism for closing that gap.

Recommendation 11

Any future model should fund proactive, ongoing support for the application process and training from the peak body (e.g. through the HNSW Learning and Development training), recognising that organisational capability can be a driver of unequal access.

5.4.2 Remote and regional access

The imbalance in the availability of services, supports and housing options between metropolitan, regional and remote areas is a known structural factor and impacted program equity. This is particularly pronounced in terms of access to specialist services and supports, which are often unavailable locally, requiring telehealth or travel to major centres. Stakeholders described cultural supports as underfunded and understaffed and sometimes non-existent in in regional and remote areas.

Recommendation 12

It is recommended that any future model should build in specific consideration of regional and remote access to specialist services, local expertise and cultural supports, recognising that brokerage cannot manufacture services that do not exist locally.

5.5 Cultural safety

Around 34% to 35% of High Needs Funding was allocated to First Nations clients, which is roughly consistent with the composition of the overall Together Home cohort. Despite the proportionality in funding, stakeholders repeatedly raised concerns about the cultural safety of the application process and the cultural competency of providers. This suggests that there is a need to place cultural considerations at the centre of program design through a genuinely co-designed process, rather than making them an add on.

5.5.1 Cultural safety an explicit component of the model

> *It was really good because we constantly were iterating. Some problem will come up, we'll think of a solution, and let's do that … that really allowed for some creative kind of dialogue between us and the sector and the peak body … I think this is a really useful way to operate.*
>
> — Department stakeholder

Genuine and iterative co-design between government, the peak body and the sector was central to why the program worked well overall. It allowed the program to be responsive without being over-engineered, which risks removing the flexibility that made real-time adjustment possible in the first place. A future model should apply the same approach, treating genuine, iterative co-design, including a corresponding discipline about not over-specifying the model upfront, as a deliberate design principle, so that cultural safety becomes an explicit and central component of the model rather than an afterthought. An effective co-design process would involve First Nations communities and Aboriginal controlled organisations from the outset.

Recommendation 13

It is recommended that any future model treat cultural safety as integral to program design rather than an add-on, delivered through genuine, iterative co-design with First Nations communities and Aboriginal controlled organisations from the outset, supported by a deliberate discipline of not over-specifying the model upfront so that it retains the capacity for real-time adjustment.

5.6 Funding flow

> *It's a lot of coordination that was put on the CHP that I guess is a little bit outside of a community housing role.*
>
> — CHP stakeholder

The evidence shows that routing High Needs Funding through CHPs was a form of system disruption relative to standard funding practice. This disruption produced both a genuine benefit and a genuine inconsistency that a future model needs to resolve.

A key benefit was that under this model, someone (i.e. CHPs) was held responsible for housing provision and tenancy sustainment. This aspect is important, as stable housing is a precondition for clients being able to engage with many of the funded supports and is a requirement for a Housing First approach. CHPs holding the funds gave them leverage for accountability and engagement with support providers; the tenancy agreement creates an ongoing legal relationship with the client, and ties financial accountability to the organisation responsible for the tenancy outcome. Yet this sits uneasily with a Housing First lens, which requires housing and support to remain separate.

The more conventional alternative is to fund SHSs directly, making them responsible for tenancy sustainment as well as for delivering the service and support. This is more aligned with how the system currently operates and may be simpler to implement at a system level, with one funding line, one accountable party for spending, and no reconciliation between organisations. Direct payment to SHSs would also remove an administrative layer between approval and spending, cutting delay and double handling, lift a coordination burden arguably outside CHPs' core role, and better reflect the separation of housing and support that Housing First requires. But this carries a genuine cost as it removes the mechanism by which funding was tied to tenancy accountability, and without that mechanism, a future model has no built-in incentive holding a support provider to the tenancy outcome specifically, rather than to the support relationship alone.

This evaluation does not support a recommendation for either option in isolation. Direct SHS funding would better reflect the separation of housing and support that Housing First requires and would reduce the administrative burden for CHPs. Retaining CHPs as the funding line would preserve the tenancy accountability mechanism this evaluation identified as a genuine strength, one with no obvious substitute if removed. Neither option is free of cost, and the right choice depends on how a future model resolves broader questions of system design and accountability, not on administrative convenience alone. As NSW moves toward a systems approach to Housing First, this decision should be weighed as part of that wider design process, alongside how accountability for tenancy sustainment is to be assigned and monitored across the housing and homelessness system more broadly, rather than settled within a brokerage model in isolation.

Recommendation 14

It is recommended that the choice between routing High Needs funding through CHPs or directly to SHSs be resolved as part of the broader systems design process for Housing First in NSW, rather than within the brokerage model in isolation, ensuring that whichever option is adopted preserves an equivalent mechanism for tenancy accountability and reflects considered system design rather than administrative convenience alone.

References

Homelessness NSW (2024) *What to apply for with High Needs Funding v1.2*, Homelessness NSW.

Homelessness NSW (2026) *Together Home High Needs Panel – Business Processes*, Homelessness NSW.

Appendix 1: Focus group questions

INTRODUCTION	
1	For the purposes of the recording, can you briefly state your name and describe your role and your organisation's connection to the Together Home Program and / or High Needs Funding?
2	In your own words, how would you describe the purpose of High Needs Funding? What was it trying to achieve? – Do you think this purpose was well understood by people in your organisation who were working with the program?
GOVERNANCE How effective were the governance and delivery arrangements for administering High Needs Funding?	
11	How would you describe Homelessness NSW's role in administering High Needs Funding? – Was this an appropriate role for a peak body to play? – What did HNSW do well in this role? Where were the challenges?
13	How effective was the relationship between Homelessness NSW and Homes NSW in the governance and oversight of High Needs Funding? – Were responsibilities clearly defined? – Were there tensions or misalignments in expectations? – How were issues escalated or resolved?
19	How effective was the process for the distribution and disbursement of funds?
14	What aspects of the governance or administration worked particularly well and should be retained in future brokerage initiatives? – Conversely, what would you change?

DATA COLLECTION AND REPORTING

How effectively did data collection and reporting arrangements support learning, accountability and advocacy in the administration of High Needs Funding?

3 How useful were the data collected, e.g. in relation to accountability, tracking client outcomes, monitoring spending, advocacy and organisational learning)? By data I mean the monitoring and tracking of expenditure, contractual reporting and tracking of client outcomes and how spending related to outcomes.

- Were the right data collected? What was missing?
- Did the right people have access to the right data? Were data shared between agencies?
- How were data used? E.g. compliance, advocacy, learning, accountability, improve program design, track client outcomes?
- How well did data collected support evidencing client outcomes and the supports with which they were provided?

4 How burdensome were data collection and reporting requirements, and did they feel proportionate to the purpose of the funding?

OUTCOMES

How appropriate and effective was the scope of High Needs Funding in responding to need and supporting intended outcomes?

5 From your perspective, what impact did High Needs Funding have on client outcomes? Were package sizes matched to level of need?

- What types of supports were funded through High Needs Funding? Can you give examples?
- Do you think outcomes would have been different without this funding?
- What outcomes do you think would not have been achieved without this funding?
- Could the funding have been better used?

6 Can you comment on the benefits and limitations of High Needs Packages versus One-Off Funding Grants?

- Is either more suited to how clients access services and supports?
- Is one or the other easier to administer?

7 To what extent do you think High Needs Funding achieved its intended outcomes?

- What were the strongest outcomes?
- Where did the program fall short of its goals?

EQUITY OF ACCESS

How equitable was access to High Needs Funding, and what factors shaped patterns of uptake?

12 How did the High Needs Panel operate in practice, and how effective was it?

- How were panel decisions made?
- Were the right people on the panel?
- Did the panel have the information and expertise it needed to make good decisions?
- Were there cases where the panel process created delays or barriers?

8 How did the process of applying for High Needs Funding work in practice?
- Who could apply?
- Were some organisations better positioned to apply than others?
- What were the reasons some organisations didn't access High Needs Funding?
- How effective was the application process?
- How long did the application process take?

9 How equitably was High Needs Funding distributed across different locations and organisation?
- Were there differences in access between metropolitan, regional, or remote areas?
- Did geography affect the types of supports that could be brokered?

10 How well did High Needs Funding respond to the needs and circumstances of First Nations clients?
- Were culturally appropriate supports available within the scope of the funding?
- Were First Nations-led services or practitioners involved in delivering High Needs funded supports?
- What would have supported better outcomes for First Nations clients?

SYSTEM IMPACTS

What impact did High Needs Funding have on client outcomes, service delivery, and the broader homelessness system?

15 What did High Needs Funding reveal about gaps or limitations in mainstream homelessness services in NSW?
- What structural issues was it trying to address?
- Were these gaps systemic, or specific to certain client groups or locations?
- Do you think High Needs brokerage funding helped address the structural limitations you've described, or did it risk masking them? Can brokerage be a long-term solution, or does it point to the need for systemic changes?
- Did it enable the sector to avoid addressing underlying issues?

16 What impact did the program have on the broader homelessness service system in NSW?
- Did it change relationships between organisations?
- Did it influence how other services operated?
- Were there unintended effects — positive or negative?

CLOSE

17 As Homes NSW moves towards a systems approach to Housing First, what lessons from the High Needs model are most important to carry forward?
- What elements of the brokerage model should be retained, adapted, or discontinued?
- What does this program tell us about how person centred funding should work in future?

18 If you were advising someone designing a similar brokerage initiative from scratch, what would be the single most important lesson from this program?

Appendix 2: Referral form

Homelessness NSW

Together Home High Needs Panel, REFERRAL FORM

Please return to: highneedspackage@homelessnessnsw.org.au

This form is to be used when a person is being referred for a full High Need Package (HNP) or One-Off-Funding Grant (OOFG) for the first time.

Section 1	Referring Agency			Section 2	Individual		
Organisation	Support Provider			Full name			
Person making referral				District	District		
Job title				D.O.B.		THCI Number	
Email				TH Start Date		TH Tranche	
Telephone				VI-SPDAT Score		VI-SPDAT Date	
Section 3	**Community Housing Provider**			As a general guide, the HN panel would expect an individual to have a VI-SPDAT score of 15 or above to be eligible for High Needs funding, as this generally indicates high and complex needs. If the individual's score is **unavailable** or **less than 15**, please briefly explain why the VI-SPDAT was not completed and/or why the score provided is not a true reflection?			
Organisation	Housing Provider	Date of HN referral	Enter a date				
Person creating invoice				Response			N/A ☐
Job title							
Email							

Section 4	Consent for information sharing with the High Needs panel	
The aim of High Needs funding is to promote personal recovery and social inclusion, and seeks to enable people to bridge the gaps that currently exist for them in accessing the informal, mainstream and specialist supports they may require to achieve their goals. I understand the information recorded on this form and agree to this being shared with the High Needs panel to provide services to me. The HN panel representatives are selected due to relevant and varied expertise to support outcomes; inclusive of First Nations, NSW Health, NDIA and disability services, DCJ and housing services, homelessness and trauma lived expertise. The panel adheres to privacy and confidentiality requirements relating to personal and health information, and referral information is stored securely by Homelessness NSW. This information is used to review my eligibility for HN funding, guide advocacy & sector improvement in a deidentified manner, and in service escalation if deemed necessary. *It is always used with the intention of supporting improved outcomes for you.* I agree to share my information with the High Needs panel for the purposes outlined above.	**Individual's Name**	**Signature**
	Date of consent for HN referral Enter a date.	
	Verbal consent Yes ☐ No ☐ **Audio consent attached** Yes ☐ No ☐	

Homelessness NSW

Together Home High Needs Panel, REFERRAL FORM

Section 5	Demographic details relevant to referral
Please briefly describe this person, focusing on their strengths and qualities:	

Does this individual identify as:		History of engagement with homelessness services, prior to Together Home			
Aboriginal and/or Torres Strait Islander	Yes ☐ No ☐	☐ Up to 6 months	☐ 6 months to 2 years	☐ 2 years to 10 years	☐ 10+ years
Aboriginal and/or Torres Strait Islander + 45 years and over	Yes ☐ No ☐				
LGBTQIA+	Yes ☐ No ☐	**Current living situation**			
Female	Yes ☐ No ☐	☐ Street sleeping	☐ Temporary Accommodation	☐ Housed	☐ Overcrowded Housing
24 years and under	Yes ☐ No ☐				
55 years and over	Yes ☐ No ☐	☐ Other *(please detail)*			
Culturally and Linguistically Diverse (CALD) background	Yes ☐ No ☐				

Section 6	Transition plan and long-term goals
Please detail the long-term plans and goals for this person as they journey through and beyond the support provided within Together Home. (The panel acknowledge that not all people in Together Home will have come to a place yet where they identify and communicate their long-term goals.)	

Goals	Actions	Time Frame

Together Home High Needs Panel, REFERRAL FORM

Section 7	High Needs funding request				
Please create a budget outline below for the items you wish to be considered for High Needs funding.					
Intervention	**Frequency**	**Service Provider**	**Fees per encounter / service**	**Duration / taper schedule of service**	**Total cost**
1.					
2.					
3.					
4.					
				TOTAL	

Section 8	Linking High Needs funding request to transition plan and goals	
Please explain how the request in Section 7 aligns with the long-term goals and/or current support needs that necessitated this referral. Please describe actions that have already been taken or considered before High Needs funding, to support the panel to understand the need for this request.		
Why have you selected this intervention / service provider?	**Goal / Support Need**	**Actions considered and /or currently being taken to achieve this goal**
1.		
2.		
3.		
4.		

Together Home High Needs Panel, REFERRAL FORM

Section 9	Current supports in place		
Please detail all current services and community supports who are working alongside this person. These may be through Together Home, as well as the interpersonal, community, mainstream or specialist services they may currently engage with.			
Need	**Intervention**	**Support Provider**	**Frequency**

Section 10	Service barriers and unmet support needs		
Please detail the person's history in accessing and engaging with services below, with particular attention to the barriers (individual, geographic, systemic etc) which previously or currently impact this person. This is to show the measures previously taken to access services, and the challenges that have necessitated a HN referral.			
NDIS ☐ Current ☐ Previous		**Drug & Alcohol** ☐ Current ☐ Previous	
Mental Health ☐ Current ☐ Previous		**Cultural, Community** ☐ Current ☐ Previous	
HASI ☐ Current ☐ Previous		**Centrelink, Finance** ☐ Current ☐ Previous	
GP, Medicare ☐ Current ☐ Previous		**DFV, Legal** ☐ Current ☐ Previous	
Tenancy, Housing ☐ Current ☐ Previous		**Aged Care** ☐ Current ☐ Previous	
Other Services			



Australian Housing and Urban Research Institute
Level 12, 460 Bourke Street
Melbourne VIC 3000
Australia
+61 3 9660 2300
information@ahuri.edu.au
ahuri.edu.au
Australian Housing and Urban Research Institute
facebook.com/AHURI.AUS
instagram.com/ahuri_research/