

STEP TO HOME PROGRAM EVALUATION

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HOUSING FIRST

The Housing First approach: is a recovery-oriented approach to ending homelessness that centres on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.¹

The approach is based on the notion that **a homeless individual's first and primary need is to obtain stable, permanent housing.** It is only once stable housing is obtained that other underlying, complex issues can be appropriately addressed.²

Being housed is just a basic need, until you are stable, when you [get] housing, then you can go and do other things like look for work or achieve a goal that you have always [wanted to]. You can't do [that] when you are homeless. – STEP to Home Client



EXECUTIVE SUMMARY

This report, produced by the Centre for Social Impact (CSI) and commissioned by Bridge Housing and Neami National, presents the results of an evaluation of the STEP to Home program.

STEP to Home is a program funded by the New South Wales Department of Communities and Justice. The program is funded to provide 90 long-term housing places with wrap around support for people sleeping rough or experiencing secondary homelessness in Inner City Sydney over a four-year period. Since its establishment in 2018, the program has supported 103 clients, with 88 of these clients still housed as of March 2021.

STEP to Home utilises the ‘Housing First’ approach which is focused on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed. Distinct to other Housing First models operating in Australia, the STEP to Home program utilises a scattered housing site model that uses the private market to headlease¹ appropriate properties for clients by Community Housing partners: Bridge Housing (lead housing provider), Metro Community Housing and the Women’s Housing Company (subcontracted housing providers). Post Crisis Support is provided by Neami National for periods of between 18 months and three years.

The private headlease model successfully enables the STEP to Home program to overcome one of the key limitations of the use of Housing First in Australia - inadequate supply of social housing. The headlease model also enables the STEP to Home program to work with individual clients to ensure their housing is appropriate for their needs.

The evaluation consisted of a systematic review of Housing First models, followed by a mixed methods study of client experiences in the STEP to Home program, and their associated outcomes. Data was collected from:

- six qualitative interviews with participants in the program who were housed after a period of homelessness
- quantitative data in the form of a survey
- administrative data collected as part of the STEP to Home program, in particular the Vulnerability Index- Service Prioritisation Decision Assistance Tool and the Personal Wellbeing Index.

Findings

The evaluation finds that STEP to Home is **obtaining positive outcomes across the measures associated with successful Housing First approaches**. As a result of their participation in the STEP to Home program, clients demonstrated a considerable increase in their:

- housing stability, retention, security and safety
- housing satisfaction
- mental health, and quality of life
- employment participation
- connection with family, friends, and community, as well as heightened community participation.

The evaluation also found that there was a slight decrease in clients’ use of public services, such as hospital emergency departments since clients were housed. An overview of the main evaluation findings are shown

¹ Headleasing refers to process by which Bridge Housing leases properties in the private rental market and then sub-leases to approved social housing tenants.

in *Table 1*.

The evaluation also found that **positive client outcomes associated with the STEP to Home program are enhanced through its use of the private headlease model** in a scattered site. This evaluation finds that the use of the headlease model facilitates greater outcomes in the areas of housing satisfaction, retention and has positive impacts on community integration.

However, the evaluation also finds that the headlease model has systemic limitations which impact upon some client outcomes under the STEP to Home program. Systemic limitations within the private market include limited disability accessibility, discrimination, low vacancy rates and delays in landlords undertaking repairs and maintenance. While these limitations are beyond the control of the program, they nevertheless impacted upon outcomes, particularly in relation to housing satisfaction.

In addition to the findings, there are several policy considerations identified in the evaluation which are outlined in *Section 3*. These considerations are directed towards both governments and support services partnering with housing providers in the design and delivery of Housing First Programs. The considerations include:

- the need to be aware of structural factors within the private rental market (including intersectional discrimination, low vacancy rates and delays in landlords undertaking repairs and maintenance) which impact on client's outcomes.
- ensuring specific strategies are implemented to facilitate people exiting homelessness with a disability can be provide appropriate and accessible accommodation.



OVERVIEW OF MAIN EVALUATION FINDINGS

Table 1: Overview of STEP to Home evaluation findings

Outcome	Identified measures	STEP to Home program finding against measures
Housing outcomes	<i>Increased housing retention and stability</i>	<ul style="list-style-type: none"> • 85% (88 out of 103) of STEP to Home clients were still housed as of March 2021 (average retention rate of other Housing First programs is 80%).
	<i>Improved housing satisfaction</i>	<ul style="list-style-type: none"> • 29 out of 31 clients surveyed indicated they were satisfied with the home they were living in. • The average score among respondents when asked about their satisfaction with the home in which they live was 8.3 out of 10 (median 8.5). The average score for respondents being satisfied with the neighbourhood they were living in was 8.2 out of 10 (median 8.0). • The majority of respondents in qualitative interviews stated they were satisfied with the quality of the housing provided under the STEP to Home program.
	<i>Increased security, safety, and privacy</i>	<ul style="list-style-type: none"> • Survey respondents on average indicated feeling high levels of safety in their home (8.1 on a 10-point scale). • Increased feelings of safety were a common theme for interview participants.
Autonomy	<i>Increased sense of control, independence, gained autonomy, self-efficacy, and feelings of freedom</i>	<ul style="list-style-type: none"> • Respondents in qualitative interviews stated that housing under the program had led to increases in the sense of control they had over their lives. • Qualitative interviews highlighted increased independence and feelings of freedom in their lives.
Health outcomes	<i>Improved general health and physical health</i>	<ul style="list-style-type: none"> • Most survey respondents (72%, n=23) indicated that their health had improved since being in the STEP to Home program.
	<i>Improved mental health</i>	<ul style="list-style-type: none"> • Survey respondents attributed improvements to their mental health since being housed and having support.

Outcome	Identified measures	STEP to Home program finding against measures
Quality of life	<i>Improved quality of life</i>	<ul style="list-style-type: none"> • Quality of life significantly improved, with the average PWI subjective wellbeing score across survey respondents increasing from 5.8 out of 10 (baseline) to 7 over a two-year period. • Participants in qualitative interviews highlighted improved quality of life since being in the program.
Financial outcomes	<i>Increased economic participation</i>	<ul style="list-style-type: none"> • The proportion of STEP to Home clients employed increased. Before entering STEP to Home only 3.2 % (n=1) of survey participants were employed, increasing to 22.3% (n=7) since being housed by the program. • Survey respondents also increased their education engagement, with one additional participant enrolled in education/training courses since being in the STEP to Home program. • Survey respondents gained work experience through volunteer work, with an increase of two clients being engaged with volunteer work.
	<i>Experiences of financial stress</i>	<ul style="list-style-type: none"> • STEP to Home showed a reduction in indicators of financial stress. In 2019 34.5% of clients (10 out of 29) had rent arrears, in 2020 this percentage decreased to 24% of clients (18 out of 75) and further decreased in 2021 to 14.6% of clients (13 out of 89).
Relationship outcomes	<i>Improved relationships and social connections</i>	<ul style="list-style-type: none"> • Qualitative interviews with STEP to Home clients detailed significant improvements in social connections with family, friends, and community.
	<i>Reduction in social isolation</i>	<ul style="list-style-type: none"> • Almost all survey respondents were participating in social activities. 94% (n=29) of survey respondents had participated in some form of social activity including communicating with or doing activities with family or friends, in the previous week. • The average time spent on doing these social activities for survey respondents was 14.3 hours per week.

Outcome	Identified measures	STEP to Home program finding against measures
	<i>Increased community participation and integration</i>	<ul style="list-style-type: none"> • Survey respondents indicated improvements in neighbourhood connection, with 45.1% (n=14) stating it was common for neighbours to help each other out. • Qualitative interviews with STEP to Home clients detailed increased community participation and social integration.
Cost effectiveness and reduce use of public services	<i>Reduction in the use of public services</i>	<ul style="list-style-type: none"> • There were decreases in the use of public services across survey respondents (see below).
	<i>Reduction in the use of health care services</i>	<ul style="list-style-type: none"> • Survey respondents' use of emergency room and admission to hospital decreased since being housed. • The use of emergency room decreased from 12 respondents before the program to 8 after being housed, and admissions to hospital decreased from 11 respondents to 6 for respondents after being housed.
	<i>Reduction in the use of the justice system</i>	<ul style="list-style-type: none"> • Since being housed no survey respondents reported spending one or more nights in jail compared to seven respondents before entering the program. • There was a decrease in the number of survey respondents going to court (29% down to 6.5%), and the number of people on probation (19.4% down to 3.2%) after being housed.

1. THE STEP TO HOME PROGRAM

Background

The former NSW Department of Family and Community Services released a tender for a transitional housing program responding to primary and secondary homelessness in Inner City Sydney in 2017. Bridge Housing and Neami National were successful in submitting a non-complaint tender to deliver the program as a Housing First response rather than as a transitional housing response.

The STEP to Home program commenced in 2018 and NSW Government funding for the program is scheduled to conclude in 2022. The program is funded to provide 90 long-term housing places with wrap-around support for people sleeping rough or experiencing secondary homelessness in Inner City Sydney. Key to the operation of the STEP to Home program is its use of a private headlease model. STEP to Home clients work with case workers to identify appropriate rental properties in the private rental market. Community Housing partners Bridge Housing (lead housing provider), Metro Community Housing and the Women's Housing Company (subcontracted housing providers) apply for the rental housing. If the application is successful, the housing provider headleases the property on behalf of the client. The housing provider pays market rent for the property to the landlord, with clients paying their housing provider subsidised rent based on their income.

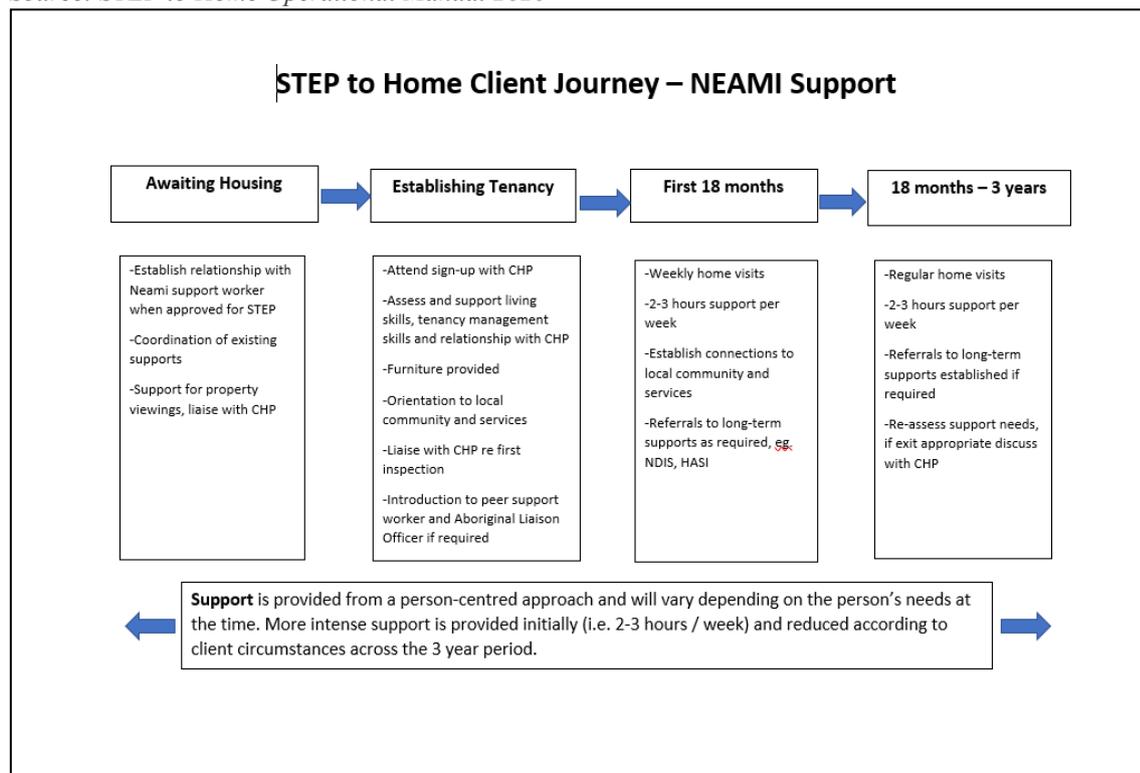
Another integral component of the STEP to Home model is the support provided to tenants by Neami National (Neami). Neami provides support to STEP to Home clients from a person-centred and trauma informed approach (STEP to Home Operations Manual 2020). Each tenant receives an average of two to three hours support per week and is supported for a minimum of 18 months, and up to three years. The typical STEP to Home client journey is outlined in *Figure 1*.

Neami also has several additional support services which are available for STEP to Home clients to access:

- Aboriginal Liaison Officers are available to provide culturally specific support when requested, as well as build the capacity of support workers to ensure culturally appropriate practice.
- Peer Support Workers are available to build relationships with tenants and use their lived experience of homelessness to support people transition from housing instability to permanent housing.
- Employment Specialists are available to assist those who are ready to explore returning to the workforce.

Figure 1: STEP to Home Client Journey

Source: STEP to Home Operational Manual 2020



Program aims and eligibility

The STEP to Home program aims to:

- rapidly rehouse 90 people experiencing primary or secondary homelessness with a plan for long term housing
- provide access to mainstream health, mental health and wellbeing services
- rebuild family, community and cultural connections
- support the development of daily living and self-managements skills, and
- facilitate engagement with positive structured activities such as social groups, education and/or employment.

To be eligible to participate in STEP to Home, clients must be:

- over 18 years of age
- be willing to complete a VI-SPDAAT (see below)
- had a priority application approved by the NSW Department of Communities and Justice (DCJ)
- experiencing discrimination or some other barriers to access accommodation
- in receipt or be eligible to receive income support
- able to sustain tenancy with wrap around support, and
- prepared to engage with Neami for support for the duration of the program.

STEP to Home and Housing First

STEP to Home implements a Housing First approach to provide rapid rehousing for its clients.

Housing First is a recovery-oriented approach to ending homelessness that centres on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed. The aim of a Housing First approach is to provide rapid access to permanent, supported housing for chronically homeless people.¹

The approach is based on the notion that a homeless individual's first and primary need is to obtain stable, permanent housing. It is only once stable housing is obtained that other underlying, complex issues can be appropriately addressed.² In practice, a Housing First approach involves moving people experiencing homelessness from the streets or homeless shelters directly into permanent housing.² Permanent housing is accompanied by the provision of services to assist each individual to sustain their housing and work towards recovery and reintegration into the community.

Elements of the Housing First Model have been implemented in Australia since the early 2000s. However, these models have often acted as pilot programs or operated with time limited funding.² In New South Wales, recent examples of programs utilising Housing First approaches includes the Michael's Intensive Supported Housing Accord (MISHA) program, the Platform 70 Program in Sydney, and Common Ground Sydney. Further information on the history of Housing First approaches internationally and in Australia is detailed in *Appendix A*.

As noted in the Final report of the House of Representatives Standing Committee on Social Policy and Legal Affairs' *Inquiry into homelessness in Australia*, one of the key limitations on the extension of the Housing First model in Australia has been an inadequate supply of social housing. The STEP to Home model circumvents this limitation through its adoption of a headlease model to support those transitioning out of homelessness. Under the STEP to Home approach, appropriate properties are sourced for clients from the private rental market by Community Housing partners Bridge Housing (lead housing provider), Metro Community Housing and the Women's Housing Company (subcontracted housing providers).

The use of this headlease model in a scattered site underpins much of the successful outcomes of the STEP to Home program and is explored further in analysis of the program in *Section 3*.

However, the headlease model used by the STEP to Home program has structural limitations which impact upon outcomes. These include high incidence of inaccessible accommodation in the private rental market³, intersectional discrimination (experienced by Aboriginal people)⁴, low vacancy rates and delays in landlords undertaking repairs and maintenance.

STEP to Home client information

a) All clients in the STEP to Home program

Since commencement, the STEP to Home program has supported 103 clients, with 88 of those clients still housed as of March 2021.

STEP to Home's client demographic information is recorded in *Table 2*. It is important to note almost two thirds of clients (68% n=70) identified as having a disability compared to 26.2% (n=27) who did not. 5.8% (n=6) of clients' disability status was unknown. This corresponds with a higher proportion of people with a disability who are experiencing homelessness compared to numbers of people with a disability in the general community. There is limited data offering precise numbers of people with a disability experiencing homelessness, however, AIHW⁵ estimates around 1 in 12 (or 23,400) people who use a specialist homelessness services have a disability. Further research also suggests that the rate of people with a disability and experiencing homelessness is higher than people without a disability.⁶

The majority of STEP to Home client's households consisted of single people. Others include parents and children, clients living with a partner and clients living with another person, such as a carer.

Demographic information of survey participants

A total of 31 clients responded to the CSI client survey and six clients participated in interviews. The clients who responded to the survey represent a subset of all STEP to Home clients. Demographics of the survey participants are shown in *Table 2*.

Most survey respondents had experienced homelessness for one year or longer (n=25). 60% of respondents (n=18) had experienced some type of trauma that they did not receive support for (including emotional, physical, psychological, sexual, or other). 50% of respondents (n=15) had experienced being in custody and 33% of respondents (n=10) reported being physically assaulted while experiencing homelessness.

Table 2: STEP to Home client and survey participants' demographic information

Source: STEP to Home administrative data (n=103), CSI client survey (n=31)

Demographic Information	STEP to Home total client cohort n = 103	Survey Respondents n = 31
Gender		
Women	48% (n=49)	35.6% (n=11)
Men	51% (n=52)	58% (n=18)
Transgender	-	6.4% (n=2)
Unknown/not reported	2% (n=2)	-
Age		
18-24	3.9% (n=4)	3.2% (n=1)
25-34	17.5% (n=18)	6.4% (n=2)
35-44	32% (n=33)	32.3% (n=10)
45-54	32% (n=33)	42% (n=13)
55-64	12.6% (n=13)	13% (n=4)
65-74	1.9% (n=2)	3.2% (n=1)
Indigenous status*		
Indigenous	16.5% (n=17)	6.4% (n=2)
Not Indigenous	80.6% (n=83)	93.6% (n=29)
Unknown	2.9% (n=3)	-
Speak a main language other than English at home	-	3.2% (n=1)
Country of birth		
Born in Australia	-	74.2% (n=23)
Born overseas	-	25.8% (n=8)

Disability or ongoing medical condition		
Yes	68% (n=70)	77.4% (n=24)
No	26.2% (n=27)	22.6% (n=7)
Unknown	5.8% (n=6)	-
Length of time spent in the program		
2.5+ years	-	19.4% (n=6)
2 years	-	25.8% (n=8)
18 months	-	29% (n=9)
12 months	-	22.6% (n=7)

b) Indigenous clients in the STEP to Home program

The program has a strong focus on Indigenous clients' journeys and providing culturally appropriate services. As is detailed above, there are three identified Aboriginal Liaison Officers (ALO) in the STEP to Home program whose role is to improve outcomes for Indigenous clients by providing culturally appropriate support. ALOs are available to work with Indigenous clients if they prefer an Aboriginal worker, but ALOs provide the same individual support services as other staff members. The ALO role works towards improving the overall capacity of the service to Indigenous clients by providing support, guidance and education to the broader team around how to deliver practice that is culturally appropriate. The ALO role also engages partnerships with local Aboriginal organisations or programs and assist the broader team to link clients to these resources.

17 clients (16.5%) in the STEP to Home program identify as Indigenous, compared to 83 (80.6%) who do not, 3 (2.9%) clients' Indigenous status was unknown. The rate of Indigenous clients in the STEP to Home program is higher than the percentage of people who were homelessness and who identified as Indigenous in the 2016 Census (Indigenous people accounted for approximately 6% of the total homeless population in NSW).⁷ However, the rate of Indigenous clients in the STEP to Home program is still lower than the rate of Indigenous people who received support from a specialist homelessness service provider in 2019/20 (approximately 30% of all clients in 2019/20).⁸



2. EVALUATION METHODOLOGY

Evaluation background

CSI was contracted in 2020 by Bridge Housing and Neami National to conduct an independent evaluation of the STEP to Home program.

The STEP to Home evaluation draws on a mixed method approach to understand the effectiveness of the program. Full details on the methodology are provided in *Appendix D*.

Literature review

CSI undertook a literature review to identify common outcomes of Housing First approaches discussed in Australian and international literature. This review identified 49 articles that examined outcomes relating to Housing First within the Australian context and overseas. The findings were used to inform the evaluation approach and measures used here. Findings for the literature review are outlined in *Appendix B*. Further information about the literature review methodology is detailed in *Appendix C*.

Qualitative Interviews

Qualitative interviews were conducted with **six** participants in the program in November and December 2020. Interviews were designed to be semi-structured and lasted approximately one hour. Questions explored interviewees' experiences of homelessness, the process of coming into the program and being housed, their journey in the program and what changes they have experienced since being housed. Participants were recruited through a participant research advertisement that displayed information about the interviews.

Quantitative Survey

CSI developed a survey that was based on identified outcome indicators for the STEP to Home program, which included: housing satisfaction, quality of life, health, relationship outcomes, social integration and use of services.

Surveys were distributed to clients in the STEP to Home program through a participant recruitment flyer. The flyer contained a link to the survey which was hosted on online survey platform Qualtrics and was self-administrated. The survey was directed at clients still in the STEP to Home program, there were a total of **31** completed responses collected between February and May 2021.

Program administrative data

STEP to Home clients' administrative data was also analysed to provide further understanding of the outcomes of the program. Survey participants were given the choice to consent for CSI researchers to access their administrative data that was collect in the program. A total of **30** survey respondents consented.

Administrative data included:

- Vulnerability Index - Service Prioritisation Decision Assistance Tool (VI-SPDAT) responses
- Personal Wellbeing Index (PWI) responses
- participant demographic and characteristics information, such as gender, age, length in the program and employment status.

There are acknowledged limitations with the use of administrative data, which are expanded on in *Appendix*

D. Briefly, limitations include:

- reliability of self-report and disclosed information
- gaps in data collected by the STEP to Home program.



3. EVALUATION FINDINGS

Introduction

To evaluate the impact of the STEP to Home program on its clients, CSI conducted a systematic literature review of Housing First models both in Australia and internationally (see *Appendix B and C* regarding the process and detailed findings of the literature review).

Table 3 provides a summary of the identified six outcomes and 21 measures associated with successful Housing First approaches. Findings from the evaluation that support each of these outcomes are presented here; a full summary of the findings can be found in *Appendix B*.

Table 3: Literature review identified outcomes with measures of each outcome

Outcome	Measures
Housing outcomes	<ul style="list-style-type: none"> • Increased housing retention and stability • Increased housing stability • Improved housing satisfaction • Increased security, safety, and privacy
Autonomy	<ul style="list-style-type: none"> • Increased sense of control, independence, gained autonomy, self-efficacy, and feelings of freedom • Increased program retention, treatment choice and increased trust with service providers
Health outcomes	<ul style="list-style-type: none"> • Improved general health and physical health • Improved mental health • Substance use
Quality of life	<ul style="list-style-type: none"> • Improved quality of life
Financial outcomes	<ul style="list-style-type: none"> • Increased economic participation • Increased financial stress
Relationship outcomes	<ul style="list-style-type: none"> • Improved relationships and social connections • Reduction in social isolation
Social integration	<ul style="list-style-type: none"> • Decrease in anti-social and criminal behaviour • Increased community participation and integration
Cost effectiveness and reduce use of public services	<ul style="list-style-type: none"> • Reduction in the use of public services • Reduction in the use of health care services • Reduction in the use of the justice system • Reduced cost to public services

Aim: Rapidly rehouse 90 people experiencing primary or secondary homelessness with a plan for long term housing.

This evaluation suggests the STEP to Home program is successfully obtaining positive housing outcomes across four broad outcomes associated with Housing First models. In particular, clients in the STEP to Home program had high levels of satisfaction with their housing and significantly increased rates of housing retention and stability.

A significant factor in the high levels of satisfaction among STEP to Home participants appears to be the program's use of the headlease model. The headlease model facilitates STEP to Home to work with participants to identify housing meets their needs, which in turn supports housing stability and retention outcomes.

However, the headlease model also places some of the variables generally considered to have an impact upon these measures outside the control of the program. STEP to Home's use of a headlease model means that considerations in relation to location, maintenance and accessibility are dependent on the availability of properties under the private rental market. Under the private market, participants are also subject to lease terminations issued by real estate agents - a factor again outside the program's control. Despite this, participants in STEP to Home clearly articulated the program's success in achieving housing outcomes.

Further detail in relation to STEP to Home's impact on improving outcomes for participants across housing measures is detailed below.

a) Increased housing retention and stability

Analysis of administrative program level data demonstrated an increase in housing retention and stability among participants in the STEP to Home program. As shown in *Figure 2*, 88 of the program's 103 clients were still housed (as of March 2021), equating to a housing retention rate of approximately 85%. For clients who identified as Indigenous, there was a housing retention rate of 70.5% (12 of 17 Indigenous clients were still housed in March 2021). The housing retention rate for clients in STEP to Home is higher than the rate of retention of other Housing First programs identified in the literature review (which had an average retention rate of 80%) – however larger long-term evaluations are needed to determine if this difference in retention is substantive.

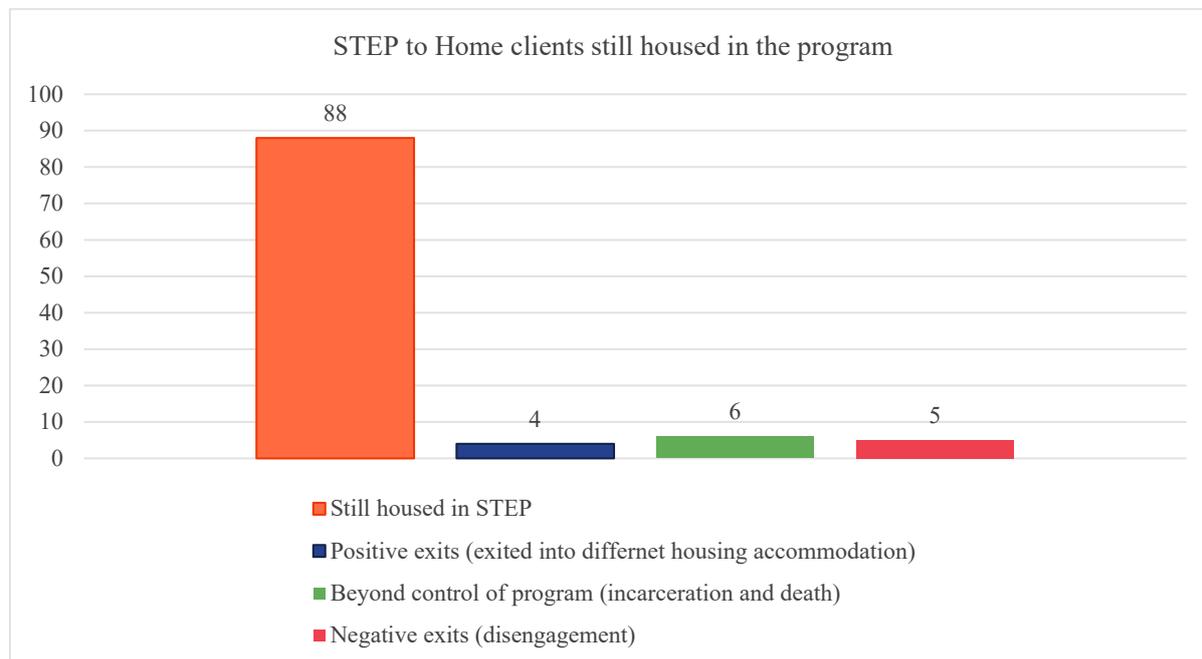
Higher levels of housing retention and stability are evident when the 'types' of exits for those no longer in the STEP to Home program are considered. To provide an accurate assessment of housing retention under the STEP to Home program, it is necessary to delineate between positive exits (exits based on clients choosing to exit the program into other housing options, including private rental), negative exits (including client disengagement with the program) and exits which are beyond the control of the program (including incarceration and death). As illustrated in *Figure 2*, of the 15 STEP to Home clients who exited their housing:

- Four clients had positive exits (including accessing private rental with a partner).
- Six exits were beyond the control of the program (three clients were incarcerated, three were deceased).
- Five clients disengaged with the program.

Excluding the number of exits beyond the program's control, the housing retention rate is slightly higher with 88 out of 97 of clients still housed, which is a 90.7% housing retention rate.

Figure 2: STEP to Home clients still housed as of March 2021

Source: STEP to Home program level administrative data (n=103)



Qualitative interviews conducted with participants also highlighted the STEP to Home program's success in increasing housing retention and stability. All interviewees had been housed for well over a year, with some being housed for two years. As one interviewee highlights:

[Since being in the program] now for two years. I hadn't gone back as a homelessness person. I hadn't had to go back into a refuge or anything like that.

b) Improved housing satisfaction

Analysis of the qualitative and quantitative data also demonstrated that participants had a high level of satisfaction with their housing under the STEP to Home project.

Quality of housing

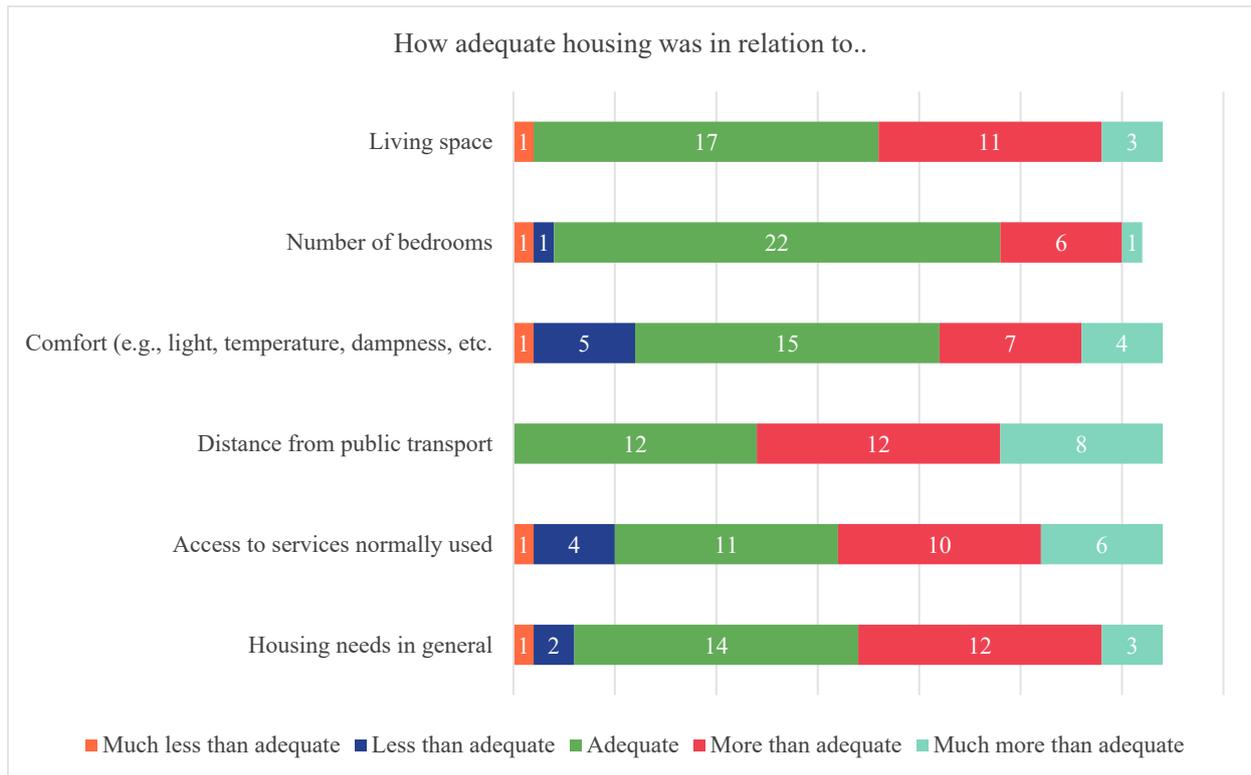
Analysis of data from STEP to Home participants who responded to the CSI client survey indicated high levels of housing satisfaction. 29 out of 31 respondents (93%) indicated satisfaction with the home they were living in and the neighbourhood where they were located (see Figure 3). On a scale of 1 to 10, the average score among respondents when asked about their satisfaction with the home in which they live was 8.3 (median 8.5).

Male survey respondents reported slightly higher satisfaction with the home in which they live (average of 8.5) and the neighbourhood in which they live (average of 8.4) compared to female respondents. There was a 0.8-point difference for female respondents compared to male respondents for satisfaction with their home (average of 7.7) and a 1-point difference for satisfaction with their neighbourhood in which they lived (average of 7.4). The two survey respondents who identified as transgender reported high levels of satisfaction for both home and neighbourhood in which they lived with an average of 9.5 for their home and 9.0 for their neighbourhood.

Survey respondents were also asked to indicate how adequate their current housing was for their needs regarding living space, number of bedrooms, comfort, access to services and housing needs in general. As shown in *Figure 3*, 97% of respondents (n=30) agreed that their living space was adequate. Survey respondents mostly indicated that the number of bedrooms, distance to public transport, housing comfort and access to services were adequate. A small number of respondents indicated that housing comfort (n=6) and access to services (n=5) was not adequate.

Figure 3: Housing satisfaction for STEP to Home program clients

Source: CSI client survey (n=31)



The high levels of housing satisfaction for participants in the STEP to Home program is a positive demonstration of the program’s effectiveness. The headlease model places many factors in relation to satisfaction outside of the program’s control given it is only able to provide participants with properties currently available in the private market. This has particular impacts on housing satisfaction in relation to accessibility (discussed in more detail in the qualitative data for this measurement).

Interview participants indicated that they were happy with the home they were living in and most agreed that their housing needs were met and that the property was suitable for them. Some participants recalled a feeling of shock at the high quality of the accommodation when they were first shown it:

I just thought it was too good to be true.

As detailed above, the headlease model enables STEP to Home to secure properties in the private rental market which can be of a higher quality and better located than those able to be accessed through capital social housing stock. Several participants highlighted this contrast in quality, with one participant sharing

the following experience of being shown a public housing property prior to being accepted under the STEP to Home program:

The state of that property was in such disrepair and such a ghastly place that the case worker came with me and filmed it, took photos and was accosted by drug dealers on the way back.

Interview participants also indicated housing satisfaction in relation to the responsiveness to maintenance requests in the STEP to Home program. One participant gave the example of her property having maintenance issues and being fixed straight away which contributed to her satisfaction with the property:

Everything is in good condition. I had problems with the kitchen tap, and they came straight away and they replaced the leaking tap. The maintenance in the flat is good. Everything is working and [I am] quite happy and satisfied with the place.

Housing location

Interview participants' housing satisfaction was also informed by the location of their property. As detailed above, one of the strengths of the STEP to Home program is its ability to work with participants to identify housing that suits their individual needs. Several interview participants highlighted their proximity to the beach as being important considerations in their housing satisfaction. One participant shared:

[I am living] five or 10 minutes from the beach on the break... I really love where I am...it is the best place I've lived in in Sydney.

Other interview participants commented on the convenience of living close to public transport. One participant noted a key difference in relation to the property they were living in through the STEP to Home program and a public housing property they were required to reject on health grounds. The public housing property he had been offered was over 40 minutes' walk to the nearest train station, whereas STEP to Home ensured his property was within '500 steps' of public transport.

Participants also linked their housing satisfaction to their interactions with neighbours and others in the local community. One interviewee stated:

The neighbours are really kind. That makes me feel good too living there as well, you know what I mean? Like if you don't get on with your neighbours, well, I guess you wouldn't feel that good about living there but I love it.

Housing dissatisfaction

While the vast majority of interviewees were satisfied with their home, there were a couple of interviewees who were dissatisfied. For one interviewee there were unresolved maintenance issues with the property they were living in, with some issues being present since they had moved in. As a result of this dissatisfaction with the property condition and issues with neighbours, this person had requested a transfer of property. They additionally stated that:

This transfer process has been a horrific distraction that is ambling on now months and I'm not getting adequate support.

As previously noted, the process of both maintenance and transfer are outside of the control of the STEP to Home program. Maintenance of properties is the responsibility of the landlord, not the STEP to Home program. The program only has the ability to request for maintenance to occur, make an application under the NSW Civil and Administrative Tribunal or commence a transfer on the client's behalf. In relation to property transfer, the program is reliant on suitable vacancies in the private rental market before a transfer can be facilitated. Delays to transfer are particularly likely given the current low vacancy rates in the private rental market (REINSW Vacancy Rate Survey indicates vacancy rates of only 1.4% in Sydney).⁹

Another interviewee stated that their property was not suitable for their needs. This person had noted their home is "not very accessible". This participant stated that they had been in the process of finding a more suitable home but had been told by their housing provider that they "can't source a single property that meets 50 percent of my needs."

As noted above, the program is limited by the limited availability of appropriate accessible housing in the private rental market Australia.¹⁰ Recent studies have indicated that as many as 87% of people with a disability in the private rental market live in inaccessible or homes modified to meet only some of their needs.³

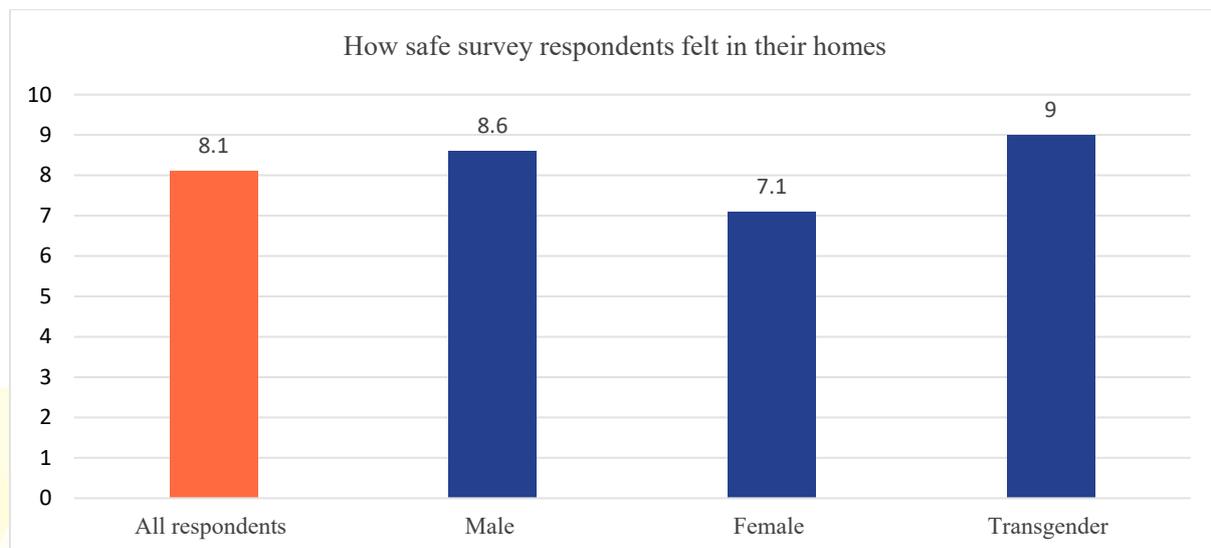
c) Increased security, safety, and privacy

Data collected for this evaluation also indicated an increase in security, safety and privacy for participants in the STEP to Home program.

Survey respondents were asked to indicate how safe they felt in their current home, on a scale of 1 to 10. The average score for all survey respondents was 8.1 (median 9). Comparing feelings of safety between men and women, survey respondents who were men reported, on average, higher feelings of safety compared to women (see Figure 4).

Figure 4: Survey respondents' feeling of safety in their own home

Source: CSI client survey (n=31). Feelings of safety on a ten-point scale (male n=18, female n=11, transgender n=2)



One theme that was strongly present throughout interviews was the feeling of safety and being safe since having housing. Interviewees commented that the property they were living in was secure and safe and that they felt safe in the neighbourhood they were living in. Participants acknowledged the importance of safety after experiences of trauma throughout their lives. One person discussed the positive impact of safety had on her mental health:

[I am now] heaps better. I was always very, very stressed before. I was always very, stressed about how am I going to fix [my mental health]. [Having housing] it's taken a weight off my shoulders. Before I just had way too much to deal with, physically on my own.

Another participant highlighted the feeling of safety she has now compared to when she was experiencing homelessness:

[Now I am] just feeling safe. When I was homeless, I had some bad things happen to me. [Being housed] it is just the feeling of security, and being safe and you know, having to have more things than you could carry with you that day, you know?

d) Experiences of financial stress

Experiences of financial stress for STEP to Home clients were explored through aggregated client cohort administrative data, in relation to both the number of clients in rent arrears and the cost of rent and repair arrears among clients. These were measured at three different time points in the program.

The STEP to Home program is a headlease program which involves the housing provider paying the market rent to the landlord, and the STEP to Home client paying a subsidised rent to their housing provider. Under this process STEP to Home clients are guaranteed to maintain their housing lease, however, clients are still required to pay their rent to their housing provider. STEP to Home clients' rent and repair arrears are costs owned to the program and clients are required to pay back those costs.

In relation to rent arrears, client rent arrears data were examined by the number of clients who had owed rent at the same date (30th March) over three years (2019-2021). Examining the data over three different time points of the program provided an indication of STEP to Home clients' financial stress experiences. In 2019, 34.5% of clients (10 out of 29) had rent arrears, in 2020 this percentage decreased to 24% of clients (18 out of 75) and further decreased in 2021 to 14.6% of clients (13 out of 89).

While the percentage of clients in rent arrears decreased from 2019 to 2021, the number of clients with over 12 weeks or more rent in arrears increased. On 30th March 2020, there were 4 clients (out of 75 clients) who had rent arrears in advance of 12 weeks. Similar numbers occurred in 2021, with 4 clients (out of 89 clients) (up from no clients in 2019, see *Figure 5*). The cost of rent owed by STEP to Home clients also increased. As shown in *Figure 6*, in 2019 STEP to Home clients owed a total of \$2,392 in rent and \$2,530 in repairs and maintenance. This total amount owed had increased in 2021 to \$9,354 in rent owed and \$19,458 in repairs and maintenance, as had the number of clients who were owing money.

Repair costs are another indication of financial stress being experienced by STEP to Home clients. Under the program, repair costs allocated as tenant recharges are the responsibility of the tenant. This includes any property damage and costs associated with returning the property at the end of lease to the state it was in at beginning of the lease, **less fair wear and tear** (as with any social housing or private rental market property). One benefit of the STEP to Home model is that community housing providers cover the cost of repair and maintenance if clients cannot afford to. However, these outstanding debts owed (including rent arrears) are linked to the client's new tenancy when they are transferred to a new house. When this occurs, STEP to Home housing providers work with clients to pay back that debt, such as by a payment plan, and refer tenants to financial advice and services. Clients can also enter Bridge Housing's *Hand Up* program to undertake activities such as volunteering to pay off debt.

Figure 5: Number of STEP to Home clients in rent arrears

Source: Client cohort administrative data (total clients in the program: 2019 n=29, 2020 n=75, 2021 n=89).

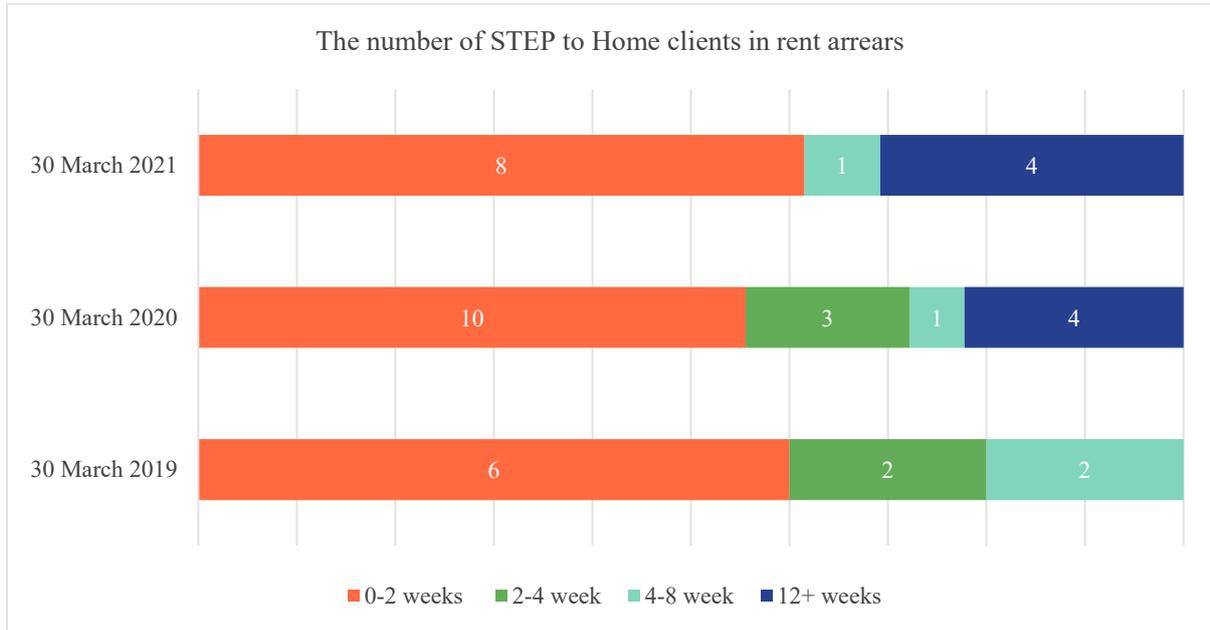
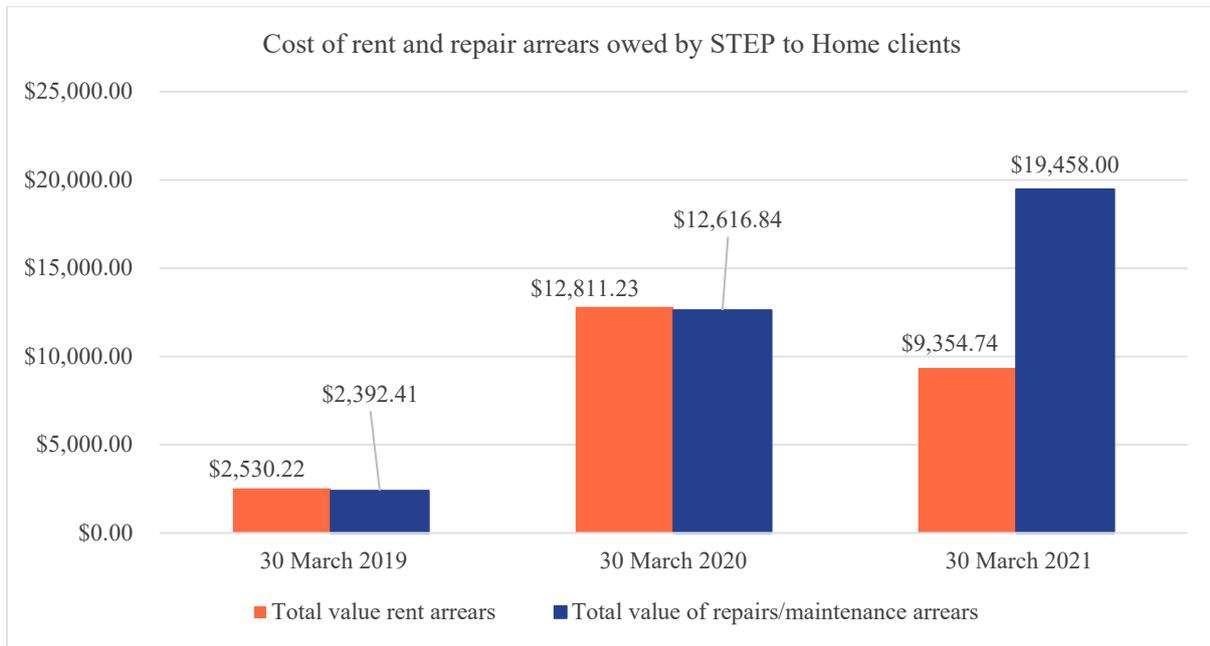


Figure 6: STEP to Home client repair arrears

Source: Client cohort administrative data (number of clients in repairs/maintenance arrears: 2019 n=5, 2020 n= 14, 2021 n=24).



Aim: Provide access to mainstream health, mental health and wellbeing services.**Health outcomes and the STEP to Home Program**

Findings showed substantial improvements in participant general and mental health because of their involvement in the STEP to Home program. These findings are discussed in detail in the following sections.

Note: substance use among STEP to Home clients was not measured or explored in this evaluation. The STEP to Home program does not collect indicators used to measure changes in clients' use of substances and this was not explored in interviews as it was not relevant for the evaluation.

a) Improved general health and physical health

Data collected for this evaluation indicated an increase in general health for participants in the STEP to Home program.

Survey participants' health before the STEP to Home program

Survey respondents' administrative data indicated only a small proportion of respondents (n=7) reported having/had medical conditions, such as liver disease or heart disease (see *Table 4*). Seven respondents reported having/had more than one medical condition or illness.

Table 4: Health conditions before entering the STEP to Home program

Source: Survey respondents' VI-SPDAT (n=30)

Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?	Yes
Liver disease, Cirrhosis, or End-Stage Liver Disease	4
Heart disease, Arrhythmia, or Irregular Heartbeat	3
Emphysema	2
HIV+/AIDS (Surveyor reiterate that respondent need not answer)	2
History of Heat Stroke/Heat Exhaustion	2
Asthma	2
Kidney disease/End Stage Renal Disease or Dialysis	1
Hepatitis C	1
Cancer	0
History of frostbite, Hypothermia, or Immersion Foot	0
Tuberculosis	0
Diabetes	0

Survey participants' health since being housed by the STEP to Home program

Almost three quarters of survey respondents (71.9% n=23) indicated that their health had improved since being housed (see *Figure 7*). It is important to note that people experiencing homelessness have higher rates of death and chronic illness than the general population and the long-term impacts of homelessness on health are typically more profound.¹¹ Some survey respondents attributed their improved health to housing stability, feeling safe, and eating and sleeping better, as highlighted in the open-ended responses:

Dramatic improvement. Stable home, health stabilised. Work secured. Financially safe.

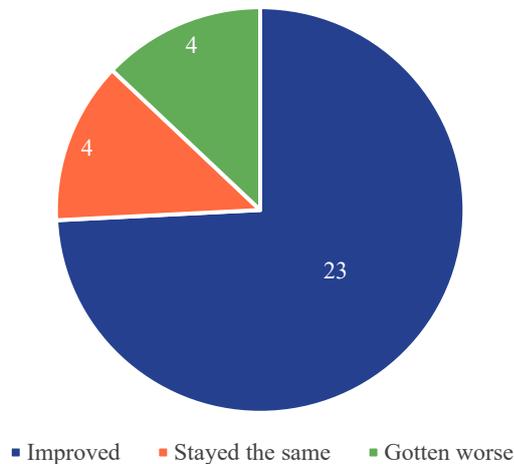
I have a safe place to rest & care for myself

Eating better. Sleeping better. Able to relax more.

Figure 7: Survey respondents reported improved health

Source: CSI client survey (n=31)

Since you moved into housing, has your overall health changed?



One interviewee spoke about the help he received from his case worker to sort out his physical health:

I've got really high blood pressure. And I had a couple of stents put in and what not. But I don't seem to be able to deal with problems too well. And anything that pops up when we're sitting down talking, she helps me sort a lot of stuff out.

b) Improved mental health

Data collected for this evaluation also indicated an increase in the mental health of participants in the STEP to Home program.

Survey participants' mental health before the STEP to Home program

Survey respondents' VI-SPDAT data at the time of the client's intake into the program showed a higher incidence of mental health issues. For example, 26 respondents (86.7%) stated they had spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of their mental health. 19 respondents (63.3%) had also stated they had visited the Accident & Emergency (A&E) service at the hospital because they were not feeling 100% well emotionally or because of their nerves.

Survey participants' mental health since being housed by the STEP to Home program

Respondents to the CSI client survey indicated improvement in their mental health because of their participation in the STEP to Home program. Several survey respondents directly linked the improvements to their receipt of housing and support. One respondent detailed:

My mental health in general has improved greatly in the 2 years I've been in housing. It has given me a sense of belonging. I feel like a relatively normal person going about a quite peaceful and calm life. Without the anxiety of having to worry about having a roof over my head, it frees up my mind to use that energy and effort to focus on so much more important things.

Survey respondents' administration data collected the types of support and services clients were engaged with indicated that majority of respondents were engaged with mental health services (n=13). These included psychologists, psychiatrists, or GPs for mental health. Various respondents indicated they had engaged with different counselling services (n=5).

Interview participants also indicated improved mental health, attributing this improvement to feelings of safety and housing stability. One interviewee mentioned that since having housing they have been "getting on top of [their] anxiety." When asked about how having a house made a difference on their health the interviewee stated:

Yeah well it is amazing – to me I think it is – like having a roof over your head and having something – knowing where your next meal's coming from, is a whole lot of – it makes things a hell of a lot easier.

Quality of life outcomes and the STEP to Home Program

a) Improved quality of life

Improved quality of life was a key Housing First program outcome identified in the literature review. The Personal Wellbeing Index (PWI) is used to determine whether participation in the STEP to Home program contributed to improved quality of life outcomes for program clients.

The PWI contains seven items of satisfaction: standard of living, health, achieving in life, relationships, safety, community connection and future security. These seven items each correspond to a quality of life domain. When these self-reported items are totalled, the score indicates the level of subjective wellbeing for a respondent.¹²

The following sections provide a breakdown of PWI score data collected from two sources:

- PWI data collected from questions within the CSI client survey. At the time of the survey, six

participants had been in the program for two and half years, eight participants had been in the program for two years, nine participants had been in the program for 18 months and seven participants had been in the program for 12 months.

- PWI data from STEP to Home clients who gave permission to access their PWI data collected in the program. PWI data collected in the program consisted of intake data (baseline) and every six months a person was in the program.

Note that the STEP to Home clients who provided permission to access program PWI data collected upon program entry were drawn from clients who had first completed a CSI client survey. Examination of survey participants' program PWI data was done to understand their change over time.

In addition, quality of life was measured from data collected from qualitative interviews with STEP to Home participants.

Qualitative and quantitative data highlighted the significant impact of the STEP to Home program in improving the quality of life of participants, discussed in detail below.

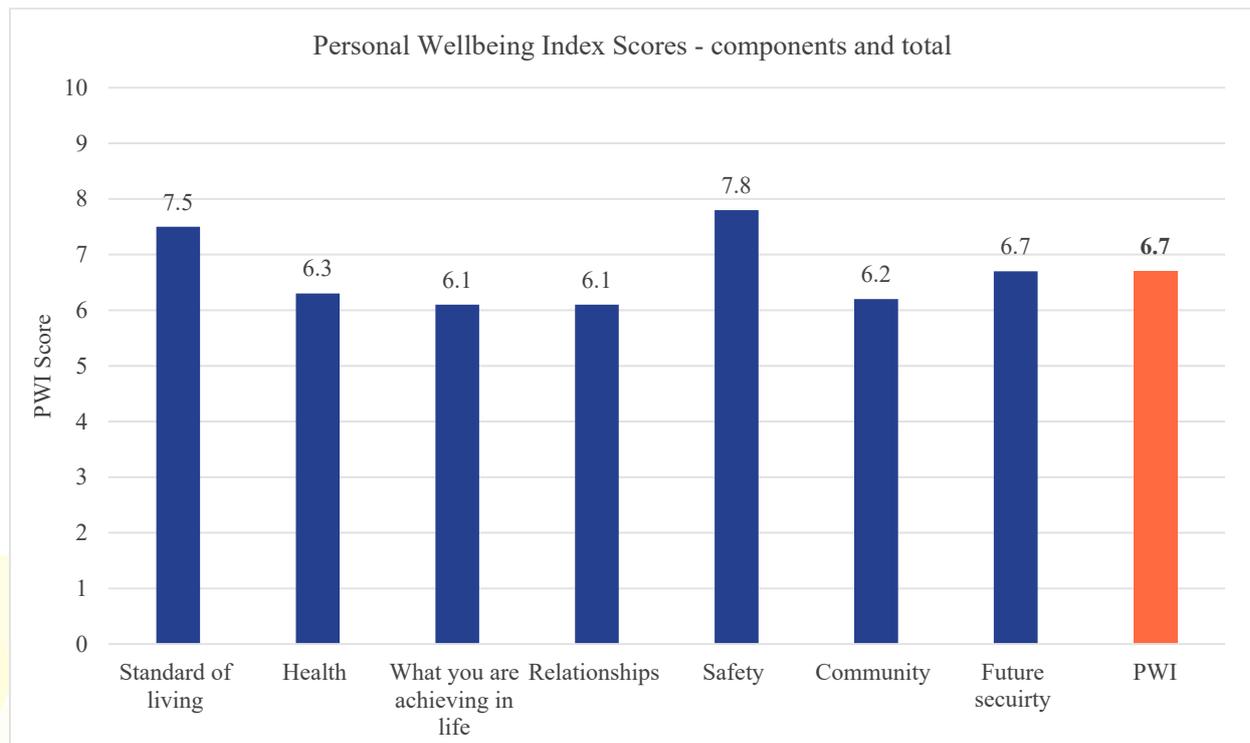
PWI data from completed CSI client surveys

The average PWI score of STEP to Home clients who responded to the survey was 6.7, ranging from as low as 6.1 (satisfaction with what you are achieving in life and satisfaction with relationships) to 7.8 (satisfaction with feeling safe) (see *Figure 8*).

There were slight differences in PWI averages among different genders. People who identified as male indicated the highest PWI with an average of 7, followed by people who identified as transgender with an average PWI of 6.6 and people who identified as female with an average of 6.

Figure 8: PWI data from completed CSI client surveys

Source: CSI client survey (n=31) (collected between February and May 2021)



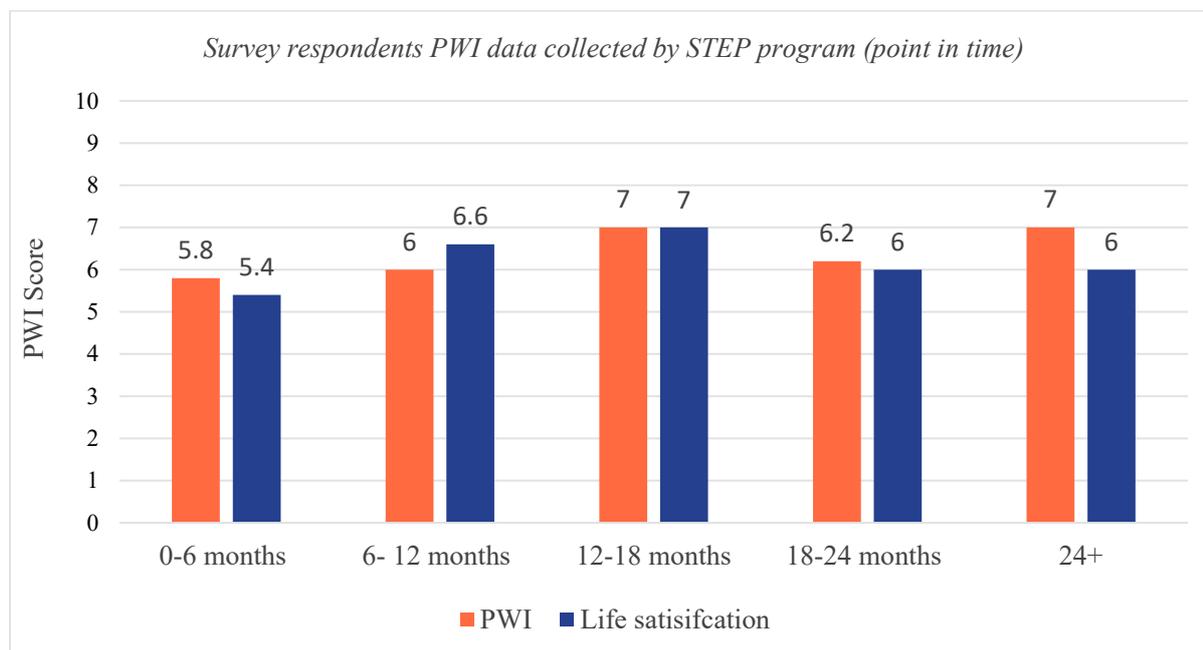
PWI data collected by the STEP to Home program (clients who participated in the CSI client survey).

STEP to Home clients who participated in the survey and gave permission to access their PWI data collected at the beginning of their entry to the program had their data examined for change over time (n=30).

The average PWI score for survey respondents when they entered the program was 5.8. After being the program for over 12 months, the average PWI score increased to 7 (see *Figure 9*).

Figure 9: Survey participants' PWI data collected by STEP to Home

*Source: STEP to Home PWI data (time point when participants completed a PWI in the program): 0-6 months***² n=17, 6-12 months** n=6, 12-18 months*** n=13, 18-24 months (n.s) n=4, 24+ months (n.s) n=3. This is not paired PWI data, but the average PWI data among survey respondents.*



At a national level, the Australian population had an average PWI score of 7.5 in 2020.¹³ Due to the differing nature of how the PWI scores are collected, and the difference in sample size, it is not appropriate to compare these scores beyond noting what the accepted average for wellbeing nationally.

Overall, quality of life has improved since being housed. There is improvement in respondents' average PWI score at 6-12 months of being in the program, which continues to improve throughout time being housed (see *Figure 9*). The average scores from survey respondents suggests that the STEP to Home program has improved their clients' quality of life. For a breakdown in PWI data regarding scores of each life domain, see *Appendix E*.

Interviews also demonstrated that participants enjoyed an improved quality of life as an outcome of the STEP to Home program. Participants particularly highlighted the contrast in their quality of life in housing from their experiences of homelessness. One participant spoke of surviving 'nine cold winters in the streets of Sydney' prior to receiving housing through the program. Her quality of life had significantly improved following housing:

² P value summaries: *** = <0.001 very significant, ** = 0.001 to 0.01 very significant, * = 0.01 to 0.05 significant, n.s = ≥ 0.05 not significant

As soon as I saw the flat, you know, I just got a good vibe straight away.

Another participant interviewed spoke of the contrast between his experience in housing and within the crisis accommodation system:

I was sort of in survival mode. It was horrible, I was barely functioning. I couldn't sleep. In crisis accommodation...the police were called every night, everyone bringing alcohol and drugs in and yeah, it was horrible. I just tried to stay away from there as much of the day as possible.

After a year of being in housing, the same participant indicated:

I do not feel guilty or unworthy anymore... I feel like I have a home. And I've had my friends come and visit and they've been shocked. They are like oh, my god, wow, we are really not that worried about you anymore

Use of Public Services Outcomes and the STEP to Home Program

This analysis found little difference in the use of health services for respondents since being housed, compared to while experiencing homelessness. There was a decrease in the use of police and justice services, specifically spending one or more nights in jail, being on probation and going to court.

However, there are several limitations on the ability to draw conclusions for this outcome within the STEP to Home program. Analysis relied upon self-reported answers as opposed to administrative records of service use (the primary data source relied upon in studies identified in the literature review, *see Appendix B*). Furthermore, due to the small sample size of STEP to Home participants, it is difficult to conclude the impact this Housing First program has had on the use of public services.

Recognising these data limitations, the following sections outline the findings in relation to public service outcomes and the STEP to Home program.

a) Reduced use of public services/reduction in the use of the justice system

Survey respondents were asked to reflect on which public services they used while experiencing homelessness and since being housed. Public services included emergency services, police and justice services.

There was a slight decrease in use of services in relation to police and justice services. One example from this sample is time spent in jail. Seven survey respondents (22.6%) indicated they spent one or more nights in jail prior to the STEP to Home program, however, since being housed no survey respondents had spent one or more nights in jail. There was also a slight decrease in the number of respondents going to court. Nine respondents (29%) indicated that they had gone to court while experiencing homelessness, while only two respondents (6.5%) had gone to court since being housed (*see Figure 10*).

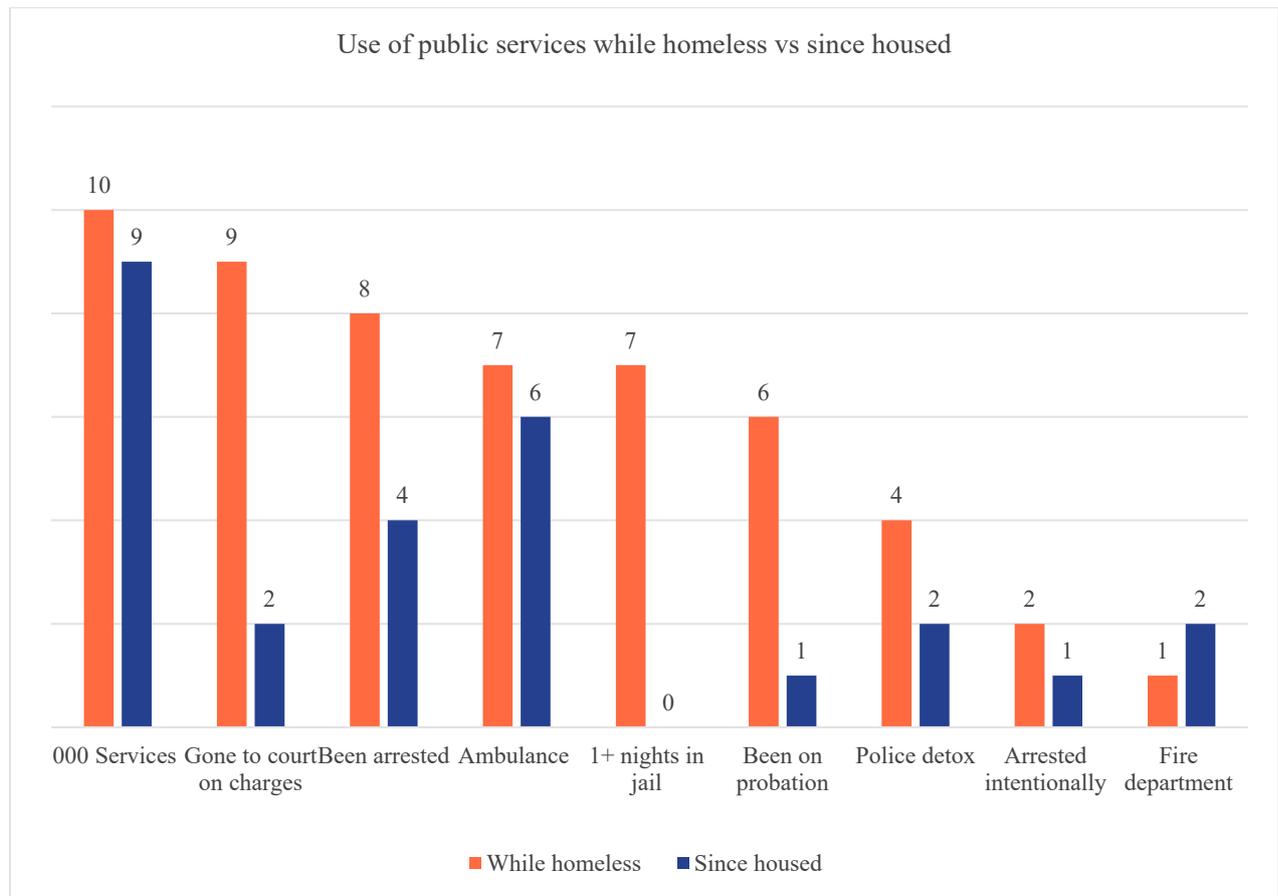
A reduction in court appearances for people who have been housed is consistent with findings in the literature review. The evaluation of the Australian *50 lives 50 homes* program found that court appearances reduced by 68% for people who were housed for a year and 74% for people who were housed for two years. The

evaluation also found a decrease in the number of offences committed and the number of interactions with police (see *Appendix B*).

There was a slight decrease in the number of clients that reported being on probation. When experiencing homelessness, six respondents (19.4%) indicated being on probation, compared to only one respondent (3.2%) since being housed. Likewise, eight respondents (25.8%) indicated they had been arrested while experiencing homelessness, while only four respondents (12.9%) had been arrested after being housed.

Figure 10: Use of public services while homeless vs since housed

Source: CSI client survey (length of time in the program: 12 months n=6, 18 months n=8, 2 years n=9, 2.5 years n=7, total responses: n=30, missing=1)



b) Reduction in the use of health care services

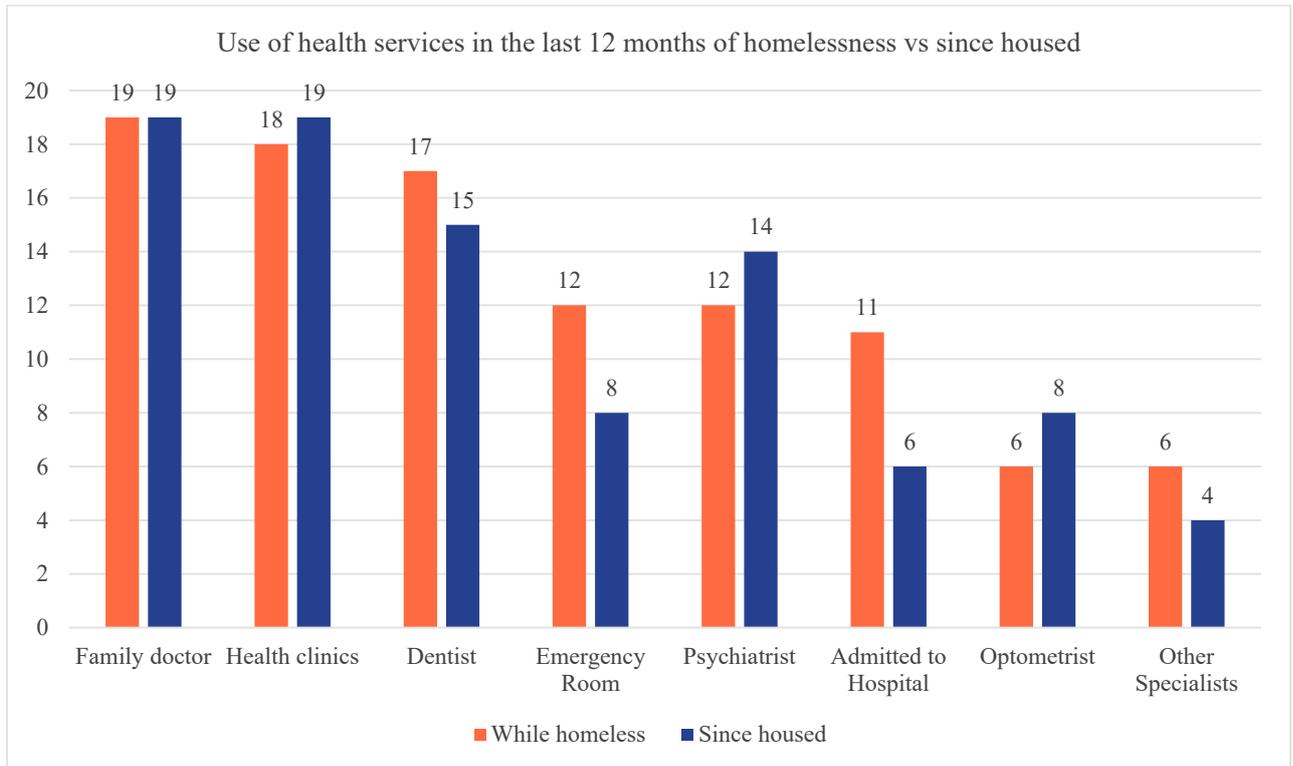
The use of health care services can be categorised as primary healthcare, which included visiting the doctor, health clinics, seeking mental health assistant from psychiatrists and the use of secondary healthcare services such as the emergency room at the hospital.

Survey respondents were asked to select the types of health services they had used in the last year they were experiencing homelessness and since being housed (see *Figure 11*). Comparative analysis found only a slight difference in health care service usage pre- and post-housing. For example, there was an increase in the use of the family doctor, health clinics and psychiatrist visits post-housing. There was also a slight decrease in the use of the emergency room, from 12 respondents to eight post-housing, and in the number of respondents who were admitted to hospital, from 11 respondents to six post-housing. However, none of these changes

were statistically significant. These findings were similar to several studies identified in the literature review that reported a decrease in the use of health care emergency services and an increased engagement in primary healthcare (see *Appendix B*).

Figure 11: Use of health services in the last 12 months of homelessness and since housed

Source: CSI client survey data (Length of time in the program- 12 months n=6, 18 months n= 8, 2 years n=9, 2.5 years n=7) (n=30, missing 1).



Aim: Rebuild family, community and cultural connections.

Relationship outcomes and the STEP to Home Program

The evaluation indicates participants in the STEP to Home program experienced both improved relationships and social connections and reduced social isolation.

a) Improved relationships and social connections and reduction in social isolation

Interview participants highlighted the impact of stable housing on improving their social connections with family, friends, and the general community. Several participants indicated they experienced re-connection or improved relationships with their family after being placed into housing. One participant said:

My children, my parents, everyone's just happy that I'm just safe, and that you know...my children are happy that they can speak to me whenever they want, and they're happy that their mother's safe and they're happy that their mother is available. My parents are happy that their daughter is safe and she has safe housing. My friends, they're happy too. I mean, everyone is. Yeah, so it's just all nice and peaceful.

Another participant spoke of how the improvement in her quality of life, as a result of being housed, had a flow on impact upon her relationships with her friends:

I came close to breaking a lot of friendships because I did not know how to help myself. I think they call it fatigue where I put too much on friends and family, so I was at a point where I thought I was going to lose everything. Now that I have the support from Bridge and Neami, it is a lot lighter. A lot easier.

One participant spoke of the growing sense of community around their home:

[At a nearby park} there has been 50 people with their dogs there every day...and because it is not city located, you get a sense there is a lot of families. People with kids, elderly people, people with dogs, that sort of thing. So being in that sort of area I think is very nice

Another participant spoke of new friendships being made with members of the local community:

There are some friendships I've made...there's a woman that I catch up for coffee with regularly, an old woman...and somehow, we just started being friends. It was really quite cool.

However, the same participant also indicated a need for greater support in developing social connections. They suggested:

[if case workers] understood the person flavour that each of them are looking after they'd be able to set up some locally based program where it could be supported initially.

Due to the nature of the headlease model, community housing providers do not provide engagement activities such as community block get-togethers like they do in capital properties. However, assistance in establishing new social connections may be beneficial for some members of the program.

Survey respondents' PWI scores show increased satisfaction with relationships, from 5.5 at baseline to 6.1 at one year in the program (see *Table 8* in *Appendix E*).

b) Reduction in social isolation

Survey respondents were asked to indicate what types of social activities they participated in the last week while being part of the STEP to Home program. Most respondents (29 out of 31 respondents) had participated in some form of social activity in the week before completing the survey (as shown in *Table 5*). The average time spent on doing these social activities for survey respondents was 14.3 hours per week (median 10 hours).

Table 5: Types of social activities respondents participated in

Source: CSI client Survey data (n=31).

Type of Social activities complete in the last week	Number of people
Telephone or online interactions with friends or family (including talking, texting, Twitter, Facebook, Skype, online dating)	28
Going out on your own (to see a movie, have dinner, go shopping, go to a sports game, going to a church or other religious services or an organised event or activity)	19
Activities away from home with friends or family (to see a movie, have dinner, go shopping, go to a sports game, watch TV, have a chat, playing sport on a team, go to church or other religious service or an organised event or activity)	19
Activities at home with friends or family (having a chat, watching TV, having a meal, playing a game)	18
Other social activities	9
None of the above	2

Social integration outcomes and the STEP to Home Program

STEP to Home's program appears to have a role in increasing community participation and integration for participants. This finding is particularly noteworthy given the headlease model under the STEP to Home program offers housing providers limited control over participation in their local communities.

Note that changes in anti-social and criminal behaviour were not measured in this evaluation. There were no suitable indicators identified for anti-social and criminal behaviour. As a result, the client survey did not measure any changes for STEP to Home clients. In interviews with clients, no interviewee discussed any changes in anti-social and criminal behaviour.

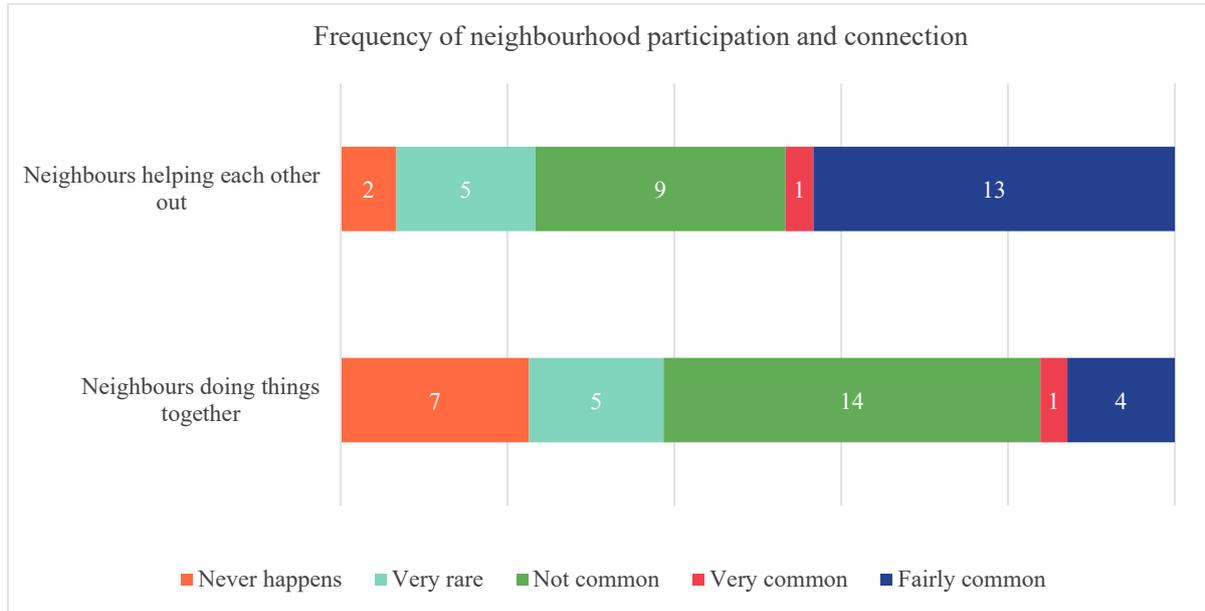
Findings in relation to increased community participation and integration are discussed in detail in the following sections.

a) Increased community participation and integration

Survey respondents were asked to reflect on their participation in their neighbourhood since being housed. When asked how common it was for neighbours to help each other out, close to half of the respondents (45.1% n=14) stated it was fairly or very common (see *Figure 12*). However, when asked about neighbours doing things together, the majority stated it was not common (41.9% n=13), very rare or never happens (38.7% n=12) (see *Figure 12*). Under the headlease model, STEP to Home clients are generally housed next to other households either renting privately or who own their home, which limits the capacity of housing providers to facilitate engagement with neighbours and the local community.

Figure 12: Survey respondents' participation and connection in their neighbourhood

Source: Client survey data (n=31)



Interview participants detailed their experiences of improved community participation and integration because of their housing under the STEP to Home program. Participants highlighted the importance of being housed alongside people renting privately to enhance social integration. One participant spoke of their initial apprehension about being placed outside of public housing before finding community within his local neighbourhood:

I guess that was my biggest fear. It is just a normal building. A normal apartment building. It is not a housing building. So I interact with neighbours. I feel like I fit in.

This was supported by another participant who detailed their ability to connect in a community even though he was housed in a 'private building'

I don't know if you guys know that but yeah, that was just – I think that model works really well because I feel like I've integrated back into society – yeah.

b) Decrease in anti-social and criminal behaviour

Changes in anti-social and criminal behaviour were not measured in this evaluation. There were no suitable indicators identified for anti-social and criminal behaviour, as a result the client survey did not measure any changes for STEP to Home clients. In interviews with clients, no interviewee discussed any changes in anti-social and criminal behaviour.

While not demonstrating changes in anti-social behaviour, one benefit of the program is management housing transfers for STEP to Home clients who are subject to noise and annoyance complaints from real estate agents and neighbours. Management transfers allow STEP to Home clients to maintain housing tenancy through relocation to a new home where the real estate agent issues a notice of termination.

Aim: Support the development of daily living and self-managements skills**Autonomy outcomes and the STEP to Home Program**

A consistent theme emerging from qualitative interviews with STEP to Home participants was the belief that housing under the program had led to increases in the sense of control participants had over their lives. Participants discussed increased control, independence and feelings of freedom in their lives.

One interviewee highlighted this with the following:

I'm glad I can come home. The best part is coming home and I can just watch TV and just relax. [Having a home] is something that you do not take for granted because homelessness is only as you know, a day away. But as long as the rent is paid, and bills are paid [it will be ok].

Another interviewee discussed how being on the STEP to Home program had provided opportunities in their life:

[If I was not in the STEP program] I wouldn't be able to study the course I'm studying, I wouldn't be able to pay rent, and I wouldn't be on DSP [Disability Support Pension],[and] I wouldn't be able to eat properly. God knows, yeah. It's given me the opportunities to do lots of things.

Aim: Facilitate engagement with positive structured activities such as social groups, education and/or employment.**Financial outcomes and the STEP to Home Program**

Evaluation findings indicated that the STEP to Home program has enabled some clients to engage in employment, volunteering or education opportunities.

a) Increased economic participation***Participation in employment***

STEP to Home clients have access to Neami's employment specialist program – *WorkWell*. The program promotes the recovery benefits of social inclusion and integrates with services delivering one-to-one tailored employment support.³ *WorkWell* supports clients with a sustainable approach to seeking and gaining employment. This program has been implemented into the STEP to Home program to support clients who have identified employment as a goal.

Analysis of quantitative data indicates there was an increase in the number of people who became employed since being housed (see *Table 6*). Before entering the STEP to Home program, only one survey respondent (3.2%) was employed. Since being in STEP to Home program seven respondents (22.3%) were in some form of employment on either a full time or part time basis. These seven survey respondents represent 6.8% of the total number of STEP to Home clients. These figures should be understood in the broader context of the

³ WorkWell supports include identifying employment goals and preferences, rapid job search, application, and interview preparation. Information on government benefits, income support and reporting obligations. Planning the transition to paid employment and post job support.

multiple challenges people who have experienced homelessness have in obtaining and retaining employment.¹⁴ Furthermore, evidence from Housing First studies found only a 3% increase in the workforce among participants¹⁵ and a 5% increase after 2 years¹⁶ (see *APPENDIX B*).

Table 6: Survey participants' employment status before and since the program

Source: Survey participant administrative data (n=30) as of March 2021

Activity status	Before the program	Since being in the program
Employed	1	7
Education/training	2	1
Volunteering	0	2

Survey respondents were also asked to indicate their satisfaction with employment opportunities, on a scale of 1 to 10. The average score among respondents was 6.2 (median 6).

At the time of interviews, two interviewees spoke about the desire to find employment. This is further explored in *social integration outcomes* below.

Participation in education and volunteering

There was little change in engagement with education and volunteering for survey respondents. Before entering the program, two survey respondents were engaged in a TAFE course. However, since being involved in the program only one additional respondent had commenced an educational program.

Two respondents had engaged with volunteer work since entering the program compared to no respondents before entering the program (see *Table 6*).

Several interview participants highlighted the importance of ongoing support to assist them in re-engaging with employment and volunteering opportunities. One participant discussed the support from Neami and Bridge Housing he received during the program:

They were very big advocates, Neami and Bridge, for me undertaking some volunteer work just to get my confidence back up because I was just working and then collapsing to nothing and then going through you know, over a year of adjustment to jobs and things like that... I've done some volunteer work... I just need to build up my confidence and self-esteem before re-entering work.

At the time of the evaluation, this interviewee was in the process of searching for work and was eager to get back into the workforce. He stated, "I really need to get back into work, for self-esteem."

Program satisfaction and retention

In addition to comparing the outcomes for STEP to Home participants against the aims of the STEP to Home program and the outcomes identified in the Housing First literature review, this evaluation also examined the rates of program satisfaction and retention. Analysing participants' satisfaction with the program and program retention provided insight into how well it was working for clients. Evidence from qualitative and quantitative data indicators that the program was successful in providing services to its clients.

a) Program retention and support referrals success

The STEP to Home program had a successful rate of housing retention (85% n=88) among its clients. In the program, there were a small number of clients who were housed but no longer required support from the program and voluntarily relinquished support from the program. The number of STEP to Home clients who are still supported through the program is 81 (79%).

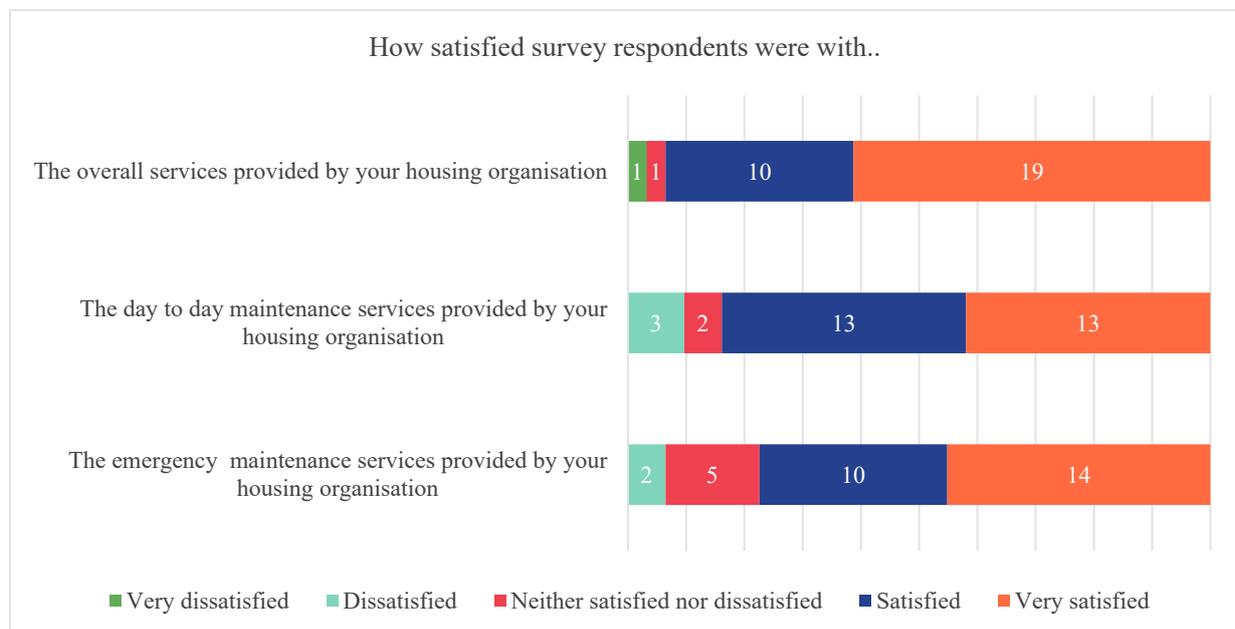
The STEP to Home program provides a person-centred approach with varying supports dependant on client needs. The program refers its clients to supports and services, however, it is up to the individual client to decide to receive that support. As of March 2021, the program had made a total of 177 referrals to different supports and 120 (68%) of those referrals were successful.⁴ The most common referrals to supports for clients were to health and wellbeing, mental health and psychosocial services.

b) Program satisfaction

The majority of survey respondents indicated that they were satisfied with service delivery from their housing provider in the STEP to Home program. 94% (n=29) of respondents were satisfied or very satisfied with the overall services provided by their housing organisation, 84% (n=26) of respondents were satisfied or very satisfied with the day-to-day maintenance services and 78% (n=24) of respondents were satisfied or very satisfied with the emergency maintenance services (see Figure 13).

Figure 13: Satisfaction with services from housing provider

Source: CSI client survey data (n= 31)



Participants in interviews discussed their satisfaction with the STEP to Home program. Most participants had high praise for the program and for the work of agencies delivering it. One interviewee compared their experience in the program to traditional real-estate agents:

Bridge [Housing] are very responsive. If I compared them to a traditional real estate, they'd be a 10/10 and real estate [agents] would be 2/10.

⁴ A successful support referral was categorised as a client's choice to use the support referred to them by the STEP to Home program.

Participants also expressed their satisfaction with the support they received moving into their new home. STEP to Home clients were offered homeware and furniture to furnish their new home. Many interviewees commented how helpful this was as they did not have ‘anything.’ One interviewee stated:

I needed furniture as well, so they [NEAMI] had like a housing package plan thing that you could pick things from that you needed. So they gave me everything I needed, even down to like a mop and a washing basket. So I had everything, tea towels and plates and glasses and bed sheets, and a bed and a kitchen table and a sofa and a TV. They gave me everything that I needed, which was good because I didn't have anything. I didn't have a fridge and a washing machine.

One interviewee stated how “*overwhelmed*” she felt by all support she received moving into her new home:

I got more than what I expected. I was really pleased. [NEAMI] gave me a fridge and microwave. None of those things I had because [all] I had was in my bag, [only] what I could carry in a bag.

Another participant also made similar comments:

I just thought it was too good to be true. Like, I got a list of homewares and things through Neami as well and through ACON and then everything was delivered. It was like winning lotto to be honest.

When interviewees about how the program could be improved, majority of participants agreed the program didn't need improvement, as one participant stated:

I don't think anything needs to be improved. The whole program has been good and like rebuilding my life.

Policy considerations

In addition to the findings, the evaluation identified several policy considerations in relation to the provision of Housing First models for people who have experienced homelessness.

There are several structural factors within the private rental market that impact upon outcomes for clients within the STEP to Home program. This includes intersectional discrimination (particularly experienced by Indigenous people)⁴, low vacancy rates and delays in landlords undertaking repairs and maintenance. It is recommended that these structural factors be considered by governments, as well as housing providers, as they develop and implement Housing First responses.

Another consideration for governments and service providers, in relation to the implementation of Housing First approaches in Australia, is people with a disability who are experiencing homelessness. There is a higher proportion of people with a disability who are experiencing homelessness compared to numbers of people with a disability in the general community. Research has highlighted that the private rental system has very limited availability of appropriate and accessible housing for people with a disability.³ Given these factors, it is recommended that governments enact specific strategies within a Housing First framework to ensure appropriate housing can be provided to people exiting homelessness who have a disability.

4. CONCLUSION

The evaluation finds that the STEP to Home program is achieving positive outcomes across a variety of proven measures associated with successful Housing First approaches. As a result of their participation in the STEP to Home program, clients demonstrated a considerable increase in their:

- housing stability, retention, security and safety
- housing satisfaction
- mental health, and quality of life
- connection with family, friends, and community, as well as heightened economic and community participation.

The evaluation also found that there was a slight decrease in clients use of public services such as hospital emergency departments since clients were housed.

The private headlease model is an important component of STEP to Home's success. Whereas approaches in Housing First are generally split between 'scattered and single site' (see *Appendix A*), the STEP to Home program uniquely uses a headlease model to rapidly rehouse people experiencing homelessness in the private rental market. This allows clients to have more choice and control over the properties/locations they are housed in. This results in greater outcomes for housing satisfaction and also has flow on effects for client mental health and quality of life. The program also encourages higher levels of housing retention by enabling the rapid transfer of clients to alternative housing when necessary.

While the headlease is an important and positive component of STEP to Home's success, it also means that client satisfaction with the program is not always within the control of the services provided by STEP to Home. Most notably, this is in relation to securing appropriate accommodation for people with disabilities. While the STEP to Home program has a high number of clients with disabilities, it is currently limited by the limited availability of appropriate and accessible disability accommodation within the private rental market.

The headlease model also places limitations in relation to issues of repairs and maintenance. The evaluation highlights the impact of repairs and maintenance on housing satisfaction. However, repairs and maintenance issues (particularly the responsiveness to addressing them) vary depending on the private landlord.

Overall, the STEP to Home program has achieved positive outcomes across all measures despite these limitations (providing further evidence of the program's success).

The STEP to Home program has uniquely and successfully implemented a Housing First approach using a headlease model. STEP to Home uses a scattered headlease model to rapidly rehouse people experiencing homelessness in the private rental market. This evaluation finds that the use of the **headlease model** facilitates greater outcomes in the areas of housing satisfaction, retention and has positive impacts on community integration.

APPENDIX A: HOUSING FIRST BACKGROUND INFORMATION

Housing First

Housing First is a recovery-oriented approach to ending homelessness that centres on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed. The aim of a Housing First approach is to provide rapid access to permanent, supported housing for chronically homeless people.¹

The Housing First approach is based on two key assumptions:

1. Housing is a human right.
2. The provision of housing is not contingent upon behavioural changes or anything other than abiding by standard tenancy obligations.¹⁷

The approach is also based on the notion that a homeless individual's first and primary need is to obtain stable, permanent housing. It is only once stable housing is obtained that other underlying, complex issues can be appropriately addressed.² In practice, a Housing First approach involves moving people experiencing homelessness from the streets or homeless shelters directly into permanent housing.² Permanent housing is accompanied by the provision of services to assist each individual to sustain their housing and work towards recovery and reintegration into the community. The underlying idea of Housing First is that people move forward in their lives if they have a home first.¹⁸

History: Housing First is an approach first popularised by Dr Sam Tsemberis and the not-for-profit organisation *Pathways to Housing* in New York in the 1990s.¹⁹ Housing First was originally developed to help people with mental health problems who were living on the streets; many of whom experienced frequent stays in psychiatric hospitals. The target populations entering Housing First later grew to include people making long stays in homelessness shelters and those at risk of homelessness who were discharged from psychiatric hospitals or released from prison.¹⁸ The Housing First approach contrasts with the 'staircase model'²⁰ which is traditionally the model of service delivery for people living on the streets. The traditional 'staircase model' involves conditional approaches to homelessness support, in which people enter the system through drop-in facilities and crisis accommodation services that have low barriers to access.²¹ Those accessing services then progress "up" through transitional housing to permanent housing.²¹ The assumption underpinning the staircase approach is that homelessness can only be overcome through self-improvement and behaviour change on the part of the individual experiencing it.

It is important to note the considerable distinctions in terms of 'housing readiness' between systems such as the United States and the specialist homelessness system in Australia. In contrast to homelessness and housing system in the United States, the provision of housing to people experiencing homelessness in Australia is not dependent of them receiving treatment programs or undertaking behavioural change.² However, the 'paradigm shift' from Housing First to Australian practice is in the concept of rapid rehousing.² Despite increasing rates of homelessness⁷, between 2011 and 2016, government spending on social housing decreased 7%, from A\$1.42 billion to A\$1.32 billion.²² This has contributed to a backlog of 433,000 dwellings in Australia's social housing supply.²³ This has resulted in considerable waiting lists for applications for social housing (up to 10 years in some locations). In 2018, there were 140,600 applicants on the wait list for public housing and 8,800 awaiting State Owned and Managed Indigenous Housing (SOMIH)²⁴ and 38,300 on the waitlist for mainstream community housing data (as at 2017).²⁵ Housing First

in Australia involves by-passing these large social housing wait times and to rapidly rehouse those experiencing homelessness.

Characteristics of Housing First

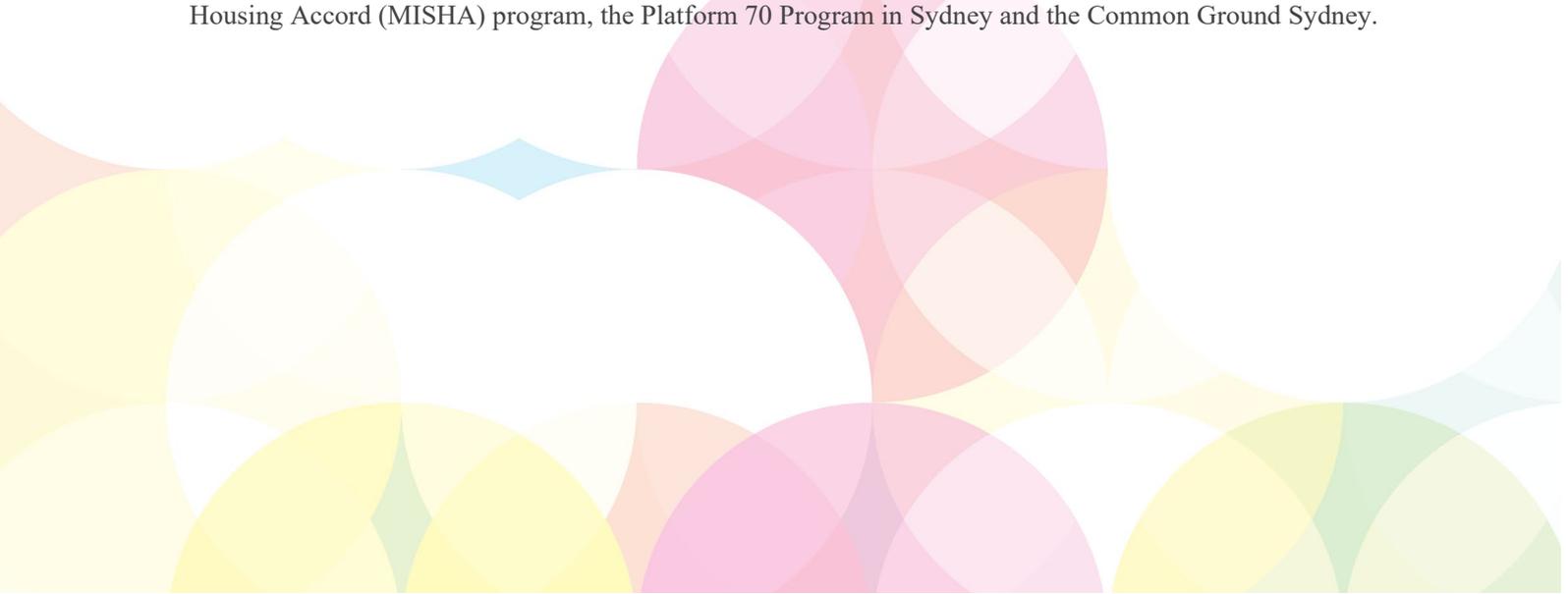
The core principles of Housing First are; *Housing is a human right, choice and control for service users, separation of housing and treatment, Recovery orientation, harm reduction, active engagement without coercion, person-centred planning and Flexible support for as long as required.*¹⁸

The characteristics of Housing First approaches are:

- **Immediate access to permanent housing with no housing readiness requirements.** Central to the Housing First philosophy is that individuals are not obliged to first demonstrate that they are 'ready' for housing. Housing is not conditional on sobriety or abstinence, like traditional 'treatment first' approaches are. Program participation is also voluntary.¹⁸
- **Consumer choice and self-determination.** Housing First is a rights-based, client-centred approach that emphasizes client choice in terms of housing and supports. For housing choice, service users can exercise some choice regarding the location and type of housing they receive and for supports individuals have choices in terms of what services they receive, and when to start using services.¹⁸
- **Recovery orientation.** Housing First is not only concentrated on meeting basic client needs, but on supporting recovery. A recovery orientation focuses on individual well-being and ensures that service users have access to a range of supports that allow them to develop and maintain social, recreational, educational, occupational, and vocational activities.
- **Individualized and client-driven supports.** A client-driven approach acknowledges that individuals and their needs are unique. Once people are housed, some may need minimum supports while other people will need supports for the rest of their lives. People should be provided with "a range of treatment and support services that are voluntary, individualized and culturally-appropriate (e.g. in mental health, substance use, physical health, employment, education)."²⁶
- **Social and community integration.** This involves socially supportive engagement and the opportunity to participate in meaningful activities in their community. If people are housed and become or remain socially isolated, the stability of their housing may be compromised. Key features of social and community integration include: separation of housing and supports, housing models that do not stigmatise or isolate clients, and opportunities for social and cultural engagement are supported through employment, vocational and recreational activities.

Housing First in Australia

Elements of the Housing First Model have been implemented in Australia since the early 2000s. However, these models have often acted as pilot programs or operated with time limited funding.² In New South Wales, recent examples of programs utilising Housing First approaches includes the Michael's Intensive Supported Housing Accord (MISHA) program, the Platform 70 Program in Sydney and the Common Ground Sydney.



APPENDIX B: LITERATURE REVIEW FINDINGS

Background

The literature review aimed to identify common outcomes of Housing First approaches discussed in Australian and international literature. The review identified 49 articles that examined outcomes relating to Housing First within the Australian context and overseas. The international evidence included for this review were commonly from the United States, Canada, and the United Kingdom.

Academic and grey literature (such as government reports and evaluations) were reviewed to understand which outcomes were most identified in the literature when exploring Housing First programs. Articles and evaluations that reported on participants' changes as a result of Housing First programs were included in this review. The review extracted information from articles including the type of Housing First site used (e.g., scattered, or single site), the source of housing (social or private rental), the program name being reported, as well as outcomes measured and conclusions made by the researchers.

Literature review findings

The most common outcomes domains identified in this review were the following:

- Housing outcomes
- Autonomy
- Health (physical and mental) outcomes
- Quality of life
- Financial outcomes
- Relationship outcomes
- Social integration
- Cost effectiveness and reduce use of public services

The following sections detail the findings of each outcome identified in the review. Table 7 displays the measures which fall underneath the identified outcome.

Table 7: Literature review identified outcomes with measures of each outcome

Outcome	Measures
Housing outcomes	<ul style="list-style-type: none"> • Increased housing retention and stability • Increased housing stability • Improved housing satisfaction • Increased security, safety, and privacy
Autonomy	<ul style="list-style-type: none"> • Increased sense of control, independence, gained autonomy, self-efficacy, and feelings of freedom • Increased program retention, treatment choice and increased trust with service providers
Health outcomes	<ul style="list-style-type: none"> • Improved general health and physical health • Improved mental health • Substance use

Quality of life	<ul style="list-style-type: none"> • <i>Improved quality of life</i>
Financial outcomes	<ul style="list-style-type: none"> • <i>Increased economic participation</i> • <i>Increased financial stress</i>
Relationship outcomes	<ul style="list-style-type: none"> • <i>Improved relationships and social connections</i> • <i>Reduction in social isolation</i>
Social integration	<ul style="list-style-type: none"> • <i>Decrease in anti-social and criminal behaviour</i> • <i>Increased community participation and integration</i>
Cost effectiveness and reduce use of public services	<ul style="list-style-type: none"> • <i>Reduction in the use of public services</i> • <i>Reduction in the use of health care services</i> • <i>Reduction in the use of the justice system</i> • <i>Reduced cost to public services</i>

Housing outcomes

a) *Increased housing retention and stability*

The primary purpose of Housing First programs is to enable people experiencing homelessness to find and retain housing (see Appendix A for further information). Reflecting this, data from both studies into specific Housing First programs and randomised control trial studies demonstrated high levels of housing retention.

The review identified 12 studies that reported increased housing retention for people in a Housing First program. All these studies recorded housing retention rates of over 80% for participants in the program. Randomised control trial studies also found that Housing First programs have achieved higher levels of housing retention than traditional approaches to responding to homelessness.^{2,27,28} For example, Melbourne's *Journey to Social Inclusion* program found after 3 years, 85% of participants in a housing first program were still housed compared to only 41% of people who received treatment as usual services.²⁹ The *Street to Home* program in Melbourne resulted in 67 out of 71 people retaining their housing after 12 months, and 57 out of 71 people after 24 months.³⁰ Similar results were found in the Sydney's *MISHA* program with 57 out of 59 people experiencing housing retention in the first 12 months and 53 out of 59 people after 2 years.¹⁵ The Canadian *Streets to Homes* programme had significantly high retention numbers with 2088 of 2,400 tenants from 2005 to 2009.³¹ In the third-year evaluation of *50 lives 50 homes* in Western Australia found 132 out of 162 of people have remained housed.³² The United Kingdom's Threshold Housing First program resulted in 16 out of 20 of women in the program retaining their tenancy.³³ The *Spanish Habitat Programme* retained all of its 28 participants in housing after 12 months.³⁴

b) *Increased housing stability*

Another key housing outcome identified by the review in relation to Housing First programs was increased housing stability.⁵ Eight studies discussed the outcome of housing stability, which is defined as permanent or secure housing, and is usually defined by the amount of time spent in a dwelling.³⁵ A review of 31 articles concluded that Housing First results in higher housing retention and stability for people.³⁵ In *Turning Point Scotland's Housing First Program*, 18 out of 22 participants had independent tenancy by the end of the program. Additionally, no evictions were recorded during the program.³⁶ Furthermore, the randomised

⁵ The term housing retention and housing stability were often used interchangeably within articles found in the literature review. Each identified outcome of *increased housing retention and stability* and *increase housing stability* in this evaluation were written in relation to how the referenced studies used those terms.

control trial study of Canada's *At Home/Chez Soi* program identified Housing First participants spent substantially more time in stable housing (75.1%) compared to treatment as usual participants (39.3%) over 24 months.³⁷

c) Improved housing satisfaction

As detailed above, one of the core principles of Housing First is choice, both in terms of what types of services and treatment individuals receive and what kind of housing and its location.¹⁸ The *Brisbane Common Ground* Housing First program found 105 out of 120 tenants were satisfied with suitability of their housing to their households needs; a further 110 out of 120 tenants were satisfied with the affordability of their housing, and 97 out of 120 tenants were satisfied with the size of their unit.³⁸ An evaluation of Housing First services in England reported 88% of service users were satisfied with their homes.¹⁶ Reasons for dissatisfaction included the state of repair, area safety, heating and damp issues in the house. Housing satisfaction outcomes were often linked to increased feeling of safety and security. Interviews from an evaluation of *Micah programs* in Brisbane found tenants were satisfied with their home and spoke about feeling safe in their home, a sense of control over their lives, the overall sense of progress in their lives and peace of mind.³⁹

d) Increased security, safety, and privacy

Other important measures of the impact of Housing First are feelings of security, safety, and privacy. People experiencing homelessness often are required to undertake personal activities in public – sleeping, urinating, washing, and eating – activities that most people can do in the privacy of their own homes. Studies have also highlighted the lack of safe and security experienced by people who are homeless.¹¹ By contrast, the provision of housing provides security, safety for tenants and their positions and the privacy. Studies have highlighted the increase in perceptions of security, safety, and privacy for participants. Increased security and safety after 24 months of housing was reported by 36 out of 40 people who participated in the *Street to Home* program.³⁰ The research also found that 34 out of 40 tenants reported their housing provided them with an adequate or better than adequate sense of privacy. Similar findings from an evaluation of Housing First services in England, found 48 out of 60 people reported that they felt safe in their homes, all or most of the time.¹⁶

The research also found evidence from participants experienced increased privacy sense of control; 53 out of 60 people reported they could “do what they want, when they want” in their home and 45 out of 60 people reported they could “get away from it all” in their home. A comparative study of the experiences of Housing First tenants and Staircase services users in Europe provides evidence of the significance of safety and privacy that having a home can offer. Housing First tenants spoke of the positive benefits about freedom and security resulting from ‘secure walls and being able to close and lock their front door’ while Staircase services users described feelings of fear as they had no control over people entering their living space, were not able to secure personal belongings and were unable to lock a door. Staircase services users also recounted instances of experiences of physical violence and belongings being stolen. For Housing First tenants having their own place contributed to sense of security, safety and privacy.⁴⁰

Autonomy outcomes

a) Increased sense of control, independence, gained autonomy, self-efficacy, and feelings of freedom

A comparative study found for those who access Housing First as opposed to receiving services under a staircase model described increased feeling of freedom, a sense of control, increased independence and gained autonomy.⁴⁰ Staircase services users reported experiencing restrictions by adhering to rules of services to access a bed at a shelter denied their freedom, sense of control and independence.⁴⁰ Housing First

clients attributed the freedom, independence, choice and sense of security from getting their own home as the main strengths of Housing First.¹⁶ One study identified a slight increase of self-efficacy among *MISHA* clients over 12 and 24 months,¹⁵ however this was the only study in this review to discuss improved self-efficacy.

b) Increased program retention, treatment choice and increased trust with service providers

The review identified other autonomy outcomes, such as increased in treatment choice compared to treatment as usual programs,^{28,41} increased program retention^{35,36} and increased trust with services providers.⁴¹ The *London CAREs program* study discussed the person-centred and compassionate services formed participants to trust their service providers which resulted engaging with the program. Many participants spoke about the challenging experiences of dealing with social services providers while being homeless and highlighted the positive impacts of Housing First's empathetic approach that helped them to 'trust again'.⁴¹ The importance around housing choice has been found to positively impact on people's recovery, and 'independent, permanent, quality housing and support services, are able to promote and sustain the recovery of formerly homeless persons'.⁴²

Health (physical and mental) outcomes

Housing First is intended to enable health and wellbeing benefits, both by providing a secure basis on which an individual can begin to step away from the experience and effects of homelessness and by ensuring that when needed, help and treatment are available. Evidence^{16,30,41} of improved general, physical and mental health for people who have access Housing First has been found in this literature review. The findings are discussed below.

a) Improved general health and physical health

People experiencing rough sleeping have higher rates of chronic conditions such as cancer, respiratory disease, cardiovascular disease, and drug overdose than the general population. An examination of *Registry Week data*⁴³ that collected information from 8,370 people who were sleeping rough in major cities throughout Australia provided insights into people's health status who are experiencing homelessness. The study found people who were sleeping rough that had asthma were three times the rate of the general population. Hepatitis C was much higher reported among respondents (21.9%) than the general population (0.05%). This was also the case for heart disease with 18.7% of respondents compared to the national rate of 3.6%. Almost a quarter (23.2%) of respondents reported suffering from a history of heat stroke or heat exhaustion. Respondents also reported several conditions that were associated with experiencing of homelessness such as dehydration (22.9%), skin infections (16.2%), convulsions (12.1%), cellulitis (4.7%) and scabies (2.6%). Stable housing and access to resources was identified as key elements to address the impact of homelessness, especially health outcomes.

Ten articles reported improvement to health for Housing First users. In general, clients of Housing First programs reported better health,^{16,30,36} and there is some evidence that this improvement is maintained over multiple years of stable housing.³⁸ Randomised control trial studies have found improved health after 12 months³⁴ and 24 months²⁹ for Housing First program participants compared to people receiving mainstream services. Qualitative evidence from the *London CAREs program* in Ontario, Canada stated that tenants '*overwhelmingly reported improvements in their health status.*' Interviews with tenants demonstrated that participants overtly attributed improved health to the program's support network and support from staff. The intensive support provided by staff members improved tenants' overall quality of health.⁴¹ While the majority of the studies found an increase in health improvement after 12 months, one article had a very slight decrease in the first year from 69% at baseline to 64% at 12 months, however, this increased to 77% at 24 months.¹⁵

People's experience of pain was found to decrease after being housed.³⁰ Comparative evidence shows people who accessed Housing First and reported no bodily pain increased from 27% to 46% after four years, while people receiving treatment as usual saw an increase in bodily pain.²⁹

b) Improved mental health

People experiencing homelessness are more likely to experience mental illness than those who are not homeless.⁴⁴ Analysis of *Registry Week data* collections from 2010-2017 found in the six months previous to data collection 48.4% of respondents had communicated with a mental health professional and 36.9% visited the Emergency department as a result of not feeling emotionally well.⁴³

Mental illness is both a cause and a consequence of homelessness.⁴⁴ For many people who access Housing First assistance also have an associated mental health issue. There have been mixed findings reported regarding improved mental health for people in Housing First. An evaluation of Housing First services in England stated that 40 out of 60 service users reported better mental health since receiving Housing First.¹⁶ However, while there had been an improvement it was³⁰ were some people who were experiencing on-going issues. Housing First participants reported improved mental health^{36,38}, reduced fear and anxiety^{33,40}, improved psychological distress⁴⁵ and a decrease in stress, depression and anxiety.³⁰ However, one study found no improvement to people's mental health and experiences of distress for people stayed the same for 2 years while receiving Housing First.¹⁵ Experiences of mental health issues are complex and often take a considerable amount of time and work to address those issues for people. Emotional and practical support from Housing First staff, access to treatment via case management and having a safe and secure place to live contribute to better mental health for people.¹⁶ People receiving mental health assistance was discussed in the *Street to Home* study, with a slight increase from 42% to 53% of participants over 2 years.³⁰

c) Substance use

A common outcome explored through literature is the impact on people's substance use. Substance use was discussed in relation to drug intake, cigarette and alcohol consumption. Several studies reported no change in substance use amongst Housing First service users.^{15,16,27,28,46,47} Other studies founded mixed results related to substance use decrease.^{29,35} One study discussed a reduction in the severity of substance use in the first 12 months and reduction on the amount of money spent on alcohol.³⁷ It is important to remember that Housing First approaches do not require people to abstain from using substances.

Quality of life outcomes

a) Improved quality of life

The review identified several studies that evaluated improvement in the quality of life for Housing First recipients.^{15,35,37,38,45,46,48,49} The length of time until quality of life improves varies in reports. For example, in the first three months of receiving Housing First participants self-reported quality of life increased from 1.8 to 3.3 on a 7 point scale.⁴⁸ Another study recorded increase in the first 6 months and there was a significant improvement for people accessing Housing First and intensive case management compared to treatment as usual users in the same period of time.³⁷ There was only one study that found no increase in quality of life for Housing First users.⁴⁷ However, a systematic literature review concluded that improved quality of life occurs within the first two years of Housing First programs.⁴⁶ Additionally, one study discussed increased life satisfaction with 40 out of 47 participants reported an increase at 12 months,³⁸ but this was the only study to report this finding.

Financial outcomes

a) Increased economic participation

The review identified only a limited number of studies that reported on change financial outcomes as part of their Housing First program. A slight increase in economic participation was observed with only 3% of participants who gained paid work in one study¹⁶ and an increase of 5% after 2 years in another study, which also found more participants engaged in the labour force such as volunteer work.¹⁵ Once people were housed there was a decrease in people begging for money on the streets by 25%¹⁶ and in Canada a study recorded a drop by 57%.³¹ This was a result of people having access to income support^{31,34} which provided people with a stable income.

b) Increased financial stress

Participants in the *Turning Point Scotland's Housing First Program*³⁶ reported improved financial wellbeing, with assistance with budgeting key features of the programs support structures. However, other studies in relation to the impact of Housing First have found evidence of an increase in financial stress.^{31,39,50} The main cause of financial stress for Housing First participants was the payment of rent and utility bills. For example, 68% (1632 out of 2400) of *Streets to Homes* program in Canada reported they did not have enough money to live on after rent was paid.³¹ Similar findings in an Australian study discussed financial hardship related to rent and bills, as well as buying food resulted in high to very high degree of difficulty in managing finances reported by participants. Housing First service users commented that this made it hard for people to leave the streets where "they have no rent or bills to pay".³⁹ However, this was the only Australian study that reported experiences of financial stress and the number of participants was very small (nine participants).

Studies have also indicated that placing people in unaffordable housing resulted in financial stress, an ongoing dependence on foodbanks, and had a negative impact on wellbeing. Increased financial stress also lead to increases in food insecurity with one study finding participants in a Housing First program reported needing to rely on charities and food kitchen facilities to survive or go without food.⁵⁰ There were some instances where participants reported improved financial outcomes. Participants in the *Turning Point Scotland's Housing First Program*.³⁶ reported improved financial wellbeing; assistance with budgeting and managing finances from Housing First staff was particularly valued by participants.

Relationship outcomes

a) Improved relationships and social connections

For some people using Housing First, the frequency of family contact had increased and improved family relationships were experienced.^{30,33,34,40} For example, an evaluation of Housing First services in England¹⁶ found that only 38% of participants in the year prior to the Housing First program reported weekly or daily contact with their family. After commencing in the program, 54% reported weekly or daily contact.

Participants in the *Habitat program* had increased contact with their family from 7.2% to 35.8% after 12 months of being in the program.³⁴ The *Street to Home* project³⁰ found after 24 months an increase to 68% from 50% of participants felt accepted by their family. This study also found improved social networks, with a 30% increase in the number of participants recording having someone to confide in after being in the program for two years. There was also an increase of 25% of participants who felt they had someone who could cheer them up when they felt down. 19% of participants who said they could find someone to help them out if they needed assistance. *Turning Point Scotland's Housing First* project had also recorded an improvement of social networks for Housing First service users³⁶ and one study of single Housing First site found a social connection increase with neighbours.⁵¹

b) Reduction in social isolation

Both structural factors (such as a lack of paid work and lack of money) as well as interpersonal factors (such as a lack of supportive family and friends, breakdown in relationships and disconnection from communities) may drive social isolation.⁵² People who are homeless often experience a multiple of both structural and interpersonal factors leading to an increase in feelings of social isolation. Some users of Housing First models have indicated a reduction in these factors and in overall feelings of social isolation after being part of these services.³⁰ The evaluation of the *MISHA* program observed large reductions in social isolation with lack of support from friends decreasing from 50% to 22%, lack of support from family decreasing from 53% to 27%, experiences of family problems decreasing from 59% to 27%, and lack of paid work decreasing from 60% to 32%. There were slightly smaller reductions in social isolation due to lack of money, lack of own transport and lack of community involvement.¹⁵ However, the findings in relation to feelings of loneliness are not as clear, with some finding increases in feelings of loneliness for those in Housing First models.⁴⁰ Typically, increases in feelings of loneliness occur as a result of ending friendships with other people in their homelessness communities.⁴⁰

Social integration outcomes

a) Decrease in anti-social and criminal behaviour

Findings related to social integration included a decrease in anti-social and criminal behaviour and increased community participation and integration. Being placed in safe and stable housing reduced violence experienced by formally homeless people. For example, there was a significant reduction in the number of insults and threats received by Housing First service users after 12 months,³⁴ while other programs noted a decrease in anti-social and criminal behaviour with a drop of 10% of all service users being arrested and 20% of services users no longer involved in anti-social behaviour.^{40 16} The *50 Lives 50 Home* program recorded a 35% reduction in criminal offences committed, with the biggest decreases seen in burglary and property offences and public order offences.³² While these studies presented evidence that Housing First can impact on decreasing anti-social and criminal behaviour, this is disputed in a systematic review found that across the literature, there has broadly been no consistent evidence that suggests Housing First programs contribute to a decrease in criminal behaviour.⁵³

b) Increased community participation and integration

Studies have found that Housing First service users increased their community integration once housed. For instance, one study of Canada's *At Home/Chez Soi* program found an increase in community integration by program participants. Participants' experiences of community integration were impacted by the various activities that were available to them such as cooking groups and community volunteering at places like a food bank or Goodwill. Participants enhanced community integration was through their diverse engagement in community, whether it was geographical community or communities based on shared experiences and identities. The research also found that people's housing connected them to the area around them such as the surrounding geographical neighbourhood.⁵⁴ Another study discussed the importance of Housing First participants being housed in locations familiar to them. Obtaining a home in a familiar neighbourhood was particularly advantageous for tenants' community integration.

Living in a familiar neighbourhood may help to alleviate feelings of loneliness sometimes associated with transitions to independent housing, and to stimulate the growth of connection.⁴⁰ Some other community integration related outcomes examined in this literature review included improved community functioning,³⁷ increased feeling of acceptance by society with 90% of all participants after 2 years in Housing First; and increased education and training.³⁶

Cost effectiveness and usage of public services outcomes

a) Reduction in the use of public services

The review found a reduced use in public services once people have stable housing. This includes a reduction in non-routine use of healthcare services,⁴⁷ homelessness services³⁰ and criminal justice system.^{31,35,48} Having stable accommodation also resulted in less days spent incarcerated.²⁸ An evaluation of the *Housing for Health* program in the United States found a 51% decrease in the use of emergency services over the six-month period, a decrease in emergency shelter bed nights, a 100% decrease in days spent incarcerated, and a 68% decrease in days spent hospitalized. Participants in the *Housing for Health* program also made an average of 1.64 fewer ER visits in the year after being housed and inpatient hospital stays decreased by more than four days.⁵⁵ The reduction in the use of public health services and the justice system are discussed in more detail below.

b) Reduction in the use of health care services

The most common measure of the reduced use of health care services in studies were decreases in visits to the emergency departments as well as the number of days spent in the hospital.³⁵ *Journey to Social Inclusion* study²⁹ found that after four years in a Housing First model participant's use of emergency hospital services had declined by 80% compared to people using traditional services in the same period (whose use of emergency hospital services had increased by 21%). The number of days spent in the hospital declined from 16 days at baseline data collection to just over 4 days at the 48 months follow up. Another study found a decrease in the number of time participants contacted emergency medical services during a 2 year follow up period, with a total of 1,576 EMS contacts at the beginning of the program that decreased to 852 EMS contacts after 2 years.⁵⁶ The *50 lives 50 homes* program found in the first year a decline of 47% and 34% in the second-year of the total number of ED presentations among participants occurred.⁵⁷

While the majority of studies reported decrease use of health care services, there was reported increased engagement in primary healthcare.⁶ *The Street to Home* project³⁰ found a decrease in use of emergency medical services but at the time, there was an increase in the number of people using community health services.⁷ At the baseline interview, 37% of participants reported that they had used community health services in the previous three months, but at the final interview this increased to 51% of participants. Also noted in the *improved mental health* section above there was an increase in participants receiving mental health assistance.³⁰ As part of the *50 lives 50 homes* program participants had the opportunity to engage with homeless health care services, which resulted in an increase in primary healthcare use.⁵⁷

c) Reduction in the use of the justice system

Three studies in this literature review detailed reduced use of the justice system, a United States comparative study²⁸ reported less days spent in jail or prison. An evaluation of Housing First program in England found 10 fewer participants from a total of 59 had got arrested since being housed.¹⁶ The *50 lives 50 homes* program examined changes in the number and types of offences (committed or a victim of) in the one and two years pre/post being permanently housed for 104 participants. The evaluation found for the 104 people housed for at least one year there was a 35% decrease in reported offending with the largest reductions seen in burglary and property offences, and public order offences. For the 49 people housed for at least two years there was

⁶ Primary health care is generally the first contact a person has with Australia's health system, such local general practitioner (GP). It relates to the treatment of patients who are not admitted to hospital (Department of Health).

⁷ Community health services aims at keeping individuals and families in better health by taking into account their environment and social conditions. Community health services focus on health promotion, and disease prevention and management, which are designed to improve the health and wellbeing of local residents, as well as take pressure off the acute care health system (Department of Health & Human Services).

a 43% reduction in recorded offences observed. There was also a reduction in court appearances, with people who were housed for a year fell by 68% and people who were housed for two years had a 74% reduction. Overall, 59% of people who were housed for at least a year had no offending in the year before they were housed, this increased to 75% of people with no offending in the year after being housed. For the 104 people housed for at least one year, there was 62% reduction in move on orders received in the year after being housed with a 57% reduction for the 49 people housed for at least two years.⁵⁷

d) *Reduced cost to public services*

People experiencing homelessness in Australia's capital cities have poorer health outcomes than the general Australian population and are also more likely to be victims of assault which results in more visits to the emergency department. The *Registry Week data*⁴³ found 58% of respondents had used A&E services, 41% of respondents had used an ambulance and 40% had been admitted to the hospital in the previous six months to data collection. This usage of A&E services was significantly higher than the Australian general population. Hospital and ambulance costs for respondents who had used A&E services in the previous six months are estimated at \$3,268 per person for ambulance use; \$2,741 per person for A&E service use and \$15,216 per person for in-patient hospitalisation. The total cost for people who had at least one incident in each service type listed above was \$24,987 per person. These estimates highlight that the economic impact of homelessness on the Australian healthcare system is costly. These estimates are based on inner city regions of Australia's capital cities and do not consist of all healthcare services used by respondents, therefore, the full healthcare cost of homelessness in Australia is significantly higher.

Closely associated to the evidence about housing outcomes is research arguing for the cost effectiveness of supportive housing. Cost of homelessness research reports that the service use of people experiencing homelessness is significant with largest consumption of the health, social and justice services.⁶⁰ In this review, eight studies that discussed the reduced cost to public services were identified. In the United States one study reported savings of \$2,182 USD per participants of 268 participants. The total savings to the public system was \$584,907 after 12 months in housing, public services included mental health care, emergency shelter, ER room services, jail and ambulance service.⁶¹ Another study identified increases in savings for public services by 60% after being housed. The average public service utilization cost per participant for the year prior to housing while people were still experiencing homelessness was a total of \$38,146 USD. However, in the year after being housed, the total was only \$15,358 USD.⁵⁵ A cost analysis of the Canadian Housing First program *At Home/Chez Soi* discovered that the intervention cost \$14,496 CAD per person but with cost offsets on a wide range of other services reduced the net cost to \$7868, a 46% reduction. Furthermore, cost-effectiveness of the intervention appeared to be about the same regardless of participant characteristics.⁶² A longitudinal evaluation of the cost savings to the public system associated with Housing First programs using a dataset of 2,222 individuals estimated a \$2.50 CAD of savings for every \$1 on Housing First to the public system.⁶³

Evidence from Australian studies indicate similar reductions in expenditure on health, criminal justice and homelessness services. The evaluation of the Brisbane *Common Ground* found a cost offset by \$13,100 per tenant of 41 people per year³⁸ and the *MISHA* program identified savings of \$8,002 per participant (total of 59 participants) per year.¹⁵ The *50 lives 50 homes* program in Western Australia, recorded savings of \$466 per person (total of 50 participants) over two years to hospital and ambulance services. Saving to the justice system for 104 individuals housed for one year resulted in a reduce to the justice system of 1.6k per person and for 49 individuals housed 2 years resulted in a reduction of 3.2k per person.⁵⁷ The *Journey to Social Inclusion* program concluded its economic benefit to society of approximately \$35,000 per person. This study estimated for every dollar invested into Housing First program the return or savings to the community is \$1.50.²⁹ A systematic review of Housing First and associated cost offset stated that Housing First is a more "efficient allocation of resources than traditional services" when considering the cost of offsets combined with the benefits for participants.⁶⁰

Housing First outcomes for Indigenous clients

This review specifically reviewed outcomes for Indigenous clients in Housing First programs. The STEP to Home program requested a specific lens of Indigenous Housing First clients' outcomes review from evidence in the literature review. The literature review found little work has been conducted that focuses on evidence in relation to outcomes for Indigenous clients in Housing First programs. This review identified two separate gaps in relation to the existing evidence of Housing First Outcomes. Firstly, there are few specific studies focused on the outcomes for Indigenous clients (and few Housing First approaches that appear to specifically focus on this cohort). Secondly, in the case of studies that had Indigenous clients, there was a lack of examination into their experiences, instead all clients' findings in the studies were reported together.

A review of available evidence found four studies that examined Indigenous participants' experiences in Housing First programs. The following section summarises the finding and learnings from these studies.

International studies

Two international examples were located in this literature review, both based in Canada.

One study based in Winnipeg, Canada examined fourteen participants experiences in the *At Home/Chez Soi (AHCS) program*.⁶⁴ The AHCS program was implemented in five Canadian cities, including in Winnipeg where the homeless population is over 70% Indigenous people. As a result of the high numbers of Indigenous people experiencing homelessness, significant efforts were made to accommodate the culturally specific health, spiritual, and lifestyle preferences of the program's Indigenous participants. One outcome found was a sense of ontological security which included the opportunity to own and control an apartment. Some participants reported the privacy, ownership, and stability created by permanent housing helped to restore a sense of self-worth and to feel part of a society they once felt alienated. However, other participants highlighted issues of socio-cultural notions of home. Participants stated that their landlords strongly resisted tenants hosting family and friends in their apartments, along with the principles of independent scattered living resulted in feelings of loneliness and disconnection to family and community. As a result, a participant returned to living on the street as she stated:

...to be at home is to be with people, not in the lonely confines of a single room apartment (p.34).⁶⁴

Another finding in this study was the separation of inhabitation and ceremony due to living in apartments. Indigenous participants were not able to practice cultural ceremonies that require outdoor space and connecting to land. One participant summarised that:

home suggests that intimate engagement with community is an integral part of the homemaking process of Indigenous people. This notion problematizes the predominant narrow understanding of home as private space, and instead emphasizes its importance as a setting in which community members seamlessly socialize, relate to the land, learn from elders, and participate in community. By extension, the transition from homelessness to home is considered complete only when one, through housing, is successful in reconnecting with community and its network of relationships (p35).⁶⁴

While the *At Home/Chez Soi* program successfully provided permanent housing for participants, their sense of home remained disconnected from their housing experiences, in the sense of being connected to land, family, and community. This study highlights the importance of understanding notions about housing and home from Indigenous peoples' perspectives.

The second study⁶⁵ analysed the importance of Front-line staff having an understanding and awareness of

Indigenous identity and culture, and the impact that colonization has on Indigenous peoples. Some learnings highlighted in this study included the need for Indigenous Elders involvement in Housing First programs and their design; increased collaboration with Indigenous organisations which included ongoing, informal, relational contacts and networks between Housing First staff at all levels of the program; Indigenous program design and model that included having more than one worker working with each client, but instead having a ‘team’ working with each individual would be more aligned with an Indigenous world view; mentorship programs; and increased therapeutic services that are framed from an Indigenous world view which are aimed at healing from legacy of intergenerational trauma. This study highlighted the importance of Housing First staff understanding issues that impact on Indigenous clients’ experiences and present some recommendations.

Australian studies

The Mission Australia evaluation of *Going Places Street to Home Homeless Program* captured outcomes relevant to measuring the impact of Housing First on Indigenous communities.⁶⁶ Over half of the participants (55.8% of 113 people) who completed the surveys identified as Aboriginal or Torres Strait Islander. It is important to note, the results of the survey data suggest an under-representation of Aboriginal and Torres Strait Islander respondents relative to the overall proportion of clients who identify as Aboriginal and/or Torres Strait Islander in the program. Further, the study reported findings for all clients aggregated together and did not outline findings by Indigenous and non-Indigenous clients. All participants reported improvements in wellbeing; physical health; independent living skills such as managing their money (budgeting), managing their own appointments, and taking their medication as prescribed; social connections with family and friends; connecting with community and culture; increased engagement in volunteering, education/training and employment, and increased housing stability.

Connection with family and friends had the biggest increase with clients reporting regular connection with family from 58.3% of respondents to 69.5% of respondents. The increase connection with friends rose, as did regular participation in education and training. There were small increases in clients regularly participating in a cultural or spirituality group or, as well as employment. Participation in the community volunteering remained moderately stable. Notably, one of the biggest improvements for clients was the ability of maintaining their tenancy with ‘a little’ or ‘no’ assistance, with improvements from 47.2% to 77.5% of participants. One limitation of this study was the survey results did not report Indigenous and non-Indigenous client’s data separately because of this it is unclear whether there were substantial differences in the outcomes for Indigenous and non-Indigenous clients.

The evaluation identified some of the key elements of the program that help to achieve successful client outcomes. This included Mission’s guiding philosophy that services should be done ‘with’ clients rather than ‘for’ clients which provided a strong focus on upskilling and empowerment. To ensure program participants felt understood, comfortable and more connected, the program had employed Indigenous mentors to work with Aboriginal and Torres Strait Islander clients. These Indigenous mentors map out social connections and family groups, provide cultural support, helped clients navigate language barriers and organised monthly cultural activities to encourage the cultural interests of clients and to help foster a sense of identity. For Indigenous clients, family obligations and established patterns at times risked jeopardising a participant’s capability to sustain a tenancy, avoid alcohol or drug use or other problematic behaviours. In these occurrences, Indigenous mentors played important roles to work with clients to help them establish boundaries and avoid negative influences. The study concluded with a strong recommendation to recognise the value of the Indigenous mentor roles and the overall focus on cultural responsiveness in the program to ensure that Indigenous clients feel understood, respected, and welcome.

One Australian Indigenous Housing First program that has been recently developed is the *Wongee Mia program*.³² This is a special initiative specifically designed to house and support Aboriginal people (from a Noongar community) who have experienced chronic rough sleeping in Perth. The program was developed from small seed funding in response to a recognised gap of the *50 lives 50 homes* program. This program

worked closely with Aboriginal organisations and Elders to create and implement it. *Wongee Mia* is an innovative way of working with families to prevent unnecessary eviction by working through the whole family's needs rather than those of an individual in relation to housing. This program is in its early stages and has not yet measured clients' outcomes but rather, has examined the implementation and success factors of the *Wongee Mia* model. A unique element of the model is the interconnected caseloads, the caseload structure and eligibility are orientated around the central *Wongee Mia* family and their needs. As majority of the family members were experiencing homelessness, case workers support the whole family. Supporting the family at the same time through this interconnected caseload enables a more comprehensive approach to preventing people from losing their tenancy. The *Wongee Mia* program provides an example of how to Indigenise the Housing First model to accommodate whole families in a culturally sensitive and respectful manner. The program delivers a culturally safe and appropriately tailored framework that is centred around the family and their needs, to create safe environments that allows Indigenous peoples to succeed.

Other findings in the literature review

Impact of unaffordable housing

Briefly discussed in the financial outcomes section was the impact of unaffordable housing on Housing First tenants. One of the biggest challenges of implementing a Housing First model is finding affordable housing that is safe, secure and fits the needs of the person. Housing unaffordability is a significant issue in many countries and especially in Australia. A number of studies, mainly studies overseas, highlighted the impact of unaffordability has on Housing First tenants^{31,39,50,67} which as a result can jeopardize the intended outcomes of Housing First. In Australia, tenants in social housing properties pay rent that is set at a proportion of tenant income to ensure housing affordability.⁶⁸ Through this literature review it appears that tenants in Australian Housing First programs do not experience or experience minimal financial stress compared to Housing First programs overseas. However, Bullen and Baldry⁶⁷ highlight that the shortage of suitable and affordable properties have shaped the delivery of Australian Housing First. For example, many participants waited for 6 months or more for housing, with the longest wait being 12 months in 2012/13. In this was also the case in *the Street to Home* Housing First programs in Melbourne, Brisbane, and Sydney where a lack of available housing created delays in clients moving into permanent housing. However, these programs relied on social housing to provide properties to their clients, accessing housing in the private rental market can address this problem.

Single site vs scattered site

Housing First operates using one of two different models: single-site and scattered-site. Single-site housing is usually established in an apartment-style building that houses individuals experiencing homelessness with support services on site. Scattered-site housing allows individuals to lease in the private rental market or community housing, using rental subsidies with support services delivered to the individual units or offered at an offsite location.⁴⁹ In this literature review, some studies discussed the different impact on tenants depending on the site model. For example, people living in single-site housing remarked a degree of stigmatisation which undermined their sense of community. Research concludes that single site housing can tend to have a negative impact of the goals of 'inclusiveness' and 'community'. It was also noted that single sites can reduce resident choice in housing; limited support after exiting houses and comprised independence and agency.⁶⁹ However, one study that examined both single and scattered found similar outcomes for tenants regardless of what type of model they received.⁷⁰ Service users characteristics can also be a factor in which type of model works better, for instance, providing single housing benefited people experiencing substance abuse and mental illness and effective for people experiencing HIV/AIDS while scattered site housing benefited families more.⁴⁹ Overall, providing Housing First whether single or scattered site results in better outcomes for service users than traditional staircase approaches.

Social housing vs private rental

There were no differences between the effectiveness of social housing and private rental housing discussed in the literature found in this review. The outcomes found were from both social and private rental housing, often Housing First programs had a mixture of both sourced housing. The only mention of issues related to Housing First provided by the private rental market was unaffordable housing.



APPENDIX C: LITERATURE REVIEW METHODOLOGY

Research questions

1. What are the common outcomes of Housing First approaches?
 - 1a. What does the evidence say about scattered sites vs single sites? Are there different outcomes?
2. Is there any difference in outcomes based on the type of property (headlease property head leased from the private market vs social housing property owned by social housing landlord)?
3. What are common outcomes measures of success for individuals accessing Housing First approaches?

Methodology

1. Search for sources

To conduct this literature review, a search strategy (see below) was established that involved the key concepts from the above research questions in order to find accurate results. These key words were searched in academia and other search engines, which resulted in a total of 723 sources and additional 77 sources were found through a hand search.⁸ After removing duplicate sources from the sources, there was a total of 646 sources.

The next stage involved a quick screening of the sources by title and abstract, sources that were not relevant to the key words were removed, resulting in 573 sources excluded. The next stage, required a full text screening in which articles were excluded if it was based on the following exclusion criteria:

- Before 2005
- Non-English speaking
- Non-empirical
- Commentary articles and letter
- Sources that do not examine Housing First approaches
- Other studies that are not Comparative Studies, Evaluation Reports, Implementation and Outcome Studies.

Following this stage an additional 53 source were excluded. A final 53 sources were included for this literature review. This process is laid out in the PRISMA Flow Diagram on page 17.

2. Extracting information

The 53 sources were reviewed, and information was extracted and placed in an extraction table. The information extracted included:

- Year
- Type of source

⁸ Hand search sources occurs when a colleague recommends a paper that did not get picked up in the search, or the reference lists of papers that are being extracted reference articles or reports that were not picked up in the systematised search.

- Type of article
- Aim of article
- Country
- Research design
- Data collection method
- Research questions
- Sample size
- Target group
- The intervention
- Source of Housing (social or private rental)
- Type of site
- Activities
- Outcomes measured

3. Synthesis and analysis of the literature

From the extracted data, the researchers examined the outcomes presented through the literature. The literature review was written in accordance with the outcomes that emerged.

Literature review characteristics

This review looked at 49 articles (38 empirical, 7 non-empirical, and systematic reviews) published in the past 15 years (2005-2020). These 49 articles included 12 evaluations, 10 literature reviews, five mixed methods studies, nine qualitative, six quantitative studies, one observational study and six randomized control trial studies. The review examined national and international sources; 10 of the studies were based in Australia. For research conducted outside of Australia included Canada (11), Canada and the United States of America (4), the United States of America (7), United Kingdom (2), England (2), New Zealand (1) Lisbon (1), Europe (1), Demark (1), Scotland (1) and Spain (1). Seven studies did not identify the country of origin.

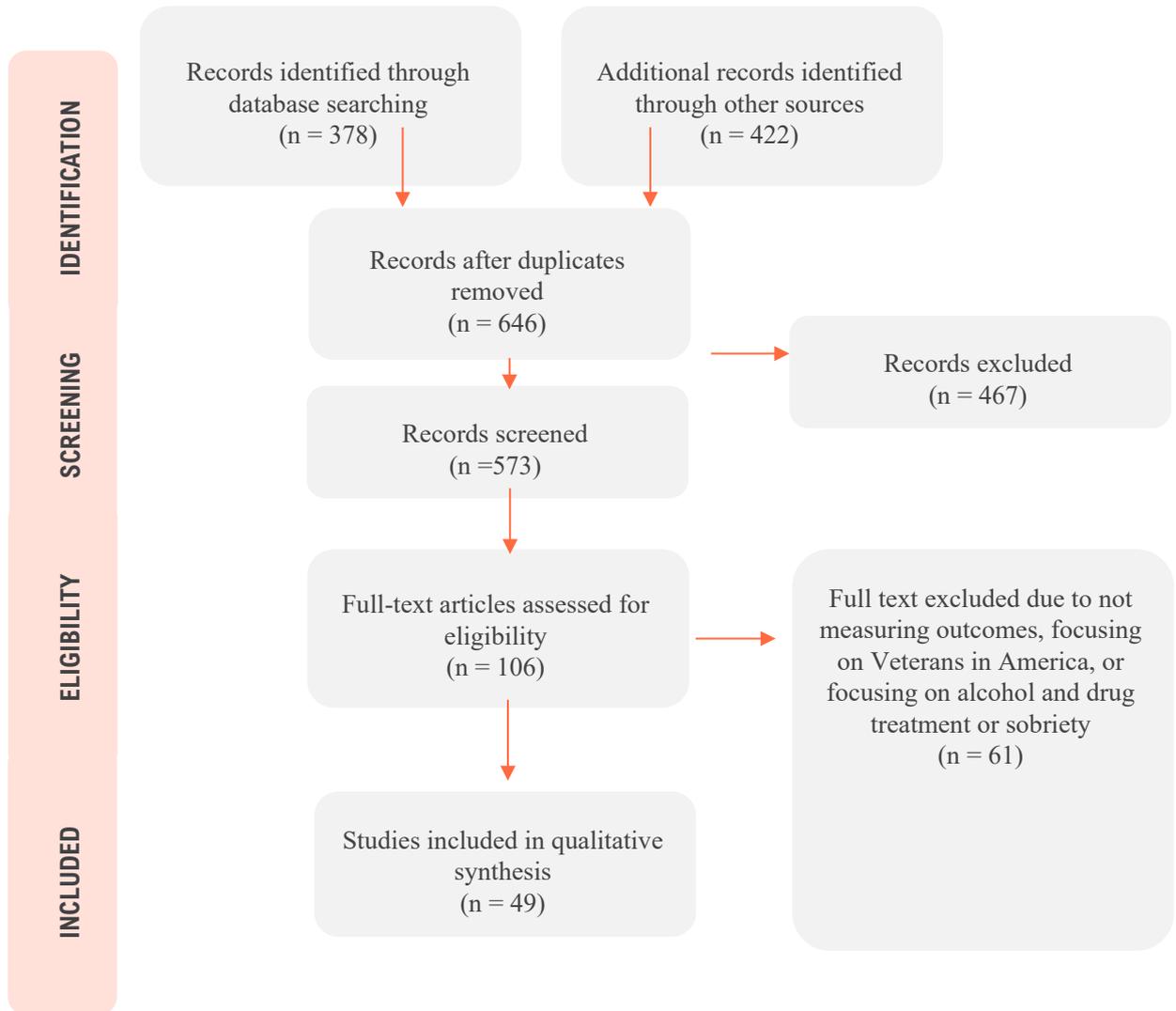


SEARCH STRATEGY	
Keyword search parameters	Housing First OR supported housing OR Permanent Supportive Housing AND approach OR model AND initiative OR program AND evaluation OR outcome OR impact OR effectiveness
Filters	Timeline: 2005- 2020 Language: English only
Sources	<i>Academic databases:</i> Embase, Pyscinfo. Taylor & Francis Journals, PubMed <i>Other sources:</i> Google Scholar, Google search
Inclusion criteria	<ul style="list-style-type: none"> • Studies the examine housing first outcomes • Empirical (qualitative or quantitative) • Systematic reviews acceptable • English language • Comparative Studies, Evaluation Reports, Implementation and Outcome Studies



PRISMA flow diagram

The PRISMA flow diagram below provides an outline of the process for screening evidence resulting in the final number of reports used in the analysis.



APPENDIX D: METHODOLOGY

Qualitative interviews

Qualitative interviews were conducted with **six** participants in the program in November and December 2020. Interviews were designed to be semi-structured and lasted approximately one hour. Questions explored interviewees' experiences of homelessness, the process of coming into the program and being housed, their journey in the program and what changes they have experienced since being housed. Participants were recruited through a participant research advertisement that displayed information about the interviews.

Qualitative interview data was transcribed and analysed through a thematic analysis approach. Transcribed interviews were uploaded to NVivo 12 and coded in alignment to outcomes identified in the literature review. These codes included: housing satisfaction and dissatisfaction, safety, quality of life, relationships and social connections, community participation and integration, and health and services and supports.

There were three male and three female interviewees, no one identified as an Indigenous person. Experiences of trauma were common among interviewees.

Findings from the qualitative interviews are outlined in *Section 3*.

Quantitative survey

CSI developed a survey that was based on identified outcome indicators for the STEP to Home program. These indicators were informed by the literature review findings of the most common outcomes associated with Housing First programs. CSI provide a list of possible indicators to Bridge Housing who provided feedback about the most appropriate indicators for STEP to Home clients. From this a refined list of appropriate indicators were established and create the client survey. The questions in the survey were designed to measure the outcomes in the STEP to Home program, which included housing satisfaction, quality of life, health, relationship outcomes, social integration and use of services.

The surveys were distributed to clients in the STEP to Home program through a participant recruitment flyer. The flyer contained a link to the survey which was hosted on online survey platform Qualtrics and was self-administrated. The survey was directed at clients still in the STEP to Home program. There were a total of **31** completed responses collected between February and May 2021.

Program administrative data

STEP to Home client's administrative data was also analysed to provide further understanding of the outcomes of the program. Survey participants were asked to consent for CSI researchers to access their administrative data that was collected in the program. A total of **30** survey respondents consented.

Administrative data included:

- Vulnerability Index- Service Prioritisation Decision Assistance Tool (VI-SPDAT) responses
- the Personal Wellbeing Index (PWI) responses
- participant demographic and characteristics information, such as gender, age, length in the program and employment status.

The evaluation also draws on program level data of STEP to Home clients, which include aggregated level demographic information, housing tenancy sustainment and transfers and rent arrears among clients.

Limitations with the use of administrative data

a) Structural limitations

The VI-SPDAT is an internationally recognised tool, originally developed by OrgCode Consulting in 2013.⁷¹ The VI-SPDAT is used by homelessness and housing caseworkers and other practitioners to provide targeted, individualised assistance for clients based on their unique situation and to assist with identifying the 'most vulnerable' to be prioritised for assistance.⁷² It also facilitates collaborative decision making across multiple agencies working with the same clients.

The VI-SPDAT relies on people's self-disclosed information, with questions focused on the healthcare, housing and social needs of people experiencing homelessness.

Importantly, the VI-SPDAT has been criticised on its potential for racial and gender bias,⁷³ its limited utility for conducting in-depth assessments and inability to be used multiple times.⁷⁴ Another key criticism is that its accuracy of its assessments are often undermined by its reliance on people disclosure on sensitive subject matters, with respondents potentially answering in a way that minimizes the severity of their situation.⁷⁴ The VI-SPDAT was also not developed as a tool to assist in research.⁷¹

Whilst recognizing the above limitations, this report examines data from the completed VI-SPDATS from 30 survey respondents in the STEP to Home program. Responses were used to provide context on the background of participants, such as the length of time they experienced homelessness, adverse experiences and health.

The Personal Wellbeing Index (PWI) is a measure that contains seven items of satisfaction, each one corresponding to a quality of life domain: standard of living, health, achieving in life, relationships, safety, community-connectedness and future security.⁷⁵ These seven domains are valuable to understand a person's life and personal circumstances.

b) Gaps in data collected by the STEP to Home program

Data collected at the point of intake (or baseline data) provides a measurement before the program start and is used to compare with results of a post-test to show evidence of the effects or changes as a result of the program.⁷⁶

However, there are several limitations in relation to the collection and analysis of PWI baseline data for this evaluation.

Firstly, the amount of PWI data available was considerably lower than the number of clients within the STEP to Home program. This is partially a result of the nature of the clients presenting for support- with clients often in immediate need of housing/assistance, completion of a PWI is not always the highest priority. Several STEP to Home clients also declined to complete a PWI at intake.

For the survey respondents included in the evaluation, only 17 out of the 30 respondents had completed the PWI at baseline. Whilst the number of completed PWIs vary among different time point collections in the program the data collected provides some insight into survey respondent's subjective wellbeing, which is explored in *Section 3*.

Survey respondents' PWI data was analysed to find the average score among the respondents to show change overtime. Due to irregular data collection of individual PWIs, the data was not paired but analysed together as a cohort.

Table 8: Number of survey respondents completed PWI at different time points

Cohort	0-6 months	6-12 months	12-18 months	18-24 months	24+ months
Survey respondents (n=30)	17	6	13	4	3



APPENDIX E: PWI LIFE DOMAIN AVERAGES

This table displays STEP to Home survey respondents' PWI life domain average in relation to: **standard of living, health, life achievement, personal relationships, personal safety, community connectedness, and future security.**

Table 9: CSI client survey participants PWI individual life domain averages

Source: STEP to Home data (time point when participants completed a PWI in the program: 0-6 months***⁹ n=17, 6-12 months** n=6, 12-18 months*** n=13, 18-24 months (n.s) n=4, 24+ months (n.s) n=3).

Life domain	0-6 months	6-12 months	12-18 months	18-24 months	24+ months
Standard of living	5.9	7.2	7.8	6.5	8
Health	6.6	7.3	6.9	4.8	7
What you are achieving in life	5.6	5.5	6.4	6	6.7
Relationships	5.5	4.8	6.1	7	5.3
Safety	6.8	7.2	7.9	6	8.3
Community	5.4	4.2	6.8	6	7.7
Future security	5.2	5.7	7.3	7	6

⁹ P value summaries: *** = <0.001 very significant, ** = 0.001 to 0.01 very significant, * = 0.01 to 0.05 significant, n.s = ≥ 0.05 not significant

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