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Early Review of the Specialist Homelessness Services Program:

Final report

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Acronyms

AIHW	Australian Institute of Health and Welfare
CIMS	Client Information Management System
CURF	Confidentialised Unit Record File
DFV	Domestic and family violence
DHIGs	District Homelessness Implementation Groups
FACS	Family and Community Services
GHSH	Going Home Staying Home
JWA	Joint Working Agreement
MEAG	Monitoring and Evaluation Advisory Group
NGOs	Non-government organisations
PIR	Post-implementation review
SHS	Specialist Homelessness Services
SSF	Service Support Fund
VMS	Vacancy Management System

Executive Summary

This is the final report of the Early Review of the reform to the NSW Specialist Homelessness Services (SHS) Program. The reform, known as Going Home Staying Home (GHSH), was implemented from July 2014. The Early Review was conducted by researchers from the Australian Housing and Urban Research Institute and the Social Policy Research Centre at UNSW Sydney (the University of New South Wales).

The GHSH reform initiative, announced in 2012, was intended to improve access to SHS and deliver a better balance between prevention and early intervention, as well as crisis and post-crisis support. Its key strategies were:

- Service Delivery Design
- Streamlined Access
- Better Planning and Resource Allocation
- Industry and Workforce Development
- Quality, Contracting and Continuous Improvement
- Reform Transition.

The Early Review is the first assessment of the reform transition and focuses on the early implementation of these key strategies. It is intended to assess the new SHS system and data content obtained, identify gaps and data quality aspects, and inform preparations for the planned outcomes and economic evaluation.

Review questions and methods

The review questions were designed by Family and Community Services (FACS) in consultation with the SHS Monitoring and Evaluation Advisory Group (MEAG) and SHS providers and cover four main questions:

1. How have the new service specifications and practice guidelines been implemented?
2. Is the SHS system able to respond to the immediate needs of the key client cohorts?
3. Have the streamlined access system reform been delivered as intended?
4. Have the necessary networks, partnerships and mechanisms been established to support service integration and the coordinated delivery of services?

The primary methods to address these questions were:

- A review of SHS documentation and analysis of policy context.
- An online survey of SHS clients, completed by 61 people.
- An online survey of SHS providers, completed by 95 agencies.

- Interviews with clients, service providers and stakeholders in selected case study sites: south western Sydney, Newcastle/Lake Macquarie (Hunter New England District), Sydney and south eastern Sydney and the Central Tablelands (Western NSW District). Each case study region focused on specific client cohorts. These were families, including women and children escaping domestic and family violence (DFV); young people and people with complex needs. Face-to-face and phone interviews, and focus groups, were conducted with 37 SHS providers and other agencies and with 34 clients throughout the case study sites.
- FACS and sector stakeholder interviews: interviews were undertaken with 22 additional key stakeholders at the state/central level, as well as other non-government organisations (NGOs) and government agency representatives to gather state-level strategic policy views to further inform the analysis of the case studies.
- Quantitative analysis of client data: utilising data collected for the Australian Institute of Health and Welfare (AIHW) SHS Collection and data from the SHS Client Information Management System (CIMS – used by SHS providers to record, manage and share client information). The quantitative components of the Early Review examined all available SHS datasets covering the pre-reform period and during the reform transition, as well as the first available post-implementation content. This included the AIHW SHS Collection for the pre-reform period 2011–12 to 2014–15 and the newly implemented FACS CIMS data for the initial nine months post reform during 2015–16.

The Early Review is one part of a range of activities of the SHS Monitoring and Evaluation Strategy. The next phase of this strategy is the outcomes and economic evaluation, which will focus on client and system outcomes, as well as on economic costs and benefits of the reform.

Caveats and limitations

The major sources of data for the Early Review were surveys of the views of SHS providers, other sector stakeholders and administrative data from AIHW and CIMS reporting. The surveys and case studies had relatively low numbers of participants and participants views may not be representative due to selection bias. In particular, the client survey represents a very small proportion of the SHS client population and may not be representative of that group. The case studies provide in-depth information on the service context for particular regions; however, they cannot be generalised to other areas. Offsetting this, the review benefited from a fairly large number of stakeholder interviews from service providers and other agencies.

The usefulness of the administrative data in allowing comparisons to be made before and after the reform was limited by changes in data definitions over time, gaps in data availability for some SHS providers and the related dependence on aggregated figures. Key categories of client group and level of support effort were not captured in the datasets and require substantial resources to derive rule-based groupings. The CIMS data did not include two service providers currently using separate internal systems established prior to the reform transition, and a consolidated complete dataset incorporating these providers was not available for the review. These two service providers represented approximately 5.2% of 2014–15 clients compared to AIHW Confidentialised Unit Record File (CURF) figures, which include all providers. Estimates have been made to adjust for some figures; however, this is for aggregate reference only and the proportional breakdown across client subgroups needs to be verified when the complete post-reform dataset is available.

Findings

Importantly, for the purposes of the Early Review, there was very little baseline information in areas where the reform was expected to make improvements, such as prevention and early intervention, and the outcomes for key client groups, such as women and children escaping DFV. This makes it challenging to determine the impact of the reform, with it being possible that the reform has had little impact, either positive or negative.

The number of people in NSW being supported by SHS is increasing above the national rate

The NSW AIHW CURF and CIMS data indicate a decline in the number of clients supported during the 2014–15 reform transition year of approximately 6%, followed by a substantial increase in 2015–16 of approximately 37% than for pre-reform levels.

SHS providers are supporting more people over time and growth in NSW is above the national rate. The SHS datasets indicate, in broad terms, a relatively stable pre-reform period from 2011–12 to 2013–14 of approximately 51,000 clients per year, and an interim decline in client numbers to approximately 48,000 in 2014–15, associated with data definition and quality issues over the reform transition period. This was followed by a substantial increase in preliminary figures for the first nine months post reform, annualised to approximately 70,000 for the 2015–16 year.

The absolute 2015–16 post-reform client counts are greater than the 2014–15 level, even with the excluded data gaps for the non-CIMS service providers and are based on the available first nine months of the 2015–16 year. The post-reform increase in client numbers is substantially above the general national growth rate, estimated at 2.6% based on 2011–12 to 2014–15 AIHW figures.

The number of clients supported by SHS does not directly address the quality of services received or whether the services meet clients' needs; however, these figures provide important information on SHS assistance to different client categories over time.

In addition, it is not clear how much of this growth is due to changes in categorisation of clients and provided services. There is an increase in 'referral only' responses. This is likely driven in part by the introduction of the No Wrong Door initiative and Initial Assessment tool, which should provide clients, at a minimum, with information and referrals from the first service that they come into contact with. Standardised recording practices by providers, which should be supported by clear guidance, would provide better data on the support provided.

Support for families has increased at a higher rate than for other client groups

There are significant challenges in assessing progress in delivering the reform due to key categories not being recorded in the primary SHS data collections. Client categories of young people, single men, single women and families were not directly recorded as separate identifiers in AIHW or CIMS datasets; however, they were derived during the Early Review from combinations of client characteristics (e.g. age, sex and presenting status) recorded for each support period.

Overall, the preliminary post-reform figures show a significant increase in the number of SHS clients across all key client categories. Families have increased by a relatively higher proportion indicating a changed composition in post-reform client mix. These increases are notable for homeless clients (12,000 from approximately 7,000 pre reform) and those at risk of homelessness (14,000 from below 8,000 pre reform) representing 41% of the total number of clients.

The number of young people aged under 15 years who presented alone to an SHS has increased from 1,268 in 2014–15 to an estimated 1,629 in 2015–16, representing approximately 2.5% of the total clients.

The preliminary post-reform figures also show an increase in the identified need for SHS assistance for women and children escaping DFV. The combination of increased demand for DFV services with a proportionally lower increase in support services indicate slightly reduced support as a proportion of client need. This trend is also reflected in the unmet need for DFV services, which has increased from 839 clients in 2013–14 (6.2%) to an estimated 1,955 in 2015–16 (13.9%).

The preliminary CIMS data indicate assistance for Aboriginal people has substantially increased in the 2015–16 post-reform period, representing approximately 25% of total clients. Similar to other client groups, these aggregate increases require further assessment once the complete post-reform datasets are available, to examine service need and delivery by location and the mix of service types requested, provided and unmet.

The unmet demand for short-, medium- and long-term housing is growing

Since the reform was implemented, there has been a substantial increase in the demand for short-, medium- and long-term housing, and a corresponding increase in unmet demand, reflecting in part a shortage of affordable housing across the state. The increasing need for accommodation support is reflected in the number of post-reform clients accessing these services, and need is also increasing as a year-on-year

proportion of total SHS clients, particularly for longer term accommodation. This is not an outcome that can be attributed to SHS, given that many services do not provide accommodation or manage properties; however, it is an important contextual indicator.

The number of SHS clients identified as needing short-term accommodation support has increased from approximately 20,000 prior to the reform to approximately 29,000 post reform, representing a relatively stable proportion (approximately 40%) of total clients. This increased demand in the number of clients accessing SHS relative to the limited available short-term accommodation is reflected in declining annual services provided as a percentage of identified need (from 73% in 2013–14 to approximately 40% in 2015–16) and a corresponding increase in unmet need (from below 15% in 2013–14 to approximately 35% post reform).

Similar to short-term accommodation, medium-term responses show a consistent increase in demand for services post reform, with slight increases in services provided. Similar to short-term accommodation, the annual services provided have declined in terms of the percentage of identified need from 52% in 2013–14 to approximately 31% in 2015–16. Unmet need has similarly increased from approximately 25% of clients to approximately 50%, again reflecting the increased demand against available medium-term accommodation.

The number of clients in need of long-term accommodation has also increased annually. Given the limited capacity of long-term accommodation responses, the services provided are relatively low and constant, assisting approximately 5% of clients. The number of long-term accommodation referrals increased moderately, similar to short-term accommodation support.

The consistent trend across all accommodation services is the increase in unmet need where services were not provided or referred, again reflecting increased demand for long-term accommodation in the annual number of clients and the percentage of year-on-year need.

An increase in tenancy support is being provided to meet increasing need

The demand for tenancy support has increased and has been met with comparable increases in assistance provided, as services have increased capacity to meet increased need. The provision of assistance to sustain tenancies was increasing prior to the reform transition period and again substantially post reform, based on the preliminary first nine months of 2015–16 CIMS data, which has resulted in unmet need remaining relatively low at approximately 18%.

More clients, including those receiving intensive support from SHS, are meeting case management goals

Preliminary data indicate an increase in the number of clients achieving all case management goals, from below 5,000 clients (approximately 8%) pre reform to an estimated 9,000 clients (approximately 12%) post reform. The analysis of goals achieved by different client groups indicates that this improvement in case management goals includes clients receiving high levels of support from SHS. This is a promising indicator for the effectiveness of casework support because it indicates that clients requiring more as well as less support are meeting their goals.

Changes in the capacity of the SHS sector to support young people, women and children escaping DFV and Aboriginal people as a result of the reform is not yet clear

One of the review questions was 'Is the SHS system able to respond to the immediate needs of the key client cohorts, including young people, women and children escaping DFV and Aboriginal people?' The views of service providers and other stakeholders are a valuable source of information on the capacity of the sector to support these groups, and are the main source of data for answering this question.

Almost half the surveyed providers said that the reform have made no difference to their capacity to support clients. Of those who reported that the reform had made a difference, very strong views were held both in favour of and against the reforms. Improved data on support provided and client outcomes is required to determine the capacity of the sector to meet client needs.

The loss of specialist expertise was described as one negative outcome of the reform, with expert and specialist support essential to meet the needs of the key client groups. Given the contested views of stakeholders and the gaps in available data, the outcomes evaluation could provide valuable information on this question of whether specialist support is available and accessible and where it can be located.

In addition to the need for better data to assess whether the immediate needs of key client groups are being met, agreed measures of successful outcomes are required for different groups, as well as the improved capacity of data systems to capture them.

SHS cannot provide effective support across all intended service responses; however, there are positive signs for prevention and early intervention

One of the review sub-questions was 'What is the focus of SHS delivery in relation to the four core service responses?' The four core service responses are prevention and early intervention, rapid rehousing, crisis and transition responses and intensive responses for complex needs. The views of service providers and other stakeholders were the main source of data for this question.

Prevention and early intervention was viewed positively by SHS providers and other stakeholders, with interviews and focus groups reporting improvements in practice in this area as a result of the reform. Given the educative purpose of many prevention activities, there are significant challenges in measuring their effectiveness. In addition, a broad range of prevention and early intervention initiatives are being delivered by SHS and services funded through the Service Support Fund (SSF) in response to community need. Some of these activities do not have a clearly articulated relationship to homelessness or the risk of homelessness, which raises additional challenges in assessing impact. This should be addressed by the identification of prevention outcome indicators as part of the outcomes evaluation process.

Rapid rehousing is not feasible for the majority of SHS to provide, although many are funded to do so, because sufficient affordable housing is not available for this purpose.

Crisis and transition responses are reportedly improving in several locations because of improved collaboration and service integration. However, it was also stated that capacity was limited because of the unmet need for transitional housing, in particular, for a longer period and with more intensive tenancy support than usual. The outcomes evaluation could provide valuable information on two key questions that currently has limited data: first, the availability of suitable transitional housing across districts and, second, the housing, health, and well-being outcomes of SHS clients who are supported with transitional housing.

Intensive responses for complex needs were reportedly necessary for a range of client groups, including the key client cohorts described above and rough sleepers. Service providers advocated strongly for trauma-informed practice, and there appeared to be variation across and between sectors in how that type of support is defined and delivered.

Tools intended to facilitate a more streamlined access system are inconsistently used

The reform intended to deliver more streamlined access to better connect clients with the most appropriate SHS and general services. One of the review questions was 'Have the streamlined access system reform been delivered as intended?'

Introduced as part of the reform, No Wrong Door is a protocol intended to ensure that when a person or family presents to or contacts an SHS provider they will, at a minimum, be provided with information, advice and referral if required. The Early Review found that this protocol was not consistently understood or operationalised, which has reportedly had significant implications for the support provided to clients and for the way that agencies record their activities in CIMS.

CIMS, the Vacancy Management System and the Initial Assessment tool are reportedly utilised regularly by the majority of services; however, training and support for providers in using these tools is inconsistent. The experience of SHS providers who have received information and training indicates that those providers who have not would benefit from such training.

The state-wide homelessness information and referral service Link2home is reportedly overcoming early implementation difficulties and is working well with other agencies. However, referrals to local accommodation are only possible if vacancies exist; therefore, Link2home often cannot make appropriate referrals.

Relationships in the sector were damaged by the GHSH tender process and formal networking mechanisms have had mixed success

As part of the GHSH tender process for the new SHS packages, FACS encouraged individual SHS to work together in consortia models and form Joint Working Agreements (JWAs). One of the review questions asked 'Have the necessary networks, partnerships and mechanisms been established to support service integration and the coordinated delivery of services? Specifically, how are JWAs functioning in practice?'

Survey and interview responses indicated that JWAs were working effectively for the majority of organisations; however, stakeholder and SHS interviews also indicated that some JWAs were extremely difficult for both the lead and non-lead organisations, and required significant support from the Industry Partnership and FACS. A review of the JWA governance structure and legal responsibilities of lead agencies and the sub-contractor status of non-lead agencies would be beneficial.

According to service providers and other stakeholders, there are many examples of networks and partnerships to support service integration; however, for the most part these were not produced by the reform. The procurement and early implementation of the reform reportedly caused substantial damage to relationships between services, in multiple areas and across the sector.

The SSF was established to fund organisations that were unsuccessful in the GHSH tender, to deliver new programs that complement SHS and the wider approach of reducing homelessness. One of the review sub-questions relating to networks asked 'How do services funded under the SSF support and strengthen the broader homelessness service system?'

The experience of SSF providers appears to have been very difficult, both for SSF providers and other agencies, although SHS respondents to the service provider survey reported, for the most part, that working with SSF providers was useful. The benefits of an ongoing distinct fund such as the SSF were not clear and should be reviewed.

Brokerage funding and Industry Partnership

SHS providers have a brokerage funding component, the purpose of which is to:

- deliver responses that are flexible and tailored to client needs, and
- assist clients to address any problems or barriers that prevent them from accessing or maintaining housing to prevent or address homelessness. (FACS 2014)

The SHS Industry Partnership manages the Industry and Workforce Development Project of the reform and is a joint project of the three peak homelessness organisations: Homelessness NSW, Yfoundations, and Domestic Violence NSW.

Findings relating to two of the Early Review questions indicate that parts of the reform and the SHS sector are working well:

- Brokerage funding appears to be used flexibly to provide individual support to establish or maintain housing, as intended, and is valued by the providers that have access to it.
- The Industry Partnership and other support provided by the peak organisations appear, overall, to be helpful.

1.1 Next steps

Based on findings from stakeholder and service provider interviews and surveys, development of information and support is required in a number of areas to assist with the implementation of the reform and service delivery to clients.

We recommend:

- Development of a shared understanding of the required skills and capacities of the SHS workforce, as well as training and development where required. Service providers and other key stakeholders have expressed strong concerns that the workforce lacks specialist skills in trauma-informed work and in working with key client cohorts. These concerns are heightened because of changes to the workforce in recent years, including the departure of experienced staff.
- Building the capacity of Aboriginal organisations and the cultural safety and competence of non-Aboriginal organisations in working with Aboriginal people.
- Development of a shared understanding of the key reform principle of No Wrong Door and consistent practices in its use.
- Development of shared definitions of prevention and early intervention, and how this should be operationalised for different client groups and in different contexts. For example, the delivery of early intervention support to older people who were previously sleeping rough will differ from early intervention support to young people.

Data development

The review of data availability and quality integrates with ongoing system development and longer-term outcomes that will be assessed during the planned outcomes and economic evaluation.

The Early Review has highlighted the scale and complexities of the reform process in terms of consolidating the extensive new data content from CIMS and other data systems, and developing new program reporting capability in shorter timeframes.

We recommend:

- SHS data consolidation and development with initial priority to integrating CIMS and non-CIMS service providers. This will provide the base for developing derived content across the complete SHS program including target client groupings and estimated level of effort categories. The complete CIMS dataset is required to finalise new timely SHS management reporting and analysis compared to the annual SHS reports prepared by AIHW.
- SHS integration with other FACS program data to provide improved visibility across related programs including SHS client use of a range of housing support services and details of client pathways via the wider FACS system.
- SHS integration and linkage with datasets external to FACS to provide additional robust data sources and better understanding of the pathways into and out of homelessness, how SHS clients engage across the wider system and what interventions or combinations of supports are successful in establishing permanent stable housing in the longer term.

1.2 Summary and conclusions

Provision of SHS

Since the implementation of the reform, the provision of support by SHS has grown over time across population groups and service responses. This growth is likely to be driven by:

- increased demand for services due to increased homelessness
- better assessment, referral and reporting of service provision.

However, it is not yet possible to determine how much of this growth in support is driven by each of these factors. Nor is it possible to identify the quality or impact of the support services provided to clients.

Improvements in the capacity of the sector

There are signs of improvements in the capacity of the sector. These include an increase over time in the provision of assistance to sustain tenancies, and an increase over time in the proportion of clients meeting their case plan goals, including those clients who require high levels of support from SHS.

The reform has been very positive for some service providers; however, for many SHS providers and other stakeholders it has been contested and disruptive, and in some cases it has caused the relationships between services to deteriorate rather than improve. The disruption has varied across districts and has had different effects.

In a number of areas, the same organisations and many of the same individual staff are present who were there prior to the reform; however, they are now in a significantly reconfigured service landscape. Agencies have changed names, lost and regained staff, lost or gained the management of properties and, in some cases, now support different client cohorts and deliver different service responses. Many of these changes were unwanted and are strongly felt by several service providers and other stakeholders to have been damaging. Relationships between services are extremely important to integrated support so this unintended impact of the reform is detrimental, although many damaged relationships are repairing with time.

In some areas, especially outside Sydney, the reform has also reportedly improved service delivery and the capacity of the sector. The two case study sites of Newcastle/Lake Macquarie and the Central Tablelands indicate the reform has been welcomed by service providers, although unmet demand, especially for affordable housing, remains. Service providers in inner city Sydney, both SHS and other, are also largely positive about the responsiveness of the sector as a result of the reform and other initiatives.

However, the survey responses suggest the reform has made little impact, either positive or negative, for the majority of services. It is not yet clear if the costs of the reform, both direct and indirect, will be offset by improved service delivery and client outcomes. The outcome evaluation will investigate this.

The role and purpose of the sector

The role and purpose of the SHS sector also emerged as a cross-cutting theme not directly related to a single review question. The SHS sector is intrinsically connected to other parts of the human services, housing and homelessness sectors, especially emergency temporary accommodation, other housing products from FACS and the social and community housing sectors. A number of stakeholders argued the need for a community-based response to homelessness that involves each of these sectors.

In terms of monitoring and evaluation, it is difficult to attribute the impact of SHS on client outcomes in isolation from these other sectors. Monitoring and evaluation of client pathways and outcomes may be possible through CIMS; however, this data system is used only by SHS and SSF services, which means that even if the data were substantially more robust and accessible than it currently is, significant information

would not be available. The development of linked datasets, as described above, is needed to address these gaps. In the context of DFV, the relationship of SHS to other service sectors is particularly visible because of new and expanded initiatives. Early intervention, prevention, crisis and long-term accommodation support are provided by SHS and also by services in other funded programs.

Significant initiatives include those contained in the *NSW Domestic and Family Violence Blueprint for Reform 2016–21.* The Blueprint includes strategies to prevent DFV, intervene early with individuals and communities at risk, support victims, hold perpetrators to account and improve the quality of services and the system as a whole. These initiatives are intended to complement, not replace, SHS and other existing programs, including *Staying Home Leaving Violence and the Integrated Domestic and Family Violence Services Program*.

While it may be some time before their impact is felt, these initiatives are supported by evidence and are in line with policy efforts to ensure refuges are not the only option for women leaving DFV. Their provision is also an acknowledgement that the current level of funded refuge provision remains unable to address current need. That is, while some SHS operating women's refuges have seen a decline in their capacity to conduct community development and other early intervention activities, funding in these and other areas has been increased, with programs being delivered by providers across the broader human services sector.

A comprehensive monitoring strategy that links the activities and outcomes across these programs and areas would provide better information than a focus only on individual funding streams.

2 Introduction

2.1 Specialist Homelessness Services (SHS)

The SHS Program aims to ensure people who are experiencing homelessness or who are at risk of becoming homeless are supported to achieve safe and stable housing in the community. The program funds NGOs to deliver a range of support services, including general, personal, emotional, financial and employment support; referrals to mainstream and specialist services (for example, health, alcohol and other drugs, legal and court support); as well as helping to obtain crisis, medium- or long-term housing. This includes support to sustain tenancies for those at risk of homelessness (FACS 2014)

The *Going Home Staying Home Reform Plan* (GHSH Reform Plan) released in February 2013 outlined five strategies for the reform of the SHS system:

- Ensuring the right service design
- Making it easier for clients to access the services they need
- Improving planning and resource allocation
- Developing the homelessness sector and workforce
- Better ways of contracting to deliver quality and continuous improvement (FACS 2013)

In June 2014, the NSW Government increased funding for SHS providers by 9.6% to nearly $148 million for the 2014–15 financial year (FACS 2014a).

In NSW, 51,786 clients were assisted by SHS in 2013–14. Of these, 38% were homeless and just over a third were seeking assistance to sustain a tenancy or prevent tenancy failure. The majority of clients (57%) were women, just over half were under 25 years of age and approximately two-thirds were either lone persons or single parents (AIHW 2014).

The incidence of usage of SHS in NSW (69.9 clients per 10,000 of population) was lower than the Australian average (109 clients per 10,000 of population) and unmet requests were much lower in NSW (average of 103 unmet requests per day) compared to the Australian average (423 unmet requests per day). These unmet requests were mainly for short-term accommodation (AIHW 2014).

2.2 Policy context: the Going Home Staying Home (GHSH) reform

The SHS Program is the NSW Government's primary response to homelessness, and SHS are a vital part of the broader system that supports people who are homeless or who are at risk of homelessness. From 2011–12 to 2013–14, prior to the reform transition, SHS helped approximately 52,000 people across NSW each year. However, Census figures for 2006 and 2011 indicate that the rate and number of people who are homeless is increasing.

The GHSH reform was announced by the Minister for Family and Community Services in July 2012. This was a major reform initiative that redesigned the service delivery framework, restructured the SHS system, redistributed resources and streamlined access to services.

SHS sector consultations in 2012 identified widespread support for:

- a focus on people not programs
- a greater focus on intervening early to prevent homelessness
- better linkages and collaboration between SHS and mainstream services to address the full range of housing assistance and support needs
- a greater focus on outcomes rather than activities and outputs (recognising that these outcomes go beyond 'sustaining housing'). (FACS 2012)

At the same time, stakeholders highlighted the risk of 'reinventing the wheel' if the reform process was not grounded in building on the individualised approaches and streamlined access arrangements that were already happening in local communities.

Key themes identified from the 2012 consultations included:

- the GHSH reform is dependent on reform in the broader homelessness service system
- needing to broaden the evidence base for the GHSH reform
- 'one size doesn't fit all'
- maintaining the diversity of service providers
- recognising the broader role of SHS in supporting other government priorities
- giving greater prominence to addressing Aboriginal homelessness
- 'regional is not metro'
- allocating adequate resources to achieve reform objectives
- ensuring extensive consumer and sector engagement through the reform. (FACS 2012)

The GHSH reform initiative outlined a number of key reform strategies, including:

- Service Delivery Design
- Streamlined Access
- Better Planning and Resource Allocation
- Industry and Workforce Development
- Quality, Contracting and Continuous Improvement
- Reform Transition.

Under the reform, a total of 159 new service packages have been funded through the SHS Program to deliver core responses. The delivery of the SHS Program was contracted to NGOs by FACS for the funding period August 2014 to June 2017. In 2015, a funding extension was confirmed until June 2020 on the basis that outcomes-based commissioning be gradually introduced.

In 2014, FACS commissioned KPMG to conduct a review of the GHSH reform over the period 1 July 2012 to 1 July 2014. The review was not an evaluation of the success of the reform in improving outcomes for clients but rather a post-implementation review (PIR) of the effectiveness and appropriateness of the development and implementation of key elements of the reform:

- Reform timing and timeframes
- Governance and stakeholder engagement
- Service design and planning
- Procurement. (KPMG 2015)

The PIR found that the design/planning and procurement phases were particularly compressed. Considerable time had been spent on settling the overall reform directions with the release of the GHSH Reform Plan in February 2013 (more than six months after the release of the initial Discussion Paper in July 2012) and the development of the new resource allocation model, which was completed in September 2013. The PIR noted that service planning occurred over a two-month period and the tender process itself commenced in November 2013 (more than a year into the process), which effectively left only approximately six months to complete the full implementation.

The PIR also noted that the reform did not have a secure budget for the full two years of the project, with funding approved to resource the project for the first year only via an underspend in the National Partnership Agreement on Homelessness funding (KPMG 2015). This, coupled with a staffing freeze and reliance on short-term contractors, led to resource instability, a high degree of turnover and loss of staffing continuity throughout the implementation.

The PIR reported that the development and implementation of the reform was supported by the establishment of an appropriate range of governance mechanisms that were established in the early development of the reform. This reflected a willingness to involve a range of stakeholders and perspectives in the governance of the reform, and included the Project Board, Panel of Experts, Sector Reference Group and various working groups (KPMG 2015).

The Early Review noted that stakeholder engagement was a key element of the design of the reform and that FACS invested considerable time and effort in engaging with key stakeholders to involve them in the reform. It also reported that FACS had been able to gain a high level of commitment to the reform from stakeholders in the initial phases; however, this was not able to be sustained throughout the entire reform process.

The PIR demonstrated that the department's approach to service planning and design was generally sound and was based on a desire to shift away from the programmatic service delivery models that had existed toward a more integrated client-centred approach that was more responsive to the needs of priority client groups. The new integrated service packages were reported to be more easily accommodated by larger service providers (as opposed to small specialist providers, particularly women's services providers and Aboriginal organisations). As such, the PIR found that this approach contributed to a consolidation and rationalisation of services at the procurement stage (KPMG 2015).

The main impacts and criticisms of the GHSH reform noted by the PIR related to the procurement process. This process essentially involved re-commissioning the entire budget for SHS via a two-stage competitive tendering process: a prequalification scheme and select tendering stage. Criticisms from several stakeholders, particularly small providers, related to the impact of the two-stage process, i.e. larger service providers found it easier to accommodate the tender process whereas many smaller providers struggled with the process (KPMG 2015).

2.3 Policy context: SHS provision in Australia

The AIHW (2016) *Specialist Homelessness Services 2015–16* report describes the characteristics of clients of SHS, the services requested, outcomes achieved and unmet requests for services during 2015–16.

The preliminary AIHW (2016) report indicates a national increase between 2014–15 and 2015–16 in the number of SHS clients (9% – 23,539 to approximately 280,000 clients) and total support days (13% to approximately 22.2 million). The largest number of clients was in Victoria (105,287), followed by NSW (69,715) and Queensland (42,543). The national increase is reported to be almost entirely due to the significant increase in client numbers in NSW (44% or 21,453). This is skewed by the reductions in client numbers in NSW during the transition in 2014–15 (7% or 3,524) compared to the relatively stable pre-reform years (AIHW 2016).

Nationally, there have also been large increases in the total numbers of both support days and accommodation nights in 2015–16 than in 2014–15, with over 2.5 million more days of support and over 400,000 more nights of accommodation provided in 2015–16. Consistent with the client number increases, the majority of the change is reportedly due to changes in NSW, with an additional 2.2 million days of support and 307,000 nights of accommodation. The proportion of 'new' SHS clients varied across jurisdictions, with NSW again reporting the highest proportion of new clients (60%).

Importantly, the AIHW (2016) report re-emphasises the need for caution when making comparisons between the NSW data from 2014–15 with data for other states and territories during this period. The reform impact is noted to have not been fully reflected in the 2014–15 data due to mid-year implementation and data quality issues associated with this transition will continue to be monitored in future trend analyses.

The AIHW (2016) report confirms the trends across key client populations identified during the Early Review of the reform to the NSW SHS system, including the substantial proportion of clients receiving assistance due to DFV, reported to be 38% nationally of clients who sought support in 2015–16. Aboriginal clients have also continued to be over represented in the number of SHS clients, with one in four SHS clients nationally identifying as Aboriginal.

Overarching factors are also reconfirmed in the AIHW (2016) preliminary report, with housing affordability identified by approximately 60% of clients nationally as a reason for seeking SHS assistance, after having remained relatively steady for the previous three years.

Interrelated issues of physical and mental health are also confirmed as important factors for people accessing SHS, with over 20% of clients nationally reporting mental health, medical issues or substance use among the reasons for seeking SHS support. The AIHW (2016) report indicates an increasing proportion of clients are now aged over 45 years, representing around one in five of all clients nationally. These interrelated health and aged care aspects highlight the need to examine sector-wide program integration and outcomes, potentially by improving data linkage capability (as further discussed in section 4.3).

2.4 Aims and objectives of the Early Review of the SHS system

The goals of the Early Review are to:

- assess progress in implementing homelessness reform
- identify any emerging risks or unintended impacts linked to the reform
- support continuous improvement
- build a robust evidence base to inform future policy and operational decisions
- meet internal and external accountability and reporting requirements to support the SHS Program contract and performance management
- identify data to enable ongoing monitoring and review of outcomes for clients.

Each of the components of the Early Review reflects the timing and context of the project as a preliminary activity in the FACS SHS Monitoring and Evaluation Strategy. Specifically, the Early Review is the first assessment of the reform transition and focuses on the implementation of the new service models and the initial phase of post-reform service delivery. Thus, the Early Review is a proactive supplementary initiative designed to assess the new SHS systems and data content, identify gaps and data quality aspects and inform preparations for the planned outcomes and economic evaluations.

2.5 Review questions

The Early Review questions were designed by FACS in consultation with the MEAG and SHS providers. The questions and sub-questions, as well as the section of the report that addresses them, are provided in Table 1, with greater detail provided in Appendix A.

Table 1 Review questions, sub-questions and the report section where they appear

Review question	Review sub-questions	Report section
How have the new service specifications and practice guidelines been implemented?	What is the focus of SHS delivery in relation to the four core service responses? 5. Prevention and early intervention responses 6. Rapid re-housing response 7. Intensive responses for complex needs 8. Crisis and transition responses	4.2.1
	Are service responses consistent with a 'client-centred' approach?	4.1.7
	Is brokerage funding being used to provide flexible and client-centred responses for specific target groups?	4.2.3
	How has the design and delivery of services been informed or influenced by case mix and client target categories?	4.2.2
	Have there been any issues linked to the implementation of case mix and client targets?	4.2.2
	How has support level of effort targets informed service delivery practices for providers?	4.1.7

Review question	Review sub-questions	Report section
Is the SHS system able to respond to the immediate needs of the key client cohorts?	How are SHS providers implementing or delivering: 1. Early intervention and prevention responses? 2. Rapid re-housing response? 3. A Housing First approach for clients with complex needs?	4.2.1
	Is the SHS system able to respond to the immediate needs of the key client cohorts, including young people, women and children escaping DFV and Aboriginal people?	4.1.3
	What are the key barriers or enablers to implementing the new service responses?	4.1.3
	What are some examples of success and innovation?	4.1.3
	Has the assistance provided by the Industry Partnership supported the SHS sector to deal with change and reconfiguration of the service system? Has this support been helpful? How can it be improved?	4.2.5
	What improvements or refinements are needed to the SHS specifications, client targets and case mix?	4.2.2
Have the streamlined access system reforms been delivered as intended?	Are SHS providers using the new access tools?	4.2.4
	Do these new tools work for providers? What refinements or improvements are required?	4.2.4
	Does the state-wide information and referral service (Link2home) work for people who are homeless or at risk of homelessness?	4.2.4
	Are SHS providers implementing the key principles and practices of the streamlined access system in line with the SHS Practice Guidelines?	4.2.4
Have the necessary networks, partnerships and mechanisms been established to support service integration and the coordinated delivery of services?	Have SHS providers established networks, partnerships and case coordination with local mainstream and specialist services? Are these running efficiently and effectively?	4.2.7
	How are JWAs functioning in practice?	4.2.6
	How do services funded under the SSF support and strengthen the broader homelessness service system?	4.2.8
	Are clients able to seek assistance and access services locally? Are clients able to access the right service, at the right time from the right provider?	Not available (see strength of evidence note below)

Strength of evidence to answer the review questions

Given the nature of the review questions and gaps in data (detailed in Section 3.7), conventional assessments of strength of evidence are not appropriate. The majority of findings on service quality and effectiveness are based on service provider and stakeholder responses. These indicate very divergent views on the effectiveness of SHS and the impact of the reform, which underline the need for robust data (as detailed in section 4.3).

However, there are consistent findings for the majority of the review questions (the exception being the final question on clients' access to local services, for which very little information is available). There are also consistent findings on sector, workforce and data development needs. These findings are from multiple sources on a number of topics relevant to the review questions, which are detailed in this report and summarised in sections 4.1.4 and 4.2.9.

2.6 SHS Monitoring and Evaluation Strategy

The key questions this report seeks to answer were developed in consultation with the MEAG. The research team worked to integrate the Early Review into the wider range of activities and stakeholder needs in the SHS Monitoring and Evaluation Strategy, which was developed to guide the monitoring, review and evaluation of the SHS Program to support ongo ing refinement, adjustment and service improvement (Figure 1).

Figure 1: SHS monitoring and evaluation phases

Key Themes & Focus	Priorities from M&E Strategy
Phase 1: Early Review ■ Implementation of the new SHS service responses and system reforms	■ Implementation of the redesigned service system – SHS practice guidelines and service specifications – Client centred responses – Access to assistance
Phase 2: Outcome evaluation ■ Client outcomes ■ System outcomes ■ Economic costs and benefits	■ Client outcome evaluations – 3 priority groups – Young people – Women and children escaping domestic and family violence – Aboriginal people ■ Service system outcome arising from redesigned service systems: – Client-centred responses – Access to assistance – Responding locally/place-based responses ■ Cost-effectiveness analysis

Source: FACS (2015)

The GHSH reform was a significant reform initiative with impacts on a large number of services and clients. It was intended to refocus the SHS sector to respond more flexibly to client needs, increase resources for prevention and early intervention, and deliver new funding models based on population need. Given the extensive scale and breadth of these changes, the Early Review was designed to capture key implementation achievements and challenges, and the capacity of the sector and workforce needs, as well as identify future data and monitoring needs.

3 Methods

To address the review questions, the Early Review used a mixed methods design approach comprising:

1. review of SHS program documentation and analysis of policy context
2. client survey
3. service provider survey
4. case studies: comprising interviews with clients, service providers and stakeholders from selected areas
5. stakeholder interviews
6. quantitative analysis of client data (AIHW and CIMS data).

Where possible, the different methods were triangulated to strengthen the findings and to provide more depth to the analysis. The methodology is described in detail in Appendix B.

3.1 Document and policy analysis

SHS program and policy documentation was reviewed to gain an understanding of the policy context, particularly as it related to the implementation of key reform strategies.

3.2 Client survey

An online client survey was utilised to obtain clients' perspectives on accessing support from SHS. The survey was targeted at individuals who were currently receiving support from SHS in NSW, had recently received services or who had tried to receive support but did not obtain it. Recruitment to the survey was via SHS providers and via a link on the Link2home[1] web page. The survey was completed by 61 individuals. See Appendix B for more detail on, and limitations of, the method.

3.3 Service provider survey

All SHS (n=159) and homelessness services funded through the SSF (n=27) were invited to complete an online survey. Recruitment to the survey was via FACS and peak organisations. By the survey closing date, 95 individuals representing 83 SHS and 12 SSF providers had completed the survey. This yields a response rate of 54.1% of SHS and 44.4% of SSF providers. See Appendix B for more detail.

1 The Link2home web page can be accessed at www.housing.nsw.gov.au/help-with-housing/specialist-homelessness-services/find-a-service/link2home

3.4 Case studies (clients, service providers and stakeholder interviews)

Case studies were undertaken in four regions—south west Sydney, Newcastle/Lake Macquarie, Sydney and south eastern Sydney, and Central Tablelands—to gather in-depth, contextualised data on the implementation and outcomes of the reform from the perspectives of multiple stakeholders, including clients, SHS providers and mainstream service providers. The case study data supplements the survey and administrative data by providing detailed findings on the interactions between different components of the reform and the connections between SHS and mainstream services.

Each case study region focussed on specific client cohorts. These were families, including women and children escaping DFV, young people and people with complex needs. Between May and August 2016, face-to-face and phone interviews, and focus groups, were conducted with 37 SHS providers and other agencies and with 34 clients from the case study sites. Interviews were undertaken with 22 additional key stakeholders at state/central level and other NGO and government agency representatives to gather state-level strategic policy views to further inform the analysis of the case studies (Table 2). See Appendix B for more detail.

Table 2 Surveys and interviews: sample size

Method	Participants (n)
Client survey	61*
Service provider survey	95
Case studies: comprising interviews with clients, service providers, and stakeholders in selected sites	37 SHS providers and stakeholders 34 clients
Stakeholder interviews	22

* 84 people completed the client survey; however, only 61 were currently receiving support from SHS

3.5 Surveys and interviews: data analysis

A coding frame was developed for analysing the interview transcripts. The first step involved reviewing several paper-based transcripts to identify the themes discussed and to develop codes or labels. The coding frame also incorporated the key review questions. The second step involved applying the preliminary codes to a number of transcripts in qualitative data analysis software NVivo.

A basic content analysis was applied to the most frequently coded material, where the phrase was additionally coded as 'negative' if it referred to negative impacts of the reform or 'positive' if it referred to benefits of the reform.

One advantage of using NVivo is that it allows for the same piece of text to be coded under multiple codes (called 'nodes' in NVivo). NVivo also assists with managing the data hierarchically so that the codes can be organised into a coding tree with branches and sub-branches.

Given the small sample sizes, the survey analysis was limited to descriptive frequency statistics.

All figures and charts present findings for NSW unless stated otherwise.

3.6 Quantitative analysis

The quantitative components of the Early Review examined all available SHS datasets covering the pre-reform periods and during the reform transition, as well as the first available post-implementation content. The datasets available for the Early Review include:

- AIHW SHS collection

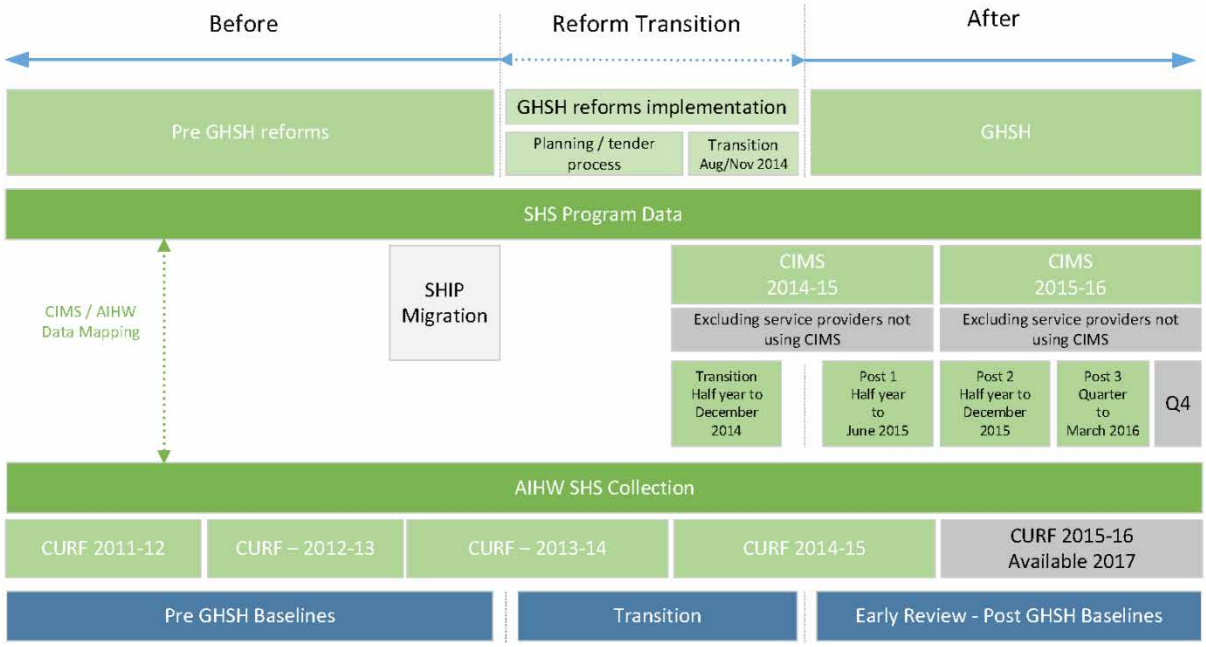
  CURFs for four years from 2011–12 to 2014–15 provided pre-reform data and included the reform transition period, predominantly between August and November 2014. The first complete year of post-reform AIHW data was not available to the Early Review and is expected to be available in March 2017 when the 2015–16 CURF is provided to the jurisdictions. Although the initial AIHW post-reform dataset was not available at the time of the Early Review, the SHS 2015–16 web report was released in December 2016 when the Early Review was being completed, which provided summary post-reform content and supplementary validation of available post-reform SHS CIMS figures (AIHW 2016).

- Newly implemented FACS SHS CIMS

  The newly established CIMS dataset includes 2014–15 and covers the initial reform transition phase. The first available post-reform CIMS content was available in 2015–16, covering the nine months to March 2016, and figures have been annualised on a linear basis for preliminary annual comparison.

The preliminary timing of the Early Review shaped the overall mixed method approach as well as the content available for the quantitative components of the review. The early timeframe of the review means that the data sources are separate for the pre- and post-reform content, with all pre-reform data being from AIHW and all post-reform content being from the newly implemented CIMS dataset (see Figure 2).

Figure 2: Early Review dataset alignment pre- and post-reform transition



Note: CIMS data does not include consolidated content for two service providers currently using separate internal systems established prior to the reform transition

Early Review timing and context

The approach for the quantitative analysis was based on preliminary validation of the AIHW and comparative CIMS data sources as the pre- and post-reform content are from different datasets. The 2014–15 datasets are the overlapping year; therefore, this was the target comparative data integrity checkpoint to validate client counts across data dimensions and subgroups, and to verify reported AIHW published figures against the CIMS client count data.

Two SHS providers utilised different data systems that were established prior to the reform transition and were not using CIMS. The AIHW figures included all service providers, whereas the CIMS figures excluded the two providers utilising these different data systems. Thus, the initial validation phase was limited because of this.

The planned second phase of the analysis was to examine descriptive statistics across multiple stratifications of available subgroups to further validate the comparative figures. This secondary component was undertaken across high-level aggregate figures, where feasible, based on adjustments for the non-CIMS content; however, more specific subgroup cross validation was not possible. The same limitation applied to the separate CIMS reporting period data, which also excluded the two non-CIMS service providers.

The overarching trend is that SHS support has increased nationally at 2.6% annually between 2011–12 and 2014–15 (AIHW, 2015a). In the NSW context, the AIHW reports that the national rate of SHS use has remained relatively steady since the beginning of the collection in 2011–12; however, in the 2014–15 period there was a decrease of 7% in reported client numbers in NSW, which was driven by the changes in data as a result of the reform transition period. The AIHW notes that the reform has resulted in data quality and definitional issues, which limit comparability with past years' figures for NSW or with data for other states and territories (AIHW 2015c).

The preliminary post-reform CIMS data indicates a reversal of the 2014–15 decline in NSW client numbers, with an estimated full-year substantial increase above previous years. The significant scale of this variation during the reform transition period further complicates the comparison of pre- and post-reform figures and the capacity to attribute specific changes to particular service model reform.

Further details of the quantitative analysis methods and limitations are provided in Appendix B.

3.7 Caveats and limitations

Surveys and case studies

The surveys and case studies are subject to selection bias. The client survey represents a very small proportion of the SHS client population and may not be representative of that group. Respondents to the service provider survey may not be representative of all SHS providers. Findings from the surveys and interviews provide insight into the SHS program from the perspective of clients; however, these findings are not evidence of outcomes. The case studies provide in-depth information on the service context of the respective regions; however, they cannot be generalised to other locations. Offsetting this, the review benefited from a relatively large number of stakeholder interviews with service providers and other agencies.

AIHW and CIMS data

The review was undertaken in the context of a number of expected data quality and availability issues that presented limitations to pre- and post-reform comparability, including:

- pre- and post-reform change in 'service packages' compared with pre-reform services, potentially overlapping with JWA consolidation of services and support packages
- timeframe of the Early Review and the relationship between preliminary intermediate indicators and the range of long-term outcomes as final endpoints for assessment in the planned SHS outcomes evaluation in phase two of the SHS Monitoring and Evaluation Strategy (see Section 2.6).
- data issues relating to quality, comparability and the development and implementation of new systems and reporting protocols, including gaps, changed definitions and levels of aggregation as identified in the AIHW Data Quality Statement for the SHS Collection (AIHW 2015b)
- comparative limitations to AIHW SHS datasets being present in CIMS data, reflecting the scale of the reform process as well as the implementation and adoption of CIMS functionality
- external factors impacting client and broader system outcomes, such as housing affordability, not being incorporated into phase one of the Early Review analysis
- incomplete post-reform full year figures: CIMS data for 2014–15 includes the reform transition period during the first half year to December 2014 and the first six months of post-reform activity to June 2015, which provides a mixed transition and post-reform timeframe. Due to the timing of the Early Review, the first post-reform CIMS data for 2015–16 available for the review are based on nine months from July 2015 to March 2016, and figures have been annualised on a linear basis for preliminary reference.[2]

These expected quantitative limitations are implicit in the Early Review mixed method approach, the integration with the survey series, case studies and wider stakeholder engagement.

In addition to these data availability and transition comparability issues, additional data gaps further limited the Early Review quantitative analysis:

- *Exclusion in the CIMS datasets of two service providers that did not report via CIMS*
  This is the result of an identified but as yet unresolved technical issue impacting the integration of data between each service provider system and CIMS. These two service providers represent approximately 5.2% of 2014–15 clients in total, when comparing AIHW CURF and CIMS figures.[3] This gap is indicated in figures presented in the following sections to represent the scale of the excluded data. However, this is for aggregate reference only and the proportional breakdown across client subgroups is not able to be verified as the distribution of the service mix for the two service providers is unknown.
- *Completed initial assessments*
  No Wrong Door was introduced as a component of the reform and ensures that initial assessments are undertaken on a client's first contact with an SHS to establish immediate client needs and safety issues. These assessments provide preliminary details of client need and the initial SHS response, and are followed by more comprehensive assessments where clients may be provided with or referred to case managed support. No CIMS initial assessment data was available for the Early Review. Preliminary figures indicated initial assessment completion rates were relatively low but developing as at June 2015, at which point approximately 45% of assessments included a completed primary recommended outcome

2 It is recognised that seasonal factors may influence client numbers during the final quarter of 2015–16 and figures are subject to validation when the complete 2015–16 CIMS data are available.
3 Based on 2014–15 CURF (48,262) and 2014–15 CIMS (45,889) – a difference of 2,373 clients (5.2%).

4 Findings

4.1 Clients, needs and support provided

This section details the number of clients in different client categories receiving support from SHS and changes in the provision of support over time. It provides important contextual information on the services provided to different client categories and how this has changed since the introduction of the reform. It does not provide an indication of the quality of services provided or whether they met the needs of clients or not.

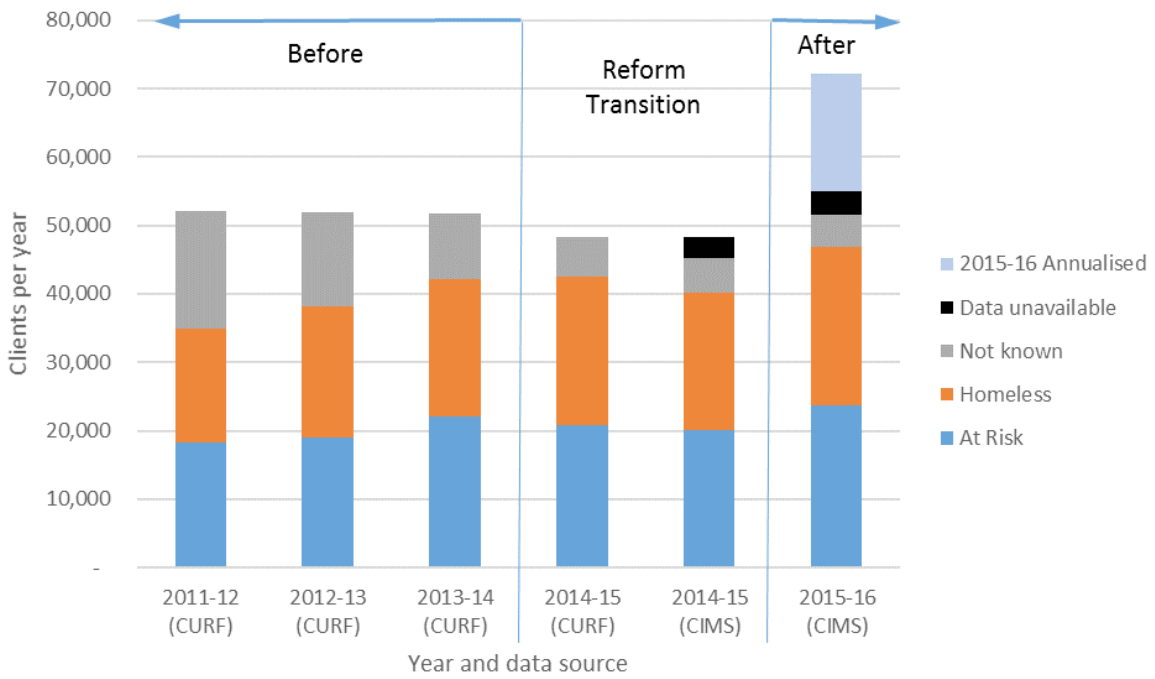
Aspects of data validation and accuracy will be assessed when complete post-reform datasets are available, to further establish details of client assessment, support and referral pathways in the context of longer-term outcomes. The validation process undertaken by the AIHW includes data review and error checking, followed by verification of reports by staff of service providers, allowing a review cycle to correct identified errors before final data are accepted. The Early Review has highlighted important gaps in data and data development needs for future research and reporting (discussed further in section 4.3).

The initial AIHW post-reform dataset for 2015–16 was not available at the time of the Early Review; however, the AIHW SHS 2015–16 summary web report was released in December 2016 as the Early Review was being finalised. Given the scale of the post-reform increases in service delivery and the data limitations at the time of the Early Review, the AIHW summary report figures include all service providers (CIMS users and non-CIMS users), and provides supplementary validation of available post-reform CIMS data presented in the Early Review findings (AIHW 2016).

4.1.1 Clients supported

The AIHW CURF and CIMS data indicate, in broad terms, a relatively stable pre-reform period, an interim decline in client numbers (associated with data definition and quality issues) during the reform transition period, followed by a substantial increase in preliminary figures for the first nine months post reform (Figure 3).

Figure 3: Total number of SHS clients before and after reform transition in NSW



Note: CIMS 2015–16 figures have been annualised on a linear basis.

Figure 3 presents AIHW numbers of clients per year for the available three years pre-reform from 2011–12 to 2013–14, the reform transition period in 2014–15 and the preliminary post-reform CIMS figures in 2015–16.

Sample sizes vary for each year and data source and are aligned with the number of clients per year. CIMS client numbers exclude data for two service providers currently using separate systems established prior to the reform transition and figures have been adjusted to represent this proportion (5.2% of total dataset), shown as the black bar segments for the 2014–15 and 2015–16 year periods. As described in the methodology section, the post-reform 2015–16 CIMS data includes the first nine months of the reform to March 2016, and the figures have been annualised on a linear basis to provide the indicative scale of potential full year figures (shown as the light blue segment).

The reform transition phase was primarily during the first half of 2014–15, which presents the only overlapping year where both AIHW CURF and CIMS datasets are available. For this reason, both sets of 2014–15 figures are presented in this section and throughout this report, where available, and are grouped as the reform transition period. These overall aggregate figures illustrate the separation between the available pre- and post-reform datasets, with all pre-reform data from the AIHW CURFs and the separate post-reform data for the nine months of the 2015–16 CIMS dataset.

The preliminary post-reform data indicate a substantial increase in the number of SHS clients, following an interim decline during the 2014–15 transitional period. The absolute 2015–16 post-reform client counts are above the 2014–15 level (even with the excluded data gaps for the non-CIMS service providers), based on the available first nine months of the 2015–16 year. The post-reform increase in client numbers are substantially above the general national growth rate estimated at 2.6%, based on 2011–12 to 2014–15 AIHW figures.

Figure 3 also illustrates the proportion of clients who were identified as homeless or at risk of homelessness before and after the reform transition period (orange and blue bars, respectively). These two key groups were relatively stable pre reform and have been partially offset by the declining proportion of clients who are reported as not known.

Table 3 shows the number of clients by client group and age in 2014–15, and preliminary annualised figures for 2015–16. The largest group of clients is families, followed by young people. Notably, the number of young people aged under 15 years presenting alone has increased from 1,268 in 2014–15 to an estimated 1,629 in 2015–16, representing approximately 2.5% of the total clients.[4]This group of clients is particularly difficult for SHS to support, as described in section 4.2.1.

Table 3: SHS clients in NSW by client group and age for 2014–15 and 2015–16 (CIMS)

	2014–15		2015–16	
Client category	Clients	Clients %	Clients	Clients %
Young people	**11,785**	**25.7%**	**15,311**	**22.1%**
15 – 24 years	10,517	22.9%	13,681	19.7%
Under 15 years	1,268	2.8%	1,629	2.3%
Single men (25 years +)	**6,533**	**14.2%**	**10,653**	**15.4%**
Single women (25 years +)	**9,401**	**20.5%**	**14,404**	**20.8%**
Families	**17,559**	**38.3%**	**28,464**	**41.0%**
Under 15 years	9,753	21.3%	14,929	21.5%
15 – 24 years	2,845	10.1%	8,192	11.8%
25+	4,642	6.2%	4,895	7.1%
Age missing	319	0.7%	448	0.6%
Unknown, missing data	611	1.3%	523	0.8%
Total	**45,889**	**100.0%**	**69,355**	**100.0%**

Source: CIMS 2014–15 and 2015–16 annualised full year figures for preliminary reference.

Note: Figures are based on reporting period data, and sample sizes vary for each year in line with the number of clients per client group. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition.

4.1.2 Number of clients receiving support across client groups

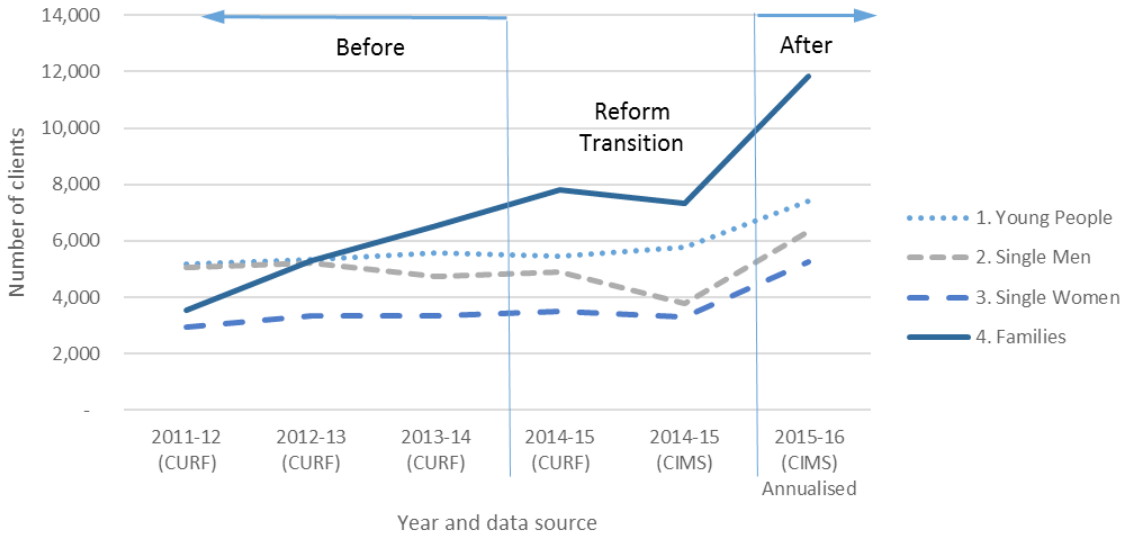
Overall, the AIHW and CIMS data show a significant post-reform increase in the number of SHS clients in all target client groups of young people, single men, single women and families. Based on preliminary 2015–16 data, an increase in client numbers was seen across all four target client groups, with families having increased by a relatively higher proportion, indicating a changed composition in post-reform client mix. These increases are notable for both homeless clients and those at risk of homelessness (as presented in Figure 4 and Figure 5).

The key client categories of young people, single men, single women and families are not separately recorded in the AIHW or CIMS datasets. The client target groups were derived during the Early Review based on previously established rules utilised by FACS in 2011–12, which were then replicated across the eight pre- and post-reform datasets.[5] In line with the limitations presented in the methodology, these derived categories are presented as preliminary supplementary dimensions in the Early Review.

4 2.8% in 2014-15 and 2.3% in 2015-16

5 The client categories of young people, single men, single women and families were derived using rules based on a combination of multiple fields, including identifiers for young people alone, family type, gender and age group.

Figure 4: Homeless clients by target group before and after reform transition

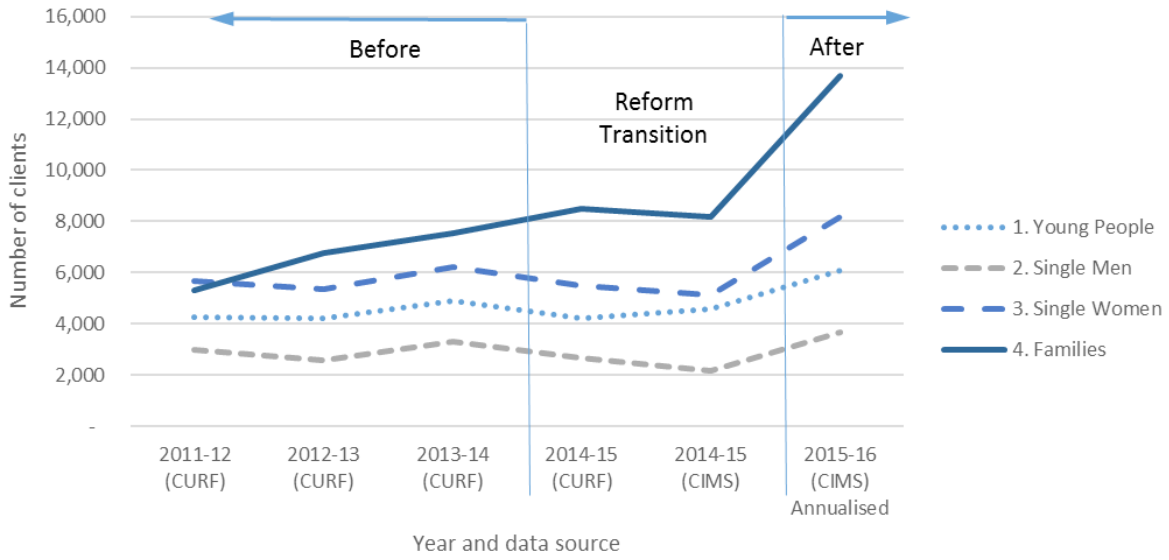


Notes: Figures based on CURF client-weighted counts and CIMS absolute client figures.

Sample sizes vary for each year and data source, in line with the number of clients per year. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition.

Although these preliminary post-reform figures are based on CIMS data only (excluding the two SHS providers that do not use CIMS), given the scale of post-reform client number increases across all target client groups, it is plausible to expect that many client subgroups have undergone similar significant increases in post-reform service access.

Figure 5: At risk of homelessness clients by target group before and after reform transition



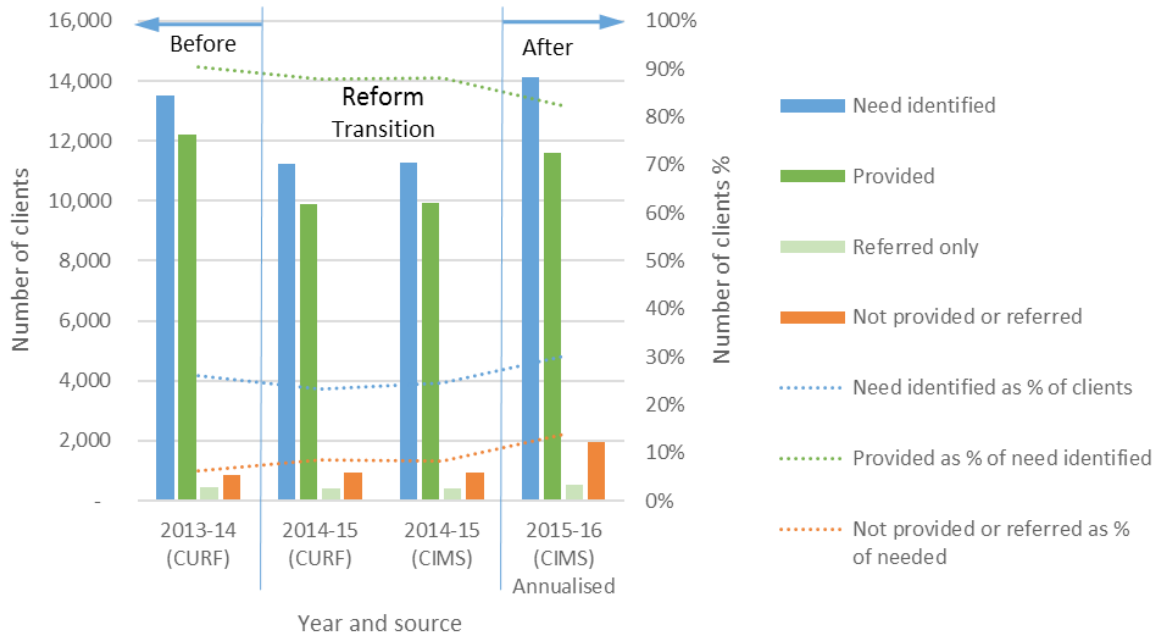
Notes: Figures based on CURF client-weighted counts and CIMS absolute client figures.

Sample sizes vary for each year and data source, in line with number of clients per year. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition.

Women and children escaping DFV

The preliminary AIHW CURF and CIMS data indicate a moderate increase since the reform in assistance for women and children escaping DFV, as shown in Figure 6. This trend is consistent with the wider SHS increase in client need identified post reform (blue bars), with a proportionally moderate increase in services provided (green bars). The combination of increased demand for DFV support, with a proportionally lower increase in services provided or referred, indicates slightly reduced support as a proportion of client need (green dotted line). This trend is also reflected in the unmet need for DFV services, which has increased from 839 clients in 2013–14 (6.2%) to an estimated 1,955 clients in 2015–16 (13.9%) (orange dotted line).

Figure 6: SHS assistance for DFV before and after reform transition



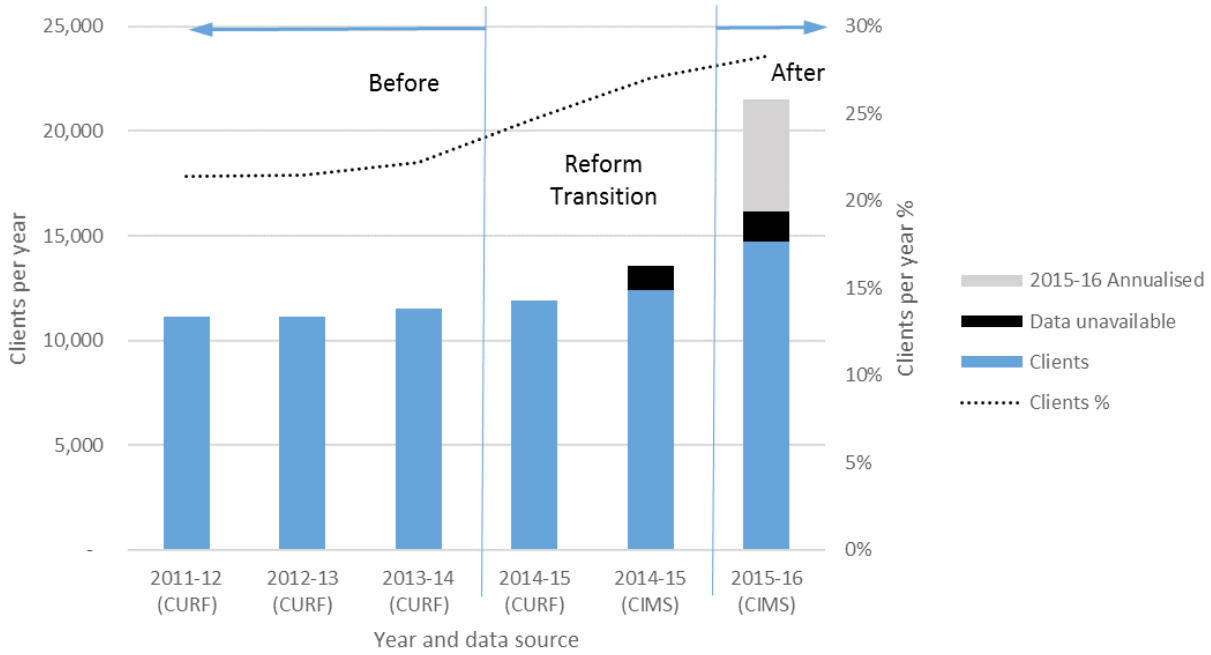
Notes: Figures based on CURF client-weighted counts and CIMS absolute client figures.

Sample sizes vary for each year and data source, in line with the number of clients per year. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition.

Aboriginal people

The preliminary CIMS data indicate SHS assistance for Aboriginal people substantially increased in the 2015–16 post-reform period, as shown in Figure 7. Consistent with other client groups and support figures overall, the pre-reform client numbers for Aboriginal people are relatively stable during the pre-reform years from 2011–12 to 2013–14. Similar to other client groups, these aggregate increases require further assessment once the complete post-reform datasets are available, to examine service need and delivery by location and the mix of service types requested, provided and unmet. Service planning for Aboriginal SHS clients also relates to the resource allocation model work undertaken as part of the reform planning, which has not been reviewed as part of the Early Review.

Figure 7: SHS assistance for Aboriginal clients before and after reform transition



Notes: Figures based on CURF client-weighted counts and CIMS absolute client figures.

Sample sizes vary for each year and data source, in line with the number of clients per year. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition. Pre-reform CURF is based on available 'indigenous ever reported' data item.

4.1.3 Capacity to meet the immediate needs of key client groups

Three of the review sub-questions are:

- Is the SHS system able to respond to the immediate needs of the key client cohorts, including young people, women and children escaping DFV, and Aboriginal people?
- What are the key barriers or enablers to implementing the new service responses?
- What are some examples of success and innovation?

Summary of key findings in relation to capacity to meet the needs of key client cohorts

There were a number of similar findings for each of the key client cohorts of young people, women and children escaping DFV and Aboriginal people. Specific findings are detailed in the sections below, with a summary of findings as follows:

- There were no strong findings from the service provider survey that the reform had improved or worsened capacity when asked about the impact of the reform on the capacity of services to meet the needs of these client groups,. For each client group, between one-third and two-thirds of respondents indicated that the reform had made no difference to their capacity to support clients. There was a fairly even split between those saying it had either improved or worsened capacity.
- The importance of expert, specialist support to meet the needs of each of these client groups was emphasised in surveys and interviews. Negative responses about the impact of the reform highlighted the loss of specialist expertise. Agencies are funded to support these client groups; however, interview and survey respondents emphasised the need for cohort expertise rather than 'generalist' support. Connected to this, respondents also talked about the importance of expertise in trauma-informed care and addressing complex support needs.

The majority of service providers reported supporting these client groups, and most of those said they had been supporting them prior to the reform. These findings suggest that the majority of providers are not new entrants to the field, a counterpoint to concerns that the reform has driven out existing providers and replaced them with agencies with no experience in SHS delivery.

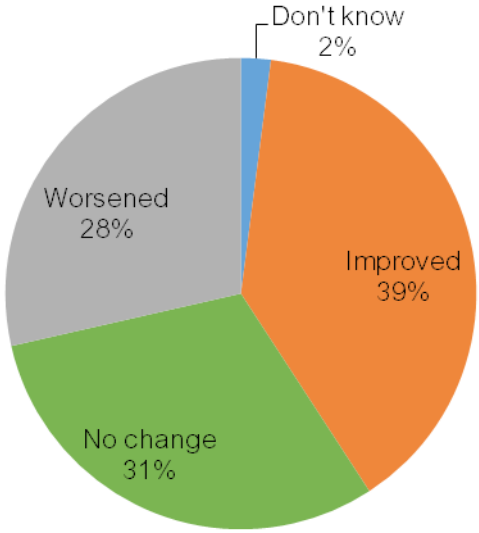
Interviews with clients (Appendix C) also indicate similarities in the experiences of support received by different groups of clients, specifically young people, women and children escaping DFV and people in inner city Sydney who had experienced homelessness. Clients from all of the groups said that securing stable accommodation enabled them to begin to identify and address a range of other issues that often precipitated their homelessness, and that SHS supported them with this. They reported receiving a lot of practical assistance with finding furniture, clearing debt, transport to appointments, access to counselling and advice on financial support.

Young people

SHS providers and other stakeholders were asked (in surveys and interviews) about their views on the housing support provided to young people and whether there was any difference made by the reform.

Similar proportions of service providers indicated that the reform had made a positive difference, a negative difference, or no difference. Among respondents whose organisation was supporting young people at the time of the survey and two years prior, 19 felt the reform had improved their organisation's capacity, 14 felt their capacity had worsened and 15 felt it had not changed (Figure 8).

Figure 8: Change in capacity of service providers to provide housing support to young people who are homeless or at risk of homelessness after reform

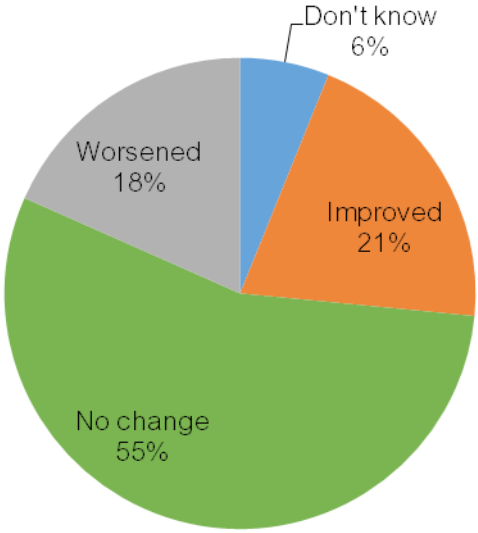


Source: Service provider survey, n = 49

Service providers that support young people were also asked if the reform had changed the relationships and connections between youth services and other types of services, and again similar proportions felt that it had improved, worsened or made no difference to these.

Among respondents whose organisation was supporting young people at the time of the survey and two years prior, a greater number (n = 21) felt that the reform had not changed the relationships and connections between youth services and other types of services than those who felt it had worsened (n = 9) or improved (n = 10) them (Figure 9).

Figure 9: Change in capacity of service providers to offer support in an accessible and youth-friendly manner after reform



Source: Service provider survey, n = 49

When asked about how well the service system was meeting the needs of young people, many responses related to service capacity problems where the reform has not made significant inroads, especially for the availability of affordable housing. Comments on this topic included the lack of transitional housing suitable for young people (as many properties are intended for families), the affordability of private rental properties for young people not in the workforce and the growing demand for crisis accommodation for young people aged under 18 years:

> *Young people who are on Youth Allowance just can't get accommodation, you know, between the ages of 16 and 18. But if you're in your early 20s you still can't afford accommodation. That hasn't changed. So the youth are still couch surfing. They're still out there. They're still homeless. There's not much we can do in terms of trying to get them accommodation. (Hunter New England District)*

Although most responses relating to accommodation indicated the reform had not affected availability, some focus group and interview respondents reported a decline in youth-specific accommodation as a result of the reform.

Of the examples of success and innovation described by service providers, the majority were not directly related to the reform or SHS, although SHS contribute to the service networks and relationships that are critically important to new programs and initiatives. One initiative reportedly showing promise is the Youth Private Rental Subsidy scheme, which provides a contribution towards rent and tenancy support. This scheme is available in the Hunter, Tamworth, Orange, Bathurst and Penrith/Blue Mountains, and has been introduced in south eastern Sydney. Another initiative, in inner city Sydney, is a partnership between City of Sydney Council and the Salvation Army. The council forgoes market rent to enable the Salvation Army Youth Support Network to provide transitional accommodation services for young people aged 16 to 25 years.

One change that respondents did attribute to the reform is regarding the nature of support provided. For example, SHS providers said that service packages include client target numbers, which may result in more people receiving a service but for shorter periods. In some cases, this was described as a negative consequence and 'pushing people through', while others regarded it as a positive outcome. In the non-Sydney case study sites in particular, providers described expanded capacity to respond to clients' needs:

> *Where we've seen success in is actually seeing … clients through their support periods. So rather than putting them on timeframes, be able to support them into the refuge. We've had a few that have come to the refuge, then we've moved to our transitional accommodation and then support them from there into their independent living and support onwards. … From where we just had the refuge and we'd just see them accommodated, we're now able to see their whole journey and keep them moving forward; so that's been good. (Hunter New England District)*

> *After having delivered the youth-focused homelessness program and very soon realising that there's a far broader group of people that need support in securing safe, secure and sustainable housing, the reform couldn't have come at a better time … We no longer were restrained, I guess, by a very tight eligibility, which was anyone under the age of 24. So, for us it was very exciting when the reform informed this type of funding that enabled us to support anyone. (Western NSW District)*

Meeting the needs of two particular groups of young people is very challenging for SHS providers: those with complex support needs, often associated with disrupted placements in out-of-home care; and those who are very young. The latter should theoretically be part of the child protection system; however, none of the respondents regarded out-of-home care as feasible. Those young people who are in both categories—under 18 with complex support needs—are especially challenging for services. SHS providers described significant challenges in supporting young people with behaviour that put them or other people at risk, especially in refuge and group accommodation.

However, a number of respondents said the reform has shifted practice towards restoration and building family relationships, and specialist support for young people leaving out-of-home care. They said this also requires working with agencies in other sectors to redefine positive outcomes, for example, a community housing tenancy that ends because a young person has been restored to their family should be regarded as a success rather than a failed tenancy.

Similarly, the developmental needs of young people were also described as a reason why sustained or repeated contact with a service could be a positive rather than a negative outcome:

> *But with young people, you might get them into that independent housing but it's like when your kids leave home they keep on coming back. They have goes, they have attempts. And if you were outcomes measuring that, you'd say it was a failure that the tenancy had broken down. But to the service they'd say that's actually a success because we've built a relationship with that young person and, over time, over ten years or something or other, it's going to result in them being independent. (Non-SHS stakeholder)*

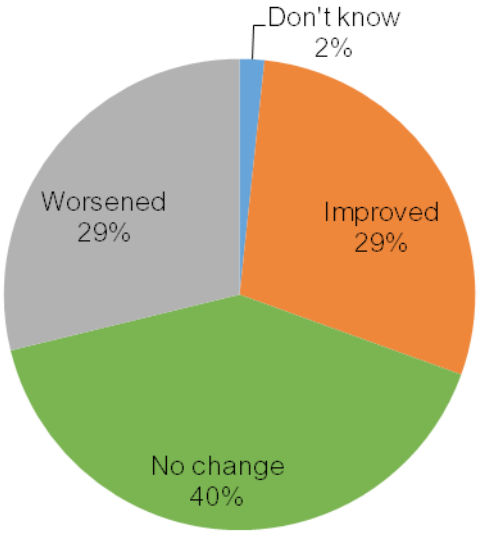
Given these developmental needs, the questions of how long young people should be supported, and how long this support should be provided by SHS, are very important to providers. Similar concerns were expressed by providers and stakeholders in other sectors, particularly DFV.

Women and children escaping DFV

SHS providers and other stakeholders were asked, in surveys and interviews, about their views on the support provided to women and children escaping DFV and whether any difference had been made by the reform.

Among the respondents whose organisation was supporting women and children escaping DFV at the time of the survey and two years prior, two-fifths (n = 24) did not feel the reform had changed their capacity to enable this group of clients to find or maintain safe and stable accommodation, and there was an even split between those who felt the reform had either improved or worsened their capacity (n = 17) (Figure 10).

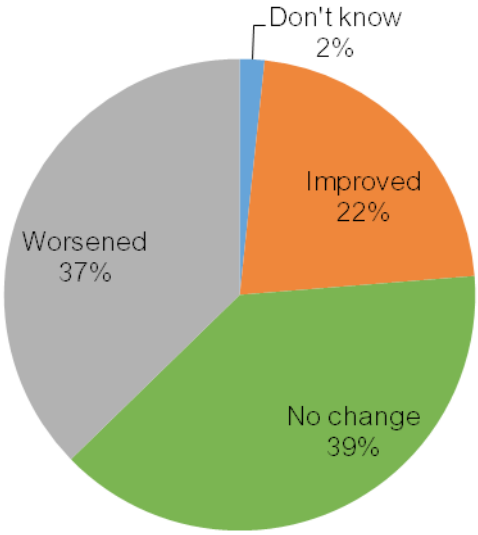
Figure 10: Change in capacity of service providers to assist women and children escaping DFV to find or maintain safe and stable accommodation after reform



Source: Service provider survey, n = 59

Among respondents whose organisation was supporting women and children escaping DFV at the time of the survey and two years prior, similar proportions felt the reform had not changed the service system's capacity to support this group of consumers (n = 23) as felt that the reform had made things worse (n = 22). One-fifth (n = 13) felt that the service system's capacity to support this group of clients had improved (Figure 11).

Figure 11: Change in provision of support by service providers to women and children who have experienced DFV after reform



Source: Service provider survey, n = 59

The GHSH reform introduced changes to the funding of women's refuges, which were contested and extremely distressing for the DFV sector, especially in Sydney. This is reflected in the interview samples, which had more representatives of the DFV sector than any other, and the data from interviews and surveys. The impact of the reform on DFV services, especially women's refuges, was one of the most frequently cited topics in interviews, and there were more 'negative' coded comments on this topic than any other, for example:

> *There used to be 60+ specialist child support workers in NSW attached to women's refuges to work with children. There are maybe a handful now. It's a disaster. (Service provider survey)*

> *It will take years to build up the collective experience again […] Please never, ever decimate the sector like this again! (Service provider survey)*

However, as noted above, survey respondents were as likely to indicate that the reform had improved responsiveness to women and children escaping DFV as they were to say it had worsened it. Those interviewees who were positive about the impact of the reform on DFV service provision were often those whose capacity has expanded with their service packages (just as a number of those who were negative had lost properties and/or changed the type of support they deliver as a result of the funding changes).

The interviews and open-ended survey comments discussed this negative impact in three interconnected ways:

- Loss of specialist services, i.e. a significant number of staff with experience and specialist expertise in DFV has reportedly left the sector. This loss of expertise was described in other sectors as well; however, for DFV services the loss of not only workers but positions (for example, specialist child support workers) was specified as an important barrier to effective support.
- Loss of capacity for women's refuges to carry out community development and awareness activities, and provide services such as counselling, transport and specialist therapeutic programs. It should be noted in this context that support for women escaping DFV is also available through programs other than SHS, and that SHS and SSF providers in some areas are funded to provide counselling and casework support (in some cases these agencies were women's refuges prior to the reform). The argument from service providers that these services are no longer funded is therefore unlikely to be reflected in allocated funding; however, support services appear to be fragmented rather than integrated in some areas, although this is reportedly improving. This is caused in part by professional relationships and networks having been significantly disrupted by the reform, with a corresponding impact on referrals and coordinated support. Delays in the roll out of new DFV funding were also reported in stakeholder interviews.
- 'Mainstreaming' of DFV support. This has two dimensions: the first is that women escaping DFV, and their children, are now accommodated in the same housing as women who are experiencing homelessness for other reasons, for example, mental health problems and alcohol and other drug problems. Services that regard themselves primarily as DFV services rather than homelessness services argued against this, saying that people who have experienced DFV need trauma-informed care and the presence of clients who may be aggressive or violent does not support trauma-informed care.[6] The second dimension of 'mainstreaming' is that services that historically supported women escaping DFV, and their children, are now contracted to support other groups of people, and agencies without an established record in supporting women escaping DFV, and their children, are now doing so.

The reform caused considerable disruption to some service providers and to relationships between service providers, more than is usual for human services policy change. While the majority who talked about this agreed these relationships are now starting to be repaired, the impact on individual agencies and staff of the awarding of tenders is still clearly being felt and it is highly likely that this also had an impact on the quality of service coordination and service delivery. A number of interviewees expressed a lack of confidence in local

6 Interviewees also acknowledged that women with mental health and alcohol and other drug problems can benefit from trauma-informed care

services with which they were supposed to work, and also said they were not receiving referrals from them. While this disruption occurred state-wide across the sector, it appears that tensions were especially high in the DFV sector in Sydney.

These divergent views are strongly held; however, there is very little baseline information on areas in which the reform was expected to make improvements, including support for women and children escaping DFV. This makes it extremely challenging to determine the impact of the reform, and for different stakeholders to substantiate their arguments. For this reason, among others, there was strong support in interviews and focus groups for better evidence on client outcomes to be collected and made available.

Conversely, interviews with clients (Appendix C) indicate high levels of satisfaction with the support received by women and children escaping DFV. Although these findings are not outcome measures for the reform, they do illustrate the experiences of clients, the nature of support received and the value of SHS to them. Clients described SHS staff as respectful, sensitive and reassuring, and who did their utmost to put them at ease. They described a range of supports they were able to access, including counselling, assistance with budgeting, transport assistance, English lessons and assistance with finding schools and childcare.

When asked about the types of support that should be provided to other women in their circumstances, clients emphasised that financial support would make a critical difference in enabling women to leave a violent relationship and it is important this information is communicated well. They also emphasised the importance of providing women with independent living skills and ongoing support to prevent them returning to violent relationships.

An important contextual factor is the increasing public awareness and concern for DFV, which is driving demand for services:

> *There's increasing awareness […] of the specific needs of women, either with or without children, who are leaving domestic violence; the awareness about this stuff has got better. […] Even before the Going Home Staying Home reform happened, more than one in two women were turned away. That was Australia-wide. Now, I see, with the awareness that's been created in the last eighteen months to two years, the demand is only increasing. (Non-SHS stakeholder)*

There was strong consensus on this point, which was highlighted in interviews with stakeholders who had otherwise quite different views about the reform.

Aboriginal people

SHS providers and other stakeholders were asked, in surveys and interviews, about their views on the support provided to Aboriginal people and whether any difference had been made by the reform.

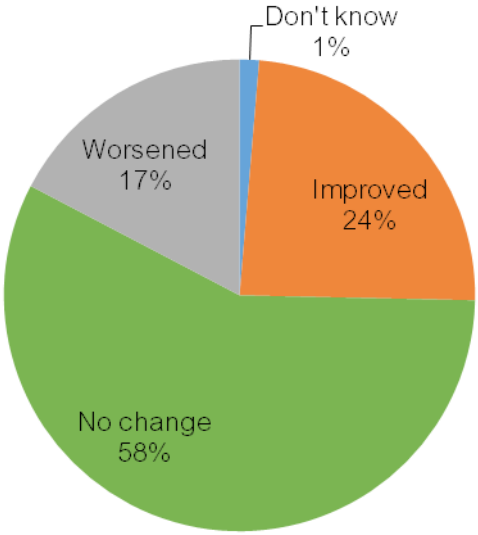
A significant influence on the reform is the very high rate that Aboriginal people experience homelessness relative to other groups. The AIHW notes:

> *Aboriginal and Torres Strait Islander people continue to be over-represented in both the national homeless population and as users of specialist homelessness services. Aboriginal and Torres Strait Islander people make up 3% of the Australian population, yet they made up 23% of those accessing specialist homelessness services in 2014–15 […] The number of Indigenous clients has been steadily increasing since the beginning of the SHS collection in 2011–12. (AIHW 2015a)*

Both of these national trends of an over-representation of Aboriginal clients and an increase in numbers over time are evident in NSW.

Among the respondents whose organisation was supporting Aboriginal people at the time of the survey and two years prior, over half (n = 43) did not feel the reform had changed their capacity to enable this group of clients to find or maintain safe and stable accommodation, and slightly more (n = 18) providers felt the reform had improved capacity than had worsened it (n = 13) (Figure 12).

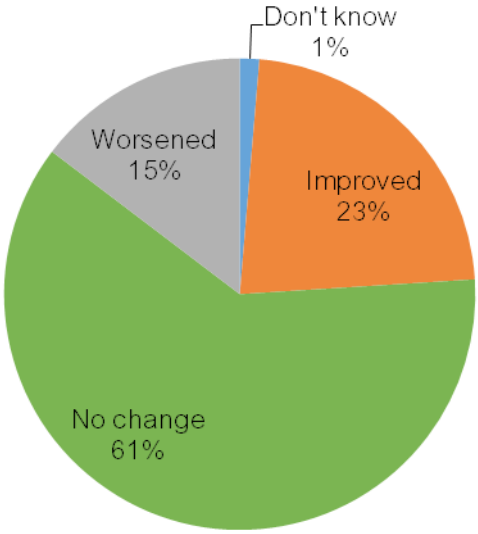
Figure 12: Outcome of reform on the capacity of service providers to support Aboriginal men, women, children and families to find or maintain safe and stable accommodation



Source: Service provider survey, n = 75

Among respondents whose organisation was supporting Aboriginal people at the time of the survey and two years prior, three-fifths (n = 46) felt the reform had not changed their organisation's capacity to provide other types of support for Aboriginal people, almost a quarter (n = 17) felt their capacity had improved and almost 15% felt their capacity had worsened (Figure 13).

Figure 13: Change in capacity of service providers to offer other types of support for Aboriginal men, women, children and families after reform



Source: Service provider survey, n = 75

The survey asked service providers to comment on the capacity of the service sector as well as their own individual agency. Among respondents whose organisation was supporting Aboriginal people at the time of the survey and two years prior, over half (n = 41) felt the reform had not changed the capacity of the service system to provide culturally safe, client-centred support. Of those who thought it had changed the capacity of the service system, more (n = 17) providers felt the reform had improved it than had worsened it (n = 11).

The survey also asked service providers to comment on relationships and partnerships between Aboriginal services and other services. Among the respondents whose organisation was supporting Aboriginal people at the time of the survey and two years prior, over half (n = 40) felt the reform had not changed these relationships and connections. Of those who thought these had changed, more (n = 17) providers felt the reform had improved relationships and connections than had worsened them (n = 13).

Interviews and responses to the open-ended survey questions discussed the responsiveness of SHS to Aboriginal people and families. In the inner Sydney case study site, the absence of Aboriginal specialist services was repeatedly noted as a critical gap, especially as approximately 20% of people experiencing homelessness are Aboriginal.

There are services specifically for Aboriginal people in other areas; however, some of these are not managed by Aboriginal organisations. In some cases, agencies that were supporting other groups prior to the reform are now delivering services only to Aboriginal people. Interviewees talked about the need for effective collaboration between Aboriginal and non-Aboriginal organisations but said this is not happening everywhere. Respondents also argued that insufficient resources have been provided to build capacity in Aboriginal services and to build cultural safety and competence in non-Aboriginal organisations:

> *[GHSH has] so much detail in terms of how service delivery should be provided [but] there's nothing in that space really around how to work with Aboriginal communities, how to ensure that if you're in a broad package how you even prioritise that and what the expectations might be around all of that. (Non-SHS stakeholder)*

Respondents who were negative about the reform described a range of negative effects. For example, one provider said that service responsiveness to Aboriginal women and children escaping DFV was worse than prior to the reform, with children more likely to be removed from their mothers because of child protection concerns.

However, other respondents were positive about the reform, indicating an increased capacity to respond through, for example, the employment of Aboriginal support workers and as a result of JWAs working efficiently.

There was broad support for the strengthening of Aboriginal controlled organisations, including in prevention and early intervention. However, there do not seem to be many established or significant initiatives that have made progress towards this.

4.1.4 Development needs and next steps

Based on findings from stakeholder and service provider interviews and surveys, development of information and support is required in a number of areas to support service delivery to key client cohorts:

- Development of a shared understanding of the required skills and capacities of the SHS workforce, and training and development where needed. There are strong concerns that the workforce lacks specialist skills in trauma-informed work and in working with key client cohorts. These concerns are heightened because of significant changes to the workforce in recent years, including the departure of experienced staff.
- Building the capacity of Aboriginal organisations and the cultural safety and competence of non-Aboriginal organisations working with Aboriginal people. JWAs could be a vehicle for this; however, this would require resourcing that does not appear to be currently available.
- Improved data on support provided and client outcomes to determine the capacity of the sector to meet client needs.
- Given the contested views of stakeholders and the gaps in available data, the outcomes evaluation could provide valuable information on this question of whether and where specialist support is available and accessible.

- The SHS system is one part of the response to DFV. Better connections, including data linkage, between SHS and other parts of the service system are necessary to determine the extent of support being provided, its effectiveness and unmet demand.
- In addition to the need for better data to assess whether the immediate needs of key client groups are being met, agreed measures of successful outcomes are required for different groups, as is the capacity of data systems to capture them.

4.1.5 Types of support provided

A high proportion of clients received a range of non-housing support services, with over half of total clients receiving general assistance, including advice, advocacy and other basic assistance, as well as a range of personal development, education and physical and mental health services (Table 4). A high and increasing number of clients received tenancy support (over 40%), with a relatively significant increase in service provided in the post-reform period as presented in the following sections.

Table 4: Primary reasons for assistance post reform

	Clients (n)	Clients %	Clients Annualised
Advice/information	40,837	78.5%	54,449
Other basic assistance	34,714	66.7%	46,285
Advocacy on behalf of client needed	27,792	53.4%	37,056
Long-term accommodation	23,650	45.5%	31,533
Short-term accommodation	21,794	41.9%	29,059
Assistance to sustain tenancy	21,538	41.4%	28,717
Material aid	19,281	37.1%	25,708
Medium-term accommodation	19,153	36.8%	25,537
Financial information	16,388	31.5%	21,851
Living skills/personal development	14,540	28.0%	19,387
Transport	13,140	25.3%	17,520
Assertive outreach	13,081	25.1%	17,441
Family/relationship assistance	13,028	25.0%	17,371
Meals	11,334	21.8%	15,112
Assistance for domestic violence	10,583	20.3%	14,111
Assistance for behaviour problems	6,892	18.4%	9,189
Legal information	9,036	17.4%	12,048
Laundry/shower facilities	8,574	16.5%	11,432
Assistance for trauma	7,802	15.0%	10,403
Assistance with personal belongings	7,557	14.5%	10,076
Assistance with government allowances	7,327	14.1%	9,769
Recreation	7,060	13.6%	9,413
Other specialist services	7,052	13.6%	9,403
Educational assistance	6,562	12.6%	8,749
Health/medical services	4,359	11.7%	5,812
Mental health services	5,447	10.5%	7,263

Notes: Based on CIMS 2015–16 data. Presents primary reasons for assistance above 10% of clients.

CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition.

4.1.6 Accommodation support

Summary of key findings in relation to accommodation support

Since the reform was implemented, there has been an increase in the demand for short-, medium- and long-term housing, and a corresponding increase in unmet demand, reflecting in part a shortage of affordable housing across NSW. This is not an outcome that can be attributed to SHS given that many services do not provide accommodation or manages properties; however, it is an important contextual indicator.

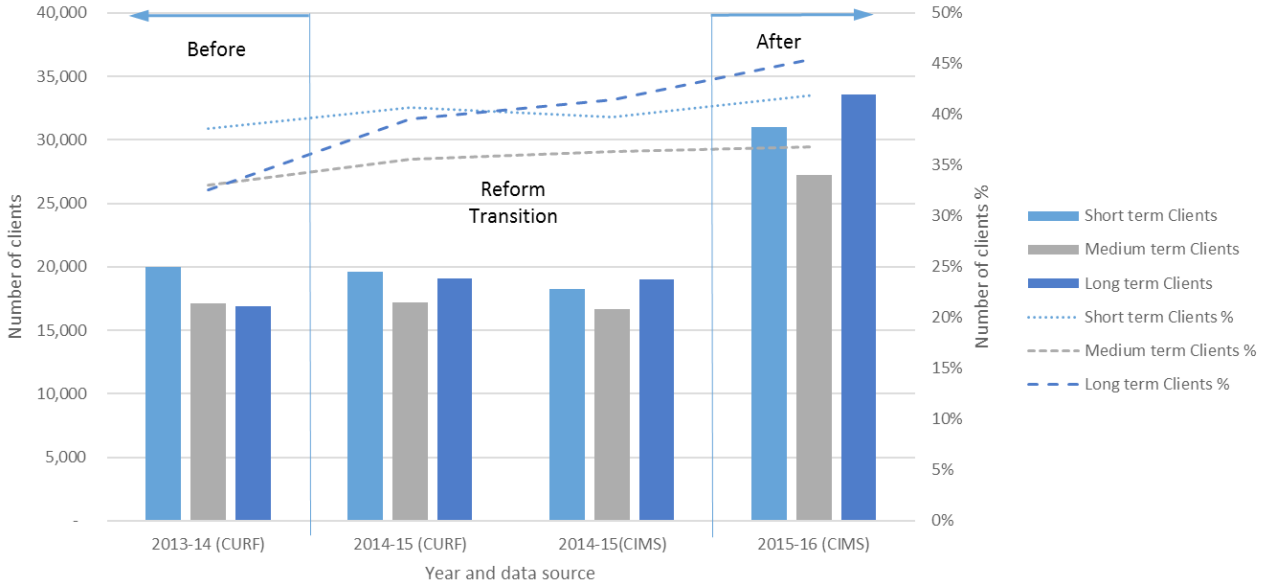
There is an increase in 'referral only' responses. This is likely to be driven in part by the introduction of No Wrong Door and Initial Assessment tools, which should provide clients, at a minimum, with information and referrals from the first service with which they come into contact with.

In contrast to accommodation support, the increased demand for activities in sustaining tenancy has been met with comparable increases in services provided, as services have increased capacity to meet increased need. This is indicated by the relatively lower levels of post-reform unmet need for these support services.

Changes in accommodation need over time

From 2013–14, the recording of accommodation services was changed in the AIHW datasets to separate service responses into short-, medium- and long-term accommodation support groups. In line with the overarching increase in preliminary post-reform clients, identified accommodation need in 2015–16 increased across each of the short-, medium- and long-term timeframes. The figures available include one year of pre-reform CURF data with the overlapping reform transition period, followed by the first available annualised 2015–16 clients (as presented in Figure 14). In addition to the pronounced increase in need for post-reform accommodation support (shown as bars on the left-hand scale), there is an established trend in the percentage of clients needing accommodation across the short-, medium- and long-term, indicating increasing year-on-year demand (shown as dotted lines on the right-hand scale).

Figure 14: Short-, medium- and long-term accommodation needs before and after reform transition



Notes: Figures based on CURF client-weighted counts and CIMS absolute client figures.

Sample sizes vary for each year and data source, in line with the number of clients per year. CIMS client numbers include estimate to adjust for two service providers currently using separate internal systems established prior to the reform transition. Figures for 2015–16 have been annualised on a linear basis.

Against this backdrop of increasing accommodation need, the following sections incorporate the services provided, referred or unmet, pre- and post-reform transition. In addition to the annual comparative client numbers presented, and when complete post-reform datasets are available, the reporting period datasets will allow future analysis of homelessness patterns (for example, episodic, transient or chronic), housing pathways, receipt of support services (for example, temporary one-off contact, continuous extended duration support or intermittent contact) and long-term outcomes (Kuhn and Culhane 1998; McAllister et al. 2011).

The duration and pattern of client support provides pathway context to before and after reform transition figures, and distinguishes total duration of support where this results from multiple separate support episodes. However, the nine months of post-reform CIMS data available at the time of the Early Review is not sufficient to assess these longer-term client outcomes, which will be a central component of the planned phase two outcomes and economic evaluation (see Figure 1).

Each of the following figures present accommodation need (blue bars), services provided or referred (dark and light green bars, respectively) and unmet need with no response provided or referred (orange bars). Each category is also shown as a year-on-year percentage of need (matching colour dotted lines shown on right-hand scales).

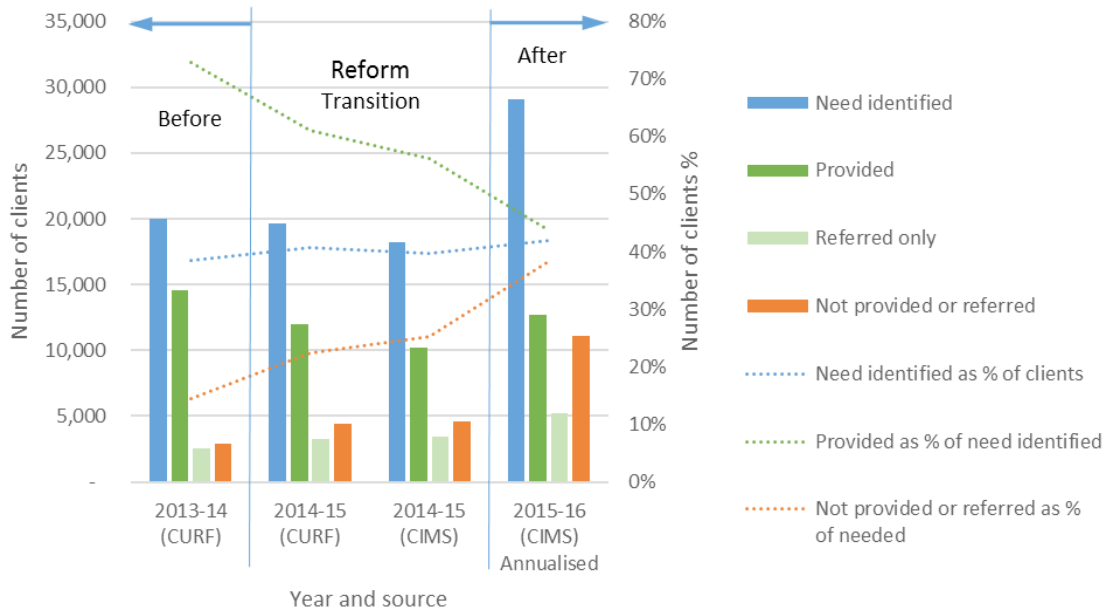
In all cases, the figures include all SHS clients, that is, those experiencing homelessness and at risk of homelessness. As the distribution of services for the unavailable service providers is unknown, adjustments have not been made to the CIMS data for each category. Sensitivity testing indicates that the understatement due to the excluded non-CIMS data (approximately 5%) does not materially affect the comparative client numbers or the trends in percentage of these core high-demand services.

Short-term accommodation responses

The proportion of SHS clients identified as needing short-term accommodation support has remained relatively stable before and after the reform transition period at approximately 40% of clients each year (Figure 15 – blue dotted line). However, the short-term accommodation services provided have declined slightly in the number of clients assisted, with a marginal increase in post-reform delivery (green bars). This increased demand in the number of clients accessing SHS relative to the limited short-term accommodation available is reflected in the declining annual services provided in terms of the percentage of need identified (from 73% in 2013–14 to approximately 40% in 2015–16, green dotted line).

Separate to short-term accommodation provided, referrals have increased post reform (light green bars). In addition, the unmet need where services were not provided or referred reflects the substantially increased demand for short-term accommodation, and has increased annually in the number of clients (orange bars) and the percentage of year-on-year need (orange dotted line).

Figure 15: Short-term accommodation need and response before and after reform transition



Notes: Figures based on CURF client-weighted counts and CIMS absolute client figures.

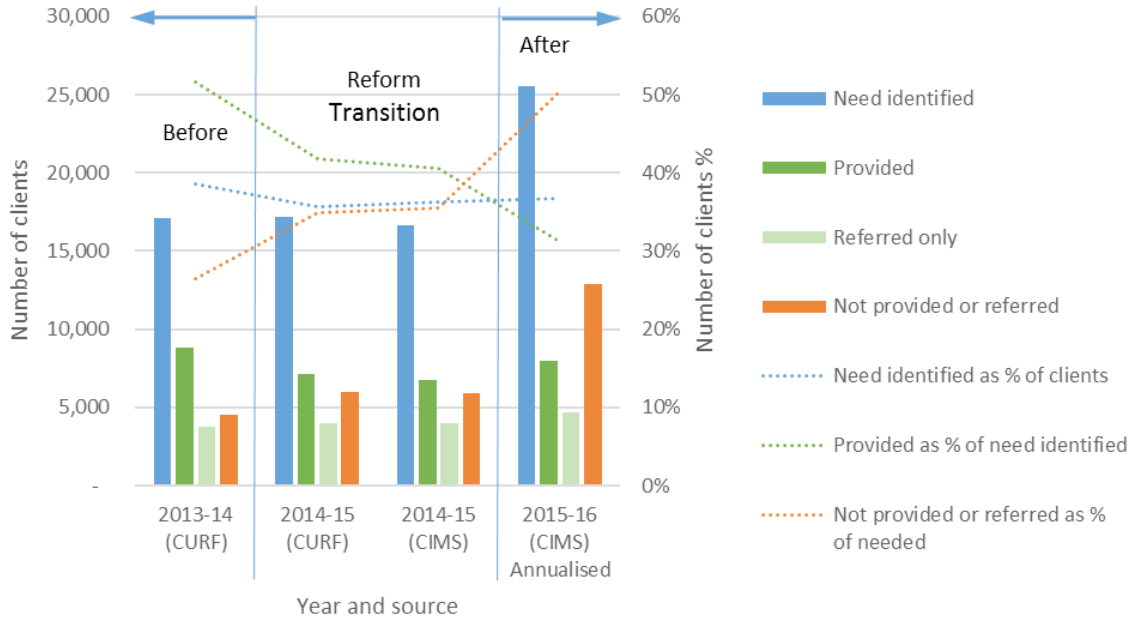
Sample sizes vary for each year and data source, in line with the number of clients per year. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition.

Medium-term accommodation responses

Similar to short-term accommodation, medium-term responses show an increase in demand for services post reform (blue bars – Figure 16), with slight increases in services provided (dark green bars). The proportion of clients in need of medium-term accommodation support has also remained relatively stable before and after the transition period, at below 40% of clients each year. Similar to short-term services, the annual services provided have declined more substantially in terms of the percentage of need identified, from 52% in 2013–14 to approximately 31% in 2015–16, again reflecting the increased demand against the medium-term accommodation available (green dotted line).

Medium-term referrals have also increased post reform (light green bars). In addition, the unmet need for medium-term accommodation increased in the preliminary figures, again reflecting the significantly increased demand for accommodation, which increased each year in the number of clients (orange bars) and the percentage of annual need (orange dotted line).

Figure 16: Medium-term accommodation need and response before and after reform transition



Notes: Figures based on CURF client-weighted counts and CIMS absolute client figures.

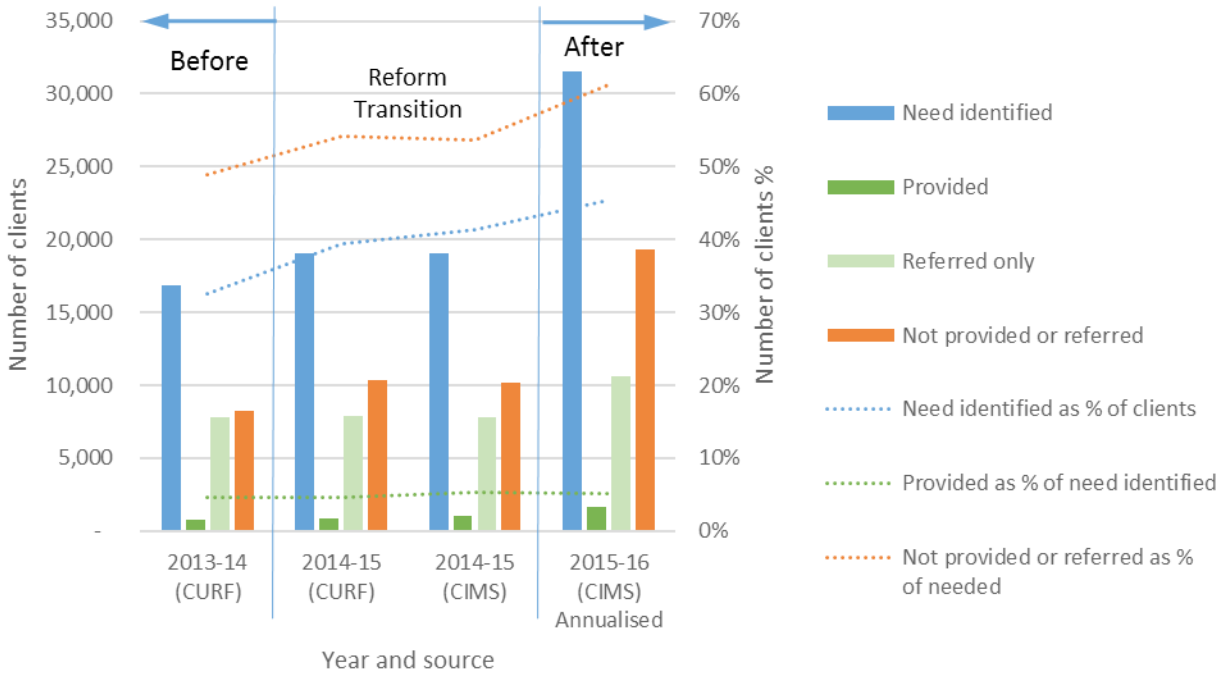
Sample sizes vary for each year and data source, in line with the number of clients per year. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition.

Long-term accommodation responses

The number of clients in need of long-term accommodation has also increased annually and substantially in the initial Early Review figures (blue bars – Figure 17) and in terms of the percentage of clients (blue dotted line). Given the limited capacity of long-term accommodation responses, the services provided are relatively low and constant, assisting approximately 5% of clients (green dotted line). The number of long-term referrals increased moderately (light green bars), similar to short-term support.

The consistent trend across all accommodation services is the increase in unmet need where services were not provided or referred, again reflecting increased demand for long-term accommodation in the annual number of clients (orange bars) and the percentage of year-on-year need (orange dotted line).

Figure 17: Long-term accommodation need and response before and after reform transition



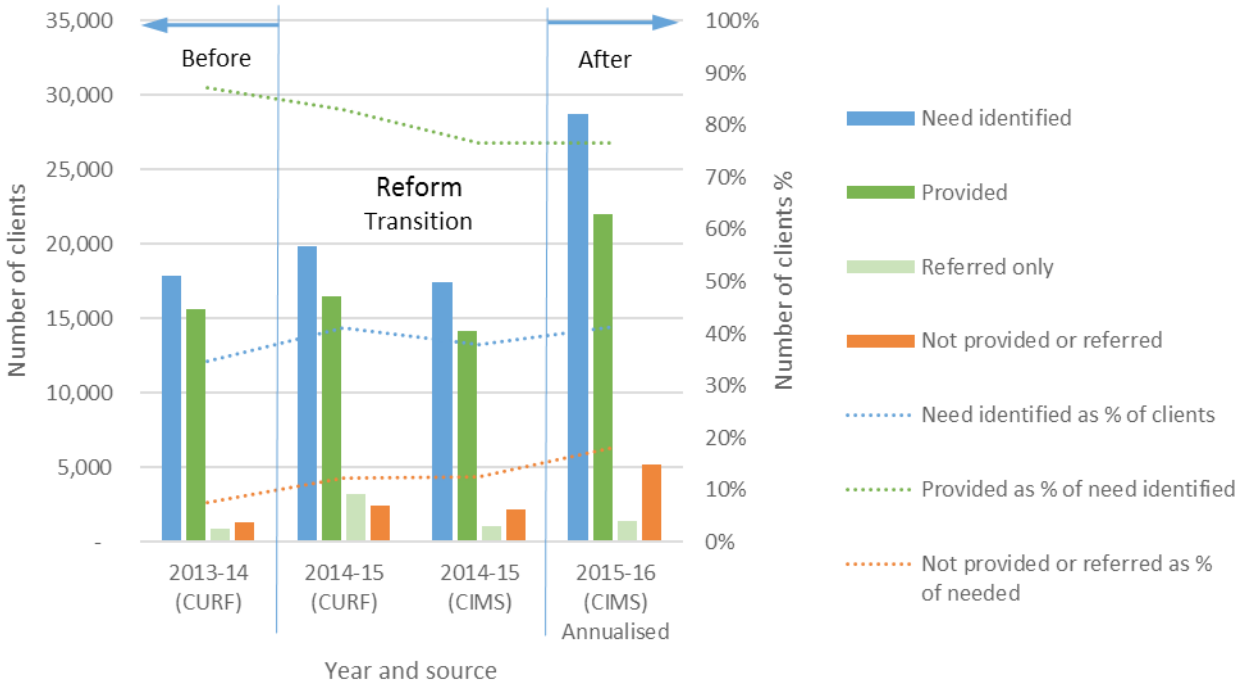
Notes: Figures based on CURF client-weighted counts and CIMS absolute client figures.

Sample sizes vary for each year and data source, in line with the number of clients per year. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition.

Assistance to sustain tenancy

The provision of assistance to sustain tenancies had been increasing prior to the reform transition period and again substantially post reform, based on the preliminary first nine months of 2015–16 CIMS data (as presented in Figure 18). The increased demand for tenancy support has been proportionally met through increased services provided, reflected in a sustained high level of service provided as a percentage of need (above 75% – green dotted line). The comparative increase in post-reform assistance to sustain tenancies has resulted in unmet need remaining relatively low at 18.3%.

Figure 18: Assistance to sustain tenancy before and after reform transition process



Notes: Figures based on CURF client-weighted counts and CIMS absolute client figures.

Sample sizes vary for each year and data source, in line with the number of clients per year. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition.

4.1.7 Support level of effort and client-centred approach

How have 'effort' targets informed service delivery practices for providers?

The SHS packages include targets for clients who need different levels of support, or effort, from the SHS provider. The *Specialist Homelessness Services Practice Guidelines* provides definitions of low, medium and high effort, which relate to the resources required from the SHS provider to support the client (FACS 2014: 35–36). Effort is distinct from need in that a client may have complex support needs but require low effort from an SHS provider because most of their support is being provided by another agency. The guidelines do not specify the duration or intensity of support for each level of effort but indicate that the level of effort will primarily depend on:

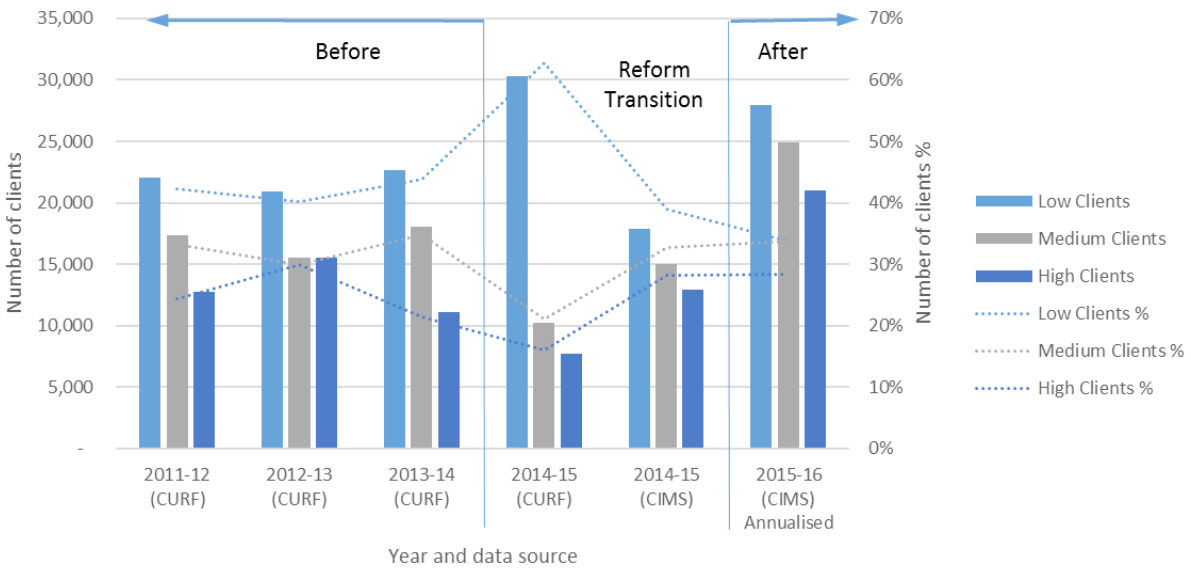
- the number of service activities they require from the SHS provider and the resources required to deliver these services
- the length of time expended by the SHS provider to support the client
- the length of time expended by the SHS provider to coordinate services for the client. (FACS 2014: 35)

Client level of effort categories are not available in the CURF or CIMS data and have been derived based on rules previously utilised by FACS during 2011–12 (Figure 19). These rules have been replicated across the eight pre- and post-reform datasets for preliminary reference of the numbers and proportions of clients categorised as requiring high, medium or low levels of effort.

The figures presented below showing level of effort are preliminary and provide the first available view of client effort. It is also recognised that client level of effort may change a number of times during a service support pathway. These figures were to be compared with level of effort allocations recorded in CIMS; however, the CIMS level of effort data was not available at the time of the Early Review.

The level of effort figures overall indicate a consistent pattern of relatively lower numbers of clients as level of effort increases (as presented in Figure 19). The preliminary post-reform figures suggest a consistent pattern of higher numbers in low effort categories and a return to relatively similar proportions of each level of effort category to those before the reform.

Figure 19: Number of clients by level of effort before and after reform transition



Notes: Figures based on CURF client-weighted counts and CIMS absolute client figures.

Sample sizes vary for each year and data source, in line with the number of clients per year. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition.

The available length of support figures does not indicate support intensity (for example, total hours per support period), which may involve low level support over extended periods or vice versa.

The level of effort categories align with average client support periods (as shown in Table 5), indicating generally longer support durations for clients requiring medium effort and substantially longer support for clients requiring high effort. In line with the limitations in deriving level of effort categories, these figures are presented as initial indicative proportions only, indicating consistently higher average support periods for medium and, in particular, high levels of effort. The figures also reflect the decreasing proportion of clients in higher effort categories with approximately 40% reported as low, 35% as medium and below 30% grouped as high level of effort.

Although there is inherent variation in the types and related durations of SHS support, the average high level of effort support period is consistently two or three times greater than the low level of effort support period.

Table 5: Average client support period length by level of effort (days)

	2011–12 (CURF)	2012–13 (CURF)	2013–14 (CURF)	2014–15 (CURF)	2014–15 (CIMS)	2015–16 (CIMS)
	45	61	69	53	66	69
Medium	76	67	97	107	73	69
High	221	228	204	180	165	151
Total	**99**	**114**	**109**	**85**	**96**	**92**

Note: Based on all open and closed support periods for preliminary reference only

Sample sizes vary for each year and data source, in line with the number of clients per year. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition. Total support period length is shown as a weighted average for general reference.

Responses to interview and survey questions on the implementation of 'effort' requirements in service packages indicated that services find this implementation difficult for a number of reasons. A few service providers said that all their clients were high effort and disputed the concept of low effort altogether; however, a more frequently expressed concern was the feasibility of predicting the proportion of clients who would present to services requiring different levels of effort or of operationalising a quota system for the different levels. As with other aspects of the packages, views about the 'effort' category generally reflected views about the reform more broadly, i.e. those who were negative about the reform were negative about the requirements relating to effort.

Some service providers found the categorisation of client needs in terms of effort useful because it enabled support workers to differentiate and reflect the differences between clients and the different level of support needs the same client may have at different times. However, a couple of the services that were investing time and resources to align their work with the effort categories said that clients may represent different levels of effort at different times and CIMS did not reflect the dynamic nature of support needs.

Are service responses consistent with a 'client-centred' approach?

Service providers had divergent views on whether the reform supports or impedes client-centred support. However, there was a universal commitment to client-centred support and the majority of service providers said that client-centred approaches had always been in place and the reform made no difference to the commitment or practice of agencies in that area.

Client interviews described support that was tailored to their individual needs (Appendix C). This included support arranged by their SHS caseworker and referrals to other organisations. The client survey asked questions relevant to client-centred support. Respondents were asked about the type of support they received (Table 6). The majority (87%) of respondents who were receiving support reported they had a support worker or case manager at the service. The majority (88%) of respondents who were receiving support reported that the service had helped them obtain support from other services.

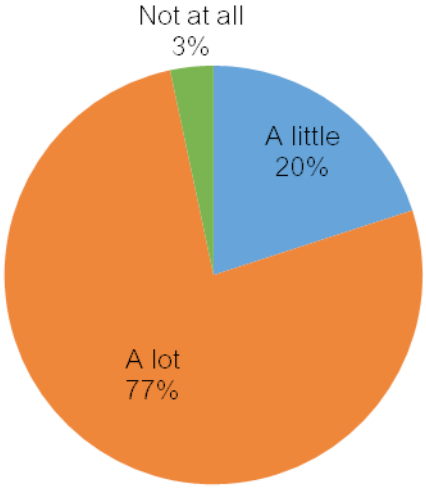
Table 6: Types of support received from homelessness service in NSW

Types of support received	Responses
Support from a worker, e.g. caseworker or support worker	87% (n = 53)
Support to obtain assistance from other services, e.g. Centrelink, health services	88% (n = 52)
Support to meet the requirements at Centrelink or FACS Housing	54% (n = 33)
Advice on entitlements from government agencies, e.g. Centrelink	51% (n = 31)
Crisis accommodation	49% (n = 30)
Assistance to help client stay in own accommodation, e.g. furniture, white goods, safety alarms	43% (n = 26)
Assistance in budgeting, running a household, financial literacy	43% (n = 26)
Support to move into a new house or flat (private rental)	34% (n = 21)
Assistance with housing related debts, e.g. utility bills, maintenance and repairs	31% (n = 19)
Support to move into a new house (social housing)	28% (n = 17)
Employment and education related costs	28% (n = 17)
Transport costs	26% (n = 16)
Medium-term accommodation	25% (n = 15)
Parenting courses or family counselling	21% (n = 13)
Medical and dental expenses	18% (n = 11)
Support for culturally significant courses or events	16% (n = 10)
Legal expenses	12% (n = 7)
Childcare expenses	7% (n = 4)

Source: Client survey, n = 61

Three-quarters (n = 46) of respondents who were receiving support reported that the service had helped them meet their most important needs 'a lot' and a fifth (n = 12) reported that the service had helped them meet their most important needs 'a little'. A small number reported that the service had not helped them at all (Figure 20). See also Appendix C–client interviews.

Figure 20: Service support in meeting clients' most important needs

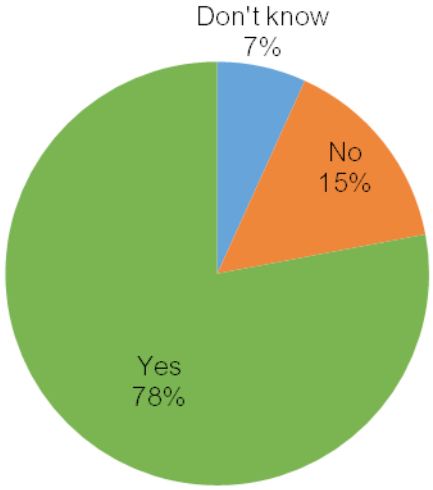


Has this service helped you meet your most important needs?

Source: Client survey, n = 60

Over three-quarters of respondents reported they had choices about the type of support they received (Figure 21). See also Appendix C–client interviews.

Figure 21: Client choice in type of support received



Have you had choices about the types of support you receive?

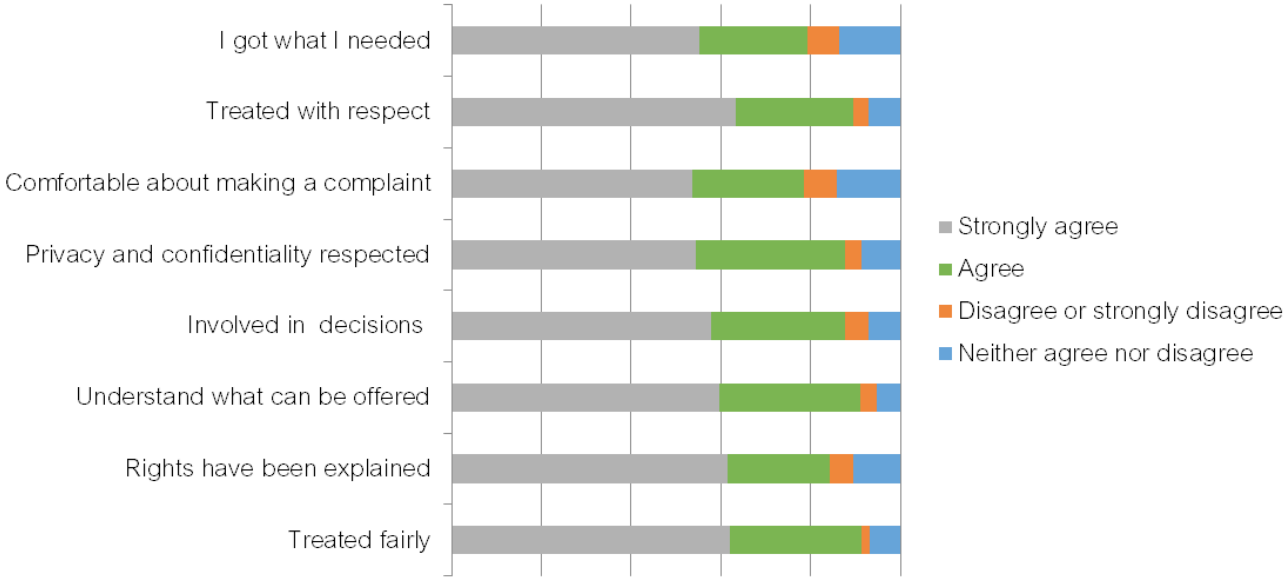
Source: Client survey, n = 60

The client survey asked respondents to indicate their agreement with a number of statements that are relevant to client-centred support:

- I am treated fairly.
- My rights have been explained to me.
- I understand what services can be offered to me.
- I feel I am involved in the decisions and actions that affect me.
- My privacy and confidentiality are respected.
- I feel comfortable about making a complaint if I need to.
- I was treated in a respectful way when I first started with the service.
- I got what I needed.

The majority of clients who responded agreed or strongly agreed with each of these statements (Figure 22). See also Appendix C–client interviews.

Figure 22: Characteristics of support received



Source: Client survey, n = 58

The majority (85%, n = 49) of respondents who were receiving support reported that the service had been communicating effectively with them.

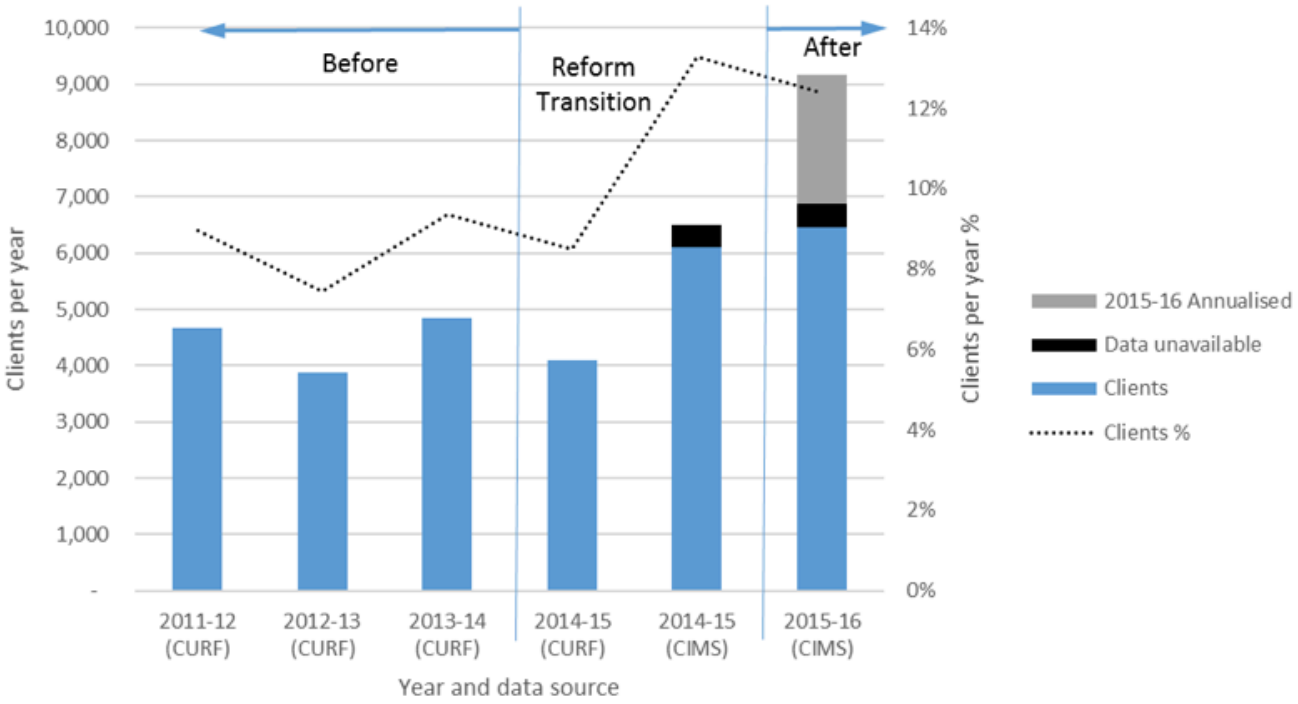
Respondents were asked if they had ever made a complaint about the service. The majority had not made a complaint, and those who indicated they had not made a complaint were asked if they would know how to make a complaint if they needed to. Almost three-quarters (73%, n = 40) said 'yes', over a fifth (22%, n = 12) said 'no' and 6% did not know.

The three respondents who indicated they had made a complaint were asked if their complaint was taken seriously, with one saying 'no' and two saying 'yes'. When asked if their complaint was resolved, one respondent reported 'yes', one reported 'no' and one did not know.

4.1.8 Achievement of case management goals

The preliminary available post-reform data indicate an increase in clients achieving all case management goals (as shown in Figure 23). These figures for 'all' goals achieved are indicative only, given the potential wide variation in the category of 'some' goals achieved where it is not known which goals are being reported.

Figure 23: Achievement of all case management goals before and after reform transition in NSW

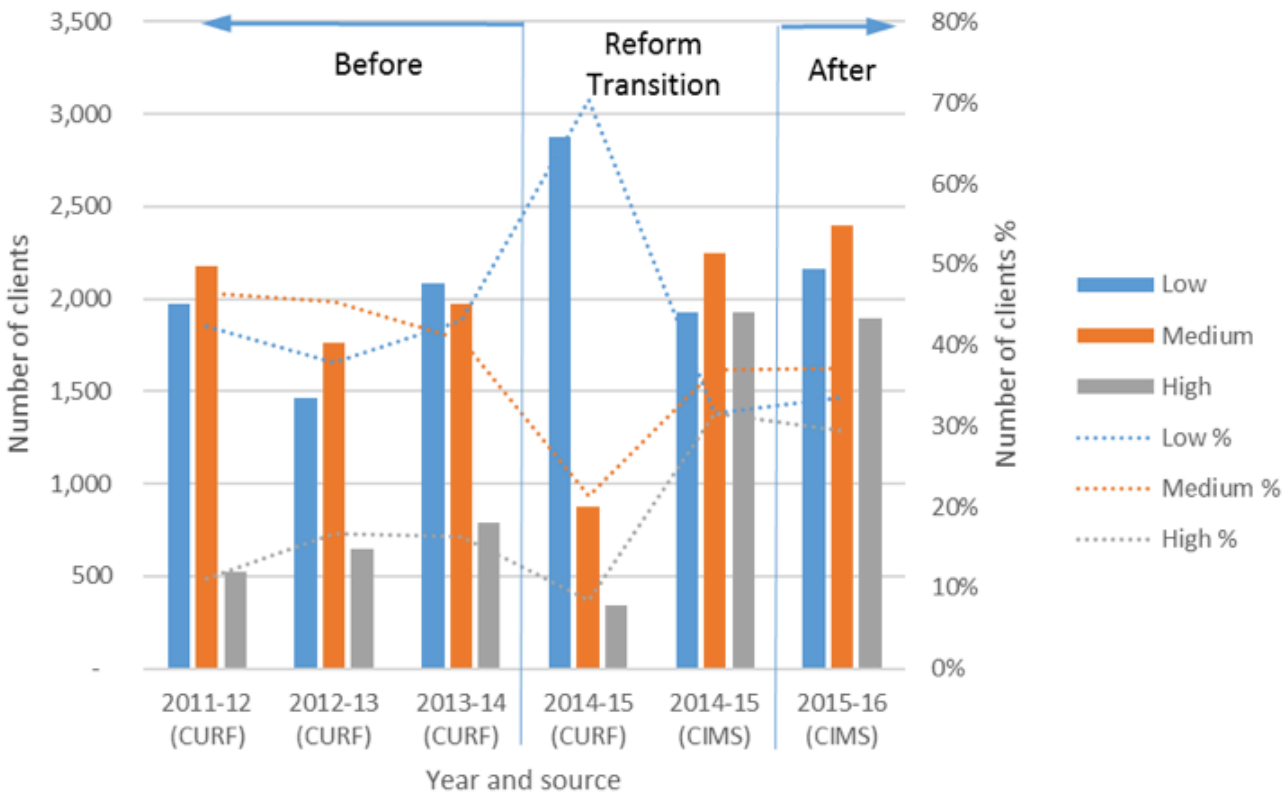


Notes: Figures based on CURF client-weighted counts and CIMS absolute client figures.

Sample sizes vary for each year and data source, in line with the number of clients per year. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition.

The overall achievement of case management goals is a positive outcome indicator; however, it does not reflect the types of support needs provided or the associated level of effort to achieve the result. The inclusion of level of effort indicates a potential improvement in the proportion of high level of effort clients post reform (as shown in Figure 24: Case management goals met by level of effort before and after reform transition period). This is a promising indicator for the effectiveness of casework support, as it suggests that those clients with the highest support needs are meeting their case management goals.

Figure 24: Case management goals met by level of effort before and after reform transition period



Notes: Figures based on CURF client-weighted counts and CIMS absolute client figures.

Sample sizes vary for each year and data source, in line with the number of clients per year. CIMS client numbers exclude data for two service providers currently using separate internal systems established prior to the reform transition.

4.2 Implementation of the reform

4.2.1 What is the focus of SHS delivery in relation to the four core service responses?

The GHSH Reform Plan states that previous SHS specifications did not accurately reflect the broad range of services provided and limited the flexibility of services to respond to clients with diverse and changing needs who may require different responses (FACS 2013). The plan identifies four core service responses, which are intended to increase the flexibility of SHS responses:

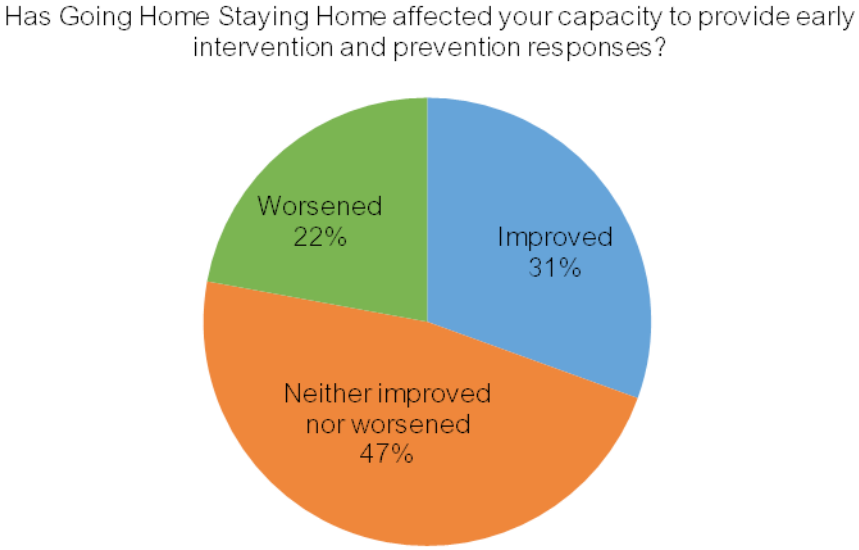
- Prevention and early intervention: preventing homelessness by sustaining people in their current accommodation and offering post-crisis support. This includes approaches that enable women experiencing DFV to remain safely in their home.
- Rapid rehousing: identifying people as soon as they become homeless and working quickly to stabilise their housing arrangements.
- Crisis and transition responses: providing safe and supported crisis, transitional and other non-permanent accommodation where it is needed, with an increased focus on helping the person or family experiencing homelessness to move more quickly to more sustainable housing.
- Intensive responses for complex needs: for example, assertive outreach for rough sleepers, and coordinating and facilitating intensive support for clients with complex needs. This intensive approach may also be applied to clients other than rough sleepers and the chronically homeless, such as people experiencing DFV, mental health issues or drug misuse.

Prevention and early intervention

There was strong support for the benefits of prevention and early intervention among service providers and other stakeholders. Even those interviewees who were very critical of the design and implementation of the reform were supportive of the focus on early intervention and reported signs of good practice. However, views on the impact of the reform on prevention and early intervention were mixed with survey responses and qualitative data indicating both strong support and strong disagreement for the impact of the reform on improving responses in this area.

Almost half (n = 45) of the respondents to the service provider survey did not feel the reform affected their capacity to provide prevention and early intervention responses, 29 felt it had improved their capacity, while 21 felt it had worsened their capacity (Figure 25).

Figure 25: Impact of reform on prevention and early intervention



Source: Service provider survey, n = 95

The majority of the interviews with service providers were positive about the impact of the reform on prevention and early intervention, especially in the regional case studies. The types of activities that were described in this area related to the prevention of homelessness and post-crisis support. They also described community development activities and programs run in schools, which may be contributing to the prevention of homelessness but are difficult to monitor and measure.

The reform changed the service delivery requirements of many agencies. Those who reported positive changes in the delivery of prevention and early intervention described those changes as beneficial because they increased the range of support they could deliver:

> *It's taken our focus away from just holding these young people for a certain amount of time and then they just leave us. Now we can actually build a relationship with them and hopefully bring them back into the family. (Hunter New England District)*

Other positive developments included improved relationships with real estate agencies and community housing providers, which have resulted in better support for people whose tenancies are at risk and supporting them to stay in their home:

> *Now two years almost down the track [other agencies] are starting to think a little bit ahead and think, 'Oh maybe these people can help us out now in this first little instance as opposed to waiting until the Sheriff's there changing the locks'. (Hunter New England District)*

Relationships within and between sectors, access to brokerage funding and clear guidance that early intervention is a core responsibility were all described as key to early tenancy support, and preventing the tenancies from escalating into high levels of risk. Agencies supporting young people, agencies supporting women who have experienced DFV and those supporting families, all specified the use of brokerage to pay rental arrears and sustain tenancies as beneficial and more broadly available as a result of the reform.

Service providers also described the delivery of two programs in schools, *Love Bites* and *Rent It Keep It*, as prevention and early intervention. These programs, and the community development work completed in partnership with other programs, were described as valuable. However, interviewees also said that because they are not service delivery to clients, they are difficult to record and the outcomes difficult to measure.

Challenges in delivering prevention and early intervention services were also described in interviews with service providers. They described confusion and inconsistency around the distinction between early intervention and post-crisis support. This has consequences for the support that people may receive if a service defines their role as providing early intervention support and the client as requiring post-crisis support, or vice versa. Responsibilities for prevention and early intervention are not well understood in all sectors, and interviewees from SHS providers and other agencies reported mixed messages in relation to the prioritising of prevention and early intervention over other responses and targets.

Other constraints on prevention and early intervention include the resources required to support people in crisis and those with complex needs, with some agencies reporting that they had no capacity to perform early intervention work because of the needs of those in crisis.

Rapid rehousing

A couple of service provider interviewees were positive about the impact of the reform on their capacity to help people experiencing homelessness to secure and sustain long-term private rental accommodation. However, the majority of responses were negative and the reason given consistently for this, in both Sydney and non-Sydney case study sites, was the lack of affordable housing. Approximately 70% of respondents to the service provider survey indicated they were funded to provide rapid rehousing; however, there was little evidence from the survey or interviews that this is possible to achieve.

Crisis and transition responses

The strongest themes in the interviews and consultation process on the question of crisis and transition responses related to the:

- duration and method of support provided during and after crisis, especially to vulnerable clients
- unmet demand for transitional housing with additional support, especially for young people.

The GHSH reform is intended to provide continuity of care via seamlessly integrated services; however, the interviews described patchy relationships between crisis and post-crisis support services in the majority of cases. Many interviewees talked about the importance of relationships with trusted service providers and said this was not possible if clients experience changes in their support worker as they move from crisis to post-crisis services. This was also reflected in a comment from one stakeholder who talked about the gap between best practice in case coordination and actual practice:

> *What's happening is the post-crisis services are being brought in much too late, and the clients have developed much too strong of a relationship with the crisis provider and they're not willing to let go. (Non-SHS stakeholder, Inner Sydney)*

The second significant theme relating to crisis and transition was the high need for transitional housing, transitional housing for a longer period and more intensive tenancy support than usual (Transitional Housing Plus) for key client cohorts, especially young people:

> *Even if you're lucky to get them into transitional, the level of support they are getting there is such a big gulf between what they get in crisis. (SHS Hunter)*

Positive responses from service providers and stakeholders to the impact of the reform, as noted in the previous section, related to the increased collaboration between services. This increased collaboration was described as expanding capacity to support clients, including support from crisis to transitional housing. Negative responses described a loss of specialist crisis services, especially in women's refuges.

Intensive responses for complex needs

Survey and interview respondents discussed intensive responses to support clients with complex needs in two ways:

- People experiencing homelessness and who have other complex support needs, including street-dwellers/ rough sleepers
- People in other 'key client cohorts' with complex support needs who need intensive and sustained specialist support.

Service providers supporting young people, women and children escaping DFV and Aboriginal people, all described the people they support in these terms. For these groups, the need for trauma-informed practice was a strong theme, and there appears to be variation across and between sectors in how that type of support is defined and delivered.

The case study site in south eastern Sydney was chosen in part to assess the delivery of the reform to people with complex support needs experiencing homelessness, particularly rough sleepers in the inner suburbs of Sydney. GHSH was one initiative to reduce the number of people sleeping rough, to be supported by other initiatives, including Connect 100, which was intended to help 100 homeless people in the inner city find stable homes in suburban and regional areas. While Connect 100 was not part of the Early Review, a number of interviewees from different agencies indicated that the waiting time for that service was not feasible and consequently SHS and other agencies were making few referrals. This increased the demand on SHS.

Despite this, in general the interviewees who talked about the impact of the reform on the inner city were positive.[7] They described better collaboration and multidisciplinary support for people, which were supporting the delivery of health and other services.

The importance of relationships and sustained support to clients with high support needs was emphasised in interviews; however, there were divergent views on whether the reform has enhanced or detracted from the capacity of the service system to provide this. When asked to describe the most significant impact of the reform, a number of service providers said that target and case mix requirements were 'pushing clients through' service responses and support workers, and not allowing the development of trusting relationships:

> *For complex needs clients, for people who are rough sleeping on the streets, you need a separate approach to them, which is about the continuity of care through that support service or that SHS-funded service, and that can't just be for a couple of months after they're housed. It needs to be a long-term investment. (Inner Sydney)*

This argument was also made about women and children who have experienced DFV, Aboriginal people who are homeless or at risk of homelessness and young people (section 4.1.3).

Conversely, a number of others said the reform enabled sustained outreach and relationship building, and this brought about outcomes that could not have happened otherwise.

7 Although they also noted significant challenges in supporting people sleeping rough in the inner city, whose numbers have increased.

4.2.2 How has the design and delivery of services been informed or influenced by case mix and client target categories?

The *Specialist Homelessness Services Practice Guidelines* (FACS 2014, Module 1) describe the principles behind case mix and client targets. The reform introduced changes to some SHS providers who now have multiple client groups in their case mix where previously they had one:

> *Some SHS will be required to deliver services to multiple client groups whereas some will only have one client group. SHS that have multiple target groups in their case mix will not deliver generic or one size fits all responses. These SHS will have the capacity to deliver specialised responses for specific client groups. (FACS 2014, Module 1:37)*

Changes to case mix generated considerable public attention when the reform was implemented, and several SHS providers from women's refuges expressed significant concerns around their requirement to support women who are homeless for a range of reasons, not only women escaping DFV and their children (see section 4.1.3). As described elsewhere in this report, some agencies that have seen changes to their service because of case mix requirements were extremely distressed by the change, while others were very positive.

Significant concerns were also expressed in interviews about targets and the duration of the support. SHS packages include target numbers of clients and many interview participants and respondents to the service provider survey noted that these have not been an accurate measure of support for the majority of services. The significance of this varied between service providers and regions. Those who were more positive or neutral about the reform tended to be more sanguine about the target numbers not reflecting their actual work, for example:

> *I think given that SHS is only a small part of [our agency's funding] … when we set out we had a focus on outcomes not numbers. We were driving that. We're not just going to meet numbers for the sake of numbers. (Hunter New England District)*

Those who felt the reform was having a negative impact saw the service packages as indicative of the overall problem. For example, all SHS providers in attendance at one focus group discussion reported that they were 'smashing' targets and were concerned about the implications of this for their sustainability:

> *I actually made a decision with my management recently to say, 'If we continue on that trend we're sending a message that we can deliver this for this,' and so I actually said to them we're going to stop doing that because that's not what we want to be communicating to the department, particularly in the pre contract negotiation period. (SHS focus group)*

Those service providers who were most concerned about continuity of support and who argued that SHS providers need to provide support for a long time especially to vulnerable clients, described the targets as counterproductive and against best practice, as noted in the previous section on crisis and transition responses.

4.2.3 Is brokerage funding being utilised to provide flexible and client-centred responses for specific target groups?

The purpose of brokerage funding is to:

- deliver responses that are flexible and tailored to client needs
- assist clients to address any problems or barriers that prevent them from accessing or maintaining housing to prevent or address homelessness (FACS 2014, Module 4).

Respondents to the service provider survey were asked whether their organisation used SHS brokerage funds, with the majority (n = 83) indicating they did. Brokerage funding was most frequently used for establishing and maintaining tenancy, transport costs, assistance with housing related debts, and medical and dental expenses (Table 7). This is an indicator that brokerage funding is being used flexibly to provide individual support to establish or maintain housing, as intended.

Table 7: Allocation of SHS brokerage funds for client support

Goods and services purchased with brokerage funding	Responses
Establishing or maintaining tenancy, e.g. furniture, whitegoods	95% (n = 79)
Transport costs	74% (n = 61)
Assistance with housing related debts, e.g. utility bills, maintenance and repairs	71% (n = 59)
Medical and dental expenses	71% (n = 59)
Employment and education related costs	69% (n = 57)
Assistance in budgeting, running a household, financial literacy	47% (n = 39)
Childcare expenses	37% (n = 31)
Support for culturally significant courses or events	34% (n = 28)
Parenting courses or family counselling	34% (n = 27)
Legal expenses	25% (n = 21)
Other	22% (n = 18)

Source: Service provider survey

Respondents to the service provider survey were asked whether SHS brokerage had changed the way their organisation operated. More than half (n = 50) indicated it had helped their organisation, a third (n = 30) did not feel it had changed the way they operated, while the minority (n = 3) reported that SHS brokerage had made things worse.

Qualitative responses to questions about brokerage from service providers in interviews and survey questions indicated that access to brokerage is valued by organisations and those without it had to spend time and resources negotiating with other agencies for it. Only one respondent said the reform had changed administrative arrangements for the worse. A small number of others said the reform has provided brokerage they did not have before, which has improved service delivery significantly, but most reported that they had access to brokerage before the reform.

4.2.4 Have the streamlined access system reforms been delivered as intended?

The GHSH reform intended to deliver a streamlined access system that better connects clients with the most appropriate SHS and general services. This would enable clients to access consistent information and assessment no matter what door they enter the system, leading to a 'No Wrong Door' protocol approach. (FACS 2013)

Delivering this change required the introduction of consistent information and business processes and practices to upgrade existing assessment and referral arrangements across NSW, which led to the development of CIMS, Vacancy Management System (VMS) and the Initial Assessment tools. It also led to several homelessness telephone services being brought together to create one state-wide homelessness information and referral telephone service, Link2home.

Summary of key findings in relation to streamlined access

- In general, CIMS, VMS and the Initial Assessment tool appear to be used regularly by the majority of services, although the potential of these systems to provide robust monitoring data to providers has yet to be realised.
  - The majority of surveyed respondents use CIMS regularly.
  - Lower numbers use the VMS to check for vacancies; however, the majority regularly update their own vacancies.
  - Approximately three-quarters of surveyed respondents found the CIMS helpful; however, slightly less than half found the VMS helpful, with a third finding the VMS neither helpful nor unhelpful.
  - Just over half of the surveyed respondents found the Initial Assessment tool helpful.
- No Wrong Door is consistent with usual practice for some agencies, but highly contested by others. There appeared to be different understandings of what No Wrong Door means and how it should be implemented.
- Link2home has taken time to acclimatise and the majority of SHS provider survey respondents said it had neither improved nor worsened their capacity. However, many early implementation problems with Link2home, such as inappropriate referrals, have reportedly been resolved and it is working with other agencies and making substantial efforts to improve practice. Link2home is also necessarily connected to the SHS sector's strengths and gaps, so referrals to local accommodation are only possible if vacancies exist. What are perceived as inappropriate referrals may actually reflect an absence of appropriate services.

Are SHS providers using the new access tools? Do these new tools work for providers? What refinements or improvements are required? Are SHS providers implementing the key principles and practices of the streamlined access system in line with the SHS Practice Guidelines?

More than half (n = 51) of the survey respondents reported that their organisation used the initial assessment, referral and client information sharing tools in CIMS on a daily basis and a quarter used it either two to three times per week or on a weekly basis. Thirteen services reported they never used it and most provided a reason, with five services reporting they used their own internal systems. Other reasons for not using the tools included not being an SHS provider and not referring to other SHS providers.

A smaller number of respondents (n = 30) reported that their organisation used the VMS on a daily basis to check for vacancies, and a further third used it either two to three times per week or on a weekly basis. One-fifth used it on a monthly basis and 14 responded that they never used it. Seven of these provided a reason for not using VMS, which included not being an SHS provider, inaccuracies in VMS, the lack of vacancies rendering the tool irrelevant (according to one respondent) and a preference for trying to find vacancies over the phone.

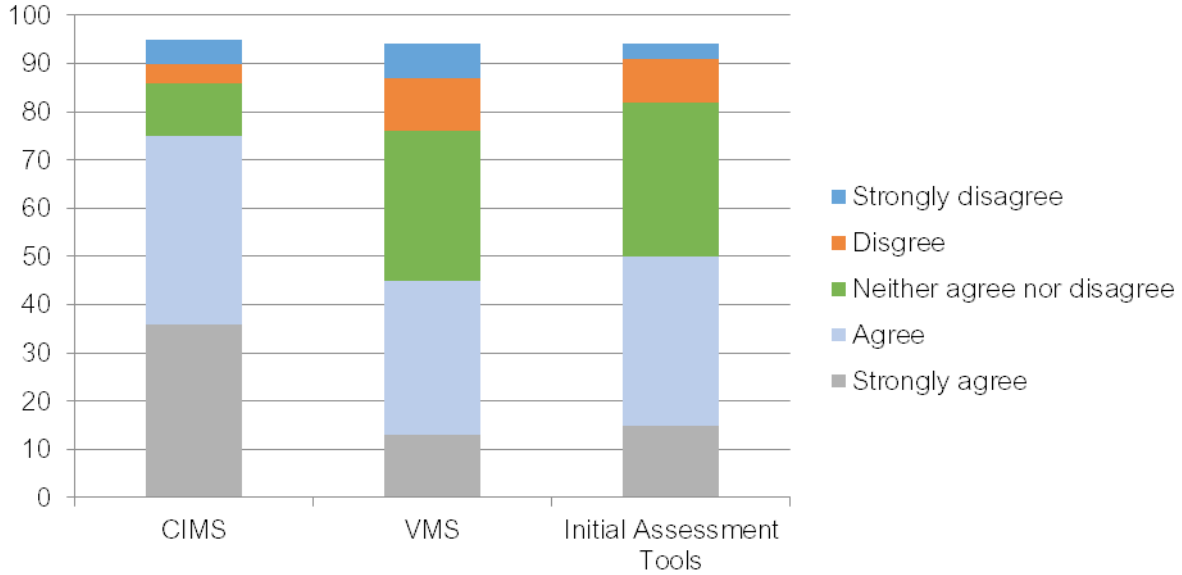
The other use of the VMS is for agencies to update their vacancy information, and more than three-quarters (n = 73) reported that their organisation updated their vacancy information on VMS on a daily basis. Almost 10% updated their vacancy information two to three times per week and 7% did this on a weekly basis. Only four reported never using it.

The survey asked if the CIMS, VMS and Initial Assessment tools were helpful in the everyday business of their service (Figure 26). Over three-quarters of respondents (n = 75) strongly agreed or agreed with the statement, 'The CIMS is helpful in the everyday business of our service', and nine respondents disagreed or strongly disagreed with the statement.

The VMS is reportedly less helpful than CIMS. Slightly less than half (n = 45) strongly agreed or agreed with the statement, 'The VMS is helpful in the everyday business of our service', a third (n = 31) neither agreed nor disagreed while a fifth (n = 18) disagreed or strongly disagreed with the statement.

Asked about the Initial Assessment tools, over half (n = 50) strongly agreed or agreed with the statement, 'The Initial Assessment tools are helpful in the everyday business of our service', a third (n = 32) neither agreed nor disagreed, while 12 disagreed or strongly disagreed with the statement.

Figure 26: Responses of NSW service providers as to whether CIMS, VMS and Initial Assessment tools are helpful in their everyday business



Source: Service provider survey, n = 95

Service providers responding to the open-ended survey or interview questions had mixed experiences of CIMS and VMS, as they did with other aspects of the reform. Responses ranged from very positive to very negative. Based on case study interviews and focus groups, service providers in the Hunter region appeared to have had more support in learning and using the systems than other regions had.

Many of the responses from service providers in relation to CIMS and VMS were that individual agencies, DHIGS and FACS Districts would benefit from greater access to data on clients and service delivery, and that CIMS and VMS do not provide that.

No Wrong Door

The 'No Wrong Door' component of the reform is described in the *Specialist Homelessness Services Practice Guidelines* as an initial assessment of need that all people who require assistance will receive, even if the service making that assessment will not be providing a particular service. SHS providers should 'assess on behalf of the SHS system, and not just on behalf of their own service, their own vacancies or target group' (FACS 2014, Module 2).

In some cases, this was described as consistent with the agency's usual practice, that is, regardless of No Wrong Door the agency would maintain contact with people who need support until a referral could be made: '*We wouldn't just leave the person hanging*' (Hunter District). However, in other cases, No Wrong Door was described as a major disruption to usual practice and at odds with best practice. Interviewees said that risk and needs assessments require high levels of skills and a lot of time to be performed effectively with vulnerable groups, and the impost on agencies to conduct initial assessments and referrals was unsustainable for some agencies.

There appear to be different understandings of the responsibilities of agencies relating to No Wrong Door. The *Specialist Homelessness Services Practice Guidelines* indicate that No Wrong Door means:

> *that when a person or family presents or contacts an SHS provider they will, at a minimum, be provided with information, advice, and referral (if required) to an accommodation or housing provider, a support provider or both. They will also receive an initial assessment (including risk assessment) from the SHS at which they first present. (FACS 2014, Module 2:4)*

However, a number of responses in interviews and in the survey suggest that No Wrong Door is understood to mean that SHS must provide anyone who is referred to them with a service, regardless of capacity:

> *So the concerns for us are that – this is our understanding of the policy, whoever makes contact with us, we must deliver a service to. (SHS provider focus group)*

> *We've had referrals of 40-year-old men to our service and because of this No Wrong Door approach we actually had to accept them as a client until the men's services could pick them up. They had a wait list of six weeks. (SHS provider focus group)*

Information sharing about clients is functioning well in some areas; however, clients may be in contact with more than one agency and a couple of interviewees expressed concern about duplication of effort if multiple agencies are implementing No Wrong Door for the same client.

Another response that recurred in survey and interview responses was the difficulties of practising No Wrong Door when other sectors do not. Although SHS providers are not the only services implementing No Wrong Door, a strong theme was that other sectors make referrals to SHS providers because they know that SHS providers will accept them, but do not reciprocate by accepting referrals from SHS:

> *The utopian buzz word of No Wrong Door works if everybody is collectively agreeing that that's what happens, but it can't just fall on SHSs to hold all the accountability. (SHS provider)*

A small number of respondents also expressed concern that CIMS and No Wrong Door may be used to distort the effectiveness of the sector by conflating the number of people receiving support with those receiving an assessment.

Does the state-wide information and referral service (Link2home) work for people who are homeless or at risk of homelessness? Are clients able to seek assistance and access services locally? Are clients able to access the right service at the right time from the right provider?

Clients were asked about their experience of Link2home and reported different experiences, some positive and some negative. Negative comments related to waiting time and poor information, and also about being treated discourteously (Appendix C). Given the very small sample size of clients and other data limitations, it is not possible to assess how many clients seek assistance locally and the quality of support they receive. These questions may be appropriate for the outcomes evaluation (see section 4.3).

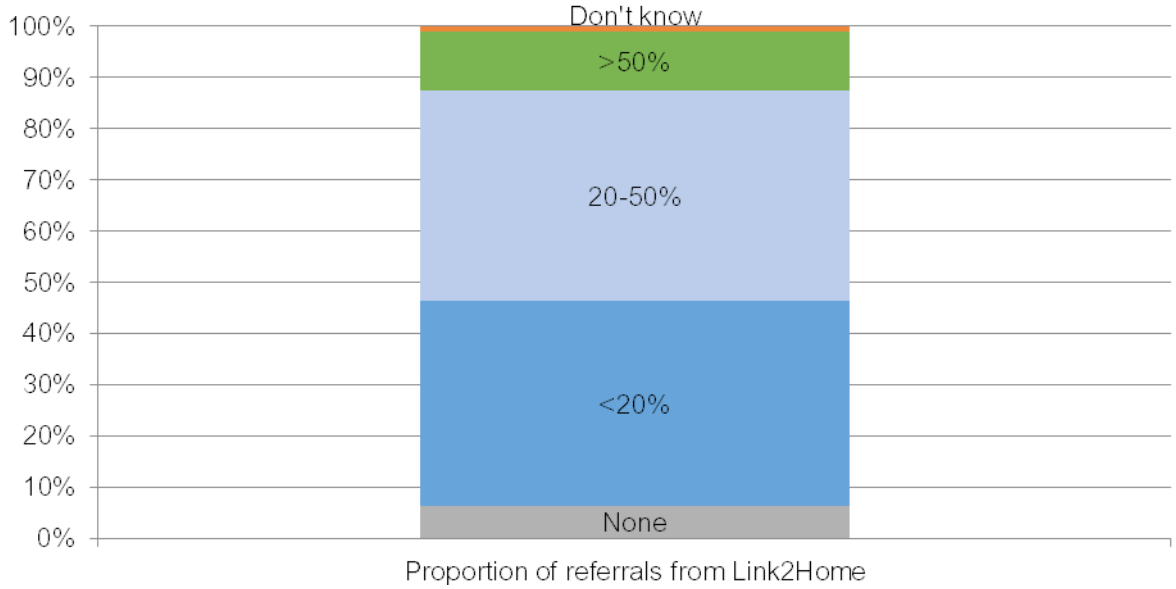
Respondents to the service provider survey were asked whether their organisation accepted referrals from Link2home and the majority (88 of 92) reported that their organisation did. The majority of respondents reported that less than 50% of all their total referrals were from Link2home, with just over 10% receiving the majority of their referrals from Link2home (Figure 28).

Eligible referrals: the majority of respondents reported that referrals from Link2home 'usually' (n = 38) or 'sometimes' (n = 38) met their eligibility criteria. Thirteen of 92 respondents reported that referrals 'rarely' met eligibility criteria.

Out of area referrals: the majority of respondents reported that referrals from Link2home were 'usually' (n = 28) or 'sometimes' (n = 40) from within their local area. Smaller numbers said that referrals were 'rarely' (n = 13) or 'always' (n = 3) from their local area.

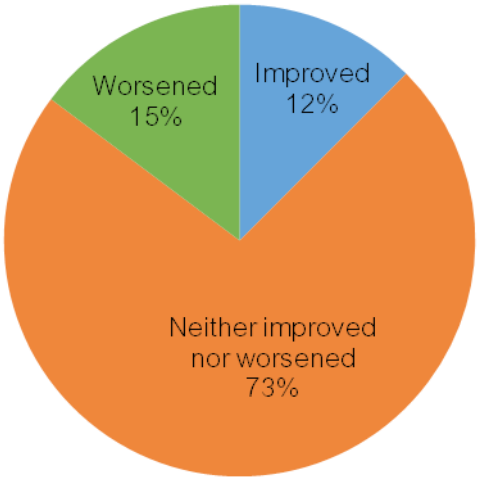
Almost three-quarters of respondents whose organisation used Link2home felt that Link2home neither improved nor worsened their capacity to support clients (Figure 29).

Figure 27: The number (%) of total referrals to service providers from Link2home



Source: Service provider survey, n = 95

Figure 28: The influence (%) of Link2home on the capacity of service providers to support clients



Source: Service provider survey, n = 88

A small number of negative responses in interviews and survey questions described Link2home as a call centre with insufficiently skilled staff; however, the strongest qualitative theme was that early difficulties relating to concerns about inappropriate referrals had largely been addressed, resources had been invested in training and Link2home was improving with time.

In particular, stronger links between the NSW Domestic Violence Line and Link2home are reportedly improving assessments and streamlining referrals. Link2home is working with Domestic Violence NSW to improve the quality of the response by Link2home for women experiencing DFV, and Link2home staff have received specialist training in DFV risk assessment.

4.2.5 Has the assistance provided by the Industry Partnership supported the SHS sector?

The industry and workforce development strategy of the GHSH Reform Plan recognised that industry development, training and improvement within the sector would ensure a well-structured sector has the business models, governance and infrastructure in place to effectively deliver client outcomes. It also aimed to build effective networks across SHS and other parts of the broader homelessness and human services system to maximise outcomes for clients (FACS 2013).

The NSW Homelessness Industry Partnership is a joint working arrangement between the three homelessness peaks: Homelessness NSW, Yfoundations, and Domestic Violence NSW. As part of the reform, the partnership developed a Homelessness Industry and Workforce Development Strategy (Industry Strategy) in partnership with FACS, which is intended to increase the capacity of the sector. The Industry Strategy has multiple components, including training, support, leadership and resources (Homelessness NSW et al., n.d.).

Service providers responded to survey and interview questions about the Industry Partnership and other support provided by the peak organisations. For the most part, this support was described as helpful, although a small number of comments were negative. The support provided through the Industry Partnership appeared to be particularly important for SSF organisations.

Substantial support from the Industry Partnership is essential to support organisations in the administration of JWAs. This support has been highly valued, although in part it appears to be addressing a problem created by the reform. For example, the Industry Partnership has provided extensive advice and training to JWA lead agencies in contract management and working with 'difficult to manage' partners, and this support has been necessary because of consequences of the GHSH tender process. There appears to have been poor understanding of the relationship between JWA lead agencies and partner agencies, and between partner agencies and FACS, most notably the fact that partner agencies are subcontractors and do not have a formal direct relationship with FACS.

Some JWA partner agencies have had significant changes to their funding and service delivery practice, and consequently have very difficult relationships with their lead agencies. Although there are most likely a small number of these, the impact of these high levels of conflict is significant.

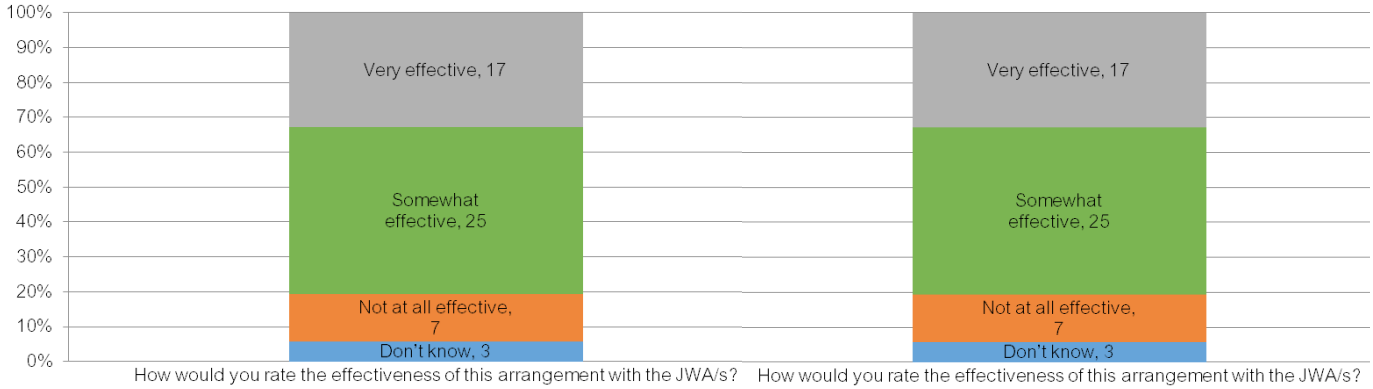
4.2.6 How are JWAs functioning in practice?

More than half (54.7%, n = 52) of respondents to the service provider survey indicated that their organisation was part of a JWA.

The 52 respondents who indicated their organisation was part of a JWA were asked to rate the effectiveness of that arrangement. Half felt the arrangement was 'somewhat effective' and a third felt the arrangement was 'very effective'. Less than a third felt the arrangement was 'not at all effective' or opted for 'don't know' (Figure 30).

Respondents who indicated that their organisation was part of a JWA were asked whether the JWA had changed the way their organisation did business. A third felt that being part of a JWA had changed the way their organisation did business for the better, a quarter felt it had not changed how they operated and a similar proportion felt it had changed it for the worse (Figure 30).

Figure 29: Effectiveness of JWAs and impact on organisations



Source: Service provider survey, n = 52

Negative responses in interviews and survey questions on the effectiveness of JWAs related to the rationale behind JWAs, governance arrangements and relationships with FACS, and the complex legal and management responsibilities imposed on lead agencies in JWAs. The partnerships were described as being organised too hastily between organisations without good working relationships being established and while in some cases these relationships have developed, in other cases they have gone extremely badly.

A number of JWAs include agencies that have different service requirements and lower funding levels than prior to the reform, and whose contracts are now with another SHS rather than FACS; so complaints from them about JWAs are unsurprising. Non-lead agencies are not invited to participate in forums that lead agencies are, and this is also felt as a slight. However, lead agencies and other stakeholders not part of JWAs also expressed significant concerns about them. Other partnership models and integration of services were described as much more effective than JWAs.

4.2.7 Have networks, partnerships and mechanisms been established to support service integration?

The procurement process and early implementation of the reform reportedly caused substantial damage to relationships between services, in multiple areas and across the sector. Over time, these relationships have been repaired in many cases; however, JWAs, as noted above, have in some cases done more damage.

The DHIGs are working well in some areas. Interagency work and service collaboration is reportedly working very well in inner Sydney and there are examples of good practice in other areas as well.

Overall, the most effective working relationships are said to be supported by mechanisms such as the DHIGs; however, these are based on the strengths of relationships and practices that pre-date the reform. There was little evidence that the reform had brought about networks and partnerships that would not have occurred without it.

4.2.8 How do services funded under the SSF support and strengthen the broader homelessness service system?

The SSF was established to fund organisations that were unsuccessful in the GHSH tender for the new SHS packages, to deliver new programs that complement specialist homelessness services and the wider approach to reducing homelessness. One of the review questions relating to networks asks: How do services funded under the SSF support and strengthen the broader homelessness service system?

Respondents to the service provider survey were asked whether they worked with organisations funded under the SSF. Forty-two respondents indicated they did.

Among respondents that reported that their organisation worked with SSF services, 12 reported that the effectiveness of the arrangement was very useful and 24 reported that it was 'somewhat useful'. Only three reported that it was not at all useful.

Nevertheless, the experience of SSF agencies appears to have been very difficult, both for SSF agencies and other agencies, with SSF agencies reporting feelings of isolation and like 'second class citizens'.

4.2.9 Development needs and next steps

Based on findings from stakeholder and service provider interviews and surveys, development of information and support is needed in a number of areas to support the implementation of the reform:

- Development of a shared understanding of the key reform principle of No Wrong Door and consistent practices in its use.
- Development of shared definitions of prevention and early intervention, and how this should be operationalised in different client groups and in different contexts. For example, the delivery of early intervention support to older people who were previously sleeping rough will differ from early intervention support to young people.
- Review and refinement of the governance structure of JWAs, in particular the legal responsibilities of lead agencies and the sub-contractor status of non-lead agencies.
- Review of the benefits of the SSF as a distinct scheme on an ongoing basis.
- CIMS, VMS and the Initial Assessment tools are reportedly used regularly by most services; however, training and support for providers in using these tools is inconsistent and providers in some districts would benefit from greater information and training.

4.3 Data quality and development

The preliminary timing of the Early Review, as discussed elsewhere in this report, shaped the overall mixed method approach as well as the content available for the quantitative components of the review. The first available post-reform data has been examined in the context of the reform implementation process and preliminary content has been assessed in terms of ongoing program and system development.

The review of data availability and quality has similarly been undertaken from this preliminary perspective and integrates with ongoing system development and longer-term outcomes that will be assessed during the outcomes and economic evaluation planned for phase two of the SHS Monitoring and Evaluation Strategy.

In this context, the Early Review primarily focused on intermediate service delivery outcomes, client profiles, reasons for seeking assistance and the types of support provided or referred in response to a particular SHS contact. As these preliminary outcomes integrate with longer-term endpoints and client pathways, the discussion of data quality overlaps with the availability of further post-reform content, as well as integration with supplementary FACS and external datasets.

The data quality review was expected to focus on comparability issues before and after the reform process, in the context of recognised limitations, including changes in service definitions and the development and implementation of the new systems. The review has highlighted the scale and complexities of the reform process in consolidating the extensive new data content from CIMS and the development of regular program reporting.

In addition to the currently available review data, an objective of the Early Review was to review data quality and identify any additional robust data sources relating to client or system outcomes that could inform ongoing monitoring and evaluation of the SHS system. In these complementary perspectives of current and ongoing development, this section outlines SHS data development, Commonwealth policy objectives relating to data and the potential of SHS-related data linkage.

This section provides a summary of the data examined during the Early Review, the gaps that were identified and the work that was undertaken to assess new data categories and groupings. The summary includes areas of data development that FACS has already identified as a priority and the important related work to establish wider visibility for SHS program delivery across interrelated programs within FACS. It also includes broader external systems required to examine SHS client pathways more comprehensively and to assess longer-term outcomes from a system-wide perspective.

These complementary phases are presented in Figure 31, which shows the areas of focus for the Early Review, the proposed next steps across the base SHS Program data and respective new sources for investigation.

4.3.1 Early Review focus

The quantitative components of the Early Review have focused on available SHS Program data from both the AIHW collection and the newly implemented CIMS data (shown as the dotted top left section in Figure 31). As described in the introduction, the preliminary pre- and post-reform comparisons were based on separate source datasets, with the pre-reform baselines established in the AIHW datasets and the first available post-reform content examined from the newly available CIMS data. The analysis conducted for the Early Review was primarily SHS Program data (top layer of Figure 31) and the first available post-reform content (shown as dark blue activity).

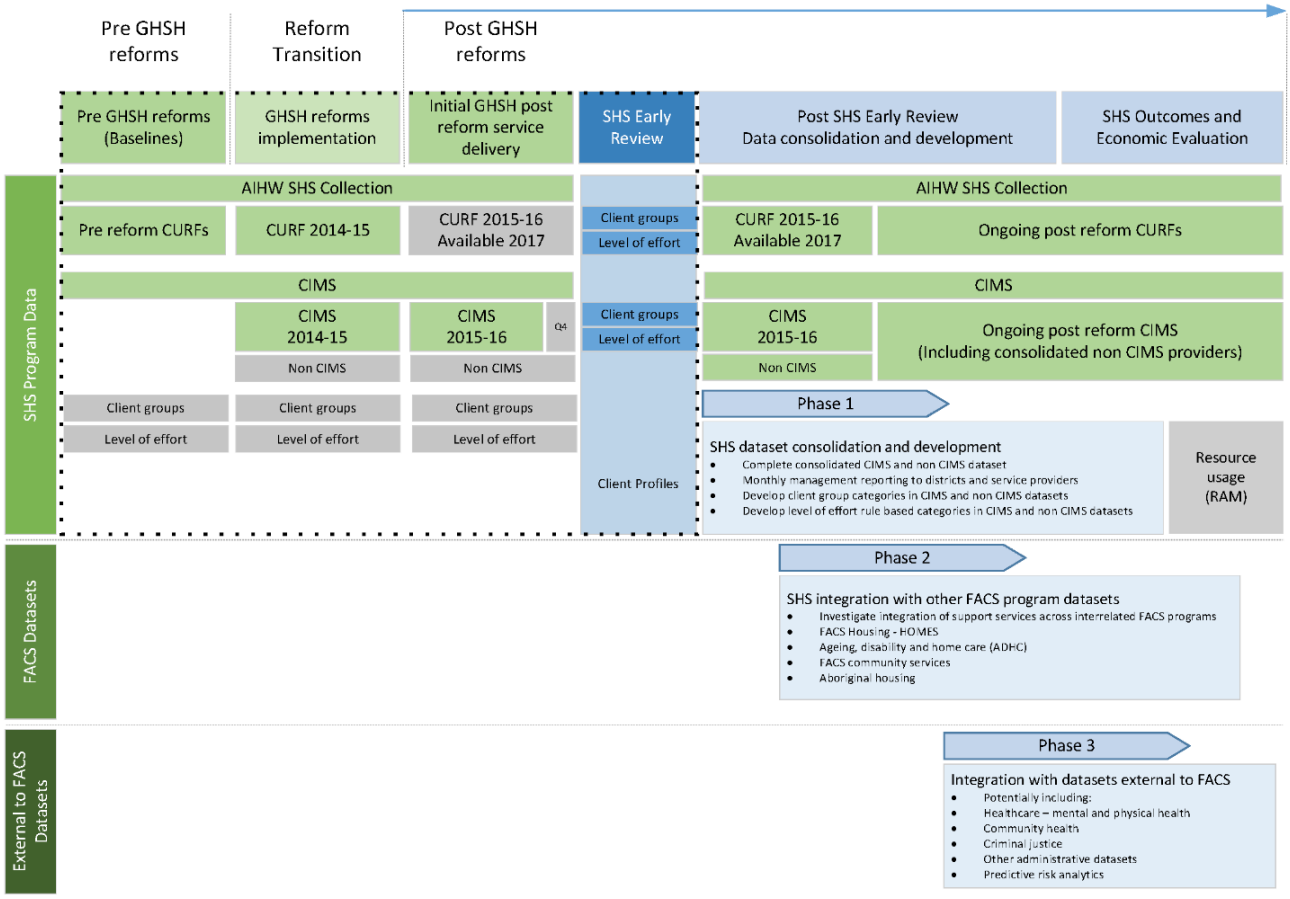
Beyond the Early Review, ongoing development is required across the SHS Program data and systems (shown as Phase 1 to the right of the SHS Early Review column), as well as potential integration of additional data sources internal and external to FACS (Phases 2 and 3).

The 2014–15 transition year was expected to be subject to data quality and interpretation issues, in line with AIHW data quality statements, which have specifically highlighted the impact of the GHSH reform process. The Early Review has confirmed the scale of the post-reform variation in reported service delivery, compared to the established relatively stable pre-reform baseline years. This includes the marginal decline in SHS client numbers in NSW during the 2014–15 implementation year, followed by a substantial increase in the first post-reform period in 2015–16 (see Figure 3).

At the time of the Early Review, the 2014–15 year was the only full year available from both the AIHW and CIMS sources, and was a key validation point to assess initial data integrity baselines before examining the post-reform CIMS content across particular client groups and for the following 2015–16 year.

The Early Review was limited by a focus on CIMS content, which covers the majority of SHS providers but does not include service activity for two providers that report via internal systems established prior to the reform (non-CIMS shaded grey). Due to the timing of the Early Review, the AIHW CURF for 2015–16 and the final quarter of CIMS data for 2015–16 were also not available to the review (also shaded grey).

Figure 30: SHS Early Review dataset summary and proposed next steps



Note: Dotted section indicates Early Review focus, RAM = Resource allocation model

4.3.2 Gaps in SHS Program data

Two key data gaps across both the AIHW and CIMS datasets relate to identification of client groups and the estimated level of effort for client episodes. These categories are not separately recorded as part of the SHS Program data and have been derived in each pre- and post-reform dataset based on prototype rules established by FACS in 2011–12.

The client categories of young people, single men, single women and families are not separately recorded in the AIHW or CIMS datasets. They have been derived based on a combination of multiple fields including identifiers for young people alone, family type, gender and age group. The Early Review confirmed particular issues with inconsistent and multiple recorded age groupings in the AIHW for 2011–12 and some missing age group data for 2012–13.

The level of effort rules allocate clients to low, medium or high based on a combination of data items, including accommodation or non-accommodation services, length of support period and a series of estimated effort weightings. Due to some variation in the CIMS data structure compared to corresponding AIHW content, additional working was required for CIMS data, which introduces potential variation in comparative categories. Further details of the analysis undertaken to derive level of effort are provided in Appendix B.

Separate to the derived level of effort categories, the assessed level of effort is recorded in CIMS, providing a separate measure of caseload effort for potential retrospective comparison. The level of effort classification is a newly established proxy measure across the range of complex SHS delivery and, while providing input to service planning and program management, requires ongoing assessment to examine variation and potential changes in case management during SHS support episodes. This category is not a measure of the appropriateness of the service or service quality, which are implicit aspects of longer-term client outcomes.

4.3.3 Links to the SHS Monitoring and Evaluation Strategy

The Early Review has examined the available SHS Program data in the context of the FACS SHS Monitoring and Evaluation Strategy prepared in August 2015. The document presents the broader series of outcomes across homelessness population, client and system levels, reflecting the relative degree of control SHS providers have at each level and the need to evaluate SHS outcomes across the wider service system.

The strategy proposes the use of overarching longer-term 'headline indicators' and 'intermediate indicators', which can be measured over shorter periods to assess interim program progress and direction. The strategy, developed with input from the MEAG and key stakeholders involved in the Early Review, incorporates the GHSH Reform Plan, including the objective to improve planning and resource allocation through the use of the population-based resource allocation model.

The Early Review provides a status of the progress made with the CIMS implementation and ongoing multiple phases of consolidation and development. These phases include the current initial focus on the high priority consolidation and development of the complete CIMS datasets, which will then support the planned regular program management and performance reporting.

Investigating the extension of related FACS datasets and external sources are further sequential phases that build on each other, which may be commenced and run in parallel depending on project team and systems resourcing.

4.3.4 Proposed SHS data consolidation and development

Ongoing development is required across the SHS Program data and systems initially focusing on consolidation of CIMS and non-CIMS content and integration of derived categories across the complete SHS dataset (Phase 1). Further ongoing development also includes potential integration of additional data sources internal and external to FACS (Phases 2 and 3).

Phase 1: SHS dataset consolidation and development

The Early Review has shown that substantial time and effort is required to retrospectively develop reporting categories and combine the CIMS and non-CIMS sources. FACS has progressed the CIMS data development throughout the Early Review period and has established this work as a high priority to finalise the complete SHS data content, which will be routinely accessible with reduced interim and semi-manual preparation.

The current priorities for the SHS datasets are to finalise development of the consolidation procedure to combine the available CIMS content with the data for the two service providers that do not report in CIMS. This should provide a routine and relatively seamless integration from each source system that would merge into a master SHS dataset.

The combined complete dataset will then provide the base for integrating derived content, including the target client groupings and the level of effort rule-based categories, enabling client outcomes to be assessed across important reform areas. The complete CIMS dataset is necessary to develop timely SHS management reporting and analysis, compared to the previous annual SHS datasets prepared by AIHW.

In summary, the following approach to Phase 1 is proposed:

1. **Completion of consolidation process to routinely merge the CIMS and non-CIMS datasets**

   While the majority of service providers have transitioned to CIMS, some providers do not use the newly developed CIMS system and will continue using their previously established procedures. For this reason, the priority remains to complete data mapping, resolve remaining technical issues and develop a merged data consolidation process. Once established, the consolidation process will support the ongoing integration of additional service providers that may similarly be using previously developed non-CIMS systems.

2. **Develop client group categories across integrated CIMS and non-CIMS datasets**

   Investigate the development of scripts or automated procedures to derive the client group categories across the complete consolidated SHS dataset. This should incorporate validation testing during development and ongoing exception reports to monitor failures and accuracy.

3. **Develop level of effort rule-based categories across integrated CIMS and non-CIMS datasets**

   The level of effort categories are substantially more complex than the client groups and will require the development of lookup tables and interim calculations. The feasibility of developing batch processes or embedded automated procedures should be investigated to automate the level of effort categories, also incorporating validation testing and exception report processes to assess calculation failures and accuracy.

4. **Monthly management reporting to districts and service providers**

   CIMS report development work has progressed throughout the Early Review period, including content by FACS Districts, across client case mix for high, medium and low levels of effort and across target client groups.

   This new CIMS-based functionality and management reporting is understood to be in development and near completion. CIMS will then start to deliver service providers with new management reporting visibility as the initial basis for more detailed routine reporting procedures. The core program reporting procedures will provide ongoing data validation and comparative performance across districts and providers.

5. **Confirm validation, exception reporting and quality review procedures**

   Once the consolidated dataset is complete, reporting procedures can be further developed to examine exception reporting for missing content or misclassified items, and comparisons across districts and providers. This ongoing development may identify procedural variation or assessment and referral patterns.

6. **Assess and develop post-reform baselines**

   The Early Review has highlighted the scale of the reported increases in particular types of service delivery since the reform. This adds further complexity in establishing meaningful baselines in comparison with pre-reform SHS activity. The high proportion of general types of support, including advice and information, advocacy and other basic assistance, needs to be investigated when further data are available to articulate supplementary post-reform baselines.

Phase 2: SHS integration with other FACS program datasets

The Early Review has provided initial details of increasing areas of need, particularly across access to longer-term housing options. Improved visibility across related FACS programs, including shorter-term temporary and crisis accommodation, would support longer-term perspectives, for example, where SHS accommodation referrals may result in multiple temporary accommodation support through FACS Housing.

In summary, the following approach to Phase 2 is proposed:

1. **Investigate opportunities for linkage with interrelated FACS programs to support visibility across SHS-related FACS**

   Integration of CIMS and the HOMES (FACS tenancy information and public housing) system could provide visibility of SHS client access to a range of housing assistance products, such as temporary accommodation, including repeat support episodes. This would provide important details of client pathways through the wider FACS system in the context of short- and long-term SHS outcomes. Access to social housing and the pattern of temporary accommodation support are important indicators in the context of the final endpoint of stable long-term accommodation. Preliminary work would require investigating multiple stages of data linking, crosschecking and validation and verification of single client identification. The HOMES system also contains cost data for potential input to the economic assessment of costs and cost offsets potentially related to SHS.

2. **Investigate further FACS dataset integration**

   Potentially including programs such as out-of-home care; related program-specific sources, including domestic violence; ageing, disability and home care; as well as programs from statutory agencies such as Aboriginal Housing. These are large and complex data linkage activities and the Early Review has not examined specific details.

   These linkages are important sources for endpoint outcomes to be examined during the outcomes and economic evaluation and may be undertaken as separate one-off linkage projects for the outcomes evaluation. Where datasets are particularly important for post-reform performance review, or as supporting platforms for outcome based contracting, the feasibility of developing linked datasets that can be periodically refreshed from source systems should also be investigated.

   Preliminary NSW Government work has commenced examining inter-departmental data linkage. The Early Review has not assessed the scope or specific content of target datasets; however, this work is understood to include content across other areas of FACS.

Phase 3: Integration with datasets external to FACS

The AIHW and CIMS data sources have been developing in line with Commonwealth and state homelessness strategy documents. The Commonwealth Homelessness White Paper published in 2008 outlined core components of the forward direction of evidence-based prevention programs, and the role of improving data availability and quality across early identification, service model management and related client and system outcomes (Commonwealth of Australia 2008). This incorporated broad evidence-based best practice directions across population-based research and COAG performance indicators.

The White Paper Road Map identified the important role of improved information technology systems and the ongoing development of dataset integration across homelessness services and related mainstream services. This reflects the interdependencies between service sectors and that reducing long-term homelessness requires system integration beyond SHS. Data linkage across these areas would potentially contribute to a consolidated view of service demand and delivery, with the visibility to improve utilisation of increasing capacity and ongoing growth in demand for services.

The broader SHS evaluation planned for the outcomes and economic evaluation integrates with overarching NSW Government frameworks, developing broader capacity to assess social pathways. These include Measuring Social Housing Outcomes, which examines long-term social housing outcomes and is the first application of the NSW Human Services Outcomes Framework. This identifies seven high-level wellbeing outcome domains and objectives, aligning long-term outcomes for service users across NSW Government programs and initiatives.[8]

These overarching frameworks integrate across the broader SHS Program evaluation, with potential new perspectives through data linkage work. The frameworks relate to SHS outcome domains across social and community, education, health, economic, empowerment and safety. They provide direct wider context to longer-term SHS objectives, including the focus of shifting from crisis responses to integrated services aimed at prevention and early intervention, as well as homelessness program design incorporating appropriate pathways into housing.

Data linkage capability and capacity has developed substantially in recent years in NSW and nationally with a clear potential to provide better understanding of the pathways into and out of homelessness. Data linkage is well incorporated into the SHS Monitoring and Evaluation Strategy, and ongoing work will begin to contribute to enhanced integration potentially across a wide range of service areas, including housing, Centrelink, employment services, schools, training and other education, physical and mental healthcare, alcohol and other drug services, legal, policing, correctional and juvenile justice systems, child protection, immigration and aged care. The SHS Monitoring and Evaluation Strategy incorporates data linkage potential across the outcomes framework and plan for monitoring and evaluation across population, client and system outcomes (FACS 2015).

The Early Review has not explicitly examined the status of current and ongoing data linkage initiatives, which include preliminary work within NSW Government and nationally through the AIHW (AIHW 2012). However, data linkage is core to the question of identifying additional robust data sources and enhancing the understanding of how SHS clients engage across the wider system and which interventions or combinations of supports are successful in establishing permanent stable housing in the longer term.

The ongoing integration of routinely collected administrative datasets across SHS and mainstream services will provide improvements in timeliness and better utilisation of data resources, as well as reduce the client burden of duplicating information they have already provided across agencies.

Data linkage in NSW is well advanced through established data linkage units, providing related experience relevant for SHS integration. NSW Health continues to develop comprehensive data linkages, managing multiple service providers and interrelated service delivery (Bureau of Health Information 2015). The ongoing NSW Health data linkage work demonstrates the limitation of individual datasets in fully assessing program effectiveness and the related complexities of client-centred support.

The data linkage work that is in progress provides substantial promise to homelessness services through improved targeting and performance measurement that looks beyond a partial view to longer-term outcomes across target client groups and comprehensive client pathway information.

8 *Measuring Social Housing Outcomes, Desktop review of evidence, Interim Report*, Family and Community Services, May 2016. The interim report can be accessed at https://www.facs.nsw.gov.au/reforms/nsw-human-services-outcomes-framework

In summary, the following approach to Phase 3 is proposed:

1. **Investigate linkage of healthcare datasets through NSW Health**

The Centre for Health Record Linkage within NSW Health has developed extensive experience in linkage of routinely collected datasets, including admitted patient, emergency department and mental health ambulatory collections. The agency has also developed expertise in linkage software and techniques, and provides commissioned linkage of additional external datasets related to SHS clients and their long-term pathways.

2. **Master linkage and predictive analytics**

At the time of the Early Review there are promising new techniques and methodologies that could potentially further leverage data linkage between SHS and mainstream services, and enable better ways to predict at-risk populations. For example, international research is examining government application of machine learning techniques to better predict risk of homelessness, with indications these methods may provide substantially improved data sources and predictive accuracy for government evidence-based program management. This includes US research examining homelessness in particular client subgroups, including the veteran community, with initial indications that these methods provide the potential to transform the efficiency and targeting of homelessness prevention services (Treglia 2015).

Locally, FACS Analysis and Research has been working with the NSW Data Analytics Centre and IBM to construct a predictive model for social housing demand. The preparation for this work included an examination of homelessness data that could inform the model. Other US research is applying similar methods to examine family targeting, an area identified in the Early Review with particular post-reform demand (Collinson et al. 2016).

These machine learning methods and research are preliminary; however, they present the potential to develop quickly and should be monitored in the context of ongoing SHS research projects.

5 Conclusions

The provision of support by SHS has grown over time since the implementation of the reform, across population groups and service responses. This growth is likely driven by:

- increased demand for services due to increased homelessness
- better assessment, referral and reporting of service provision.

However, it is not yet possible to determine how much of this growth in support is driven by each of these factors. Nor is it possible to identify the quality or impact of the support services provided to clients.

Importantly, there is very little baseline information in areas where the reform was expected to make improvements, such as prevention and early intervention, and the outcomes for key client groups, such as women and children escaping DFV. This makes it challenging to determine the impact of the reform, with it being possible that the reform has had little impact, either positive or negative.

Notwithstanding the above, there are signs of improvements in the sector's capacity. These include an increase over time in the provision of assistance to sustain tenancies, and an increase over time in the proportion of clients meeting their case plan goals, including clients requiring high levels of support from SHS providers.

The GHSH reform has been very positive for some service providers; however, it has been contested and disruptive for many SHS providers and other stakeholders, and in some cases has caused relationships between services to deteriorate rather than improve. The disruption has varied across regions, and has had different effects. In a number of areas, the same organisations and many of the same individual staff are present who were there prior to the reform; however, they are now in a significantly reconfigured service landscape. Agencies have changed names, lost and regained staff, lost or gained the management of properties and in some cases now support different client cohorts and deliver different service responses.

Many of these changes were unwanted and are strongly felt by some service providers and other stakeholders as being damaging. Relationships between services are extremely important to integrated support, so this unintended impact of the reform is detrimental, although many damaged relationships are repairing with time.

In some areas, especially outside Sydney, the reform has also reportedly improved service delivery and the capacity of the sector. The two case study sites of Newcastle/Lake Macquarie and the Central Tablelands indicate the reform has been welcomed by service providers, although unmet demand, especially for affordable housing, remains. Service providers in inner city Sydney, both SHS and other providers, are also largely positive about the responsiveness of the sector as a result of the reform and other initiatives.

However, the survey responses suggest the reform has made little impact, either positive or negative, for the majority of services. It is not yet clear if the costs of the reform, both direct and indirect, will be offset by improved service delivery and client outcomes.

The role and purpose of the SHS sector also emerged as a cross-cutting theme, although not directly related to a single review question. The SHS sector is intrinsically connected to other parts of the human services, housing, and homelessness sectors, especially emergency temporary accommodation, other housing products from FACS, and the social and community housing sectors. A number of stakeholders argued for the need for a community-based response to homelessness that involves each of these sectors.

In terms of monitoring and evaluation, it is difficult to attribute the impact of SHS on client outcomes in isolation from these other sectors. Monitoring and evaluation of client pathways and outcomes may be possible through CIMS; however, this data system is used only by SHS and SSF services, which means that even if that data were substantially more robust and accessible than it currently is, significant information would not be available.

In the context of DFV, the relationship of SHS to other service sectors is particularly visible because of new and expanded programs and initiatives. Early intervention, prevention, crisis and long-term accommodation support are provided by SHS, as well as by services in other funded programs.

Significant initiatives include those contained in the *NSW Domestic and Family Violence Blueprint for Reform 2016–21*. These initiatives are intended to complement but not replace SHS and other existing programs including *Staying Home Leaving Violence* and the *Integrated Domestic and Family Violence Services Program*. These initiatives are supported by evidence and are in line with policy efforts to ensure refuges are not the only option for women leaving DFV. Their provision is also an acknowledgement that the current level of funded refuge provision remains unable to address need. That is, while some SHS women's refuges have seen a decline in their capacity to conduct community development and other early intervention activities, funding in these and other areas has been increased.

A comprehensive monitoring strategy that links the activities and outcomes across these programs and areas would provide better information than a focus only on individual funding streams.

Appendix A: Early Review questions, sub-questions and data sources

Service Delivery Responses		
How have the new service specifications and practice guidelines been implemented?		
i	What is the focus of SHS delivery in relation to the four core service responses? a Prevention and early intervention responses b Rapid re-housing response c Intensive responses for complex needs d Crisis and transition responses	CIMS AIHW CURF SHS survey Staff and stakeholder interviews
ii	Are service responses consistent with a 'client-centred' approach?	AIHW CURF Client survey Client interviews Staff and stakeholder interviews
iii	Is brokerage funding being used to provide flexible and client centred responses for specific target groups?	SHS survey Staff and stakeholder interviews Client interviews
iv	How has the design and delivery of services been informed or influenced by the case mix and client target categories of: a low, medium and high effort b young people, women, men and families c clients who are homeless or at risk?	AIHW CURF Staff and stakeholder interviews SHS survey
v	Have there been any issues linked to the implementation of case mix and client targets?	Staff and stakeholder interviews
vi	How have support level of effort targets informed service delivery practices for providers?	

Is the SHS system able to respond to the immediate needs of the key client cohorts?		
vii	How are SHS providers implementing or delivering: a Early intervention and prevention responses b Rapid re-housing response c A Housing First approach for clients with complex needs?	Staff and stakeholder interviews SHS survey
viii	Is the SHS system able to respond to the immediate needs of the key client cohorts, including young people, women and children escaping DFV and Aboriginal people?	AIHW CURF Staff and stakeholder interviews SHS survey Client survey Client interviews
ix	What are the key barriers or enablers to implementing the new service responses?	Staff and stakeholder interviews SHS survey
x	What are some examples of success and innovation?	
xi	Has the assistance provided by the Industry Partnership supported the SHS sector to deal with change and reconfiguration of the service system? Has this support been helpful? How can it be improved?	
xii	What improvements or refinements are needed to be made to the SHS specifications, client targets and case mix?	
Streamlined Access		
Have the streamlined access system reform been delivered as intended?		
i	Are SHS providers using the new access tools, including: a No Wrong Door approach b Electronic referral system c Initial assessment d Client information sharing protocols e CIMS f VMS	CIMS Staff and stakeholder interviews SHS survey
ii	Do these new tools work for providers? What refinements or improvements are required?	Staff and stakeholder interviews SHS survey
iii	Does the state-wide information and referral service (Link2home) work for people who are homeless or at risk of homelessness?	Client survey Client interviews Staff and stakeholder interviews
iv	Are SHS providers implementing the key principles and practices of the streamlined access system in line with the SHS Practice Guidelines?	Staff and stakeholder interviews SHS survey

Service Integration		
Have the necessary networks, partnerships and mechanisms been established to support service integration and the coordinated delivery of services?		
i	Have SHS providers established networks, partnerships and case coordination with local mainstream and specialist services? Are these running efficiently and effectively?	Staff and stakeholder interviews SHS survey AIHW CURF (option) contracting information
ii	How are JWAs functioning in practice?	
iii	How do services funded under the SSSF support and strengthen the broader homelessness service system? a What types of assistance are they providing? b Are the services complementing the local homelessness service system and addressing local needs?	
iv	Are clients able to seek assistance and access services locally? Are clients able to access the right service at the right time from the right provider?	AIHW CURF Client survey Client interviews Staff and stakeholder interviews SHS survey

Appendix B: Methodology and review design

The review involved a mixed methods design, comprising:

- review of SHS program documentation and analysis of policy context
- client survey
- service provider survey
- case studies: comprising interviews with clients, service providers, and stakeholders in selected sites
- quantitative analysis of client outcomes data (AIHW and CIMS).

These methods were chosen to provide information on client and service provider experiences from multiple sources.

Review of SHS program documentation and analysis of policy context

SHS program and policy documentation were reviewed to gain an understanding of the policy context, particularly as it related to the implementation of key reform.

Client survey

In June 2016, an online client survey was launched to obtain client perspectives on accessing support from SHS. The survey was targeted at individuals who were currently receiving support from SHS in NSW, had recently received services or who had tried to receive support but were unable to obtain it. The client survey was designed in consultation with homelessness peak organisations, sector and consumer representatives and FACS. The survey was made available online (via KeySurvey), with FACS sending an email link of the survey to all SHS and SSF providers and asking them to promote the survey to clients. The survey was also made available via a link on the Link2home[9] web page. Therefore, recruitment was via SHS providers.

Topics covered by the survey included:

- access: wait times for services, referral pathways, experience of 'no wrong door'
- responsiveness and flexibility: individualised responses, satisfaction with service
- access to other services
- perceived safety and security of accommodation
- quality and safety of accommodation
- responses to complaints
- goals set and achieved.

9 The Link2home web page can be accessed at http://www.housing.nsw.gov.au/help-with-housing/specialist-homelessness-services/find-a-service/link2home

To encourage participation, all clients who completed the survey had the option of entering into a prize draw. The closing date was extended until the end of July 2016 to encourage more completions. By the survey closing date, 84 surveys had been completed; however, there are a number of caveats:

Approximately a fifth of respondents chose not to enter any demographic information.

- As the survey was open to individuals who had tried to access support but who did not obtain it, only 61 of the 84 respondents were currently receiving support from a homelessness support service.

Online surveys involving consumers of homelessness services have a number of limitations. The limitations of this method include the fact that dissemination was dependent on the efforts of the SHS providers and self-completion surveys were inaccessible to some SHS clients. Nevertheless, the surveys provide information on clients' views and experiences that were not available from any other data source.

Service provider survey

The service provider survey was the only component of the SHS Early Review methodology intended to reach all services funded through the SHS and SSF programs. The purpose of the service provider survey was to provide data on:

- implementation of different components of the reform, including new service specifications and practice guidelines, and streamlined access system reform
- implementation and early impact of Industry and Workforce Development Strategy
- how and to what extent new networks, partnerships and mechanisms have been established.

In May 2016, FACS sent an email invitation containing a link to the survey to the 159 SHS providers and the 27 services funded through the SSF. The closing date of the survey was extended until 30 June 2016 as the researchers received feedback that some services had not received the email invitation from FACS.

By the survey closing date, 95 individuals representing 83 SHS and 12 SSF services had completed the survey. This yields a response rate of 54.1% of SHS and 44.4% for the SSF services.

The survey comprised a series of closed and open-ended response options and covered the following topics:

- CIMS and VMS
- SSF
- JWAs
- Brokerage
- The DHIGs
- Link2home
- The impact of GHSH

Case studies (client, service provider, and stakeholder interviews)

FACS identified five districts that were invited for inclusion in the case study component of the review. All but one agreed to participate and the case studies were undertaken in four regions: south west Sydney, Newcastle/Lake Macquarie, Sydney and south eastern Sydney, and Central Tablelands.

The aim of the case studies was to gather in-depth, contextualised data on the implementation and outcomes of the SHS reform, from the perspectives of multiple stakeholders, including clients, SHS providers and mainstream service providers.

The case study data supplement the survey and administrative data by providing detailed findings on the interactions between different components of the reform and the connections between SHS and mainstream services. Each case study region focused on specific client cohorts. These were families, including women and children escaping DFV, young people and people with complex needs.

Between May and August 2016, face-to-face and phone interviews and focus groups were conducted with 37 SHS providers and other agencies in the case study sites, and with 34 clients.

An initial email invitation was sent to SHS providers and other key stakeholders in the case study regions inviting them to participate in an interview. In the event of no response, a follow-up email was sent a week later and again if no response one phone call a few days later. Thirty- seven individuals from SHS and other agencies participated in face-to-face, phone and focus groups across the four regions. These included:

- 16 in the Newcastle and Lake Macquarie area (Hunter New England District)
- 6 in the Central Tablelands (Western NSW District)
- 7 in inner Sydney (Sydney and South Eastern Sydney Districts)
- 8 in south west Sydney (South Western Sydney District).

All interviews were recorded and transcribed with individuals' consent, and analysed using the qualitative data analysis software NVivo.

Interviews were undertaken with 22 additional key stakeholders at state/central level, for example, FACS, MEAG members, and other NGO and government agency representatives. The purpose of these interviews was to gather state-level strategic policy views in addition to informing analysis of the case studies.

Thirty-four SHS clients were interviewed as part of the Early Review. These included:

- 10 young people in Newcastle and Lake Macquarie
- 11 men in inner Sydney
- 13 women in south west Sydney and Central Tablelands who were being supported by organisations that included families, including women and children escaping DFV, in their target client group.

The clients were recruited via SHS providers. Managers of SHS selected to participate in the case study interviews were asked to distribute flyers and invitations to clients. In some instances, clients made direct contact with the research team; in others, they gave permission for service providers to provide the research team with their contact details.

Approximately a third of the interviews were undertaken face-to-face and the remainder were conducted over the phone. Participants interviewed face-to-face were all given a participant information statement and asked to provide signed consent. The participant information statement was explained to all participants who participated in a phone interview and all were asked to provide verbal consent. All participants were given a $40 voucher to thank them for participating in the survey.

Participants interviewed by phone were sent a hard copy of the participant information statement and a reply-paid envelope by post and asked to return a signed consent form. The interviews were all recorded with clients' permission and transcribed in full. The interview transcripts were analysed using the qualitative software NVivo.

Quantitative analysis

The quantitative components of the Early Review reflect the timing and context of the review as a preliminary activity in the FACS SHS Monitoring and Evaluation Strategy (FACS 2015). Specifically, the Early Review is the first assessment of the GHSH reform transition and focuses on the implementation of the new service models and the initial phase of post-reform service delivery. In this context, the Early Review is a proactive supplementary initiative designed to assess the new SHS systems and data content, identify gaps and data quality aspects, and inform preparations for the planned outcomes and economic evaluation.

From the quantitative perspective, the Early Review reflects the scale of the GHSH reform and substantial changes across the SHS model, service provider arrangements and newly implemented data management and reporting systems. In this context, there were expected significant limitations in the quantitative analysis related to comparability of previous years and data quality, as presented in section 3.7. The quantitative analysis for the Early Review has also been limited by not having complete consolidated data from service providers not using CIMS.

This section presents the methodology undertaken for the quantitative components, the primary data sources, data preparation activities, and analysis approach, as well as related limitations and gaps.

Data Sources

The initial phase of Early Review, undertaken during February and March 2016, included assessment of the primary AIHW and CIMS data sources and related documentation, as well as discussions with FACS data managers.

This preliminary work verified the alignment of data sources and the integration of quantitative components across the Early Review study questions in terms of expected data quality and completeness and the pre- and post-reform timeframe structure. The initial work also examined potential rules-based approaches aimed to derive dimensions not available in the source datasets, including client target groups and levels of case mix effort.

The quantitative analysis aimed to examine the datasets from service reporting period as well as client count perspectives. The initial focus was on client count data, with data being compared to conventional AIHW SHS reporting.

Early Review timing and context

The approach for the quantitative analysis was based on a series of implicit sequential phases to assess and validate data sources from before and after the reform transition period, given the before and after content are from different datasets.

As the 2014–15 datasets are the overlapping reform transition year, this was the target comparative data integrity checkpoint, to validate client counts across data dimensions and subgroups. The comparability of the datasets in general are supported by previous FACS data item mapping between AIHW and CIMS, and underpinned by the development of CIMS, which was undertaken in the context of the national reporting protocols for the AIHW SHS collection.

Given the increased variation in SHS delivery figures during the reform transition, validation of preliminary checksums across target groups and service categories was a planned preliminary exercise to verify reported AIHW published figures against the CIMS client count data. This initial validation phase was restricted during the Early Review due to the focus on CIMS data and the ongoing work to develop a consolidated dataset, including two service providers that were using separate systems established prior to the reform transition.

The planned secondary phase of the analysis was to examine descriptive statistics across multiple stratifications of available subgroups to further validate the comparative figures. This secondary component was undertaken across high-level aggregate figures, where feasible, based on adjustments for the non-CIMS content; however, lower level cross validation was not possible. Without validation of the client count data, analysis of the CIMS source reporting period data was not possible as the reporting period content also excluded the two service providers and the final quarter of the 2015–16 year.

Separate to the CIMS data gaps, the overarching trend in SHS support has increased nationally at 2.6% annually between 2011–12 and 2014–15 (AIHW 2015a). The AIHW notes that the SHS collection data measured service response and, therefore, increases in client numbers generally reflect the increased availability and accessibility of services rather than change in the underlying level of homelessness in Australia.

In the NSW context, the AIHW reports that the national rate of SHS use has remained relatively steady since the start of the collection in 2011–12; however, in the 2014–15 period there was a decrease of 7% in client numbers in NSW, driven by the changes in data as a result of the reform transition period. The AIHW notes that the GHSH reform has resulted in data quality and definitional issues, which limit the comparability with the figures for previous years for NSW or with data for other states and territories (AIHW 2015c).

The preliminary post-reform CIMS data indicates a reversal of the NSW 2014–15 decline in client numbers, with an estimated full year substantial increase above previous years. The significant scale of this variation during the reform transition period further complicates the comparison of pre- and post-reform figures and the capacity to attribute specific changes to particular service model reform, including when complete 2015–16 datasets are available.

Another contextual aspect of the Early Review relates to client counts containing high variation in service intensity and duration. This provides important perspective to the basis of client count comparisons when little is known about service intensity, quality, resource usage or the longer-term outcomes for clients. These components will be assessed in the SHS outcomes and economic evaluation planned for the outcomes evaluation (see Figure 1).

Dataset alignment with the GHSH reform process

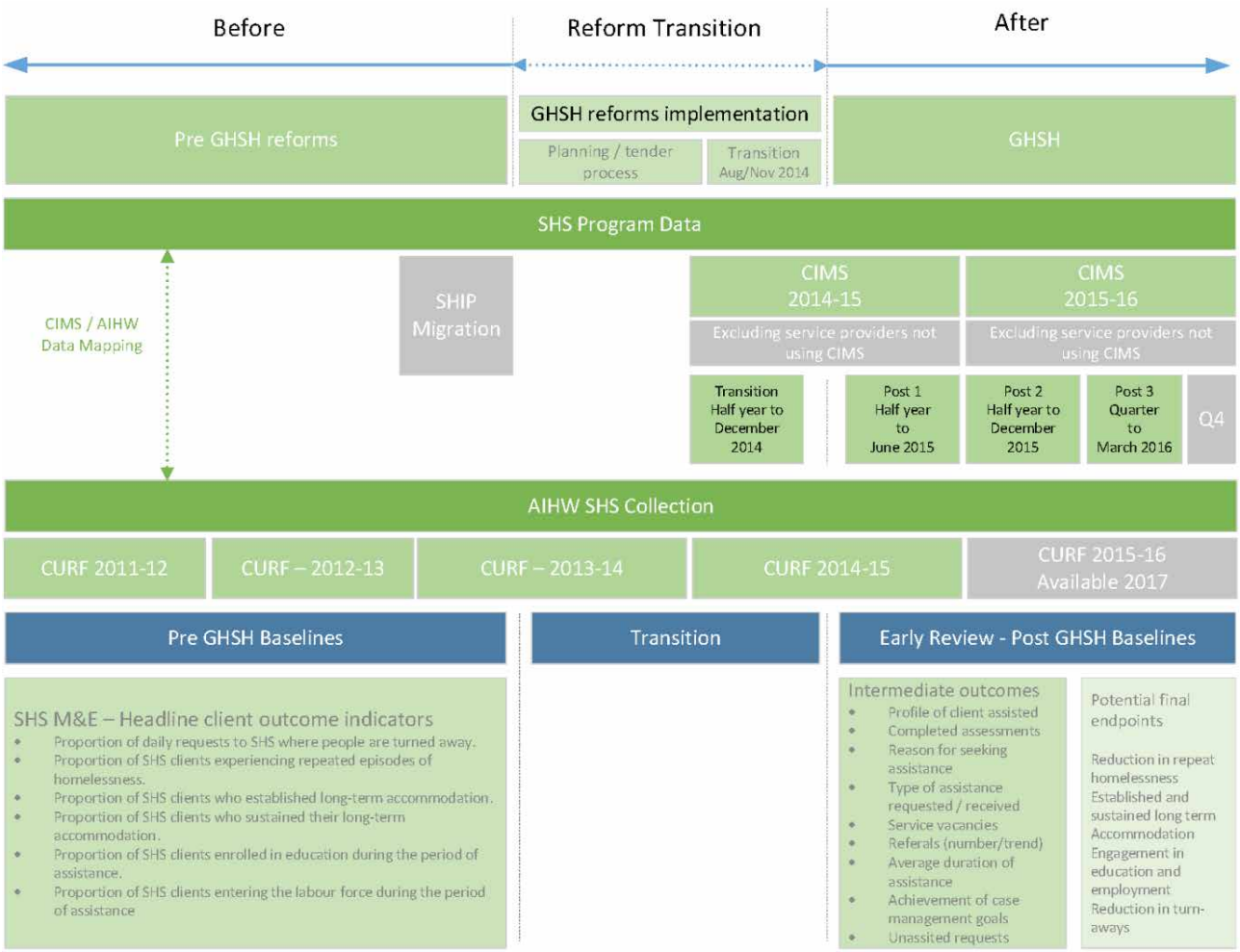
The datasets available for the Early Review are comprised of four pre-reform time slices and four post-reform data points, although post-reform content is available over a shorter timeframe. The data include four years of pre-reform AIHW CURFs, including three years from 2011–12 to 2013–14 pre-reform, and the 2014–15 year, which covers the reform transition period from August to November 2014 as well as several months of initial post-reform activity. Collectively, the CURF data provide the pre-reform baseline content.

Post-reform data is based on the newly implemented CIMS content including four data points across annual year-to-date client count figures as at:

- December 2014 (immediately following the reform period)
- June 2015 (first six months of post-reform activity)
- December 2015 (second six months of post-reform activity)
- March 2016 (additional year-to-date quarter in 2015–16 year)

The quantitative analysis for the Early Review is based on the before and after datasets (as presented in Figure 31). CIMS data were available to March 2016, and 2015–16 figures have been annualised on a linear basis for comparability with prior full-year figures.

Figure 31: Early Review dataset alignment with the GHSH reform process



Note: CIMS datasets exclude figures for two service providers that do not report through CIMS.

In line with AIHW reporting timeframes, the 2015–16 CURF is expected to be available in March 2017 following data cleaning, adjustments and de-identification activities.

The CIMS dataset has the advantage of being available at more frequent quarterly intervals and in shorter timeframes than the AIHW data. However, as the implementation of the CIMS system is a work in progress, not all data content was available for the Early Review.

Significantly, data for two service providers are not processed through CIMS and remain in the previously established service provider systems. It was anticipated that the data for these providers would be mapped and integrated into the master CIMS dataset; however, technical issues have not been fully resolved and data for both of these providers were not included in the available CIMS content. The issue relates to data format on transfer to CIMS that has resulted in a proportion of data items not aligning with the correctly mapped destination fields. This is estimated to represent approximately 5.2% of the total client activity and prevents direct before and after comparisons of client numbers. A preliminary analysis has been undertaken in terms of proportions of clients in respective service and client groups, as initial indicative intermediate outcomes, subject to verification during the planned outcomes evaluation.

Before and after analysis

The SHS data collection and annual published reports provide a summary of high level baseline figures using predominantly descriptive statistics. These aggregate figures mask the underlying detail and incorporate trade-offs with the comparability of high-level aggregate measures, and the loss of underlying detail across timeframes and subgroups. For this reason, the analysis approach was to position the descriptive base statistics as the starting point and develop multiple stratifications across all available subgroups.

The analysis in the Early Review is based on intermediate outcomes aligning with each of these headline measures for comparison with established national sets of performance indicators under the National Affordable Housing Agreement from 2008, the National Partnership Agreement on Homelessness to June 2013, and the Productivity Commission Report on Government Services to 2015. These series of indicators provide pre-reform baseline context for the Early Review analysis and will provide reform transition context for integration with potential final endpoints under the planned outcomes and economic evaluations.

Data quality and completeness

The quantitative components of the Early Review focus on the established SHS data collections for both mandatory Commonwealth reporting protocols through AIHW, as well as newly established NSW program data developed through the CIMS systems.

The AIHW CURF SHS datasets have been collected since July 2011 and provide three years of pre-reform program data, 2011–12, 2012–13 and 2013–14. The 2014–15 CURF is also included in the analysis; however, it includes half of the year during which the reform process was underway, most significantly from August to November 2014. The post-reform first CURF, for 2015–16, is in development and will be available around March 2017; therefore, it was not available for the Early Review.

The core data collected via CIMS provides the first post-reform data and covers the period from July 2014 to March 2016.

FACS has completed comprehensive preparation for the Early Review, including documenting details of recognised data gaps, quality and identified areas of variation in CIMS response compliance, as well as mapping between the SHS CURF and CIMS datasets.

Dataset derived rules-based content

In line with identified data gaps, the quantitative phase assessed the extent to which data classification rules may be developed to derive data categories and supplementary variables in both the AIHW and CIMS datasets. The rules-based content includes:

Client target group

The client categories of young people, single men, single women and families are not separately recorded in the AIHW or CIMS datasets. They have been derived during the Early Review based on a combination of multiple fields including identifiers for young people presenting alone, family type, gender and age group. The review confirmed particular issues with inconsistent and multiple recorded age groupings in the early AIHW for 2011–12; however,later years of AIHW and the CIMS data provided more reliable coding to test the rule-based allocation (as presented in section 4.1.2).

Case mix and level of support effort categories

The SHS Practice Guidelines define the level of support categories as low, medium or high effort. FACS had previously undertaken support level of effort analysis using 2011–12 AIHW data, and the Early Review examined this approach and replicated the methodology to estimate client case mix of the number of homeless and at-risk clients, by low, medium and high effort across all client groups for all available CURF and CIMS datasets.

The level of support effort has been assessed and reported in CIMS by service providers since May 2015, and the rules-based derived categorisation of effort was planned to be compared in the context of the level of effort separately assigned and reported in CIMS. However, the level of effort assessment data in CIMS since May 2015 requires additional reporting development to enable it to be extracted from the system and was not available for the Early Review. All level of effort figures presented in the analysis were derived using rules-based estimates.

Core service response type

Post-reform services are grouped into four core service responses:

- prevention and early intervention
- rapid re-housing
- crisis and transition responses
- intensive responses for complex needs.

These categories were not part of pre-reform service delivery reporting and have been considered by FACS as potentially being estimated through rules-based allocations. Discussions during the Early Review established that many of these categories are not feasible for reliable rules-based allocation, and other categories, while plausible targets for rule development have not been undertaken within the review timeframe and are subject to comprehensive validation.

Quantitative data analysis

The quantitative analyses have been developed across all available dimensions of client profiles and subgroups combined with the supplementary derived classifications and content for client target group and level of effort. Collectively the primary data sources include the available client service needs for assistance, client characteristics and demographics, and SHS accommodation and non-accommodation services provided.

The initial approach developed comparative before and after figures in the context of established baselines and trend analyses. The pre-reform baselines are predominantly descriptive figures: proportions of client groups and subgroups that received a support service mix or achieved a particular intermediate outcome. Given that the CIMS data are incomplete, the initial comparative figures are based on proportions of total clients. Additional figures are shown where relevant in absolute client numbers to indicate relative changes and patterns, for initial indicative reference.

Given the dataset limitations, the quantitative analysis is predominantly descriptive statistics across available data dimensions and subgroups. The Early Review analyses focus on preliminary comparative before and after figures across all available subgroups and derived variables, to breakdown and stratify areas of comparability.

Economic perspective and SHS cost effectiveness

The Early Review does not explicitly include economic evaluation components, although the content of the Early Review integrates implicitly with the broader SHS monitoring and evaluation objectives of the economic evaluation of program cost effectiveness. There are no SHS Program funding or cost data included in the Early Review. The longer-term SHS outcomes and corresponding service use implications will be examined in the next evaluation phase planned for 2017, which will include an economic evaluation component.

Quantitative analysis limitations

The scale and reach of the SHS reform process in NSW has been extensive across the planning, retendering and implementation rollout phases that continued from 2012 to 2014. Changes to service models and related reporting protocols that occurred as a result of the reform have led to a number of well documented data limitations, particularly in the context of pre- and post-reform comparison. These overarching limitations in the quantitative and outcome data are identified in the SHS Monitoring and Evaluation Strategy, including the following:

- Pre- and post-reform comparison is limited by the characteristic change in service level and the related integration that a post-reform service package may have with pre-reform services.
- Timeframe and the relationship between preliminary intermediate indicators as the focus of the Early Review, and the range of longer-term outcomes as final endpoints limits the capacity for the Early Review to assess broader final endpoints in the context of longer-term outcomes, which may result in potentially reduced needs for ongoing and repeat support services.
- Data issues relating to quality, comparability and the development and implementation of new systems and reporting protocols, with the analysis and interpretation of findings contextualising the preliminary outcomes of this Early Review through integration with the survey series, case studies and wider stakeholder engagement.
- Separate from work to adjust the SHS series, data for some activities and client groups are known to include gaps and levels of aggregation that may mask direct comparisons with previous datasets. Collectively, the primary data limitations are well documented and identified through caveats, with the respective datasets, including AIHW SHS data, clearly underlining that NSW SHS data for 2014–15 should be used with caution when making pre- and post-reform comparisons or with data for other states and territories.
- Comparative limitations to AIHW SHS datasets are also present in CIMS data, similarly reflecting the scale of the reform process as well as the implementation and take up of new and extended CIMS functionality.
- A range of external factors may impact client and broader system outcomes and demand for services, such as broader trends in housing affordability, changing responses to healthcare and family areas, such as mental health and DFV. These external factors are not incorporated into the Early Review analysis.

Additionally, a number of gaps exist in CIMS datasets available for the Early Review including:

- Exclusion of all data for two service providers due to technical issues related to the integration between their provider systems and CIMS.
- Incomplete 2015–16 CIMS data, with figures annualised on a linear basis from the available nine months to March 2016. This has been undertaken to present indicative full-year figures; however, it introduces additional uncertainty and potential variation
- VMS data from CIMS requires reporting development and is not available to the Early Review
- Level of effort assessment data in CIMS since May 2015 requires additional reporting development to extract from the system and was not available for the Early Review. This prevents direct comparison with the derived level of effort rules-based estimates prepared during the analysis.

Appendix C: SHS client interviews

Thirty-four SHS clients were interviewed as part of the Early Review. These included:

- 10 young people in Newcastle/Lake Macquarie
- 11 men in inner city Sydney
- 13 women in Sydney and the Central Tablelands who were being supported by organisations that included families, encompassing women and children escaping DFV, in their target client group.

The clients were recruited via SHS providers. Managers of the SHS that were selected to participate in the case study interviews were asked to distribute flyers and email invitations to clients. In some instances, clients made direct contact with the research team. In other instances, they gave permission for service providers to provide the research team with their contact details.

Approximately a third of the interviews were undertaken face-to-face and the remainder were conducted over the phone. Participants interviewed face-to-face were all given a participant information statement and asked to provide signed consent. The participant information statement was explained to all participants who participated in a phone interview and all were asked to provide verbal consent. All participants were given a $40 voucher to thank them for their participation.

Participants interviewed by phone were sent a hard copy of the participant information statement and a reply-paid envelope and asked to return the signed consent form. The interviews were all recorded with clients' permission and transcribed in full. The interview transcripts were analysed using the qualitative software NVivo.

The focus of the interviews was to gain client perspectives on the support they were receiving from the SHS or other homelessness support services. In trying to elicit this information, efforts were made to understand how clients had come into contact with homelessness support services.

In some cases, clients were able to describe very clear pathways to accessing support. Others had histories of accessing different parts of the service system over several years and their accounts were not always easy to follow. Some were reluctant to share the details of their situation and were more guarded in the accounts they provided, while others had trouble recollecting their many interactions with the service system. The analysis presented below gives a flavour of the diversity of clients presenting at homelessness support services and their varying support needs.

Young people

In early July 2016, FACS provided us with a list of seven services in the Newcastle/Lake Macquarie area that had young people included in their target group (some services were cross target) and who had agreed to be contacted for the Early Review. Email contact was made with all seven services inviting staff to participate in interviews and asking them to let the young people they worked with know we were undertaking client interviews as part of the review. Each organisation was also sent a flyer about the interviews and asked to display it in their offices. A follow up email was sent to the organisations a week later.

Only one of the seven services successfully promoted the interviews among its clients and a staff member forwarded a list of names and phone numbers to us with clients' permission to participate. Only one young person declined to be interviewed; several more agreed but did not answer their phone when contacted and we ceased attempting to make contact after three calls. In total, 10 young people in the Hunter New England area participated in a phone interview.

The interviewees included four males and six females. They ranged in age from 16 to 26 years. Five were in school, two had dropped out of their studies, one was currently studying at TAFE, one was unemployed and one was not in the workforce.

The young people interviewed gave some background as to why they had initially come into contact with a homelessness support organisation. All had complicated histories and many had interacted with multiple service systems over the years. Most referred to little or no support from their family of origin and mixed experiences of support from other family and friends. At the time of the interview, the young people were living in a range of circumstances, including living alone in private rental accommodation, staying with family, couch surfing and staying at a refuge.

The young people explained how their initial contact with the SHS came about. Initial referrals to the homelessness support organisation came via headspace, Link2home and school counsellors. Others described how they found out about the service when staff from the homelessness support services visited the school or had prior knowledge of the service due to periods staying in refuges over the last three years. One young man had spent many years in out-of-home care and had casework support from an organisation that also provided homelessness support services.

The majority of young people interviewed described being supported to find accommodation. Three of the young people were assisted to find private rental accommodation through a local real estate agency, one of whom required assistance to settle unresolved debts from a previous rental before she could access a new rental. Four had either received or were currently in transitional accommodation while also receiving support to find more secure accommodation. One young person who was living with parents described how she and her partner were being assisted by a caseworker who was writing letters of support and providing assistance in applying for subsidies to cover future rent.

Many of the young people described having regular contact with a caseworker. Most felt that their caseworker was responsive and approachable and got back to them within reasonable timeframes. The young people described how their caseworker would regularly check in with them to see how they were doing:

> *How everything's going living-wise and budget-wise sort of thing. Just to help, sort of thing, keep me on track so I don't go backwards.*
>
> *She talks about day-to-day life, asks me how stuff is and how college is going, how counselling and all that is.*

However, other young people felt their caseworkers were not responsive and 'didn't really care'. One young person described her frustration with being assigned a new caseworker three weeks prior, who she felt would be responsive but who had failed to do the things she had promised. Having stayed in refuges over the last few years, this young person had experienced the transition of the homelessness service to the new service provider and felt the reform had not been effective:

> *It's a pretty bad situation because it's all where the government funding has gone, and they've changed all the policies and they've brought in this rapid re-housing thing to show off to the public, but the public isn't being told that it's not working. Like, I'm still homeless again, with no help.*

In addition to receiving support to find accommodation, many of the young people described a range of other types of assistance they received from the homelessness support service. These included referrals to other organisations, accessing financial support, assistance with developing life skills, assistance finding furniture, assistance with clearing debt, transport assistance to appointments, accessing counselling and assistance with contacting family.

One young mother described how her caseworker referred her to a Brighter Futures[10] program, which she has found to be very beneficial. She was also advised that her children were eligible for medical and immunisation support, which she was able to access due to her children's Aboriginal background on their father's side. Two young men reported being referred to an agency that provides young people who are homeless or at risk of homelessness with support and access to education, training and employment opportunities. One of these young men also reported that he was referred to headspace.

Three of the young people reported that they had used Link2home. One mentioned that he had used it a couple of times and reported that they generally referred him to one of two services he had stayed with previously. The young mother reported that several months prior she had made contact with Link2home because she was 'in a hard spot' and that staff found her, her partner and their two children emergency accommodation for two nights in a caravan park. She felt that the staff were very helpful, checked they were all safe and did all they could to help her out:

> *If they couldn't find me somewhere close by it was always just double check if you can find somewhere, if not we'll work on it. So they were always willing to help. It was never, 'No well we can't help you'. It's just, 'What can we do next?'*

When asked if she had to wait long to speak to someone, she commented that she waited about half an hour, which she felt was understandable because 'they've got a lot of people needing help'.

The young man on a humanitarian visa also reported that he had used Link2home after finding the number 'on a Housing Department at Newcastle' after catching a bus there from Sydney. He called the number late at night and reported that staff told him that they could not help him because he was not a permanent citizen, but that they would follow up with a homelessness support service that could help him. He was told to call Link2home back after ten minutes if he did not receive a call from the service, but he did, so he had no further contact with Link2home.

For the most part, the young people were happy with the support they were getting from the homelessness support service, with many acknowledging that without it, they might well be homeless. One young man felt he had not been treated very well by his caseworker; however, he mentioned that he had been referred to another organisation and had reported that he was happy with the support he was getting there. He reported that his new caseworker was helping him with many areas of his life, including medical appointments and addressing drug use issues. A young woman felt that her house mate was getting better support than she was; however, overall she felt that *'their support is pretty good. It just depends on who you get and how much effort they're willing to help'*.

The other young people were generally very satisfied with the support they were receiving. One young woman who had been supported on and off by a service over the last four years expressed relief and gratitude knowing that she could call on the service when she needed it.

> They've always been there and I've always been able to rely on them and go back to them when I need to for that support and to help me get back on my feet. So it's definitely been a big part of my life for the last four years and the caseworkers that I've been given in the last few years they've just been wonderful.

When asked where he thought he would be without the casework support he was getting, one young man replied 'on the streets most probably'. The young man on a humanitarian visa was grateful for the support he was getting and felt that people are more likely to benefit from the support if they are motivated:

> *It seems to me they help the one who show he really up and motivated with the help that they giving and expecting the time and everything.*

10 Brighter Futures is a targeted early intervention services to families with children who are at high risk of entering or escalating within the statutory child protection system.

The young woman who had been told by her mother and stepfather that she had to move out as soon as she finished her HSC spoke of the relief she felt that she was getting assistance to find accommodation, particularly as she was in school and her partner was working, leaving little time to search for accommodation:

> *It made it a bit easier and a lot less stressful to think about, knowing that I've got that little bit of help there.*

Clients with complex needs

In May 2016, 14 SHS and four non-SHS organisations in inner city Sydney were contacted by email and invited to participate in the SHS Early Review. All of these services support people with complex needs, including street-dwelling ('rough sleepers') people who are homeless. Services that responded to the email were invited to participate in service provider interviews and asked to invite clients to participate or make recruitment information about the interviews available to potential recruits. In June 2016, a follow up email was again sent to services asking them to promote the client interviews by displaying flyers.

Between June and July 2016, eleven men were interviewed. Three of the men had seen the flyer and called the 1800 number to arrange an interview. Two of these men promoted the interviews among other men they knew who were homeless at the time of the interviews, resulting in eight additional interviews.

The men interviewed ranged in age from mid-twenties to late sixties. Three were born overseas and one had a non-English speaking background. Their stories were complex, often with multiple periods in and out of homelessness. Although the interviews focused on the support the men were receiving from homelessness support services and whether they felt it was meeting their needs, many offered insights into their lives in an effort to explain their circumstances. The men spoke of problem drug and alcohol use, mental illness (schizophrenia, bi-polar, depression), criminal histories, periods of incarceration, sexual victimisation in childhood, relationship breakdowns leading to losing their home and being victims of domestic violence.

Some of these men had managed to find accommodation for a few months at a time, while others were living week to week, making daily calls to Link2home for two nights' accommodation here and another two nights there, without any long-term housing prospects on the horizon.

Seven of the eleven men interviewed were staying in a city hostel (not SHS-funded) and expected to be there for some time. One had only been in the hostel for a week before the interview, with some reporting that they had been staying in the hostel for eight months. All were generally satisfied with the hostel accommodation and all had their own rooms.

The majority reported that they had a caseworker and felt they could access a lot of the support they needed. The men were getting referrals for physical and mental health issues, assistance with finding accommodation or getting on the Housing NSW priority list, assistance with family contact, life skills support and financial assistance:

> *Whatever help you need and they're able to help us. They can't go all the way but they do whatever they can.*

> *I've never been in a place like this before ... now I've got a case worker actually helping me with finding housing and trying to find me somewhere stable.*

> *She's been doing everything for me. She's been making sure I have doctors' appointments and checking up on housing and all that sort of stuff.*

One man reported that staff had paid for a flight so he could attend his court case in another city.

Of the other four men, one had moved into his own rental accommodation with assistance from a homelessness service six months earlier; however, this transition was proving more challenging than he expected.

Joe described a history of being in state care, sexual victimisation in childhood, several years in prison, living on the streets, drug addiction and mental illness. He described how gaining support from a homelessness health service had 'saved my life, 100 per cent. They've saved my life'. The service arranged for psychiatric support, accompanied him when giving evidence at the Royal Commission into Institutional Responses to Childhood Sexual Abuse, got him into a program to treat drug addiction and encouraged him to participate in a photography exhibition. After securing social housing with the support of the service, Joe's story highlighted how finding accommodation was only part of the story – keeping the accommodation was a struggle for him and required ongoing support: 'Without the homeless service and [organisation], I probably would have been back on the street.' Joe felt that many other people in similar circumstances to his struggled to maintain their housing:

> *A lot of people get out of their places and they usually f___ it up by letting other people in or whatever, or not paying the rent. A lot of people, because they've spent so long on the street, and then they go and put them in a flat out in the middle of nowhere and they don't know anyone, after a couple of months, they're letting people into their house and they're back on the street.*

Conversely, one of the men who was alternating between hostels and rough sleeping reported he had received ongoing support when he had secured social housing:

> They were still in contact with me, making sure my mental health was all right and I've taken the medication I'm supposed to have taken.

Three men in their sixties lived from week to week, obtaining a few nights' accommodation at a time interspersed with nights without a bed. One man in his sixties with physical and mental health issues spoke of periods in and out of hostels over the last few years and regularly choosing to sleep on the streets rather than stay in particular hostels in the city. Another man in his sixties who described himself as struggling with severe depression and alcoholism had spent the night before the interview in the entrance of a cafe to keep out of the rain and was grateful that the irate owners did not call the police when they found him there in the morning. He commented that there were hostels in the city that he would not stay in 'because I just don't want to put up with the drug addicts and the intimidation from some of the residents.' Another man in his sixties with physical health problems reported that he rode the trains at night if Link2home could not find accommodation for him.

Two of these men had previously lived in social housing but both had left, because they did not feel safe. One explained that his house was in an area where there was a lot of drug use and noise day and night. He declined to apply for a transfer because he was aware that it could take several months. He described receiving another offer for a house that he declined because 'it was full of rats and white ants ... all the carpet was ripped up and everything'. He reasoned that 'once they know you're homeless, they're going to offer you the worst place going'.

The other man commented that he opted to leave his social housing 'because of intimidation and all the stuff that was going on around the place, the violence all around the area and drug addiction.' Being homeless ever since, he now sleeps 'wherever [he] can'. In between nights sleeping rough, these two men moved from hostel to hostel in the inner city. Both described feeling uncomfortable and unsafe staying in hostels and felt that hostels should cater for different age groups:

> *I'm 63. I'm nearly 64. They say the same thing about most of the hostels. There's just young fellas. Us older blokes, we're over that sort of mentality that they've got.*

> *I've stayed in all the hostels ...Yeah, but at my age I couldn't stay in those places; I'm too old for those places now ... A lot of young blokes there with drugs and all that type of thing, and they've got mental illness.*

Link2home

Over half of the men interviewed reported that they had used Link2home. The majority found the staff respectful and responsive, 'like 99 per cent of the time they were helpful'. The interviewees reported different experiences with respect to waiting times. For some, response times with Link2home were 'quite quick and convenient', while others spoke of long wait times.

A man who spent his time moving between hostels reported ringing up at nine in the morning and waiting up to 45 minutes to get through. Another reported taking a milk crate to the phone box so he would have something to sit on while he waited the twenty plus minutes to get through.

Occasionally, staff at Link2home could find him accommodation for a night or two. When they could not, he would either book himself into a hostel for a few nights or ride the trains and call back a few days later:

> *Sometimes they got me in somewhere, and sometimes they said there were no places and ring back tomorrow. I used to ring up probably Monday – they only used to give one night a week at [house] and that's over at [street] ... I might get in but they used to fill up pretty quickly ... but like I said, I couldn't get a bed every night. Actually Tuesdays, Thursdays and Friday nights were bad nights because you couldn't get anywhere.*

Another man reported that he regularly used Link2home and that most nights that could put him up somewhere, but not every night. The older man who had slept rough the previous night had phoned Link2home that morning and managed to get into a hostel that night; however, at that stage it appeared that it was only available to him for one night.

Most of the men interviewed had spent a significant part if their life living in Sydney. One man, who was originally from New Zealand, reported that he gave up work in Western Australia, moved back to Sydney and has moved between hostels and the streets for the last 10 years. Two had been living in the outer suburbs of Sydney and chose to move to the inner city. One reported that he 'just wanted to get out of the area' and the other reported that he had stayed in the hostel some years earlier when he moved 'to give the city life a go'.

One man who spent much of his life on the road for work said that he was referred to the city-based hostel via Link2home. Another man also reported that Link2home referred him to the city-based hostel; however, he would have preferred to stay in the outer suburbs where he knew people. He was also reluctant to venture back into the city because he was fearful he might be tempted to start using heroin again:

I haven't been up this way in 20 years because the last time I was up here I was on the street for four years and I was living up at The Cross .... It was scary to tell the truth because when I was in The Cross before, I was on heroin, and that's what I kept thinking, that I'd go back to using again.

Women escaping DFV and their children

A number of SHS providers in south west Sydney and western NSW that supported families, including women and children escaping DFV, were asked to invite clients to participate in interviews. Thirteen women were interviewed (from four organisations) between June and August 2016. The women were aged from their mid-twenties to their sixties.

At the time of the interview, seven of the women reported that the service was providing them with accommodation, two that the service had assisted them to access private rental accommodation, one that the service had assisted her with accessing social housing, and one had just secured social housing after years on the waiting list. One woman was staying at a friend's place, but the service was assisting her with her application to Housing NSW. Many of the women currently being provided with accommodation by the service reported that the service was assisting them with applying for priority housing through Housing NSW.

Nine of the women reported that they had children, one woman was pregnant with her first child at the time of the interview, and three had no children. Of the nine women with children, five had dependent children in their care, two reported that their children lived independently, and two had dependent children who were not

in their care—one reported that her children were in foster care and one chose not to go into any detail about her children's living situation. One woman who had older independent children anticipated taking on the care of two of her grandchildren when she managed to secure housing.

The women's accounts of housing instability were often mixed with accounts of domestic violence, emotional abuse, relationship breakdown, mental illness, physical illness, periods of imprisonment and problem drug use. Eleven of the women interviewed reported histories of domestic violence and emotional abuse. Several still lived in fear of violence, with one client particularly hesitant about providing any detailed information about herself.

Among the other two women interviewed, one had spent several months in immigration detention, while another older woman was left financially destitute when she and her husband separated. Several reported having unstable housing arrangements for a number of years prior to establishing contact with a homelessness support service.

Initial contact with service

The women were asked how they had made contact with the homelessness service that was currently supporting them. Six of the thirteen women had been referred to a homelessness support service by police following a domestic violence report. The other women described referrals through Housing NSW, Link2home, a referral from a psychiatrist and a referral from a friend in immigration detention.

A mother of three reported being homeless for several years, moving between crisis accommodation and transitional housing, as well as couch surfing with friends. When she felt she had exhausted the good will of her friends, she called Link2home but did not manage to find any accommodation, despite ringing daily for a month. She then reported that she was advised to speak to someone in Housing NSW because a place was available in a refuge and she managed to get in to it.

Other women described how they made the decision to leave their violent partners, which left them homeless. One woman who was pregnant at the time of the interview reported that due to her ex-partner's violence towards her, she had to leave his relative's home where they were staying:

> *I didn't have [a plan], no. I knew I had to get out of there for the safety of me and the child.*

She reported staying in temporary accommodation, which she said was organised through Link2home and Housing NSW before she was referred to a refuge.

Another woman reported that her initial contact with the service had occurred a few years prior when she was in a psychiatric ward following 'the abuse and stuff that my ex has done to me'. The staff contacted the service and arrangements were made for her to move into the shelter when she left the hospital. Her story was somewhat unclear, but it appears that she stayed at the shelter for some time, before spending some time in prison. When she left prison, she went back to the shelter because she had nowhere else to go.

One of the women interviewed reported that she had spent several months in immigration detention. Before being released on a bridging visa she reported that a friend gave her the number of a women's homelessness shelter and advised her to call it when she got out, which she did after a few days:

> *When I see that I was running out of money, I tried to ... I was thinking I said, oh, the women tell me to call this number. I must call that number, and then I make my mind because I see no food and all this stuff.*

Six of the women who had experienced domestic violence had been referred to a homelessness support service by police following a domestic violence report. In addition to emergency and crisis accommodation support, the service offered a range of other supports, including case management, transport to safety, brokerage funding, safety planning, assistance with victim's compensation, and information, advocacy and referral. Some of the women were more inclined to describe the referral than others, with several preferring to say little beyond the fact that they were referred by police to the support service.

One woman, a mother of three, reported that the police put in an urgent report to the SHS refuge when they arrested her partner. She described getting a call from the service who said they could offer her and her children a place in the refuge. She described her initial reluctance to accept the help, but later relented. She described the lengths the service went to reassure her:

> *[They said] you've been referred to us through the police and you're not in trouble or anything and she even went out of her way to explain that they were just worried. I was really concerned that now that I finally got free I was going to lose the kids and I was going to lose all this, because I'd finally stood up and said something. They were like, 'no that's not going to happen'. They said, "Why don't you just take it as a rest and just come over here for a couple of days and have a break away from all your family and everything like that, and just have a break and relax for a couple of days".*

Another woman described how she was referred to a homelessness support service by police following a domestic violence report. She described her initial contact with the service as comfortable, thorough and reassuring and expressed her gratitude for the casework support she had received: '[caseworker] went above and beyond the call of duty as far as I'm concerned.' What was particularly remarkable about this woman's account was that she had been homeless for several years and had undergone cancer treatment while sleeping rough, couch surfing and staying with her elderly parents, and yet had been unable to obtain any housing assistance prior to the domestic violence report being made. She reported that she tried to seek assistance from Housing NSW when she first received her cancer diagnosis, being informed that she was not a priority for assistance but that they could provide her with short-term assistance:

> *They said they could put me up in a motel for a few days, which they did, which was really good because I was pretty sick at that time. But I took in doctors' certificates; I took in my prescriptions, because I had cannula chemotherapy. I took in all that and they were just like, "You have to go on the list. You don't come in a high enough category for it to be prioritised" I didn't even know about [service] then. I thought, I'm really not going to get anywhere here. I'll just keep doing what I'm doing, plod along and …*

When asked if she was referred to any services, she said she was not and spent the next three years couch surfing, sleeping in her car and sleeping rough, until the DFV referral. When asked if she had ever called Link2home, she said she was unaware of it:

> *Well, Housing Commission never referred me onto that, ever, and as I said I just continued to do what I was doing by myself until the violence happened, and then [service] stepped in and it was quick, efficient and fast. Like wow.*

Support provided

In addition to providing accommodation support, many women described receiving a range of supports through the SHS. The types of supports provided varied greatly and were all tailored to the women's particular circumstances. Several reported being assisted with their applications for housing through Housing NSW, counselling and referrals to psychologists, referrals for medical issues, transport for appointments, enrolment in language courses, provision of furniture/whitegoods, referrals for medical issues, enrolling children in day care and school, budgeting advice, food packages and assistance with security features. Assistance with security was particularly important for the women who lived in fear of violent ex-partners:

> *Because I'm in an upstairs unit, each individual unit has its own stairwell, and I was quite nervous because the bottom door's got a deadlock and everything on it, no one can get in. But I was quite nervous about the top door and they've organised to have a lock put on there for me.*

An older woman who did not have English as a first language found herself homeless in her sixties when her marriage broke down. After moving between relatives' homes for some months, she then spent several months living in her car until a psychiatrist referred her to a women's refuge. The staff assisted her by reading letters she received, helping her find accommodation through Housing NSW and paying for her enrolment in English lessons at TAFE. She described how they helped her with whitegoods when she moved into her

unit and how they have recommended where she could buy cheap food. She said that staff still called her occasionally to check on her; however, she commented that she felt very isolated since she moved from the refuge to her own unit:

> *They contact me if I'm not calling. Sometime I call them and say, "Hello, how are you there?" and I feel lonely I said because I'm sad, I'm far away. Normally when I'm really sad, I go to [caseworker]. I cry there, and she help me, talk to me. But now I'm by myself now here. No one. Sometimes she visits me.*

One woman reported that staff visited her when she was in gaol and that the service covered her rent and bills during the period. In the time they were supporting her in the shelter, she reported that they drove her to the police station where she had to report daily and to medical appointments, and that they provided her with clothes and assistance to get on the priority housing list. She was very appreciative of the support and felt that people underestimated the level of support that such services provided:

> *I mean, they really – they do more than what people really think that they do.*

A woman who had spent three months in a refuge with her son provided a glowing account of the support she was given while there. She described how she and her son fled a situation that she described as akin to being in a cult, where they witnessed extreme physical and emotional abuse. Although she and her son were not physically harmed, she reported that they lived in fear of what she described as a controlling and manipulative environment. She described how she made contact with Housing NSW who referred her to a homelessness support organisation, where a worker arranged for her and her son to be picked up from a nearby location and taken to the refuge over 100 kilometres away. In addition to providing them with accommodation, the staff arranged and transported them to appointments, enrolled her son in school, and arranged counselling and speech therapy sessions. The staff had also assisted her to find private rental accommodation and 'blankets, towels everything, dinner set, everything that could possibly make things easy for me'. She described how her time in the refuge was empowering and restored her sense of self:

> *They're amazing every single worker in there ... They did everything they possibly could for me to start because I was not capable of anything …. Mind you now I'm running around looking for a job, but it's because of that experience that I had in the refuge is why I feel empowered. Now I feel in control, I feel like I've got my self-confidence back and my self-esteem, and I will never ever forget these women what they've done for me.*

A mother of three who had been referred to the refuge following a DFV report described how the staff at the refuge went out of their way to reassure her that she needed to try to relax and take her time to work out what she wanted to do now that she had managed to leave her partner. She described how the staff helped get her children into day care and preschool, and how they helped her work out what types of supports she needed:

> *They said, "What support do you have?" and I said, "No one". So they were like, "Okay, what do you think that you need?" and we went through and we worked out that because I'd had no money for so long – because for years and years I supported my partner's addictions as well, while I was still trying to support all of us. So we just had no money for so long that they were like, "Okay, so what are you going to do when you actually do have money?" So I was like, "I want to be able to properly budget." So we did a budgeting course. We worked out step by step what I needed to do and who I needed to link up with and all that kind of stuff, like counselling and counselling for the kids, and link them up into day care.*

Engagement with other services

Some of the women interviewed had already established supports in other parts of the service system but required support accessing stable accommodation. Due to their pre-established connections, they required low levels of casework support once their housing needs were met.

One described how she had a caseworker through the Brighter Futures program who had been able to assist her over the last few years with many issues before she managed to find accommodation. This included getting assistance with child care, mental health support and applying for priority housing. Because many

of her needs had been addressed prior to her most recent period of homelessness, this client did not have many unmet support needs when she finally secured accommodation through the homelessness service. Nevertheless, her new caseworkers were assisting her and her children with their physical health and with learning needs:

> *I've been happy with the things I guess I received here but then, most of it I had done before getting in here to be honest. It was just all a matter of just finding that security of the in-between waiting times, but everything else, like getting onto priority and all that sort of stuff, we'd already done before coming in here, which is all the stuff that … I guess right now what they're really mostly helping me with and the kids, is our physical health, and especially for myself.*

One young woman, who had found accommodation through the SHS, required only low-level support because she was already engaged with other parts of the service system, supports that she had initiated prior to seeking housing assistance. These included counselling, and drug and alcohol support/treatment. The SHS was assisting her with her housing application and she reported that her caseworker checked on her every two to three weeks to check how her studies and work placement were going:

> *I think my case manager is actually doing a really good job. She checks in with me at least every two to three weeks. I'm happy with that. Any more than that, I think I'd probably be letting her down because I'm so busy.*

Ongoing support needs

The women interviewed were asked if they had any ongoing support needs that were not addressed during the time they were accessing support from the SHS or if they had any suggestions about how the support they were given could be improved. The key issues highlighted were the importance of letting women who are victims of DFV know that they are eligible for financial support that might enable them to leave their violent partner; the importance of giving women independent living skills and ongoing support to prevent them from returning to violent relationships; and the general lack of available social housing for people who find themselves homelessness without a domestic violence report.

One of the women interviewed reported that she had endured fifteen years of domestic violence from her ex-partner that had involved multiple contacts with the police. She said that police often gave her a phone number to call if anything happened again, but that she never followed up. Following a serious sexual assault by her husband, from whom she had separated several months earlier, she decided to finally press charges. When she had to give a statement to police, she was asked if she would like someone from the domestic violence/homelessness support service to sit with her through the process. It was at this stage that she met a caseworker from the service who sat with her through the police interview and later accompanied her to the hospital:

> *When I got there to the station, because it was a man, a detective, I went in and I didn't start my interview until she came, and she came and sat in with me and held my hand and just offered me that encouragement …. It was really good to have someone there just to hold my hand and support me. She actually went above and beyond. She came with me to the hospital and she sat with me while I had a doctor look over me and do internal things and take photos and everything. She stayed with me at the hospital. That was really, really nice to have somebody there, to know what to do, because I didn't know what to do and I was really embarrassed.*

Following this process, she was referred to another caseworker from the service who spoke to her about her housing needs and was able to advise her on how to access a housing bond loan. As she had family locally with whom she could stay until she managed to find private rental accommodation, her housing needs were not urgent in the short term. Through the SHS, she also learned that she was eligible for a grant because she had been a victim of domestic violence. Originally, she thought she would be eligible for a grant of $1,600, but when she finally received it, after almost a year, she was shocked to find it was for the sum of $5,000. She commented on how many women remain in violent relationships because their partner retains control of

finances with a view to keeping the woman dependent on them. She felt it was critical that women were made aware that they can access financial support so they might be able to leave violence:

> *My ex used to say to me, "Yeah leave and who's going to pay the bills? You're not going to be able to afford it. You can't even work because you've got the kids. You can't afford to be without me." When you think about it, it's true. You can't really afford to be without them because you're not aware of what you're able to get.*

A mother of three who was reported to the service following a DFV incident was very grateful for the support she had received while in the service. She was appreciative of the support, time and encouragement the staff had given her that allowed her to move out and on with her life. However, she felt that the support ended very abruptly when she moved out and into her own accommodation, and felt that occasional, yet ongoing, support was very important for many women trying to get back on their feet:

> *Once people move out they just move out. They get lots of help to move out. The girls were fantastic to me, they helped do my old house, they helped pack it all up and they helped me move in to my new house, and then there was just nothing after that for a little bit ... like a lot of girls just felt like they just left the refuge and then that was it; there was nothing else.*

She felt it was important that services should help clients prepare for independent living through providing cooking classes, budgeting advice and how to link into other services. She also felt that ongoing casework support for three months or so was important. She felt that this kind of support was particularly critical for women escaping DFV who may find independent living after a period in a refuge too difficult, which may lead them to return to a violent partner:

> *A lot of people come in there and they leave and they don't feel like they've had enough time in there, and then they're just out on their own and they fall back into old habits ... like go back to ex-partners, go into situations that they all come out of because they just don't feel like they've had enough time to be on their own to know what to do on their own. They don't feel strong enough to do it and they just go back to that controlling, because they don't know what to do and they're scared.*

She said she had spoken to staff at the refuge about the need for ongoing support and that they were very receptive and followed up with a number of clients who she had told them could benefit from ongoing support. She reported that she was instrumental in starting a craft group, play group and cooking classes with the staff, as a way for former clients to keep in contact with the service and one another.

A woman who had been referred to an SHS following a domestic violence police report felt 'completely let down' by the fact that she had been unable to get any support while homeless through her cancer treatment: 'it took violence for me to be noticed'. She felt that staff in Housing NSW should direct people to other services that might be able to assist if they could not provide any direct assistance.

One of the women interviewed was in a precarious housing situation, reporting that she was staying at a friend's house that was for sale and she would have to move out as soon as it was sold. She expressed her frustration that she had no certainty about where she would be living when the house was sold. She felt she was being well supported by the SHS; however, she was struggling to get staff in Housing NSW to understand why she could not access private rental accommodation:

> *The Department of Housing is just ridiculous, because when it all first happened I sent in the AVO papers, and a support letter from [caseworker], all this information to the Department of Housing and they were like, "Well you've got to go around and have a look for houses" I'm like, "You're not getting what I'm saying. Like I apply for houses, I'm on TICA[11] [tenancy database blacklist], they're not going to give me a house." They can't seem to get it through their thick heads that I'm not going to get a house while ever I'm on TICA.*

11 TICA is a tenancy database used by real estate agents when assessing new applications, often described as a 'blacklist'

Link2home

A number of the women reported phoning Link2home. Some found the service prompt while others reported ringing repeatedly for weeks at a time. Those who called Link2home reported that most of the staff they spoke to were respectful and helpful and asked them about their safety:

> *But most of who I spoke to were really helpful and kind of went out of their way to find information and I don't know if that's because I was ringing every single day and I got to know them all by that stage. I kind of knew I would at some point speak to one on Monday, speak again to him on Wednesday or something or Thursday.*
>
> *Some of them are a lot nicer than others because I had to ring every morning. But yeah, some of them were a lot nicer than others and were very helpful and tried to find you a refuge or find you somewhere. Others it's like, 'Oh, just get back to the Housing Commission. They can help you.'*

Satisfaction with service

The majority of the women interviewed reported that they were happy with the support they had received from the SHS.

The women who had experienced domestic violence were particularly grateful for the support they had received. One woman spoke about how she first met the refuge staff when she was 'at [her] lowest' in a psychiatric ward before she moved to the refuge. She appreciated the fact that the staff had always treated her with respect and never judged her:

> *These workers here, they're always polite to me, never look at me as if I'm any different… They never put you down, and those of us that have had pretty sh*tty lives on top of domestic violence and that, like, it's really good, like, I can say anything to the workers.*

Another described the support as empowering, while another credited the support with 'saving her life'. She described how her experience of support had inspired her to study and become a qualified counsellor.

Another woman who had managed to secure accommodation through the service after several years of homelessness described her joy at finally having somewhere to live:

> *It's the first time I've unpacked my stuff. I've had my stuff in a storage unit for nearly four years and it's the first time that I've had it all out and my goodness, it's like Christmas going through photo albums of my children. I feel really, really lucky.*

Only one woman expressed her frustration that she had no certainty about where she would be living (she was renting her friend's house that was on the market, but would need to leave when it was sold). It was unclear to what degree she blamed the service or Housing NSW for her predicament.

References

Australian Institute of Health and Welfare (AIHW). (2012). ***Children and young people at risk of social exclusion: links between homelessness, child protection and juvenile justice.*** Data linkage series no. 13. Cat. no. CSI 13. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW). (2014). ***Specialist homelessness services: 2013–2014***. Cat. no. HOU 276. Canberra: AIHW. See also NSW supplementary tables provided at: http://www.aihw.gov.au/publication-detail/?id=60129550000&tab=3

Australian Institute of Health and Welfare (AIHW). (2015a). *Specialist homelessness services: 2014–2015*, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW). (2015b). *Specialist homelessness services: 2014–2015. Supplementary tables: Data quality statement*, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW). (2015c). *Specialist homelessness services: 2014–2015. Supplementary tables: explanatory notes*, AIHW, Canberra.

Australian Institute of Health and Welfare (AIHW). (2016). *Specialist homelessness services: 2015–16*, AIHW, Canberra.

Bureau of Health Information. (2015). *Data matters: linking data to unlock information. The use of linked data in healthcare performance assessment*. BHI, Sydney.

Collinson, R., Schretzman, M., Johns, E., Raithel, J. A. and Reed, D. (2016). *Predicting family homelessness using machine learning [abstract]*. Paper presented at the 2016 APPAM Fall Research Conference: The Role of Research in Making Government More Effective, Washington, DC.

Commonwealth of Australia. (2008). *The Road Home: A National Approach to Reducing Homelessness*. Retrieved from Canberra:

Homelessness NSW, Yfoundations and Domestic Violence NSW (n.d.), *Homelessness Industry and Workforce Development Strategy*, Sydney.

KPMG. (2015) ***Going Home Staying Home Post Implementation Review: Final Report,*** NSW Family and Community Services, Sydney

Kuhn, R. and Culhane, D. P. (1998), 'Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data', *American Journal of Community Psychology,* 26(2), 207–232.

McAllister, W. P., Lennon, M. C. P. and Kuang, L. M. A. (2011), 'Rethinking Research on Forming Typologies of Homelessness', *American Journal of Public Health,* 101(4), 596–601.

NSW Family and Community Services (FACS). (2012). ***Going Home Staying Home Reforms: Consultation Report*** NSW Family and Community Services, Sydney.

NSW Family and Community Services (FACS). (2013). ***Going Home Staying Home Reforms: Reform Plan*** NSW Family and Community Services, Sydney.

NSW Family and Community Services (FACS). (2014). *Specialist Homelessness Services: Practice Guidelines*, NSW Family and Community Services, Sydney.

NSW Family and Community Services (FACS). (2014a) New Providers of Homelessness Services Announced [media release], NSW NSW Family and Community Services, Sydney.

NSW Family and Community Services (FACS). (2015). ***Specialist Homelessness Services (SHS) Monitoring and Evaluation Strategy,*** NSW Family and Community Services, Sydney

Treglia, D. (2015). Efficient homelessness prevention through better targeting: using machine learning to predict homelessness among unstably housed veterans. Paper presented at the *2015 Fall Conference: The Golden Age of Evidence-Based Policy*, Miami, FL.