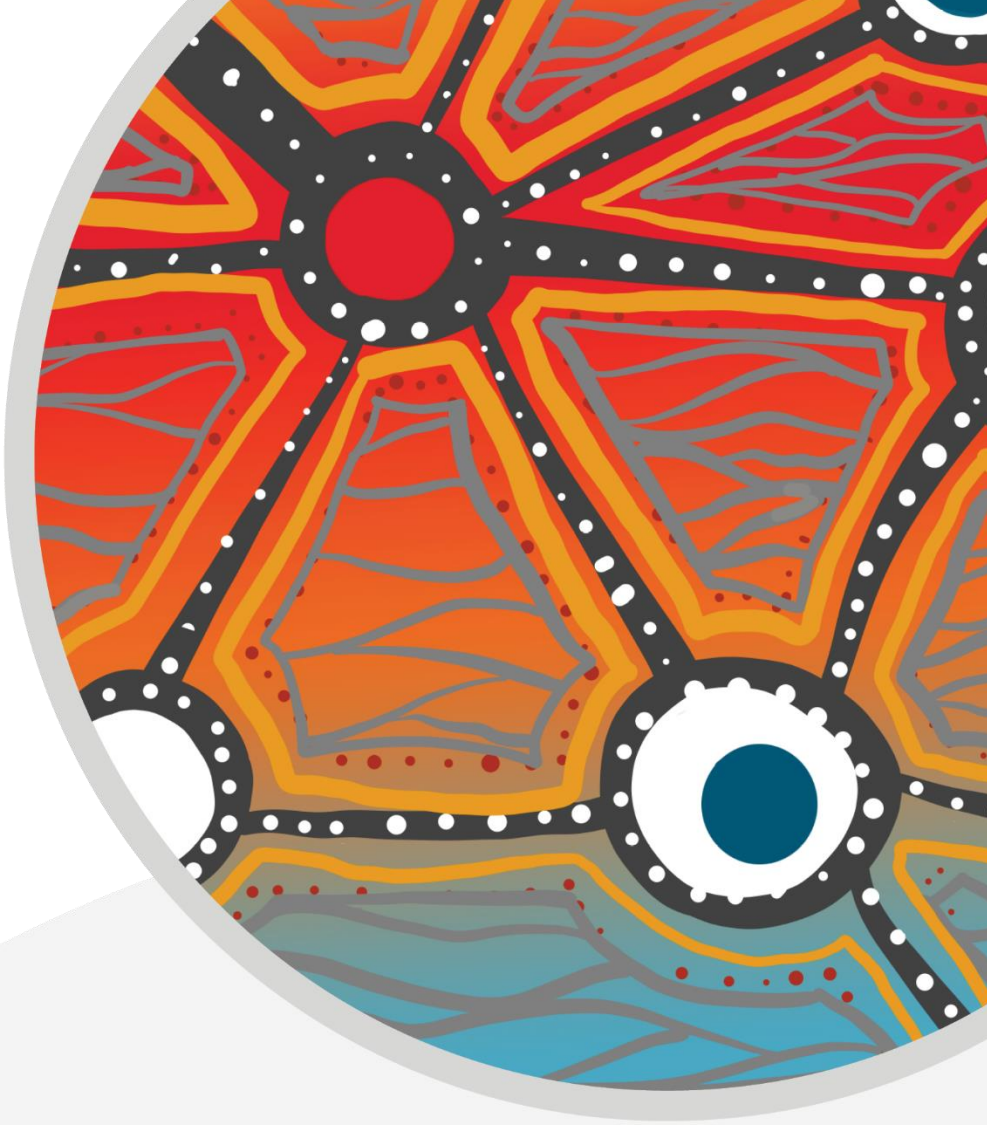

EVALUATION OF THE ASSERTIVE OUTREACH PILOT

NEWCASTLE AND TWEED

DEPARTMENT OF COMMUNITIES AND JUSTICE

FINAL REPORT

20 OCTOBER 2023

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ACKNOWLEDGMENTS

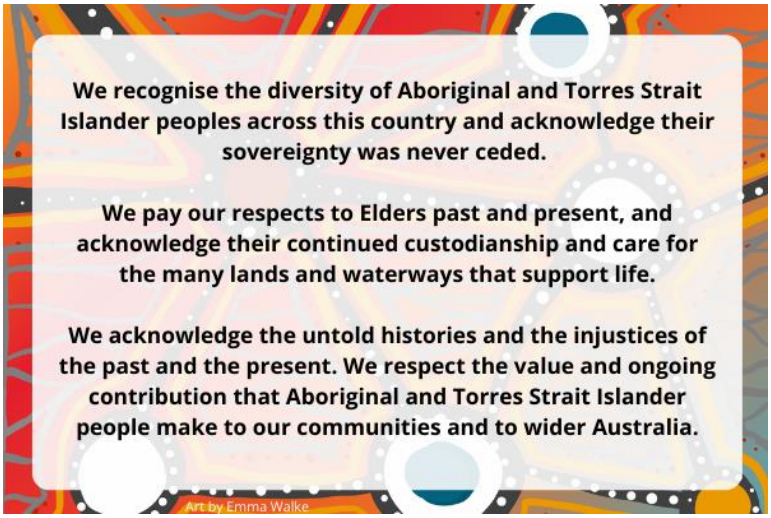
This work was completed with the assistance of Jessica Wood, Holly Quin, Bonnie Skinner, Bradlee Wiseman and Isura Foneska from Social Housing and Homelessness Strategy, and Danika Koop and Anna Dalecka from FACSIAR, in the Department of Communities and Justice.

We would also like to thank the many key informants from Newcastle and Tweed pilot sites. We thank them for their time and insights and trust that their views are adequately represented in this report.

ARTD consultancy team
Stephanie Quail, Steve Yeong, Mitchell Rice-Brading, Kerry Hart, Julie Foster Smith and Emily Yorkston, with prior contributions from Gerard Atkinson and Bianca Jarrett.

Nama Jalu consultancy team

Simon Jordan and Julie Moore, with prior contributions from Holly Kovac.



We also acknowledge the talent and artistry of Emma Walke, who designed the artwork for our report cover page. The design shows a story of connection to country and people, representing the breadth of work we do with Aboriginal and Torres Strait Islander communities across Australia. The colours represent the land, and the lines in between represent the water that connects us all.

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ACRONYMS AND ABBREVIATIONS

AHA	Application for Housing Assistance
AHMRC	Aboriginal Health & Medical Research Council
AIHW	Australian Institute of Health and Welfare
AMS	Aboriginal Medical Service
AO	Assertive Outreach
CHP	Community Housing Provider
CHLP	Community Housing Leasing Program
DCJ	NSW Department of Communities and Justice
ESSC	End Street Sleeping Collaboration
FACSIAR	Family and Community Services Insights Analysis and Research
HREC	Human Research Ethics Committee
LHD	Local Health District
NGO	Non-Government Organisation
MDT	Multidisciplinary team
PWI	Personal Wellbeing Index
SHMT	Social Housing Management Transfers
SHS	Specialist Homelessness Service
TA	Temporary accommodation
VI-SPDAT	Vulnerability Index-Service Prioritisation Decision Assistance Tool

EXECUTIVE SUMMARY

THE ASSERTIVE OUTREACH PILOT

The NSW Government is taking a holistic approach to reduce homelessness in NSW, which is set out in the *NSW Homelessness Strategy 2018–23*. A holistic approach recognises that the factors contributing to homelessness are complex and require a range of solutions to meet the needs of people who are experiencing or at risk of homelessness. The Strategy also specifies a 'try, test and learn' approach, where innovative approaches to reducing homelessness can be explored in particular locations and for particular cohorts.

The Assertive Outreach (AO) pilots in Newcastle and Tweed reflect this holistic approach to reducing homelessness, as well as the NSW Department of Communities and Justice's (DCJ) 'try, test and learn' approach to pilot delivery. The pilots were rolled out in late 2019 and bring DCJ Housing staff, specialist caseworkers and health professionals together to conduct patrols which proactively engage people experiencing street homelessness, and provide pathways to stable, long-term housing. Rough sleepers identified by AO patrols are provided temporary accommodation (TA) and a caseworker to assist with securing long-term housing (including applying for social housing), and case planning in preparation for housing.

PROJECT

ARTD was contracted by the DCJ to conduct a process and outcomes evaluation of the AO pilots in Newcastle and Tweed.

The purpose of the evaluation was to develop high quality evidence for how effective the pilots have been at improving participant outcomes. The evaluation also identified strengths and challenges relating to program implementation and delivery processes, and generated learnings to facilitate improvements to the service model and program.

METHODS

This was a mixed methods process and outcomes evaluation conducted between June 2021 and June 2023. Primary qualitative data (interviews with stakeholders and clients) and secondary administrative data was collected and analysed in both phases of the evaluation to answer the key evaluation questions (see Section **Error! Reference source not found.** for additional detail).

Qualitative data was collected through interviews with DCJ, non-government organisations (NGOs) and Health AO program staff (N = 42), and AO clients (N = 38) at the two pilot sites.

Quantitative data was drawn from administrative data extracts relating to social housing tenants or tenancies provided by Family and Community Services Insights, Analysis and Research (FACSIAR). These data provided information relating to two groups of AO

participants and two comparison groups that were identified through discussion with FACSIAR. These were:

- Treatment Group 1 (TG1): 362 individuals who participated in (fully funded) AO in Newcastle;
- Treatment Group 2 (TG2): 90 individuals who participated in (fully funded) AO in Tweed;
- Comparison group 1 (CG1): 341 individuals that participated in unfunded AO; and
- Comparison group 2 (CG2): 41,441 individuals that requested assistance from a specialist homelessness service (SHS) provider.

Regression analyses were used to examine the causal impact of fully funded AO on key housing outcomes for clients.

Extracts of program data collected by NGO service providers was also provided to the evaluation, however due to substantial limitations of this data source (outlined below), analysis of program data was not included in this report.

LIMITATIONS

The quantitative administrative data was of reasonable quality and suitable for the analysis performed. There were some errors within individual datasets that limited the proportion of records that were able to be linked across datasets and reduced the reliability and accuracy of our analysis of housing outcomes.

There were substantial limitations with the quantitative program data collected by the NGO service providers. Our analysis of these data revealed a range of issues with reliability, completeness and validity. There were differences in data collection practices across the NGO service providers, changes to what data is collected by workers over time, and only limited collection of outcomes measures from clients. This impacted our ability to use program data to confidently report on client demographics and characteristics, patterns of service delivery and outcomes for clients. As a result, the program data analysis been excluded from the evaluation and from this report.

The qualitative interviews with stakeholders and clients provided consistent themes within and across the pilot sites. However, as recruitment for client interviews was driven by the AO providers, and only current clients were able to be interviewed as part of the evaluation there is a potential for bias in the client experiences reported. The experiences of clients who disengaged from the program, or who did not have positive experiences with the program may be underrepresented. Despite these limitations we are confident in both the quantitative administrative data and qualitative interview data, and that these together provide a sound evidence base for decision-making.

GOVERNANCE AND ETHICS

Ethical approval for the components of the evaluation involving consultation with communities and stakeholders, primary data collection with AO clients, and analysis of administrative data was granted in August 2021 by the Aboriginal Health and Medical

Research Council (AHMRC) Human Research Ethics Committee (HREC) (Approval Reference 1776/21).

ARTD convened an Aboriginal Reference Group (ARG) to ensure Aboriginal leadership in the evaluation. This group met once to provide cultural guidance on methods and engagement approaches, however interruptions to service delivery as the result of COVID–19, the impact of successive natural disasters, and staff turnover meant the group was disbanded. Therefore, the evaluation was not able to be informed by local Aboriginal perspectives, as had been intended.

KEY FINDINGS

A summary of the evaluation's findings for the key evaluation questions is presented below.

Key evaluation questions	Key findings	Evidence source	Report section
1. To what extent was the program implemented in line with the AO Program Guidelines and the *Homelessness NSW Assertive Outreach Good Practice Guidelines*?	• Delivery of the AO pilot is **aligned with the NSW Assertive Outreach Good Practice Guidelines**. Alignment with the Guidelines is particularly evident in the trauma-informed, persistent and person-centred approach taken by AO teams when engaging with rough sleepers. Further, the AO teams use a modified housing first approach. • There is evidence of **collaborative case management**, where the perspectives of DCJ Housing, Health and NGO service providers are sought when deciding which long-term housing options will be most suitable for individual clients. However, there is more work to do to ensure all agencies' views are balanced in decision-making, including more specific guidelines for when the multidisciplinary team cannot reach agreement. • Consistent with the Guidelines, the program stays **engaged with clients for up to 12 months after they are housed.** This approach means the team can intervene early to address emerging issues that may destabilise a person's tenancy. However, some NGO service provider staff in Newcastle noted that to provide responsive post-crisis support (including early intervention for tenancy issues) requires a balanced caseload, with attention to the number of clients in the initial engagement phase. • The extent to which the **'housing first' approach** specified in the Guidelines can be met at either pilot site is constrained by the substantial and persistent under-supply of suitable (safe, accessible and affordable) temporary and long-term housing options. This is a particular challenge in Tweed, where successive natural disasters have created a critical housing shortage for the entire population, but particularly for people on low incomes.	Interviews with DCJ Housing, NGO service provider staff, and clients	Section 2.2, 2.3 and 2.4
2. How well was the program implemented and adapted as needed? (Barriers and enablers)	• Both pilot sites **experienced implementation challenges**. The program's early implementation coincided with COVID-19 restrictions, which created service delivery challenges that necessarily took priority over policy and relationship development. It took some time to develop guidelines, processes and relationships between the partner agencies. The Program Guidelines were revised in response to findings from the interim evaluation and have been in effect since October 2022. Staff indicated that the revisions provide additional clarity that supports improved program delivery. • Nevertheless, there are opportunities to further strengthen the Program Guidelines. This may include **developing specific advice for engaging less visible rough sleepers** (particularly people sleeping in their cars), **the processes for collaborative decision-making** about	Interviews with DCJ Housing, NGO service provider staff, and clients	Section 2.6

Key evaluation questions	Key findings	Evidence source	Report section
	prioritising clients for support and the appropriateness of housing offers. There is also scope to further strengthen the brokerage guidelines and caseload estimates. • The **'rapid rehousing'** component of the model is not being delivered as intended due to the critical shortage of safe, affordable and accessible housing options. This is particularly apparent in the Northern Rivers (Tweed site) where successive natural disasters and inter-and intra-state migration post-COVID have dramatically reduced the housing stock. The Tweed pilot is now offering street-based case management. While this approach represents the most viable option in the current context, it is more resource-intensive than the intended AO model. This means it is not a sustainable long-term option for the funded service providers. • Developing and implementing **program data collection systems and processes** has been challenging, with negative consequences for this evaluation. This is because AO has been required to use the systems and processes designed for SHS data collection, despite being deliberately different in terms of its design and delivery. The extent of AO program delivery and client outcomes are obscured by the lack of data items that are specific to the AO model. Further, there were insufficient data collection guidelines for NGO service providers, resulting in inconsistent data collection practices. The resulting data was considered so unreliable as to be excluded from the evaluation's analyses.		
3. How well did the program reach and engage the target population of people sleeping rough?	• Staff felt the outreach approach allowed the program to **engage with rough sleepers who may not otherwise engage with more traditional services**. • Some staff felt that the program was less effective at reaching/ identifying 'less visible' rough sleepers, and that people who are sleeping in cars, or women who may be rough sleeping in less visible areas for safety reasons may be less likely to be engaged through outreach patrols.	Interviews with DCJ Housing, NGO service provider staff, and clients	Section 2.6
4. To what extent did the program meet the needs of participants and key stakeholders?	• It is likely that the program is **engaging its target audience of rough sleepers who have 'slipped through the cracks' of the service system**, however as neither the evaluation data, nor the administrative data captures the experiences of rough sleepers who did not engage with AO or other services, this cannot be definitively determined. As noted above, the program may not be engaging people who are less visibly sleeping rough. It may not be meeting the needs of Aboriginal clients who wish to work with an Aboriginal caseworker (see below).	Interviews with DCJ Housing, NGO service provider staff, and clients	Section 2

Key evaluation questions	Key findings	Evidence source	Report section
	• The program model is **sufficiently flexible to allow a tailored response to individual client's needs**. Where necessary, staff can provide out-of-guidelines support. Staff saw this as a key success factor because it allows clients to be fully met where they are at, in a way that is not normally possible in other homelessness programs or services. This flexibility is reinforced by the involvement of workers from a range of disciplines, and the support of DCJ Housing team members.		
5. How culturally appropriate is the program?	• Aboriginal people are over-represented among people experiencing chronic homelessness. One-quarter (27%) of AO clients in Newcastle and one-third (35%) of AO clients in Tweed identify as Aboriginal. While stakeholders indicate that the model is **suitably flexible to meet Aboriginal clients' needs**, it has been **challenging for the program to recruit and retain Aboriginal workers at either pilot site**. At the time of interviews for the final evaluation there were no Aboriginal staff in the DCJ Housing and NGO service provider teams at Tweed, and in Newcastle there were no Aboriginal staff in the DCJ Housing team, and one Aboriginal caseworker in the NGO team had recently been hired. This is likely a barrier to the program more effectively engaging with and supporting Aboriginal clients. • Aboriginal clients interviewed as part of the evaluation felt that the support they received was **culturally appropriate**, although some clients noted they would have preferred to work with an Aboriginal caseworker. Exploring ways of recruiting and retaining Aboriginal case workers is an important consideration for the future. • AO staff in both sites described working with the local Aboriginal Medical Service (AMS), Land Councils and Aboriginal support services, however they noted that the program could be more connected with Aboriginal services and community organisations. • There is a clear need for Aboriginal leadership at all levels of the program.	Administrative data analysis Interviews with DCJ Housing, NGO service provider staff, and clients	Section 2.1 and 2.6.3
6. How well are staff/ organisations working together to achieve participant outcomes?	• The evaluation has observed an evolution in the relationship between partner agencies in Tweed from the process evaluation (February 2022) to the outcomes evaluation (June 2023), which has moved towards a **mutual understanding and respect** for the different perspectives each organisation brings, and a willingness to respectfully convey and work through differences of opinion.	Interviews with DCJ Housing and NGO service provider staff	Section 2.6.3

Key evaluation questions	Key findings	Evidence source	Report section
	• NGO service provider staff in Tweed have reported that the **more collaborative approach** taken by the new DCJ Housing Team Lead helped develop more effective partnerships, embed a more trauma-informed approach and made NGO service provider staff feel that their perspectives are valued. • This has been less successful in Newcastle where DCJ Housing and NGO service provider teams have not developed a trusting relationship across organisations. With the change in Program Guidelines the NGO service provider has more input into decision-making. DCJ Housing staff feel like the NGO service providers have been given too much influence over decision-making, however NGO service provider staff feel that they have to push back on DCJ Housing decisions to ensure accountability. • There are opportunities to embed interagency collaboration through further strengthening the Program Guidelines.		
7. What factors should be considered in scaling up or expansion of the program?	Access to a sufficient supply of temporary and long-term accommodation is a fundamental assumption of the AO model. Given this: • DCJ should take the **availability of TA and social housing options** into account when considering expanding this model of funded assertive outreach into additional locations. • Where there is not sufficient TA and social housing availability to meet the fundamental assumptions of rapid rehousing, such as in Tweed, DCJ Housing should **consider if the funded AO model is the most appropriate approach** to address the key policy outcome of reducing the number of rough sleepers in NSW. • Where a rapid rehousing approach is not able to be delivered, DCJ should **consider developing and delivering an alternate model of assertive outreach where workers engage rough sleepers, provide other street-based supports**, and build the relationships and rapport to support rough sleepers into housing when available. This approach could then transition to the standard funded AO model if the housing constraints in a location change, and there is sufficient housing to allow rapid rehousing. • DCJ Housing should **consider the number of rough sleepers in potential expansion locations**. In locations where there are lower numbers of rough sleepers it may be sufficient to	Interviews with DCJ Housing and NGO service provider staff	Section 2.6 and 4.3

Key evaluation questions		Key findings	Evidence source	Report section
		deliver unfunded AO, which was also found to be effective in achieving long-term housing outcomes for rough sleepers. • DCJ should **consider the broader service system** of potential funded AO expansion sites. Effectively engaging clients with holistic wraparound supports requires the multidisciplinary team to have good knowledge and relationships with other local service providers. • DCJ should **consider the risk of people sleeping rough gravitating to areas where funded AO is delivered**. As the funded AO model is able to connect rough sleepers more effectively to supports and long-term housing than other responses, DCJ should consider the number of rough sleepers and available support services in locations surrounding potential AO expansion sites.		
8.	How did COVID-19 responses to rough sleeping interact with the design and delivery of the program?	• As a result of the public health measures put in place because of the COVID-19 pandemic (in particular, lockdowns and restrictions on movement), **AO was not able to be delivered as intended during these periods of 2020 and 2021**. This included difficulties providing in-person support during the lockdown period, difficulties engaging with clients who did not have a mobile phone, limited or no access to other support services during COVID lockdown periods, delays in clients being able to inspect properties prior to accepting housing offers, and delays in tradespeople being able to complete required housing repairs and maintenance. • The Tweed site faced additional challenges as the result of COVID-19, due to its proximity to the Queensland border (which was closed to interstate travel for an extended period). This meant rough sleepers who regularly moved across the border were unable to return to NSW. It also meant that the program could not access Queensland-based services it had previously engaged with.	Interviews with DCJ Housing and NGO service provider staff	Section 2.6.2
9.	Did the program achieve the intended outcomes in the short, medium, and long term?	• AO was **substantially more effective in getting clients placed in social housing**, compared to rough sleepers who presented to an SHS for support, or who were engaged by unfunded assertive outreach in other districts. In **Newcastle,** AO clients were **37 percentage points more likely** to be housed within a year of contact compared to rough sleepers who presented to an SHS. In **Tweed**, AO clients were **57 percentage points more likely** to be housed within a year of contact compared to SHS requestors. Compared to rough sleepers who were engaged by unfunded AO in other districts, in **Newcastle** AO clients were **11 percentage points more**	Administrative data analysis Interviews with DCJ Housing, NGO service provider staff and clients	Section 3

Key evaluation questions	Key findings	Evidence source	Report section
	likely to be housed within a year of contact. In **Tweed**, AO clients were **30 percentage points more likely** to be housed within a year of contact. • There is early evidence that **AO clients who are placed in social housing are better able to sustain their tenancy** than rough sleepers who were housed after presenting to an SHS, or being engaged by unfunded AO which does not include longer-term or ongoing case management. Compared to those engaged by unfunded AO, in **Newcastle** AO clients who were placed in social housing **sustained their tenancy for 9 weeks longer**, and AO clients in **Tweed sustained their tenancy for 30 weeks longer**. Compared to those presenting to an SHS who were housed, AO clients in **Tweed sustained their tenancy for 17 weeks longer** however there was **no significant difference in sustainment rates for AO clients in Newcastle**. • Clients and staff interviewed reported a range of **positive health and wellbeing outcomes for clients** as a result of the program, including engaging with health services, connection to the NDIS, improved relationships with family and connections to their community.		
10. What unintended outcomes – positive and negative – did the program produce?	• NGO service provider staff noted that an unintended negative outcome of AO was that because the program can more effectively connect rough sleepers to supports and long-term housing than other responses, mainstream SHS services may to attempt to refer ineligible individuals into the program, despite the program model noting that referrals are not meant to be made into the program.	Interviews with DCJ Housing and NGO service provider staff	Section 3
11. Did the program have an impact on the broader homelessness service system? If so, in what ways and how?	• The evaluation found no notable evidence of the impact that AO has had on the broader homelessness service system in the two pilot locations.	Interviews with DCJ Housing and NGO service provider staff	-

RECOMMENDATIONS

Based on the above findings, DCJ may consider taking the following actions in existing AO delivery sites.

PROGRAM GUIDELINES

DCJ should encourage and support sites to continue to adapt the AO model to best suit the local delivery context. Delivery sites should be required to clearly document adaptations to guidelines or processes. In particular:

1. DCJ should consider developing more specific guidance on the engagement and referral processes for less visible rough sleepers (particularly people sleeping in cars, or women who sleep in less visible locations to manage their safety). This advice could include trauma-informed ways of approaching the person, and the appropriate number of attempts made to engage the person.
2. DCJ and NGO service provider teams should strengthen the guidelines and processes for collaborative decision-making when prioritising clients for support. This should include a shared understanding of vulnerability and urgency of need, and how the collaborating agencies' perspectives will be weighted against each other and the VI-SPDAT[1]. This can be stipulated as an approach to decision-making in the guidelines.
3. DCJ staff should strengthen the guidelines and processes for collaborative decision-making about the appropriateness of housing offers, which should include consideration of the client's readiness for long-term housing, and ongoing support needs. This will promote positive long-term housing outcomes for clients.
4. DCJ should strengthen the guidelines and processes for brokerage, including a clear description of how much brokerage funding is available. In addition, the guidelines and processes for escalating and approving out-of-guidelines expenditure should be clearly laid out.
5. DCJ should review the caseload estimates (and associated funding levels) to ensure that caseworkers have sufficient capacity to provide crisis and post-crisis support, and to accommodate street-based case management approaches where rapid rehousing is not possible.
6. DCJ should ensure AO team leaders have sufficient capacity to proactively maintain relationships with partnering agencies, and to continuously improve and refine the protocols for working together in support of client outcomes.
7. DCJ should create a forum for sites to share local adaptations and discuss any implications for refining the model more broadly.

[1] The VI-SPDAT (Vulnerability Index-Service Prioritisation Decision Assistance Tool) is a screening tool used by practitioners to support collaborative decision-making within and across agencies so as to provide the assistance required to house and support people who are homeless or at risk of homelessness.

LEADERSHIP

Reflecting the multidisciplinary service model, DCJ should continue to encourage and support interagency collaboration. In particular:

8. DCJ and NGO service providers should review the role descriptions for team leaders and caseworkers to include demonstrated experience and proficiency in establishing and maintaining interagency relationships, including the ability to balance adherence to agency guidelines with the need to prioritise client outcomes.

PARTNERING WITH ABORIGINAL PEOPLE AND COMMUNITIES

DCJ should consider how Aboriginal leadership can be most effectively sought at the local, district and state levels to ensure that the program adequately responds to the needs of Aboriginal people. This may include:

9. Aboriginal governance at the local (community), district and state (central) level, involving Aboriginal Elders, Traditional Owners and local champions.
10. DCJ partnering with the Aboriginal community-controlled sector to support delivery of the AO program.
11. DCJ Housing and NGO service providers should continue to strengthen their organisational commitments to recruiting and retaining an Aboriginal workforce at all levels, but particularly frontline workers. Where it is difficult to recruit Aboriginal workers, it may be useful to consider involving Aboriginal people with lived experience of homelessness in the program in a peer support worker capacity or working alongside Aboriginal organisations to deliver the program.

STAFF SKILLS AND CULTURAL CAPABILITY

12. DCJ and NGO service providers should invest in trauma-informed training and other professional learning opportunities to ensure AO program staff have the skills and knowledge to ensure their work with rough sleepers is culturally responsive and trauma-informed.

PROGRAM DATA COLLECTION FOR MONITORING AND QUALITY IMPROVEMENT

DCJ Housing should use qualitative and quantitative data to drive continuous quality improvement. In particular:

13. DCJ and NGO service providers should develop guidelines regarding data collection processes, to ensure consistent program activity and outcome data is collected across sites.
14. NGO service providers should train caseworkers on administering the Personal Wellbeing Index (PWI) and how the PWI can be used to inform case management. Better understanding of how collecting PWI data can be valuable for the program and for clients, as well as how caseworkers can administer this tool with clients in a trauma-informed way, may make caseworkers more comfortable collecting PWI data. This may result in more robust data regarding client outcomes.

15. DCJ should develop an AO specific performance framework that uses culturally relevant, validated, reliable indicators of physical, behavioural and social and emotional wellbeing to collect core data items, with flexibility to include additional items for specific programs or locations.

1. INTRODUCTION

1.1 THE POLICY CONTEXT

The NSW Government is committed to reducing homelessness in NSW. It is taking a holistic approach, which recognises that the factors contributing to homelessness are complex and require a range of solutions to meet the needs of people experiencing or at risk of homelessness.

On Census night in 2021, almost 35,000 people in NSW were counted as homeless.[2] While the homelessness rate fell between the 2016 and 2021 Census (from 50 per 10,000 people to 43 per 10,000), this data was collected during a time of COVID–19 public health restrictions and may not indicate ongoing trends.[3] Despite an overall decrease in the number of people experiencing homelessness, homelessness numbers have increased for Aboriginal people, children under 12 years and young people aged 12 to 18 years.[4] The NSW Street Count[5] provides point in time data to indicate the number of people sleeping rough across NSW. In the 2023 NSW Street Count, 1,623 people were counted sleeping rough – a 34 per cent increase compared to 2022.

On 27 June 2019, the NSW Premier announced 14 Premier's Priorities. One of these priorities was to reduce homelessness across NSW by 50% by 2025. The AO program in Newcastle and Tweed was developed as a key initiative to drive the achievement of this target. Funding for the AO expansion comes from the NSW Homelessness Strategy (2018-2023, extended to 2024) which sets out the NSW Government's five-year plan for a comprehensive approach to prevent and improve the way we respond to homelessness.

1.2 GOOD PRACTICE RESPONSES TO HOMELESSNESS

Assertive outreach is an evidence-based practice to combat street homelessness.[6] It is a way of organising and delivering highly coordinated, flexible support and healthcare to people in their own environment. Typically, this means engaging with people who are rough sleeping or staying in temporary accommodation, such as hotels or supported accommodation,

[2] Australian Bureau of Statistics (2023) Estimating Homelessness: Census. Census of Population and Housing, 2021. https://www.abs.gov.au/statistics/people/housing/estimating-homelessness-census/2021#state-and-territories, accessed: 19 June 2023.

[3] Australian Housing and Urban Research Institute (AHURI) (2023) Wat the 2021 Census data told us about homelessness, AHURI, Melbourne. https://www.ahuri.edu.au/analysis/brief/what-2021-census-data-told-us-about-homelessness, accessed 19 June 2023

[4] Homelessness NSW (2023) Media release: Homelessness in NSW needs an election fix, Homelessness NSW, Sydney. https://homelessnessnsw.org.au/wp-content/uploads/2023/03/MEDIA-RELEASE-Homelessness-NSW-Census-data-To-publish-on-website.pdf, accessed 19 June 2023.

[5] Details of the 2023 and previous street count can be found at: https://www.facs.nsw.gov.au/reforms/homelessness/premiers-priority-to-reduce-street-homelessness/street-count

[6] Phillips R, Parsell C, Seage N and Memmott P (2011) Assertive Outreach, AHURI Positioning Paper No 136, Australian Housing and Urban Research Institute.

whether long-term, or immediately following a period of rough sleeping.[7] It is consistent with 'housing first' principles which postulates that a person is unable to focus on their recovery if their most basic needs (shelter, food, safety, sleep) are not being adequately met. Under a 'housing first' model, there is no expectation the person will engage with support services, that they are sober, or agree to treatment of their mental or physical health conditions.

Housing staff, specialist NGO caseworkers and health professionals conduct patrols to proactively engage with people experiencing street homelessness, and provide a pathway to stable, long-term housing. 'Rapid rehousing', which involves getting people into housing as soon as possible, is one of the core principles underpinning a housing first approach.

1.3 THE ASSERTIVE OUTREACH PILOT IN NEWCASTLE AND TWEED

The Assertive Outreach (AO) pilot program uses a modified version of housing first[8], with a focus on rapid rehousing, usually in temporary housing initially before supporting clients into more stable, longer-term housing. The AO pilot is a $10.7 million investment over three years to expand assertive outreach into high-risk areas in metropolitan and regional NSW, with pilot sites in Newcastle and Tweed.

The pilots in Newcastle and Tweed were rolled out at the end of 2019. In July 2021, DCJ announced that the program would be extended for a further two years to June 2024.

1.3.1 TARGET GROUP

At both sites, the program targets people sleeping rough. This group is defined using the 'Global Framework for Understanding and Measuring Homelessness' by the Institute of Global Homelessness (IGH).[9] IGH defines street homelessness as:

- people sleeping in the streets or in other open spaces (such as parks, railway embankments, under bridges, on pavement, on riverbanks, in forests etc.)
- people sleeping in public roofed spaces or buildings not intended for human habitation (such as bus and railway stations, taxi ranks, derelict buildings, public buildings etc.)
- people sleeping in their cars, rickshaws, open fishing boats and other forms of transport
- individuals or households who live on the street in a regular spot, usually with some form of makeshift cover.

The Department also includes people sleeping in tents as part of their definition of street homelessness.

[7] Homelessness NSW (2021) Specialist Homelessness Services: Assertive outreach good practices guidelines, http://homelessnessnsw.org.au/wp-content/uploads/2021/03/Assertive-Outreach-Practice-Guidelines.pdf, accessed 19 June 2023

[8] There is no expectation that an individual is sober or agrees to treatment of their mental or physical health conditions. However, unlike in a traditional housing first approach, where there is no expectation that a person will engage with support services, AO pilot requires individuals to engage with DCJ Housing and the NGO caseworker when they are housed in TA during the stabilisation phase.

[9] Busch-Geertsema V, Culhane D, Fitzpatrick S (2015) A global framework for understanding and measuring homelessness, Homelessness in a Global Landscape, Institute of Global Homelessness, Chicago, IL.

People in the target cohort may also experience other issues that are relevant to the service delivery model. They may:

- be experiencing primary homelessness (i.e. people without conventional accommodation, either sleeping rough or in improvised dwellings)
- have a history of homeless transience
- have trouble maintaining meaningful engagement with traditional services
- have a range of complex needs
- be experiencing discrimination or other barriers in accessing accommodation
- be at risk of self-harm, neglect, social exclusion, vulnerable to abuse or exploitation.

1.3.2 PROGRAM MODEL

The AO program model was co-designed by the DCJ District offices, peak homelessness bodies (including Homelessness NSW), NGO service providers and SHSs, and other relevant NSW Government agencies (such as the Ministry of Health).

The co-design process involved numerous workshops and consultations aimed at building on existing collaboration between the government and community stakeholders, understanding the local service system and likely cohorts, and acknowledging existing opportunities and constraints for the AO expansion.

It uses a modified version of housing first, with a focus on rapid rehousing. Under this model, rough sleepers who are identified through AO patrols conducted by multidisciplinary teams are provided with TA and a caseworker to assist with securing long-term housing (including applying for social housing), and case planning in preparation for housing. In this case, TA is a transitional space where the individual can begin recovery.

The delivery model includes components of initial engagement/ outreach, stabilisation, and post placement support. Key staff that are part of the multidisciplinary approach include: DCJ Housing workers, NGO service providers and health workers who work together across the client journey – from the street to independent living in stable accommodation. There are no requirements for sobriety or treatment for mental and physical health conditions, but in a modification to the housing first model, individuals are required to engage with DCJ Housing and their caseworker when housed in TA during the stabilisation phase. Someone who is housed through rapid rehousing can disengage with support services at any point after they are housed. Disengaging with all support services prior to being housed will mean they are unable to participate in the program.

1.3.3 KEY FEATURES OF THE PILOT SITES

In Newcastle, DCJ's funded partners are the Hunter New England Local Health District (LHD) (responsible for the health component of the model) and St Vincent de Paul (responsible for the case management component of the model). The organisations each contribute

members to multi-disciplinary AO teams, which patrol areas where people who are sleeping rough are known to gather.

The Tweed Team have trialled a number of different approaches to outreach patrols and in 2023 settled on a preferred model. Those attending outreach patrols now present as a single team. All partners travel in the DCJ bus which eliminates several vehicles being used. All partners wear the same shirt or hoody which identifies the team as "Homelessness Outreach, Bundjalung Country". One person from Momentum Collective, one person from Social Futures and one person from DCJ attend all outreach patrols, and the clinical nurse usually attends once per fortnight. If a client is identified in need of support from the nurse, and the nurse is not on that particular patrol, the NGO and nurse will do a joint visit to that client at place of location.

1.3.4 PROGRAM OBJECTIVES

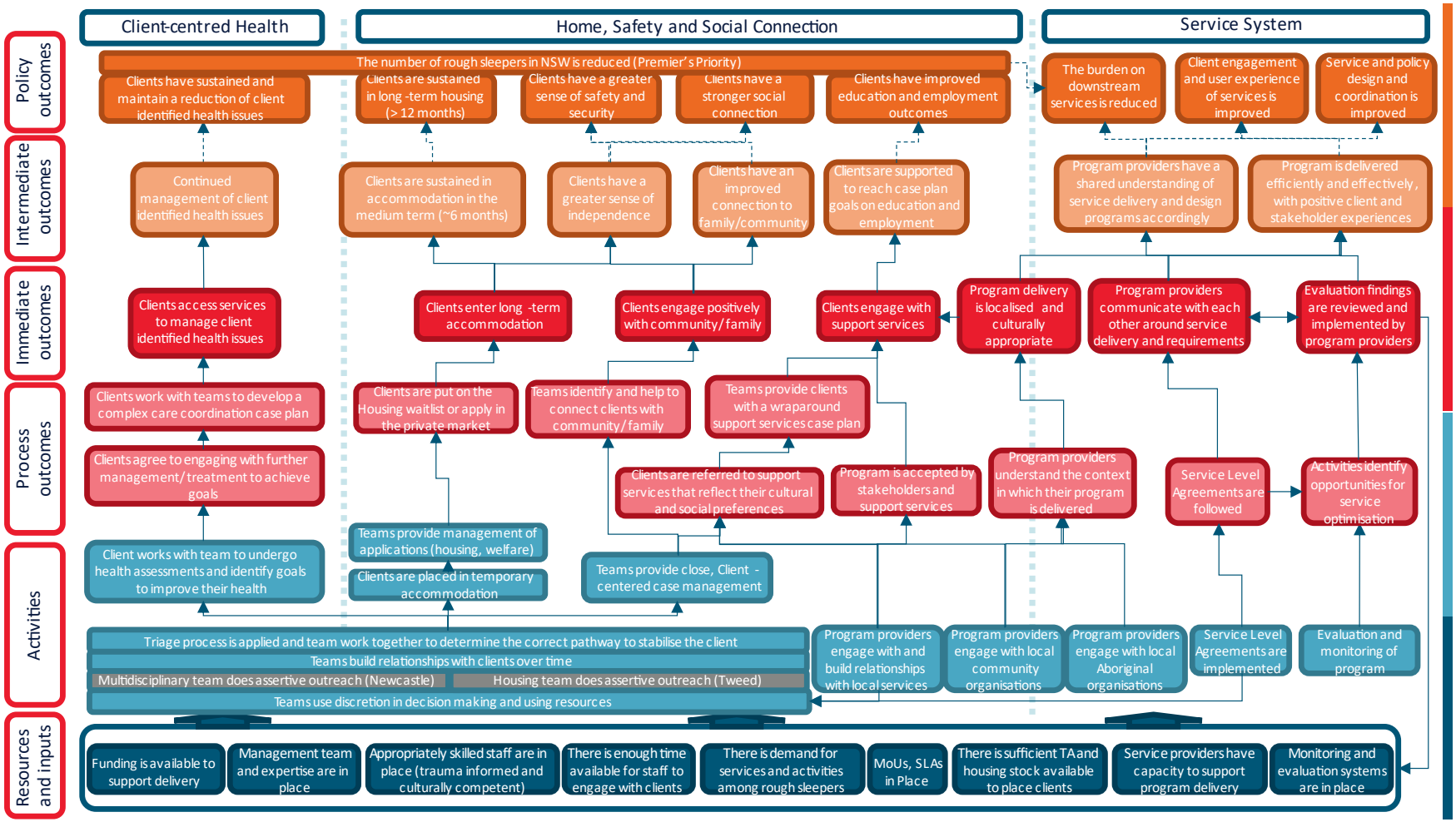
The overall goal of the program is to build on existing local collaborative practice to create a multi-agency response to proactively engage with people who are experiencing street homelessness and provide pathways into long-term housing.

Specifically, the objectives of the AO program are to enhance the local service system capacity to:

- rapidly rehouse people rough sleeping with a plan for long-term housing
- provide access to culturally appropriate health, mental health and wellbeing services
- rebuild family, community and cultural connections
- support the development of daily living and self-management skills
- facilitate engagement with positive, structured activities such as social groups, education and/or employment.

Detailed intended outcomes of the AO pilot in Newcastle and Tweed are described in the program logic developed in consultation with staff at the two pilot sites as part of the evaluation in early 2021 (**Error! Reference source not found.**).

FIGURE 1. PROGRAM LOGIC FOR THE ASSERTIVE OUTREACH PILOT IN NEWCASTLE AND TWEED



1.4 ABOUT THE EVALUATION

ARTD was contracted by DCJ to conduct a process and outcomes evaluation of the AO pilot at Newcastle and Tweed. This is a mixed methods process and outcomes evaluation, which relates to the period from September 2019 (program inception) to June 2023.

1.4.1 PURPOSE AND SCOPE

The purpose of the evaluation was to:

- develop high quality evidence on the effectiveness of AO in Newcastle and Tweed in improving outcomes for participants
- identify strengths and challenges relating to program implementation and delivery processes
- generate learnings to facilitate improvements to the service model and program.

1.4.2 KEY EVALUATION QUESTIONS

The evaluation addresses the following key evaluation questions focused on program implementation and outcomes (**Error! Reference source not found.**).

TABLE 1. KEY QUESTIONS TO BE ANSWERED BY THE ASSERTIVE OUTREACH EVALUATION

Key evaluation questions	
1.	To what extent was the program implemented in line with the AO Program Guidelines and the *Homelessness NSW Assertive Outreach Good Practice Guidelines*?
2.	How well was the program implemented and adapted as needed? (Barriers and enablers)
3.	How well did the program reach and engage the target population of people sleeping rough?
4.	To what extent did the program meet the needs of participants and key stakeholders?
5.	How culturally appropriate is the program?
6.	How well are staff/ organisations working together to achieve participant outcomes?
7.	What factors should be considered in scaling up or expansion of the program?
8.	How did COVID-19 responses to rough sleeping interact with the design and delivery of the program?
9.	Did the program achieve the intended outcomes in the short, medium, and long term?
10.	What unintended outcomes – positive and negative – did the program produce?
11.	Did the program have an impact on the broader homelessness service system? If so, in what ways and how?

1.4.3 ETHICS

Ethical approval for the components of the evaluation involving consultation with communities and stakeholders, primary data collection with AO clients, and analysis of administrative data was granted in August 2021 (Approval Reference 1776/21) by the Aboriginal Health and Medical Research Council (AHMRC) Human Research Ethics Committee (HREC).

1.4.4 DATA SOURCES AND METHODS

This was a mixed methods process and outcomes evaluation undertaken between June 2021 and June 2023. Primary qualitative data was collected, and secondary administrative data was analysed to answer the evaluation questions. Additional detail regarding the methods is presented in Appendix 1.

Document review
ARTD reviewed key program documentation and other relevant background documents provided by DCJ, including program models and documents and key policy documents, to understand the design, implementation and delivery of the AO pilot across Newcastle and Tweed.

DCJ and NGO service provider staff interviews
We conducted a total of 42 interviews with DCJ and NGO service provider staff (29 interviews in the process phase and 13 interviews in the outcomes phase). Interviews were done using a semi-structured interview guide and completed by video conference.

Client interviews
We conducted 38 interviews with clients (18 clients in the process phase, and 20 clients in the outcomes phase). Of these, 19 clients were from Newcastle and 19 clients were from Tweed. In total, 19 of the clients interviewed were Aboriginal. These interviews were conducted by Aboriginal interviewers.

Quantitative administrative and program data analysis
Program data included de-identified, individual level data from CIMS and Hende. Unit-record level data from CIMS included reports relating to accommodation, contacts, outcomes, and brokerage payments.

FACSIAR HOMES and CHIMES tenancy data for AO clients and two comparison groups was provided to examine housing outcomes achieved for AO clients compared to other rough sleepers who did not receive the service. Additional detail regarding the data sources and methodology for analysis is presented in Appendix 1.

1.4.5 LIMITATIONS

The quantitative administrative data was found to be of reasonable quality and suitable for the analysis performed, despite some errors within individual datasets that limited the proportion of records that were able to be linked across datasets. The strength of the conclusions drawn from our qualitative interviews with clients is limited by the recruitment approach and the cohort of clients who were able to be engaged by the evaluation.

There were several limitations of the program data that was collected by NGO service providers. There were differences in data collection practices across the NGO service providers, changes to what data is collected by workers over time, and only limited collection of outcomes measures from clients. This impacted our ability to use program data to confidently report on client demographics and characteristics, patterns of service delivery and outcomes for clients. For this reason, we have not included analysis of program data in the current evaluation report.

Recruitment for client interviews was driven by NGO AO staff, and only current clients were able to be interviewed as part of the evaluation. As a result of this there is a potential for bias in the client experiences reported, and the experiences of clients who disengaged with the program, or who did not have positive experiences with the program may be underrepresented. Despite these limitations we are confident in the conclusions drawn from both the quantitative administrative data and qualitative interview data, and that together, these data sources provide a sound evidence base for decision-making.

1.5 THIS DOCUMENT

This final report presents the findings of our evaluation of the AO pilot.

It explores the extent to which the program has been implemented as intended, and the extent of outcomes achieved at both the pilot sites for AO clients and builds on our process evaluation report (November 2021), preliminary data analysis report (December 2022) and a qualitative research project with program participants completed by Dr Gregory Smith and finalised in 2021.

In compiling this report, we did not seek to evaluate DCJ's response to COVID-19 for people at risk of or experiencing homelessness. However, we have noted where implementation of the program was affected by the pandemic, and how the pattern of outcomes may have been affected by the NSW Government's policy and response to the pandemic.

2. IMPLEMENTATION

This chapter focusses on how the AO program was implemented in Newcastle and Tweed. It is structured according to the stages of response (initial engagement/ outreach, stabilisation and post-crisis support) and the principles outlined in the NSW Assertive Outreach Good Practice Guidelines.[10]

2.1 CLIENT CHARACTERISTICS

Although the program data was unable to be used to reliably examine the profile of AO clients, we were able to examine limited demographic characteristics of clients using the administrative data on social housing and SHS supports provided by FACSIAR. This analysis also contributed to the housing outcomes analysis (see Appendix 1 for additional detail).

Demographic characteristics of AO clients in Newcastle and Tweed are shown in **Error! Reference source not found.**. At both sites, AO clients were overwhelmingly male (88% Newcastle, 81% Tweed), with a substantial proportion identifying as Aboriginal and/or Torres Strait Islander (27% Newcastle, 35% Tweed). On average, AO clients have had limited prior contact with public and community housing (i.e. less than one instance on average), and have requested SHS support at least once prior to engaging with AO.

TABLE 2. DESCRIPTIVE STATISTICS OF AO CLIENTS IN THE NEWCASTLE AND TWEED PILOT SITES

	Newcastle (N=323)			Tweed (N=85)		
	Obs	Mean	Std. Dev.	Obs	Mean	Std. Dev.
	(1)	(2)	(3)	(4)	(5)	(6)
Male	276	0.880	0.325	79	0.810	0.395
Aboriginal	278	0.273	0.446	79	0.354	0.481
Age	285	42.011	11.760	80	47.188	12.359
Prior community housing exits	323	0.012	0.111	85	0.012	0.108
Prior public housing exits	323	0.350	0.699	85	0.235	0.610
Prior SHS requests	323	1.947	3.912	85	1.082	1.605

Note: Obs refers to the count of non-missing values for each variable within each sub-sample. For example, columns 1 – 3 report summary statistics for 323 participating in AO in Newcastle (on or before 31 December 2021). We can observe sex, age and Aboriginality and for 276, 278 and 285 individuals.

[10] Homelessness NSW (2021) Specialist Homelessness Services: Assertive outreach good practices guidelines, http://homelessnessnsw.org.au/wp-content/uploads/2021/03/Assertive-Outreach-Practice-Guidelines.pdf, accessed 19 June 2023

2.2 IMPLEMENTATION IN LINE WITH GOOD PRACTICE

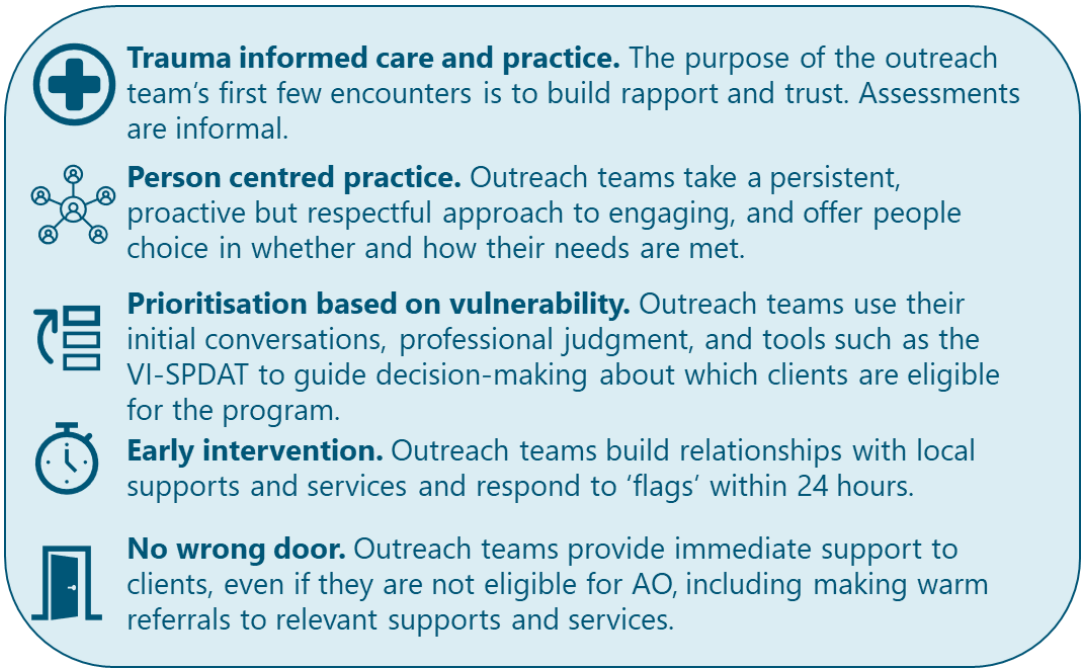
Following success in various jurisdictions and the positive experience of the inner-city Sydney Homelessness Outreach Support Team (HOST), DCJ commissioned an AO program in Newcastle and Tweed in 2019. The program model used in Newcastle and Tweed was developed by DCJ Housing and was informed by the HOST assertive outreach model and the Homelessness NSW Assertive Outreach Good Practice Guidelines.

There is evidence from interviews with DCJ and NGO service providers and clients at both sites that the program is being implemented in line with program guidelines and the good practice principles outlined in the NSW Assertive Outreach Good Practice Guidelines. Key examples of good practice are given below, by program phase.

2.3 OUTREACH AND INITIAL ENGAGEMENT

The first phase of AO is outreach and initial engagement with rough sleepers. At both sites, this work is consistently being done in line with good practice principles (**Error! Reference source not found.**).

FIGURE 2. GOOD PRACTICE PRINCIPLES: INITIAL ENGAGEMENT AND OUTREACH



2.3.1 IDENTIFYING PEOPLE ELIGIBLE FOR SUPPORT

The aim of AO is to engage with people living in public spaces, who are identified by the outreach teams through regular patrols or have been flagged by the community. The guidelines indicate that AO teams respond to 'flags' within 24 hours, however the evaluation is unable to examine the extent to which this was achieved at the pilot sites as data

regarding response times was not available. Both pilot sites are correctly applying the program guidelines to identify people who are eligible for support.

At both sites, most rough sleepers who may be eligible for AO first come to the attention of the AO team through the regular, joint outreach patrols, which include members from DCJ Housing, the NGO service providers and NSW Health.[11] These patrols typically take place in the early hours of the morning, three times a week, in local rough sleeping 'hotspots'.

It can be a challenge for the outreach team members to identify people who are rough sleeping in less visible areas. For example, staff at both sites note that female rough sleepers manage their safety by choosing to sleep in less obvious locations, including in their cars. As a result of this, some DCJ Housing and NGO staff reported that the program may be less effective in identifying and engaging with female rough sleepers. The outreach team members rely on 'flags' from the community, or other service providers to identify people in this less visible cohort.

The flagging process is *not* a referral—the program guidelines state that '*people rough sleeping should not be referred into AO programs by partner organisations or other external stakeholders, as the target cohort for the program is people who are unable to receive support through regular channels*'. However, at both pilot sites there is some concern that NGOs are 'referring' clients to AO from their mainstream SHS or are contacting the program expecting to be able to make a referral. Staff suggested that this may be driven by other SHS providers not having a clear understanding of the AO program model and its target group of rough sleepers (as opposed to the broader cohort of individuals who are homeless), and how the community 'flag' system differs from a more traditional referral process.

The purpose of the team's first few encounters with rough sleepers is to build rapport and trust. Service providers at both sites have developed relationships with local drop-in services for rough sleepers (e.g., Fred's Place in Tweed, Soul Café in Newcastle), and the team's presence at these services offers the opportunity for AO staff to have casual conversations with rough sleepers.

In the initial interactions—whether as part of a patrol, or at a drop-in service—AO team members conduct informal assessments. For example, they will ask people about their past, including their rough sleeping history, whether they have medical needs, and their past experiences with Corrections. The NSW Health team member plays an important role in this initial informal assessment process, appraising any obvious mental health or medical needs. NSW Health team members suggested it takes approximately three or four conversations to make an accurate medical assessment of a rough sleeper.

2.3.2 IDENTIFYING VULNERABILITY AND PRIORITY

Consistent with the multidisciplinary and collaborative approach outlined in the AO program guidelines, multiple stakeholders are involved in determining whether an individual is accepted into the program. Each week representatives from DCJ Housing, the NGO service

[11] Initially in Tweed Heads, outreach patrols were done by DCJ Housing only, which is inconsistent with the program guidelines.

providers and NSW Health meet to discuss potential clients and to decide who is accepted into the program. This decision-making process is informed by the initial conversations with rough sleepers during outreach patrols, and also considers:

- **Caseload:** The revised program guidelines specify an intended maximum caseload of 15 clients per FTE caseworker.
- **Vulnerability and urgency of need:** The VI-SPDAT is used in conjunction with the professional judgement of AO staff to evaluate a potential client's physical and mental health, substance use, history of homelessness and other relevant factors.

Each team member is responsible for bringing relevant information about potential new clients to these meetings. Using this information, the team decides whether to accept the person into the AO program, or whether it is more appropriate to make a warm referral (where a caseworker contacts a service for or with the client directly) to other supports or services. This is consistent with a 'no wrong door' approach to service delivery.

Staff interviewed for the outcomes evaluation indicated that the revised program guidelines better support multidisciplinary decision-making. However, some concerns remain that decision-making can be influenced by who is best able to emotionally make a case for accepting an individual into the program, rather than being based on the potential client's vulnerability as informed by the caseworkers' professional judgement and tools such as the VI-SPDAT. The revised program guidelines outline how the joint decision-making process should take place, and processes for escalation if the multidisciplinary team is unable to reach a shared decision regarding whether an individual is accepted into the program.

2.3.3 ARRANGING TEMPORARY ACCOMMODATION

Once a client is accepted into the program, DCJ Housing staff can arrange TA. The availability of and access to TA is a key resource for the pilot, and necessary for the program activities to be delivered as intended, which is reflected in the program logic (**Error! Reference source not found.**). However, there are severe limits on accommodation in Tweed as the result of the recent flooding events (see Section **Error! Reference source not found.** for a detailed discuss of the impact of the floods). After the recent flooding, very few clients have been placed into TA in Tweed, which has impacted on how case management is delivered at this site (see Section **Error! Reference source not found.**). In some instances, clients are housed in caravan parks rather than the more typical accommodation options.

Clients' experiences of the initial engagement and outreach phase are given in **Error! Reference source not found.**.

FIGURE 3. CLIENTS' EXPERIENCES OF INITIAL ENGAGEMENT AND OUTREACH IN NEWCASTLE AND TWEED

Newcastle

Clients we interviewed heard about the AO program through a range of different avenues. Commonly, this was through DCJ (being approached directly by the AO team; approaching the AO caseworker after hearing about the program through word-of-mouth; or contacting DCJ themselves), and Health. The AO team said they initially engage with most clients by approaching them in known rough sleeping hotspots.

The AO team suggested that the program could be better at reaching and engaging with people who are homeless who are less visible (e.g., people living in their cars, or women who sleep in less obvious locations to manage their safety). Some clients we interviewed suggested more promotion of the program would enable even more people to benefit from the support provided.

Some clients described being apprehensive about being involved with the program when they were first offered support, due to previous negative experiences with other services. But these clients perceived the AO team to be different to those services, as the AO caseworkers continued to show up, even if the client didn't want to talk with them at first, and this helped to earn their trust. Other clients wanted to make changes to their current circumstances and were quick to accept the support offered by the team. AO staff are aware that it can take time to establish a trusting relationship with some clients before they are willing to engage with the program.

As the caseworker develops rapport with the client, they gather information about the client's situation, including rough sleeping history, experience with Corrections, etc. The NSW Health team member assists with this initial assessment, as having direct access to clients' medical records means they can provide information on the client's health situations/ needs; and they can also conduct an informal mental health assessment during chats with the client. The Health team member can also provide easy access to formal health supports, if needed and the client is willing (e.g., arrange appointment with a psychiatrist), because they are well connected to health services.

Information collected at the initial assessment contributes to the Vulnerability Index - Service Prioritisation Decision Assistance Tool (VI-SPDAT), a formal tool used to identify the level of vulnerability in clients and the urgency for intervention. The professional judgment of the members of the multidisciplinary team, as well as the VI-SPDAT to contribute to a decision about whether a client is appropriate for the program; weekly meetings between DCJ, NSW Health, and St Vincent's (Matthew Talbot) provide an avenue to discuss each potential client's suitability for the program.

Tweed

Clients we interviewed heard about the AO program either at Fred's Place (a local drop-in service), or from direct contact with AO workers working out of the Blue Bus. The AO team confirmed they first engage with most clients through direct contact via the 'Blue Bus'.

Both clients and the AO team suggested that improvements could be made regarding how and where the AO team identify and engage with those less visible rough sleepers (e.g., those living in their car, or women who sleep in less obvious locations to manage their safety).

Most clients we interviewed described being initially apprehensive about receiving support from the AO program due to previous negative experiences with other services. These clients perceived the AO team to be different because they continued to show up and offer their services, which helped to earn their trust. Program staff know from experience the importance of ongoing contact to develop trust.

As the AO caseworker establishes rapport with the client, they collect information regarding the client's circumstances, such as their history of rough sleeping. As part of this initial assessment, the NSW Health team member can provide information on the client's health as they have direct access to clients' medical records; they can also conduct an informal mental health assessment during chats with the client. The NSW Health team member has lived in the region for several years and said their knowledge of the homeless community in the region has assisted with developing rapport, as people feel comfortable with them and trust them.

The NSW Health team member's extensive connections with health services in the region enables them to facilitate prompt access to formal health support when required and if the client is willing to engage with other services.

Information gathered during the initial assessment contributes to the Vulnerability Index - Service Prioritisation Decision Assistance Tool (VI-SPDAT), a formal instrument used to determine the level of vulnerability and the urgency for intervention with clients. Weekly meetings between DCJ, NSW Health, My Momentum, and Social Futures provide an avenue for decisions to be made about which clients can be accepted into the program, considering the professional judgement of members of the multidisciplinary teams, as well as information from the initial assessment.

2.4 STABILISATION

Once clients have been placed into TA, the process of stabilisation begins. During this phase, NGO service providers develop a person-centred, outcomes-focussed case plan to support clients to secure long-term housing and address their identified barriers to sustaining their tenancy.

There is qualitative evidence that activities in the stabilisation phase are being delivered consistently with best practice.

FIGURE 4. GOOD PRACTICE PRINCIPLES: STABILISATION

Person-centred practice. The revised program guidelines balance an individual's readiness to transition to long-term housing, with the overall program goal of achieving a housing outcome. Brokerage is applied flexibly, to enable and support achievement of case management goals.

Collaborative case management. The revised program guidelines acknowledge the different perspectives that DCJ Housing, NSW Health and NGO service provider AO staff have on what is needed for suitable long-term housing outcomes.

Housing first. There are no requirements for sobriety, or treatment of physical or mental health issues, however in order to be housed clients must engage with DCJ Housing and NGO service providers. Brokerage is used to remove barriers to housing.

2.4.1 COORDINATED CASE MANAGEMENT

The AO team engages with clients to identify their concerns and the supports they need to address them and, ultimately, to ensure they can sustain a tenancy. Each person's needs are viewed as unique, and workers at each site gave examples of how they take a flexible approach to respond to each client's need. Staff at both sites agree that the case management flexibility is one of the program's key success factors, alongside the intensity of intervention and length of ongoing support. Taking a consistent and persistent approach to engaging with clients, in line with AO program guidelines, helps staff to develop the rapport required to effectively identify the supports clients need. Most staff share the view that a holistic perspective on need allows the program to meet clients where they are at, in a way that is not normally possible in other program models. For example, staff can exercise discretion around the identity documents required to support a housing application.

Consistent with the level of support AO clients may require to meet their case management goals, the program guidelines specify that clients are provided with 12 months of intensive support with case planning and case management. The duration of this support is longer than what is generally available through SHS. The length of ongoing case management

support is also seen as one of the model's key strengths. The intensity of support each client requires within the broader caseload of the team is a key decision point when taking on new clients (see Section **Error! Reference source not found.**).[12]

Joint care coordination meetings are important to case management. These are intended as a check in between the team partners, at which all team members provide an update and review of each case to consider what further support is needed to assist clients in achieving program outcomes.

Ongoing attention to the caseworker–client relationship is of key importance during this phase. The program guidelines note that it likely that many clients will periodically disengage from case management support, given the complexity of their needs and prior experiences. There is evidence that caseworkers are persistent and consistent in pursuing engagement with their AO clients.

A critical case management challenge for the AO program in Tweed is the lack of temporary and long-term accommodation (see Section 2.6.1 for a more detailed discussion of this challenge). NGO service provider staff in Tweed reported that they are exploring alternative approaches to supporting clients who are not yet in TA. For example, NGO service provider staff have in some instances delivered a street-based approach where clients who are living on the street are provided with wraparound support, as well as material goods (e.g., tents and blankets) to address their immediate needs.

While the street-based case management approach is a useful way to respond to need in the absence of TA, it may be that this additional work is underestimated in caseworker's 'official' caseload. As the AO program guidelines and data collection processes were not developed with extended periods of street-based case management in mind, it is unclear how program data captures the number of individuals caseworkers are supporting on the street, and how this impacts worker caseloads and the multidisciplinary team's decisions to refer individuals into the program for additional supports. Therefore, this street-based approach to case management is likely to lead to an undercount of clients and, hence, caseworkers' actual caseload may be higher than it appears to be in performance monitoring datasets. As CIMS has the ability to capture 'case management only' supports, there may be an opportunity for clearer guidelines to be developed regarding how to ensure that street-based supports provided by AO are consistently recorded, and how this can be used to inform decisions regarding worker caseloads.

2.4.2 HOUSING APPLICATION, ALLOCATION AND ACCEPTANCE

Making a priority Application for Housing Assistance (AHA) is a key case management activity during the stabilisation phase. DCJ Housing leads this process, working with NGOs to support clients, including by collating relevant documentation.

[12] The revised program guidelines describe the use of a 'Demand Management Framework'. None of the program staff we interviewed specifically referred to this framework, although many gave examples of how the necessary intensity of case management support is considered when deciding on which clients can be accepted into the program.

In response to challenges identified through the formative process evaluation, the program guidelines were revised to indicate that when a social housing property becomes available, that the DCJ Housing team must consult with the NGO service provider and NSW Health teams regarding the suitability of the offer for the client.

NGO service providers view the revisions to the program guidelines as an important, positive step forward. Before the changes, some NGO service provider staff felt that the DCJ Housing team was solely focussed on achieving rapid housing outcomes for clients, without sufficient focus on the suitability of the housing offer for the client. The revised guidelines acknowledge the different perspectives that NGO service provider and NSW Health staff may have regarding what is needed for a suitable long-term housing outcome, and how they should be considered when determining the suitability of housing offers.

For example, the NGO service providers responsible for case management may have a different perspective to DCJ Housing staff on whether the client is sufficiently stable to move from TA to long-term housing. Some NGO service provider staff noted that for some types of clients, moving into long-term housing too quickly may result in a poor outcome such as a negative exit from a tenancy. In such cases, the better outcome may be to extend the client's stay in TA until they are more stable. The DCJ Housing team has discretion to apply 'out of guidelines' extensions to TA to facilitate this process.

The revised guidelines also make provision for a client's refusal of an inappropriate housing offer, for a broader range of reasons than those outlined in DCJ Housing matching and allocation policy guidelines[13], without penalty. As noted in the revised guidelines, the available allocation may be deemed to not be suitable because *'relationships with existing clients in the same building may be complex and lead to antisocial behaviour'*, or where the location '*exposes clients to behaviours, for example, drug use*' that may compromise their progress towards case management goals. The offer may also not be appropriate where it *'does not meet the physical and mental health needs of the client to live safely.'* It is important to note that if clients decline an offer on any of these grounds, it is not counted as an official offer of social housing.

2.4.3 BROKERAGE TO SUPPORT CASE MANAGEMENT OBJECTIVES

Brokerage is an important case management tool made available to all AO clients and drawn from either AO program funding or the NGO service provider's own funds. The purpose of brokerage is to support achievement of clients' case management goals through the purchase of goods or services.

Staff noted that the revised AO program guidelines allow brokerage to be used in flexible and innovative ways, such as for the material goods required at the start of a new tenancy (e.g., fridge or bed), for healthcare costs, or to support community engagement. The flexibility of brokerage is seen as an important enabler of the program's success in supporting clients to successfully sustain long-term housing.

[13] https://www.facs.nsw.gov.au/housing/policies/social-housing-eligibility-allocations-policy-supplement/chapters/matching-and-offering-a-property-to-a-client

Although the revised program guidelines provide a more detailed brokerage policy, including some examples of how it can be used, feedback from staff at both sites was that more clarity would be useful. For example, some DCJ Housing and NGO service provider staff remained unsure about the brokerage processes and felt that there could be more transparency regarding how brokerage is approved and used. Some DCJ Housing staff felt that NGO service providers were not using brokerage in the most effective way to support client outcomes, and NGO service provider staff reported that decision-making processes relating to brokerage usage was not clear.

Improved clarity in how brokerage is used is important because our interviews with clients, particularly in Tweed, illustrate that AO clients are aware of what other clients 'get' from the program. For example, one client told us that another client 'got a new fridge', whereas they 'got a second hand one.' Perceptions of unfairness or bias can impact how clients engage with NGO service providers and build trust with AO staff.

FIGURE 5. CLIENTS' EXPERIENCES OF STABILISATION IN NEWCASTLE AND TWEED

Newcastle

Clients were generally moved quickly into TA following their engagement with the program; and they were broadly satisfied with their TA experience. Clients pay a portion of their fortnightly Centrelink benefit towards the cost of TA. The AO team explained that this is so that clients learn basic self-sustaining skills.

Clients we interviewed typically spent no longer than 60 days in TA. One client we interviewed did not accept the accommodation they were offered as they said they would feel unsafe living in the area, so remained in TA for close to 100 days (which the AO team were supportive of).

Whilst staying in TA, clients were visited by the AO team regularly, fostering feelings of trust in the AO workers and the program. The AO team explained that building an ongoing relationship with clients requires consistency of engagement.

The AO team works to maintain good relationships with TA providers. If issues arise with an AO tenancy the AO team works closely with the provider to address any issues to avoid ending the accommodation.

Tweed

The options in Tweed for TA are limited, and the accommodation options that are available are not always perceived as safe or appropriate by clients – clients described issues such as heavy drug use by other residents. Caravan parks have also been accessed for TA, which some clients prefer as they tend to be quieter. Clients described extended periods in TA, whilst some moved between TA locations due to the issues detailed above.

In some instances, stabilisation has occurred on the street, due to the lack of availability of TA options; clients have been provided with tents, sleeping bags, and blankets. Program staff acknowledged this is not an appropriate stabilisation option, but the extent of the housing shortage gives them limited choices.

AO staff continue to work diligently to ensure clients are supported as well as they can be. Clients discussed developing case plans with their AO caseworker, including setting goals, and being connected to other services and supports (e.g. the NDIS). Clients were appreciative of the consistent efforts being made by the AO team.

2.5 POST CRISIS SUPPORT

Once clients have achieved stability, whether that is in TA or long-term accommodation, the AO team works flexibly to provide clients with ongoing support matched to their needs.

The evaluation has found qualitative evidence that activities in the post crisis support phase are broadly consistent with best practice.

FIGURE 6. GOOD PRACTICE PRINCIPLES: POST CRISIS SUPPORT

Trauma informed care and practice. Caseworkers expect and accept periods of disengagement or periods where higher intensity support is needed. Caseworkers are persistent but respectful in their attempts to reengage clients with support.

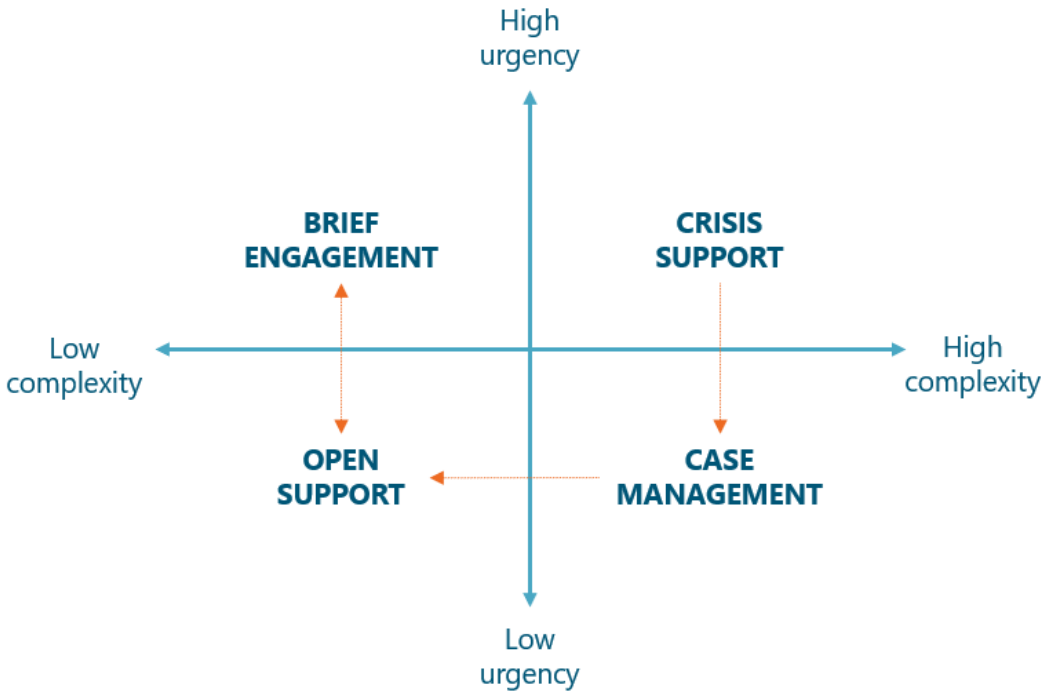
Person centred practice. The urgency and complexity of clients' needs are considered when planning a response, which can scale from low intensity (open support) to high intensity (crisis support).

Early intervention. Case management is available for 12 months, which allows for early identification of emerging issues that may threaten the client's ability to sustain their tenancy.

In the post crisis support phase, the AO team works flexibly to match their support to the level of ongoing need. In line with the principles of trauma-informed practice, the AO program guidelines expect and accommodate for clients to experience periods where they make progress, and periods where progress is slower or absent. The guidelines recognise clients may temporarily disengage during the post crisis support phase.

Error! Reference source not found. shows how the urgency and complexity of clients' needs dictate the case management response. Clients who are sufficiently stable move to 'open support', where they engage with their caseworker less regularly (for example, fortnightly by phone with sporadic face to face contact). These clients may experience a destabilising event (for example, a period of ill health) that creates new urgency or complexity. In some instances, the program can respond with a brief re-engagement period focussed on resolving the problem (for example, a warm referral to a health service and additional brokerage to cover the cost of health appointments). In other instances, particularly when the client's tenancy is at risk, the program can respond with crisis support.

FIGURE 7. RELATIONSHIP BETWEEN COMPLEXITY AND URGENCY OF CLIENT NEED, AND ASSOCIATED CASE MANAGEMENT APPROACH



The intensity of intervention and length of ongoing of support that AO is able to provide post-placement distinguishes this program from the supports delivered under normal SHS models. Staff note that the ongoing and adaptive case management that the program allows is important to build the capacity and independent living skills clients require to successfully sustain a tenancy. The duration of post-placement support is important to support clients to implement these skills in long-term housing. The consistent and persistent approach to engaging clients also allows for early identification of emerging issues that may destabilise a tenancy in the absence of support.

In Newcastle, NGO service provider staff noted that as a result of their current staffing levels, NGO staff do not have the capacity to provide long-term support to clients, as the high intensity supports that new clients require leaves little time for less urgent ongoing supports for clients post-placement. This has resulted in NGO service provider staff delivering less intensive supports for clients after they have been placed in housing.

NGO service provider staff also acknowledged that clients frequently present with many complex issues, which require more specialised and/or intensive training beyond the SHS training for staff to develop the skillset required to effectively support these clients.

FIGURE 8. CLIENTS' EXPERIENCES OF POST CRISIS SUPPORT IN NEWCASTLE AND TWEED

Newcastle

Clients continue to be visited by their AO caseworker once they are housed in long-term accommodation. This support is available for up to 12 months, however it is not always possible given NGO worker caseloads.

Although some clients said they had discussed developing a case plan with their caseworker, others said they needed time to settle into their accommodation before feeling able to address other issues in their life. Some clients had been supported to access services such as the NDIS and dental services.

All clients appreciated the security of a permanent home. Clients were grateful for the support they received from their AO caseworker and appreciated having someone 'in their corner'.

Tweed

Some clients said that having 'hands-off' contact with their caseworker a couple of times a week was sufficient, whilst others wanted more hands-on support, e.g., to teach them how to sustain their tenancy. Caseworkers emphasised the importance of providing individualised support to clients.

Clients appreciated the security of a home. Even though some were surrounded by disruptive neighbours, none felt personally threatened, and compared having a permanent home favourably to the uncertainty of sleeping rough.

Clients work with a caseworker for up to 12 months. Clients we interviewed acknowledged the significant workloads of caseworkers given the extent of homelessness in the region and were grateful for the support they received.

2.6 BARRIERS TO IMPLEMENTATION

While the AO model has been implemented largely as intended in Newcastle and Tweed, there remain a number of barriers for the program to overcome.

2.6.1 HOUSING AVAILABILITY

The program logic lists the sufficient supply of temporary and long-term housing options for AO clients as necessary for the program's success. The demand for both temporary and long-term housing is strong at both pilot sites, but demand has exceeded supply in Tweed. This has been exacerbated by natural disasters, including the 2019–20 bushfires and 2022 flooding.

In a submission to the NSW Independent Floods Inquiry, Homelessness NSW notes that damage to housing stock reduced the availability of affordable, safe and secure housing—both private and social housing—in the district, driving up demand for housing and

increasing the number of people who are homeless or at risk of homelessness. This was echoed during staff interviews, where providers noted the AO program in Tweed is operating in a vastly different environment since the flooding.

During interviews, staff in Tweed noted that the limited supply of housing meant AO clients were not placed into TA as quickly as the program intends them to be. As discussed in Section 2.3.1, the Tweed model sometimes includes street-based case management as a counter to the lack of TA. It also means that AO clients in Tweed are being housed in TA for much longer than they were before the floods. The duration of stay in TA further exacerbates issues regarding the availability of TA, as in addition to there being less TA available, when individuals are staying in TA for longer periods of time this accommodation is not available for other rough sleepers in need of TA. This is reflected in the quantitative outcomes data (see Section 3.1). Staff noted that long-term placement in TA is not ideal, as it creates uncertainty for the client.

Taken together this means that the fundamental assumptions about rapid rehousing are no longer being met in the Tweed pilot site. As a result of this, the experiences of the implementation of AO in Tweed, in contrast to delivery in Newcastle, provides an illustration of how the program could operate in the context of low housing availability. There may be an opportunity to use the experiences of delivery of AO in Tweed to inform guidelines for how a version of assertive outreach can be delivered when there is limited TA and long-term housing available to rapidly rehouse rough sleepers.

2.6.2 INTERRUPTIONS TO SERVICE DELIVERY

In response to the COVID-19 pandemic, the former NSW Government put range of public health measures in place to keep people safe in their homes during 2020 and 2021. These public health measures also interrupted service delivery at both pilot sites. These impacts included:

- difficulties providing in-person support during the lockdown period
- difficulties engaging with clients who did not have a mobile phone
- limited or no access to services during COVID lockdown periods
- delays in clients being able to inspect properties prior to accepting housing offers, and
- delays in tradespeople being able to complete required housing repairs and maintenance.

It is likely that the periods of lockdown as well as other social distancing measures impacted client outcomes (see Section 3.1).

The Tweed site faced additional challenges as the result of COVID-19, due to its proximity to the Queensland border (which was closed to interstate travel for an extended period). This meant rough sleepers who regularly moved across the border were unable to return to NSW. It also meant that the program could not access Queensland-based services it had previously engaged with. Service delivery at Tweed was further interrupted between February and August 2021 as a result of COVID-19 restrictions. During this period, no outreach was possible.

This means that, for at least some of the implementation period, key aspects of the program model (outreach, intensive case management) were unable to be upheld. This has been particularly true for the Tweed pilot site.

2.6.3 SERVICE SYSTEM FUNCTIONALITY

Homelessness is a complex issue involving interactions between societal, cultural, family, and individual factors. The complexity of these issues mean that simple interventions may not always achieve the best outcome for the individual or the broader community.

In Australia, integrated responses to address complex issues are generally accepted by government, policy makers and service providers alike as being best practice. The Homelessness NSW Assertive Outreach Good Practice Guidelines acknowledge the value of this approach when working to support rough sleepers to be housed and address issues contributing to their homelessness. However, despite the value that integrated services offer clients, there are substantial challenges to successfully implementing an integrated approach to service delivery. These include different organisational cultures across participating agencies, privacy concerns, workforce capacity, trust, and institutional inertia.[14]

Social systems, in which issues like homelessness exist, comprise a 'set of interrelated elements that interact to achieve an inherent, ascribed purpose.'[15] They are complex, and adaptive. This means that the strength and direction of program effects can be influenced by other system variables and that unanticipated system changes have rapidly cascading effects. These properties mean that systems are, very literally, more than the sum of their parts.[16]

High functioning systems have four core attributes: [17]

- **Committed leadership:** Leaders ensure the system receives the inputs necessary for survival and success.
- **Organisational culture:** The shared norms, values and operating assumptions of an organisation that ultimately guide its members' internal and external behaviours. Where leadership is evident, a healthy culture is more likely to follow.
- **Competent and capable system operators:** Individuals ('system actors') interacting with the system have the necessary competencies and capabilities to efficiently operate the system.
- **Necessary information technology infrastructure:** The flow of information and feedback mechanisms is dependent on technology.

Given that AO is an integrated response, and is occurring in two different service systems, we have taken some time to examine each of these attributes of high functioning systems. Understanding how these factors influence program implementation is important as it can

[14] Price Robertson R (201) Interagency collaboration: Good in theory, but… DVRCV Quarterly 3, 26–29
[15] Meadows D and Wright D (2008) Thinking in systems: A primer. Earthscan, London.
[16] Stroh DP (2015) Systems thinking for social change: A practical guide to solving complex problems, avoiding unintended consequences and achieving lasting results. Chelsea Green, White River Junction, Vermont.
[17] Renger R (2015) System evaluation theory (SET): A practical framework for evaluators to meet the challenges of system evaluation. Evaluation Journal of Australasia, 15(4), 16–28.

guide how the program could be better implemented both in future delivery at these sites, but also in any potential expansion of AO to other locations.

LEADERSHIP

A core feature of AO is the multidisciplinary team consisting of representatives from DCJ Housing, NGO service providers and NSW Health. DCJ Housing and NGO service provider team leaders across both sites noted that there had been challenges in effectively establishing leadership within the multidisciplinary team approach, and in developing effective working relationships. This was particularly true early in the implementation phase.

In Newcastle, NGO service provider case workers were managed by the DCJ Housing team lead, which resulted in unclear reporting lines and a lack of clarity regarding which organisation's policies to apply to particular circumstances. In Tweed, there was no central team leader which impacted the cohesion and function of the multidisciplinary team, and some staff felt that without a central team lead issues between DCJ Housing and the two NGO service providers that emerged were not able to be easily resolved.

These issues, reflected in our process evaluation (February 2022), ultimately led to revisions of the program guidelines, which now support a more collaborative approach to decision-making between team leads across the organisations. Many of the staff interviewed for the outcomes evaluation in February 2023 who had been in their role prior to the guidelines being revised noted a positive shift in collaboration between agencies.

One team lead noted that effectively working in a multidisciplinary team requires a much higher level of leadership, communication and management skills than required of program leads within each individual organisation, and that the complexity of these leadership roles had not necessarily been appreciated early in implementation. Staff at both sites noted that there had been recent changes in staff in leadership positions, which has been beneficial for the implementation of the program and the multidisciplinary team.

As a program whose cohort includes a high proportion of Aboriginal clients, there is a clear need for Aboriginal leadership. This is important at all levels of the program: from program design, through to organisational leadership and service delivery. While this evaluation set out to convene an Aboriginal Reference Group to ensure Aboriginal leadership in the evaluation, interruptions to service delivery as the result of COVID–19 and natural disasters, and staff turnover meant this group was disbanded and that the evaluation was not able to be informed by local Aboriginal perspectives, as had been intended. It will be important for the Department to consider how Aboriginal leadership can be most effectively sought at local, District and state levels to ensure the program adequately responds to the needs of Aboriginal people.

ORGANISATIONAL CULTURE

Every organisation's culture is unique—even if their fundamental purpose is similar. Culture is in part determined by the leaders within the organisation, but also by the policies and procedures directing the organisation's operations. This can make it practically difficult to implement an integrated response like AO.

The evaluation has observed an evolution in the relationship between partner agencies in Tweed from the process evaluation (February 2022) to the outcomes evaluation (June 2023), which has moved towards a mutual understanding and respect for the different perspectives each organisation brings, and a willingness to respectfully convey and work through differences of opinion. This is likely to be the natural result of time since implementation, and also as the result of leadership. As discussed above, leaders set the tone for how partner agencies will collaborate. NGO service provider staff in Tweed have reported that the more collaborative approach taken by the new DCJ Housing team lead helped the multidisciplinary team develop more effective partnerships, embed a more trauma-informed approach and made NGO service provider staff feel that their perspectives are valued.

This has been less successful in Newcastle where DCJ Housing and NGO service provider teams have not developed a trusting relationship across organisations. With the change in program guidelines the NGO service provider has more input into decision-making, however some DCJ Housing staff feel like the NGO service providers have been given too much influence over decision-making. In contrast, NGO service provider staff feel that they have to push back on DCJ Housing decisions to ensure accountability.

Clear guidelines are also important for collaborative decision-making. The AO model is not intended to be prescriptive, and in the revised program guidelines it is noted that the AO teams are encouraged to flexibly respond to changes in circumstances and take a 'try, test, learn' model. The revised guidelines explicitly outline specific examples of how DCJ Housing staff are able to take out-of-guidelines approaches to temporary accommodation, as well as the housing application and allocation processes to achieve outcomes for clients.

As noted in Section 2.3.2, however, some concerns remain regarding the organisational culture of the multidisciplinary team, and how that impacts joint decision-making. Some staff noted that they felt some decisions about who gets accepted into the program are driven by emotion rather than being based on the professional judgement of the broader multidisciplinary group and informed by tools such as the VI-SPDAT. Where these concerns exist, the revised program guidelines articulate an escalation process for when a joint decision cannot be made, or where one member of the group does not agree with a decision may help to address these concerns.

OPERATORS WITH THE SKILLS AND CULTURAL CAPABILITY TO ENGAGE AND SUPPORT THE AO CLIENT COHORT

In order for a program to be successfully delivered in a complex system the operators (that is, the AO teams) need to have the competency and capabilities to deliver the program within the broader service system. In the case of AO, this mostly relates ensuring the team has the right mix of skills to effectively engage and support clients with very complex issues in a trauma-informed and culturally competent way.

The Homelessness NSW Assertive Outreach Good Practice Guidelines outline a range of ways that program and team members can ensure their work is trauma-informed. While NGO service provider staff feel that their caseworkers do take a trauma-informed approach to working with clients, some also acknowledged that AO client cohort is particularly complex,

and that caseworkers need additional, specific training to develop the skills required to effectively support clients.

Some NGO service provider staff raised concerns about the ability for DCJ Housing AO staff to work with clients using a trauma-informed approach, while some DCJ Housing staff feel that their experience and skills in working with clients with complex issues are not appropriately valued by NGO service provider staff. It will be important for the program to continue working through similarities and differences in approach, consistent with the discussion above about organisational culture and leadership.

The Homelessness NSW Assertive Outreach Good Practice Guidelines also note that it is good practice for AO workers to be culturally sensitive when delivering services to people who are sleeping rough. In the context of AO, this means that caseworkers need to be confident to work in a culturally appropriate way with Aboriginal people: more than one quarter (27%) of AO clients in Newcastle identify as Aboriginal. In Tweed, more than one third (35%) of AO clients identify as Aboriginal.[18]

However, this is at odds with our interviews with staff, where caseworkers said they did not engage with many Aboriginal people. This discrepancy suggests there are more Aboriginal clients engaged with AO than caseworkers are aware of, and that there may be some Aboriginal clients who do not disclose their Aboriginal identity to DCJ Housing or NGO service provider staff.

The program has experienced challenges recruiting and retaining Aboriginal workers: there are currently no Aboriginal caseworkers in Tweed. In Newcastle there are no Aboriginal DCJ Housing workers, and only one NGO caseworker who identifies as Aboriginal. Our interviews with DCJ Housing and NGO service provider staff indicate it has been difficult for the services to find Aboriginal people with the right skill set for this type of work. In the absence of Aboriginal workers with these particular skillsets, it may be useful for the program to consider recruiting Aboriginal people with lived experience of homelessness who may be able to develop the required skills through their roles.

The program's difficulty recruiting and retaining Aboriginal workers is likely a barrier to the program more effectively engaging with and supporting Aboriginal clients. In the interim findings report, and in the most recent interviews for the outcomes evaluation, some Aboriginal clients noted that they would prefer to work with an Aboriginal caseworker, as it would make them feel more comfortable, and they felt this would ensure their cultural needs were met and understood. Staff at both sites noted that there was a lack of culturally specific resources to engage and support Aboriginal clients in the program.

AO staff in both sites described working with the local Aboriginal Medical Service (AMS), Land Councils and Aboriginal support services, however they noted that the program could be more connected with Aboriginal services and community organisations. It will be important for the future delivery of AO to consider how to engage with Aboriginal services

[18] In this absence of reliable program data, this demographic data is drawn from the FACSIAR HOMES (outcomes) database. We acknowledge that this may underrepresent the actual proportion of Aboriginal clients.

more deeply. As noted above, there is a clear need for Aboriginal leadership at all levels of the program.

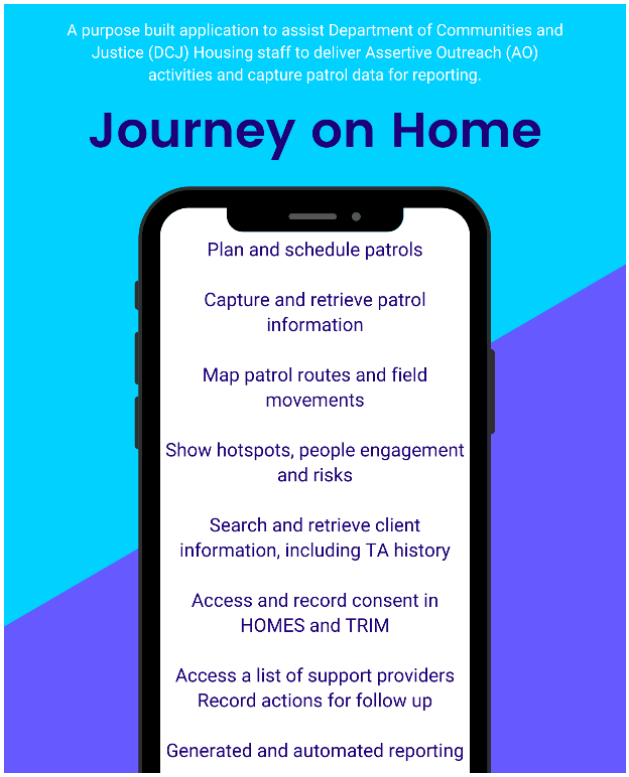
NECESSARY INFORMATION TECHNOLOGY INFRASTRUCTURE

For AO to be delivered successfully it is crucial that appropriate IT infrastructure and guidelines to support data collection and information sharing are in place. Across both sites, AO staff reported that data collection and information sharing across organisations has been a challenging aspect of program implementation.

AO teams collect and share information regarding program delivery through three platforms: Journey on Home, the By Name list, and CIMS/Hende. As these data systems are used to collect and/or share and access information relating to different aspects of the pilot, and require different data collection and entry processes, embedding data collection practices incorporating these multiple systems has proved challenging.

Journey on Home is a purpose-built application that assists DCJ Housing AO staff to deliver program activities, capture patrol data and connect to HOMES (**Error! Reference source not found.**). It was introduced alongside the revised program guidelines in October 2022 and was intended to record patrol data that was previously recorded on spreadsheets, replacing the need for outreach workers to carry laptops on patrol. However, some AO workers interviewed as part of the evaluation in February 2023 found that the application was clunky and felt that it did not speed up the process of data collection and entry on patrols. These issues may be addressed as workers become more familiar with the application interface as its use becomes further embedded in practice.

FIGURE 9. FEATURES OF THE JOURNEY ON HOME APPLICATION



Additionally, both sites have begun to use the 'By Name' list developed by the End Street Sleeping Collaboration (ESSC) to identify and better coordinate supports provided to rough sleepers.[19] While many outreach team members at both sites agree the list has potential to limit the number of times people need to tell their story and allow for better information sharing across the homelessness service system, staff felt that contributing to the list carries an additional administrative burden, and data is therefore not consistently captured. For the By Name list to be most effective it is important that it is used across whole of the homelessness service system, however as AO staff have experienced, it can be difficult to embed new processes for data entry and collection into practice – particularly in early stages where the benefits may not have been clearly observed by staff.

NGO service providers are also contractually obliged to collect and report on program activities, case plans and client outcomes. Initially, all three NGO service providers collected and recorded program data in the SHS client management system CIMS. Although it was not required, NGO service providers collected program data in line with the SHS minimum dataset. NGO service providers are familiar with this minimum dataset, but the program data collection that it requires is not specifically tailored to the unique features of AO support.

In October 2021 Social Futures moved from collecting program data in CIMS to Hende (Social Futures' Australian Institute of Health and Welfare (AIHW) approved client management system). The AO program data Social Futures recorded in Hende was aligned to the SHS minimum dataset, however it differed in content and structure from the program data collected in CIMS. As a result, although NGO service providers have collected program data throughout the delivery of AO, we have been unable to consistently compare program data across all three providers over the evaluation period.

In addition to the challenges with the program's IT infrastructure, a lack of consistency in the guidelines regarding data collection across NGO service providers has made examining and interpreting the program data collected by the different NGO service providers challenging. A review of the program data conducted by the evaluation found that there were differences across NGO service providers in their data entry processes. As such, it is difficult to determine if differences in the program data collected reflect differences in practice or service delivery, or differences between the NGO service providers in how caseworkers record and enter data into these systems.

One of the factors contributing to the challenges in implementing appropriate IT infrastructure and data collection and entry guidelines for AO is the unique nature of the program. AO is intended to engage and support rough sleepers in a way that is different from other SHSs. For example, AO outreach teams engage with and provide support to individuals who are not (or not yet) program clients, and case management supports are delivered in two phases: stabilisation, when a client is housed in TA, and post-crisis support, when a client has been placed in long-term housing. The program data systems developed to align with the SHS minimum dataset do not allow for additional detail to be captured that would allow for patterns of service delivery specific to the program, such as engagement

[19] The 'By Name' list is a real time rough sleeping database designed to actively track the number of people rough sleeping in NSW to coordinate and prioritise housing and support services. It is a digital tool and database, which incorporates the Vulnerability Index–Service Prioritisation Assistance Tool (VI-SPDAT), to survey and assess and individual's support needs and coordinate assistance to them. In NSW, the By-Name list was established by the End Street Sleeping Collaboration (ESSC).

with individuals who are not (or not yet) program clients, and the distinct phases of stabilisation and post-crisis support, to be examined.

3. CLIENT OUTCOMES

This chapter explores the pattern of housing and health outcomes for AO clients in Newcastle (362 people) and Tweed (90 people), compared to two non-pilot comparison groups[20]: people who participated in unfunded AO (341 people) and people who requested assistance from a SHS provider (41,441 people).

Throughout this chapter, we have used the term 'long-term' housing to collectively refer to social housing tenancies. We have also referred specifically and separately to public or community housing outcomes where these differences are relevant.

3.1 HOUSING OUTCOMES

The evaluation drew on DCJ administrative data extracts provided by FACSIAR (see Appendix 1 for detailed description of the datasets and methods employed in this chapter) to answer four questions relating to the pattern of long-term housing outcomes for AO clients, compared with comparison groups (Table 3).

1. Are AO clients more likely to move into long-term housing than non-AO clients?
2. Do AO clients move into long-term housing faster than non-AO clients?
3. Do AO clients stay in long-term housing longer than non-AO clients?
4. Do AO clients spend less time in TA than non-AO clients?

It is important to note that in contrast to the treatment groups at the pilot sites, both comparison groups are drawn from geographically disparate regions across NSW. As the availability of housing varies across the state depending on geographic location, the local housing context for the comparison groups likely differ from what clients in the two pilot site locations experienced.

TABLE 3. SUMMARY OF TREATMENT AND COMPARISON GROUPS

Group	N	People included in the group
Treatment Group 1	362	People who participated in fully funded AO in Newcastle
Treatment Group 2	90	People who participated in fully funded AO in Tweed
Comparison group 1	341	People who participated in unfunded AO[21]
Comparison group 2	41,441	People who were sleeping rough and requested assistance from a SHS provider

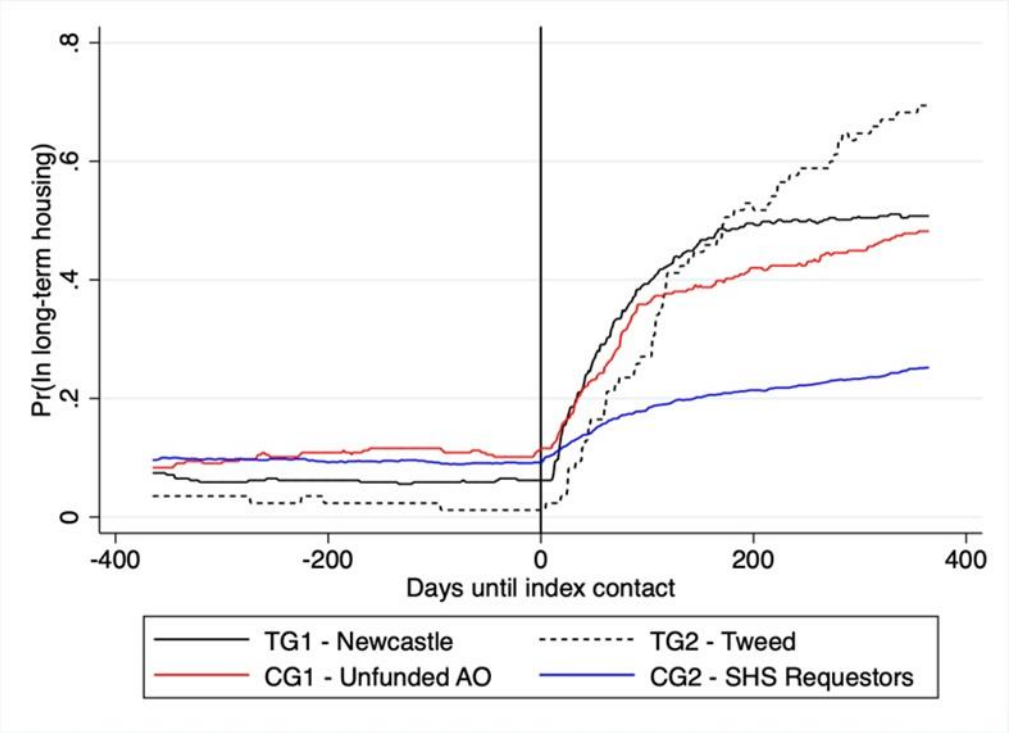
[20] The comparison groups were identified in discussion with DCJ and FACSIAR.

[21] Although AO operates across the entire state of NSW, not all housing districts receive additional funding to provide the services associated with AO. Unfunded AO, therefore, refers to districts where those involved in the provision of AO do not receive additional resources to implement the program, and do not have funded service providers delivering intensive case management supports to AO clients.

3.1.1 LIKELIHOOD THAT AO CLIENTS ARE PLACED IN LONG-TERM HOUSING

The probability of residing in long-term (social) housing increases for all treatment and comparison groups included in the analysis following intervention (i.e. engaging with funded or unfunded AO, or requesting assistance from an SHS provider). The increase is greatest for AO clients in Tweed, where the probability of living in long-term housing increases markedly (from 0% to 70%) a year after joining the program (**Error! Reference source not found.**). AO clients in Newcastle also have an increased probability of being in long term housing (rising from 5% to 51% a year after joining the program).

FIGURE 10. DAILY PROBABILITY OF RESIDING IN LONG-TERM (PUBLIC OR COMMUNITY) HOUSING FOR ASSERTIVE OUTREACH CLIENTS IN NEWCASTLE AND TWEED, COMPARED WITH UNFUNDED AO CLIENTS AND SHS CLIENTS



Note: This figure reports the probability that individuals within each of the groups under consideration reside in public or community housing in the year before and after their index contact. For those accessing AO, an index contact refers to the day that contact was made with an AO caseworker. For those requesting assistance from an SHS provider, the index contact refers to the day that such individuals requested assistance.

It is also clear from **Error! Reference source not found.** that people who participate in unfunded AO (CG1) also experience an increase in the probability of residing in long-term housing (an increase from close to 10% to just below 45%), as do people who seek assistance from an SHS provider (an increase from about 10% to around 20%), however the intensity of additional support provided by the DCJ Housing teams with the housing application process is important. The pattern of results indicates that as the intensity of additional support provided by DCJ Housing teams increases (from a business-as-usual approach with the SHS

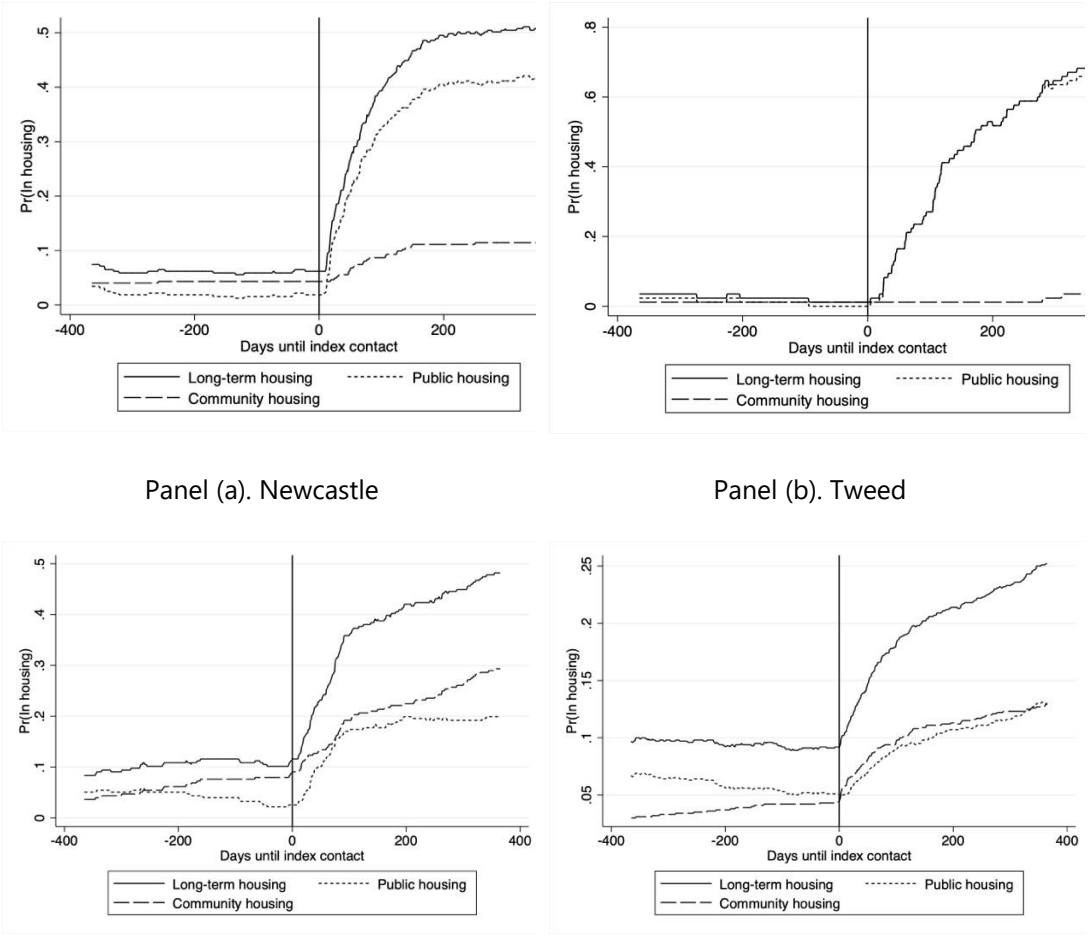
group, to unfunded AO, and then to funded AO) the probability of achieving a long-term housing outcomes also increases.[22]

There are two types of long-term housing examined in this evaluation: public and community housing. In Figure 11, we unpack the results from **Error! Reference source not found.**, by plotting the daily probability of these outcomes.[23] In the pilot sites, most of the increase in probability of living in long-term housing can be explained by public housing. In contrast, the increase in the probability of residing in long-term housing experienced by people who participate in unfunded AO or who request SHS assistance appears to be more evenly split between public and community housing.

Compared with people who participate in unfunded AO (CG1), people who participate in fully funded AO in Newcastle and Tweed are *more* likely (11 and 29 percentage points, respectively) to live in public housing in the 12 months after AO. By contrast, people who participate in AO in Newcastle and Tweed are *less* likely (15 and 22 percentage points, respectively) to live in community housing in the 12 months after AO than those who participated in unfunded AO. As noted above, the two comparison groups are drawn from geographically disparate areas across NSW. The differences in the availability of public and community housing in different regions across the state may contribute to the differences in in the types of housing outcomes observed for the treatment and comparison groups.

[22] These conclusions are robust to the inclusion or exclusion of people who participated in Together Homes. The role of Together Homes in our analysis is discussed in further detail in Appendix 3 of this report.
[23] Please bear in mind that the scale of the vertical axis differs across panels in Figure 11. That is, the maximum value of the vertical axis ranges from 0.25 to 0.8.

FIGURE 11. DAILY PROBABILITY OF RESIDING IN PUBLIC OR COMMUNITY HOUSING FOR AO CLIENTS IN NEWCASTLE AND TWEED, COMPARED WITH UNFUNDED AO CLIENTS AND SHS CLIENTS, BY LONG-TERM HOUSING TYPE



Panel (a). Newcastle

Panel (b). Tweed

Panel I. Unfunded AO

Panel (d). SHS requestors

Note: This figure reports the probability that individuals within each of the groups under consideration reside in public, community and long-term housing (i.e., the sum of public and community housing) in the year before and after their index contact. For those accessing AO, an index contact refers to the day that contact was made with an AO caseworker. For those requesting assistance from an SHS provider, the index contact refers to the day that such individuals requested assistance.

Error! Reference source not found. limits the estimation sample to the year after each individual's index contact[24] and then compares the probability that an individual from a given group resides in various types of housing. From **Error! Reference source not found.**, we can see that when compared to individuals participating in unfunded AO, individuals participating in AO in Newcastle are 11 percentage points more likely to reside in long-term housing and 29 percentage points more likely to reside in public housing within one year. Interestingly, they are also 15 percentage points *less* likely to reside in community housing within one year when compared to those participating in unfunded AO. We also see that individuals participating in AO in Tweed are 30 percentage points more likely to reside in long-term housing and 51 percentage points more likely to reside in public housing within

[24] That is, the date that an individual that participated in (funded or unfunded AO) contacted a caseworker, or the date that an individual requested assistance from an SHS provider (among individuals in CG2).

one year. They are also 22 percentage points *less* likely to reside in community housing within one year when compared to those participating in unfunded AO.

TABLE 4. ASSOCIATION BETWEEN AO AND THE PROBABILITY OF ACHIEVING A PLACEMENT IN VARIOUS FORMS OF LONG-TERM HOUSING

	Housing type		
	Long-term housing	**Public housing**	**Community housing**
Panel A: Probability of long-term housing compared to unfunded AO (CG1)			
Newcastle	11.0 (0.045)**	28.5 (0.042)***	-15.3 (0.033)***
Tweed	30.4 (0.057)***	51.0 (0.056)***	-21.6 (0.034)***
CG1 (Unfunded AO) mean	**39.9%**	**21.4%**	**20.7%**
Panel B. Probability of long-term housing compared to SHS assistance (CG2)			
Newcastle	37 (0.030)***	41.7 (0.030)***	-1.0 (0.017)
Tweed	56.5 (0.047)***	64.2 (0.048)***	-7.3 (0.019)***
CG2 (SHS requestor) mean	**16.0%**	**9.4%**	**76.0%**
Observations (N)	32,462	32,462	32,462
Adjusted R-squared	0.045	0.054	0.013

Note: This table contains two panels. Panel A reports ordinary least squares estimates that compare the probability of residing in various types of housing between those participated in funded Assertive Outreach in Newcastle and Tweed vs. those participating in unfunded Assertive Outreach. Panel B reports ordinary least squares estimates that compare the probability of residing in various types of housing between those participated in funded Assertive Outreach in Newcastle and Tweed vs. those that requested assistance from a specialist homelessness service provider. The rows labelled Newcastle and Tweed report the (absolute, percentage point) difference in the probability between each housing outcome (given by the columns) between groups. The rows labelled CG1 and CG2 mean report the average probability that an individual from a given group resides in each type of housing. Robust standard errors in parentheses. * p<0.1, ** p<0.05, ***p<0.01

This result can likely be attributed to systematic differences in the relative availability of public and community housing in areas where AO is and is not funded to operate. The estimates reported in Panel B, where those participating in funded AO are compared to those requesting assistance from an SHS provider, tell a similar story to their counterparts in Panel A. The only difference between panels is one of magnitude, the estimates in Panel B are, in absolute terms, much larger than their counterparts in Panel A. The pattern observed in Table 3 is likely influenced by the availability of public housing in each district, and the policies influencing how it is used. For example, the Social Housing Management Transfers (SHMT) program, enacted as part of the Future Directions for Social Housing in NSW strategy, transferred tenancy management of around 14,000 social housing tenants to Community Housing Providers (CHPs).[25] Neither Tweed nor Newcastle are SHMT sites,

[25] https://www.facs.nsw.gov.au/housing/living/management-transfer-program/management-transfer-program-overview

meaning most social housing in Newcastle and Tweed is public housing managed by the Department.

The finding that rough sleepers who engaged with unfunded AO were more likely to be housed in community housing than rough sleepers who engaged with funded AO in the pilot sites may also be influenced by the impact of Together Home on the availability of community housing properties for rough sleepers, rather than reflecting any difference in how funded and unfunded AO have operated. Together Home is a $177.5 million investment by the NSW Government to support rough sleepers NSW into stable accommodation, as well as providing wraparound supports. This program was introduced in 2020, to ensure the spread of COVID-19 was minimised. It is an extension of the Community Housing Leasing Program (CHLP), where CHPs are engaged to headlease properties in the private rental market and house people who are currently rough sleeping or who have a history of it.[26] The possible impact of Together Home and SHMT on our estimates are explored in further detail in Appendix 2. In that analysis, we find no substantive deviation in terms of sign, size or statistical significance from the estimates reported in Table 3. Excluding Together Home participants, people who participate in fully funded AO in Newcastle and Tweed Heads are still more likely (12 and 33 percentage points, respectively) to reside in long-term housing and less likely (10 and 15 percentage points, respectively) to live in community housing than those who participated in unfunded AO.

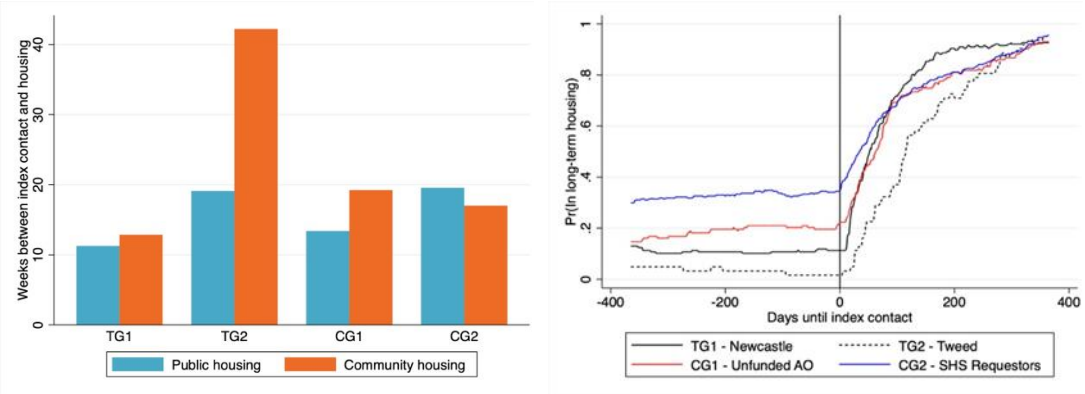
3.1.2 TIME TAKEN TO PLACE AO CLIENTS INTO LONG-TERM HOUSING

The AO program attempts to provide a pathway to long term housing as rapidly as possible. Panel A of Figure 12 illustrates the number of weeks between contact with an AO caseworker and entering long-term housing, for individuals who were placed into long-term housing within 12 months of intervention (engagement with funded or unfunded AO, or contact with a SHS provider). From Panel A we can see that people who participated in AO in Newcastle and were housed get into long-term housing *faster* than people who participated in either unfunded AO or requested SHS assistance, although the difference is not substantial in terms of weeks. However, people who participated in AO in Tweed and were housed get into long-term housing *slower* than people who participated in either unfunded AO or requested SHS assistance.

Figure 12 suggests that funded AO does not speed up the process people undergo prior to placement in long-term housing. However, Figure 10 suggests AO is associated with an increase in the number of people undergoing this process. Taken together, these results indicate that the substantive contribution of the program is increase the volume of people getting into housing, and that it does not have as much of an impact on the speed at which they get in.

[26] Department of Communities and Justice (2020) Together Home: Housing and support for people street sleeping during the COVID-19 pandemic and beyond. https://www.facs.nsw.gov.au/housing/help/ways/are-you-homeless/together-home

FIGURE 12. TIME BETWEEN CONTACT WITH AO PROGRAM AND PLACEMENT IN LONG-TERM HOUSING



Panel (a) Panel (b)

Note: Panel (a) reports the number of average number of weeks between an index contact and placement in public housing for the four groups under consideration (i.e., TG1, TG2, CG1 and CG2, which are defined in Panel (b)). Panel (b) reports the probability that individuals within each of the groups under consideration reside in long-term housing in the year before and after their index contact, conditional on placement in long-term housing occurring one year of their index contact. For those accessing AO, an index contact refers to the day that contact was made with an AO caseworker. For those requesting assistance from an SHS provider, the index contact refers to the day that such individuals requested assistance.

Table 5 shows that people who participate in funded AO in Newcastle get into long-term housing about five weeks faster than people who receive unfunded AO or who seek SHS assistance. This table also shows that people participating in AO in Tweed take three weeks longer to get into housing than their counterparts in either comparison group. Importantly, as noted above, both comparison groups are drawn from geographically disparate regions across NSW and thus as a group are less impacted by regional-specific housing shortages. This suggests that it is only in the Newcastle pilot site that AO has been able to effectively implement a rapid rehousing response, as intended by the program model, and that it is likely that the observed differences in housing outcomes between the pilot sites reflects the impact of the COVID-19 pandemic and natural disasters (2019–20 bushfires and 2022 flooding) in Tweed (See Section **Error! Reference source not found.**).

TABLE 5. ASSOCIATION BETWEEN AO AND THE TIME (WEEKS) BETWEEN CONTACT AND PLACE IN LONG-TERM HOUSING

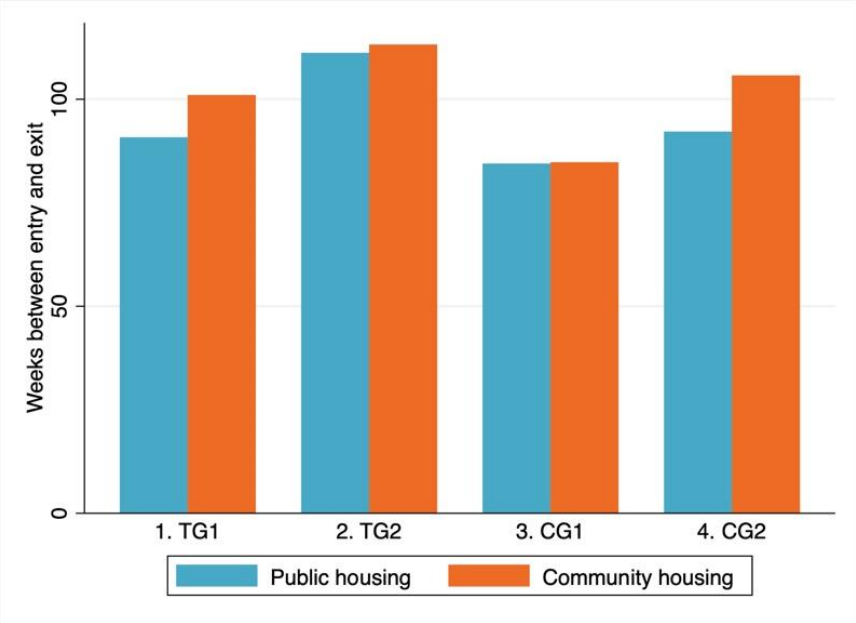
	Housing type		
	Long-term housing	**Public housing**	**Community housing**
Panel A: Time (weeks) to housing outcome for AO clients compared to unfunded AO (CG1)			
Newcastle	-5.137 (1.522)***	-2.43 (1.724)	-8.544 (2.771)***
Tweed	3.026 (2.169)	5.052 (2.283)**	20.438 (2.697)***
CG1 (Unfunded AO) mean	**16.161 weeks**	**13.18 weeks**	**20.642 weeks**
Panel B. Time (weeks) to housing outcome for AO clients compared to SHS (CG2)			
Newcastle	-5.887 (0.786)***	-7.380 (0.875)***	-3.868 (1.848)**
Tweed	2.276 (1.733)	0.102 (1.741)	25.114 (1.685)***
CG2 (SHS requestor) mean	**18.186 weeks**	**19.67 weeks**	**17.171 weeks**
Observations	5,575	3,342	2,570
Adjusted R-squared	0.018	0.031	0.015

Note: Robust standard errors in parentheses. * p<0.1, ** p<0.05, ***p<0.01

3.1.3 LENGTH OF TIME AO CLIENTS STAY IN LONG-TERM HOUSING

AO sets out to ensure tenancy sustainability through the stabilisation and post-crisis support phases and beyond. There is evidence that AO participants maintain their tenancies in social housing longer than people who receive unfunded AO, or who seek SHS assistance (Figure 13). It is, however, important to bear in mind that in our sample, the vast majority (i.e., over 80%) of people entering social housing do not leave their tenancy prior to 31 December 2022. As such, we are only able to examine time in housing for the small proportion who have exited their tenancy prior to this date.

FIGURE 13. TIME (WEEKS) BETWEEN ENTERING AND EXITING LONG-TERM HOUSING FOR AO CLIENTS, COMPARED WITH UNFUNDED AO CLIENTS AND SHS CLIENTS



Note: This figure reports the number of average weeks between entering and exiting long-term housing, conditional entry occurring within 12 months of an index contact. TG1 and TG2 refer to individuals participating in AO in Newcastle and Tweed. CG1 refers to individuals participating in unfunded AO. CG2 refers to individuals that requested assistance from an SHS provider. For those accessing AO, an index contact refers to the day that contact was made with an AO caseworker. For those requesting assistance from an SHS provider, the index contact refers to the day that such individuals requested assistance.

Table 6 shows that people participating in AO in Tweed stay in housing between 17 and 30 weeks longer than people who receive unfunded AO or who request SHS assistance. The pattern of outcomes for Newcastle are less straightforward to interpret. When compared to people who participated in unfunded AO, individuals participating in (funded) AO in Newcastle stay in long-term accommodation for an additional nine weeks. However, when we change the comparison group from those participating in unfunded AO to those requesting assistance from an SHS provider, there does not appear to be any difference in the duration of a stay in either community or public housing. The pattern of the duration of tenancies may reflect the intensity of case management supports individuals are provided with across these groups. A key feature of funded AO is post-crisis case management support that NGO caseworkers provide to AO clients after they have been housed. These supports are not available to unfunded AO participants. Rough sleepers who requested assistance from an SHS (CG2) may have received a variety of supports from SHS providers, including support from the Together Home program, which provides rough-sleepers with a case management supports[27], which could be supporting these individuals to more effectively sustain their tenancies in a similar manner to funded AO participants.

[27] The Together Home program is another pathway to long-term housing available to rough sleepers in non AO pilot districts and is designed to provide high intensity of support through complex care packages.

TABLE 6. ASSOCIATION BETWEEN AO AND THE TIME BETWEEN ENTERING AND EXITING LONG-TERM HOUSING

	Housing type		
	Long-term housing	**Public housing**	**Community housing**
Panel A: Time (weeks) AO clients spent in long-term housing compared to unfunded AO (CG1)			
Newcastle	8.699 (5.032)*	9.078 (6.586)	19.576 (8.760)**
Tweed	30.479 (6.809)***	34.177 (8.095)***	32.181 (5.738)***
CG1 (Unfunded AO) mean	**79.162**	**76.400**	**81.033**
Panel B: Time (weeks) AO clients spent in long-term housing compared to SHS assistance (CG2)			
Newcastle	-4.610 (3.681)	0.629 (3.867)	0.867 (7.932)
Tweed	17.170 (5.882)***	25.729 (6.091)***	13.473 (4.370)***
CG2 (SHS requestor) mean	**92.47**	**84.845**	**99.741**
Observations	6,109	6,109	3,734
Adjusted R-squared	0.003	0.003	0.005

Note: Robust standard errors in parentheses. * p<0.1, ** p<0.05, ***p<0.01

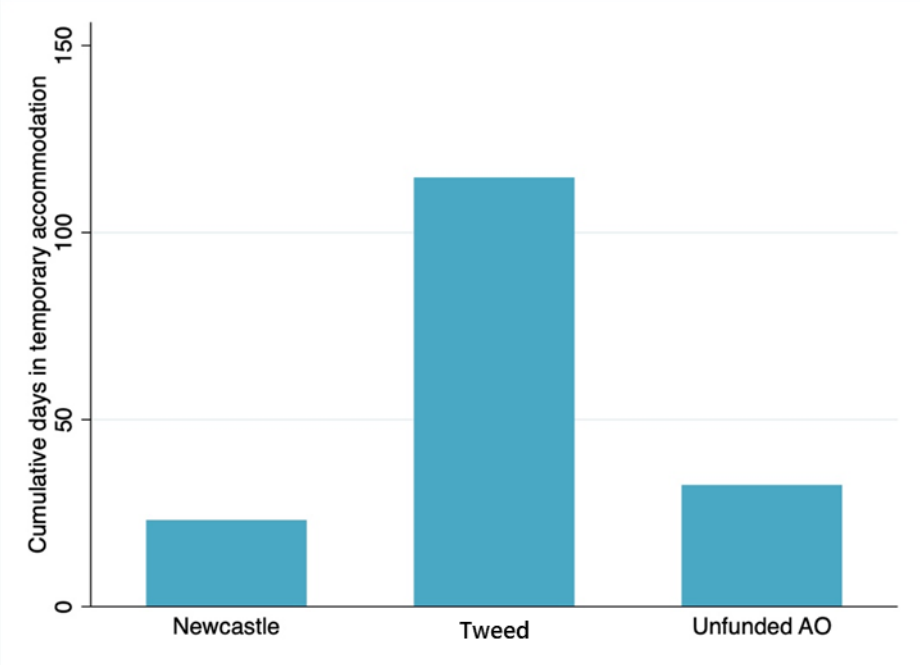
DURATION OF A STAY IN TEMPORARY ACCOMODATION

The final outcome we examine in this section of the report is the cumulative number of days an individual resides in temporary accommodation in the 12 months after engagement with funded or unfunded AO, for people who entered TA within the 12 months after this contact. Figure 14 plots this outcome for individuals participating in funded and unfunded AO.[28]

By far the most striking feature of Figure 14 is the number of days AO clients in Tweed spent in TA. It is likely that this is linked to the impact of natural disasters in the Tweed (see Section **Error! Reference source not found.**). DCJ Housing and NGO service provider staff at Tweed described this in our interviews with them, noting that the limited supply of housing means AO clients are being housed in TA for much longer than they were before the floods.

[28] We cannot examine this outcome for individual resisting the assistance of an SHS provider because the NSW Homelessness Data Collection and TA do not contain a common identifier.

FIGURE 14. CUMULATIVE DAYS SPENT IN TEMPORARY ACCOMMODATION FOR AO CLIENTS COMPARED WITH UNFUNDED AO CLIENTS



Note: This figure reports the average number of days spent in temporary accommodation following an index contact, conditional on entry into temporary accommodation occurring within 12 months after the index contact. For those accessing AO, an index contact refers to the day that contact was made with an AO caseworker. For those requesting assistance from an SHS provider, the index contact refers to the day that such individuals requested assistance.

Table 7 reports numeric estimates from a comparison of people who participated in funded and unfunded AO. Consistent with Figure 14, Table 7 indicates that, when compared to individuals participating in unfunded AO, individuals participating in funded AO spend: 17 fewer days in TA in Newcastle; and 108 additional days in Tweed. As noted in Section 3.1.2 this clearly indicates that the program model has been able to be implemented more effectively in Newcastle than Tweed. In Newcastle, AO is effective at rapidly rehousing rough sleepers, as they spend less time in TA than individuals in the comparison group. However, in contrast to this, Tweed where there is a severe lack of TA and of social housing, the rapid rehousing approach of the AO model no longer works and individuals are spending more time in TA than the comparison groups.

TABLE 7. THE ASSOCIATION BETWEEN AO AND THE CUMULATIVE NUMBER OF DAYS SPENT IN TEMPORARY ACCOMMODATION

	Days in temporary accommodation
Panel A: Cumulative days spent in temporary accommodation compared to unfunded AO (CG1)	
Newcastle	-17.141 (1.706)***
Tweed	108.341 (2.586)***
CG1 (Unfunded AO) mean: 56.00	
Observations	4,598
Adjusted R-squared	0.569

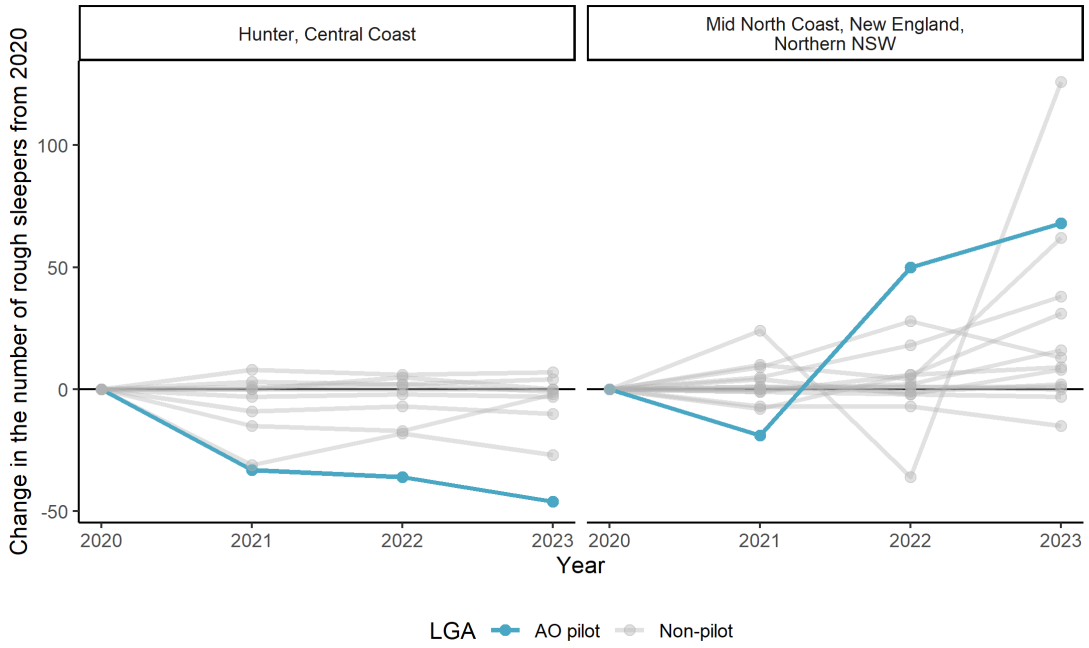
Note: Robust standard errors in parentheses. * p<0.1, ** p<0.05, ***p<0.01

3.1.4 CHANGES IN THE NUMBERS OF ROUGH SLEEPERS

AO intends to reduce the number of people sleeping rough in NSW. Since 2020, the NSW Government has been conducting annual street counts of rough sleepers to provide a point in time estimate of the people in a particular geographic location experiencing street homelessness.

We explored the change in number of rough sleepers in LGAs where funded and unfunded AO programs operate (Figure 15). In the pilot sites there appears to have been an initial reduction in rough sleeping after AO was implemented. The Newcastle LGA (within the Hunter Central Coast district) saw the largest reduction in the number of rough sleepers in 2021, 2022 and 2023 (compared to baseline numbers in 2020). The Tweed LGA (within the Mid North Coast, New England and Northern NSW district) saw the largest reduction in the number of rough sleepers in 2020 and 2021 compared to other LGAs in the district. However, there was a substantial increase in the number of rough sleepers in the Tweed LGA from 2021 to 2022 and 2023, following flooding in the Northern Rivers region in February 2022.

FIGURE 15. CHANGES IN THE NUMBER OF ROUGH SLEEPERS IN THE AO PILOT SITES AND NON-PILOT LGAS IN THEIR DISTRICT



Source: 2023 NSW Street Count. Note: The LGAs incorporating Newcastle and Tweed were defined as AO pilot LGAs. All other LGAs within the two districts were defined as non-pilot LGAs.

3.2 HEALTH AND WELLBEING OUTCOMES

As noted elsewhere, there are substantial issues with the program data collected by service providers. This is particularly true for the Personal Wellbeing Index (PWI). The program guidelines require administration of the PWI at three time points (start of program, mid-program, and end of program), however there is not sufficient PWI data collected across the pilot sites by the end of the evaluation period to be analysed as part of the evaluation.

This means the evaluation cannot make a quantitative assessment of AO clients' health and wellbeing outcomes. Our interviews with staff and clients, as well as the preliminary work completed by Dr Gregory Smith, indicates that AO clients can experience a range of health and wellbeing outcomes as the result of participating in the program, including:

- increased personal autonomy
- increased motivation to improve their situation
- reconnection with family and friends
- increased trust and engagement with the service, leading to ongoing engagement with a range of supports and services, including the NDIS and employment services
- stronger community engagement, including connecting with local supports and services.

These health and wellbeing outcomes are illustrated through case stories using qualitative data from interviews with AO clients. These case stories use pseudonyms to protect the clients' privacy.

3.2.1 CASE STORIES

The case stories provided below represent a form of narrative methodology.[29] They have been developed with the intention of providing a realistic sense of how the AO program works in practice and how it is experienced by the people who are supported by the service. The case stories have been created by drawing on information shared by the 38 participants interviewed. They do not belong to any one individual who participated in this project, but rather the stories draw together common elements of many people's stories. The names of the people and the AO staff are pseudonyms and no real names have been used.

[29] See McAlpine, L. (2016). Why might you use narrative methodology? A story about narrative. *Eesti Haridusteaduste Ajakiri. Estonian Journal of Education*, *4*(1), 32-57; Ntinda, K, 2020, 'Narrative Research', in P. Liamputtong (ed.), *Handbook of Research Methods in Health Social Sciences*, Springer, New York, pp. 1-12; Sandelowski, M, 1991, 'Telling Stories: Narrative Approaches in Qualitative Research,' *Image J Nurs Sch*, vol. 23, no. 3, pp. 161-166; Mitchell, M & Egudo, M, 2003, A Review of Narrative Methodology, Prepared for the Australian Government Department of Defence, Retrieved from: /tardir/tiffs/a421725.tiff (dtic.mil)

NEWCASTLE: CASE STORY

Jean

The Hunter was where I grew up, so round here feels like home. I enjoyed school and did well academically, but I left when I was 15 to start an apprenticeship. Over the years, I've had several businesses of my own, and for much of my adult life I lived in houses I owned.

I moved around NSW and Queensland for a number of years, before settling in Sydney with my partner and our children. We were together for more than twenty years, but after the kids were grown up, we divorced. I did remarry, and that was good for a while too, but we decided to go our separate ways and just stay friends.

I've struggled with my mental health on and off for many years, but things got very difficult for me a few years ago when I fell and damaged my shoulder badly. Since then I haven't really been able to work. I couldn't afford to stay in my house and for a while I stayed with friends and family, but it was frustrating and embarrassing. I had always had a job and been able to support myself, and suddenly I was dependent on other people. I was really happy when I got a new job - but it fell through, and that was devastating. I was feeling pretty low and embarrassed. I ended up sleeping on a local beach for a couple of weeks.'

I tried contacting a few different services to get support with housing, and eventually had an interview with Housing, who linked me with Assertive Outreach (AO). The caseworker, Jay was incredibly helpful. They just took over. They did everything for me because I was just a wreck. They found me somewhere I could stay temporarily within a few days, and I was there for about a month before I got offered a place of my own. It's in a great area, it's clean and freshly painted and they made sure I had everything I needed - a washing machine, a bed, a fridge, a two-seater lounge, a coffee table, a dining room table and chairs, a tv, crockery, and pots and pans. It was amazing. I've got good neighbours here and Jay has really looked after me. They even helped organise for me to get my teeth fixed. That really helped me feel more confident. I only Jay every couple of weeks now, but I know I can call anytime. This program has been an absolute godsend.'

TWEED: CASE STORY

Alex

When my marriage ended, I moved up here to be closer to my parents. I didn't realise how hard it would be to get work around here though, and I've then I've had a bad run with my health to the point where I am not allowed to drive anymore, and at one stage I spent nearly 18 months in hospital. When I came out of hospital, I had a place to stay, but it didn't work out. I ended up living in the park because I didn't feel like I had anywhere else I could go. I was there for a few months, and I used to stop in at Fred's Place (a drop-in service for people experiencing homelessness and other kinds of disadvantage). I had had a few goes of connecting with local services, but none of them ever really followed through with what they promised, so when I met Shay (AO caseworker), I was pretty sceptical. But Shay was stable, consistent, and when he said he was going to do something, he did it.

It didn't take too long before they got me into a motel on a temporary basis. That first one wasn't good, but they got me into a better place really quickly. Shay came and checked on me every couple of days, just making sure I had enough food and clothes. Shay helped me get into this I've got now. It's a one-bedroom unit, but it's fantastic. The gardens and lawns are manicured. I feel spoiled.' When I first moved, I didn't have any furniture or kitchen utensils Shay helped with everything.' I really like it here and I feel like I'm part of a community in the complex. Since we've got the housing stuff sorted, I've been working with Shay on addressing my health problems, starting with cutting out the alcohol. I'm 5 months sober now. I'm getting sorted with NDIS too. One of the best things out of all this is that I have reconnected with my kids and my ex. She's a good mate to me now. I actually feel hopeful about the future again. I am just so grateful for the support from Shay and the team. They are so busy, but they give 100% and, I know I can pick up the phone and they will answer.

NEWCASTLE: ABORIGINAL CLIENT CASE STORY

Tahli

I grew up here in Newcastle. I'm the eldest in my family – I'm 21 now. I've got six brothers and two sisters. My mum's family is all from round here and I've got quite a few aunties and uncles close by. Dad is in jail – he's been there about three years now and before that he was living in Sydney. He hasn't really been around for us kids for a long time. Things kind of fell apart with my family when my little sister passed away – I was fourteen then. I was doing alright at school, but it got hard to care about it after my sister passed. I ended up leaving about halfway through year 11. I left home then too - stayed with friends and aunties a bit. I lost my way, I guess. I just stopped caring about anything really and was doing some pretty dumb things - drinking and partying. I had a big blue with my aunty I was staying with one time, and I ended up sleeping on the beach a couple of nights. I went up to the housing office cause my aunty had said I should try and get a place of my own. They put Marnie (AO Caseworker) in touch with me, and it was pretty quick really. They got me a motel room in a few days and then after just a couple of weeks, into this share house place I'm in now with three other ladies. It's only temporary here, but I've got a three-month lease and Marnie is helping me look for other places I could stay longer-term. She's also hooked me up with support from Awabakal and they've helped me enrol in a TAFE course which I'm looking forward to. I would really like to get some more education and get a job and be someone who could help my brothers and sister a bit more - set a better example. I don't really like asking for help, but Marnie is good cause, although she's always busy, she is really easy to talk to and I feel like I can ask her anything.

TWEED: ABORIGINAL CLIENT CASE STORY

Dean

I'm 41 now, and I've got some health problems. I mistreated my body for a long time - done a lot of drugs over the years. I've tried to get clean and stay clean a few times, but it's a struggle. Right now is the best I've done for many years. This is my mother's country and I've got lots of family around here. I feel like it's home. I grew up in Tweed, but I don't like it there - too many bad memories. My home wasn't good growing up. Mum was getting bashed, and I didn't feel safe there. I spent a fair bit of time on the streets, trying to stay away from all of that. It was better when Mum left her partner, but we never really had a home that was ours. We moved a lot, staying with relatives and in motels. School wasn't great for me either. I'd get picked on and ended up in a lot of fights. I got suspended and I never went back. My mum passed away back in 2012, and I have been on the streets and in and out of rehab since then. I met Corey (AO Caseworker) in Byron when I was at a safe injecting place. I was sleeping rough then, but he just called me up one day. He got me into a motel in Tweed which was meant to be temporary, but I was there nearly 6 months. I didn't really like being in Tweed cause of all the bad memories, but it was good in lots of ways. I had a safe place to sleep and a shower, and Corey helped me connect with AA and mental health counsellors. He took me to the appointments too, which really helped. I also started going to a Men's group. I even got a gym membership through the program. All those things helped me get my head straight a bit and feel more positive. They've recently moved me to this place in Cabarita, and it suits me well. I've got some friends and family near me, but this place is still just temporary. I'm still waiting for housing that's more permanent. I've been on the DSP for a while, and it's a bit of a security blanket but now I'm hoping to get back into roofing work. Having a safe place has helped me to get back to doing things I used to love, like surfing and art, and doing some volunteer work, so I'm giving something back to my community, which is a good feeling. Corey's helping me get set up to teach some kids to surf which I'm really looking forward to. I know I still have some problems to keep working on, but I feel like I can do that now.

3.2.2 CASE STORY ANALYSIS

The case stories presented above provide an illustration of the client experience in the AO program across the two service sites. The cases together provide a sense of range of presenting issues for clients of this program, including trauma, alcohol and other addictions, poor physical health, poor social connections and poor mental health. They also illustrate the effectiveness of the engagement strategies for connecting with people who may be highly transient and not motivated to seek help, or who are sceptical about engaging with services. Strategies include connecting with people at safe injecting rooms or at drop-in centres. In these case stories, developed from the real experiences of interviewees, these approaches have been well received.

The case stories highlight the extent to which the Housing First principles reflect the reality that people with complex needs who are homeless are not in a position to address their other needs until they have safe and secure accommodation.

The importance of the intensive support provided by the AO caseworkers is evident across these case stories. The intensive support facilitates trusting relationships being established between the worker and their clients and improves the extent to which clients are both motivated to, and practically able to engage with other service interventions. For example, Dean's case worker provides him with transport and support to get to his medical appointments. In each of the case stories, we see that clients value their relationship with

their case worker very highly and that the relationship provides them impetus for addressing their broader needs.

The program's ability to provide support in the ways most needed by each particular client (for example, through brokerage) is also highlighted. For example, in Jean's case, supporting her to have dental work was important to support her to restore her confidence; in Dean's case, support to get back to surfing has been an important step for him to re-establish his sense of purpose.

The stories also show how clients are able to reconnect and rebuild relationships with their families once they have more stable accommodation, and a trusting and encouraging relationship with their case worker.

The case stories reflect little dissatisfaction with the AO services which is also true of the interview data, and as noted previously, reflects the difficulty in recruiting interview participants who have disengaged with the services.

4. DISCUSSION AND RECOMMENDATIONS

This chapter draws together all the evidence across the qualitative and quantitative data sources to highlight the strengths and opportunities for AO. It then presents recommendations for the continued delivery and potential expansion of AO.

4.1 STRENGTHS AND OUTCOMES

The AO model aligns with the principles outlined in the NSW Assertive Outreach Good Practice Guidelines. It is being delivered flexibly and line with the program guidelines, with sufficient scope to respond to the local context. The Department, partner agencies and NGO service providers are committed to the program's continuous quality improvement, which is reflected in the revised program guidelines (October 2022).

It is likely that the program is engaging its target audience of rough sleepers who have 'slipped through the cracks' of the service system, however, as neither the evaluation data, nor the administrative data captures the experiences of rough sleepers who did not engage with AO or other services, this cannot be definitively determined.

4.1.1 ALIGNMENT WITH GOOD PRACTICE PRINCIPLES

There is evidence that the design and delivery of AO aligned with the Homelessness NSW Assertive Outreach Good Practice Guidelines, from the initial engagement and outreach, to stabilisation, and post-crisis support phases of the program.

- When initially engaging with and providing outreach to rough sleepers, the AO teams:
- took a **trauma-informed approach** to care and practice.
- used the VI-SPDAT and discussions with the multidisciplinary team to determine how to **prioritise support for eligible clients based on vulnerability.**
- **rapidly responded to community 'flags'** to provide outreach to people who had been identified to be sleeping rough.
- practiced a **no wrong door approach**, and provided support and warm referrals to individuals even if they were not eligible to be referred into the program.

When clients have been housed in TA and during the stabilisation period, the AO teams:

- engaged in **collaborative case management**, using multidisciplinary input from Housing, Health and NGO service provider staff to make decisions to achieve suitable long-term housing outcomes for clients.
- used a modified **housing first** approach, where there are no requirements for sobriety or treatment for physical or mental health issues beyond engaging with DCJ Housing and NGO service providers in order for clients to be housed.
- took a **person-centred approach**, taking into consideration the needs and readiness of clients during the allocation and acceptance of housing.

After clients were housed, when providing post-crisis support the AO teams:

- continued to take a **trauma-informed** and **person-centred** approach to accommodate the level of engagement clients prefer after achieving stability, taking into account the urgency and complexity of client needs.
- remained engaged with clients for up to 12 months after the start of their tenancy, taking an **early intervention** approach and responding to emerging client issues or needs before they placed a tenancy at risk.

4.1.2 FLEXIBILITY WITH SUPPORTS, INCLUDING THE POTENTIAL FOR OUT-OF-GUIDELINES ACTIVITIES

The flexibility of the program delivery allows for client-centred and focussed support in line with internationally recognised standards for housing first approaches, and the Homelessness NSW Assertive Outreach guidelines. Staff noted that this flexibility in what is delivered, and how the program engages with clients was one of the key success factors of AO as it allowed the program to meet the client where they are at, in a way that is not normally possible in other homelessness programs or services. DCJ Housing staff are encouraged to take out-of-guidelines approaches where flexibility in the short-term (e.g., regarding the numbers of nights of TA a client has used, or the circumstances under which a client can refuse an offer of housing) can contribute to the program's goal of achieving stable long-term housing outcomes for clients. The multidisciplinary approach also supports a flexible and client-focussed approach to support that leads to better outcomes being achieved for clients. This holistic approach would not be possible without the involvement of workers from a range of disciplines, and the flexibility of DCJ Housing team members.

4.1.3 DELIVERING INTENDED OUTCOMES

The qualitative and quantitative data indicates that AO was effective in delivering the intended outcomes for clients.

AO increased the likelihood that clients were placed in social housing. Both pilot sites were **substantially more effective in getting clients placed in social housing** compared to rough sleepers who presented to an SHS for support, or who were engaged by unfunded AO in other districts. Both sites saw larger differences in social housing outcomes between funded AO clients and SHS requestors, than the differences between funded AO clients and those who were engaged with unfunded AO.

There is early evidence that **AO clients who are placed in social housing are better able to sustain their tenancy** than rough sleepers who were housed after presenting to an SHS or being engaged by unfunded AO (which does not have funded service provider staff to deliver post-crisis case management support). However, as very few tenants that have achieved a long-term housing outcome have exited, the impact the program has on the clients' ability to sustain their tenancies is small, but nonetheless important given the vulnerability of the AO cohort.

Clients and staff interviewed reported a range of **positive health and wellbeing outcomes for clients** as a result of the program. These included engagement with health services,

connection to the NDIS, improved relationships with family and connections to their community.

4.2 CHALLENGES AND LIMITATIONS

Although the program was able to deliver its intended outcomes for clients across the pilot sites, there are some challenges that prevented the program from being delivered to its full potential.

4.2.1 IMPLEMENTATION CHALLENGES

As AO is a pilot program, some time was required to develop guidelines, processes and relationships, especially in regard to ways of working across organisations. In particular, the impact of COVID-19 during the early implementation of the program made it challenging for this developmental approach to be taken as intended.

In the early implementation of the program DCJ Housing and NGO service provider staff experienced challenges with operationalising the program guidelines and developing processes for aspects of program delivery that were not explicitly outlined in the guidelines. Following feedback from staff, the program guidelines were revised to be more direct and more clearly outline roles and responsibilities for DCJ Housing and NGO service provider staff. Although the revised guidelines have provided more clarity regarding the program model, sites still need to develop their own processes to operationalise the guidelines. This was intentional, as it would allow for the guidelines at each site to be shaped by local needs and innovation. However, staff at the pilot sites wanted more site-specific formalised procedures regarding the day-to-day delivery of the program, including decision-making, brokerage, and how to resolve issues where there is conflicting guidance or policies from the different organisations. Clearer communications regarding guidelines and processes, particularly during periods of staff turnover, can support staff to more effectively deliver the program.

The multidisciplinary team is a key feature of the program, and allows the program to support clients in a more holistic manner compared to other homelessness services. However, both sites have experienced challenges in developing the cross-organisational relationships, trust and understanding that is required for the multidisciplinary team to effectively work together. These relationships have improved with time and with updates to the guidelines which have provided more clarity regarding the roles and responsibilities of DCJ Housing and NGO service provider staff.

4.2.2 DATA COLLECTION SYSTEMS AND PROCESSES

Program data has not been collected consistently. One of the factors contributing to the challenges in developing the appropriate IT infrastructure to collect and report on program delivery is the unique nature of the program. AO is intended to engage and support rough sleepers in a way that is different from other SHSs. Outreach involves engaging and providing support to rough sleepers, and case management support is provided in two distinct phases (during TA/stabilisation, and post-placement support after a client is housed).

Data has not been collected to allow these unique aspects of the program to be readily examined.

All NGO service providers have instead used client management systems and existing data collection processes aligned with the SHS minimum dataset. Although these data systems have the benefit of having existing infrastructure and processes developed, they do not allow for key information regarding AO specific program activities and outcomes for clients to be recorded (e.g. distinguishing between supports provided to an individual during outreach, during TA, and during post-placement support; start and end dates for case management support). Additionally, there was a lack of consistency across NGO service providers and a lack of guidance in the program guidelines regarding program data collection. This has made examining and interpreting program data collected by the service providers challenging.

4.2.3 AVAILABLE AND SUITABLE ACCOMMODATION AND HOUSING

Although AO has achieved long-term housing outcomes for most clients, the availability of TA and suitable housing options remains a substantial barrier to achieving positive housing outcomes. Demand for temporary and long-term housing was a challenge in both sites, but was particularly challenging in the Tweed site. Staff in Tweed reported that the program is operating in a vastly different environment in regard to the availability of temporary accommodation and housing due to the 2022 floods in the Northern Rivers region. As a result of this AO clients may not be placed into TA as quickly as the program model intended, and clients are housed in TA for much longer than they were before the floods. This has meant that in Tweed the rapid rehousing aspect of the program was no longer being met in this site.

4.3 CONSIDERATIONS FOR PROGRAM EXPANSION

Access to a sufficient supply of temporary and long-term accommodation is a fundamental assumption of the AO model. Given this:

- DCJ should take the availability of temporary accommodation and social housing options into account when considering expanding this model of funded AO into additional locations.
- Where there is not sufficient TA and social housing availability to meet the fundamental assumptions of rapid rehousing, such as in Tweed, DCJ Housing should consider if the funded AO model is the most appropriate approach to address the key policy outcome of reducing the number of rough sleepers in NSW.
- Where a rapid rehousing approach cannot be delivered, DCJ should consider developing and delivering an alternate model of assertive outreach where workers engage rough sleepers, provide other street-based supports, and build the relationships and rapport to support rough sleepers into housing when available. This approach could then be transitioned into the standard funded AO model if the housing constraints in a location change, and there is sufficient housing to take a rapid rehousing approach.
- DCJ Housing should consider the number of rough sleepers in potential locations for the expansion of funded AO. In locations where there are lower numbers of rough

sleepers it may be sufficient to deliver unfunded AO, which was also found to be effective in achieving long-term housing outcomes for rough sleepers.

- DCJ should consider the broader service system when considering funded AO expansion sites. Effectively engaging clients with holistic wraparound supports requires the multidisciplinary team to have good knowledge and relationships with other local providers.
- DCJ should consider the risk of people sleeping rough gravitating to areas where funded AO is delivered. As the funded AO model is able to connect rough sleepers more effectively to supports and long-term housing than other responses, DCJ should consider the number of rough sleepers and available support services in locations surrounding potential AO expansion sites.

4.4 RECOMMENDATIONS

Based on the above findings, DCJ may consider taking the following actions in existing AO delivery sites.

PROGRAM GUIDELINES

DCJ should encourage and support sites to continue to adapt the AO model to best suit the local delivery context. Delivery sites should be required to clearly document adaptations to guidelines or processes. In particular:

1. DCJ should consider developing more specific guidance on the engagement and referral processes for less visible rough sleepers (particularly people sleeping in cars, or women who sleep in less visible locations to manage their safety). This advice could include trauma-informed ways of approaching the person, and the appropriate number of attempts made to engage the person.
2. DCJ and NGO service provider teams should strengthen the guidelines and processes for collaborative decision-making when prioritising clients for support. This should include a shared understanding of vulnerability and urgency of need, and how the collaborating agencies' perspectives will be weighted against each other and the VI-SPDAT. This can be stipulated as an approach to decision-making in the guidelines.
3. DCJ staff should strengthen the guidelines and processes for collaborative decision-making about the appropriateness of housing offers, which should include consideration of the client's readiness for long-term housing, and ongoing support needs. This will promote positive long-term housing outcomes for clients.
4. DCJ should strengthen the guidelines and processes for brokerage, including a clear description of how much brokerage funding is available. In addition, the guidelines and processes for escalating and approving out-of-guidelines expenditure should be clearly laid out.
5. DCJ should review the caseload estimates (and associated funding levels) to ensure that workers have sufficient capacity to provide crisis and post-crisis support, and to accommodate street-based case management approaches where rapid rehousing is not possible.

6. DCJ should ensure team leaders have sufficient capacity to proactively maintain relationships with partnering agencies, and to continuously improve and refine the protocols for working together in support of client outcomes.
7. DCJ should create a forum for sites to share local adaptations and discuss any implications for refining the model more broadly.

LEADERSHIP

Reflecting the multidisciplinary service model, DCJ should continue to encourage and support interagency collaboration. In particular:

8. DCJ and NGO service providers should review the role descriptions for team leaders and caseworkers to include demonstrated experience and proficiency in establishing and maintaining interagency relationships, including the ability to balance adherence to agency guidelines with the need to prioritise client outcomes.

PARTNERING WITH ABORIGINAL PEOPLE AND COMMUNITIES

DCJ should consider how Aboriginal leadership can be most effectively sought at the local, district and state levels to ensure that the program adequately responds to the needs of Aboriginal people. This may include:

9. Aboriginal governance at the local (community), district and state (central) level, involving Aboriginal Elders, Traditional Owners and local champions.
10. DCJ partnering with the Aboriginal community-controlled sector to support delivery of the AO program.
11. DCJ Housing and NGO service providers should continue to strengthen their organisational commitments to recruiting and retaining an Aboriginal workforce at all levels, but particularly frontline workers. Where it is difficult to recruit Aboriginal workers, it may be useful to consider involving Aboriginal people with lived experience of homelessness in the program in a peer support worker capacity or working alongside Aboriginal organisations to deliver the program.

STAFF SKILLS AND CULTURAL CAPABILITY

12. DCJ and NGO service providers should invest in trauma-informed training and other professional learning opportunities to ensure AO program staff have the skills and knowledge to ensure their work with rough sleepers is culturally responsive and trauma-informed.

PROGRAM DATA COLLECTION FOR MONITORING AND QUALITY IMPROVEMENT

DCJ Housing should use qualitative and quantitative data to drive continuous quality improvement. In particular:

13. DCJ and NGO service providers should develop guidelines regarding data collection processes, to ensure consistent program activity and outcome data is collected across sites.

14. NGO service providers should train caseworkers on administering the PWI and how the PWI can be used to inform case management. Better understanding of how collecting PWI data can be valuable for the program and for clients, as well as how caseworkers can administer this tool with clients in a trauma-informed way, may make caseworkers more comfortable collecting PWI data. This may result in more robust data regarding client outcomes.
15. DCJ should develop an AO specific performance framework that uses culturally relevant, validated, reliable indicators of physical, behavioural and social and emotional wellbeing to collect core data items, with flexibility to include additional items for specific programs or locations.

APPENDIX 1 DETAILED METHODS

The purpose of this Appendix is to provide further detail regarding the administrative data analysis reported in Chapter 3.

THE RAW DATA

The first data extract, which we refer to as the 'AO program data', contains information for 793 people who participated in AO between 1 July 2019 and 31 December 2022. Of these 793 individuals, 362 and 90 and participated in in Newcastle and Tweed, respectively. The remaining 341 participated in unfunded AO. For each of these individuals, we are able to observe: their Statistical Linkage Key (SLK)[30] and Client Reference Number (CRN)[31]; the date that they were contacted through AO; and whether they participated in (unfunded) AO or (funded) AO in Newcastle or Tweed.

The second group of extracts, which we refer to as the 'NSW Homelessness Data Collection' contains information for any individual that sought the assistance of a SHS provider between 1 July 2015 and 31 December 2022. For each of these individuals, we can observe: their SLK, date-of-birth, sex and Aboriginality; as well as the date that they requested assistance from an SHS provider.

The third group of extracts, which we refer to as the 'HOMES data', contains information for any individual residing in public housing between 1 July 2010 and 31 December 2022. For each individual residing in public housing between these dates, we can observe: the date they entered public housing; the date they exited public housing (if they exited); as well as their SLK, date-of-birth, sex and Aboriginality.

The fourth group of extracts, which we refer to as the 'CHIMES data', contains information for any individual residing in community housing between 1 July 2013 and 31 December 2022. For each individual residing in community housing between these dates, we can observe: the date they entered community housing; as well as their SLK, date-of-birth, sex and Aboriginality.

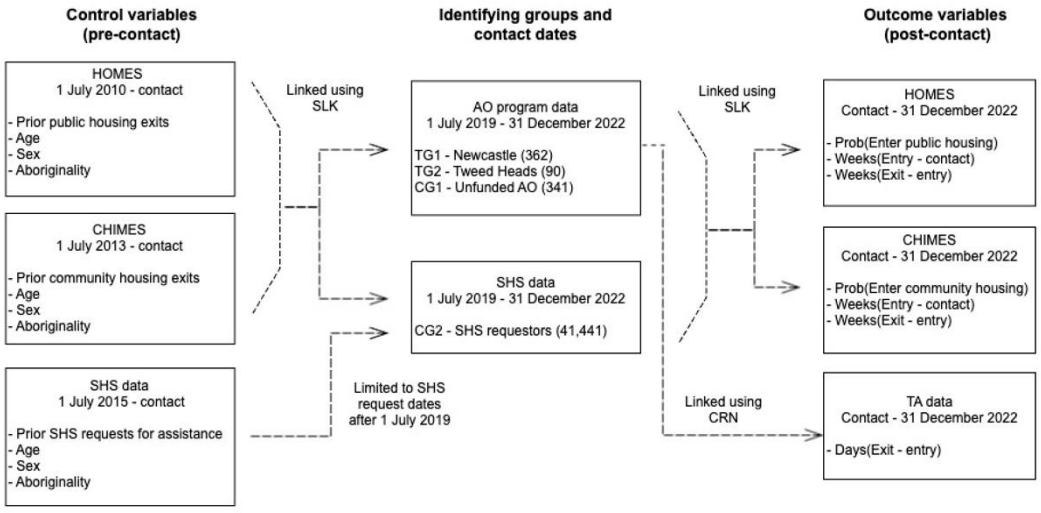
The final group of extracts, which we refer to as the 'TA data', contains information for any individual residing in temporary accommodation between 1 July 2010 and 31 December 2022. For each individual that spent time in temporary accommodation between these dates, we can observe: their CRN; the date they entered temporary accommodation; and the date that they exited temporary accommodation.

LINKING THE DATA

The process used to generate the estimation dataset is summarised in Figure A1, and described in further detail throughout the remainder of this subsection.

[30] That is, a numeric individual level identifier.
[31] That is, a numeric individual level identifier.

FIGURE A1. DATA LINKAGE SUMMARY



In developing the estimation dataset, we begin by limiting the NSW Homelessness Data Collection to people who requested assistance on or after 1 July 2019.[32] We then append this (subset of the SHS) dataset to the AO program data. This constitutes what we refer to as 'the spine'. The spine provides us with three important pieces of information for each individual (that will constitute the estimation sample): their SLK, CRN and 'contact date'. For people who participated in AO, their contact date refers to the date that they were contacted through the program. For people who requested assistance from an SHS provider, their contact date refers to the date that they requested assistance.

For each individual in the spine, we then construct six control variables: age, sex, Aboriginality[33] and the number of prior exits from public housing (from HOMES), community housing (from CHIMES) and temporary accommodation (from the TA data).

At this stage it is worth pointing out that we do not observe all individuals in our sample for the same period of time (since different people have different contact dates[34]). Table A1 provides details around the number of individuals we can observe over various follow-up periods. For example, from Table A1 we can see that we can observe the behaviour of 362 people that participated in Newcastle. Of these 362 individuals, 323 commenced AO on or before 31 December 2021, which means we can observe their outcomes for at least 12 months.

[32] In the NSW Homelessness Data Collection we have 101,234 requests for assistance from 42,198 individuals between 1 July 2019 and 31 December 2022. In an effort to ensure comparability between those participating in AO (who have a single contact date) and those requesting assistance from an SHS provider (who have an average of around 2.5), we randomly select a single SHS request date per individual.

[33] Age, sex and Aboriginality are common to NSW Homelessness Data Collection, HOMES and CHIMES. In cases where the values associated with these variables conflict between datasets, we prioritise the information from the NSW Homelessness Data Collection over HOMES and CHIMES, and information from HOMES over the information in CHIMES.

[34] That is, for those participating in AO the date they came into contact with a caseworker and for those requested assistance from an SHS provider, the date that they requested assistance.

TABLE A1. SAMPLE SIZE ACROSS FOLLOW UP PERIODS

	Everyone	3-months	6-months	12-months	24-months
TG1: Newcastle	362	353	353	323	213
TG2: Tweed	90	90	86	85	70
CG1: Unfunded AO	341	340	328	276	135
CG2: SHS requestors	41,441	40,261	38,679	32,941	20,357

To ensure that we can observe the housing outcomes for all individuals in our sample for at least 12 months, we limit the estimation sample to those that have a contact date on or before 31 December 2021. After imposing this restriction, we construct four outcome variables:

- A binary variable equal to one if the individual enters long-term housing within 12 months of their contact date, zero otherwise.[35]
- The number of weeks between an individual's contact date and the date they entered long-term housing, conditional on the individual entering long-term housing within 12 months of their contact date.
- The number of weeks between an individual entering and exiting long-term housing, conditional on the individual entering long-term housing within 12 months of their contact date.
- The cumulative number of days an individual spends in temporary accommodation, conditional on the individual entering temporary accommodation 12 months after their contact date.

Comparing these four outcomes between groups is the central aim of the analysis reported in Chapter 3.

DESCRIPTIVE STATISTICS

In this subsection of the report, we examine the extent to which the four groups under consideration differ prior to their AO contact date in Tables A2 and A3. Table A2 reports the mean, standard deviation and number of non-missing values for each variable under consideration. Table A3 reports the results of a mean difference test (i.e., a t-test) between groups for each variable under consideration.

Taken together, there are six observations worth nothing with respect to Tables A2 and A3. First, the vast majority of individuals in our sample are male (i.e., between 81% and 88% for those participating in AO, 65% for those requesting assistance from an SHS provider). Second, when compared to the fraction of the general population that identifies as Aboriginal and/or Torres Strait Islander, there is a substantial overrepresentation of Indigenous people in our sample (e.g., in relative terms, people commencing unfunded AO represent the smallest group of Indigenous people in our sample at 27%, which is still more

[35] Note that 'otherwise' includes the possibility that an individual enters long-term housing after 12 months.

than five times larger than the general population of Indigenous people in NSW).[36] Third, when compared to people seeking assistance from an SHS provider, people commencing (funded or unfunded) AO are at least 11 years older. Fourth, regardless of grouping, the average individual in our sample has had limited prior contact with public and community housing (i.e., less than once instance on average). Fifth, regardless of grouping, average individual in our sample has requested the assistance of an SHS provider at least once. And finally, although the AO groups (i.e., TG1, TG2 and CG1) are more similar to one another than the SHS requestors, there appear to be systematic differences between all groups that are of both practical and statistical significance.[37] Our approach to addressing such issues is described in further detail in the next subsection of this report

[36] https://www.abs.gov.au/articles/new-south-wales-aboriginal-and-torres-strait-islander-population-summary#:~:text=In%20New%20South%20Wales%20278%2C000,the%20New%20South%20Wales%20population.

[37] Interested readers are directed to the following article for an introduction to the difference between practical and statistical significance: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8477766/

TABLE A2. DESCRIPTIVE STATISTICS

	TG1: Newcastle (N=323)			TG2: Tweed (N=85)			CG1: Unfunded AO (N=276)			CG2: SHS requestors (N=32,941)		
	Obs	Mean	Std. Dev.	Obs	Mean	Std. Dev.	Obs	Mean	Std. Dev.	Obs	Mean	Std. Dev.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Male	276	0.880	0.325	79	0.810	0.395	232	0.819	0.386	32,822	0.651	0.477
Aboriginal	278	0.273	0.446	79	0.354	0.481	233	0.270	0.445	32,199	0.396	0.489
Age	285	42.011	11.760	80	47.188	12.359	239	45.372	12.279	32,632	30.713	15.858
Prior community housing exits	323	0.012	0.111	85	0.012	0.108	276	0.011	0.104	32,941	0.016	0.129
Prior public housing exits	323	0.350	0.699	85	0.235	0.610	276	0.420	0.855	32,941	0.342	0.748
Prior SHS requests	323	1.947	3.912	85	1.082	1.605	276	2.033	3.423	32,941	2.254	3.577

Note: Obs refers to the count of non-missing values for each variable within each sub-sample. For example, columns 1 – 3 report summary statistics for 323 participating in AO in Newcastle (on or before 31 December 2021). We can observe sex, age and Aboriginality and for 276, 278 and 285 individuals.

TABLE A3. BALANCE TESTING

	TG1 vs. CG1		TG1 vs. CG2		TG2 vs. CG1		TG2 vs. CG2	
	Est.	Std. Err.	Est.	Std. Err.	Est.	Std. Err.	Est.	Std. Err.
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Male (i.e., a binary variable equal to one for males, zero for females).	0.061*	(0.032)	0.229***	(0.020)	-0.009	(0.051)	0.159***	(0.044)
Aboriginal (i.e., a binary variable equal to one for those that identify as Aboriginal and/or Torres Strait Islander, zero otherwise).	0.003	(0.040)	-0.123***	(0.027)	0.084	(0.061)	-0.042	(0.054)
Age (in years)	-3.362***	(1.056)	11.297***	(0.701)	1.815	(1.590)	16.474***	(1.376)
Prior community housing exits (count)	0.002	(0.009)	-0.003	(0.006)	0.001	(0.013)	-0.004	(0.012)
Prior SHS requests (count)	-0.085	(0.300)	-0.306	(0.218)	-0.950***	(0.270)	-1.171***	(0.174)
Prior public housing exits (count)	-0.070	(0.065)	0.008	(0.039)	-0.185**	(0.084)	-0.107	(0.066)

Note: Robust standard errors in parenthesis, * p <0.1, ** p <0.05, ***p <0.01

EMPRICIAL APPORACH

To compare the four outcomes outlined in the previous subsection of this Appendix, we estimate an ordinary least squares regression of Equation 1.[38]

$$y_{it} = \beta group'_{it} + \gamma X'_i + \lambda_t + \varepsilon_{it} \qquad (1)$$

Where y_{it} denotes one of the four outcomes described in the previous subsection for individual i with who's contact date occurred in month-year t; $group'_{it}$ denotes a set of three binary variables, each of which takes value one if an individual has been classified into a given group (i.e., TG1, TG2, CG1 or CG2), zero otherwise; X'_i denotes the set of control variables outlined in the previous subsection; λ_t denotes a set of month and year fixed effects; ε_{it} denotes the error term; and all other terms in Equation 1 are coefficients to be estimated.

The coefficients of interest in Equation 1 are those contained within β. These coefficients are equal to the expected difference in outcomes between groups. In order to be interpreted as the causal effect of AO on y_{it}, it must be the case that all factors that both influence y_{it} and are correlated with $group'_{it}$ must be accounted for in Equation 1. In our view, this is almost certainly not the case. For example, the stock of available housing in a given area is likely to exert some influence over all of the outcomes of interest to the evaluation. The stock of available housing is also likely to differ both between areas and over time. As such, this factor has not been accounted for through the use of the time fixed effects or inclusion of $group'_{it}$.

[38] We estimate Equation 1 using Ordinary Least Squares (OLS) and report standard errors robust to heteroskedasticity throughout. The average marginal effects obtained from the use of competing maximum likelihood estimators (e.g., a logistic or negative binomial regression) are broadly consistent with their OLS counterparts.

APPENDIX 2 SUPPLEMENTARY ANALYSIS

In this Appendix we examine the robustness of the estimates reported in Chapter 3 to two concurrent initiatives: Together Homes and the Social Housing Management Transfers (SHMT).

TOGETHER HOME

Together Home is a NSW Government to initiative with the aim of providing people sleeping rough with the support they need to secure stable accommodation. Given that Together Home shares a similar objective to AO, and that Together Home operates in some of the same areas as (unfunded) AO, it is possible that some of the difference in housing outcomes between funded and unfunded AO may be a result of Together Home (and not the funded associated with AO). For example, if an individual participates in both (unfunded) AO and Together Home, and they are placed in long-term housing as a result of Together Home, our analysis will inadvertently attribute this outcome to (unfunded) AO, not Together Home.

To investigate the extent to which this is an issue in this report, we have removed people who participated in Together Home from the estimation sample, and repeated the analysis reported in Section 3.1.1 in this Appendix. This supplemental analysis indicates that Together Home is not substantively impacting the estimates from our analysis. That is, although the (absolute) size of the estimates in Table A4 are little larger relative to their counterparts in Table A4, there is no change in the sign associated with these large, statistically and practical significant differences.

FIGURE A2. DAILY PROBABILITY OF RESIDING IN LONG-TERM (PUBLIC OR COMMUNITY) HOUSING FOR AO CLIENTS IN NEWCASTLE AND TWEED, COMPARED WITH UNFUNDED AO CLIENTS AND SHS CLIENTS, EXCLUDING THOSE PARTICIPATING IN TOGETHER HOME

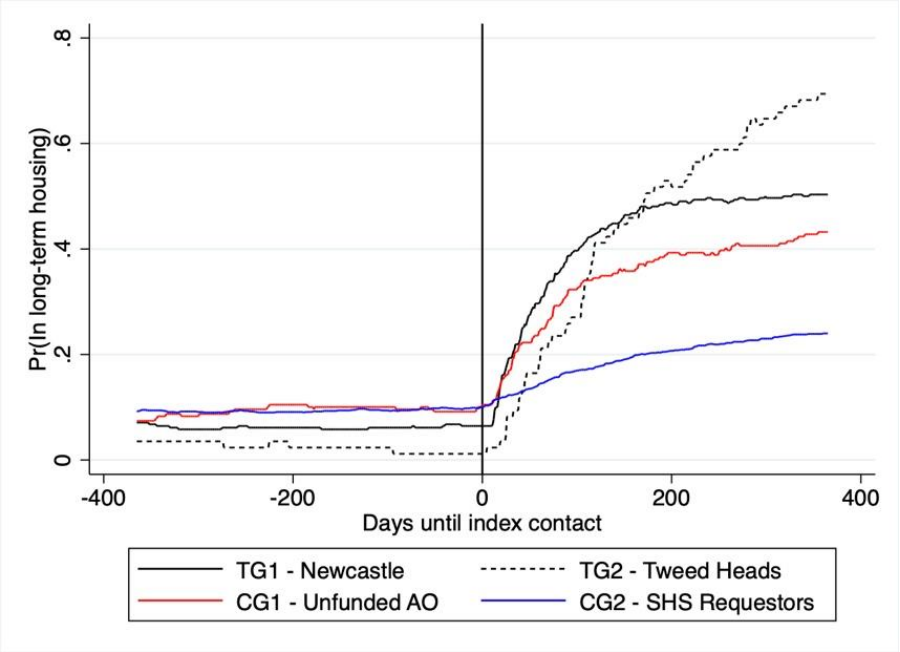


TABLE A4. ASSOCIATION BETWEEN AO AND THE PROBABILITY OF PLACEMENT IN VARIOUS FORMS OF LONG-TERM HOUSING, EXCLUDING THOSE PARTICIPATING IN TOGETHER HOME

	Housing type		
	Long-term housing	**Public housing**	**Community housing**
Panel A: Probability of long-term housing compared to unfunded AO (CG1)			
Newcastle	0.122 (0.048)**	0.244 (0.046) ***	-0.097 (0.032) ***
Tweed	0.325 (0.060) ***	0.460 (0.059)***	-0.146 (0.034)***
CG1 (Unfunded AO) mean	0.399%	0.214%	0.207%
Panel B. Probability of long-term housing compared to SHS assistance (CG2)			
Newcastle	0.368 (0.031) ***	0.424 (0.031) ***	-0.017 (0.016)
Tweed	0.571 (0.047)***	0.640 (0.048)***	-0.066 (0.019)***
CG2 (SHS requestor) mean	**0.16**	0.094	0.076
Observations (N)	32,462	32,462	32,462
Adjusted R-squared	0.045	0.054	0.013

Note: This table contains two panels. Panel A reports ordinary least squares estimates that compare the probability of residing in various types of housing between those participated in funded Assertive Outreach in Newcastle and Tweed vs. those participating in unfunded Assertive Outreach. Panel B reports ordinary least squares estimates that compare the probability of residing in various types of housing between those participated in funded Assertive Outreach in Newcastle and Tweed vs. those that requested assistance from an specialist homelessness service provider. The rows labelled Newcastle and Tweed report the (absolute, percentage point) difference in the probability between each housing outcome (given by the columns) between groups. The rows labelled CG1 and CG2 mean report the average probability that an individual from a given group resides in each type of housing. Robust standard errors in parentheses. * p<0.1, ** p<0.05, ***p<0.01

SOCIAL HOUSING MANAGEMENT TRANSFERS (SHMT)

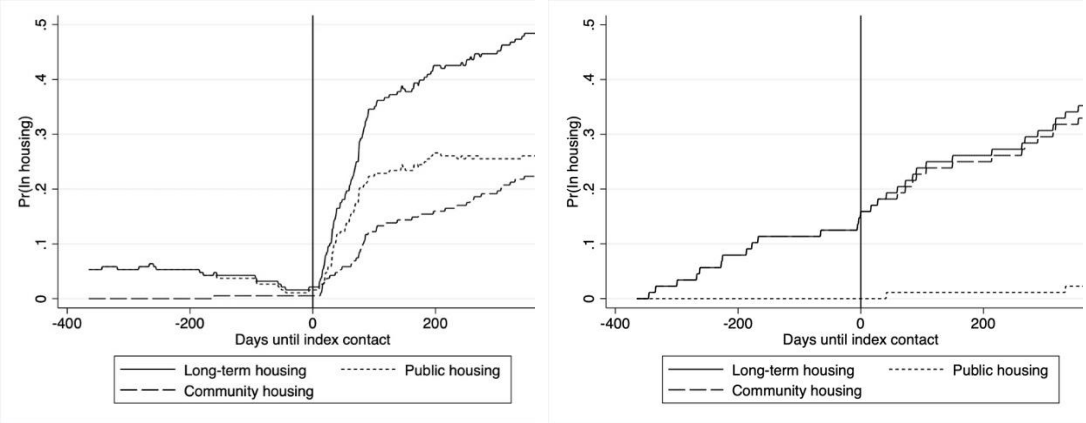
The Social Housing Management Transfers (SHMT) program was enacted as part of Future Directions for Social Housing in NSW. SHMT involved transferring the tenancy management responsibilities for around 14,000 social housing tenants to Community Housing Providers (CHPs).[39] Neither Tweed nor Newcastle are SHMT sites, meaning most social housing in Newcastle and Tweed is managed by the Department (that is, public housing).

In this subsection of Appendix 2 we examine the extent to which SHMT may have impacted our estimates by examining the housing outcomes associated with those that participated in unfunded AO (i.e., CG1) in a SHMT and non-SHMT district. Of the 276 individuals in CG1, 88 had their AO related contact in a SHMT district and 188 did not.[40] From Panel A of Figure A3 below we can see that the total increase in the probability of long-term housing peaks at just under 50 per cent; and that about two-thirds of the increase in the probability of getting placed in long-term housing can be explained by placements in public housing. From Panel B we can see that: the total increase in the probability of long-term housing peaks at around 35 per cent; and that close to 100 per cent of the increase in the probability of getting placed in long-term housing can be explained by placements in community housing. Taken together, Panels A and B indicate that SHMT is associated with an increase in the probability of placement in community housing, although the extent to which SHMT has impacted the overall increase in the probability of placement (rather than the composition of the place) is beyond the scope of this report.

[39] https://www.facs.nsw.gov.au/housing/living/management-transfer-program/management-transfer-program-overview

[40] There are 10 districts that can be traced back to individuals participating in unfunded AO. In the raw data provided by FACSIAR, these districts are labelled: "AlburyWaggaWaggaGriffith"; "CentralCoast"; "HunterNewcastle_Pilot"; "IllawarraShoalhaven"; "NNSW"; "NSydney(Bridge)"; "NSydney(StGeorgeCH)"; "SouthernNSW"; "TweedHeads_Pilot"; and "WSNBM" in the data. With the exception of IllawarraShoalhaven , NSydney(Bridge) and NSydney(StGeorgeCH), we designate all (other) districts as non-SHMT districts.

FIGURE A3. DAILY PROBABILITY OF DAILY PROBABILITY OF RESIDING IN PUBLIC OR COMMUNITY HOUSING FOR AO CLIENTS IN NEWCASTLE AND TWEED, COMPARED WITH UNFUNDED AO CLIENTS AND SHS CLIENTS, BY LONG-TERM HOUSING TYPE, EXCLUDING SHMT DISTRICTS



Panel A. Non. SHMT districts

Panel B. SHMT districts