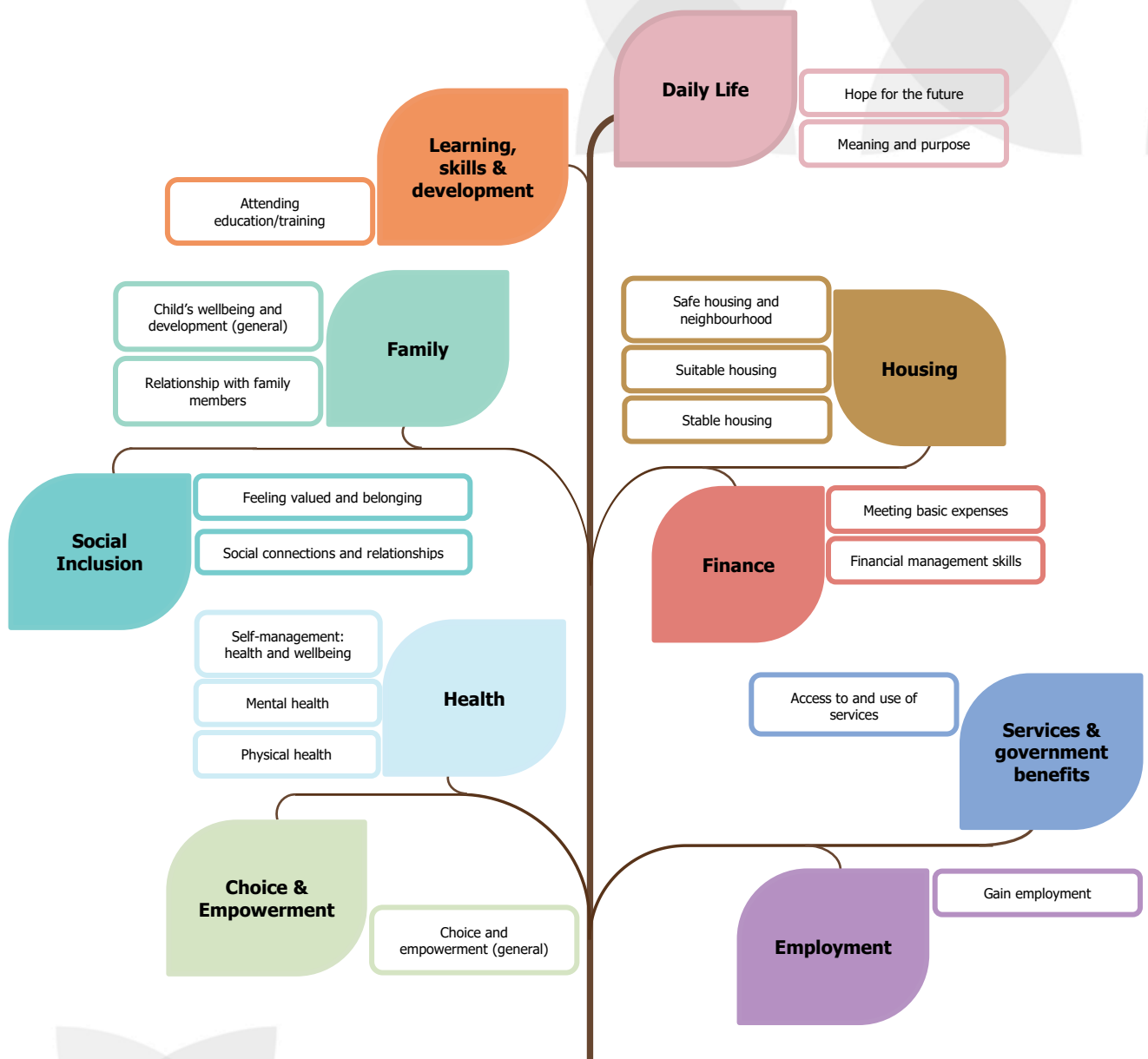


From Homelessness to a Home: Central Highlands, Wimmera and South West Victoria. Consumer Outcomes Report *October 2022*



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Highlights (at a glance)

From Homelessness to a Home (H2H) resulted in positive outcomes:

'As soon as you guys accepted me into the program, it changed everything'

'When homeless, my young son couldn't stay with me, but now he can'

'Gone back to school and have a job that I love'

Things that got better:

Safe housing and neighbourhood, Stable housing, and Hope for the future improved for **100%** of respondents.

Suitable housing, and Choice and empowerment improved for **95%** of respondents.

Things that got worse:

Financial management, Meeting basic expenses, and Social connection and relationships declined for **10%** of respondents.

Things that did not change:

Participation in community and social activities stayed the same for **31%** of respondents.

H2H made a difference:

'My worker stayed with me when I was taking out an IVO. They do help without asking, [they're a] safety net'

'Someone I can talk to. Not being alone all the time'

Barriers to achieving outcomes:



Housing issues were a barrier for 90% of respondents.



Personal issues were a barrier for 76% of respondents.



Money issues were a barrier for 67% of respondents.



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The H2H program context

The Covid-19 pandemic created an urgent and unprecedented need to temporarily house rough sleepers and people in overcrowded accommodation to slow the rapidly spreading virus. Public health measures in Victoria, including isolation and social distancing, highlighted the complexities and dangers facing people experiencing homelessness – particularly rough sleepers. In March 2020, the Victorian Minister for Housing introduced an initial response which saw a near \$6 million increase in funding announced to the homelessness service sector to provide temporary housing for Victorians without homes. Approximately 4,500 Victorians without homes were placed into motels and hotels which resulted in temporary accommodation for nearly all rough sleepers in Melbourne’s CBD (Nous Group, 2022).

The Victorian Government further developed the ‘From Homelessness to a Home (H2H) program’ to provide further housing stability for those in this temporary accommodation. One hundred and fifty million dollars was allocated to provide 1,845 households in regional and metropolitan areas of Victoria access to stable medium and long-term housing and support packages (DFFH, 2021). The Government saw the program ‘as an opportunity to make a significant, lasting impact on homelessness and rough sleeping in Victoria’ (DFFH, 2021:7). The program provided people who had been housed in temporary accommodation with:

- extended hotel accommodation while they transition into more stable accommodation;
- stable, long-term housing by leasing 1,100 properties from the private rental market and allocating a proportion of the expected 1,000 new social housing units;
- flexible support packages including mental health, drug and alcohol and family violence support (Nous Group, 2022).

Key objectives for the Victorian Government were to provide immediate access to housing that was affordable to Victorians eligible for H2H packages, and to give people without a stable place to live the opportunity to address other barriers to a more stable and fulfilling life (DFFH, 2021).

H2H is based on the principles of Housing First which is a housing model that prioritises permanent supportive housing for rough sleepers, or people who are chronically homeless and who have complex needs. This approach has been validated in various regions, including the United States, Canada, Europe, and Australia. The model was developed in the United States in the 1990s, and is built on the notion that stable, permanent housing is a person’s right. While the primary principle of the Housing First model is to provide immediate and unconditional access to stable and appropriate housing, it also focusses on harm reduction strategies and emphasises consumer choice (Nous Group, 2022).

The H2H program guidelines broadly followed many of the principles of Housing First with the rapid housing of consumers combined with wraparound support packages:

Clients were matched to properties based upon vulnerability, suitability of size, location, and proximity to services, while also taking into consideration client preference (Nous Group, 2022: 7).

Three types of properties were provided to clients: public housing properties, general lease properties, or head-leased properties, with the majority of clients placed into general lease or head-leased properties for a

period of 18 months (Nous Group, 2022).

Where H2H departs from Housing First is the time-limited nature of the program with only the public housing properties matching the Housing First principles of permanence and suitability for the cohort. The support packages under H2H are also time-limited, which directly contradicts the principle of Housing First that support should be made available with no fixed end date. The time limited nature of the program is likely to impact client housing stability and the overall effectiveness of the H2H program, particularly as many of the people supported into emergency accommodation have experienced long-term homelessness and disadvantage and have complex needs (Nous Group, 2022).

Recognising this challenge, in June 2022, the Victoria Government identified additional funding to ensure that the program can continue the head-leases and support for existing participants in 2022-23 where required. This will ensure that people in head-leased properties can remain until suitable long-term housing is secured (The Guardian, 2022).

H2H in Uniting Vic Tas

Uniting Vic Tas (UVT) is a community services organisation of the Uniting Church, delivering services and programs across Victoria and Tasmania. The service secured funding through a consortium with CatholicCare to administer the H2H program in the Central Highlands, Wimmera and South West regions of Victoria. In total, the H2H program in these regions involves 74 H2H packages. Both Uniting Vic Tas and CatholicCare (and the Salvation Army in Horsham) provide ongoing support which includes supporting people with identified goals, along with a range of personal ongoing needs such as physical and mental health.

Methods

The Consumer Outcomes study surveyed consumers of From Homelessness to a Home, by asking 12 questions in an online survey. Over a four week period, staff of H2H visited or phoned 21 consumers to explain the study and support the completion of surveys. The survey asked about: outcomes (changes in life areas); the contribution of the H2H service to outcomes; barriers to outcomes; and service improvements.

The Community Services Outcomes Tree - a framework of 12 domains and related outcomes for capturing the outcomes individuals experience as a result of community services - was used as the outcomes framework for this approach.

In addition, H2H staff completed demographic surveys for each respondent, drawing on data already collected at intake.

More information on the methods of this research can be found at Appendix 1.

Sample size and characteristics

In total, twenty-one (21) H2H participants located across the regions agreed to participate.

Of the 21 respondents, demographic data was provided for 20 (with some missing data for some

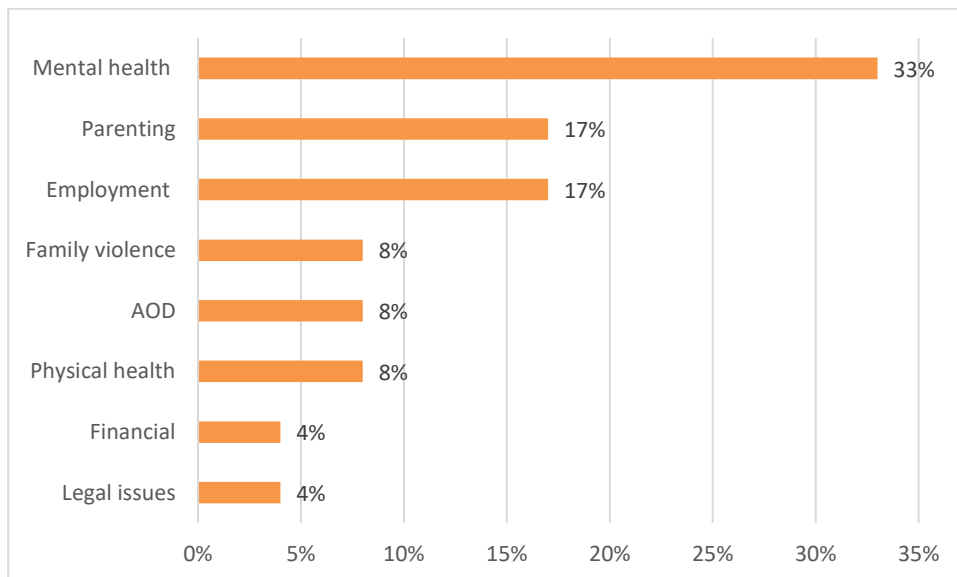
questions). Most respondents (60%) identified as female with 40% identifying as male.

Most households (75%) comprised two or fewer people, with just over a third of households (40%) having no children and 50% having 1 or 2 children under 18 years of age. Just under half of the respondents (45%) were single parents living with children.

Twenty-four percent (24%) of respondents identified as being Aboriginal.

For fifty percent (50%) of people it had been more than six months since their last permanent place to live, with 25% indicating it had been more than 12 months. On intake into the H2H service, respondents identified the biggest presenting issue, aside from homelessness (Figure 1). Mental health was the most frequently cited biggest issue (for 33%).

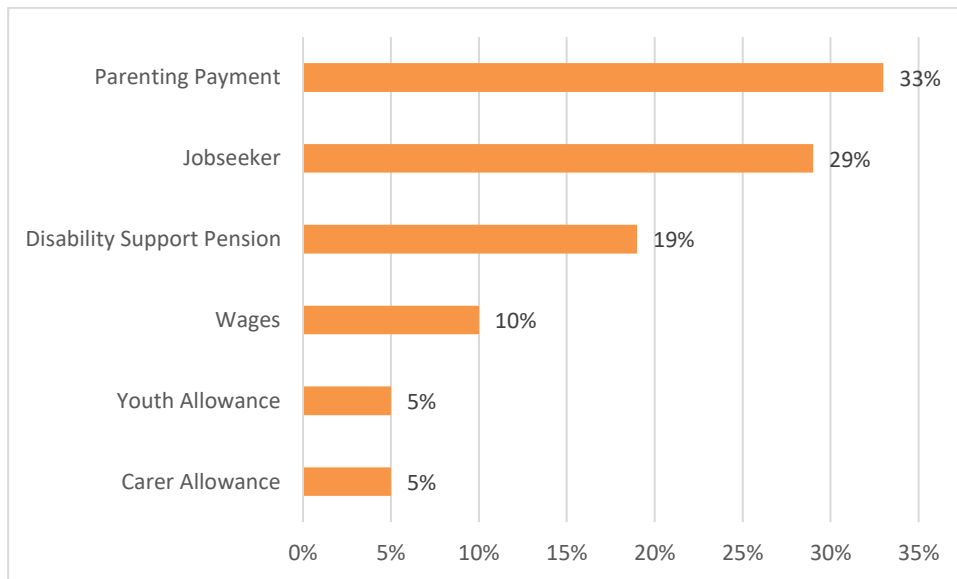
Figure 1: The biggest issue aside from homelessness for respondents presenting for the H2H program.



Just over one third (33%) of respondents relied on the Commonwealth Parenting Payment as their main source of income, underscoring the frequency of homelessness among families (Figure 2). A further third (29%) relied on Jobseeker. Nineteen percent identified the Disability Support Pension, though a higher number (25%) identified as having a disability or long term health condition, while only one was a NDIS participant. Ten percent (10%) identified wages as their main source of income.

A small number (5% in both instances) identified their main source of income as Youth Allowance or Carer Allowance.

Figure 2: The primary source of income of H2H respondents.



As part of the H2H response, nearly three quarters (75%) of respondents were housed in the private rental market, comprised of 50% housed under head lease arrangements and 25% in general leases. Only 25% had been provided with public housing, with a small proportion of this (5%) being under head lease arrangements. In the overall context, head leasing (public or private) was the prevalent arrangement for 55% of respondents.

The majority of respondents were supported by Uniting (62%) (Table 1).

Table 1: Percent and number of respondents by supporting organisation.

Respondents supported by:

Uniting	62%	(13)
Catholic Care	24%	(5)
Salvation Army	10%	(2)
Missing data	4%	(1)

Results

Outcomes of service

H2H consumers reported on areas of their lives (outcomes), for themselves and for their children, that had changed since receiving housing and support from the H2H program (Figures 3, 4 and 5). Responses were based on a scale ranging from:

- Got a lot worse
- Got a bit worse
- Not changed
- Got a bit better
- Got a lot better
- Not relevant

Positive outcomes for adults

Overwhelmingly, respondents reported positive outcomes from the H2H program (Figure 3). The outcomes with the most positive results (i.e. 'got a lot better' and 'got a bit better') for respondents (adults) were:

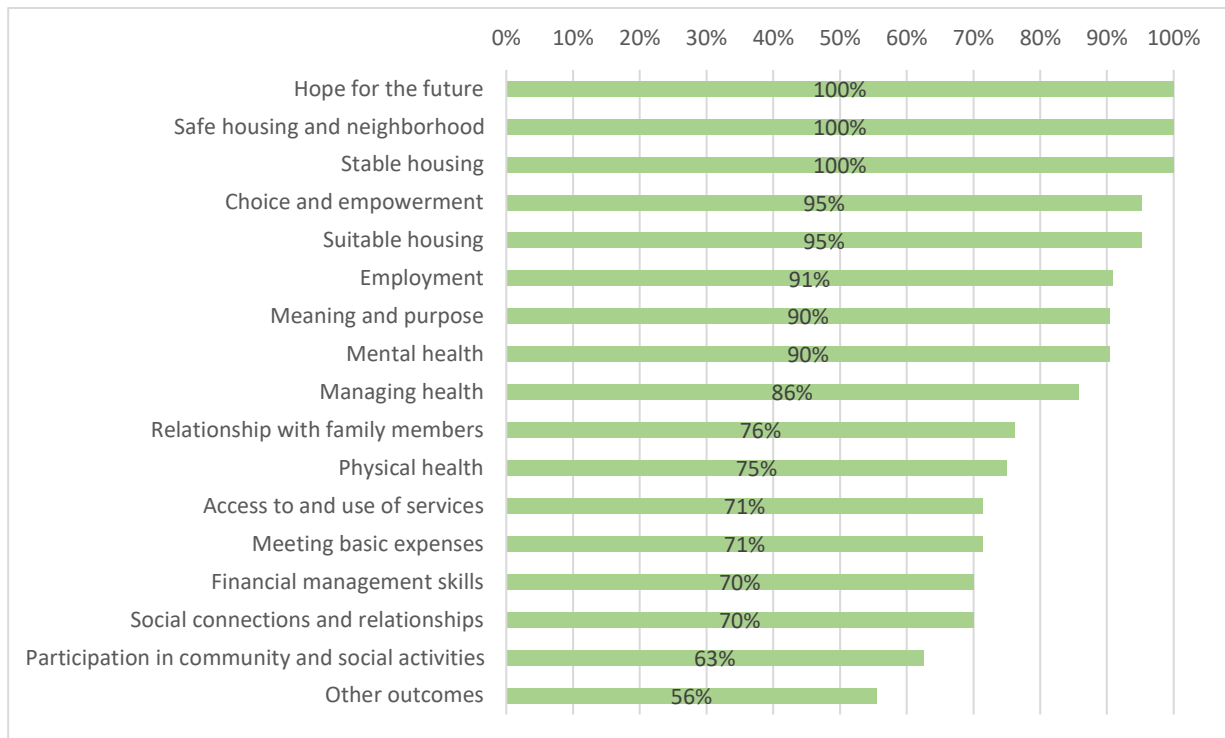
- Having stable housing (90% said this had 'got a lot better' and 10% 'a bit better'),
- Having safe housing and neighbourhood (86% reported this had 'got a lot better' and 14% 'got a bit better'),
- Hope for the future (84% 'got a lot better' and 16% 'a bit better'),
- Having suitable housing (86% 'got a lot better' and 9% 'a bit better'),
- Having choice and empowerment (81% 'got a lot better', 14% 'a bit better').

Additionally, three other areas of life had improved for around 90% of the cohort selecting these outcomes):

- Mental health (90%)
- Having meaning and purpose (90%)
- Employment (91%) (though this outcome was only selected as relevant by 52% of the cohort).

Notable improvement was indicated for Managing Health (86% a lot/bit better).

Figure 2: Percentage of consumers who reported positive outcomes since receiving housing and support from the H2H program.



Respondents had the option of identifying ‘other’ outcomes, indicating the following range of life outcomes through additional comments:

- ‘Got into goal umpiring again, and employment’
- ‘Ability to work towards a stable future’.

One person commented on the impact on their wellbeing through their improved capacity to care for their pet dog.

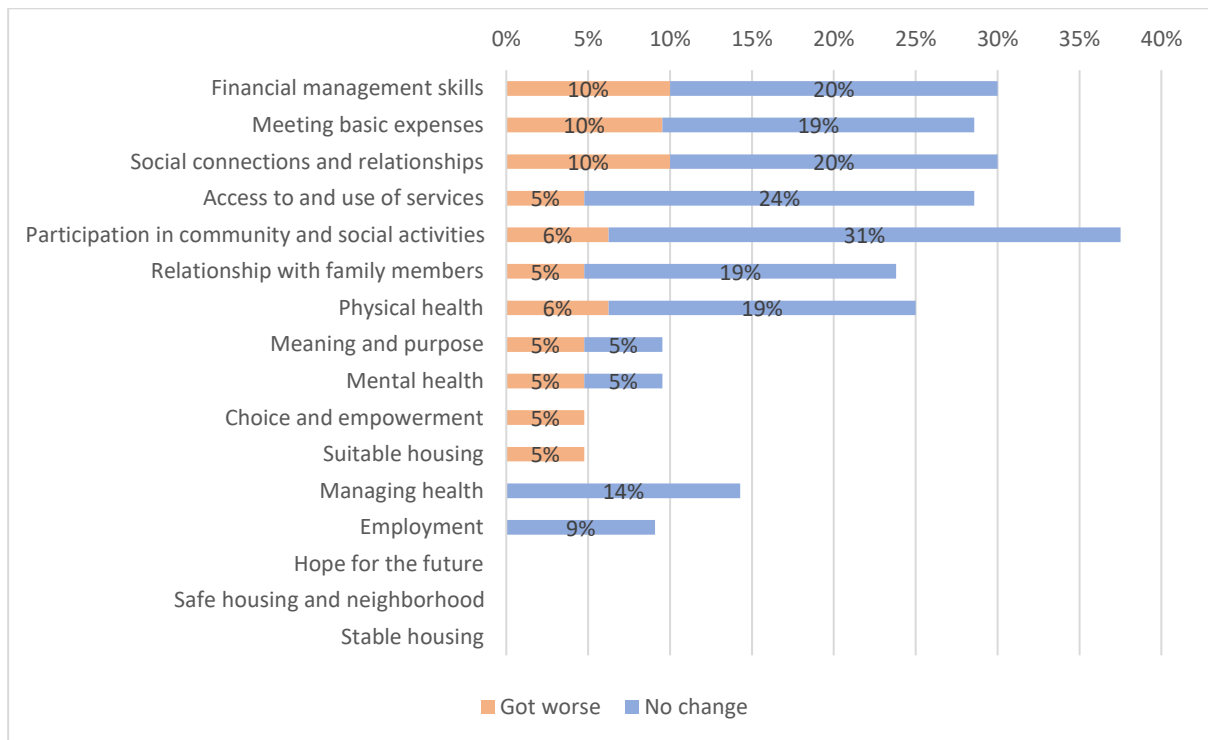
Negative outcomes or ‘no change’ for adults

Negative outcomes were rarely indicated across the sixteen outcome areas (Figure 4). Only five of the 21 individuals felt that some life areas had gotten worse for them. Three of these indicated this in two or more outcome areas, indicating that their situations were particularly complex. In two instances, they reported additional barriers accessing services, and in one instance, the individual reported the difficulties of parenting without stable housing or the support of their ex-partner. On the whole, ‘no change’ was a more likely outcome than things getting worse since support from the program.

Areas where there were higher levels of no change and negative outcomes (i.e. ‘got a lot worse’ and ‘got a bit worse’), were:

- Financial management skills (10% got ‘a lot/bit worse’ with 20% ‘no change’)
- Meeting basic expenses (10% got ‘a lot/bit worse’ with 19% ‘no change’)
- Social connections and relationships (10% got ‘a lot/bit worse’ with 20% ‘no change’)
- Access to and use of services (5% got ‘a bit worse’ with 24% ‘no change’)
- Participation in community and social activities (6% got ‘a lot worse’ with 31% ‘no change’)
- Relationship with family members (5% got ‘a lot worse’ with 19% ‘no change’).

Figure 3: Percentage of consumers who reported negative outcomes or ‘no change’ since receiving housing and support from the H2H program.



For four respondents, ‘other’ outcome areas had got a lot or a bit worse, with additional comments noting:

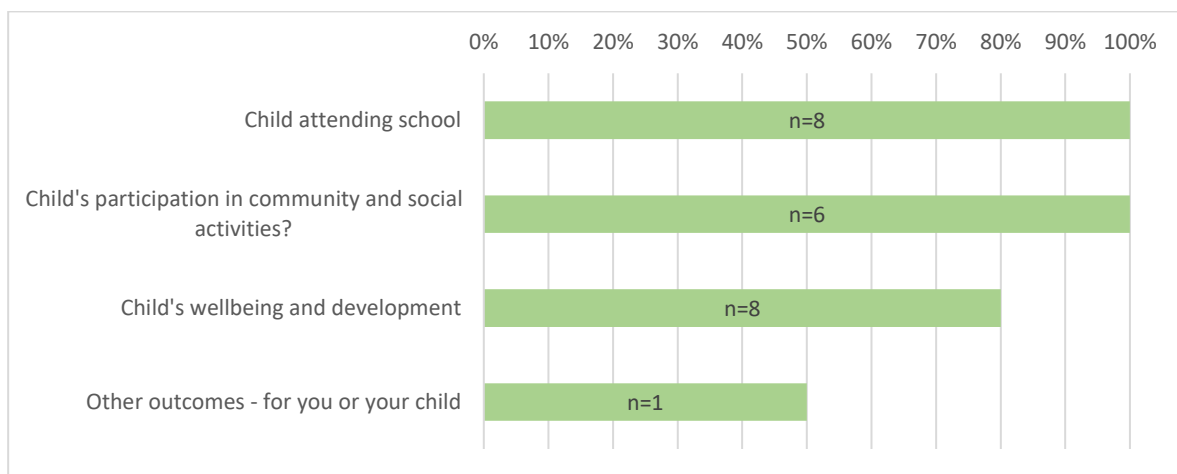
- ‘Isolation- separated from family members’
- ‘Tenancy / Real Estate unfair requests’
- ‘Work - No employment opportunities in Portland. Lack of access to GP’s in Portland’
- ‘Rising cost of living e.g. power bills’.

Outcomes for children

Respondents also rated outcome areas in relation to the child or children in their household (Figure 5), though most noted this area was not relevant to them. In relation to outcomes for their children, 100% of respondents for whom this was relevant reported positive outcomes in relation to their child attending school (75% got ‘a lot better’, 25% ‘a bit better’) and the child’s participation in community and social activities (67% ‘got a lot better’ and 33% ‘a bit better’).

One respondent reported a highly positive ‘other’ outcome: ‘When homeless, my young son couldn't stay with me, but now he can’. By contrast, another reported a highly negative ‘other’ outcome: ‘Child interacting with negative peers, not attending school’.

Figure 4: Percentage of adults with children in the home who reported positive outcomes for the child/children since receiving housing and support from the H2H program.



The areas of biggest change

Respondents were also asked to explain the ‘biggest change’ resulting from the H2H program. Eleven people highlighted that the program had given them stability in many areas of their life. For all, the change in life had been transformative:

‘Light at the end of the tunnel - knowing there is a bright future there. Without housing wouldn't be able to achieve anything’

‘It is everything really’

‘Everything, left a DV relationship, stability, focus on children, health has improved, Graves disease is in remission. Supportive workers’

‘Being able to stand on my own two feet again’

The theme of stability was dominant, often with discussion of its flow on effects into other areas of people’s lives, including support networks, education and employment:

‘Since I moved into this unit, that gave me the stable housing I was looking for. Everything else is much easier now I have stable housing’

‘Having a roof over my head. Having a stable place to live, having my things in place especially my medication and reassurance people will help me’

‘Gone back to school and have a job that I love’

‘Feeling I have a support network is monumental for someone used to living in limbo. Having the security of knowing where you're going to be next week, next month, etc. Home security is everything’

‘Security of having my own place. Have been homeless since I was 17’

‘Having stability and a home as well as support’

‘Got a home and not being homeless. Not worry about changing hotel rooms’

‘Everything has settled’.

For some, self care and mental health have been the areas of most significant change, highlighting how stability and security provide the opportunity to address personal wellbeing:

‘Staying Clean - not using or dealing or using illegal substances’

‘My self care. I'm not so miserable and depressed anymore. It's freeing having stable housing’

‘Having a stable home - now I can address other issues. My mental health has improved’

‘The biggest change is finally getting a place of my own. Not going from hotel to motel. In a much better headspace’.

For those with children in the household, they noted the impact on them as the biggest change:

‘Kids are now settled, they have their own rooms, can bring friends home’

‘Back with family, have a house, stable environment for the children’.

One person simply noted:

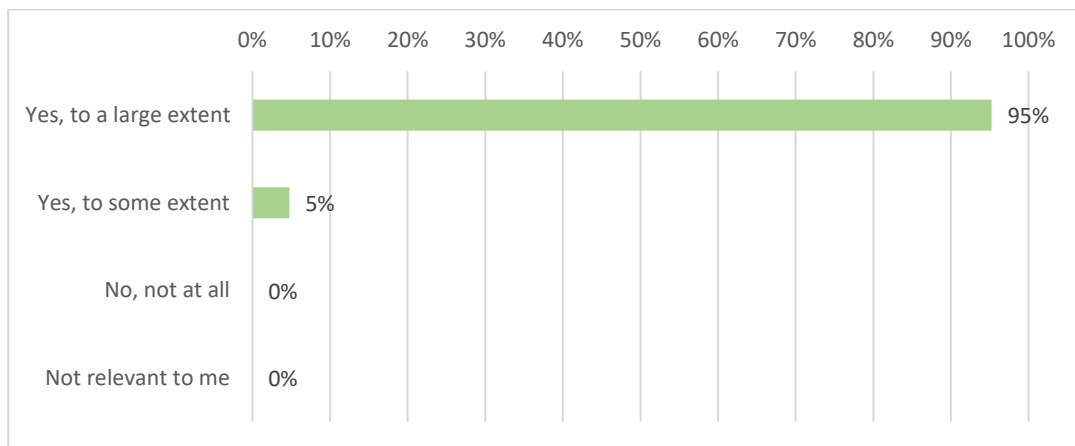
‘Not being scared’.

Contribution of service

Respondents were asked to consider the level of contribution made by the service to the outcomes (discussed above).

100% of respondents felt that the H2H program had made a positive contribution to the changes in their lives that they reported on in the outcomes questions (Figure 6). Of these, 95% attributed a large contribution by the program.

Figure 5: Percentage of respondents who reported that the H2H program make a positive contribution to the changes in their lives. (n=21).



In their explanation of the contribution the service had made, most respondents referenced the important role of their support worker who often helped them with a whole range of things in their life, including employment, emotional support and encouragement:

‘[My support worker] has been gold. Has gone above and beyond. Had worked with [my support worker] when was part of another role. Has helped a lot’

‘My worker stayed with me when I was taking out an IVO. They do help without asking, [they’re a] safety net’

‘Someone I can talk to. Not being alone all the time’

‘My worker comes every 2 weeks’

‘Encouraged me to complete Cert IV in Employment Services and this has led to me working at [a community service]’

‘[One of the H2H agencies] have been very supportive’

‘Helped get housing, helped kids with school and everything at the start’

‘Helped with furniture, counselling, friendly people, support for my daughter’

‘Emotional support, helped with furniture’

‘Gave me house, and ongoing support’

‘[Support worker] was very supportive, always available’

‘[Support worker] organised for a house (which is everything), gym membership and really laid the foundation for me’

Respondents also highlighted the significant contribution of the service in finding stable housing:

‘Found me long-term, affordable housing’

‘Providing the stable housing’

‘Having the stability of a place to call my home’

‘Gave me a home’

‘Gave me a roof over my head’

‘Giving me somewhere to live and a chance to better myself’

‘Safe and secure housing with furniture. Giving me a sense of humanity and dignity back. Advice and support’

In several cases, housing stability was linked to the knock-on effect of being able to find or maintain employment, and the overall sense of safety and having basic needs met:

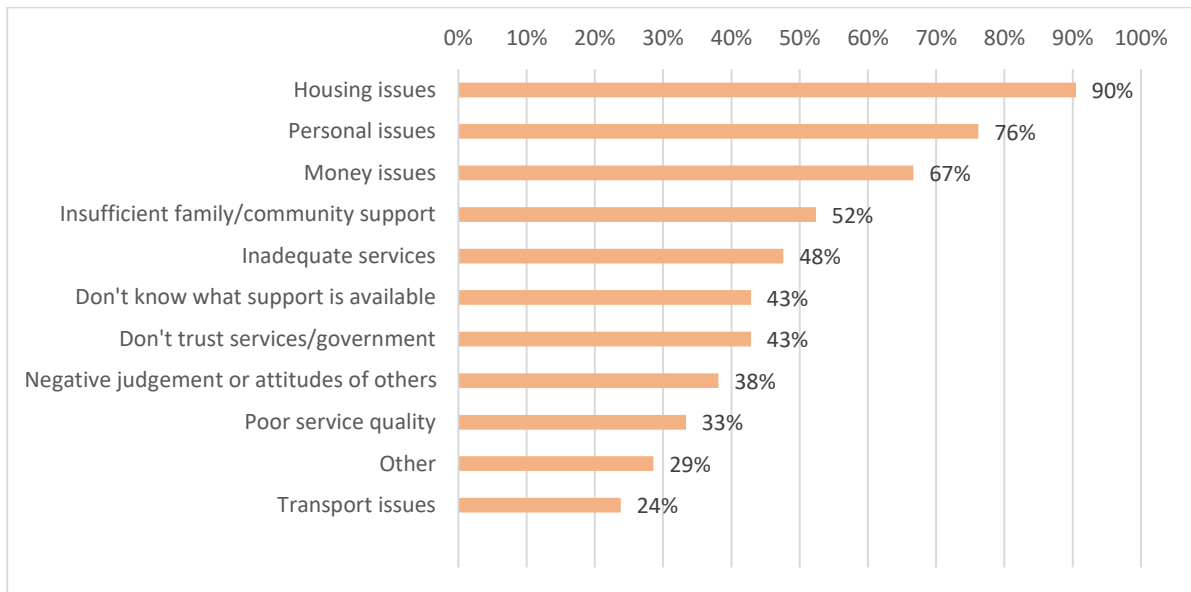
‘Kindness and stability to transition into a safe home. Ensured all aspects of my life were improved which has given me confidence to gain employment and improve my mental health by completing much needed therapy that was only possible with a safe home’.

Barriers to outcomes

Not all potential outcomes can be achieved with the support of services. Outcomes attainment can be thwarted when ongoing personal, service or structural barriers prevail. Respondents indicated from a list of barriers which ones they identified as the biggest barriers to achieving positive change/outcomes (Figure 7).

The issues of housing (e.g. not affordable, not available or not suitable) and money (e.g. low income, debts, lack of financial management skills) remain the biggest structural barriers to outcomes identified by respondents (housing is a barrier for 90%, and money issues for 67%). Personal issues operate as a barrier to outcomes for 76% of respondents (including mental health, drug and alcohol, personal trauma/crisis, and difficulty in supporting children). For a little more than half (52%), the lack of family and community support was seen as a barrier to outcomes. Service-related barriers affected nearly half (48%) of the respondents, with some noting inadequate services, along with lack of knowledge of or trust in services.

Figure 6: Biggest barriers to achieving positive changes in life faced by respondents in the H2H program (n=21).



Twenty-nine percent (29%) of respondents identified 'other' issues as being the biggest barrier to their outcomes. These issues included:

- homelessness
- the impact of unstable accommodation on children and parenting
- poor relationship with partner
- issues related to living in a small town, such as lack of confidentiality
- pre-judgement
- issues with service eligibility, cost (for example lack of bulk billed GPs) or access, including services not being well advertised, or service exclusions related to pets.

Respondents were asked to explain the biggest barrier to achieving positive change. Overwhelmingly, they identified the experience of homelessness. This was described in a range of ways, reflecting different experiences and impacts of homelessness:

'Living in the bush with no running water or power'

'Not knowing where I was going to sleep - no housing'

'Not having a home of my own'

'Not being stable in terms of housing'



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‘Not having a house. That was the one holding me back’

A range of structural issues were also identified in relation to housing:

‘Issues in past rentals, difficulty in applying for rentals/getting approved’

‘No rentals in Portland’

‘Access to housing, no available housing’

‘Waiting times, lack of housing’

One person explained their biggest barrier to outcomes in terms of the consequences on self identity:

‘Didn't value my self worth. Homeless, self doubt’

Others identified issues of family violence and lack of family and community support.

Service improvement

Respondents were asked to discuss what would improve the service provided. Fourteen consumers provided feedback on the Uniting service, with most of these noting no areas of improvement required or that they could identify. One commented that the service was ‘excellent’. However, two people commented on the problem of ‘excessive wait time to get my house’. Two wished to have greater access to support workers.

Five consumers provided feedback about the Catholic Care service. Two listed concerns about problems with maintenance or contacting/communicating with the tenancy team, including about the payment of rent. Another had felt the impact of staff shortages with only one worker available. One felt the service had ‘been great’ and another commented positively on the help provided.

Two consumers provided feedback about the Salvation Army, with both offering positive feedback, noting: ‘I have everything I need’ and ‘[my support worker] is great and helps’.

Consumers were also asked to specifically comment on how the tenancy team could be improved. All but one consumer commented in response to this question. Ten were satisfied with the support from the tenancy team, with some describing it as ‘brilliant’, ‘pretty good’ or ‘no problems’. While two people had experienced problems with their tenancy, such as being overcharged rent or needing housing repairs like a fence or clothes line, these problems had been ‘managed well’ and were ‘being solved’.

For five others, a range of tenancy issues remained unresolved:

‘Had to get quotes for a broken window as was locked out, should have been followed up by the tenancy team. I had to do all the follow up’

‘Bugger all contact with the tenancy team directly, mostly through support worker. Fence is in ill repair, was advised it would be fixed - hasn't been. Have done most of the maintenance myself. Painted a room myself’

‘Maintenance does not happen quickly’

‘Maintenance issues were addressed however took 6 months but it is not the tenancy team's fault more so the owner's fault’

‘Just previously mentioned communication issues between worker and tenancy team’

One person noted that greater understanding of the tenants’ background and lack of experience with managing housing would be helpful:

‘Less assumptions about clients’ communications skills. Understanding that my home is welfare not real estate’.

The longevity of the H2H program

People discussed the impact of having the H2H service re-funded following a decision of the Victorian government in mid-2022 to offer a further two years of funding. Twelve (12) respondents emphasised the value they place on the ongoing support provided by the service, and the importance of the continuity of that support through ongoing personnel:

‘My support worker and I regularly touch base. I trust in my worker, I don't want a new worker as we have trust’

‘A further 2 years of support is great’

‘Still get support for another 2 years...The program itself has been great’

‘Great to have extra support for another 2 years’

‘Retain support - that's great’

‘Means people get more support, people need longer term support’

‘Having support longer is great’

‘It means continued needed support for myself and children’

‘Great to have support for longer’

‘It is reassuring, the program makes me feel like I have "backup"’

‘I want to continue working on my goals, being able to keep working with H2H will help’

Some also focused on the importance of knowing they had secure housing into the future, noting that this enabled opportunities to become self-sufficient:

‘Takes stress off my back, knowing that the lease won't suddenly end. It's freeing to know’

‘Better than sitting here wondering what's happening a few months down the track’

‘Offers hope that other people can get help like I have’

‘It means I would have more of a chance to get my life on track and become self-sufficient’

Two people felt that they had now attained a housing situation that could be maintained even without the program, though they highly valued the ongoing support:

‘Pretty comfortable if [the service] were to stop, however any support is great’

‘Even though we have ongoing housing, we would be left alone/unsupported’.

Similarly, one consumer noted that H2H had led to ongoing long-term housing, which was not jeopardised by funding changes, but this person recognised that the H2H service would benefit others now it has been re-funded:

‘I know other friends who are homeless, and they would benefit from this program’

When considering the prospect of losing the H2H service if further funding had not been secured, most consumers felt it would be a loss of a valued support that acted as a ‘safety net’ and of housing that suited their needs. One person explained that their current housing was now ‘ideal... I live close to my dad’. A major theme was the likelihood of a return to homelessness due to an inability to afford rent, highlighting the importance of programs such as H2H:

‘Wouldn't be able to afford rent if I had to move out... Back into homelessness’

‘Concerned that I may have lost my housing. Losing support’

‘Add stress to my life, uncertainty about the future. I won't know where I'd be’

‘Would not have a house’

‘People would struggle, some people require longer support’

‘I would have nothing and I would be in tent somewhere’

‘I would likely become homeless’

Some people made the strong point that discontinuing the program and support could have extremely severe consequences:

‘Struggling like hell’

‘Affect me mentally, sleeping rough and worry about roof over my head’

‘I'm currently in crisis and am being retraumatised severely. If H2H was not refunded and not part of my support network, at this point my mental health would regress and I would likely end up in a mental health facility’

‘I would be fearful of becoming homeless without support. I would possibly become suicidal again’.

Other comments

Respondents were invited to offer any additional comments at the end of the survey. The comments were all positive highlighting the beneficial impact of the H2H program on people’s lives:

‘I’m in the Taj Mahal of government housing now. Happy as’

‘I just want to say thanks so much for everything you've done for me and my son. As soon as you guys accepted me into the program, it changed everything’

‘Program has been great, support has been great’

‘I love this program, love the house, very grateful, don't know where i would be without the program’

‘Just thank you. Thank you to [the support worker] and the organisation and program that shows people really do give a shit’

‘Uniting has given me motivation and hope, feeling I am supported’

‘I hope the program can expand to help more people’.

Conclusion: How valuable is H2H?

The study has identified that the outcomes of H2H align with other research into the effectiveness of Housing First programs.

An evidence review (Roggenbuck, 2022) synthesising the Australian and international literature on Housing First and its implementation, effectiveness, and outcomes shows that Housing First is:

- highly effective in providing housing stability for people with a history of chronic homelessness and complex needs, and is
- successful in enabling access to services and improving some non-housing outcomes including access to health, mental health and other support services.

Yet the review also found that tenants often face significant challenges in realising non-housing outcomes, resulting in a less conclusive evidence base than for housing outcomes. Non-housing outcomes are not always included in effectiveness studies of Housing First, and can take longer periods of time to materialise (Roggenbuck, 2022). Non-housing outcomes that have been assessed and shown to result from Housing First interventions are:

- increased health and reduction in hospitalisations
- improved mental health
- reduced substance use
- changes in service utilisations
- improved quality of life, particularly sense of security and dignity
- improved social integration
- reduced engagement in the justice system
- increased employment and training.

Consistent with this meta review, a recent evaluation of the NSW STEP to Home (Barnes & Hartley, 2022), which utilises the Housing First approach, identified positive outcomes across the measures associated with successful Housing First approaches. As a result of their participation in the STEP to Home program, clients demonstrated a considerable increase in their:

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

The H2H study explores most of these outcomes and highlights that the provision of both housing and support enables improvement across a wide range of life outcomes. However, the support packages under H2H are also time-limited, which directly contradicts the principle of Housing First that support should be made available with no fixed end date. Given the repeated evidence, and now recent Victorian evidence of the outcomes of Housing First programs like H2H, withdrawal of investment in such programs can only be understood as running counter to the evidence. This report into H2H highlights that program participants overwhelmingly achieve positive outcomes, with stability and security evident in responses and that this has a flow on effect into other aspects of people's lives. Equally, the withdrawal of support threatens people's stability and security with potentially severe consequences.

Additionally, this study has offered insight into the areas of life needing further support, notably those related to finances and financial management, in the context of ongoing barriers to outcomes related to money.

Overall, the study highlights the importance of engaging with the views of consumers to better understand both what works and what does not in relation to providing supports to improve their life outcomes.

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Appendix 1

Methods

The Community Services Outcomes Tree (CSOT)

The [Community Services Outcomes Tree](#) is a framework for capturing the outcomes individuals experience as a result of community services. It offers both a framework of 12 domains and related outcomes, and a method of data collection.

The Centre for Social Impact (CSI) research team worked with staff from the Uniting and Catholic Care services to identify the outcomes relevant to consumers using the H2H program. In some cases, the wording of outcomes was modified to better reflect the context of the service and the aspirations of its consumers.

One new area was added: 'Hope for the future'. This was added as a specific outcome statement that helped explore the outcome 'Meaning and Purpose' in the domain of 'Daily Living'.

Survey design

The survey was constructed in two halves: 1. a Consumer Outcomes Survey; 2. a Consumer Demographics Survey. It was intended that staff would complete the Consumer Demographics Survey by using data already collected at intake and in the funder-mandated data system (Specialist Homelessness Information Platform - SHIP). This approach aimed to reduce the time burden for consumers, and to respect their previous engagement in providing this information.

Consumer Outcomes Survey

The Consumer Outcomes Survey included five main categories:

1. Consumer outcomes: the areas of life (outcomes) that had changed since consumers received housing and support from the Homelessness to a Home program.
2. Contribution of service: the extent that the service made a contribution to the outcomes.
3. Barriers to outcomes
4. Service improvements
5. Other strategic questions: related to current context of funding for Housing First programs.

In total, 12 questions were asked including a mix of quantitative and qualitative questions.

1. Consumer outcomes

Consumer outcomes were divided into outcomes for adults (the respondent) and outcomes specific to children (if any were part of the household). In each set consumers were asked to rate how had these areas of life (outcomes) changed for them (or for their child) since receiving housing and support from the H2H program. Consumers were asked to rate whether each outcome area had: got a lot worse; got a bit worse; not changed; got a bit better; got a lot better; or was not relevant to them. Consumers could identify ‘Other’ outcomes to rate those that were relevant to them.

Table 2: Sixteen (16) outcomes for adults were selected, across 9 of the 12 CSOT domains.

Domain	Outcome (and description used)
Housing	Stable housing (secure, ongoing housing)
	Suitable housing (meets your needs – is comfortable, accessible close to services, shops, and transport)
	Safe housing and neighbourhood (I feel safe and secure at home)
Choice and empowerment	Choice and empowerment (control and choice in daily life, making decisions, self-confidence)
Health	Physical health
	Mental health
	Managing health (getting treatment, taking medication, looking after yourself)
Daily Life	Meaning and purpose (doing activities you enjoy)
	Hope for the future
Finance	Meeting basic expenses (having enough money to pay bills, buy food, pay rent)
	Financial management skills (managing bills, fines and money)
Social inclusion	Social connections and relationships (positive relationships and contact with people; feeling a part of a community)
	Participation in community and social activities (being a part of sport and/or community groups/activities)
Employment	Employment (having a job)
Family	Relationship with family members (having positive and supportive relationships with family)
Services and government benefits	Access to and use of services (having access to services when you need them e.g. hospital emergency, local GP, community services)

Table 3: Three (3) outcomes were identified for children across three domains, with respondents asked to rate how these areas had changed for the child.

Domain	Outcome (and description used)
Learning, skills and development	Child attending school
Family	Child’s wellbeing and development
Social inclusion	Child’s participation in community and social activities (being a part of sport and/or community groups/activities)

Following these questions, respondents were asked an open text question on outcomes: ‘Please tell us about the biggest change in your life as a result of your involvement with the Homelessness to a Home program’.

2. Contribution of service

Two questions, one quantitative and one qualitative explored the level of contribution made by the service to the outcomes.

The first question asked respondents to rate ‘To what extent did the Homelessness to a Home program make a positive contribution to these areas of your life (outcomes) overall?’, using the scale: not relevant to me; no, not at all; yes to some extent; yes to a large extent.

An open text question asked respondents to ‘Please explain what was the service’s contribution to the change you achieved? (e.g. what did they do that helped you achieve your outcomes?)’.

3. Barriers to outcomes

The ‘barriers to outcomes’ set of questions aims to elicit answers to inform both service design and ongoing advocacy in relation to systemic issues. Not all outcomes are achievable solely with the support of services, when ongoing personal, service or system barriers prevail.

As with the previous sections, both a quantitative and a qualitative question were included. Respondents were asked to tick all barriers that applied to them from a given list, as follows:

- Housing issues (e.g. housing not affordable, not available, not suitable)
- Money issues (e.g. low income, debts, lack of financial management skills)
- Personal issues (e.g. mental health, drug and alcohol, personal trauma/crisis, difficulty in supporting children)
- Insufficient family/community support (e.g. lack of support, social isolation, family violence)
- Negative judgement or attitudes of others (e.g. made to feel guilty or ashamed by other people, was discriminated against)
- Transport issues (e.g. isolated from people and services due to transport issues)
- Inadequate services (e.g. waiting times to get service, not enough time provided to client, cost of services, ineligible for certain services)
- Poor service quality (e.g. services not helpful, unskilled staff, received poor treatment from services)

- Don't trust services / government (e.g. fear involvement of child protection, don't feel safe with services/staff)
- Don't know what support is available (e.g. government services, community services)
- Other.

Secondly, respondents were asked to 'Please tell us about the biggest barrier that prevented you from achieving positive change/outcomes'.

4. Service improvements

Consumers were asked to comment on what would improve the service. This question was asked separately about both Uniting and Catholic Care services, and an open text box provided for comment.

Consumers were also asked to specifically 'Tell us about any issues/concerns in relation to your tenancy team such as their ability to address any maintenance issues. What would improve this?' Again, an open text box was provided.

5. Other strategic questions

In the two months prior to the data collection, the From Homelessness to a Home program had received commitment from the Victorian State Government for a further term of funding. This had followed a period of uncertainty with the funding period due to end.

In this context, two questions were asked to try and elicit the impact on consumers, should the H2H program have ceased to operate due to lack of funding. Consumers were asked to comment on:

'What does it mean to you to have the H2H re-funded?' and 'What would it mean for you/what would happen if H2H wasn't re-funded?'

Consumers were also offered a free text question to finish, providing the opportunity to answer: 'Is there anything else you would like to tell us?'

The Consumer Demographics Survey

Given that a large amount of consumer and service data is already captured in SHIP, it was felt that it would be burdensome to ask consumers to again supply this data. However, SHIP service data could not be exported to researchers. Therefore, it was felt that H2H staff could complete a Consumer Demographics survey, using SHIP data (and data categories, and a coding sheet to link this survey to the Consumer outcomes survey completed by each individual).

The Consumer demographics survey included questions on:

- Postcode of current residence
- Name of service provider
- Date assistance requested
- Date support commenced
- Date client moved into the home under the H2H program
- Client's sex
- How many people in the household
- How many children under 18
- Aboriginal or Torres Strait Islander origin
- Biggest issue to address on top of being homeless
- How long since client last has a permanent place to live (prior to H2H)
- What were the living arrangement of the client (when presenting to the service)
- Type of client tenure/lease
- Client's main source of income
- School enrolment and attendance status when client presented to service
- Long term health condition and/or disability
- Receipt of National Disability Insurance Scheme (NDIS).

Data collection

Two program managers, not directly involved in providing supports to consumers, met with or contacted consumers and invited their participation in a short survey and discussion. This involved travelling across the region to offer the opportunity to meet face to face in some cases.

The Outcomes Survey completion took approximately 10 minutes for each person, with some discussions extending beyond this. In the main, Uniting managers scribed the answers into the online survey during the discussion.

The Consumer Demographics Survey was completed by staff, with a coded identifier allowing each demographic survey to be later linked to individual outcomes surveys.

Data analysis

Data analysis was conducted by researchers at the Centre for Social Impact, Swinburne University of Technology. Quantitative data for each question has been presented graphically. Qualitative data has been thematised, where the sample size enabled this, with indicative quotes included in this report.

Limitations

As with any research, a range of limitations should be noted for this study. The first, and most obvious, is that the sample size is small representing around 28% of consumers receiving H2H ‘packages’ in the region. Also, the use of program managers to collect data could be seen to bias responses, while also having the advantage of an established rapport that could enhance engagement and answers to questions.

The issue of attribution or ‘contribution’ of service to outcome is a complex one. The attempt to address this issue was undertaken by asking people to consider whether and how the program made a contribution to the outcomes people identified. However, it should be noted that in questioning respondents about outcomes, while people were asked to consider the impact of H2H on their lives, it cannot be determined with absolute certainty that positive or negative outcomes are a direct result of the program.

Overall, the nature of the data collected, relying on people’s often succinct answers devoid of any specific context or individual circumstances of people’s lives, means some caution must be applied in interpreting results. The strength of the study is engaging directly with consumers and being able to determine recurring themes that provide insight into how people experience and perceive the value of the program.