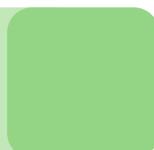




Summary Report

Evaluation of 360 Degree Integrated Homelessness Service Offer Trial



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EXECUTIVE SUMMARY

The 360 Degree Integrated Homelessness Service Offer Trial (“the 360 Degree Trial”) is an innovative joined-up service delivery initiative of the Victorian Department of Human Services (DHS), Australian Government Department of Human Services (AGDHS), and homelessness service provider HomeGround Services. The Trial operates in Melbourne’s Inner South and aims to improve services and outcomes for people who are homeless or at risk of homelessness. The Trial commenced in January 2012 and is based at the Windsor Service Centre, which houses staff of all three core partner agencies. The Trial focuses on early intervention, assisting people to maintain or establish housing and to access support services and Commonwealth employment assistance programs.

The 360 Degree Trial was independently evaluated by Mark Planigale and Dr. Tonya Stebbins between January and May 2013. The evaluators undertook quantitative analysis of service records for 331 clients, interviewed 21 clients and five staff, and surveyed a range of stakeholders.

The evaluation found that the Trial has had considerable success in achieving its goals. 46% of referrals constituted early intervention with people at risk of homelessness, a significantly higher rate than that achieved through the generalist entry point service. The evidence validates the view that when provided with the right information, tools and referral pathways, Centrelink and DHS staff have the capability to identify people at risk of homelessness and to facilitate timely access to housing assistance.

Significant housing outcomes were achieved. Prevention of housing breakdown was achieved with 78% of clients who were Housed at first contact, while long-term housing was established for 22% of clients who were Homeless or in Interim accommodation at first contact. The Trial was still actively working with many of these clients at the date of analysis and over time, additional positive housing outcomes are expected. 75% of long-term housing established was private rental, and around 90% of housing outcomes achieved were mainly or partly attributable to the Trial. In the context of a severe undersupply of affordable housing in the region and an overstretched service system, these outcomes represent an important achievement for the Trial. Further development is required of the Trial’s response to clients with complex needs, many of whom are already embedded in the homelessness service system.

“[The Trial] was critical for me... I don’t have any family and I would never ask a colleague. I would have been homeless.”

- Client interview participant

The Trial works actively to link clients to other support services. Economic participation is also a focus: nine clients who accessed the Trial had commenced employment or study by last contact. There is a need to continue to explore mechanisms for greater involvement of Employment Service Providers in the Trial. The evaluation found that service provision was of a high standard and that clients were highly appreciative of both the assistance provided and the workers’ approach. Streamlined referral processes, ability to access multiple services at a single site, the coordinated approach and the follow-up provided by workers emerged as key positives for clients. Scope for improvement was identified in the way information is provided, in the environments used for assessment with vulnerable clients, and in post-accommodation review processes.

“There are further enhancements to be made but we are on the right track”

- Staff survey respondent

In summary, the 360 Degree Trial demonstrates a promising approach to homelessness intervention that draws on the complementary contributions of the partners to facilitate outcomes that would be difficult for any of the agencies to achieve in isolation. There is a strong case for the model to continue and to be further developed. With refinement of service processes, data collection and governance mechanisms, there is potential to replicate this model elsewhere.

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1 INTRODUCTION

This Summary Report presents key findings of the evaluation of the 360 Degree Integrated Homelessness Service Offer Trial (“the 360 Degree Trial”). It accompanies the Final Report which presents the evaluation methodology and findings in greater detail.

Description of 360 Degree Trial

The 360 Degree Trial is an innovative joined-up service delivery initiative of the Victorian Department of Human Services (DHS), Australian Government Department of Human Services (AGDHS), and homelessness service provider HomeGround Services. The Trial operates in Melbourne’s Inner South and aims to improve services and outcomes for people who are homeless or at risk of homelessness. The focus on integrated service delivery across the three core partner agencies is aligned with both State and Commonwealth reform agendas.

The Trial commenced in January 2012 and is based at the Windsor Service Centre, which houses Windsor Centrelink as well as the DHS Prahran Housing Office. Under the Trial, HomeGround received funding for a 1 EFT Initial Assessment and Planning (IAP) worker position (plus backfill of the position during periods of leave), also based at the Windsor Service Centre. During the Trial phase this position was rotated amongst several HomeGround IAP staff. In addition, one of the DHS Housing Services Officers (HSOs) based at Windsor took on a specific portfolio of involvement with the Trial, as did the Centrelink Senior Social Worker at the site. The partner agencies contributed additional resources to cover project staff, administrative costs and the cost of evaluation.

The Trial focuses on early intervention in people’s homelessness pathways. Referrals are accepted only from Centrelink and DHS. The most common referral pathway (comprising about 90% of the 335 referrals to date) is from Centrelink Customer Service Officers (CSOs) who identify that people they have contact with are homeless or at risk of homelessness. The remainder of referrals are from the DHS HSO associated with the Trial. In some cases, these are people who are homeless or in unsuitable housing who present to DHS seeking assistance to access public housing; in other cases, they are existing public housing tenants who may be at risk of tenancy breakdown. Information sessions and supporting documentation were provided to assist staff to understand the Trial, eligibility criteria and referral processes. A referral form, including consent for exchange of information, was developed by AGDHS for Centrelink staff to use when making referrals to the Trial. This form has subsequently been adopted for referrals from DHS also.

The referral is typically to the HomeGround 360 Degree Worker, but may also be direct from Centrelink to DHS if the matter primarily concerns public or community housing. Participation in the Trial is voluntary and people are free to decline to participate in the Trial or to opt out at any time. While the majority of clients to date have been single person households, around 13% have included dependent children.

Services are provided using an office-based model; the Trial has no outreach capacity (although it may link clients to other services that provide outreach). The HomeGround 360 Degree Workers provide three pre-booked appointment slots per day, plus a drop-in slot in the afternoon which provides flexibility to see people who present in need of emergency accommodation. Wait times from referral to first appointment are typically one to three days, and rarely exceed a week. Cancelled appointments are also used flexibly by the workers to see clients “on the spot”.

Each of the core partner agencies provides particular contributions to service delivery:

- The HomeGround 360 Degree Workers conduct a detailed assessment of the client’s situation, covering both housing and support issues, and work with the client to formulate a plan to resolve

these issues. In almost all cases, this involves provision of housing information. If the client is homeless, the 360 Degree Worker explores emergency and interim accommodation options. The worker also usually discusses longer-term housing options including private rental, community housing and public housing. Where appropriate, workers provide advice on how to find housing, assist clients with housing applications, and provide housing-related advocacy. Within eligibility criteria, workers provide Housing Establishment Fund (HEF) brokerage to assist clients to obtain or maintain accommodation. Workers also aim to link clients with other relevant support services, and depending on their situation may place them on the catchment Priority List for housing and support vacancies.

- The DHS Housing Services Officer associated with the Trial assists clients with applications for public and community housing, facilitates applications for bond loans, and provides advice on public housing tenancy matters.
- The Centrelink Senior Social Worker provides advice and assistance with matters related to Centrelink policy and payments, and is available to provide more intensive support for clients with complex issues.
- The HomeGround 360 Degree Worker(s), DHS HSO and Centrelink Senior Social Worker attend weekly case review meetings. These meetings enable information sharing, joint review of clients' housing, support and education/employment plans, and coordination of service delivery. Case review meetings also provide a forum to respond to operational issues associated with implementation of the Trial. Other staff of the three core partner agencies also attend these meetings at times.

The Trial administratively “closes” referrals where clients are uncontactable, decline further service provision, or have achieved agreed goals. However, in line with the IAP model, clients are free to re-contact the service at any time and service delivery will recommence without the need for a further referral.

In addition to the three core partner agencies, the 360 Degree Trial is supported by a range of working relationships with other local service providers including Hanover Welfare Services, Sacred Heart Mission, Salvation Army and Ngwala Willumbong.

The Trial recognises that for many people, economic participation and stable housing are closely linked. At the time of evaluation, the partners were actively working with the Department of Education, Employment and Workplace Relations (DEEWR) to develop more effective links between the Trial and Employment Service Providers, with the aim of further supporting clients to participate in work, study and training.

Governance of the Trial is provided by a Steering Group which meets on a four weekly basis. The Steering Group includes representatives of the three core partner agencies, other local service providers and DEEWR. An Operational Working Group has also met as required to deal with operational and service delivery matters.

Evaluation approach and methodology

A total budget of just under \$40,000 was provided for an independent evaluation of the first 15 months of operation of the Trial. The evaluation was conducted from January to June 2013, with the bulk of data collection and analysis occurring in March to April 2013. The evaluation was overseen by the 360 Degree Trial Evaluation Steering Committee, consisting of representatives of the three core partner agencies and a consumer representative. The evaluation was conducted by Lirata Ltd, an independent Melbourne-based consulting organisation with specific expertise in homelessness research. The evaluation team for this project consisted of Mark Planigale and Dr. Tonya Stebbins.

The evaluation had both formative and summative elements and aimed to:

- Examine the effectiveness of the 360 Degree Trial in meeting its stated objectives over the first 15 months of operation, including early intervention and prevention of homelessness
- Assess client experience, service delivery processes and stakeholder relationships and identify potential improvements in these areas
- Examine impacts of the 360 Degree Trial on local homelessness entry point services
- Examine the potential to replicate the 360 Degree Trial at other sites.

The evaluation was structured in terms of three broad strands of research, each of which included a number of specific evaluation questions:

- **System impact evaluation** investigated referrals, client demographics, patterns of service usage, early intervention and impact on homelessness entry point services
- **Client outcomes evaluation** investigated client outcomes across domains including housing and homelessness, economic participation and linkages to health and community supports
- **Process evaluation** investigated client and staff experience, operational processes, partnerships and governance arrangements.

To assess these areas, the evaluation combined qualitative and quantitative methods:

- A small-scale **literature review** including online and hard-copy materials
- Review of **guiding documents** including Trial procedures, forms and meeting minutes
- Analysis of de-identified **service records** including a Client Tracking Spreadsheet (335 referrals, 331 distinct clients) compiled by service delivery staff, casenotes, client contact data and financial assistance data
- 21 semi-structured individual **interviews with past and current clients**
- Five semi-structured individual **interviews with staff** of DHS, Centrelink and HomeGround
- **Online surveys** of service delivery staff (23 responses) and Steering Group members (14 responses)
- **Discussion forum** for operational staff (seven participants).

Four **case studies** were prepared during the analysis phase and are included in this report. The case studies are intended to illustrate themes in relation to the presenting circumstances and goals of clients, and the types of service responses provided by the Trial. Each case study is a composite of the experiences of several clients who accessed the service. Identifying details have been changed.

Formal ethics approval for the evaluation was gained from the Anglicare Victoria Human Research Ethics Committee, which granted a waiver of consent for access to de-identified service records.

2 EARLY INTERVENTION

One of the key objectives of the 360 Degree Trial is to provide early intervention in people’s pathways into homelessness. Within the program logic, Centrelink is seen as a “first to know” agency. People who are homeless or at risk of homelessness will come into contact with Centrelink for a range of reasons. Centrelink staff are therefore potentially well-placed to identify signs that a person is facing difficulties with their housing situation, and to link those people to housing assistance through the Trial. Some of these people would either have been unaware that housing assistance was available, or would not have accessed a generalist homelessness service. DHS may also be a “first to know” agency for certain categories of clients, such as those at risk of breakdown of a public tenancy. The premise is therefore that through referral from Centrelink and DHS, the Trial enables people to access housing assistance earlier than would otherwise have been the case, and that this will improve housing and wellbeing outcomes for clients.

The evaluation tested these assumptions through client interviews and through analysis of service records which identified clients’ housing circumstances at the point of first contact with the Trial. The findings indicate that the Trial is achieving early intervention in a significant proportion of cases, and at a higher rate than generalist entry point services in the same catchment.

Two types of early intervention were distinguished in the evaluation:

- **Preventive early intervention** - intended to identify people at risk of homelessness, and to prevent them from becoming homeless by assisting in maintaining their current housing or transferring to suitable alternative housing.
- **Ameliorative early intervention** - intended to identify people who have recently become homeless, and to assist them to exit homelessness rapidly by obtaining suitable interim and/or long-term housing.

Intervention prior to homelessness

The evaluation analysed data for 258 referrals to the Trial which resulted in substantive contact with the HomeGround 360 Degree worker. Of these referrals, in 240 cases the early intervention status of the referral was able to be determined based on the client’s housing situation at time of first substantive contact with the Trial.

Figure 1 shows that a little under half (111 of 240 = 46%) of referrals included in the analysis constituted preventive early intervention. In these cases, first substantive contact with the Trial occurred before the person’s housing situation had deteriorated to such an extent that they became homeless or found themselves in unsuitable interim accommodation (such as an unsafe private rooming house with shared facilities). This presented an opportunity to prevent breakdown of the housing situation, which in many cases was successfully achieved (c.f. Section 3 of this report).

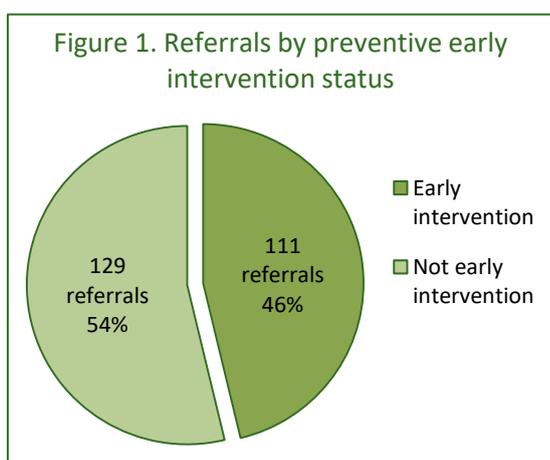
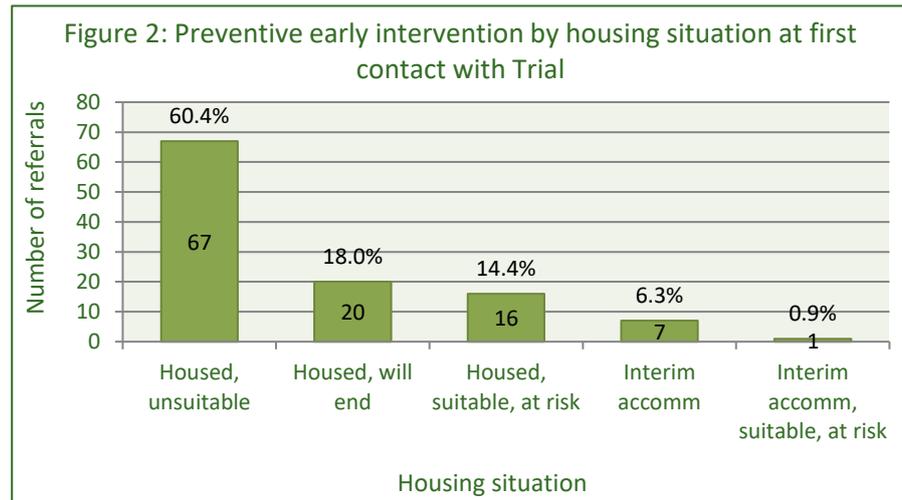


Figure 2 provides a more detailed view of the housing situations of those who were considered to receive early intervention. Over half (60%) were housed but in unsuitable circumstances, such as in an overcrowded or unsafe situation. Another 32% were housed with some definite end date or significant risk to their tenancy, while the remainder were housed in suitable, reasonably stable interim accommodation (such as Transitional Housing or

good quality rooming house accommodation) and needed assistance to maintain their tenancy and to seek long-term housing.

A comparison was conducted with preventive early intervention rates at HomeGround’s generalist entry point service in the catchment. The data set for the generalist entry point consisted of 1018 clients who had at least one

support period with known housing status between 1 July 2012 and 18 March 2013. For each of these clients, the earliest recorded housing situation during this data window was analysed. The results show that between 22% and 26% of ‘referrals’ to the entry point during this period could be considered to constitute preventive early intervention.



The relatively strong performance of the Trial in terms of early intervention validates several assumptions underlying the model:

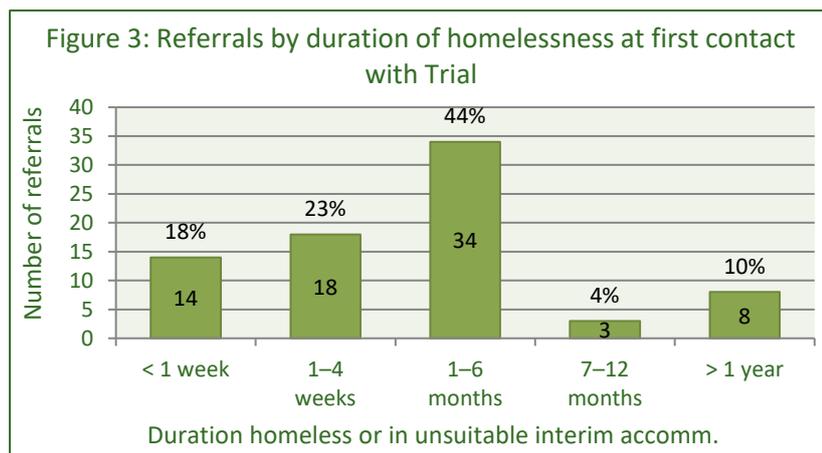
- There is evidence that the Trial is effective in detecting people at risk of homelessness. This supports the view that Centrelink and DHS staff, when provided with the right tools and training, are well-placed to identify people who are at risk of homelessness.
- The availability of a streamlined referral pathway facilitates access to housing assistance, making it more likely that Centrelink and DHS staff will refer people to this type of support, and making it more likely that the clients will follow through on the referral.
- The availability of a calm and accessible service delivery location, with a regulated appointment-based service model, is helpful for some people who find the environment at the generalist entry point stressful. This was particularly the case for people with mental health issues and people with accompanying children.

“I don’t think I ever would have hooked on to HomeGround if it wasn’t for Centrelink.”
- Client interview participant

Intervention once homeless

While it is preferable where possible to provide housing assistance in time to prevent homelessness, in many cases homelessness services have their first contact with a client after the household has already lost their accommodation. There is evidence that negative impacts on people’s wellbeing increase with duration of homelessness. For this reason, where a person become homeless, or transitions to unsuitable interim accommodation, it is generally preferable for the service system to provide further housing assistance as soon as possible. Within this study, this is termed ameliorative early intervention.

For the purposes of this evaluation, the benchmark for ameliorative early intervention was considered to be commencement of substantive service contact within one week of the commencement of the episode of homelessness.



Of the 129 referrals where the person was homeless or in unsuitable interim accommodation at the time of first substantive contact with the Trial, data on duration since last suitable housing was available for 77 referrals. Figure 3 shows that of these 77 referrals, 14 (18%) had substantive contact with the Trial within one week of homelessness commencing. Rates of ameliorative early intervention were therefore

low compared to the rate of preventive early intervention achieved by the Trial. Another 18 referrals (23%) achieved substantive contact within a further three weeks after commencement of homelessness.

Of the 32 referrals which resulted in substantive contact within a month of homelessness commencing, 24 (75%) were clients who had either no prior contact with HomeGround Services, or only minimal contact.¹ These referrals can be considered newly homeless clients who had been connected with housing assistance through the Trial.

There are a number of factors which impact on the ability of services to achieve ameliorative early intervention. One of the barriers is limited awareness within the broader community of the availability of housing assistance to those in housing crisis, and there is scope to undertake more effective community awareness work on this topic. Some people are also reluctant to seek assistance from services.

While not always able to intervene within the first few days of an episode of homelessness, the Trial nevertheless was able to connect some newly homeless people to much-needed assistance, and in some cases contribute to improved outcomes for this group and others already homeless at referral.

Impact on homelessness service system

One of the aims of the Trial at system level was to reduce demand elsewhere in the homelessness service system through the diversionary effect of early intervention. In particular, it was hoped that the Trial would reduce levels of demand at generalist homelessness entry point services within the catchment.

Qualitative evidence indicates that it is likely that the Trial did have some diversionary effect at system level, particularly where clients received preventive early intervention that substantially resolved their housing difficulty. The majority of this group of clients would otherwise have become homeless or transitioned to low-quality interim accommodation arrangements, which in some cases would have led to substantial downstream contact with homelessness services and potentially other service systems including acute health care and the justice system.

The methodology and timeframe available within the evaluation did not allow for reliable conclusions to be drawn regarding cost effects of this diversionary activity within the service system. It is noted that while prevention of homelessness may save costs (and have much better client outcomes) in the long term, it can also be quite expensive in the short term, particularly for families whose accommodation will end shortly

¹ Clients with minimal contact had typically had been referred to the Trial and then assisted to access Emergency Accommodation by HomeGround's generalist entry point prior to their first 360 Degree appointment.

after engagement with the Trial. These situations typically require spend on both emergency / interim accommodation, and investment in establishing a new tenancy.

The evaluation examined quantitative data on cross-presentation between the Trial and two local entry point services: HomeGround's St Kilda IAP service, and The Salvation Army St Kilda Crisis Contact Centre. The data suggests that the Trial had a slight diversionary effect in relation to the HomeGround IAP service, with an estimated net diversion of around 30 clients from HomeGround's generalist entry point over the 15 months of the Trial's operation, equivalent to around 12% of the clients with whom the Trial had substantive contact. This constitutes less than 1% of the demand at the entry point over this period, and the effect of the Trial on presentation rates at the HomeGround entry point is likely to have been submerged by other more prominent factors influencing demand. Data for the St Kilda Crisis Centre supports a similar conclusion. Logistical issues in the early days of the Trial which contributed to a drift of clients from Centrelink to St Kilda IAP have largely been resolved, and there is potential for the Trial to achieve a somewhat greater diversionary effect from the entry points in future.

Cassandra's story

Cassandra is in her early fifties and ran a small business for many years. In 2009-10 her business encountered financial difficulties, and eventually she was forced to declare bankruptcy. She was unable to maintain her mortgage payments, and lost her house. Cassandra hid her circumstances from friends and family: "I didn't want them to know what I was going through... I was afraid of what they might think of me".

Cassandra managed to find a short term contract job: "that took me out of that risk situation for a short period." During this period she established a private rental tenancy. However, her employment ended after 6 months and was not renewed. Cassandra became increasingly isolated and was diagnosed with anxiety and depression. Her GP referred her to a psychologist for treatment and support.

Cassandra was referred to the 360 Degree Trial when she attended the Windsor Centrelink office, seeking an urgent income support payment. She was on Newstart Allowance and was paying over 50% of her income on rent. At the time of referral she was 6 weeks in arrears and was at imminent risk of homelessness.

With Cassandra's permission, the 360 Degree Worker contacted the Real Estate Agent and negotiated a payment plan to manage the arrears. In addition, the Trial paid two weeks Rent in Arrears from Housing Establishment Funds (HEF). This was sufficient to stabilise the tenancy in the short term. Cassandra's mental health was tenuous and she spent several weeks as a psychiatric inpatient. After consultation with Cassandra's GP and psychologist, and the Senior Social Worker at Windsor Centrelink, the 360 Degree Worker assisted Cassandra to successfully apply for Disability Support Pension.

Cassandra attended several further 360 Degree appointments over the next four months to explore other long-term housing options. She was unable to find a suitable, more affordable private rental property. The DHS Housing Services Officer associated with the Trial assisted Cassandra to apply for public housing and community housing. Six months after referral to the Trial, Cassandra was offered an affordable long-term tenancy in a self-contained community housing apartment. The Trial assisted tenancy establishment by providing two weeks Rent in Advance.

Cassandra is now settled in her new flat and is slowly beginning to re-establish contact with her family and friends. She is thankful to have avoided homelessness. While she still struggles with her mental health, she is hoping to be able to become involved in volunteer work in the future.

3 CLIENT OUTCOMES

Outcomes for the individuals accessing the 360 Degree Trial constitute the most important yardstick of the effectiveness of the Trial. The most fundamental client outcome sought by the Trial was improvement in people’s housing situations, and there is clear evidence that the Trial was successful in this objective in a substantial number of cases. The Trial also had a focus on improving clients’ economic situations and on assisting people to participate in work, training and study. The achievements of the Trial in this area were more modest, and work to address this was underway at the time of evaluation.

Housing and homelessness

Almost all of the people referred to the Trial were facing substantial problems in their housing situation²:

- Some were in suitable housing, but were **at risk** of housing breakdown (and in some cases, were about to be evicted)
- Some were in long-term housing that was **unsuitable** for them, because it was unaffordable, unsafe, overcrowded or otherwise had a negative impact on their wellbeing
- Some were in some form of **interim** accommodation (for example, Transitional Housing or a rooming house with shared facilities) and required assistance to obtain suitable long-term housing
- Some were **homeless** – sleeping rough or in a car or couch-surfing between the houses of various friends or family members.

To understand how effective the Trial was in assisting people to resolve their housing difficulties, the evaluation used a set of categories to categorise housing situations. These are summarised in Table 1. Housing outcomes were analysed in terms of maintenance or change in status amongst these categories for each referral.

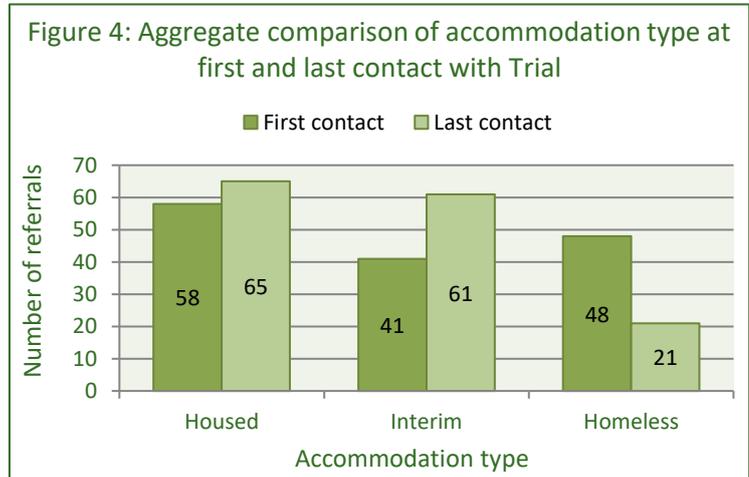
Table 1: Typology of housing situations

Housing situation	Examples
Housed	Secure, stable private rental, public housing or self-contained community housing
Housed, suitable, at risk	Private rental, one-off inability to meet rental payment
Housed, will end	Private rental, lease ending, landlord issued NTV
Housed, unsuitable	Private rental, family violence
Interim	Transitional housing; community rooming house (not self-contained)
Interim, suitable, at risk	Good quality rooming house, one-off rental arrears
Interim, will end	Staying with family “until can find something else”, family has asked to be out in 3 months
Interim, unsuitable	Poor quality private rooming house accommodation; staying with family “until can find something else” but in an overcrowded situation
Homeless	Sleeping rough or in motor vehicle; squatting; couch surfing

² Less than 1% of referrals to the Trial involved people who were in long-term housing with no significant housing risk or unsuitability at first contact. The Trial provided information to these clients, however they are excluded from analysis of housing outcomes.

The cohort of referrals used for analysis of housing outcomes were those for which the Trial had substantial engagement with the client. A referral involving substantial engagement was defined as one in which the Trial had direct communication with the client (in person or by phone), involving some substantive assessment and/or direct service provision, on at least two occasions. Referrals for which the housing situation could not reliably be determined (at first or last contact) were excluded from the data set. This left 147 referrals for which the client’s housing situation could be compared pre- and post-engagement with the 360 Degree Trial.

Figure 4 compares accommodation types at first and last substantive contact with the Trial, for these 147 referrals when viewed as a group. The data shows a 56% drop in the number categorised as Homeless at last contact compared to first contact, a 49% increase in the number in Interim accommodation and a 12% increase in the number Housed.

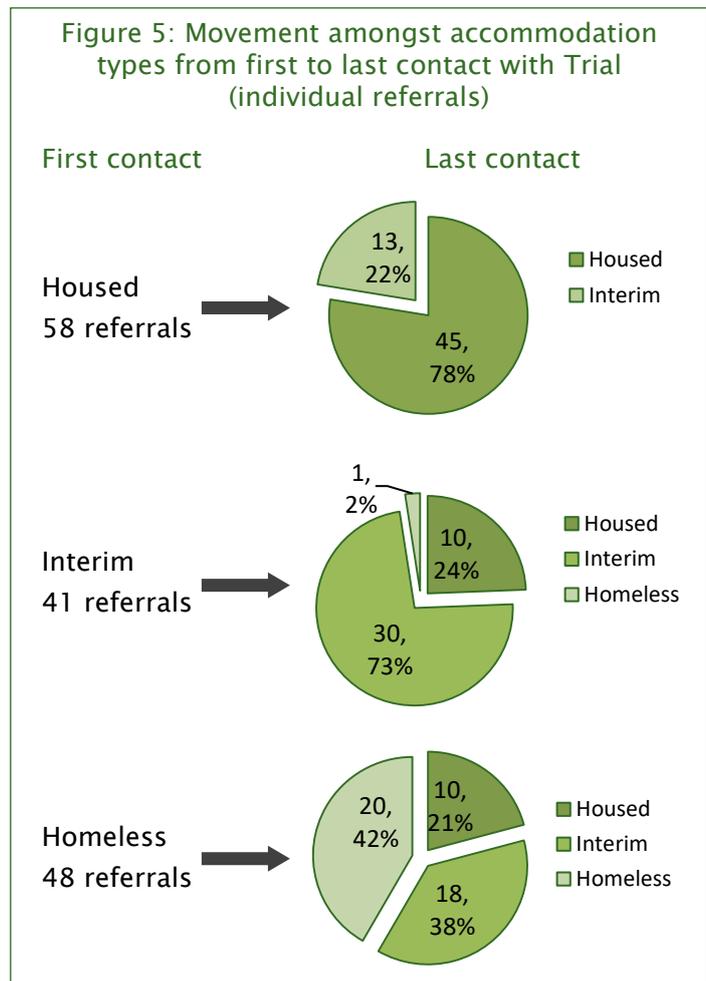


It is important to note that a little under a third (43 of 147 = 29%) of the referrals included in Figure 4 were still open and receiving active assistance at the time of analysis. This includes 23 of the 82 referrals with accommodation type categorised as Interim or Homeless at last contact. In some cases, these referrals were still early in the process of intervention. Over time, a number of these clients are expected to be housed. In addition, for a number of ‘closed’ referrals categorised in Figure 4 as Interim or Homeless at last contact, the client had been assisted to complete public or community housing applications by the Trial. Over time, a proportion of these clients will accept an offer of suitable long-term housing through this route. For these reasons, it is likely that Figure 4 underestimates the number of long-term housing outcomes assisted by the Trial.

Individual housing transitions

Figure 5 provides a more detailed view of transitions among accommodation types for individual referrals to the Trial. This data suggests quite a positive view of the housing outcomes achieved by the Trial.

Of those Housed at first substantive contact, more than three quarters (78%) remained Housed at last contact, while no clients transitioned from Housed to Homeless. Among the 45 clients who remained housed, 15 substantially resolved their housing difficulty, 6 remained at significant risk of



tenancy loss at last contact, and 24 continued to reside in unsuitable but reasonably stable situations. As noted above, many of these clients were receiving further assistance from the Trial at the time of analysis.

Of clients in Interim accommodation at first substantive contact, only one (2%) had become Homeless at last contact, 10 (24%) had become Housed, and the remaining 30 (73%) were still in Interim accommodation. Among those who remained in Interim accommodation, 12 had transitioned to more suitable and stable situations, while none transitioned from suitable, stable Interim accommodation to a worse situation.

Of clients who were Homeless at first substantive contact, 10 (21%) had been housed at last contact, 18 (38%) had transitioned to Interim accommodation, and 20 (42%) were still Homeless. Among the 18 clients who transitioned from Homeless status to Interim accommodation, 8 achieved suitable and stable interim accommodation, while the remainder were in poor quality or short term Interim accommodation at last contact. Among the 10 clients who transitioned from Homeless to Housed, 8 achieved good quality, reasonably stable and suitable long term housing by last contact.

Debbie's story

Debbie is in her mid-thirties and has two children: Alicia (7), and Zac (5) who has been diagnosed with an autism spectrum disorder. Debbie had experienced physical violence from her husband over a number of years. Debbie and the children had previously stayed temporarily with her brother and his family, but this arrangement had broken down due to the overcrowded situation, family conflict and disruption to the children's routine: "Having children, it's a very difficult thing to be moving around all the time." Debbie felt she had no choice but to move back with her husband.

In 2012 Debbie approached DHS at Windsor to inquire about how she could access public housing. After she disclosed her concerns for her safety, the Housing Services Officer (HSO) referred her to the HomeGround 360 Degree Worker for assistance with crisis accommodation.

The 360 Degree Worker undertook a risk assessment with Debbie and helped her to create an initial safety plan. Debbie was clear that she wanted to leave the husband in order to protect herself and her children. The worker referred Debbie to a local family violence crisis accommodation service, who provided Debbie and her children with short-term emergency accommodation. The 360 Degree Worker and Centrelink Senior Social Worker assisted Debbie to lodge a claim for Parenting Payment.

Zac's behavioural issues were causing Debbie considerable stress, and she was also concerned about the possible psychological impact of family violence on the children. While Debbie was fearful of Child Protection, the 360 Degree Worker was able to explain the role of Family Services, and Debbie eventually accepted a referral for family support via the local Child FIRST team. The Centrelink Social Worker also encouraged Debbie to test her eligibility for Carer Allowance with respect to Zac.

Although initially keen on public housing, once aware of the potential wait times Debbie decided to pursue private rental. The 360 Degree Worker referred Debbie to the Family Violence Private Rental Access Program (PRAP) at the local homelessness entry point service. The PRAP worker assisted Debbie to identify suitable, affordable private rental vacancies, and Debbie's third tenancy application was successful. The HSO associated with the Trial assisted Debbie to access a Bond Loan, while HomeGround contributed brokerage to cover two weeks Rent in Advance. The 360 Degree Worker also assisted Debbie to access furnishings from material aid services.

Debbie is now settled in her new accommodation, and has begun tackling the legal issues related to custody and divorce. Zac continues to struggle with school. Although full time work is not an option for Debbie at present, she has recently enrolled in part time study to prepare her for a future return to work: "I feel that it's important for me to complete my studies to break the poverty cycle."

Attribution

In addition to analysing maintenance or change of housing situations, to understand client outcomes it is vital to explore the question of attribution – that is, were the observed effects on housing situations at least partly caused by the work of the Trial, or were they primarily caused by external (personal or systemic) factors.

Client interview data supports the view that the assistance provided by the Trial was an important ingredient in the housing outcomes achieved. A number of clients commented on the importance of the Trial in relation to them maintaining their tenancy, finding accommodation and/or avoiding homelessness. In addition, case histories were reviewed to identify examples of achievement of interim housing objectives (42 instances identified) and long-term housing objectives (40 instances identified). Analysis of detailed case note data identified that

across these outcomes, around 70% were directly attributable to the Trial, another 20% partly attributable, and only 10% of housing outcomes were attributable entirely to external factors.

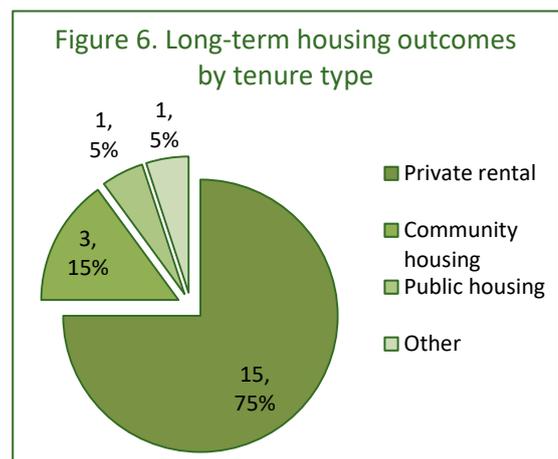
“[The worker] said to me, ‘They can’t go kicking you out with just a text.’ ... There was no way I could have done this [maintained the tenancy] by myself.”

- Client interview participant

Like all homelessness and housing services, the 360 Degree Trial operates within the constraints of limited resourcing and a lack of suitable and affordable housing options. Aspects of this context that impact the work of the Trial include limited staffing resources within the service system, limited brokerage funds, limited availability of case management support (particularly for single men), high levels of demand at homeless entry points, long waiting times for most categories of public housing, high rents and substantial competition for vacancies in the private rental market, and a scarcity of good quality, affordable interim accommodation. Within this context, the Trial’s rates of prevention of housing breakdown (45 of 147 = 31% of referrals with substantial engagement) and establishment of long-term housing (20 of 147 = 14% of referrals with substantial engagement) represent significant achievements. Rates of preventive outcomes exceed those recorded at HomeGround’s entry point in the catchment over this timeframe.

Long-term housing outcomes

Figure 6 presents data for the 20 referrals which involved substantial engagement with the Trial, and in which clients transitioned from Homeless or Interim accommodated to Housed prior to last contact. 75% of the long-term housing outcomes achieved were private rental tenancies, with a lower proportion entering self-contained long term community housing, and only one new public housing tenancy. This reflects public housing wait times but also, importantly, the Trial’s focus on encouraging people towards affordable private rental as a relatively speedy way to resolve their housing difficulty.



The Trial’s ability to assist people to access private rental was supported by several enabling factors including:

- Access to expert private rental assistance through programs located at HomeGround St Kilda
- Provision of private rental information packs to clients
- Access to Housing Establishment Fund brokerage, and to bond loan assistance with advice from the DHS Housing Services Officer associated with the Trial. Other forms of brokerage funding, particularly Employment Pathway Fund, have the potential to assist with housing related costs for some clients.

To further enhance the Trial's ability to achieve stable long-term housing outcomes, increased follow-up is needed after resolution of the immediate housing crisis. The majority of clients interviewed reported that a 360 Degree worker contacted them one to two months after they were accommodated to check whether they needed more assistance. However, this timeframe was typically too short to pick up the medium-term housing issues that people struggle with, such as borderline affordability or dissatisfaction with the accommodation gained. Delaying the review process and using it as the pretext for a detailed conversation with the client about their situation is likely to aid in identifying and actioning further housing needs.

Clients with complex needs

Of the 147 referrals resulting in substantial engagement with the Trial, 33 (22%) involved people with a significant history of housing instability and/or homelessness, sometimes over a period of many years. These people typically have one or more major psychosocial issues that present barriers to them pursuing housing outcomes independently. They tend to have multiple prior contacts with the homelessness service system and somewhat chaotic patterns of presentation and service engagement, and are often difficult to contact unless they present in person. The most effective housing interventions for these people tend to be either a 'housing first' approach with attached support, or intensive outreach-based case management. Neither of these was readily available through the Trial, and the Trial's effectiveness with this group in the short term was therefore limited. Further development of the Trial's response to this group is required.

Andrew's story

Andrew is in his mid-twenties. A former ward of the state, Andrew has been transient since leaving care in 2006. He suffered an Acquired Brain Injury following a car accident in 2008 and receives Disability Support Pension. Andrew is well known to a number of homelessness services around Melbourne, and at times has been excluded from some due to aggressive outbursts. He accessed a youth Transitional Housing property in 2009, however this tenancy broke down.

In early 2013, Andrew was referred to the 360 Degree Trial by a Centrelink CSO, after disclosing that he was squatting in an abandoned building. He had attended the office seeking an urgent income support payment and was in poor health at the time of referral. Andrew was not eligible for HEF brokerage from HomeGround, but the 360 Degree Worker managed to source funds from another homelessness agency and organised a week's emergency accommodation for Andrew. The worker also organised for Andrew to be placed on the Inner South Priority List for housing and support. The Centrelink Social Worker organised a referral for material aid (food and clothing).

Andrew advised that he had previously worked on public housing applications "with a couple of different services... I don't know where they're up to." He also expressed an interest in community housing, and the worker provided relevant application forms. The worker organised for an RDNS outreach nurse to visit Andrew.

Out of time, the worker asked Andrew to return for a follow-up appointment in three days. In the meantime, the worker consulted with the Housing Services Officer involved in the Trial and established that Andrew was not on the public housing Early Housing waiting list, although he was clearly eligible. Andrew did not attend his next appointment. The worker phoned Andrew and left several messages but Andrew did not re-contact the service.

Three months later, Andrew dropped in at the Windsor office, saying he had been staying with friends interstate and had just returned. Unable to see Andrew immediately, the worker requested that he return for an appointment the next day. Andrew became angry, shouting, "Where's my house?" Centrelink security intervened to try to calm the situation, and Andrew left. The worker attempted unsuccessfully to contact Andrew to organise another appointment.

Andrew's referral is currently open, pending contact from him, and he remains on the Priority List. On next contact, HomeGround plan to try to organise a supported crisis accommodation vacancy for Andrew, which may facilitate progress with his housing applications. The Centrelink Social Worker has flagged his Centrelink record so Centrelink staff are prompted to facilitate his contact with the Social Worker or the 360 Degree Worker at Windsor Centrelink if he attends any other Centrelink Service Centre.

Economic participation

Homelessness services generally have low rates of positive client outcomes related to work, training or study. A number of factors impact on this including a tendency amongst homelessness workers to allocate these domains lower importance than housing and health outcomes, limited training and information to support staff practice, limited service system linkages between homelessness and employment services, and the challenges of finding work for those who have been out of the labour market for some time. However, clients themselves tend to place a high priority on economic participation, seeing it as a key enabler for stable long-term housing and wellbeing.

"I still can't breathe but I can see a light at the end of the tunnel."

- Client interview participant who is beginning to work once more while recovering from significant mental illness.

The involvement of Centrelink within the Trial provides an opportunity to explore new models for facilitating economic participation outcomes. The Trial has had a conscious focus on employment, training and study outcomes from the outset, and has assisted a small number of clients to achieve gains in these areas:

- Seven clients who were not employed at referral had obtained some form of employment by the time of closure. These outcomes included one client employed full-time, three employed part-time and three on a casual basis. However, three clients who had been in casual employment at referral were unemployed (seeking work) at close.
- Two clients not involved in study or training at referral were involved in part-time study at close.

At the time of evaluation, the processes and partnerships needed to more effectively pursue economic participation outcomes were actively under development. The key issue is the best way to involve Employment Service Providers (ESPs) in the Trial. This holds a number of challenges including:

- At the time of referral, clients with participation requirements may already be linked to one of a number of ESPs. When initially selecting a provider, clients can select from the range of providers and preference may depend on appointment availability, their star rating and/or whether they are a specialist provider. It is difficult for the 360 Degree Trial Workers to establish close working relationships with providers given the multiple agencies and workers involved
- ESPs (like the other agencies involved in the Trial) have limited resourcing and high throughput requirements, meaning that they have limited time to invest in developing partnership relationships
- For probity reasons, Centrelink CSOs cannot recommend or provide advice to clients about selecting specific specialist ESPs.

It would be difficult to establish strong partnerships with more than a handful of ESPs within the Trial, particularly if ESP staff will be physically co-located with other Trial staff. To support improved economic participation outcomes, it is recommended that the Trial seek to engage either one or two ESPs as core partners. In consultation with DEEWR, a transparent process should be followed to engage appropriate providers, along with a streamlined process to assist clients to switch to one of the providers associated with the Trial where appropriate. While clients may be encouraged to engage with one of the ESPs associated with the Trial, clients must retain their ability to choose their provider within DEEWR guidelines.

The other key issue impacting availability of employment assistance is that some clients who experience housing crisis have been categorised through the Job Seeker Classification Instrument (JSCI) as Stream 1, meaning that they can access only limited assistance through their ESP. Prior to referral to the Trial, Centrelink staff are required to update the JSCI when clients in Streams 1-3 disclose that a change in their circumstances has occurred. However, client and staff interviews suggest that the process is not yet occurring routinely, in part because the full extent of a client's housing and support needs tends to emerge

after referral during in-depth assessment conducted by the 360 Degree Workers. A streamlined process is required to allow HomeGround staff to trigger a JSCI update for a client where appropriate.

Some clients would be eligible to be upstreamed if re-classified, enabling them to access a higher level of support from their ESP. It is important to note, however, that being in housing crisis in itself may not necessarily result in a higher stream services assessment, particularly if the client is still housed but is in rental arrears, has not moved frequently in the last year and has no other disclosed barriers. The JSCI question set may possibly require revision to better respond to clients at risk of homelessness.

Given Centrelink staff cannot update JSCI for a client who has commenced in Disability Employment Services (DES) or Stream 4 (other than Vulnerable Youth and Vulnerable Youth (Student)), establishing stronger working relationships with ESPs may facilitate a more timely re-assessment of JSCI for these clients when reporting a change in their circumstances.

Mike's story

Mike is in his early forties. In 2011, he was retrenched from his position as a delivery driver. Over the following year, he attended a string of job interviews, but was unsuccessful in finding work. He began drinking heavily and his behaviour became more aggressive and erratic, which resulted in the breakdown of his relationship with his partner.

Mike moved out, at first staying in a private rooming house. He unsuccessfully applied for several private rental properties. After three months in the rooming house, Mike was assaulted by another resident and fled the premises. He began sleeping on friends' couches and at times on the foreshore at St Kilda. Mike had no regular contact with his three children after separating from his ex-partner.

When Mike failed to attend a scheduled appointment with his Job Services Australia (JSA) provider, his Centrelink payments were suspended pending re-engagement with his provider. Mike attended Centrelink when he realised he hadn't received his fortnightly Newstart Allowance payment. The Centrelink CSO who Mike spoke to identified that Mike had no fixed address, and following discussions with a Social Worker in the Participation Solutions Team, his payments were restored and a homelessness indicator was placed on his Centrelink record. The CSO also referred him to the HomeGround 360 Degree Worker. Mike identified finding suitable interim accommodation as his first priority, and the 360 Degree Worker assisted him to access a vacancy in a quieter rooming house. The Worker also provided information about material aid, including food. The 360 Degree assessment identified Mike's drinking problem, and he accepted a referral to an AOD counselling service.

Mike was keen to find employment. He had attended an appointment at his JSA provider, but was disappointed with their response: "All they did was talk to me about my CV... how am I going to find work when I don't know where I'm sleeping tonight?" The Centrelink CSO and 360 Degree Worker identified that Mike was categorised as Stream 1. He had previously been too embarrassed to disclose that his drinking and housing situation had been getting worse. With the assistance of the Centrelink Senior Social Worker, Mike's JSCI score was updated and an Employment Services Assessment was arranged. Mike was subsequently re-classified as Stream 4. Mike re-engaged with his JSA provider and commented favourably on the increased support he received.

At his next appointment, Mike was clear that he wanted to establish a home where his children could visit him: "You can't bring anyone in that rooming house and I've got my kids... and that's really affecting me." The 360 Degree Worker assisted Mike to search for shared private rental vacancies. Mike was accepted for a vacancy in a property with sufficient space to allow his children to visit overnight. Both HomeGround and Mike's JSA provider contributed brokerage to assist with tenancy establishment.

During a follow-up phone call two months later, Mike told the 360 Degree Worker that he had found a casual position as a delivery driver, was attending AOD counselling and was "off the drink". He is now gradually building up contact with his children and looking forward to the point where they have regular visits with him. For Mike, gaining stable housing was a key to getting his life back on track.

In addition to interventions related to work, training or study, some clients received assistance through the Trial related to other financial matters:

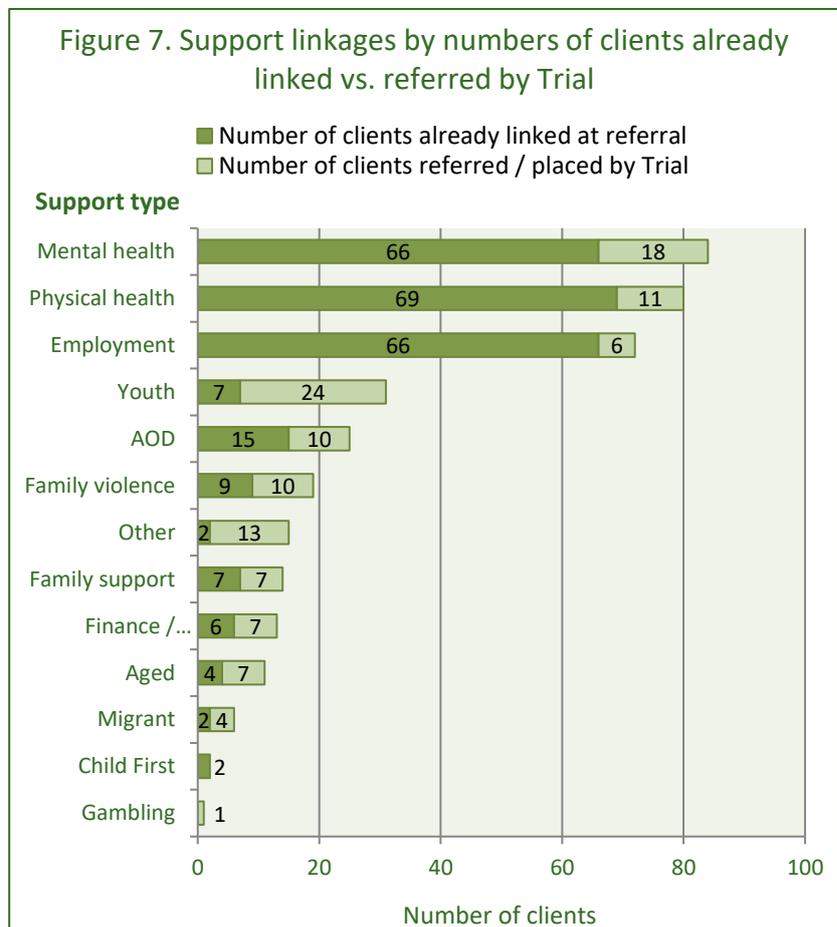
- A number of clients changed Centrelink payments while engaged with the Trial, including five who moved from Newstart Allowance to Disability Support Pension (DSP), one from Newstart Allowance to Sickness Allowance, and one from Newstart Allowance to Parenting Payment Partnered. From casenote data, it is clear that advocacy provided by the HomeGround 360 Degree Workers and consultation with the Centrelink Senior Social Worker played a role in the instances of shift from Newstart to DSP. In addition, five clients not previously on any Centrelink payment began receiving a payment (four Newstart and one Parenting Payment Single).
- Eight clients not previously on Centrepay commenced Centrepay, while one who was on Centrepay ceased it. Centrepay has the potential to support housing stability through regular rental payments.
- Five clients previously on fortnightly payments switched to weekly payments, while two switched the other way. Weekly payments assist some clients to better manage their income to cover expenses.
- The Trial referred seven clients to financial counselling services, which for some clients made a significant difference to their ability to manage financial issues and address debt problems.

Other client outcomes

While the Trial placed a high priority on outcomes in the areas of housing and economic participation, it also sought a holistic view of the needs and aspirations of clients. The HomeGround 360 Degree Workers undertook a thorough assessment of housing and support needs with each client, and actively sought to link people to support services where appropriate.

The most fundamental linkage outcome resulting from the Trial is linkage of clients to the housing and homelessness support available through HomeGround. There is clear evidence that the Trial has been successful in this regard. Around two thirds (at least 180 of 258 = 70%) of referrals which resulted in substantive contact with the Trial involved clients who had no prior contact with HomeGround IAP. Regardless of their length of engagement with the Trial itself, all of these clients became aware of the services provided by HomeGround and of the possibility of accessing them again in future if needed.

The Trial also undertook substantial work in linking clients to a range of health and support services. Figure 7 shows that the Trial was particularly active in referrals to Youth, Mental health, Physical health, Alcohol and Other



"I don't know how [worker] done it, but she had me in with a [family support] worker within two weeks."

- Client interview participant

Drug, and Family violence supports. Clients strongly expressed their appreciation for the support provided by the workers in the Trial to navigate the service system.

Staff and client interviews indicated that the Trial has a greater capacity to efficiently link clients to external supports than a standard IAP service model. The two key aspects of the model that support this are the extended time available through appointments to progress

referrals (without the throughput pressures of the entry point), and the greater ability of Trial workers to undertake follow-up work with clients beyond the first appointment. Particularly for clients with complex needs or with limited ability to pursue service relationships independently, active follow-up and advocacy from Trial workers is important for successful referral.

A range of other client outcomes were identified through interviews and surveys, including:

- Increased knowledge and/or understanding for clients relating to their housing situation, housing rights, tenancy responsibilities, public housing processes, and housing supports available
- Improved health through lower levels of anxiety and through linkages to health and mental health providers
- Greater family stability and better educational opportunities for children.

4 PROCESS AND PARTNERSHIPS

Inter-agency partnerships offer great opportunities, but they can also be complex and require hard work to establish and maintain. Pilot programs such as the Trial also tend to be characterised by operational challenges as service delivery processes and worker roles evolve over time with limited resourcing. The evaluation investigated these areas and identified both strengths and opportunities for improvement in the structures underpinning the Trial.

Client experience

Among the clients who were interviewed, there was a very high overall appreciation of the service provided. Clients were particularly appreciative of the personal support provided by workers. For clients whose tenancies were at risk, workers often provided a 'holding space' for the anxiety of impending homelessness. The reassurance they provided was a core aspect of the service from the perspective of these clients. Clients were also strongly appreciative of the housing advice and assistance provided, including information on housing rights, responsibilities and options, and assistance in completing the relevant forms and navigating the service system.

"[The worker] was always willing to help me out ... always willing to help me find a place."

- Client interview participant

Clients reported that the workers were helpful, approachable, non-judgmental, professional and clear. Clients generally felt satisfied that their information had been handled confidentially. The depth of questioning of clients during the assessment process was felt by some to be invasive but, even in these cases, clients reported that workers were able to seek the information they needed without making the process unduly intimidating.

Two main areas for improvement in service delivery processes were identified by clients:

- Clients varied in their response to the information provided by the workers. Although the information was considered appropriate by some clients, there were others who reported feeling overwhelmed by the amount of information provided, and others who felt it was insufficient. There were some types of information relevant to most clients that were not consistently provided. Further work is in progress on development of information packs to address these issues.
- Assessment usually took place in an open plan space within the Centrelink office. Several clients reported that the lack of privacy in this setting was distressing, particularly given the personal nature of the issues explored during the assessment process. It is suggested that initial assessments be conducted in a private interview room wherever possible.

"I really was given this big bunch of paper, about an inch thick... I didn't touch it for a couple of days, I'm thinking, if I have to digest all this stuff..."

- Client interview participant

Staff experience

Staff interviewed identified a range of positive aspects of involvement with the Trial, including:

- The opportunity to develop strong relationships with staff of other organisations
- The positive effect on morale of collaborating with clients and other workers to achieve excellent outcomes for clients

- The opportunity to follow through with clients and develop a stronger worker-client relationships than is usually possible within IAP practice
- The sense of satisfaction that comes with delivery of a high quality, personalised service.

“We had our own myths about those other services but working together we can actually say, ‘You know what, they actually work really hard!’”

- Staff interview participant

The large majority (21 of 23 = 91%) of staff surveyed across the three core partner agencies indicated that their knowledge of other agencies’ services or payments had increased as a result of the Trial. This increased knowledge is not only about the immediate agencies concerned, but also about the wider network of providers within the service system. There is evidence that Centrelink workers who have been trained to make referrals into the Trial are better able

to identify clients who are homeless or at risk of homelessness, and consider suitable referral options for them.

Staff directly involved in the Trial identified challenges related to a lack of clear documentation of the nature and extent of differences between work within the Trial and their normal role within their agency. In addition, for Centrelink and DHS service delivery staff directly involved in the Trial, and for some staff in management roles across the three agencies, the Trial added a significant burden on top of their usual workload. This related partly to the number and complexity of clients who sought support through the Trial, and the extended period of engagement with some clients. If the Trial continues, it is important that a sustainable workload model is established for all roles.

Client pathway and data collection

Co-location of staff at the Windsor site emerged as an important enabler for successful operation of the Trial, supporting streamlined referral processes and improving rates of service uptake compared to the main previous referral pathway (to the HomeGround St Kilda IAP service). Co-location also heightened the visibility of the Trial for Centrelink staff, supported the building of closer working relationships amongst staff, and facilitated secondary consultation where required.

“...if I had to keep going backwards and forwards [between offices], I would have given up. I wouldn't have had the reserves to keep going...”

- Client interview participant

Other aspects of the model which emerged as facilitative of high quality service and positive outcomes included the appointment system (providing predictability in access to support), the availability of the Centrelink office as the service delivery site (which some clients found to be a less stressful environment compared to that of the generalist entry point), and the weekly case review meetings (which are essential for service coordination and also have benefits for relationship building and information sharing).

Areas for improvement include the need for greater clarity in exit processes, further development of a joint referral form that covers informational needs and consents from the perspective of all three core partner agencies, and a need for further refinement of data collection. If the Trial is rolled out at other locations, it is strongly recommended that resourcing is provided to establish a data collection tool and process that will maximise data quality across multiple sites.

Partnerships

Overall, the evaluation found that the 360 Degree Trial is well-supported by partnerships amongst the three core partner agencies. The large majority (31 of 36 = 86%) of respondents to the staff and Steering Group surveys rated the Trial as having had a somewhat or very positive effect on working relationships amongst DHS, Centrelink and HomeGround. The strongest themes amongst the positive feedback were:

- The high level of commitment of each of the partner agencies to the Trial, given its alignment with agency internal policy and strategic directions
- Staff members' increased understanding of the roles, responsibilities, strategic directions, constraints and commitment to positive outcomes of other agencies, providing a better informed foundation for joint work
- The opportunity to work together collaboratively in pursuit of a common goal – positive outcomes for clients that could not be achieved by each agency working alone.

Steering Group members identified challenges associated with the different perspectives, cultures and policy environments of the partners, changes in personnel over time, and the tensions inherent in balancing the requirements of two large government departments for risk management and return on investment, with the day to day operational requirements of the service. While these factors at times led to frustration, stakeholders also recognised the importance of identifying the legitimate interests and constraints of each partner agency and finding ways to navigate amongst these to achieve progress.

A number of external partners have become quite closely linked with the work of the Trial (notably Hanover, Sacred Heart Mission and The Salvation Army). However, other intended partners have been less involved. It is worth reviewing the range of health and community sector agencies who would be useful partners in the Trial, with particular attention to health and mental health service providers and financial counselling providers.

Governance

The evaluation found that 360 Degree Trial has the foundations of an effective governance structure in place, with regular meetings of the Steering Group and the Operational Working Group, organised around explicit terms of reference, and a considerable body of work completed in documenting and monitoring the Trial.

Governance challenges were also identified, although these are no greater than would normally be expected within a joined-up initiative of this type. Steering Group survey respondents identified a need for greater clarity and transparency in decision making. There is also scope for greater separation between the roles of the Steering Group and Operational Working Group, with the Steering Group focusing more on oversight, accountability, maintenance of executive level relationships, conflict resolution and strategic decisions concerning the Trial.

*“...if the project is extended
Centrelink, HomeGround and DHS
Victoria need to invest time in re-
setting the boundaries and clarifying
each organisation's goals”*

- Steering Group survey respondent

5 CONCLUSION

Evaluation of the 360 Degree Trial found many strengths. The Trial is underpinned by a strong shared commitment between the partner agencies. Working relationships have generally been positive, and there is evidence that the Trial has increased the knowledge of staff of the work of each of the partner agencies. The quality of service delivery has also generally been high, although there are specific issues in relation to provision of information and assessment privacy that need to be addressed.

The Trial operates within a service system and housing market characterised by limited resourcing and a severe lack of suitable affordable housing options. Within this context, the Trial has applied its resources effectively to achieve positive housing outcomes for a substantial number of clients. There is evidence that the Trial has a significantly higher rate of early intervention than the generalist homelessness entry point services in the catchment. The Trial has capitalised on this opportunity, with significant preventive outcomes. The Trial has also made substantial long-term housing gains amongst people who present when already homeless or living in interim accommodation.

The evaluation identified the following enablers for positive outcomes within the Trial model:

- Allocation of funding for the HomeGround 360 Degree positions
- Training of Centrelink and DHS staff to enable them to identify suitable referrals
- Co-location of staff of each partner agency at a single site, and a streamlined referral pathway with a minimum of bureaucracy
- Combination of appointment-based and drop-in service delivery
- A joint case review process enabling information sharing and service coordination, and collaboration between the three core partner agencies to leverage the expertise of each agency
- Expert housing and homelessness knowledge available within the core partnership
- Capacity for workers to follow up work initiated with clients, including maintaining regular contact to progress actions and aid engagement
- Availability of financial assistance, including brokerage funds, Bond Loans and Income Support and/or Crisis Payments, where appropriate
- Access to other intensive housing-focused support services including PRAP.

Modest client outcomes were recorded in the area of economic participation, and the Trial is actively exploring the potential for greater involvement of and coordination with Employment Service Providers. The Trial has also made significant gains in linking clients to external health and support services.

The evaluation has found a strong case for the Trial to continue and to be further developed. If the Trial is refunded, it is recommended that work is completed to refine governance processes, data collection, role structures of staff involved in the Trial, and some service delivery processes, including responses for clients with complex needs. Further evaluation, including cost-benefit analysis, would also be useful.

The evaluation identified no major barriers to replication at other sites. The Trial has undertaken a great deal of groundwork in terms of the model development and documentation. If the model is to be replicated elsewhere, the expected volume of referrals at each site will need consideration, and will have flow-on effects to number of appointments and service accessibility at both low- and high-volume sites. Other areas requiring consideration include the availability of specialist housing/homelessness support in each catchment; the need for co-location, and associated logistical issues; and the need for a well-defined data set and robust data collection tool. Strong inter-governmental partnerships and service governance arrangements would be essential in rolling the model out across multiple sites while maintaining the required level of oversight.

ABBREVIATIONS

360 Degree Trial	360 Degree Integrated Homelessness Service Offer Trial
AGDHS	Australian Government Department of Human Services
AOD	Alcohol and Other Drug
CSO	Customer Service Officer
DEEWR	Department of Education, Employment and Workplace Relations
DHS	Victorian Department of Human Services
DSP	Disability Support Pension
ESP	Employment Service Provider
HEF	Housing Establishment Fund
HSO	Housing Services Officer
IAP	Initial Assessment and Planning
IHSO	Integrated Homelessness Service Offer
JSA	Job Services Australia
JSCI	Job Seeker Classification Instrument
PRAP	Private Rental Access Program
Trial	360 Degree Integrated Homelessness Service Offer Trial

