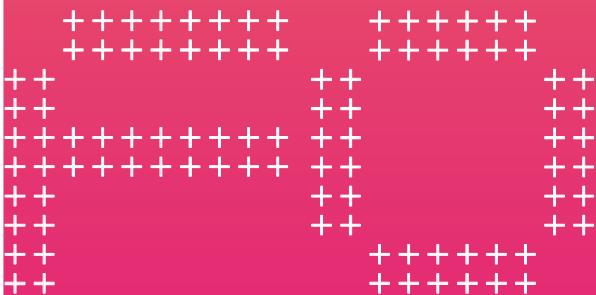


Strategic Impact Evaluation of the Queensland Government's Responding to Homelessness Strategy

FINAL REPORT

June 2009





Strategic Impact Evaluation of the Queensland Government's Responding to Homelessness Strategy

Prepared for the Queensland
Department of Housing

61 Mary Street, Brisbane, Queensland 4001

June 2009

URBIS STAFF RESPONSIBLE FOR THIS REPORT WERE:

Directors	Susan Rudland, Jackie Ohlin
Senior Consultant	Nicholas Warren
Consultant	Sam Ryan-Watkins, Catherine Zhang
Support Staff	Nadia Keil
Job Code	KAJ27908

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ABS	Australian Bureau of Statistics
ATOD	Alcohol, Tobacco and Other Drugs
ATSI	Aboriginal and Torres Strait Islander
CAP	Crisis Accommodation Program
CBRC	Cabinet Budget Review Committee
CIAP	Client Intake and Assessment Process
CEO	Chief Executive Officer
CSHA	Commonwealth-State Housing Agreement
CMHSU	Community-Managed Housing - Studio Units
COAG	Council of Australian Governments
CRS	Community Rent Scheme
DCS	Child Safety
DoH	Department of Housing
DoC	Department of Communities
DSQ	Disability Services Queensland
HAF	Housing Affordability Fund
HHOT	Homeless Health Outreach Team
HIA	Housing Industry Australia
HOST	Homeless Outreach Support Team
HPIQ	Homeless Persons Information Queensland
HRG	Homelessness Reform Group
JAG	Department of Justice and Attorney-General
JRA	Intoxication in Public Places – Joint Response Agreement
LGA	Local Government Area
LGAQ	Local Government Association of Queensland
MOU	Memorandum of Understanding
NAHA	National Affordable Housing Agreement
NDCA	National Data Collection Agency
NGO	Non-Government Organisations
NPA	Nation Partnership Agreement on Homelessness
NRAS	National Rental Affordability Scheme
PLO	Police Liaison Officers
QCOSS	Queensland Council of Social Service Inc.
QCS	Queensland Corrective Services

QH	Queensland Health
QPS	Queensland Police Service
QUT	Queensland University of Technology
QWIC	Queensland Wide Interlinked Courts
R2H	Responding to Homelessness
RMCN	Regional Managers' Coordination Network
SAAP	Supported Accommodation Assistance Program
SEIFA	Socio-Economic Indexes for Areas
SEQ	South East Queensland
SOG	Senior Officers' Group
SPER	State Penalties Enforcement Register
SPP	Specific Purpose Payments
STARH	Supporting Those At Risk of Homelessness
TAAS (Q)	Tenant Advice and Advocacy Service (Queensland)
TASP	Transitional Accommodation Support Program
VHS	Victorian Homelessness Strategy
VSM	Volatile Substance Misuse
YPA	Youth Participation and Access Program

We would specifically like to thank people experiencing homelessness who participated in the Strategic Impact Evaluation.

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In particular, we thank the members of the Evaluation Advisory Panel and two project managers, Christopher Banks and Kellie Potter, for their continuous assistance, support and guidance.

Members of the Evaluation Advisory Panel are:

Maria Leebeek	Executive Officer, Queensland Youth Housing Coalition
Adrian Pisarski	Executive Officer, Queensland Shelter
Liz Fritz	Manager, Blair Athol Accommodation and Support Service
Jill Lang	Director, Queensland Council of Social Service Inc
Jenny Mulkearns	State-wide Homelessness Coordinator, Queensland Health
Jill White	Manager, Strategic Evaluation Team, Department of Communities
Virginia Berry	Senior Policy Officer, Department of the Premier and Cabinet
Christopher Banks	Principal Project Officer, Housing Policy and Strategy, Department of Communities (Housing and Homelessness Services)
Kellie Potter	A/Principal Policy Officer, Housing Policy and Strategy, Department of Communities (Housing and Homelessness Services)

1 Executive Summary

1.1 Introduction

This report outlines findings from a Strategic Impact Evaluation of the Queensland Government's Responding to Homelessness (R2H) Strategy.

R2H commenced in 2005 and involved funding of \$235.5 million over four years, for 32 projects across seven (reducing to five) government departments. Projects were delivered in five hotspot locations.

The Strategy aimed to achieve improvements in the homelessness service system as follows:

- People experiencing homelessness in the identified locations have access to new, improved service responses that are better coordinated and timely.
- Services provided by Queensland Government departments and community organisations in the identified locations are better coordinated.
- People experiencing homelessness have increased opportunities to participate in community life and to address the issues that may keep them homeless.
- People experiencing homelessness have increased well-being, self-esteem and self-efficacy.
- People experiencing homelessness and other community members experience an increase in community amenity.
- The number of people in Queensland without access to shelter will reduce over time.

1.2 This Evaluation

The evaluation of strategic impacts and outcomes is limited by a lack of consistent quantitative data and reporting. The information reported is therefore primarily qualitative.

The evaluation occurred during a period of heightened activity in housing policy at the state and federal levels. Policy and funding focus has therefore shifted during the conduct of the evaluation.

The evaluation was structured in two parts. Part A included a review of relevant literature and existing program documentation, key informant interviews (n = 25), a data mapping exercise and emerging issues and gap analysis. An interim report was delivered in December 2008.

This final report synthesises data from:

- Previous R2H evaluation reports (n = 7).
- Interviews with people experiencing homelessness in hotspot locations (Brisbane, Gold Coast, Mt Isa, Cairns, Townsville) (n = 37).
- Interviews and workshops with government, non-government and private sector stakeholders in hotspot locations (n = 142).
- Surveys and interviews with government, non-government and private sector stakeholders in non-hotspot locations (Ipswich and Rockhampton) (n = 21).
- Program data reports supplied by Departments of Communities, Housing, Health and Justice and Attorney-General (n = 8).

1.3 Findings

- R2H initiatives were successful in increasing the quantum of accommodation and support services, but these gains have been overtaken by released latent and newly emerging demand.
- Support, information, referral and advocacy services have been enhanced in hotspot areas, with early intervention and assertive outreach being universally welcomed. The Service Hubs for Homeless People and Homeless Persons Information Queensland (HPIQ) models are received more variably, with more negative comments from regional and north Queensland.
- Police Liaison Officers (PLOs) and outreach services have encouraged a shift to a referral, health and welfare response to public space issues. However, these responses rely on the capacity of mainstream and specialist homelessness services to respond and follow through with case referrals.
- Homeless Health Outreach Teams (HHOTs) are widely regarded as an effective service delivery model and are credited with addressing the needs of clients who were previously struggling to access services. Data for the Transitional Accommodation Support Program reveals positive impacts on the health outcomes of clients. However, linkages from specialist services to general health services are still seen as lacking. Furthermore, inappropriate discharge strategies from hospitals are resulting in people being released into homelessness.
- The Homeless Persons Court Diversion Program is regarded as effective and demonstrates a successful innovative approach. This success is largely due to its client-centred approach, and is reflected in a considerable reduction in recidivism rates.
- Although the outreach approach of State Penalties Enforcement Register (SPER) is thought to be successful, a systemic and 'early identification' solution needs to be applied for SPER in relation to homeless people incurring automatic penalties if found in default of fines.
- There is widespread concern regarding the release of prisoners into homelessness.
- The introduction of accreditation standards has been successful in raising standards in the private boarding house market, but has also coincided with a significant (50%) loss of Level 3 (high support) beds across the state. The government-industry networking around accreditation has developed relationships with industry bodies that could underpin further engagement.
- There is progress towards better collaboration between key departments and more holistic program design. There is evidence of improving referral networks and enhanced interagency activity.
- There is a need to further engage key stakeholders eg. Departments of Health, Child Safety, Employment, Education, local government, peak sector bodies, the private sector and consumers.
- Introducing new players and maintaining strategic oversight and leadership requires continuing investment in communications, networking and organisational capacity building.
- The increase in resources in hotspot areas and new access points, models of outreach, early intervention and integrated support are improving the wellbeing, self-esteem and self efficacy of people experiencing homelessness. Challenges remain in lifting service capacity to meet demand and creating transitional and long-term affordable housing options.
- Respondents felt R2H initiatives, higher levels of information, referral and support, were demonstrating positive impacts and opportunities to address underlying issues and to participate in community life. Expansion of the engagement of mainstream agencies in a whole-of-government process would support the social inclusion objectives of homelessness services.
- Changes in community amenity were not measurable in this evaluation. Respondents anecdotally reported a positive contribution from R2H to community amenity, but acknowledged other general and local factors that strongly influence perceptions of amenity. Further service capacity and engagement with diverse community stakeholders was generally seen as supporting perceptions of enhanced community amenity.

1.4 Recommendations

The Queensland Government's Responding to Homelessness Strategy has demonstrated significant positive progress towards overarching policy and practice priorities. The following future directions are proposed to further build on initial gains, consolidate achievements, and build capacity to deliver continuing return on investment and sustainable outcomes.

1.4.1 A Continuing Strategic Priority

Recommendation 1

- That the Queensland Government Implementation Plan for the National Partnership Agreement on Homelessness assess opportunities to extend the objectives and principles of R2H state-wide.

1.4.2 Informed by Systematic and Robust Needs Analysis

Recommendation 2

- That emerging evidence regarding the current incidence of homelessness and areas of potential need are tested in further consultations with government agencies, the non-government and private sectors, at central and regional levels. This should be led by the Department of Communities (DoC) at central and regional levels.

Recommendation 3

- That the Homelessness Reform Group (HRG) identify priority needs and locations for future focus, consistent with Council of Australian Governments (COAG) and Queensland Government targets.

Recommendation 4

- That the needs analysis is further assessed by the HRG according to identified pre-conditions for success, including:
 - Identified local needs and agreed priorities
 - Shared outcomes identified by the regional sector
 - A mature service network with the capacity to work together towards shared outcomes, and develop structured mechanisms for vertical and horizontal integration
 - A network that can foster engagement across levels of government, non-government and private sectors.

1.4.3 Supported by Structured Linkages, Coordination and Collaboration

Recommendation 5

- That central and regional mechanisms for coordination broaden their engagement and membership. In particular, this should include engagement with:
 - Mainstream agencies (such as Queensland Health, Child Safety, Disability, Employment, Education and Corrective Services)
 - Sector peak bodies such as Queensland Shelter and Queensland Council of Social Services Inc (QCOSS)
 - Local government (including Local Government Association of Queensland (LGAQ) and regional councils)
 - The private sector (including the Real Estate Institute of Queensland, the Supported Accommodation Providers Association, and the Boarding House Owners and Managers Association).

- That consideration is given to pilot mechanisms for meaningful engagement with consumer representatives.

Recommendation 6

- That, as part of reviewing its terms of reference, membership and supporting relationships, the HRG consider how it may engage more specifically with key mainstream agencies, local government, private sector and non-government sector peak organisations.

Recommendation 7

- That the HRG further consider expanding the membership of the Homelessness Joint Reform Working Group, to include representatives from LGAQ and the private sector peak organisations (such as the Real Estate Institute of Queensland, Supported Accommodation Providers Association, and the Boarding House Owners and Managers Association).

Recommendation 8

- That local area planning processes are funded by DoC to undertake needs assessment and prioritisation according to Australian and Queensland Government targets.

Recommendation 9

- That local area planning processes aim to initiate or enhance local stakeholder engagement.

Recommendation 10

- That DoC fund dedicated roles at regional levels to support network engagement and activities.

1.4.4 Strategic Framework for Performance Measurement

Recommendation 11

- That a strategic Program Logic and performance measurement framework is developed by HRG to deliver Australian Government targets.

Recommendation 12

- That HRG and DoC dedicate resources to developing data collection tools in consultation with regional stakeholders.

Recommendation 13

- That additional funding is provided (via service agreements) to allocate a defined percentage of funding (2%) so that services may undertake action research and evaluation to demonstrate achievements, progress and outcomes.

Recommendation 14

- That education and training are funded across central and regional sectors, specifically to encourage action research skills development.

1.4.5 Building on Success

Recommendation 15

- That DoC is responsible for promoting 'leading practice' case studies to profile skills development, shared learning, and support future practice.
- That future funding prioritises proposals that are identified as emerging models for success, for example:
 - Assertive outreach models that offer opportunistic engagement, flexibility and engagement with mainstream services
 - Accommodation services providing integrated on-site support services
 - Integrated accommodation and support focused around key transition points such as release from custody, institutions, hospitals and care
 - Tenancy and life skills support on a continuing long-term basis
 - Supports that link across the continuum of prevention, early intervention, crisis/emergency, transitional and tenancy support stages
 - Brokerage funding and financial assistance across a continuum of need.

Recommendation 16

- That HPIQ refines their model further in consultation with regional stakeholders and services.

1.4.6 Consolidation and Capacity Building

Recommendation 17

- That the Queensland Government maximises the provision of long term social housing stock.

Recommendation 18

- That the Queensland Government Implementation Plan for the National Partnership Agreement on Homelessness includes strategies to invest in workforce development and capacity building to strengthen strategic and sustainable responses to homelessness.

2 Introduction

In June 2005, the Queensland Government announced funding of \$235.5 million over four years to deliver a coordinated response to homelessness and public intoxication. The Responding to Homelessness (R2H) Strategy initially involved the implementation of 32 projects across seven (reducing to five) government departments and was conducted in three phases. The Strategy aimed to achieve a number of improvements in the homelessness service system as follows:

- People experiencing homelessness in the identified locations have access to new, improved service responses that are better coordinated and timely.
- Services provided by Queensland Government departments and community organisations in the identified locations are better coordinated.
- People experiencing homelessness have increased opportunities to participate in community life and to address the issues that may keep them homeless.
- People experiencing homelessness have increased well-being, self-esteem and self-efficacy.
- People experiencing homelessness and other community members experience an increase in community amenity.
- The number of people in Queensland without access to shelter will reduce over time.

2.1 This Evaluation

The following report outlines findings from a Strategic Impact Evaluation, conducted in Phase Three of the R2H Strategy.

The evaluation aimed to assess the extent to which the Strategy has improved coordination and has enhanced responses to homelessness, resulting in better service delivery, improvements in the lives of people experiencing homelessness, increased community amenity, and over time, a reduction of the number of people in Queensland who do not have access to shelter.

Outcomes of this Strategic Impact Evaluation will inform planning and future directions for responses to homelessness.

2.2 Report Structure

The Report is structured as follows:

Section Two – Introduction (this section)

Section Three – Methodology

Section Four – Policy and Research Context

Section Five - Strategy Overview

Section Six – Meta Data Review

Section Seven – Insights from Consultations

Section Eight – Comparative Case Study

Section Nine – Synthesis and Analysis

Section Ten – Conclusions and Future Directions

2.3 Report Limitations

The evaluation was conducted during a particularly 'live' policy, funding and governance context. Lead responsibility for R2H transferred from Department of Housing (DoH) to the Department of Communities (DoC). The release of the Australian Government's White Paper *The Road Home: A National Approach to Reducing Homelessness* in December 2008, established new national policy directions.

The Queensland Government is currently developing an Implementation Plan for the National Partnership Agreement on Homelessness to respond to these new priorities, outputs and performance benchmarks. Following the state election in March 2009, significant machinery of government changes were implemented, reducing 23 departments down to 13. Many of the participating agencies in this evaluation are now operating under new institutional arrangements, with DoC now leading housing and homelessness policy.

The policy and strategic context has therefore shifted significantly. The original questions the evaluation was required to respond to may not, now, have primary significance. New policy directions and performance requirements may suggest different questions for consideration, outside the scope of the original brief.

In recognition of this, the evaluation team has liaised closely with members of the HRG and evaluation managers during the last three months, to ensure emerging insights informed planning processes occurring in parallel.

The evaluation of strategic impacts and outcomes is limited by the lack of consistent and quality data collection and reporting systems. This challenge has been clearly documented in Phase One and Two evaluations attempting to demonstrate quantitative achievements, throughput and outcomes. In particular, there was a lack of longitudinal data that would illuminate individual pathways through the homelessness service system.

This evaluation invested significant time and resources in working with government data managers, program managers and services, to address these issues. However, the lack of available and robust data across the Strategy has limited quantitative evidence of strategic impacts and outcomes.

2.4 Note

The language used in this Report reflects the Queensland State Government structure current at the beginning of 2009. In March 2009, machinery of government changes were implemented. At this time, the report writing phase of this Strategic Impact Evaluation had already commenced. To maintain consistency with the Part A Interim Evaluation Report and the Evaluation Draft Report, the original language and naming of departments has been maintained.

However, we note the following specific changes:

- The Departments of Child Safety and Housing, Disability Services Queensland and the Indigenous Coordination Office, have joined the Department of Communities.
- Queensland Corrective Services has joined the Department of Community Safety.
- The Office of Fair Trading (previously the responsibility of Department of Justice and Attorney General) has joined the Department of Employment, Economic Development and Innovation.

3 Methodology

This evaluation aimed to assess the cumulative effectiveness of R2H in meeting outcomes according to the agreed Program Logic for the Strategy.

The focus was not on activities and throughput for individual services and initiatives. These issues were addressed in individual evaluations conducted during Phases One and Two of R2H.

The evaluation was structured in two parts:

- Part A (August – October 2008)
- Part B (November 2008 – April 2009).

This Report primarily documents findings from Part B of the Strategic Impact Evaluation. Refer to 2.2 for an outline of Part A and Part B activities.

3.1 R2H Program Logic

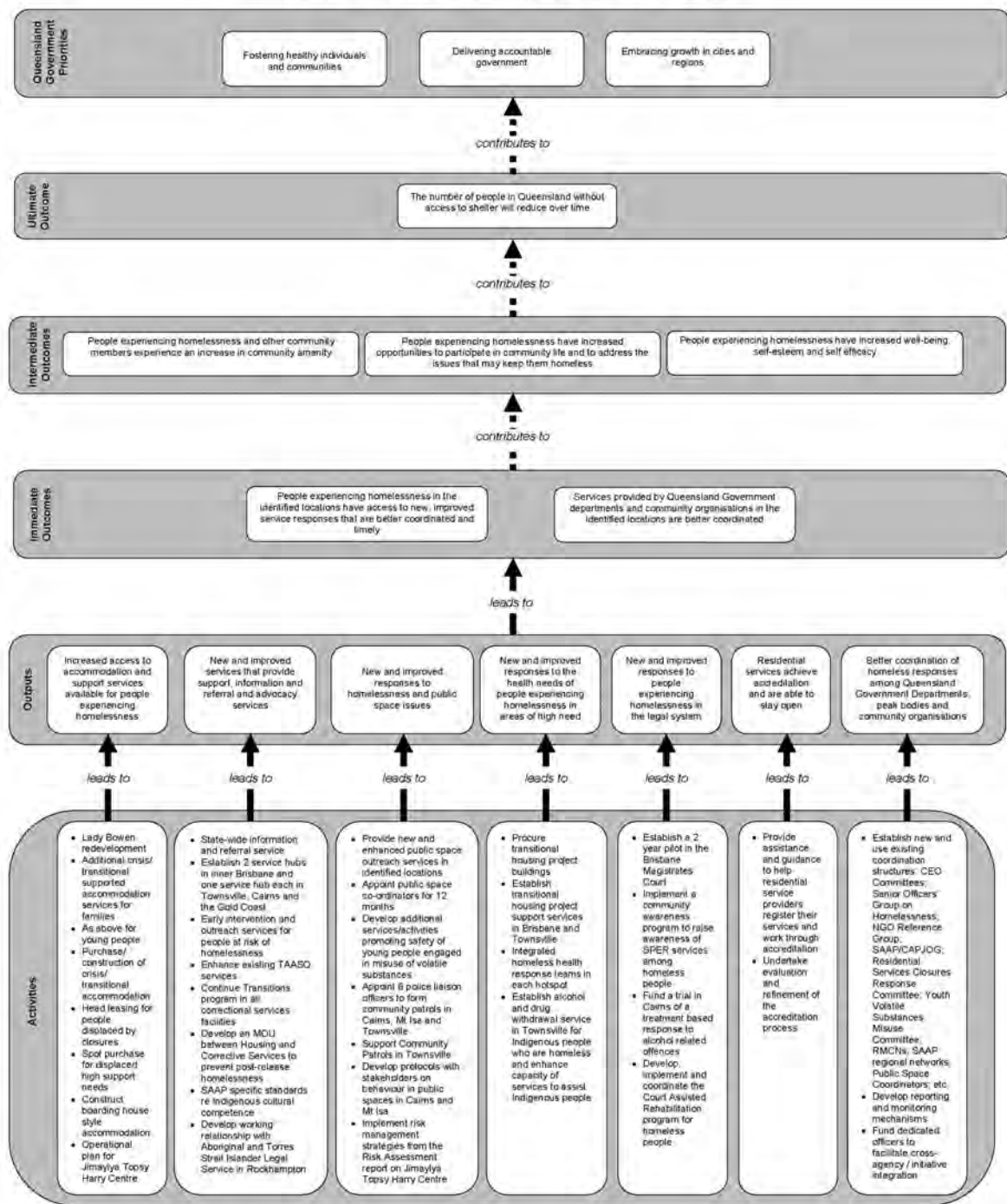
The evaluation methodology was informed by the overarching Program Logic, prepared as part of the initial development of R2H. The Program Logic is based on a hierarchy of outcomes to guide program planning, implementation and evaluation. It is structured as follows:

- *Ultimate outcomes* – impact on overall issue and ultimate goals; progress towards or away from jointly articulated goals.
- *Intermediate outcomes* – impacts, outcomes and achievements across strategic and institutional frameworks and partnership arrangements, and how the program contributes towards them.
- *Immediate outcomes* – impacts, outcomes and achievements in specific projects.
- *Outputs/activities* – models of service delivery and provision, and how these have been implemented.
- *Needs* – priority issues that the program must respond to, the evidence base and conceptual underpinnings for the program.¹

The hierarchy of outcomes is based on a theory of action that provides the underlying rationale linking program aims and objectives with component parts of the program.

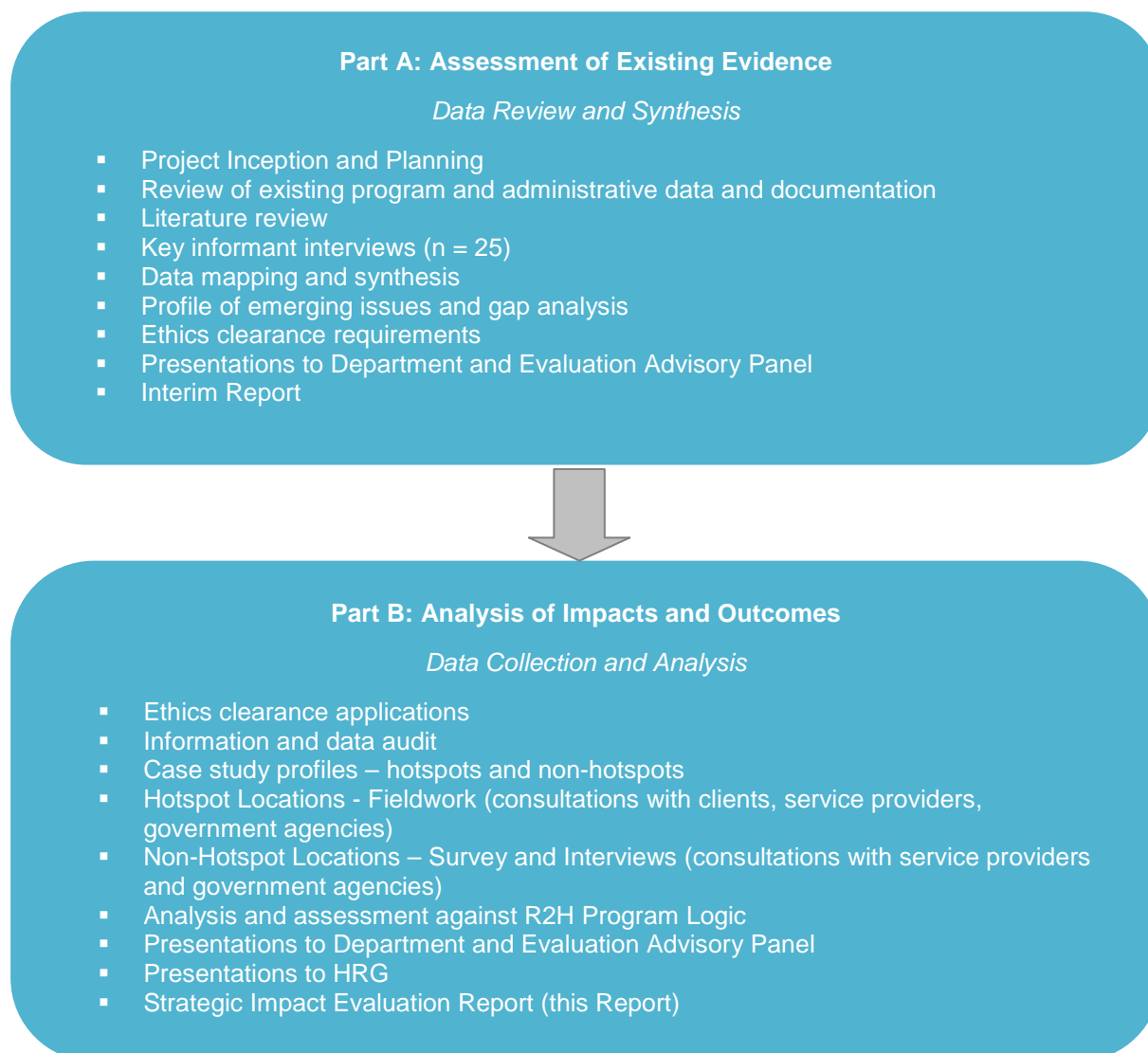
¹ The approved Program Logic for R2H Strategy did not identify 'Needs.' These were subsequently identified in consultation with stakeholders.

Figure 1 – Responding to Homelessness Program Logic Model



Notes
 Queensland Government Priorities: Responding to Homelessness, like all Queensland Government-funded initiatives, contributes to one or more of the Queensland Government's seven priorities.
 Ultimate Outcome: The initiative seeks to contribute to an overall decrease in the number of people without access to shelter in Queensland but due to external factors beyond the control of the initiative, the initiative, by itself, may not lead to this outcome. The difficulty of measuring this outcome is a separate but related issue.
 Intermediate Outcomes: The initiative seeks to contribute to these outcomes but may not, by itself, lead to them. The Evaluation Framework outlines success criteria and performance information for these outcomes that provide broad operational definitions for phrases such as "community amenity", "self-esteem", "community life" and "self efficacy".
 Immediate Outcomes: The initiative is intended to directly lead to these outcomes.
 Activities: Individual programs, created or enhanced by funding from Responding to Homelessness.
 "Leads to": Indicates that the initiative will have a direct causal impact on the outcomes and that the outcomes will be the criteria against which the initiative is assessed.
 "Contributes to": Indicates that the initiative plays a part in achieving the outcomes but the initiative, by itself, may not necessarily lead to the outcomes. This is due to the numerous external factors beyond the control of the initiative that may have an effect (such as wider population, economic and demographic changes, changes to Australian Government policies or programs). The evaluation will be concerned with the level and extent of the initiative's contribution to these outcomes.

3.2 Evaluation Approach



3.3 Detailed Outline of Part B Evaluation Activities

Part B Evaluation included the following components:

3.3.1 Ethics Clearance

Prior to the commencement of the fieldwork, ethics clearance applications were required as the research involved Queensland Health (QH) staff and clients experiencing homelessness. Ethics approvals were obtained for the hotspots and non-hotspot locations via the Queensland Human Research Ethics Committee.

This was an extensive and detailed process over four months, requiring submissions to eight separate ethics committees (QH and seven Health districts - Brisbane, Gold Coast, Townsville, Mt Isa, Cairns, Ipswich and Rockhampton). The process ensured a sensitive and appropriate method was adopted to protect the privacy and confidentiality of research participants, and to minimise the risk of harm from participating.

3.3.2 Information and Data Audit

The original evaluation methodology proposed a form of time series data analysis to explore trends over time. In response to the identified data limitations, it was agreed with the Evaluation Project Manager and the Evaluation Advisory Panel to commence Part B of the evaluation with a detailed information and data audit across government agencies, to assess the potential for data trends analysis.

This involved mapping available data sources from program reporting and action plans across the core agencies. A workshop with government agency data managers was conducted to test assumptions and develop strategies. Follow-up engagement with data managers was undertaken to refine the approach and formally request data.

Data was not available in consistent time periods (varying from monthly, to quarterly, to annual), data items were not consistent, and many reports of pre- and post-intervention data were incomplete (with post-intervention data most commonly incomplete). Comparative data availability was affected by the staggered roll-out of programs.

A number of methodological approaches were proposed to address the lack of consistent quality data. In consultation with the Evaluation Advisory Panel and the Evaluation Project Manager, it was agreed that the evaluation should request available data and conduct a meta analysis, to try and document trends over time. Quantitative data was additionally requested in all key informant interviews, surveys, and consultations in hotspot locations.

3.3.3 Fieldwork in Hotspot Locations

Fieldwork was undertaken in the five 'hotspot' locations identified in the strategy: Brisbane, the Gold Coast, Townsville, Cairns and Mt Isa. Consultations involved a series of government agencies, community organisations and interviews directly with homeless people to explore the local context and program-specific impacts and outcomes. Semi-structured questions were used in a variety of settings, including focus groups and interviews. Topics were structured to reflect on and illuminate the Program Logic evaluation questions.

People Experiencing Homelessness

A variety of approaches were used to engage people experiencing homelessness in a range of settings. This was discussed and agreed with services in each area, and the approach adapted according to local knowledge. Interviews with people experiencing homelessness were conducted in a variety of settings, including accommodation services, night shelters, information and advice services, and food services. One interview was conducted in the person's home. One focus group was undertaken with a small group of women experiencing homelessness.

Client interviews offer a rich source of qualitative data to consider alongside other perspectives. It should be noted, however, that all those interviewed were accessed via a service they were using (or had previously used). Their responses may therefore have been affected by that service experience.

- Interviews were conducted with 37 people experiencing homelessness across the 5 hotspot locations.
- There was an even gender spread with 54% of participants being male and 46% female.
- 11 participants (30%) were from an Aboriginal or Torres Strait Islander background.
- 15 participants (41%) were from Townsville, 9 (24%) were from the Gold Coast, 5 (13.5%) were from Brisbane, 5 (13.5%) were from Mt Isa, and 3 (8%) were from Cairns.
- The youngest participant was 18 years and the oldest was 77 years of age. A full age breakdown is outlined in the Table 1.

Table 1 – Age breakdown of interview participants

Age	%
25 years and under	30%
26-35 years	0%
36-45 years	44%
46-55 years	15%
56 years and over	11%

Fieldwork with people experiencing homelessness was conducted in accordance with approved ethical guidelines. Interviews were facilitated through service agencies and participants were self selecting. Those who participated are not a representative sample of the homelessness population.

Services and Agencies

In addition, workshops and interviews were conducted with a variety of government agencies and non-government service providers (including those not funded by R2H) in each location. Additional telephone interviews were conducted with those we were unable to meet with during our scheduled visits.

In total, 30 workshops and interviews involving 142 respondents were conducted across the five hotspot locations.

3.3.4 Comparative Case Studies – Non-Hotspot Locations

A comparative case study analysis was conducted in Ipswich and Rockhampton, to broadly examine the difference made by the implementation of R2H compared with two locations where additional services or coordination efforts were not introduced. The comparative case study analysis is primarily a qualitative assessment that draws on the perceptions of service system stakeholders.

Case study areas were selected in a desktop review of Socio-Economic Indexes for Areas (SEIFA) Index of Relative Disadvantage, dwelling and housing trends and housing stress. A range of potential locations were proposed to the Evaluation Project Manager and Evaluation Advisory Panel and assessed. Based on that advice, Ipswich and Rockhampton were confirmed as the two non-hotspot case study locations.

An initial desktop review was conducted to identify relevant services for each location. A Queensland Shelter contact in each location also provided us with email contacts from their homelessness networks. In total, email surveys were circulated to more than 60 services and agencies in the case study locations. Due to a low response rate (possibly because unfunded services did not identify an imperative to reply), a reminder email was sent and a number of follow-up telephone interviews were conducted. Finally, Regional DoH Area Managers in Ipswich and Rockhampton were engaged to assist with encouraging further participation.

A total of 21 responses were received, including 13 from Rockhampton and 8 from Ipswich.

3.3.5 Analysis against Program Logic

Outcomes from fieldwork were assessed in a series of structured internal workshops with the evaluation team. The workshops considered emerging analysis and assessed findings for internal consistency, robustness, and according to the agreed Program Logic.

Preliminary findings were presented to the Evaluation Project Manager, Evaluation Advisory Panel, and a working group from the HRG considering future directions for the Implementation Plan for the National Partnership Agreement on Homelessness.

3.3.6 Reporting

Part A of the Strategic Impact Evaluation was submitted to Evaluation Project Manager and Evaluation Advisory Panel in October 2008.

The Draft Strategic Impact Evaluation Report was submitted to the Evaluation Project Manager and Evaluation Advisory Panel in April 2009. This Final Report was developed from comments and feedback received.

3.3.7 Project Governance

The evaluation team worked closely with the Evaluation Project Manager throughout the project. This included meeting regularly to reflect on progress, timeline, delivery of milestones, and agree to next steps. The team also participated in regular Evaluation Advisory Panel meetings (five), including progress updates and profiles of emerging issues for discussion.

In addition, the evaluation team presented the evaluation approach to the then Senior Officers' Group on Homelessness in October 2008, and also presented to the HRG in January 2009.

The evaluators subsequently met members of the HRG for an interim briefing (13 March 2009), and participated in a further two hour workshop with members (19 March 2009) to share insights and preliminary findings from fieldwork.

4 Policy and Research Context

Headline Issues

- The profile of the Australian homelessness population is shifting with higher numbers of children, families and older people experiencing homelessness.
- Compared with other jurisdictions, Queensland has the second highest number of homeless people and the highest number of rough sleepers.
- SAAP data indicates that access to accommodation and support services for people experiencing homelessness has increased in recent years.
- The Queensland context is characterised by population growth, effects of the mining boom, under-construction of housing stock, rising rents, and the recent *one social housing system* reforms.
- Existing housing stress in Queensland will be greatly exacerbated by the current global financial crisis.
- Homelessness has increasingly become a high profile policy issue. This is demonstrated by the suite of new policies introduced at a Federal level in the past 18 months. The Australian Government *White Paper on Homelessness: The Road Home* and the *National Partnership Agreement on Homelessness* are two of the most significant policy developments.

In recent years, homelessness has become more prominent across national, state and local policy agendas. In the years leading to the development of R2H, homelessness was largely defined in terms of rough sleepers, public intoxication, space and safety issues. Since that time, homelessness has become understood as an increasingly complex issue, requiring sophisticated and joined-up initiatives that respond to the needs of people who are homeless. Early intervention approaches are also increasingly recognised as part of the continuum of policy and support responses to homelessness. Recent Australian Government policy and funding announcements strengthen the continuing focus on responding to homelessness.

4.1 Defining Homelessness

Homelessness is commonly defined in three levels:

- Primary homelessness refers to people without conventional accommodation (i.e. sleeping rough, squatting or using cars for temporary shelter).
- Secondary homelessness refers to people who move frequently from one form of temporary shelter to another (i.e. staying with friends and relatives, accessing specialist services/emergency accommodation services).
- Tertiary homelessness refers to people living in medium to long term housing below the minimum community standards such as people living in boarding houses or caravan parks.²

Some people experience homelessness only once, usually caused by a short term crisis or event. For others, homelessness is long-term and often experienced in repeated episodes. These people are more likely to be sleeping rough and to cycle through the support system.

The causes of homelessness are varied and complex. A shortage of affordable housing, poverty and structural disadvantage, family breakdown and domestic violence, unemployment, mental illness,

² Chamberlain C., and McKenzie, D., *Counting the Homeless Australia*, Australian Bureau of Statistics, Census, 2006

disability, drug and alcohol addiction, lack of tenancy management skills and leaving hospitals, mental health facilities, prisons and statutory care, all contribute to the level of homelessness in Australia.

4.2 Demography and Profile

4.2.1 National profile

The 2006 Census identified 104,674 homeless people across Australia.

- The highest proportion of homeless people in Australia were living with friends and relatives, followed by boarding houses, then SAAP accommodation, and sleeping rough.
- Just over three quarters of the homeless population were single people.
- The highest proportion was in the age bracket 12-18 years old (21%).
- The proportion of homeless people aged 12-18 years is decreasing while there are increasing numbers of children, families and older people experiencing homelessness.
- The predominance of males increased for those over the age of 35 (over 60% are men).
- Those aged between 12 and 18 years are more likely to be female (54%).³
- Males predominate as boarding house residents (72% of the total boarding house population).
- Females slightly predominate in use of SAAP services (53% of the total SAAP population).
- For women, domestic and family violence is the primary cause of homelessness.
- Indigenous people are more likely than other Australians to experience homelessness.

4.2.2 Queensland profile

The 2006 Census data reveals that Queensland has the second highest number of homeless people after New South Wales. In comparison, the ACT, followed by Tasmania, has the lowest number of homeless people.

Table 2 – Homeless people by State and Territory

	NSW	VIC	QLD	WA	SA	TAS	NT	ACT	Aust.
2006	27,374	20,511	26,782	13,391	7,962	2,507	4,785	1,364	104,676

Queensland also has the second highest rate of homelessness per 10,000 of the population, after the Northern Territory (by far the highest rate of homelessness). New South Wales, Victoria and the ACT all have the lowest rate of homelessness per 10,000 of the population.

Table 3 – Rate of homelessness per 10,000 of the population (States and Territories)

	NSW	VIC	QLD	WA	SA	TAS	NT	ACT	Aust.
2006	42	42	69	68	53	53	248	42	53
2001	42	44	70	64	52	52	288	40	53
Difference	nil	-2	-1	+4	+1	+1	-40	+2	nil

³ Chamberlain C., and McKenzie, D., *Counting the Homeless Australia*, Australian Bureau of Statistics, Census, 2006

The 2006 Census Data indicates that while the actual number of homeless people in Queensland has increased by 9% the rate of homelessness per 10,000 of the population has slightly decreased (by a rate of 1 per 10,000). The number and rate of homeless young people in Queensland has decreased as has the number of marginal residents of caravan parks.

Table 4 – Homeless people in Queensland, 2001/06

	2001	2006
Number of homeless people	24,569	26,782
Rate per 10,000	70	69

Examples of subgroups:

Number of homeless youth (12-18 years)	6,381	4,469
Rate per 10,000 of homeless youth (12-18 years)	18	11
Marginal residents of caravan parks	7,989	6,385

Table 5 – Number of persons in different sectors of the homeless population, Queensland

	2001	2006
Boarding Houses	5,346 (22%)	5,356 (20%)
SAAP Accommodation	2,285 (9%)	3,214 (12%)
Friends and Relatives	13,069 (53%)	13,123 (49%)
Improvised Dwellings and Sleepers Out	3,869 (16%)	5,089 (19%)
Total	24,569 (100%)	26,782 (100%)

In Queensland in 2006, there was a slightly higher proportion of homeless people in accommodation managed by SAAP-funded services and in improvised dwellings and sleepers out compared with 2001. In 2006, there was a slightly lower proportion of homeless persons living with friends and relatives and in boarding houses, although these categories were still the most significant sources of accommodation, at 49% and 20% respectively.

A detailed analysis of homelessness in Queensland has been undertaken by Chamberlain and McKenzie, expanding on their analysis of the 2006 Census. At the time of writing, this was not publicly available. This additional detailed analysis will provide useful baseline information when publicly released.

4.3 Service Provision

An analysis of Australia-wide SAAP data indicates that access to accommodation and support services for people experiencing homelessness has increased in recent years. In Queensland, SAAP provisions have also increased.

Over the last five years, the average length of time spent in specialist homelessness services has increased from 33 days to 50 days. Approximately 12% of SAAP clients have three or more periods of support every year.⁴

⁴ Australian Government, *White Paper on Homelessness: The Road Home: A National Approach to Reducing Homelessness*, December 2008

4.4 The Queensland Context

In Queensland, rapid population growth, effects of the mining boom and recent under-construction of new housing stock, have created low vacancy rates and upward pressure on housing costs.

In recent years Queensland has seen a shortfall in housing construction, which is expected to continue into the future. Queensland also has a relatively low proportion of social housing (3.5% of housing stock) compared with the national average of 5%⁵.

Existing housing stress in Queensland will be greatly exacerbated by the current global financial crisis. The resulting economic downturn threatens to affect economic activity in Queensland (for example, mining and tourism) and create rapidly rising unemployment, mounting credit card debts, mortgage and rent defaults, lease abandonment, increase in homelessness and demand for housing assistance.⁶ The crisis is likely to have a considerable impact on the most disadvantaged members of society as well as increasing the number of low and middle income earners facing severe financial stress and needing assistance. Demand for affordable accommodation options is likely to rise and greater pressure will be put on social services including homelessness services.⁷

In 2005/06 the social housing sector in Queensland began undergoing dramatic changes with the implementation of the *one social housing system*. The *one social housing system* reform represents significant systemic changes with the intent of bringing together all forms of housing assistance to operate in a cohesive and coordinated manner. This has implications for the way people experiencing or at risk of homelessness access social housing and other housing assistance. The *one social housing system* aims to better integrate Public, Aboriginal and Torres Strait Islander and Community housing providers and relates to all products, services and programs funded by the Queensland Government. Assistance is given with priority for clients with high and complex needs, for the duration of a person's need, based on standard assessment processes. Greater emphasis is given to connecting clients to support services and assisting clients leaving social housing.

R2H operates within the social policy context of *Toward Q2: Tomorrow's Queensland*, whereby the state government has framed its 2020 vision for Queensland around five ambitions that address current and future challenges – Strong, Green, Smart, Healthy and Fair.

4.5 National Policy Developments

Recent announcements by the Australian Government, coupled with recent economic events, have strengthened the focus on housing and homelessness as a key policy priority. This is evident by the suite of new policy developments introduced in the past 18 months. The Australian Government's *White Paper on Homelessness: The Road Home* and the *National Partnership Agreement on Homelessness* are two of the most significant policy developments. (These are discussed in greater detail in the section below). Other important initiatives include:

- *The National Affordable Housing Agreement (NAHA)* – The NAHA was introduced on 1 January 2009 and includes measures at the Federal, State and Local Government levels that contribute to housing affordability.
- *The National Partnership Agreement on Social Housing* – the Australian and State and Territory Governments have committed to a National Partnership Agreement on Homelessness (NPA) on Social Housing, commencing 1 January 2009. Under this NPA the Commonwealth is providing \$400 million over two years for capital investment for social housing. The States will increase the

⁵ Queensland Shelter Inc, *Queensland Shelter's 2009/2010 Pre-Budget Submission*, 2009

⁶ Queensland Council of Social Service Inc, *Social Impacts of the Global Financial Crisis in Communities in Queensland*, February 2009

⁷ Access Economics, *The impact of the global financial crisis on social services in Australia*, Australian Online Policy, December 2008.

supply of social housing through new construction of 1600 to 2100 additional dwellings by 2009/10.

- *A Place to Call Home* – This program, which commenced in July 2008, provides \$150 million over five years to States and Territories to create 600 new homes for those who are homeless.
- *The National Rental Affordability Scheme* – NRAS aims to stimulate the supply of up to 50,000 new affordable rental dwellings.
- *The Housing Affordability Fund* – the HAF will invest up to \$512 million over five years to lower the cost of building new homes.

In February 2009, the Australian Government announced a \$42 billion Nation Building and Jobs Plan designed to respond to the impacts of the global financial crisis. The economic stimulus package has taken steps to prevent an increase in homelessness by supporting employment and economic growth. Initiatives relate to household energy efficiency, school building construction, new social and defence homes, cash payments, business investment tax breaks, and community infrastructure projects. It is anticipated that stimulus initiatives will provide a boost of around ½ per cent of GDP in 2008-09 and around ¾ per cent to 1 per cent of GDP in 2009/10.

4.5.1 White Paper on Homelessness: *The Road Home*

The White Paper on Homelessness, *The Road Home*, was released in December 2008 and commits the Australian Government to injecting an additional \$1.2 billion in funding to address homelessness over four years. The White Paper outlines a plan for reducing homelessness in Australia by 2020, with specific goals to halve overall homelessness and to provide accommodation to all rough sleepers who seek it.

The proposed response to homelessness will be implemented through three strategies: *Turning off the tap* (better prevention of homelessness), *Improving and expanding services* (to assist a greater number of homeless people), and *Breaking the cycle of homelessness* (by providing long term housing and support).

The key interim targets for 2013 are:

- Overall homelessness reduced by 20%.
- Primary homelessness reduced by 25%.
- The proportion of people seeking specialist homelessness services more than three times in 12 months reduced by 25%.

To track progress, the White Paper proposes that a number of interim targets for 2013 be developed with the States and Territories, relating to:

- Engaging with employment, education and training
- People exiting care and custodial settings into homelessness
- Families maintaining sustainable housing following domestic violence
- People exiting social housing and private rental accommodation into homelessness
- Young people having improved housing stability and engagement with family, school and work
- Children being provided with additional support and engaged in education
- Families receiving financial advice, counselling and/or case management
- The provision of legal services.

4.5.2 National Partnership Agreement on Homelessness

The National Partnership Agreement (NPA) on Homelessness outlines how the Australian Government and States and Territories will work together to reduce homelessness by 2013. The Agreement aims to contribute to the following outcomes:

- Fewer people will become homeless and fewer of these will sleep rough.
- Fewer people will become homeless more than once.
- People at risk of or experiencing homelessness will maintain or improve connections with their families and communities, and maintain or improve their education, training or employment participation.
- People at risk of or experiencing homelessness will be supported by quality services, with improved access to sustainable housing.

The Agreement proposes to improve service provision and coordination, engagement with education, legal services and workforce development and to connect outreach programs with long-term housing and health services. Action plans will focus on assistance in areas identified as having high rates of homelessness. Priorities are given to the demographic cohorts of older people, substance users, those with mental illness, young people, and women and children experiencing domestic violence.

The Agreement sets out national performance indicators and benchmarks for 2013, relating to;

- Reducing the overall number of homeless people
- Reducing the number of Indigenous homeless people
- Reducing the number of Australians sleeping rough
- Reducing the number of people released from institutions into homelessness
- Reducing the number of people moving from social and private rental housing to homelessness
- Reducing the number of presentations at emergency services.

The Homelessness NPA payment provides recurrent funding of \$800 million over four years – \$400 million of Australian Government funding that will be matched by States and Territories. A breakdown of funding is outlined in the following table.

Table 6 – National Partnership Funding

Year	Australian Government Contributions	State and Territory Contributions
2009/10	\$71.1 million	\$ 75.0 million
2010/11	\$ 102.5 million	\$ 105.0 million
2011/12	\$ 107.5 million	\$ 110.0 million
2012/13	\$ 107.5 million	\$ 110.0 million
Australian Government Own Expenditure	\$11.4 million	

5 Strategy Overview

Headline Issues

- R2H involves 32 initiatives implemented across the Program Logic output areas by a range of government departments in partnership with the NGO sector.
- R2H has been informed by a number of evaluations conducted throughout the first two phases of implementation. These indicate:
- Implementation of R2H initiatives generally proceeded to plan. Implementation hindrances were attributed to delays in capital works, problems with staff recruitment and the lack of regional and NGO involvement.
- Initiatives have effectively targeted the high/chronic end of homelessness, addressed important service gaps, expanded entry points to the system and facilitated a positive policy shift.
- At the central policy level R2H strengthened cross-departmental collaboration and engaged new agencies, however gaps with departmental involvement were identified.
- Regional coordination relied on pre-existing structures, however, R2H acted as a catalyst for strengthening and expanding these structures. The extent of integration varied significantly across the hotspot locations. The importance of dedicating explicit resources to regional coordination was a consistent theme.
- Positive outcomes (largely anecdotal) have been achieved including improved tenancy sustainability, improved health status of homeless people, improved experiences in public spaces, and clients making progress towards addressing the underlying causes of their homelessness.
- Brokerage funding, outreach, early intervention and mental health services were seen as important to achieving positive outcomes.

In June 2005, the Queensland Government committed \$235.5 million in funding over four years for the development of a coordinated response to homelessness and public intoxication. R2H involves complex initiatives implemented by a range of government agencies and the Non-Government Organisations (NGO) sector. In total, the Strategy involves the implementation of 32 projects across several government departments (originally seven departments but currently five after machinery-of-government changes). The Strategy was originally led by DoH. In January 2009 the lead agency role was transferred to DoC. Projects for each department are outlined in Appendix D.1. A number of projects are implemented in partnership across agencies.

5.1 Program Logic Outputs

The 32 implemented projects correspond with the output areas of the Program Logic as follows:

5.1.1 Increased Access to Accommodation and Support Services for People Experiencing Homelessness

Eight projects were delivered under this component of R2H. DoH is lead agency for four of these projects while DoC is lead agency for three. The projects include:

- Enhancements to Community Rent Scheme (CRS) including spot purchase of existing properties.
- Enhancements to Community-managed Housing—Studio Units (CMHSU).

- Redevelop the Lady Bowen complex (Roma House).
- Enhancements to Crisis Accommodation Program (CAP).
- Six new and eight enhanced crisis accommodation services.
- Eleven homelessness early intervention services.
- Five new and one enhanced medium-term accommodation services for young people.
- Five new service hubs for homeless people (two in Brisbane, one in Cairns, one on the Gold Coast and one in Townsville).

5.1.2 New and Improved Services that Provide Support, Information, Referral and Advocacy for People Experiencing Homelessness

Five projects were delivered under this component of R2H. DoH is lead agency for two of these projects, while DoC is lead agency for three. The projects include:

- Enhancing Tenancy Advice and Advocacy Service (Queensland) (TAAS (Q)) services.
- Brokerage Funding for service hubs for homeless people.
- Eleven homelessness early intervention services.
- Five new service hubs for homeless people (two in Brisbane, one in Cairns, one on the Gold Coast and one in Townsville).
- Homeless Persons Information Queensland (HPIQ).

5.1.3 New and Improved Responses to Homeless People and Public Space Issues

Six projects were delivered under this component of R2H. DoC is lead agency for five of these projects while Queensland Police Service (QPS) is lead agency for one. The projects include:

- Appointment of Public Space Coordinators for 12 months.
- Two new and five enhanced services addressing volatile substance misuse.
- Five enhanced public intoxication and public space services.
- Intoxication in Public Places Joint Response Agreement (JRA).⁸
- Risk management strategy and operational plan for Jimaylya Topsy Harry Centre.
- Appointment of six Police Liaison Officers (PLO), including two in Townsville, two in Mt Isa and two in Cairns.

5.1.4 New and Improved Responses to the Health Needs of People Experiencing Homelessness

Four projects were delivered under this component of R2H. QH is lead agency for all four projects, including:

- Homeless Health Outreach Teams (HHOT).
- Mental Health Transitional Housing Program.

⁸ 11 departments were signatories to JRA and each had different responsibilities. DoC facilitated the development of Local Level Agreements via the Public Space Coordinators, but was not solely responsible.

- Alcohol, Tobacco, and Other Drug Services.
- Dual Diagnosis Project.

5.1.5 New and Improved Responses to People Experiencing Homelessness in the Legal System

Four projects were delivered under this component of R2H. Department of Justice and Attorney-General (JAG) is the lead agency for two of these projects, while DoH and DoC are each responsible for one. These projects include:

- Homeless Persons Court Diversion Program Pilot.
- State Penalties Enforcement Register (SPER) Community Liaison Program.
- Cairns Alcohol Remand and Rehabilitation Program.
- Memorandum of Understanding between Department of Housing and Queensland Corrective Services.

5.1.6 Residential Services Achieve Accreditation and are Able to Stay Open

One project was delivered under this component of R2H with JAG as the lead agency.

- Assistance and guidance to help residential service providers to register their services and work through the accreditation process.

5.1.7 Better Coordination of Homeless Responses among Queensland Government Departments, Peak Bodies and Community Organisations

A range of mechanisms and committees were established to manage and support implementation and coordination of R2H. These include:

- The Chief Executive Officers (CEO) Sub-committee on Homelessness (with Reference to Public Intoxication)
- The Senior Officers Group (SOG) on Homelessness
- State Homelessness Cabinet Budget Review Committee (CBRC) Initiatives Implementation Steering Committee
- Responding to Homelessness Reference Group
- Evaluation Working Group
- Evaluation Advisory Panel
- The Regional Managers Coordination Networks (RNCM).

For a detailed outline refer to Appendix D.2.

5.2 Evidence from Previous Evaluations

R2H has been informed by evaluations conducted throughout implementation.

The Phase One evaluation is:

- A Mid-Term Review of the Queensland Government's Response to Homelessness by the University of Queensland, 2007.

Phase Two Evaluations of the Strategy include:

- An Evaluation of the Homeless Persons Court Diversion Program Pilot by Creative Sparks, 2007.
- An Evaluation of the Strategy funded PLO Community Patrols by the Queensland Police Service, May, 2008⁹.
- An Evaluation of the Queensland Health Homelessness Initiative by the University of Queensland, 2008.
- An implementation evaluation of the Department of Communities' Responding to Homelessness initiatives by the Strategic Impact Evaluation and Research Branch, Department of Communities (preliminary findings), 2008.
- An evaluation of the Department of Communities' Responding to Homelessness initiatives by Queensland University of Technology (QUT) (preliminary findings), 2008.
- An evaluation of the Department of Housing's contribution to Responding to Homelessness by Urbis, 2008.

Findings from these evaluations are summarised below. See also Appendix D.3 for a detailed matrix of findings from Phase 1 and 2 Evaluations.

5.2.1 Findings

Throughputs

R2H initiatives have assisted a significant number of clients – the 7 DoC initiatives assisted a total of 18,707 clients in the March 2008 quarter, the PLOs made 4,257 total contacts between 1st June and 30th July 2007, and the Homeless Persons Court Diversion Program assisted 215 clients between May 2006 and September 2007. Data illuminates statistics for particular points in time and does not provide a comprehensive picture of throughputs or an analysis of changes over time.

Much of the data in the previous evaluations relates to demographic characteristics of clients (PLO Evaluation, Homeless Persons Court Diversion Program Evaluation, and DoH Stage 2 Evaluation) and referral information (QUT Evaluation, PLO Evaluation, DoH STAGE 2).

There is limited data that illustrates effectiveness or outcomes; however, data cited shows:

- Homeless Persons Information Queensland (HPIQ) may be a good first point of contact for clients who need simple, low level of assistance with 80% of calls being identified by staff as people looking for short-term accommodation or seeking basic information.
- The Transitional Housing Programs have positively impacted on client's housing status with 46% exiting into long-term housing (private rental, public housing, and long-term community housing).
- The Brisbane Transitional Housing Program has improved the health status of clients – a sample of clients revealed 100% had spent time in hospital for an average of 53.4 days prior to contact with the service and 48% had spent time in hospital for an average of 15.1 days after having exited the program.
- A sample of Community Rent Scheme reports shows between 44% and 77% of public housing offers were accepted, indicating the necessity to better match housing provision with client needs.

⁹ This Report contains general information only. The QPS in providing this information makes no representations nor does it give any warranty or guarantee concerning the use to which this information is put other than its intended purpose. Statistics represented in this report are recorded and maintained from the duty log at District level for each of the areas. They are therefore unable to be centrally recorded and centrally verified as correct and are not official QPS statistics. Caution is advised when interpreting these statistics and related information.

- A sample of Community-Managed Housing - Studio Units (CMHSU) services over 3 reporting periods shows an increase in households assisted over time.
- Short periods of tenancy arrears for CMHSU clients, suggests the program helps with debt reduction.
- As at 14th May 2008, 225 Roma House tenants had exited to secure accommodation.

Implementation

Previous evaluations acknowledge that the scope of the Strategy required significant effort and the timeframes for implementation were challenging. Generally, the implementation of initiatives proceeded to plan. Many initiatives were implemented without significant delay and are operating as originally intended.

In some instances, implementation hindrances were attributed to delays in capital works with problems with sourcing and purchasing properties, and the timeliness of construction. For other initiatives, such as the Health Homelessness Initiative, the recruitment of suitably qualified staff has hindered implementation. One DoC initiative also had problems with contracting an appropriate organisation to deliver the service.

A number of evaluations suggested that implementation problems may have stemmed from a lack of regional and NGO involvement in pre-implementation planning and the lack of capacity building and sector preparation. The QUT Place Based Network Analysis asserts that a high level of dialogue at the implementation stage leads to a better articulation of roles and capacities and assists to smooth over tensions.

Coordination

R2H engaged new government agencies in homelessness policy and strengthened relationships between key departments to deliver a more complex, holistic response. A number of evaluations identified the lack of involvement of some departments (for example, Disability Services Queensland (DSQ) and Department of Child Safety) as an oversight.

A complex set of coordination structures and processes are associated with the Strategy. Numerous evaluations suggested that sustaining a high level of strategic oversight and coordination through these mechanisms was not always achieved. Some meetings and committees experienced diminished momentum, irregular attendance, and instability of membership. It was also noted that effective communication between the strategic policy and regional service delivery domains could be improved.

At the regional level, R2H was seen as strengthening relationships and integration within and across the government and NGO sector. Numerous examples of coordination were cited, including information sharing, co-location, case coordination, development of mechanisms such as memorandums of understanding, education and training sessions, and improved referral pathways.

Regional coordination relied on pre-existing structures and networks, however, R2H acted as a catalyst for improving and expanding these structures. The introduction of new players into existing networks offered prospects of new connections, innovation and dynamism. At the same time, new service providers created competition for funding, and perceived differences in funding allocations and employment conditions to new players created disconnects between established and newer services.

The processes and extent of integration was found to vary significantly across the hotspot locations due to capacity, level of sector development, and specific locational and structural features of the homeless populations. The QUT Place Based Network Analysis indicates that the level of integration developed should be fit for purpose and match the context and service requirements of the individual service system.

The importance of dedicating explicit resources to regional coordination was a consistent theme. Nearly all the previous evaluations highlight the positive impacts of initiatives especially designed and funded to undertake coordination (e.g. Service Hubs for Homeless People, HPIQ, Public Space Coordinators, Health Homelessness State-wide Coordinator). Further, the lack of ongoing funding for involvement of service providers in the Homeless Persons Court Diversion Program and the withdrawal

of the Public Space Coordinators from the hotspot locations were both seen as being detrimental. The QUT Place Based Network Analysis found that in the hotspot locations, a core group of organisations generally provided the bulk of coordination and there was a need to alleviate pressure on these organisations.

Although some examples of interagency projects with the private sector were cited and it was acknowledged that non-government organisations have made attempts to engage with the private sector, the level of involvement and interaction remains low and requires improvement. Strong interaction between mainstream services and specialist homelessness services also needs to be facilitated.

Effectiveness

Initiatives were thought to be effective in the following ways:

- Some initiatives were found to be meeting their overall aims.
- Some initiatives were operating at capacity and meeting the needs of a high number of clients.
- Some initiatives were effectively assisting clients with high and complex needs, and assisting to improve their personal circumstances.
- Some initiatives were effectively targeting the chronic/high end of homelessness as intended.
- Some initiatives were effectively addressing important gaps and meeting the needs of those who were previously excluded from the service system.
- Some initiatives were effectively facilitated a positive policy shift in homelessness responses.

Outcomes

- **Increased access to accommodation and support services**

R2H has resulted in a general increase in the volume of accommodation available in the hotspot locations. The additional funding, introduction of new services, and enhancement of existing services has assisted to reduce pressure on the existing system. The new resources have enhanced the capacity of service providers to respond to a greater number of clients. There are indications that positive client outcomes are being achieved, for example sustained tenancies for clients with high needs and those experiencing long-term or recurring homelessness. Brokerage funding was seen as important to achieving successful outcomes. Brokerage funding has been used flexibly and is effective in providing support beyond one-off emergency relief and in supporting transitions into stable accommodation.

- **New and improved support, information, referral and advocacy services**

R2H has enabled the provision of a more comprehensive suite of programs, expanded the number of entry points into the service system, plugged previously existing gaps, and facilitated new pathways for clients between different types of services. Outreach has shifted the service model to be more client-centric and provide different access points. The availability of free calls to HPIQ has allowed clients safe and more immediate access to information and services. HPIQ has also acted as a connector between clients and services where previously there was a need for agencies to use resources to identify a client's whereabouts. Early intervention services were universally regarded as important and providing positive contributions. The three different operating Service Hubs for Homeless People were seen to be successful in their role and to demonstrate the benefit of different model options to accommodate local circumstances.

- **Homelessness and public space issues**

PLO's are facilitating access to a range of services and assisting people to address the underlying causes of their homelessness, for rough sleepers and those using public spaces. Anecdotal evidence and watch-house logs suggest there has been a decrease in the arrest rates for homeless people in

Cairns and Mount Isa.¹⁰ PLOs have also contributed to a decrease in the level of public drunkenness and made progress in diffusing conflict and anti-social behaviour. Anecdotal evidence also suggests that the safety of intoxicated people has been enhanced and that there is an increased perception of public safety. Within Police Districts there is a greater awareness of alternative means of dealing with homeless people in public spaces.

Community Patrols to address public intoxication were considered positive, as they shifted the response from a legalistic one, to one that was more grounded in a health and social welfare framework.

- **New and improved responses to the health needs of people experiencing homelessness**

The QH Homelessness Initiative has expanded the delivery of and access to mental health, drug and alcohol and other health services in the hotspot locations. Clients receive more regular clinical treatment, and their mental illnesses are more accurately assessed and better monitored. The initiative has overcome access barriers to mental health services by providing more streamlined and integrated access through outreach focus of the Homeless Health Outreach Team (HHOT) model. The initiative has also improved client's personal circumstances and provided opportunities for them to address the issues which may keep them homeless. HHOT early intervention has reduced the onset of acute episodes and the need for hospitalisation. There are indications of improvements in the health conditions and longer-term housing status of clients.

- **People experiencing homelessness in the legal system**

The Homeless Persons Court Diversion Program is successfully diverting homeless people charged with public space offences to health, accommodation and other relevant services. Homeless people involved in the Court are receiving fewer fines and incarceration is less likely. There is early indication that people are making significant progress in addressing the underlying causes of their offending behaviour.

Factors Contributing to Success

The following factors were identified as contributing to the success of R2H initiatives:

- The introduction of new, innovative service delivery models.
- The contributions of the non-government sector.
- Dedicated resources and positions established to support and coordinate initiatives.
- The experience, skills, expertise and commitment of staff.
- The establishment and maintenance of networks and partnerships.

Barriers to Success

The following barriers were identified:

- High levels of demand and service capacity issues.
- The challenge of responding to the changing demographic of clients.
- The challenge of dealing with the high and complex needs of the target demographic.
- Rapid population growth in Queensland driving housing demand and affordability stress.
- Overall shortage of affordable housing -high rents, low vacancy rates and the decline in public housing stock.

¹⁰ An Evaluation of the Strategy funded PLO Community Patrols by the Queensland Police Service, May, 2008. Statistics represented in this report are recorded and maintained from the duty log at District level for each of the areas. They are therefore unable to be centrally recorded and centrally verified as correct and are not official QPS statistics. QPS have advised caution when interpreting these statistics and related information.

- Lack of ongoing case management and long-term support to assist clients in maintaining tenancies.
- Workforce development issues – recruiting and maintaining suitably qualified staff and accessing homelessness specific training in regional areas.
- Data collection, administration systems and reporting inadequacies.
- Inflexible service criteria boundaries.

6 Meta Data Review

Headline Issues

- Overall, there are significant data gaps and inconsistencies. Data across Government departments is mismatched and not comparable. The completion rates of some reports are low and there are often considerable delays and disconnects in data availability.
- Data that is available generally shows positive trends and client outcomes for R2H initiatives.
- Data also indicates improved collaboration and coordination between some services.
- Limited housing stock and exit points are key barriers for successful outcomes.
- Data is generally focused on activities and throughputs and is less relevant for evaluating progress against the higher order outcomes in the R2H Program Logic.
- Data regarding post-intervention outcomes and detailed longitudinal and follow-up data is also lacking.

Part A of the Strategic Impact Evaluation of the R2H Strategy identified several limitations and gaps in the available data. In November 2008 Urbis consulted with data managers in relevant government departments, to identify potential sources of data and to assist interpretation. While there are still significant gaps in data to evaluate progress against the higher order outcomes in the Strategy's Program Logic, we analysed available data and extracted insights as follows.

6.1.1 Department of Communities

Main data sources provided by DoC include:

- Supported Accommodation Assistance Program (SAAP) Data: 28 SAAP annual reports, which were available for the 2007-08 financial year.

The SAAP National Data Collection Agency is part of the Australian Institute of Health and Welfare. The Agency manages the SAAP National Data Collection which consists of three distinct components, each of which can be thought of as a separate collection - the Client Collection, the Administrative Data Collection and the Demand for Accommodation Collection.

- Periodic Performance Reports: quarterly reports of 31 R2H funded services between 2006 and 2008 were provided. There were low completion rates for services funded by the Strategy, which is partly explained by the phased roll-out of services, but also indicates an ongoing challenge in collecting data.
- Homeless Persons Information Queensland (HPIQ): This section was extracted from the previous Department of Communities report¹¹ of 2007-08 HPIQ data.

¹¹ Data obtained from *Implementation Evaluation of the Responding to Homelessness Strategy* (the Department of Communities, December 2007).

6.1.2 Department of Housing

Data concerning Community Rent Scheme and Community-managed Housing - Studio Units (CMSU) provided by DoH includes:

- Community Rent Scheme: monthly reports of 16 service providers in June 2006, 2007 and 2008.
- Community-managed Housing - Studio Units: boarding house program quarterly performance reports of July to September Quarter 2006, 2007 and 2008.

6.1.3 Queensland Health

Data relating to Homeless Health Outreach Team (HHOT), Transitional Housing and hospital bed-days provided by QH includes:

- Homeless Health Outreach Team: monthly reports between May 2007 and October 2008.
- Transitional Housing: monthly reports between May and October 2007, between January and October 2008 (except for March, April and September 2008). This also includes bed-days information for all clients that have used the Townville program since December 2006.

6.1.4 Department of Justice and Attorney-General (JAG)

The Homeless Persons Court Diversion Program established an Access database in late 2006 and has collected information from 500 clients. Information includes basic demographic information, court appearances (when they accessed the Court, sentencing outcome, when the matter was finalised etc) and previous criminal history.

The database is linked with other courts and Queensland Wide Interlinked Courts (QWIC). It is based on the HART 4000 database and collects the same measurements including demographic data (gender, age, homeless status, offences committed), health status, accommodation status, employment status, and referrals to and from the court. The exit information regarding the same measurements are not collected in this database. Therefore, it is difficult to assess impacts and outcomes regarding accommodation, health and employment.

As the database is active and has up to date information on offending behaviour and sentencing before and after contact with the Court, it is possible to compare recidivism and longitudinal offending behaviour before and after Court intervention.

6.2 Data Analysis

6.2.1 SAAP National Data Collection National Reports

For the period July 2007 to June 2008, yearly reports were provided on 28 SAAP funded services from the National Data Collection Agency (NDCA)¹². Detailed data from these 28 services are reported and analysed in Appendix E.1.

Key performance indicators include:

- Number of clients assisted.
- Source of referrals.
- Referrals to other services.

¹² SAAP is a Commonwealth-state program that provides supported accommodation and related services to assist people who are homeless or at risk of homelessness. SAAP data is not collected for all services funded under the Strategy (e.g. public intoxication services).

- Turn-away data/unmet needs.
- Accommodation status before and after support.
- Main source of income before and after support.
- Labour force status before and after support.
- Student status before and after support.

What We Learned

In 2007-08, there were 5,158 clients assisted by 28 R2H funded services, including crisis/short-term accommodation services, early intervention services, support services, Service Hubs for Homeless People, and medium-term/multiple/combined accommodation and support services for young people. A further breakdown of clients assisted by service type is provided in Appendix E.1.1.

- Apart from self-referrals, the majority of clients were referred by non-government organisations and SAAP workers.
- Most of the clients' needs were met within services (80%), 20% of clients were referred to other services.
- The turn-away data/unmet needs reveal that, for the 28 services analysed in 2007-08, 470 clients were not offered accommodation. Most common reasons were insufficient accommodation available (33%) and type of accommodation requested not available (33%).
- Fewer clients lived in unstable accommodation (impoverished dwelling/car/tent/squat and in the street/park/open), but there was no indication of them moving to stable long-term accommodation – the proportion of house/flat remained the same and the proportion for both boarding house and hostel/motel/hotel slightly increased.
- In total, the financial situation of clients improved after support. Fewer people lived without income, more people got full-time jobs and the unemployment rate decreased. However, more than half of clients were not in the labour force and nearly 80% of people relied on pensions or other social benefits.

6.2.2 Periodic Performance Quarterly Reports

Available data allowed analysis of data for three services¹³ for the quarter July to September, 2006 to 2009 and for seven services¹⁴ for the same quarter for 2007-09. Key performance indicators for these services are reported and analysed at Appendix E.2.

Key performance indicators including:

- Total number of clients.
- Number of beds/nights provided.
- Number of support periods.
- Number and percentage of completed support periods.
- Number and percentage of support periods where client's case management goals were all/mostly achieved by the end of support period.
- Number and percentage of support periods where clients exit to independent accommodation.

¹³ Shelter Housing Action Cairns, North West Youth Accommodation Service, and Caloundra Youth Focus.

¹⁴ Micah Crisis Supported Accommodation for Homeless Families, Micah Inner City Services, Wesley Mission Brisbane Transitional Accommodation, Blair Athol Service Hub for Homeless People, Micah Homelessness Early Intervention, Australian Red Cross Early Intervention Service, and CASA - Early Intervention Service.

What We Learned

In general, the statistics reveal positive trends among most performance indicators when analysed over time, in particular:

- Increases in the number of clients and support periods over time showing that services have grown in capacity and clients have increased access to services that address their needs.
- The significant increase in the number of contacts made with primary homeless people through outreach indicates the success of outreach as a service delivery model.
- In terms of percentage of completed support periods and percentage of support periods where clients exit to independent accommodation, the 2007 performance across selected services was better than 2008. This indicates that even though the actual number increased over the years, fewer homeless people accessed independent accommodation. This may be due to the lack of housing opportunities available on the market in 2008.

6.2.3 Homeless Persons Information Queensland (HPIQ)

A detailed review of HPIQ data was completed by DoC in their Implementation Evaluation of the Responding to Homelessness Strategy (2008). Their analysis of 2007-08 is reported and analysed at Appendix E.3. Data covers the following areas:

- Target groups and types of service provision.
- Types of assistance provided to clients.
- Average number of calls to HPIQ per hour.
- Calls by region¹⁵.
- Client demographic characteristics.
- Emerging client groups identified.
- Main sources of referrals to HPIQ.
- Referrals to other agencies.

What We Learned

- There has been a high level of uptake by customers over the 2007-08 financial year (19,539 answered calls).
- The majority of callers were aged between 25 to 59 years and self-referred, nearly one third of callers were accompanied by children.
- The presenting need of the majority callers was accommodation.
- HPIQ does not collect quantitative data on referrals to other agencies, but qualitative feedback indicated that referrals are made to crisis accommodation, mental health, drug and alcohol, tenancy advocacy, homelessness early intervention services and Centrelink.
- Approximately 74% of callers were from South East Queensland in 2007-08 even though HPIQ undertook extensive state-wide promotional activities in 2006-07.

¹⁵ Data is from the records of callers who consented to the collection of their personal information. Locations are categorised according to Department of Community regions. Source: HPIQ Client Database.

6.2.4 Community Rent Scheme (CRS) Monthly Reports

Monthly reports of 16 service providers in June 2006, 2007, 2008¹⁶ were analysed. A data analysis was conducted over the three years to investigate changes of service capacity and provision. Key performance indicators for these services are reported and analysed at Appendix E.4.

Key performance indicators include:

- Households assisted, exits, and public housing offers.
- New households assisted by previous housing type.
- Total households assisted by target group.
- Housing exiting CRS Program by future housing type.
- Exiting households assisted by duration of tenancy.

What We Learned

- Statewide as well as for all hotspot locations, the total number of households assisted was greater in June 2006 compared with June 2008.
- Statewide and for Brisbane, and Mt Isa the number of total exits from the Program decreased consistently over the three years. Cairns and the Gold Coast had the lowest number of exits in 2008, while Townsville had the highest number of exits in 2008 compared with other years.
- Generally speaking, there was an increase in the average term of leases. This may suggest increased capacity to assist clients for longer or may support the view that fewer exit points are apparent. Most households assisted were medium-term tenancies.
- The increasing term of leases and the decreasing number of exits over time suggest clients may be receiving assistance for longer. However, services may also be 'clogging up' and reducing overall access (demonstrated by decreasing number of households assisted overtime).
- Across the hotspot areas, not all public housing offers made were accepted. Successful housing placements need to suit the individual needs of the client. The data suggests this is being achieved on the Gold Coast – for all three years 100% of public housing offers made were accepted.
- While some households exited to the private sector and to public housing, there are also indications that there may be some 'cycling' through the program back to crisis accommodation or institutions.
- State-wide, household types assisted were most commonly single people and people with a disability. On the Gold Coast those most commonly assisted were people with a disability and single people. In Cairns those most commonly assisted were Aboriginal and Torres Strait Islanders (ATSI) and single people. In Townsville those most commonly assisted were single people and young people. In Mt Isa those most commonly assisted were Aboriginal and Torres Strait Islanders (ATSI) and young people.

6.2.5 Community-Managed Studio Unit Quarterly Reports

Quarterly reports of Community-Managed Studio Units were analysed. These included eight service reports for the July to September quarter in 2006 and 14 service reports in 2007 and 2008. Key performance indicators for these services are reported and analysed at Appendix E.5.

¹⁶ Cabbage Tree Housing Service Inc, Redback Housing Inc: May 2008 report provided instead of June 2008

Key performance indicators include:

- Households assisted by referral sources.
- Households assisted by previous housing type.
- New households assisted and exits.
- Households on waiting lists.

What We Learned

- Increased referrals from government agencies and community organisations, including CRS, TAAS (Q) and SAAP providers, over the years indicated an increase of collaboration and better coordination of homelessness responses.
- There was a significant increase of new clients assisted in the July to September quarter 2008, indicating an increase in service provision and capacity.
- The large number of clients on waiting lists indicated that increased service capacity could not keep pace with increasing client demand.

6.2.6 HHOT State-wide Monthly Reports

State-wide Monthly Reports from May 2007 – October 2008 for the HHOTs were analysed. A data analysis was conducted over time in order to investigate changes in the nature of service capacity and provision. This involved comparing six common months in 2007 and 2008 (i.e. May, June, July, August, September, October). Key performance indicators for these services are reported and analysed at Appendix E.6.

Key performance indicators include:

- Number of active clients, one-off clients and new clients referred.
- Number of clients discharged.
- Education sessions with Non-Government Organisations (NGOs).
- Consultant liaisons.

What We Learned

The two year data for the HHOT shows strong positive trends in relation to all measurements when analysed over time, including:

- Significant increases in the number of active clients and the number of one-off clients from 2007 to 2008 indicating that the program has grown in capacity and clients have increased access to services that address their health needs.
- Increases in the number of clients being referred to the service possibly signifying increased coordination and linkages with other agencies and organisations.
- A decrease in the number of clients discharged coupled with an increase in the number of active clients suggesting that clients are being treated by the Outreach Teams for longer periods of time.
- The increase in the number of education sessions with NGOs since 2007 indicating that services are working together more and responses to homelessness are becoming increasingly coordinated.

6.2.7 Transitional Housing

Monthly reports for the Townsville Transitional Housing Program for the months of June, July and October for both 2007 and 2008 were analysed. Data on the number of clients, support hours, clients referred into long-term housing, and a breakdown of housing destinations¹⁷ are reported and analysed at Appendix E.7.

Bed Days

A sample of ten Transitional Accommodation Support Program (TASP) clients from 2007 was provided. The data reveals that before admission to TASP, the clients had a total of 594 bed days. During their admission, there was a total of five hospital bed days and after their admission there was a total of 26 bed days. This represents a significant reduction in the amount of time clients spent in hospital.

What We Learned

Overall the statistics for the Transitional Housing Program show positive trends, including:

- In 2008 there was increased client access to the Program as a higher number of clients were treated.
- In 2008, there was a significant increase in the number of support hours indicating that clients were requiring a longer period of time to address their health needs and the underlying issues that may keep them homeless.
- In 2008, 11% of clients that accessed the Transitional Housing Program were transferred into long-term housing.
- The significant reduction of hospital bed days during and after TASP admission indicates that the Program had a positive impact on the health and wellbeing outcomes of clients.

6.2.8 JAG Access Database

In the 2007 calendar year, 172 defendants made their first appearances in the Homeless Persons Court Diversion Program. We selected a whole year period prior to and after these first court appearances in 2007 to compare recidivism and longitudinal offending behaviour. For example, if a person made his/her first Court appearance on 15 March 2007, the periods of 16 March 2006 - 15 March 2007 and 16 March 2007 - 15 March 2008 were compared. In addition, based on the available information, a summary of referral sources and accommodation changes was also provided. Data for this sample of clients are reported and analysed at Appendix E.8.

What We Learned

Overall the statistics for the Homeless Persons Court Diversion Program show positive trends, including:

- In the 2007 calendar year, 172 defendants who were eligible for inclusion made their first appearance in Court. For a one year period pre and post court appearance, 116 (67%) of these defendants had a significant reduction in the number of crimes resulting in charges, 53 (31%) had increased criminal charges, and three (2%) did not have any change.
- In spite of the increased total number of criminal charges after Court intervention the overall outcomes of this program were positive, in that a very small proportion (less than 3%) of defendants were responsible for a large number of the crimes identified.

¹⁷ The breakdown of housing destinations is extracted from Seelig, T., Thompson, A., Foster, M., Phillips, Ramsden, D., *Evaluation of the Queensland Health Homelessness Initiative*, Housing Policy Research Program, UQ Social Research Centre, University of Queensland, 2008

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- After Court intervention, the biggest increase in offenses was 'contravention of a direction or requirement of police,' three times more than the previous figure. The number of trespass offences was halved.
 - In terms of the most common criminal charges pre and post court appearance, the majority (70%) of the types of crime remained the same. The most common charge after the intervention was 'contravention of a direction or requirement of police.'
 - One third of defendants were referred by Legal Aid Queensland, followed by self-referral and referred by magistrate courts.
 - Post court appearance, there has been a significant reduction of people who lived in a car, tent, park, street or squat, but only a small proportion of clients moved into medium/long-term accommodation or could afford private rental. The majority still lived in the government-supported accommodation, crisis/short-term accommodation, or hostels.

7 Insights from Consultations

Headline Issues

- A broad range of stakeholders were consulted including; key informants from the strategic policy level, government and non-government stakeholders from the hotspot locations, a small number of private sector stakeholders as well as people experiencing homelessness.
- There is significant congruence across government and non-government stakeholder perspectives.
- More distinct perspectives emerge from the private sector, and from central policy compared to regional delivery perspectives.
- It was thought that additional investment of resources has led to achievements in service accessibility, sector coordination and developing more flexible and client-centred responses.
- The greatest achievements were reported in locations where the Strategy had built on existing networks and sector capacity, with contributions from a broad range of stakeholders.
- The whole-of-government approach was generally endorsed, although challenges were noted in moving beyond traditional roles and engaging all relevant government departments.
- There is broad support for the objectives and components of the R2H strategy to be more widely applied across Queensland.

The following presents an overview of stakeholder perspectives collected during Part A and Part B evaluation activities. This includes insights from a series of 'key informants' from government and non-government sectors, interviewed during Part A consultations. It also includes insights from stakeholders consulted during a series of fieldwork visits, workshops and interviews undertaken during Part B of this evaluation.

For more detailed information regarding fieldwork insights, please see Appendix F.

7.1 Key Informant Perspectives

The following outlines the perspectives of key informants at the strategic policy and program management levels of R2H.

7.1.1 Key Achievements

- Paradigm shift to recognise homelessness as a complex and multi-faceted issue not simply solved by the provision of housing.
- Improved understanding of the client base and the homelessness populations in the hotspot locations.
- Strengthened the homeless service sector in the hotspot locations.
- Improved understanding of demand for services and better identification of people at risk of homelessness.
- Expanded the range of service delivery models available in the hotspot locations.
- Better understanding of what service delivery models work well.
- A greater range of agencies, services and programs are focusing on homelessness as a priority issue.

7.1.2 Coordination and Collaboration

- There is more discussion between government agencies at a planning level and greater efforts to coordinate.
- There have been genuine attempts to work outside of individual department boundaries and to identify good practice in relation to whole of government strategy.
- There has been increased buy-in from agencies and a greater number of departments involved in responses to homelessness.
- At a central policy level there was a reported lack of consensus and agreement with departments approaching the issue of homelessness from their individual perspectives. Some key informants felt the SOG lost momentum over time.
- It was reported that some programs (for example, the PLO's and HPIQ) did not always link effectively with other homelessness services, due to lack of coordination mechanisms/structures and contradictory program policies and practices.
- Limited regional input into service priorities hindered the success of R2H. *'Priorities were set by central determination and were well-intentioned, but disconnected from local planning'*.
- Regional coordination needs resourcing – *'regional planning and coordination needs a facilitator, won't just happen on good-will and volunteer effort.'* It was felt that R2H *'didn't bring extra coordination capacity but more coordination demand'*.
- The introduction of new services *'heightened the fractured nature of the service system.'*
- The SOG and CEO meetings attempted to integrate the inputs of regional reporting but did *'not achieve consistency regarding the flow of information up and down'*.

7.1.3 Challenges

- Responding to the changing profile of the homeless population.
- The limited availability of baseline data.
- Addressing the different cultures and priorities of government departments.
- Service capacity limitations.
- Implementing R2H during a time of great change, with the *one social housing system* reforms.

7.1.4 Opportunities

- To address staffing shortages and difficulties with the recruitment and retention of a skilled workforce.
- To improve the limited availability of outcomes data.
- To increase regional input.
- To increase the use of brokerage funding, which was *'originally thought of as 'nice to have' and is now seen as central'*.

7.1.5 Factors that Enhance Success

- The SOG and having a dedicated forum for cross-agency coordination.
- The pre-existing regional networks and relationships.
- Automatic annual reports to Cabinet which acted *'as a motivator'*.

- The professionalism, commitment and efforts of staff.
- Relationships between the central policy level and the regional sector.
- Dedicated coordination roles.

7.1.6 Future Directions

- Policy aims, directions, targets and outcomes need to be clearly defined and articulated from the outset.
- There are opportunities in the future to learn from successful models at the local level and build on these successes.
- Continue to provide a variety of service delivery models that address the continuum of homelessness including prevention, early intervention, outreach, accommodation and ongoing/follow-up support.
- Engage regional government and non-government stakeholders, '*local intelligence*', for future homelessness planning.
- A process of ongoing review, monitoring and evaluation that is resourced both centrally and at the regional level.
- Improve data to measure outcomes and accurately reflect how services are delivered and funded.
- Improved information collection systems, including a more integrated network which allows for clients to be tracked through the system.
- Need for appropriate housing design and options coupled with ongoing, flexible support.
- Need for flexible and responsive service delivery boundaries and funding arrangements.
- Create a regional coordinating role to support service delivery and be a key point for information, networking and reporting.

7.2 Fieldwork Perspectives

The following reports key perspectives from clients, government, non-government and private sector stakeholders consulted across hotspot locations. They include those involved in local planning, implementation and service delivery and access in each area.

In general, it should be noted there was significant congruence between government and non-government sectors on a number of issues. The small number of stakeholders from the private sector offered different perspectives. Clients offered rich insights grounded in more immediate experiences with specific services and individuals.

7.2.1 Key Achievements

Stakeholders reported that R2H has delivered a series of key achievements. In general, they identified R2H had:

- Raised the profile of homelessness and identified it as a priority issue.
- Introduced new services and provided new accommodation.
- Enhanced existing services and increased service activity.
- Introduced new workers with different skills and experience.
- Improved coordination and integration of service delivery.

- Offered new entry points and provided different points of access to engage clients who were previously falling through the gaps.
- Provided different pathways out of homelessness.

It was commonly agreed by both government and NGO stakeholders across all hotspot locations, that the introduction of new initiatives due to R2H had taken pressure off existing services, freed up capacity and increased client access.

A 61 year old male from Brisbane who had been homeless for ‘years and years’ thought that ‘there are more beds available; it is easier to get into a hostel’

A young male from Brisbane who was also experiencing long-term homelessness said “it is easier to see someone. You can get into a service quicker these days”

It was widely felt that early intervention should be a component of future homelessness policy in Queensland. Outreach services were also commonly seen as crucial to the successful outcomes of R2H.

An older woman was living in private rental accommodation when the property was sold. She was unable to find alternative affordable rental accommodation. She became ill and went to hospital for some time. She had nowhere to live on her release from hospital, so moved in with her son and his family as she continued to search for accommodation. After several weeks, she moved into a motel. She had difficulty covering the costs while on a pension, and her health was still frail. She did not know where to seek assistance from. She had no mobile phone, no money for phone calls or travel expenses, and had limited physical mobility. A staff member at the hotel called a homelessness outreach service on her behalf, and asked them to visit her at the hotel. This made the difference – on the basis of that initial visit, alternative accommodation in a hostel was found, she was referred to appropriate support services, and assisted over several weeks to secure a tenancy in a seniors living community close to social supports and services.

7.2.2 Collaboration and Coordination

Stakeholders generally agreed that R2H has strengthened networking and encouraged new ways of working together.

Identified achievements include:

- Initiatives funded and dedicated to supporting coordination such as the Service Hubs for Homeless People and public space coordinators.
- Encouraging increased information and resource sharing.
- Delivery of joint education and training by HHOT.
- Evolution of case management and coordination mechanisms.
- Increased focus on homelessness in the hotspot areas and bringing new players to the previously existing networks.

- Improving relationships between the Government and NGO sector from shared involvement in network meetings.

At the same time, government and non-government stakeholders in some regions reported that networks were more fragmented with competing priorities and agendas, and progress around collaboration was less successful.

7.2.3 Challenges and Opportunities

The effects of significant reform in social housing

The R2H Strategy has occurred in the context of significant reforms through the *one social housing system*. While the policy goal is generally supported, some government and non-government stakeholders reported unintended consequences at this early stage of the implementation process. This primarily related to the scale of change required, a concern that existing accommodation may not currently address complex support needs, and that those who do not meet new allocation priorities may have few or no other options. A DoH officer reported:

There is a client living on the streets who has cancer and alcohol addiction. He came to the top of the waiting list due to his high needs; however we cannot put him in a DoH house without support as he will not be able to live independently. He needs support with life skills, budgeting, medical and drug and alcohol. Instead of giving him a placement we have to put him in emergency accommodation but due to his alcohol and behavioral problems he doesn't stay at services for very long so he keeps moving around the system.

Increasing demand

Stakeholders generally reported an increasing demand for services over the last four years. This appeared to be related to the underlying economic context. It was also linked to 'unleashed' demand, the result of increased referral pathways and more access points to the service system. It was felt that R2H had not been able to keep pace with emerging and changing demand.

Changing profiles of homelessness

Stakeholders in Brisbane, the Gold Coast and to a lesser extent Mt Isa, reported a changing profile of homelessness. In particular, they reported:

- An increasing number of homeless families.
- Clients with more complex needs and mental health issues.
- More people presenting due to failing to sustain tenancies in the private rental market i.e. rent arrears or people breaking their leases due to loss of income.
- An increasing number of middle-income wage earners with high levels of debt.
- An older demographic of people experiencing homelessness.
- Higher numbers of migrants who have no Centrelink entitlements.

Service gaps

Stakeholders across all areas identified a number of current service gaps. Most particularly, they reported a need for:

- Long-term tenancy support linked with accommodation.
- Increased provision of accommodation appropriate for larger families with children, older people who may require support but who do not require aged care, and culturally appropriate housing for Indigenous clients and families.

- Support available at key transition points (eg. on discharge from hospital, release from care or custody).

One client had previously owned a house on the Gold Coast. She went to prison, but had nowhere to live on release. She needed an address in order to be released on parole. She rang an emergency accommodation service and they held a bed for 24 hours. The maximum stay at this emergency accommodation is 3 months. The client has 8 weeks until her support period is finished. 'I have no idea where I am going to go. There is not much accommodation available for women at all. I have restrictions on where I can live because of my bail conditions and I have a bad real estate record because I have been in prison'.

- Direct engagement with mainstream services (e.g QH, QCS, Police, Child Safety, legal services).
- Funding for research, data collection, information sharing and networking activities.
- Policies and procedures that reflect the strategic intent of 'wrap-around' support.

Factors that enhance effectiveness

The following factors were identified as enhancing effective delivery:

- Available, accessible and timely service responses.
- Culturally appropriate service models.
- Continuity and consistency of assistance.
- Support that continues to be available over time, through changing circumstances and requirements.

A shared focus on client outcomes

Most stakeholders reported a shared focus on client outcomes was important. While this was often assumed, many stakeholders reported it was limited by siloed thinking and a competitive funding environment.

There was a general view that government and non-government services needed to work more collaboratively to develop a shared approach according to agreed objectives.

Workforce capacity

All stakeholder groups recognised that responses to homelessness require complex and integrated responses. This should be supported by education, skills development, professional expertise and capacity.

In particular, NGO stakeholders reported difficulties in recruitment and retention of staff and limited access (and time) for training and education initiatives.

It was felt that R2H had assisted to develop an emerging workforce capacity in homelessness and other services. However, further investment is required for the future.

Flexible service delivery and outreach

Flexible and responsive models of service delivery were universally endorsed. Outreach models of service provision were regarded as particularly effective and the way forward.

In all cases, the importance of well established links to available, supporting and appropriate services was identified. Without appropriate exit points linked to continuing assistance, there was a risk of clients cycling through a small number of services.

Effective service models

There were a range of views regarding effective models. Almost all (services, government and clients) agreed flexible outreach models were most effective. Most described the HHOT model when asked to outline what this would look like (without naming it as HHOT).

There were mixed perspectives regarding the state-wide telephone service HPIQ:

- Services in northern Queensland generally described HPIQ as South East Queensland (SEQ) focussed, with limited up-to-date information regarding services outside SEQ.
- Perspectives depended on how people saw the role and function of HPIQ. For some services and clients, it was a service that acted as an information point only. For others, HPIQ was a 'one-stop shop' for information, referrals and support.
- Homeless clients also reported mixed views in relation to HPIQ. For those using it as an information service and with the capacity to take the information forward, HPIQ was regarded positively. For those with higher levels of need and requiring more intensive support, HPIQ was not regarded as effective.

A 22 year old male from the Gold Coast had found out about HPIQ from an advertisement in the public toilets. He commented he had used HPIQ regularly. His main reason for using HPIQ was 'to find out what food vans are going to be around and where I can get a feed'. He found HPIQ to be really useful and really reliable. He stated he had experienced no trouble in being able to get through to an operator and said the information provided was always accurate.

There were a variety of views regarding the role and function of the Service Hubs for Homeless People. This is partly driven by local relationships, differing views regarding preferred roles, and a function of time (while two of the Service Hubs for Homeless People have been operating for some time, the Townsville Hub has only recently been in operation). With limited data to assess and demonstrate achievements, the Service Hubs for Homeless People are still evolving and developing as a defined model.

A female from Townsville thought - "should be more like a one-stop shop or link-up better so you don't have to run all over town."

A 48 year old male from Townsville was currently sleeping rough. He had been experiencing homelessness for 6 months after losing accommodation that was supplied as part of his employment. He had been in contact with numerous types of services. He stated "Many services are distant from each other. You have to walk between them. Services could be centrally located. Transport costs are a killer -- either in money or in the walks over long distances, particularly if you are old or sick."

Economic viability

The small number of private sector operators consulted as part of the evaluation all indicated economic viability was a key constraint. It was reported this fundamentally hampered the contribution the private sector could make, as part of the continuum of prevention, risk, early intervention, and pathways away from primary homelessness.

7.2.4 Lessons Learned

Stakeholders identified a series of lessons emerging from the experience of R2H. This included:

- The value of shared information, and the need to improve data quality, integration and coordination.
- Flexibility – joined up service delivery that responds to changing client needs.
- Resource requirements – ‘unleashed’ demand and workforce capacity issues require increased resources.
- Growing demand and the changing profile of homelessness mean an increase in accommodation and support services across all regions is still required.
- The importance of integrated support and accommodation models.
- The emerging importance of the private sector rental market, for prevention and early intervention.

7.2.5 Future Directions

Stakeholders identified a number of future directions for consideration. They included:

- Funding to support coordination - most commonly described as a dedicated coordinator role at the regional but also state-wide levels.
- A priority to link more specifically and strategically with mainstream agencies, including QH, Centrelink, the legal system, employment and education.
- A priority to ‘plug the gap’ at key transitional points – discharge from hospitals, prisons, child custody.
- Engagement with local councils to support implementation.
- Engagement with the private sector, to enhance prevention and early intervention outcomes.
- Increased staff resources.
- Increased accommodation and support services.
- A focus on sector development, investment and consolidation.
- Local area planning processes to determine future directions.
- Investment in data collection and research, to provide an improved evidence base and inform practice and delivery.

7.3 Summary Perspectives

In summary, there is significant congruence across government and non-government stakeholder perspectives. More distinct perspectives emerge from the private sector, and from central policy compared to regional delivery perspectives.

There is broad support for the objectives and components of the R2H strategy to be more widely applied across Queensland. Additional investment of resources has led to achievements in service accessibility, sector coordination and developing more flexible and client-centred responses.

The greatest achievements were reported in locations where the strategy had built on existing networks and sector capacity, with contributions from the broadest range of stakeholders, in collaborative and developmental partnerships.

The whole-of-government approach was generally endorsed, although further challenges were noted in moving beyond traditional roles and engaging all relevant government departments. Further investment

in interagency networking, stakeholder engagement, local planning, program review and communications was recommended.

8 Comparative Case Study

Headline Issues

- The comparative case study suggests R2H has made a difference by alleviating pressure, meeting previously unmet demand, raising the profile of homelessness, and enhancing coordination and collaboration.
- Current unmet needs in the non-hotspot locations were identified in relation to accommodation, early intervention, outreach and mental health services - key initiatives of R2H, credited with delivering positive outcomes.
- With a considered approach and appropriate resourcing, the Strategy has potential to be replicated in other Queensland regions.
- Pre-conditions, in the form of existing sector relationships and infrastructure, will be critical in supporting further implementation.

8.1 Comparing Non-Hotspot and Hotspot Locations

8.1.1 Needs

Non-hotspot locations were selected because they displayed similar profiles to one or more of the hotspot locations, in terms of relative socio-economic disadvantage, housing stress and demographics.

It is therefore no surprise that survey respondents in the non-hotspot locations identified increasing levels of demand exceeding capacity and high turn away rates in response to generally deteriorating affordable housing options.

In comparison, respondents in hotspot locations reported that R2H had helped to take some pressure off existing services, add new capacity and accommodation and provide additional options and entry points for clients that had not previously existed. While the impacts of the recent economic downturn were being felt, R2H had assisted with some early gains.

Current unmet needs in the non-hotspot locations were identified in relation to accommodation, early intervention, mental health support for homeless people and outreach services. These were key initiatives of R2H, credited with delivering positive outcomes for people experiencing homelessness in the hotspot locations.

8.1.2 Profile of Homelessness as an Issue

It was difficult to engage services in non-hotspot locations as part of the evaluation. Invitations to participate in the survey were circulated across a number of networks, sourced via an internet search, Queensland Shelter, SAAP providers and recommendations of key contacts in the regions.

Many services did not respond to the emailed invitation to participate. In follow-up telephone calls, several indicated homelessness was not part of their core service focus and therefore the survey was not relevant to them. These included legal, domestic violence and disability services, all of whom participate in R2H initiatives in hotspot locations. Some services also participated in housing networks but made a distinction between accommodation and homelessness – one boarding house operator said he provided accommodation but he did not primarily work with homeless people. Others said they did not know anything about R2H and therefore did not respond.

In comparison, stakeholders in the hotspot locations routinely reported the increased profile of homelessness as a positive outcome of R2H. A common observation was that R2H had helped to change attitudes, had raised awareness beyond specialist homelessness services, and positioned homelessness as a regional operational and policy priority.

Although R2H primarily involved the implementation of initiatives in five regions, it also included state-wide programs such as HPIQ. Two services in the non-hotspot locations indicated that they commonly received referrals from HPIQ. However, only one service was aware of R2H and that service did not feel R2H had had any impact in their location. This suggests that further awareness raising and consultation may be required across homelessness service sectors across Queensland.

8.1.3 Collaboration and Coordination

Collaboration and coordination mechanisms were reported in both non-hotspot locations, including network meetings, joint event planning, some examples of case coordination and some integrated service delivery.

In non-hotspot and hotspot locations, collaboration and coordination was generally described in terms of information sharing, often with a specific focus on a client need or a referral process. At the same time, some hotspots appear to be developing more structured approaches with a different emphasis on planning, integrated supports and resourcing.

For example, in the non-hotspot areas case coordination generally occurred on an ad-hoc case-by-case basis. In some hotspots, service networks had established Case Coordination Groups, with agreed protocols and client consent processes regarding information exchange, roles and responsibilities, and support plans.

In the non-hotspots, there were few reports of integrated planning, resource sharing, and joint education and training initiatives. In some hotspots, networks were identifying opportunities to develop. This was probably most developed by the Gold Coast network, including a tool for integrated case management, supporting job shadowing initiatives across services, engaged in joint planning and resourcing for events, and education and training programs conducted by HHOT.

8.1.4 Implications for Future Responses to Homelessness

The evaluation considered the two non-hotspot case studies to assess whether R2H had made a difference in the hotspot locations. While the specific contexts may not be identical, and acknowledging the range of broader influences that can come into play, it seems fair to note the following:

- All areas report growing demand and emerging unmet needs as a result of the economic downturn.
- Services in hotspot locations report R2H has helped to meet some demand and alleviate some pressure on the system, even though this may not be keeping pace with recent economic impacts.
- Services in non-hotspot locations report key areas of inadequate capacity and unmet needs in key areas of focus for R2H.
- The profile of homelessness as a priority local issue appears to have been raised with the implementation of R2H initiatives and the development of regional collaboration and coordination around homelessness.
- Homelessness does not appear to have a comparable policy and practice profile in non-hotspot locations.
- R2H is reported to have delivered positive outcomes by building on existing service networks and infrastructure in hotspot locations.
- There appears to be comparable networks and infrastructure in the non-hotspot locations, to support any future new responses to homelessness.

Consultations in hotspot locations suggest a series of preconditions need to be in place to support the implementation of new responses to homelessness. They include:

- Established relationships and engagement across government, non-government and private sectors.
- A developed service infrastructure and network with the capacity to work together towards shared outcomes.
- Identified local needs and agreed priorities.
- Identification of shared outcomes.
- Resources to support ongoing collaboration, coordination and integration.

Further detailed investigation and engagement is required to assess the above in non-hotspot areas. However, stakeholder feedback suggests the opportunity for future responses to homelessness in non-hotspot areas seems strong.

9 Synthesis and Analysis

Headline Issues

- R2H was successful in increasing the quantum of accommodation and support services, but these gains have been overtaken by released latent and newly emerging demand.
- Early intervention and assertive outreach have been universally welcomed. The Service Hubs for Homeless People and HPIQ models are received more variably, with more negative comments from regional and north Queensland.
- PLOs have facilitated referral, health and welfare response to public space issues. The effectiveness of the PLO initiative is dependent on the capacity of services to respond to referrals.
- Health initiatives are regarded as effective and are achieving positive client outcomes.
- Linkages from specialist services to general health services are still seen as lacking and inappropriate hospital discharge strategies are resulting in people being released into homelessness.
- The Homeless Person's Court demonstrates a successful innovative approach and has achieved a considerable reduction in recidivism rates.
- A systemic and 'early identification' solution needs to be applied for SPER to operate more effectively.
- There remains widespread concern regarding the release of prisoners into homelessness.
- The introduction of accreditation standards has been successful in raising private boarding house standards but has coincided with a significant loss of Level 3 beds across Queensland.

9.1 Assessment Against the R2H Program Logic

The R2H Program Logic identifies a hierarchy of outcomes, including core output areas, immediate, intermediate and ultimate desired outcomes. The following considers each of these to assess any combined, strategic level impacts and outcomes delivered by R2H.

Outputs are considered in sections 9.2 to 9.8

Higher level desired outcomes are achieved over time, beyond individual service interventions and are difficult to objectively measure. Reflections on achievements at this level are largely anecdotal and not tested against robust longitudinal data. Achievements against higher level desired outcomes are considered in sections 9.9 to 9.11.

9.2 Increased Access to Accommodation and Support Services

9.2.1 Phase 1 and 2 Evaluations

R2H has resulted in a general increase in the volume of accommodation available in the hotspot locations. New and enhanced services have assisted to reduce pressure on the existing system and enhance capacity. Brokerage funding was seen as effective and important to achieving successful outcomes. Since the introduction of R2H there was been an increase in the overall demand for homelessness services (especially accommodation). It was thought that R2H has primarily focused on

the crisis end of homelessness and that assistance with sustaining tenancies is needed. Barriers for success have included sourcing and purchasing properties in a highly competitive market, town planning issues and the changing demographic profile of homelessness.

9.2.2 Meta Data Review

Some data indicates increased access to accommodation and support. Periodic Performance Reports show increases in the number of clients and support periods over time, while for CMHSU services there was a significant increase of new clients assisted in 2008. Services have grown in capacity and there is improved access for clients. For CRS services the increasing term of leases and the decreasing number of households exiting the program over time suggest clients are receiving assistance for longer. However, CRS data also revealed a decreasing number of households assisted over the years - services may be clogging up and access restricted.

There are signs that demand for services is overwhelming supply. For example, the large number of clients on waiting lists for CMHSU services the turn away data/unmet needs for SAAP which reveals one of the most prevalent reasons is insufficient accommodation available.

Quantitative data relating to outcomes is inconclusive. SAAP data reveals that, after support, fewer clients lived in unstable accommodation, but there was no indication of them moving to stable long-term accommodation. The proportion of SAAP clients living in boarding houses and hostels/hotels also slightly increased after support. While some households exited to the private sector and public housing after CRS intervention, there are also indications that there may be some 'cycling' through the program back to crisis accommodation or institutions. Periodic Performance Reports show that the percentages of support periods where clients exit to independent accommodation were higher in 2007 than 2008. This may be due to the lack of housing opportunities available on the market in 2008.

9.2.3 Fieldwork

Stakeholders reported R2H has taken pressure off existing services, freed up capacity and increased client access. However, this has not kept pace with growing and changing areas of demand.

Increasing demand for services due to the economic downturn and changing drivers of homelessness may be placing emphasis on different types of services. For example, it was regularly reported by government and non-government stakeholders that there is increased need for early intervention, outreach, emergency relief and brokerage funding.

Fieldwork consultations suggest people may be staying in transitional housing for longer, due to limited exit points and rising rents in the private rental market

There were delays in the provision of some accommodation (most particularly in Townsville and the Gold Coast). In addition, stakeholders in Townsville reported a loss of accommodation in their region, due to ageing buildings and building code and fire regulations. There was also evidence of a significant state-wide loss of 50% of 'Level 3' boarding houses (boarding houses providing accommodation, food and personal care services).

The nexus between sustainable tenancies and tenancy support was highlighted in nearly all discussions. Support is needed for tenancy skills development, accessing the private rental market, and for offering continuing support and follow-up. The private sector, for example Level 3 boarding house operators, was identified as offering potential for linking people with broader community networks.

9.2.4 Non-Hotspot Comparison

Both the hotspot and non-hotspot locations report growing demand and emerging unmet need as a result of the economic downturn. In the non-hotspot locations increasing demand is exceeding service capacity with some services indicating high turn away rates and most respondents identifying service gaps. High demand for accommodation was particularly prevalent.

9.2.5 In Summary:

R2H initiatives were successful in increasing the quantum of accommodation and support services, but these gains have been overtaken by released latent and newly emerging demand.

9.3 New and Improved Support, Information, Referral and Advocacy Services

9.3.1 Phase 1 and 2 Evaluations

R2H has enabled the provision of a more comprehensive suite of programs. Initiatives such as outreach models, HPIQ, and the Service Hubs for Homeless People were seen to expand the number of entry points into the service system and plug previously existing gaps. The Service Hubs for Homeless People however, struggled with demand for the service exceeding expectations. Although early intervention is seen to be critical, the lack of definitional clarity was problematic as existing services understand their activities include early intervention; therefore, the special status of early intervention programs was questioned. It was also thought service criteria and inflexible boundaries could be restricting to the responsiveness of early intervention services. Other barriers included increasingly complex needs of clients, workforce development issues, access to mainstream services, and difficulties with ongoing case management.

9.3.2 Meta Data Review

HPIQ data reveals there has been a high level of uptake by customers over the 2007-08 financial year with accommodation being the presenting need of the majority of clients. The majority of clients were self-referred, which indicates the importance of a well-targeted advertising campaign reaching people at risk of homelessness. Approximately three quarters of callers were from South East Queensland for 2007-08 despite extensive state-wide promotional activities.

9.3.3 Fieldwork

The introduction of new service delivery models, particularly early intervention and outreach services, were seen as crucial to successful outcomes of R2H and have encouraged a move away from a purely reactive, crisis response.

Stakeholders referred to pathways through homelessness as a fluid, sometimes cyclical, continuum. Difficulties arose with seeing a client through the continuum, due to services having a specific geographic brief, or because funding/service agreements dictated a particular service response or time limitation. Some expressed frustration in getting a response from a client in the context of limited flexibility. For example:

A client was about to become homeless in 2 days time. An agency called an early intervention service who indicated that they couldn't take on the client as they did not work with people who were that close to homelessness. They then called a homelessness service who said they could not do anything while the client was still in private rental accommodation and suggested they call an early intervention service.

Flexible service delivery arrangements were endorsed and seen to be particularly relevant in North and Far North Queensland, areas characterised by higher proportions of transient populations (including Indigenous people).

There are ongoing concerns that funding decisions are not linked to local needs, and that some models funded (such as the Service Hubs for Homeless People) did not respond to regional contexts. In

particular, there was a strongly-held general view in North Queensland, that R2H had exported models developed for SEQ to other parts of the state, without due consideration and consultation. At the same time, there are examples of some regions adapting models successfully to fit local requirements. For example, the adaptation of a more flexible Homeless Outreach Support Team (HOST) and base model to respond to population settlement and geography on the Gold Coast.

Assertive outreach models were effective in engaging clients who were previously slipping through the cracks. Outreach workers were a source of information and referral for homeless people and a source of information and advocacy on behalf of homeless people, to agencies in the service sector. Assertive outreach was particularly commended for meeting homeless people *'on their own territory'* and being responsive to homeless people's needs in delivering their service.

Assertive outreach models represent a new access point to the service system that is effective in reaching hard to contact groups. Homeless clients spoke appreciatively of the role of outreach workers in assisting with referrals and in simply making time to listen.

Some service providers indicated that R2H had enabled them to develop flexibility in their current service models and work with others to increase service access. Service providers working together to enable support pathways was identified as vital in sustaining tenancies. Client interviews also revealed that integrated service delivery - where accommodation offered extra assistance - was beneficial. Where no further assistance was provided, clients generally found their needs were not addressed.

An elderly woman who was receiving support from an outreach service commented *"they are fantastic. Couldn't speak more highly of them. They put me in contact with all the services I needed – DoH, doctors, hospitals, eye specialist, Ozcare. Everything."*

An 18 year old male from Cairns indicated he had never had a stable home, moving between different foster families and state care. He had been in contact with a plethora of services and agencies. He asserted *"no, it is mainly the accommodation and there is no skills or counselling. It is part of a negative cycle."*

Improved data collection and information sharing between services would assist to 'track' pathways, identify continuing client needs, and focus responses more appropriately. It would also avoid the repeated 'telling my story', reported by several clients as frustrating, unhelpful, and in some cases exacerbating underlying trauma, with no guarantee of a response.

'I don't know how many times I've had to tell my story. Every person you talk to, they start off by asking you the same questions, and you have to go over it all again. And then at the end of that, they say well I can't help you but if you go to this place, they might be able to. And you've gone through all of that, all over again, and you still don't have the help you need. And you are just left there in pieces, all over again. Why can't that person get on the phone to my doctor, to my lawyer, to the last place I stayed in – I've given them all permission to talk to one another, so why don't they?'

However, there are universally acknowledged confidentiality and privacy issues to be considered in relation to sharing information and data collection systems that allow tracking clients.

9.3.4 Non-Hotspot Comparison

Current unmet needs in the non-hotspot locations were identified in relation to early intervention and outreach services, key R2H initiatives. This suggests a key opportunity to build on the success of R2H into non-hotspot locations.

9.3.5 In Summary:

Support, information, referral and advocacy services have been enhanced in hotspot areas, with early intervention and assertive outreach being universally welcomed. The Service Hubs for Homeless People and HPIQ models are received more variably, with more negative comments from regional and north Queensland.

9.4 Homelessness and Public Space Issues

9.4.1 Phase 1 and 2 Evaluations

Public space initiatives have encouraged shifts in the attitudes and approaches to dealing with homelessness. PLO's have facilitated a greater awareness of alternative means of responding to homelessness within Police Districts while community patrols have shifted public intoxication away from a legal response towards a health and social welfare response. Public intoxication is viewed from different perspectives (political, legal, health and social) meaning that interventions are often fragmented and lack a cohesive approach.

PLO's are facilitating access to a range of services for rough sleepers to assist with addressing the underlying causes of homelessness. Anecdotal evidence and watch-house logs suggest there has been a decrease in the arrest rates for homeless people in Cairns and Mount Isa, a decrease in the level of public drunkenness and anti-social behaviour. Problems were encountered with some services not having the capacity to respond to the increased demand caused by the initiative, and disconnects where the internal policies (i.e. administration rules) of services resulted in clients being turned away.

9.4.2 Meta Data Review

Data from the PLO Community Patrols Evaluation Report¹⁸ reveals that:

In total, 4,257 contacts were made between 1st July and 30th June 2007. Across the three locations, an average of 46 daily contacts were made in this period, and 1,996 hours were spent by PLOs responding to public space issues.

Across the three locations, 65% of those contacted were male and 97% of persons contacted identified as Aboriginal or Torres Strait Islander.

Across the three locations, 1,373 referrals were made. The highest number of referrals were made to diversionary centres (618), followed by linked support services (547). The lowest numbers of referrals were made to rehabilitation services (10) and secure mental health units (2).

9.4.3 Fieldwork

There were positive reports regarding improvements in responses to homelessness and public space issues. This appears to be partly due to the initial focus in the early phases of R2H on public space and safety issues, with dedicated coordinators appointed to progress initiatives in key priority areas. This initial focus provided a high profile vehicle for a range of services and stakeholders to work together differently.

It was recognised that homeless people engaged in public spaces may have high needs, for example drug and alcohol addiction and mental health issues. The role of PLOs is identified as an ongoing and positive intervention, however lack of supporting infrastructure is a critical barrier. Emergency

¹⁸ This Report contains general information only. The QPS in providing this information makes no representations nor does it give any warranty or guarantee concerning the use to which this information is put other than its intended purpose. Statistics represented in this report are recorded and maintained from the duty log at District level for each of the areas. They are therefore unable to be centrally recorded and centrally verified as correct and are not official QPS statistics. Caution is advised when interpreting these statistics and related information.

accommodation was identified as difficult to access for this client group, with diversionary centres often the only option. Mainstream services may not accept clients, and workers may need different kinds of skills, training and support, to respond to complex needs. As a result, there is a perception that for this particular client group, people are cycling through services and returning to public spaces.

Most homeless clients interviewed said they could not identify any changes in the way they were treated in public spaces. Many indicated that Police move-on powers are excessive and they felt Police behaviour was often prejudiced and discriminatory. This was particularly reported in Cairns, Mt Isa and Townsville.

A 40 year old Indigenous male from Mt Isa indicated *“the police use their move on powers, tip out our grog and make racist comments”*.

A 41 year old male from Mt Isa suggested *“we need a suitable place to hang around in the day and a place to drink. A safe haven where we are not harming anyone. We want the police to work with us and not against us”*.

A small number of homeless clients described positive interactions with Police, who had been concerned about their safety or assisted them to find support services.

A 67 year old male from Brisbane stated *“police give you a bit of a break these days and sometimes they are even concerned about our safety”*

A small number of clients felt that public space responses are politically driven, particularly in regional areas that attract tourists.

While some new pathways are being created for rough sleepers there is yet to be an adequate policy response to those for whom rough sleeping and public drunkenness remains a way of life. Gaps were identified for people who do not want to voluntarily address the underlying causes of their homelessness. Non-Hotspot Comparison

In one non-hotspot location it was asserted that more effective and innovative ways of engaging with homeless people sleeping rough would assist service delivery in the area.

9.4.4 In Summary:

PLOs and outreach services have encouraged a shift to a referral, health and welfare response to public space issues. However, these responses rely on the capacity of mainstream and specialist homelessness services to respond and follow through with case referrals.

9.5 New and Improved Responses to the Health Needs of People Experiencing Homelessness

9.5.1 Phase 1 and 2 Evaluations

HHOT and Transitional Housing successfully implemented innovative service delivery models. The initiatives have expanded and improved the delivery of and access to mental health, drug and alcohol and other health services in the hotspot locations. Access barriers for clients have been overcome due to the outreach focus of the HHOT model. The initiative has also improved clients' personal circumstances, for example, reducing the onset of an acute episode, improving long term housing status, and improvements to health and wellbeing. Collaborative working relationships are a core component of the HHOT initiative and have contributed to its success, coordination mechanisms were

seen to be appropriate and inter-agency relationships are strong. The role of the state-wide coordinator has also been pivotal to achieving successful outcomes.

Barriers have related to staff recruitment, issues around case-management, the need for better awareness and understanding amongst other parts of QH, the lack of clearly defined aims, objectives and outcome measurements, and data collection limitations. It was also suggested that both HHOT and the Transitional Housing Program would benefit from improved coordination and relationships with other QH services, including in-patient, emergency, and community mental health.

9.5.2 Meta Data Review

Both HHOT and Transitional Housing data shows increased client access and service capacity. From 2007-08 HHOT had a significant increase in the number of active clients and the number of one-off clients. A decrease in the number of clients discharged, suggests that more clients are being treated for longer periods of time. The Transitional Housing Program also experienced an increase in the number of clients and the number of support hours for 2008. Quantitative evidence for the Transitional Housing Program reveals positive client outcomes. The Program has been successful in transferring some clients into long-term housing and has also achieved a significant reduction in the hospital bed days of clients during and after admission to the Program.

9.5.3 Fieldwork

Service providers reported that HHOT has enabled them to more easily support clients with complex needs. Services have increased capacity because they know extra support from HHOT is available if needed.

The provision of health education by HHOT teams to service providers was valuable in transferring skills and in building inter-agency relationships. This education was especially valued in regional areas.

Outreach strategies assisted reduced workloads for service providers - one provider noted that through the employment of one outreach worker, the number of clients returning to their service for support was halved (from 25% to 13%).

The capacity for client follow-up through joined-up health services was greatly enhanced in some areas, but this outcome was not universally reported. The issue of homeless people being discharged from hospitals without referral is an issue requiring urgent attention.

9.5.4 Non-Hotspot Comparison

In both non-hotspot locations, mental health support for homelessness was identified as a current unmet need in relation to provision of services for those experiencing homelessness. In comparison, providing new and improved services to address mental health needs was a key initiative accredited with delivering positive outcomes. However, similar to the hotspot consultations, Rockhampton also identified general health as a current unmet need.

9.5.5 In Summary:

HHOTs are widely regarded as an effective service delivery model and are credited with addressing the needs of clients who were previously struggling to access services. Data for the Transitional Accommodation Support Program reveals positive impacts on the health outcomes of clients. However, linkages from specialist services to general health services are still seen as lacking. Furthermore, inappropriate discharge strategies from hospitals are resulting in people being released into homelessness.

9.6 People Experiencing Homelessness in the Legal System

9.6.1 Phase 1 and Phase 2 Evaluations

The Homeless Persons Court Diversion Program is successfully diverting homeless people charged with public space offences to health accommodation and other relevant services. Homeless people involved in the Court are receiving fewer fines and incarceration is less likely. There is early indication that people are making significant progress in addressing the underlying causes of their offending behaviour. Critical factors of the Program are its problem solving approach, the partnerships with other service providers, having one magistrate who builds relationships with clients, and the role of the Court Liaison Officer. A major barrier to the successfulness of the Program is that not all service providers receive ongoing funding for their involvement or have formalised coordination mechanisms (i.e. The Partnership Agreement between DoH and QCS), therefore, their involvement for the future is not secured.

9.6.2 Meta Data Review

Data for the Homeless Persons Court Diversion Program shows a reduction in recidivism rates, suggesting the Program is positively impacting on the offending behaviour of clients. For the sample of defendants analysed, the majority had a significant reduction in the number of crimes resulting in charges post court intervention. Post court appearance, there was also a significant reduction of people in primary homelessness, but only a small proportion of clients in medium/long-term accommodation or private rental accommodation.

9.6.3 Fieldwork

There were reported policy disconnects between Police and the work being done to address the needs of homeless people in the legal system. The Police move-on powers often result in homeless people getting fined when they have nowhere to move on to. Homeless people are more likely to be exposed to getting fines, but are least capable of paying their fines. A Brisbane trial of on-the-spot fines was questioned by non-government and government respondents, because it may eliminate the court process and the opportunity for people to address their underlying issues.

The need for clearer, better connected information regarding homeless people in contact with the legal system was also noted in relation to fines. The SPER Individual Considerations Team was seen to have a positive impact on the self-esteem of people experiencing homelessness. However, currently, SPER has no way of identifying people who are homeless until after they have incurred an additional fee because their fine is unpaid. It was suggested that if they were able to identify homeless people more proactively, they could avoid 'loading' people up with debt.

The Homeless Persons Court Diversion Program is universally regarded as successful in giving offenders a more positive experience of the legal system and helping them address the underlying issues of their offending behaviour. Factors in success include a problem solving focus, diversionary powers, having only one magistrate which facilitates relationships between the Court and clients, successful referrals to a broad range of services, conducting follow-ups/ maintaining contact with clients, and the community sector background of the Court Liaison Officer.

The Homeless Persons Court Diversion Program impacts on the self-esteem of people experiencing homelessness by empowering them to make changes in their lives. A number of Brisbane services consulted with asserted that the Court offered new pathways out of homelessness. It was anecdotally reported that increased engagement in community life is evident through clients receiving drug and alcohol treatment or by securing a job.

The Court has experienced difficulty accessing adequate accommodation and support services, as they are often at capacity. Relationship building with community organisations is hampered by limitations relating to staffing and resourcing. There is also a need for regular feedback loops to the Court regarding the progress of clients. It was asserted that brokerage funding could be used effectively to

assist clients with transitioning into boarding house accommodation and for addressing fundamental barriers like travel costs (so that homeless people can afford to travel to and from services and are not charged with committing crimes).

A large proportion of fieldwork consultations raised the problem of limited options available for people being released from custody and the lack of engagement with Corrective Services. The Partnership Agreement between DoH and QCS¹⁹ was seen by some to be limited – further work is required to practically address system silos and contradictions. Services reported examples where the Parole Board would not release a prisoner until they have an address, and the DoH would not assess until a person was released. Others suggested there was limited pre-release assistance available to prisoners being released to homelessness, and limited referrals to available post-release supports.

9.6.4 Non-Hotspot Comparison

It appears that in both non-hotspot locations, there was little activity to address the legal needs of people experiencing homelessness. One respondent from Ipswich noted they commonly received referrals from a legal service. In Rockhampton the involvement of legal services was more prevalent. Three respondents indicated they commonly refer clients to legal services and two respondents indicated they commonly receive referrals from a legal service. Interestingly, neither of the hotspot locations identified the legal needs of clients as a current unmet demand. The process of recruiting participants for the non-hotspot survey also revealed that some legal services in these areas did not see a relationship between their core business and homelessness.

9.6.5 In Summary:

The Homeless Persons Court Diversion Program is regarded as effective and demonstrates a successful innovative approach. This success is largely due to its client-centred approach, and is reflected in a considerable reduction in recidivism rates.

Although the outreach approach of SPER is thought to be successful, a systemic and 'early identification' solution needs to be applied for SPER in relation to homeless people incurring automatic penalties if found in default of fines.

There is widespread concern regarding the release of prisoners into homelessness.

¹⁹ The Department of Housing has provided the following clarification regarding the (former) Partnership Agreement between DoH and QCS. The current policy (CIAP: Ex-offenders Policy) has been in place since the September 2008 launch of the Client Intake and Assessment Process (CIAP) and provides for the Department of Housing to begin working with prisoners within 12 months of their release date, based on the 'known future events' principle – to assess their housing need upon release. This aims to ensure the appropriate referrals to support and emergency housing agencies are made in cases where a prisoner is going to be released into homelessness. There may be situations where a long-term housing solution is provided by Department of Housing or a community housing organisation. Corrective Services (QCS) have advised that over 80% of prisoners have a 'court ordered' parole date – which means that less than 20% of prisoners may have their parole affected because they are of no fixed abode. It is reported that DoH (now Housing and Homelessness Services in DoC) is able to proactively engage with the majority of prisoners (80%+) 12 months prior to release date. Of the remaining 20%, DoH reports they can engage ahead of a parole date given notice by the Parole Board of the Parole Hearing date. This would allow the presentation of a joint-action plan (or something to that effect) which clearly articulates an holistic 'human services' response by DoC, QCS, QH, and any relevant community support agencies. DoC (Housing and Homelessness Services) reports that a revised Partnership Agreement between DoC and QCS is to be signed off shortly at Director General level and the Local Partnership Agreement (LPA) template falling out of the overarching PA will be finalised in the near future. The LPA template will provide the operational detail to ensure local officers from DoH, DoC and QCS etc collaborate to pick up prisoners expecting to be released within 12 months and agree a joint-action plan to address their needs – be it housing, health, education, etc needs.

9.7 Residential Services Achieve Accreditation and are able to Stay Open

9.7.1 Phase 1 and 2 Evaluations

- No formal evaluations were conducted in this output area.

9.7.2 Meta Data Review

The data on this output area was outlined in the Responding to Homelessness: Annual Report on Progress Action Plan 2006-07. The Report reveals that in the 2006-07 period:

- Four Assistant Accreditation Officers were engaged on a temporary basis until 30 June 2007.
- 185 accreditations achieved, which was above the set target of 180.
- Pending registrations finalised – the target of 70 services was not achieved. 26 services were registered (however 50 aged rental services were pending clarification on jurisdiction).
- 169 complaints were finalised.
- 417 compliance visits were conducted, which was above the set target of 300.
- Registration of new services – the target of 60 day turnaround on complete applications was achieved.

9.7.3 Fieldwork

Boarding house operator respondents thought the private sector offered significant opportunities to deliver outcomes for people experiencing homelessness, in a way that non government and government services could not. The accommodation stability and support offered by Level 3 boarding houses were seen to provide opportunities for clients to participate in community life through employment, volunteer work or establishing social networks.

For residential services that attempted accreditation, R2H initiatives to support their applications have been successful in achieving high levels of compliance and raising standards in the sector.

While the Office of Fair Trading's success rates for accreditation (98%) are regarded as correct, the sector also lost approximately 2,000 of the 4,000 Level 3 boarding house beds in Queensland, since the introduction of the *Residential Services Act*. Fifty two Level 3 facilities have been closed or have changed their use. These losses are significant in a sector highly dependant upon boarding houses to fulfil a specific need for affordable accommodation for a cohort of homeless people i.e. those who are financially disadvantaged but do not have complex needs.

Industry informants stressed the difficulty in opening new facilities or operating existing ones viably.

Homeless respondents indicated they would benefit from further assistance with transitions into boarding house accommodation.

Boarding house operator respondents felt their contribution was often limited and undervalued. It was thought that homelessness has been captured by the not-for-profit sector and the contributions of the private sector were not fully appreciated. There are few demonstrated links between NGOs/government agencies and the private residential sector - only in Ipswich (a non-hotspot area) were boarding house operators invited to participate in interagency meetings.

Industry representatives expressed readiness and the desire to more fully engage in homelessness responses. Significant new engagement with, and investment in, the accredited private boarding house sector is needed to preserve their role in a diverse service system.

9.7.4 Non-Hotspot Comparison

In both non-hotspot locations there is high demand for accommodation services as a consequence of few low cost housing options. This has been impacted on by rising rents and low vacancy rates. It was suggested there should be more low cost accommodation options including a greater number of boarding houses to address this gap. Relationships between private sector and non-government sector providers were described as fraught. However, in Ipswich boarding house operators were invited to participate in interagency meetings.

9.7.5 In Summary:

The introduction of accreditation standards has been successful in raising standards in the private boarding house market, but has also coincided with a significant (50%) loss of Level 3 (high support) beds across the state. The government-industry networking around accreditation has developed relationships with industry bodies that could underpin further engagement.

9.8 Better Coordination of Homeless Responses among Government Departments, Peak Bodies and Community Organisations

9.8.1 Phase 1 and 2 Evaluations

R2H engaged new government agencies in homelessness policy and strengthened relationships between key departments to deliver a more holistic response, however, not all relevant Departments were adequately involved. Sustaining a high level of strategic oversight overtime through coordination mechanisms was not achieved and communication between the strategic policy and regional service delivery domains could be improved.

The introduction of new players into the existing network creates new opportunities but can also cause conflict and competition with existing services. The processes and extent of integration was found to vary significantly across the hotspot locations and it is important for coordination to take into account the specific regional context. The importance of dedicating explicit resources to regional coordination was a strong and consistent theme. There was concern about reliance on a small group of agencies in each location, taking on the bulk of coordination activities with possible consequences of burnout. The level of involvement and interaction with the private sector requires improvement. Strong interaction between mainstream services and specialist homelessness services also needs to be facilitated.

9.8.2 Meta Data Review

Quantitative data relating to coordination outcomes is limited. CMHSU data reveals an increase in referrals from government agencies and community organisations over the years. HHOT data shows an increase in the number of education sessions with NGOs since 2007; indicating that services are increasingly working together and sharing information and knowledge. For SAAP services, referrals by non-government organisations and SAAP workers were the second most common source (after self-referrals).

The turn-away data/unmet needs for SAAP reveals that one of the most prevalent reasons is the type of accommodation requested is not available. This suggests that services/programs are not completely integrated and that clients still experience difficulties with navigating the service system.

An Indigenous family made contact with numerous services “too many to remember” but did not receive the accommodation assistance they sought. At the time they were living in a caravan park, in overcrowded accommodation. They received referrals to other services in the form of ‘lists of names and numbers’. They ‘rang pages and pages of numbers but couldn’t get any help’. They reported running out of money for phone calls, and having to wait another fortnight for their Centrelink payments before resuming the search. This stalled the process of finding assistance. They found telephone-based assistance difficult. They reported no follow up from services and feeling trapped in a homelessness cycle. They felt people did not believe they were really homeless. They also found ‘it very frustrating having to tell our story over and over again’. At one stage they were presented with the option of separating the family, with the mother taking the children to stay in a women’s hostel in another city, while the father stayed and looked for work.

9.8.3 Fieldwork

Central arrangements to coordinate implementation and provide leadership across Government agencies were initially regarded as critical to the success of R2H. However, the central coordination role diminished over time. Some thought this problematic, while others saw it as a positive and deliberate move as regional and local coordination took on a greater function.

Minutes for the CEOs’ Sub-committee on Homelessness (with reference to public intoxication) and the Senior Officers’ Group on Homelessness were provided to inform this Report. Analysis of these shows differing levels of involvement across agencies, very limited involvement by the NGO sector, and no involvement from local government or the private sector.

Stakeholders during this evaluation have generally identified the importance of future engagement with a broader group, including mainstream agencies and services, local government and the private sector. This was identified by both central and regional office respondents.

Many regional respondents thought robust central strategy and coordination is vital to provide strategic direction, link practice with policy, and address complex institutional arrangements.

At the regional level, collaboration and coordination mechanisms existed prior to the introduction of R2H. However, the Strategy has strengthened networking and encouraged new ways of working together. This is not straightforward, as reports from several locations have indicated. Government and non-government respondents reported that some networks were fragmented and constrained by competing priorities and agendas. Introducing new players without adequate preparation was seen by some to be disruptive and to undermine efforts to collaborate and coordinate. Collaboration was difficult as there were no shared histories or established approaches between ‘new players’ and ‘old players’.

Collaboration and networking requires resourcing and funding for it to be consistent and effective. Many non-government respondents and some government respondents advocated additional funding to support coordination, collaboration and sector development.

Greater coordination is also achieved by improved protocols around access to services and referral pathways. While some agreements, plans and memorandums of understanding are operating well, there are still examples of inconsistency. Overcoming silos of behaviour remains a challenge in the development of new responses and better coordination. Further engagement with mainstream services, (e.g. QH, QCS, Police, QCS, and legal services) that may be able to assist at key homelessness transition points was seen as critical.

A broader field of potential partners in responding to homelessness was identified by respondents. Centrelink is a key agency in relation to homelessness, often acting as a first point of call, however across the hotspot locations there were differing levels of engagement and collaboration. The delayed implementation of a transitional facility in Townsville due to the refusal of a number of development applications highlights the pivotal role local council can play and the benefits of having them engaged. There are few links with the private sector – particularly, the private rental sector and the boarding house sector.

Service providers raised the critical importance of Government Departments consulting locally with services about needs and capacity prior to the engagement of new services or new players. Departmental representatives too, commented that the introduction of new players to the sector had made their role more complex and program matters were difficult for staff to negotiate.

9.8.4 Non-Hotspot Comparison

Collaboration and coordination mechanisms were reported in both hotspot and non-hotspot locations, however hotspot locations appear to have more structured and developed approaches. In the non-hotspot locations coordination was generally described in terms of referral processes, information sharing, and case coordination which occurred on an ad-hoc case-by-case basis. In contrast, some hotspots service networks had established Case Coordination Groups, with agreed protocols and client consent processes. Other coordination mechanisms evident in the hotspot locations include: joint planning, co-location, resource sharing, and joint education and training initiatives. In some hotspot locations there also appears to be an increased focus and awareness of homelessness with new players being brought into previously existing networks.

Non-hotspot locations also expressed a desire for networking and coordination activities to be funded and resourced.

9.8.5 In Summary:

There is progress towards better collaboration between key departments and more holistic program design. There is evidence of improving referral networks and enhanced interagency activity.

There is need to further engage key stakeholders, e.g. departments of Health, Child Safety, Employment, Education, local government, peak sector bodies, the private sector and consumers.

Introducing new players and maintaining strategic oversight and leadership requires continuing investment in communications, networking and organisational capacity building.

9.9 Impacts on Wellbeing, Self-Esteem and Self Efficacy of People Experiencing Homelessness

9.9.1 Phase 1 and 2 Evaluations

The wellbeing of homeless people involved in the Homeless Persons Court Diversion Program has improved as they are receiving fewer fines and incarceration is less likely. Positive impacts on wellbeing are also being achieved through HHOT early intervention which has improved health outcomes and reduced the need for hospitalisation. Due to the Health Homelessness Initiative, clients receive more regular clinical treatment, and their mental illnesses are more accurately assessed and better monitored. Anecdotal evidence and watch-house logs suggest the PLO Community Patrols impact wellbeing through a decrease in the arrest rates for homeless people in Cairns and Mount Isa. Anecdotal evidence also suggests the PLOs have also contributed to a decrease in the level of public drunkenness and that the safety of intoxicated people has been enhanced.

9.9.2 Meta Data Review

There is evidence of improved wellbeing from the Transitional Housing Program which has achieved a significant reduction in the hospital bed days of clients during and after admission to the Program.

9.9.3 Fieldwork

There were widely reported instances of positive change, particularly with services that see people over time. These examples were generally anecdotal, with little supporting quantitative data.

Enhanced self efficacy was reported in terms of clients who took increasing responsibility for self management and liaison with services. This was often linked to a perceived way of operating i.e. relationship-based, problem solving, and empowering. While there may be underlying and enduring issues, services reported that addressing a specific problem, at the time required, could assist people to go forward with more confidence.

Where there were positive impacts on self esteem they were the result of responsive and immediate assistance or well-coordinated, long-term interventions.

Outreach and early intervention services, the Service Hubs for Homeless People, HPIQ and enhancements to available housing stock, all contributed to responsive and immediate assistance.

Well-coordinated, long-term interventions and emerging case management practices were the result of investment in networking and joint planning and were enhanced by existing sector networking efforts.

Self-esteem and efficacy is closely linked to having secure affordable housing which, for complex-needs clients, often requires flexible, effective and consistent long-term support.

9.9.4 Non-Hotspot Comparison

Non-hotspot services described improvements in health and wellbeing through the direct provision of health care, facilitating access to external health services, and by providing health education.

9.9.5 In Summary:

The increase in resources in hotspot areas and new access points, models of outreach, early intervention and integrated support are improving the wellbeing, self-esteem and self efficacy of people experiencing homelessness. Challenges remain in lifting service capacity to meet demand and creating transitional and long-term affordable housing options.

9.10 Increased Opportunities to Participate in Community Life and Address the Issues that May Keep People Homeless

9.10.1 Meta Data Review

SAAP data shows small changes in the labour force status before and after intervention. Fewer people lived without income, more people got full-time jobs and the unemployment rate decreased.

Long-term housing stability is seen as crucial for providing opportunities to fully participate in community life through employment, study, volunteer work and social networking. Data shows that achieving long-term housing stability is difficult. SAAP data reveals that, after support, fewer clients lived in unstable accommodation, but there was no indication of them moving to long-term accommodation. Some CRS households exited to the private sector and public housing, however, there are indications that others are returning to crisis accommodation. Periodic Performance Reports show that the percentages of support periods where clients exit to independent accommodation decreased overtime. After appearances in the Homeless Persons Court, there has been a significant reduction of people in primary homelessness, but only a small proportion of clients in medium/long-term accommodation. The Transitional Housing Program has been successful in transferring some clients into long-term housing.

Homeless Persons Court Diversion Program data reveals that after intervention people are less likely to re-offend. Consequently, they are less likely to go to jail and have increased opportunity to participate in community life.

9.10.2 Fieldwork

A 48 year old male commented “accommodation and assistance only lasts as long as you can afford to pay. There is a lot of assistance but is it enough? To get a job you need an address. You need somewhere stable even if it is a caravan park”.

‘We have some clients who just cycle through the system. We are just starting to identify who they are’ (NGO provider, Townsville). R2H has encouraged services to adopt a broader focus and develop community linkages and connections. Individual interventions may be specifically focussed and time-limited, but may result in ‘small movements along the pathway towards more readiness for participation and opportunities’ (Government agency, Cairns).

Services who see people over a period of time, did report positive health, employment and community participation outcomes. For example, Homeless Person’s Court, HHOT, boarding house operators and medium/long-term housing providers reported increased access to support services and increased personal capacity, volunteer work and levels of paid work.

Themes of social inclusion and exclusion were prevalent. Services referred to assisting with the ‘precursor conditions necessary for somebody to engage in community life, by offering support and assistance to stabilise a situation.

The capacity of services to offer or negotiate ongoing assistance from others is critical and there are continuing limitations in service roles, available funding, and options across the service network to secure assistance on an ongoing basis. For future efforts to have increased effectiveness around opportunities to participate in community life there is a need for stronger linkages with employment services. Non-Hotspot Comparison

In the non-hotspot locations, facilitating opportunities for social inclusion was seen as a key to encouraging effective community participation. Some services provide a dedicated space for homeless people to ‘relax and interact’. Other services provide activities that enable homeless people to participate in community life, such as barbeques, life skills programs, recreational programs and family

fun days. Some services also encourage clients to engage in community groups, such as parenting groups.

Stable, long-term housing was seen as crucial to participation in community life. Services that provide early intervention, supported accommodation and post-tenancy supports are seen as key.

9.10.3 In Summary:

Respondents felt R2H initiatives, higher levels of information, referral and support, were demonstrating positive impacts on homeless people's opportunities to address underlying issues and to participate in community life. Expansion of the engagement of mainstream agencies in a whole-of-government process would support the social inclusion objectives of homelessness services.

9.11 Increase in Community Amenity

9.11.1 Phase 1 and 2 Evaluations

Anecdotal evidence from the PLO Evaluation Report suggests that the PLO's have made progress in diffusing conflict and anti-social behaviour and that there is an increased perception of public safety.

9.11.2 Fieldwork

Respondents linked community amenity outcomes with access to appropriate and coordinated services, a sense of social inclusion, community engagement, and opportunities for participation. Community amenity is a result of stable accommodation and appropriate, accessible support when required. Achievements were identified but were generally limited by current service system capacity constraints.

Respondents also linked improvements in community amenity to broader community attitudes towards people experiencing homelessness. In several locations, conflict over appropriate responses has delayed or otherwise burdened projects, and limited the achievements of the Strategy. Achievements in engaging and collaborating with stakeholders to date, have mostly involved government agencies and funded non-government services.

Engagement with other significant stakeholder groups should be developed to further involve service users, local governments, employment and other community services and private sector providers. Many respondents also saw benefit in general community awareness-raising as a means to enhance perceptions of community amenity.

9.11.3 In Summary:

Changes in community amenity were not measurable in this evaluation. Respondents anecdotally reported a positive contribution from R2H to community amenity, but acknowledged other general and local factors that strongly influence perceptions of amenity. Further service capacity and engagement with diverse community stakeholders was generally seen as supporting perceptions of enhanced community amenity.

10 Conclusion and Future Directions

The Queensland Government's Responding to Homelessness Strategy has been a significant whole-of-government initiative to enhance accommodation and support for people experiencing homelessness in areas of high need. The following outlines considerations in relation to future directions for responses to homelessness.

10.1 Responses to the Evaluation Questions

The Strategic Impact Evaluation was required to respond to a series of key questions outlined in the evaluation brief. These questions are framed according to the hierarchy of outcomes identified in the Program Logic framework for R2H. The following tables outline the evaluation findings in response to the key questions.

Program Logic	Evaluation Questions	Evaluation Findings
<p>Outputs</p>	<ul style="list-style-type: none"> ▪ Increased the accommodation and support services available for people experiencing homelessness? ▪ Streamlined ways of connecting people experiencing homelessness with services? ▪ Established new and improved responses to homelessness and public space issues? ▪ Established new and improved responses to the health needs of people experiencing homelessness in areas of high need? ▪ Established new and improved responses to people experiencing homelessness in the legal system? ▪ Established ways to assist residential services achieve accreditation and stay open? 	<ul style="list-style-type: none"> ▪ New and enhanced accommodation and support services were introduced in the hotspot locations. An analysis of data overtime for many initiatives shows an increase in clients assisted and longer support periods. This suggests that services have increased capacity to see more clients for a greater period of time. Longer support periods may also be an indication of limited exit points. Although the additional accommodation was received positively by stakeholders it was not thought to have kept pace with increasing demand. This is supported by SAAP data which reveals that lack of accommodation is one of the main reasons for turning clients away. ▪ Outreach services are seen as crucial for providing streamlined ways of connecting clients with services. The increased numbers of referrals between organizations as demonstrated by the data review also shows positive trends towards achieving this. More linkages with mainstream services i.e. churches, community groups etc would further streamline access to specialist services. ▪ Public space outreach services, coordinators, and PLOs have been widely regarded as effective in reaching out to homeless people; raising awareness within Government agencies about homelessness issues and in some instances providing an advocacy role. PLOs assist with decreasing levels of public drunkenness, anti-social behaviour and arrest rates for homeless people. It was generally thought that there is not an adequate policy response for homeless people for whom sleeping rough remains a way of life. ▪ HHOTs are widely regarded as an effective service delivery model and are accredited with plugging a service gap and addressing the needs of clients who were previously struggling to access services. Data for the Transitional Accommodation Support Program reveals a significant reduction of hospital bed days indicating positive impacts on the health outcomes of clients. However, linkages from specialist services to general health services are still seen as lacking. Furthermore, inappropriate discharge strategies from hospitals are resulting in people being released into homelessness. ▪ The Homeless Persons Court Diversion Program is regarded as effective, largely due to its considered approach, and this success is reflected in a considerable reduction in recidivism rates. Although the outreach approach of SPER and its coordination with other homelessness services is thought to be successful, a systemic and 'early identification' solution needs to be applied for SPER in relation homeless people incurring automatic penalties if found in default of fines. ▪ Statistics reveal that the Office of Fair Trading achieved high success rates for accreditation. However, boarding house operators identified a range of issues which impact on their capacity to stay open, due to new regulation requirements. The loss of a significant number of boarding house beds to the sector in the last 3 years was also seen to reduce client access to accommodation in a number of hotspot locations and contribute to greater pressure on existing boarding house operators and other local accommodation services.

CONCLUSION AND FUTURE DIRECTIONS

	<ul style="list-style-type: none">▪ Established processes and mechanisms (such as communication and collaboration) to provide better coordination of homeless responses between government agencies, community peak bodies and service providers?	<ul style="list-style-type: none">▪ In regions where there was capacity, maturity, longevity and strong leadership in the sector coordination around R2H was conducted with greater ease than in regions where the sector was fragmented. In some locations there were good relationships between the government and non-government sectors but in others this was less successful. Introducing new players without adequate preparation was seen to be disruptive and undermined efforts to collaborate. Siloed behaviour also arose from the boundaries of funding requirements and the challenges associated with a competitive funding environment. For successful outcomes the resourcing and funding of coordination is important.
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Program Logic	Evaluation Questions	Evaluation Findings
Immediate Outcomes	<ul style="list-style-type: none"> ▪ Do people experiencing homelessness in identified locations (hotspots) have access to new and improved service responses that are better coordinated and timely? ▪ Are services provided by Queensland Government departments and community organisations in the identified locations (hotspots) better coordinated? 	<ul style="list-style-type: none"> ▪ Fieldwork reports indicate that the introduction of new R2H initiatives, in particular, early intervention and outreach services resulted in clients receiving assistance that was timely and appropriately targeted. This has been important for engaging clients who were previously falling through the gaps. These services have also encouraged an increased emphasis on providing 'wrap around' support. Outreach services were seen to effectively link clients with other organizations to help address their needs (i.e. DoH, Centrelink, health services etc). ▪ In the hotspot locations R2H established initiatives that were funded to coordinate, encouraged information and resource sharing, introduced mechanisms for joint education and training and encouraged a more inclusive approach to homelessness responses. Data also shows evidence of improved coordination demonstrated by increased referrals for some programs from community organisations and government agencies and increased HHOT education sessions with NGOs.
Intermediate Outcomes	<ul style="list-style-type: none"> ▪ To what extent has the initiative contributed to people experiencing homelessness having increased opportunities to participate in community life and to address the issues that may keep them homeless? ▪ To what extent has the initiative contributed to people experiencing homelessness and other community members experiencing an increase in community amenity? ▪ To what extent has the initiative contributed to increased well-being, self-esteem and self efficacy in people experiencing homelessness? 	<ul style="list-style-type: none"> ▪ Anecdotal reports outlined the potential of R2H to achieve this outcome by encouraging services to adopt a broader focus, funding workers to assist with community linkages and maintaining long-term contact with clients. Assisting clients to secure stable accommodation was also seen as a basis for social inclusion and participation in community life. Limitations to achieving this outcome included inflexible funding arrangements, limited ability to provide ongoing support and the non-engagement of relevant parties i.e. the private boarding house sector. Quantitative measurements of this outcome are currently limited; however, SAAP data does reveal economic participation post support is improved with more people having full-time jobs and a decreased unemployment rate. ▪ Achieving community amenity is seen to be related to the provision of stable accommodation and appropriate support where and when it is needed. R2H was thought to be making progress towards this. Achieving community amenity for homeless people with complex needs who experience greater levels of disadvantage was thought to be problematic. Greater investment in community education and awareness raising was recommended. These qualitative reports are currently unable to be tested against quantitative data, as this outcome is difficult to measure. ▪ There was anecdotal evidence of positive change towards achieving this outcome. Providing ongoing support, building relationships with clients, addressing individual needs, assisting with problem solving and empower clients to be proactive were seen as important. Quantitative assessment of this outcome is difficult to undertaken at this time, in the context of limited longitudinal data.

CONCLUSION AND FUTURE DIRECTIONS

Ultimate Outcome	<ul style="list-style-type: none">▪ To what extent has the initiative contributed to reducing, over time, the number of people in Queensland without access to shelter?	<ul style="list-style-type: none">▪ Ability to measure outcomes at this level is currently not possible. 2006 is the most current Census data on homelessness from Chamberlain and McKenzie, which can only provide an indication of progress one year into the Strategy (R2H was introduced in 2005). In 2006, not all R2H initiatives had been established. Furthermore, it is likely that the impacts of the current global financial crisis will overwhelm this ultimate outcome of the Strategy.
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CONCLUSION AND FUTURE DIRECTIONS

In addition, the evaluation was asked to consider the following questions.

Additional Evaluation Questions	Evaluation Findings
<ul style="list-style-type: none"> ▪ To what extent have improved communication/collaboration between Government agencies, community peak bodies and service providers improved the understanding of homelessness across Queensland Government agencies? 	<ul style="list-style-type: none"> ▪ R2H has raised awareness of homelessness and put it on the agenda as a priority issue. There has been improved understanding, buy-in and greater participation from some government agencies such as QH and QPS. However, there has been less appropriate engagement of other key agencies including mainstream health services, QCS, Child Safety, and DSQ.
<ul style="list-style-type: none"> ▪ To what extent has an increased awareness of homelessness issues resulted in better access to services for people experiencing homelessness in the identified locations? 	<ul style="list-style-type: none"> ▪ R2H has raised the profile of homelessness and has resulted in services working together to provide a broader, more structured and targeted response. Increased awareness has resulted in the participation of new services and agencies and homeless people having greater access to services that may address their needs.
<ul style="list-style-type: none"> ▪ How aware are people experiencing homelessness of the range of services available to them? 	<ul style="list-style-type: none"> ▪ Interviews with homeless people suggest that some are very aware of the range of services available to them. These are often people who have experienced long-term homelessness and have cycled through the system before. Those who may be experiencing a sudden housing or financial crisis with limited previous contact with the service system can have no knowledge or awareness of the services available. Clients also demonstrated differing levels of capacity to negotiate the service system, those with complex needs or higher levels of disadvantage often having difficulty. There is evidence that targeted advertising campaigns can be effective. Some people interviewed noting that the advertisements for HPIQ in public toilets were useful.
<ul style="list-style-type: none"> ▪ What impacts has the implementation of the integrated service system in identified locations (hotspots) had on service providers and networks? 	<ul style="list-style-type: none"> ▪ There was some qualitative evidence that the introduction of new initiatives due to R2H had taken pressure off existing services, freed up capacity and increased client access. Particular initiatives, such as HHOT have had a positive impact by extending training provision to the non-government sector and have assisted in expanding expertise and knowledge-sharing.
<ul style="list-style-type: none"> ▪ Why has the initiative led to outcomes that have been evident? That is, what was it about particular aspects of the initiative and its approach that led to successful or unsuccessful outcomes? 	<ul style="list-style-type: none"> ▪ Success of R2H is partly dependant on the pre-existing conditions and networking arrangements in the hotspot locations that provided a basis for the Strategy to build on. In locations characterized by strong relationships, shared goals, maturity and longevity, R2H was most successful. Success is also dependent on the extent to which the introduction of new initiatives suited and responded to local area needs.
<ul style="list-style-type: none"> ▪ How replicable is Responding to Homelessness in other areas of Queensland? 	<ul style="list-style-type: none"> ▪ The comparative case study shows that non-hotspot areas are experiencing similar issues and patterns in relation to the use of services compared with the hotspot locations. Current unmet needs in the non-hotspot locations were identified in relation to a number of key R2H initiatives. Furthermore, it appears that existing system networks and infrastructure already exists in the non-hotspot locations which R2H could further build on. All of this suggests that there are possibility, with a considered approach and appropriate resourcing, for the Strategy to be replicated in other areas.

CONCLUSION AND FUTURE DIRECTIONS

<ul style="list-style-type: none">▪ What is recommended for future responses to homelessness in Queensland?	<ul style="list-style-type: none">▪ Improved horizontal and vertical coordination with strengthened capacity building; systemic and collaborative needs assessment and local area planning; improved housing and tenancy support including addressing merging and unmet needs; dedicated resources for coordination; systemic data collection and analysis.
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10.2 Future Directions

The Queensland Government's Responding to Homelessness Strategy has demonstrated significant positive progress towards overarching policy and practice priorities. The following future directions are proposed to further build on initial gains, consolidate achievements, and build capacity to deliver continuing return on investment and sustainable outcomes.

10.2.1 A Continuing Strategic Priority

The Australian Government's White Paper outlines an overarching aim to halve homelessness by 2020 and offer supported accommodation to all rough sleepers who need it. Interim targets to 2013 ensure the issue of homelessness will remain high on the policy and delivery agenda.

It is clear that the current economic context requires a continuing strategic focus on responses to homelessness. R2H offers a significant platform to consolidate early gains and focus future implementation more specifically.

Recommendation 1

- That the Queensland Government Implementation Plan for the National Partnership Agreement on Homelessness assess opportunities to extend the objectives and principles of R2H state-wide.

10.2.2 Informed by Systematic and Robust Needs Analysis

Systematic and robust needs analysis will enhance strategic focus and return on investment in future responses to homelessness.

The forthcoming release of 'Counting the Homeless' Census data in Queensland (Chamberlain and McKenzie) will assist to enumerate the incidence of homelessness across locations.²⁰ The recent release of supplementary Queensland SAAP data also informs the evidence base.

This evaluation has reported government and non-government perspectives regarding the importance of systematic and robust needs analysis. A number of suggestions have been made regarding current service gaps, emerging needs, and potential areas for future focus. Additional suggestions have been reported regarding the value of needs analysis conducted in partnership at central and regional levels.

Recent consultations across some regions have been conducted by DoC to inform the development of an Implementation Plan for the National Partnership Agreement on Homelessness.

Recommendation 2

- That emerging evidence regarding the current incidence of homelessness and areas of potential need are tested in further consultations with government agencies, the non-government and private sectors, at central and regional levels. This should be led by DoC at central and regional levels.

Recommendation 3

- That the HRG identify priority needs and locations for future focus, consistent with COAG and Queensland Government targets.

Recommendation 4

- That the needs analysis is further assessed by the HRG according to identified pre-conditions for success, including:
 - Identified local needs and agreed priorities

²⁰ Notwithstanding widely acknowledged limitations of Census data in efforts to quantify homelessness, as previously outlined in the Strategic Impact Evaluation Interim Report.

- Shared outcomes identified by the regional sector
- A mature service network with the capacity to work together towards shared outcomes, and develop structured mechanisms for vertical and horizontal integration
- A network that can foster engagement across levels of government, non-government and private sectors.

10.2.3 Supported by Structured Linkages, Coordination and Collaboration

Recent changes in the machinery of Government offer new opportunities to support central and regional linkages, collaboration and coordination. This is particularly related to the reduction in the number of government agencies overall, and the consolidation of a range of agencies and responsibilities under the umbrella of DoC. It is suggested this offers significant potential to integrate policy and practice across the continuum of homelessness support and housing needs.

The Queensland Government's R2H Strategy aimed to deliver a number of higher order outcomes in relation to self efficacy, community participation, health and wellbeing. The Government's Q2 vision reflects these priorities, and identifies targets to address social and locational disadvantage through community health, wellbeing, and economic development and employment strategies.

This evaluation has reported perspectives regarding the range of challenges in the current economic and social context. The value of policy responses that prioritise engagement with mainstream, local government, non-government and private sectors, has been highlighted.

We understand that the terms of reference and membership of the HRG may be reassessed when the Implementation Plan for the National Partnership Agreement on Homelessness is agreed, to ensure alignment with policy directions and priorities. We understand that it is currently intended the HRG remains a government group, with significant input from the Homelessness Reform Joint Working Group (including Queensland Council of Social Service, Queensland Shelter, Queensland Youth Housing Coalition, Blair Athol Support and Accommodation Services, Micah Projects and Mission Australia).

Recommendation 5

- That central and regional mechanisms for coordination broaden their engagement and membership. In particular, this should include engagement with:
 - mainstream agencies (such as QH, DCS, Disability, Employment, Education and QCS)
 - sector peak bodies such as Queensland Shelter and QCOSS
 - local government (including LGAQ and regional councils)
 - the private sector (including the Real Estate Institute of Queensland, Supported Accommodation Providers Association, and the Boarding House Owners and Managers Association).
- That consideration is given to pilot mechanisms for meaningful engagement with consumer representatives.

Recommendation 6

- That, as part of reviewing its terms of reference, membership and supporting relationships, the HRG consider how it may engage more specifically with key mainstream agencies, local government, private sector and non-government sector peak organisations.

Recommendation 7

- That the HRG further consider expanding the membership of the Homelessness Joint Reform Working Group, to include representatives from LGAQ and the private sector peak organisations

(such as the Real Estate Institute of Queensland, Supported Accommodation Providers Association, and the Boarding House Owners and Managers Association).

The evaluation has also reported a need for enhanced local area planning processes to strengthen regional engagement and evidence-based implementation.

Recommendation 8

- That local area planning processes are funded by DoC to undertake needs assessment and prioritisation according to Australian and Queensland Government targets.

Recommendation 9

- That local area planning processes aim to initiate or enhance local stakeholder engagement.

Recommendation 10

- That DoC fund dedicated roles at regional levels to support network engagement and activities.

10.2.4 Strategic Framework for Performance Measurement

The Australian Government has established ambitious targets to reduce homelessness and deliver enhanced community and individual outcomes over time. Associated performance measures are specifically defined, to demonstrate ongoing progress and achievements.

This articulation of national directions offers a unique opportunity for States and Territories to align strategic frameworks for performance measurement and outcomes assessment, in accordance with national policy and funding priorities.

Individual evaluations conducted throughout R2H have highlighted the limitations in systematic data collection to demonstrate robust quantitative and qualitative impacts and outcomes. This Strategic Impact Evaluation has similarly identified the limitations of current data collection and performance management at central, regional and service levels.

While R2H has developed a Program Logic and hierarchy of outcomes framework to guide performance assessment and evaluation of achievements, this was not developed collaboratively across central, regional and local agencies. Few of those consulted with during this evaluation recognised the identified priority output areas, or appeared to be aware of the desired levels of outcomes. Data collection and reporting at all levels did not appear consistent or connected with the overarching Program Logic. Data collection systems between agencies do not appear to be consistent, connected or integrated, from the data items recorded, through to reporting periods, and in relation to consistent software formats and systems.

This has limited the extent to which meta-achievements can be demonstrated, learnings are shared and tested, and evidence-based future directions can be formulated.

Recommendation 11

- That a strategic Program Logic and performance measurement framework is developed by HRG to deliver Australian Government targets.

Recommendation 12

- That HRG and DoC dedicate resources to developing data collection tools in consultation with regional stakeholders.

Recommendation 13

- That additional funding is provided (via service agreements) to allocate a defined % of funding (2%) so that services may undertake action research and evaluation to demonstrate achievements, progress and outcomes.

Recommendation 14

- That education and training are funded across central and regional sectors, specifically to encourage action research skills development.

10.2.5 Building on Success

This evaluation has identified several models of service delivery that offer potential to build on success and deliver future directions. These accord with key national and international policy and practice directions.

Recommendation 15

- That DoC is responsible for promoting 'leading practice' case studies to profile skills development, share learning, and support future practice.
- That future funding prioritises proposals that are identified as emerging models for success, for example:
 - Assertive outreach models that offer opportunistic engagement, flexibility and engagement with mainstream services
 - Accommodation services providing integrated on-site support services
 - Integrated accommodation and support focused around key transition points such as release from custody, institutions, hospitals and care
 - Tenancy and life skills support on a continuing long-term basis
 - Supports that link across the continuum of prevention, early intervention, crisis/emergency, transitional and tenancy support stages
 - Brokerage funding and financial assistance across a continuum of need.

Recommendation 16

- That HPIQ refines their model further in consultation with regional stakeholders and services.

10.2.6 Consolidation and Capacity Building

R2H has demonstrated significant initial gains in delivering positive improvements for service provision, coordination and client outcomes.

This evaluation suggests future directions focus on opportunities to consolidate achievements and support ongoing progress towards Australian Government and Queensland Government priorities. This should demonstrate key learnings and return on investment.

While initial achievements have been identified in relation to new services, increased activity, and throughputs, it is suggested that future directions consider structural and systemic measures to support consolidation.

Recommendation 17

- That the Queensland Government maximises the provision of long term social housing stock.

Recommendation 18

- That the Queensland Government Implementation Plan for the National Partnership Agreement on Homelessness includes strategies to invest in workforce development and capacity building to strengthen strategic and sustainable responses to homelessness.

Appendix A Project Summary

A.1 Strategic Impact Evaluation of Queensland Government's Responding To Homelessness Strategy

Evaluation Project Summary

Introduction

The Queensland Department of Housing has commissioned Urbis, a social planning and social research company, to undertake a Strategic Impact Evaluation of the Queensland Government's Responding to Homelessness Strategy.

In 2005 the Queensland Government committed to developing a coordinated response to homelessness and public intoxication. The state-wide strategy was initially implemented in five homelessness hot-spots: Brisbane, the Gold Coast, Cairns, Townsville and Mt Isa. The Strategy aims to provide new and improved homelessness services and has trialed new ways of working and partnerships across government and non-government agencies.

Evaluation Aims and Objectives

The evaluation will identify programmatic and strategic impacts, with a specific focus on the combined, cumulative effects of the Strategy over time.

In particular, the evaluation will consider:

- Whether the Strategy has met its intended strategic outcomes.
- The impact the Strategy has had (positive and negative, intended and unintended) on the provision of services to homeless people and the lives of those experiencing homelessness or at risk of homelessness.

Methodology

The methodology for this Strategic Impact Evaluation includes the following components:

- A brief literature review.
- A series of key informant interviews.
- An analysis of data over time.
- Consultations with service providers, government agencies, and homeless people in the five hotspot locations.
- An email survey to service providers and government agencies in non-hotspot locations.

Ethics Approval

To ensure the privacy and confidentiality of people experiencing homelessness, ethics approval has been obtained from the Queensland Health Human Research Ethics Committees in both hotspot and non-hotspot locations.

If you have any questions or concerns about participating in this Evaluation, please feel free to contact:

Susan Rudland – Director, Social Planning and Research,

Phone: 3007 3825, E-mail: srudland@urbis.com.au

Appendix B Consultation List

Consultation List (organisations listed alphabetically)

Aboriginal & Islander Alcohol Service, Cairns

Aboriginal and Torres Strait Islander Health, Rockhampton Health Service District, Queensland Health

Aboriginal and Torres Strait Islander Legal Service (ATSILS), Brisbane

Access Housing, Cairns

AIARS Douglas House, Cairns

ATODS Miami

ATODS, Peel St, Brisbane

Baptist Church Drop-In Centre, Ipswich

Biggera Waters Centrelink, Gold Coast

Blair Athol, Gold Coast

Boarding House Owners and Managers Association (BHOMA)

Booval Community Service Inc, Ipswich

Brisbane Homeless Person's Court

Brisbane Youth Service

Cairns Homelessness Hub

Capricorn Anglicare Central Queensland

Centacare Family Services, Mt Isa

Centacare, Mt Isa

Centrelink Community Service Team, Townsville

Centrelink Community Services Team, Cairns

Cairns Homelessness Service Hub (CHSH)

Community Housing Anglicare Queensland

Department of Communities Regional Office, Far North Queensland, Cairns

Department of Communities Regional Office, Gold Coast

Department of Communities Street Based Outreach Service, Cairns

Department of Communities, Townsville

Department of Housing Central Queensland Area Office, Rockhampton

Department of Housing Far North Queensland Area Office, Cairns

Department of Housing Gold Coast Area Office
Department of Housing North Queensland Area Office, Townsville
Department of Housing North West Queensland Area Office, Mt Isa
Dept of Communities Regional Office, Mt Isa
Domestic and Family Violence Court Assistance Program, Rockhampton
Fair Trading, Department of Justice and Attorney-General, Brisbane
Family Emergency Accommodation Townsville (FEAT)
FSG Australia, Envisions Program, Gold Coast
Gold Coast City Council
Gold Coast Housing Company
Gold Coast Youth Service
HART 4000
Home Support Association Inc, Rockhampton
Homeless Health Outreach Team (HHOT), Townsville
Homeless Health Outreach Team (HHOT), Gold Coast
Homeless Health Outreach Team (HHOT), Mt Isa
Homeless Health Outreach Team, Brisbane
Homeless Health Outreach Team, Cairns
Homeless Outreach Support Team (HOST)
Homeless Person's Legal Clinic (ILS Qld Ltd), Cairns
Homeless Persons Information Queensland (HPIQ)
Housing Policy and Strategy, Department of Housing
Iona House Youth Shelter, Townsville
Ipswich Community Youth Service Inc
Jimalya Topsy Harry Centre
Kings International College
Macleod Accommodation Support Service, Gold Coast
Maria House, Ozcare
Metropolitan Association Towards Community Housing (MATCH)
MICAH Hub Brisbane
MICDA Inc. Home Skills Development Pilot Project, Mt Isa

Mt Isa Riverbed Action Croup Outreach Support Service (RAGOSS)
North Queensland Domestic Violence Resource Service
Office of Homelessness, Department of Communities
Ozcare Gold Coast Community Support, Southport
Ozcare Homeless Outreach Program, Cairns
Ozcare Homelessness Early Intervention, Cairns
Ozcare, Brisbane North
Ozcare, Ipswich
Pete's Place
Pindari Women's Hostel
Queensland Police
Queensland Shelter
Quigley Night Shelter, Cairns
Red Cross Heading Home Program, Townsville
Red Cross, Townsville
Rockhampton and Environs Affordable Community Housing
Rockhampton Retirement Village
Rockhampton Women's Shelter
Roma House
Salvation Army Centennial Lodge, Cairns
Salvation Army Still Waters
Sera's Women's Shelter, Townsville
Shelter Housing Action Cairns (SHAC)
Spiritus Community Centre, Townsville
St John's, Anglicare, Surfers Paradise
St Margaret's House Anglicare
St. Peter Claver College, Ipswich
STARH, Gold Coast
State Penalties Enforcement Registry (SPER), Individual Considerations Team
Strategic Policy, Department of Communities
Supported Accommodation Providers Association (SAPA), Queensland

TAAS (Q), Rockhampton
Tenants' Union Queensland, Cairns
The Women's Centre, Townsville
Townsville ATOD
Townsville Homeless Hub
Townsville Police Liaison Officer (PLO)
Transitional Housing Program, Townsville
Turnaround Ozcare, Ipswich
Wesley Mission Brisbane
Western Queensland Justice Network, Mt Isa
Women's Centre Cairns
Wuchopperen Social Health, Cairns
Youth Substance Misuse Service
YouthLink, Cairns
YPA, Mt Isa

Appendix C Research Instruments Consent Forms and Information Sheets

C.1 Inviting People Experiencing Homelessness to Participate in an Interview

Tell us about your experience!

Services and Support for People Experiencing Homelessness

Have you recently been in contact with accommodation and support services?

Tell us your views:

- How did you contact them?
- What did they offer?
- Was it what you wanted?
- What worked well?
- What else would have assisted?

Urbis is a social research company conducting an evaluation of the Queensland Government Responding to Homeless Strategy.

We would like to hear your views and experiences. The Queensland Government Responding to Homelessness Strategy involves Government agencies and services working together to provide accommodation and support for people who are at risk of or experiencing homelessness. We are inviting service users, staff and other agencies to tell us their views and help to inform government planning, decision making for the future.

A \$30 supermarket voucher will be provided to all participants. For more information, please call Jessica on this free call number 1800 557 467 between 9:00am-5:00pm, Monday to Friday, in January and February.

C.2 Participant Information Sheet for People Experiencing Homelessness

The Project: The Queensland Government is evaluating a whole of government Responding to Homelessness Strategy. The Strategy involves Government agencies and services working together to provide accommodation and support for people who are at risk of or experiencing homelessness.

Who we are: We are researchers from Urbis, a social research company that has been hired by the Department of Housing to conduct this evaluation.

What is involved: a half hour interview about your views and experiences. In particular, we'd like to ask:

- Available services and support?
- How you use these services?
- What works really well?
- What can be done differently?
- What else would assist in the future?

Your views are important and will help to inform a report to the Queensland Government about future directions to assist people experiencing homelessness.

We are offering a \$30 supermarket voucher to all participants. For more information, please call Gaye on this free call number 1800 557 467 between 9:00am ~5:00pm, Monday to Friday, in November and December.

All information will be treated as anonymous and confidential. No individual will be identified in any reporting or to any third party. Your participation in this project is entirely voluntary and you are free to withdraw from the project at any time without consequence. Your participation will not affect your contact with local service providers in any way.

Thankyou for your interest in the study

C.3 Participant Information Sheet for Service Providers

Title of Study:

The Strategic Impact Evaluation of the Queensland Government's Responding to Homelessness Strategy.

Primary Researcher:

Ms Susan Rudland (07 3007 3825) from Urbis, a social research company on behalf of the Department of Housing and the Queensland Government conducting this evaluation.

Project Overview:

The aim of this project is to evaluate the extent to which the Strategy has improved coordination and enhanced responses to homelessness, resulting in better service delivery, improvements in the lives of people experiencing homelessness, increased community amenity, and over time, a reduction in the number of people in Queensland who do not have access to shelter. The evaluation will inform the preparation of a Cabinet Submission on future options for the Queensland Government Responding to Homelessness Strategy.

The focus of the Strategic Impact Evaluation is assessing the combined, cumulative effectiveness of the Responding to Homelessness Strategy. We are seeking the views of services, people experiencing homelessness and Government to inform the evaluation.

Interview questions include:

- The processes supporting the delivery of the Strategy.
- The activities associated with the delivery of the Strategy.
- Reporting and monitoring frameworks.
- The facilitators and barriers to achieving the objectives of the Initiative.
- Outcomes of the Initiative for Queensland Government; the homelessness service system, and for clients of the services.

All information will be treated as anonymous and confidential. No individual will be identified in any reporting or to any third party. Your participation in this project is entirely voluntary and you are free to withdraw from the project at any time without consequence.

If you have any questions about the research, please contact Ms Susan Rudland on 07 3007 3825.

Thankyou for your interest in the study

C.4 Consent Form for People Experiencing Homelessness

I have read and understood the information provided to me on the Participation Information Sheet and I _____, agree to participate in the project, “*The Strategic Impact Evaluation of the Queensland Government’s Responding to Homeless Strategy*” conducted by Urbis on behalf of the Department of Housing and the State Government. I understand participation in this will involve a brief interview with a member of the evaluation team.

I consent to:

- Complete an interview with the support of the project researchers.
- Provide information to be collated in publications by the Department of Housing. No personally identifying information will be used.

I have had an opportunity to ask the member of the evaluation team any questions I may have about the research. I have read the participants information sheet.

I understand that my participation is voluntary and that should I no longer wish to participate in the project there will be no penalty for withdrawing. My contact with services will not be affected.

I understand that my views will inform a report to the Queensland Government to guide future directions for strategies to respond to homelessness.

I understand that should I have any questions or concerns or complaints regarding the way the research is or has been conducted I can contact Queensland Health Research Ethics and Governance Unit on 07 3234 0034.

Name of Participant (please print)

Signature of Participation

Date

C.5 Third Party Consent Form

I have read and understood the information provided to me on the Participation Information Sheet and I _____, on behalf of _____, agree to participate in the project, “*The Strategic Impact Evaluation of the Queensland Government’s Responding to Homeless Strategy*” conducted by Urbis on behalf of the Department of Housing and the State Government. I understand participation in this will involve a brief interview with a member of the evaluation team.

I consent to:

- Complete an interview with the support of the project researchers.
- Provide information to be collated in publications by the Department of Housing. No personally identifying information will be used.

I have had an opportunity to ask the member of the evaluation team any questions I may have about the research. I have read the participants information sheet.

I understand that my participation is voluntary and that should I no longer wish to participate in the project there will be no penalty for withdrawing. My contact with services will not be affected.

I understand that my views will inform a report to the Queensland Government to guide future directions for strategies to respond to homelessness.

I understand that should I have any questions or concerns or complaints regarding the way the research is or has been conducted I can contact Queensland Health Research Ethics and Governance Unit on 07 3234 0034.

Name of Person Giving Consent (please print) Name of Participant (please print)

Relationship to Participant Basis of Authority to Give Consent

Signature of Person Giving Consent Date

C.6 Consent Form for Service Providers

I have read and understood the information provided to me on the Participation Information Sheet and I _____, agree to participate in the project, “*The Strategic Impact Evaluation of the Queensland Government’s Responding to Homeless Strategy*” conducted by Urbis on behalf of the Department of Housing and the State Government. I understand my participation in the project is to complete an interview where I will be asked questions in regard to the homeless services and initiatives my agency provided.

I understand that overall my participation in the study will involve me completing a survey containing several questions which should take me around 30 minutes.

I consent to:

- Complete an interview with the support of the project researchers.
- Provide information to be collated and reproduced in publications by the Department of Housing. No personally identifying information will be used.

I have had an opportunity to ask the member of the evaluation team any questions I may have about the research. I have read the participants information sheet.

I understand that my participation is voluntary and that should I no longer wish to participate in the project there will be no penalty for withdrawing and my contact with the Department of Housing and the State Government will not be affected.

I understand that the data collected from my participation will be used for State reports and plans for future homeless services development.

I understand that should I have any questions or concerns or complaints regarding the way the research is or has been conducted I can contact Queensland Health Research Ethics and Governance Unit on 07 3234 0034.

Name of Participant (please print)

Signature of Participant

Date

C.7 Survey for Homeless People

Demographic:

Gender: *Male* *Female* Age:

ATSI background: *Yes* *No* Postcode:

1. Where and when was your last stable home?

.....

2. What government and community agencies have you had contact with in the last six months?

.....

ACCOMMODATION PROVIDER 1	ACCOMMODATION PROVIDER 2	ACCOMMODATION PROVIDER 3
Public Hospital	Police	Department of Community Services
Health Outreach Worker	Other Outreach Worker	Community patrol
Information Service (HPIC or other)	Neighbourhood Centre	Church Group
Charity (op-shop, food service or material aid)	Department of Housing	Tenants Advice Service
Community Transport or Similar	Other	Other 2

3. In recent years, have you noticed any changes in the availability of services or the ways in which services can be accessed? If yes, what is the nature of this change?

.....

Thinking about the agencies where you got help:

4. Which of these agencies would you have used the most in the last six months?

.....

O.K. thanks. Thinking about that service:

5. How did you hear about them?

.....
.....

6. How did you first make contact with them?

.....
.....

7. How many agencies did you approach, before you found the service you needed?

.....
.....

8. How many times did you have to approach that service (listed in 5) before you received the help you needed?

.....
.....

9. How long did you receive support for? Was this support period long enough to address your needs?

.....
.....

10. Did the assistance you receive help you improve your circumstances? How?

.....
.....

11. What other assistance would have helped you get and keep a stable home?

.....
.....

Now thinking more generally about the times you may have been in public spaces – sleeping or just hanging around:

12. Have you been harassed by members of the public, by the police or by other authorities?

.....
.....

13. In recent years, have you noticed a change in the way that the police and other services deal with people in public spaces?

.....
.....

a) Yes - How has this changed?

.....
.....

b) No - how would you describe their dealings with you, when you are in public spaces.

.....
.....

14. In recent years, have you felt safer when in public spaces?

.....
.....

15. How can services to homeless people be improved?

.....
.....

That's the end of my questions. Is there anything else you would like to add?

.....
.....
.....
.....
.....
.....

Thankyou for your time and assistance

C.8 Service Providers Focus Group Guide in Hotspots

Thanks for your time and help today. This discussion is part of an evaluation of the Queensland Government’s response to homelessness. The aim of this project is to evaluate the effectiveness of the Responding to Homelessness Strategy. The evaluation is managed by the Department of Housing on behalf of the Queensland Government. We are seeking the views of services, people experiencing homelessness and Government to inform the evaluation.

Urbis is an independent social research company, undertaking an evaluation of the Queensland Government’s Responding to Homelessness Strategy. In June 2005, the Queensland Government committed to developing a coordinated response to homelessness and public intoxication through a state-wide strategy. This included initiatives initially implemented in five locations: Brisbane, the Gold Coast, Cairns, Townsville and Mt Isa, as well as state-wide strategic initiatives. We are surveying a range of services in different locations, to identify potential strategic impacts and outcomes of the Strategy. We are also visiting the five identified locations, and talking with services, stakeholders and people who are homeless for their perspectives on what has been achieved, what has worked well, what could be done differently, and what does government need to consider for the future.

1. Round table introductions

- **Introducing the evaluation and work to date (how outcomes from today will be used and reported)**
- **Introducing the program logic – and where we would like to focus the discussion**

.....
.....

2. How has your organisation been involved in delivering the Responding to Homelessness Strategy? (Specifically, what services have been funded under R2H)?

.....
.....

3. What are the achievements and impacts that you have observed as part of this work (what difference has this made? How is this demonstrated?)

.....
.....

4. How do you work with others in your local area? Please describe any coordination or collaboration mechanisms, including other service providers, government agencies, and peak bodies? (eg. networks, case coordination groups etc)

.....
.....

a) How has the R2H Strategy assisted coordination and collaboration? How is this demonstrated?

.....
.....

- b) **Looking at the strategic output areas of the program logic... What have people observed in relation to those outcomes areas? How do we know? How is this demonstrated?**

.....
.....

- c) **How has the R2H Strategy assisted coordination and collaboration? How is this demonstrated?**

.....
.....

- 5. **Since the establishment of R2H, have you seen any changes in patterns relating to use of your services in the last 3 years (demand, turn away rates etc, the source of your referrals)? What do you think has led to these changes?**

.....
.....

Looking at the next level up in the program logic.....

- a) **What impacts is your work having on well-being, self-esteem and efficacy of people experiencing homelessness? How is this demonstrated?**

.....
.....

- b) **How does your work impact on opportunities to participate in community life? How is this demonstrated?**

.....
.....

- c) **How does this impact on opportunities to address issues that keep them homeless? How is this demonstrated?**

.....
.....

- d) **What does “increase in community amenity” mean and how do we measure it? How is this demonstrated?**

.....
.....

- 6. ***In your model of delivery... What features are most effective in assisting homeless people?***

.....
.....

- a) **What could be done differently to more effectively assist homeless people?**

.....
.....

- b) **What do we need for future expansion?**

.....
.....

7. What future roles, functions and arrangements would enhance the sustainability and effectiveness of the services you deliver?

.....
.....

8. Overall, thinking about the last 3 years, what would you see as the *three key strategic impacts of R2H Strategy* in your area?

.....
.....

9. What recommendations would you make to Government in relation to homelessness policy and planning for the future?

.....
.....

Thankyou for your time and assistance

C.9 Cover Letter to Non-Hotspot Service Providers

Urbis, an independent social research company, is undertaking an evaluation of the Queensland Government's *Responding to Homelessness* Strategy for the Queensland Department of Housing.

In 2005 the Queensland Government committed to developing a coordinated response to homelessness and public intoxication. The state-wide strategy was initially implemented in five homelessness hot-spots: Brisbane, the Gold Coast, Cairns, Townsville and Mt Isa. Our evaluation is measuring whether the strategy has met its intended outcomes and is aiming to build an understanding of the strategy's impacts.

We are interested in including the perspectives of service providers in non-hotspot areas, to help differentiate the impacts of *Responding to Homelessness* from other factors influencing services to people who are homeless or at risk of homelessness. It will also give us an understanding of the service provision landscape in your area and help inform future program planning.

Your contribution is important to ongoing policy and program improvements for homeless people and those at risk of homelessness. We estimate that the attached survey will take 20 minutes to complete.

Please complete the survey electronically and return by email to Nick Warren (nwarren@urbis.com.au) by Tuesday 13th January 2009.

Thankyou for your time and assistance

C.10 Email Survey for Service Providers Responding to Homelessness

Urbis is an independent social research company, undertaking an evaluation of the Queensland Government’s Responding to Homelessness Strategy. The evaluation is managed by the Department of Housing on behalf of the Queensland Government.

In June 2005, the Queensland Government committed to developing a coordinated response to homelessness and public intoxication through a state-wide strategy. Initially, these included initiatives implemented in five locations: Brisbane, the Gold Coast, Cairns, Townsville and Mt Isa, as well as state-wide strategic initiatives. We are surveying a range of services in different locations, to identify potential strategic impacts and outcomes of the Strategy.

We estimate that the following survey will take 30 minutes to complete. Your perspectives are important. Responses will be used to inform the final evaluation report and recommendations in May 2009.

Please complete the survey by adding to the word document and return by email to Nick Warren (nwarren@urbis.com.au) by Tuesday 13th January 2009.

Thank you for your participation

QUESTIONS:

1. What are the main services your organisation provides?

.....
.....

2. How do you work with others in your local area? Please describe any coordination or collaboration mechanisms, including other service providers, government agencies, and peak bodies? (eg. networks, case coordination groups etc)

.....
.....

3. Have you noticed any changes in the patterns relating to the use of your service (i.e. demand, turn away rates etc.) over the last three years?

Mark the option that does not apply:

Yes No

a) If yes, please describe the nature of these changes

.....
.....

b) What do you think are the factors leading to these changes?

.....
.....

4. Which agencies and/or NGOs does your service most commonly make referrals to?

.....
.....

5. Which agencies and/or NGOs most commonly make referrals to your service?

.....
.....

6. How effective do you think these referral pathways are? Why?

.....
.....

7. Have you seen any changes in relation to referral pathways over the last three years?

Mark the option that does not apply:

Yes No

a) If yes, please describe the nature of these changes?

.....
.....

b) What do you think are the factors leading to these changes?

.....
.....

8. How does your work impact on the health and wellbeing of people experiencing homelessness in your area? How is this demonstrated?

.....
.....

9. How does your work impact on opportunities for homeless people to participate in community life? How is this demonstrated?

.....
.....

10. In your model of service delivery:

a) What features are most effective in assisting homeless people?

.....
.....

b) What could be done differently to more effectively assist homeless people?

.....
.....

11. In your local area, what are the gaps in accommodation, support and services offered to people experiencing or at risk of homelessness?

.....
.....

12. Are you aware of the Queensland Government Responding to Homelessness strategy?

Mark the option that does not apply:

- Yes No

If yes, what do you understand to be the essential elements of the strategy?

.....
.....

13. Has the Responding to Homelessness strategy had an impact in your local area?

Mark the option that does not apply:

- Yes No

a) If yes, what elements of the strategy most assisted in your local area and why?

.....
.....

b) If no, how could the strategy have assisted in your local area?

.....
.....

14. What recommendations would you make to the Queensland Government in relation to homelessness policy and planning for the future?

.....
.....
.....
.....
.....
.....

Thank you for your time and assistance

Appendix D Strategy Overview

D.1 Projects by Responsible Government Departments

Table 1 – R2H Projects and Responsible Government Departments

Responsible Departments	Projects
Department of Housing (DoH)	<ul style="list-style-type: none"> ▪ Enhancements to Community Rent Scheme (CRS) including spot purchase of existing properties. ▪ Enhancements to Community-managed Housing—Studio Units (CMHSU). ▪ Redevelop the Lady Bowen complex (Roma House). ▪ Enhancing TAAS (Q) services. ▪ Brokerage Funding for Service Hubs for Homeless People. ▪ Enhancements to Crisis Accommodation Program (CAP). ▪ Memorandum of understanding between Department of Housing and Queensland Corrective Services.
Department of Communities (DoC)	<ul style="list-style-type: none"> ▪ Homeless Persons Information Queensland ▪ 6 new and 8 enhanced crisis accommodation services (including Roma House) ▪ 11 homelessness early intervention services ▪ 5 service hubs for homeless people (2 in Brisbane, 1 in Cairns, 1 in Gold Coast and 1 in Townsville) ▪ 5 new and 1 enhanced medium-term accommodation services for young people ▪ 5 enhanced public intoxication and public space services ▪ 2 new and 5 enhanced services addressing volatile substance misuse ▪ Appointment of public space coordinators for 12 months ▪ Risk management and operational plan for Jimaylya Topsy Harry Centre ▪ Cairns Alcohol Remand and Rehabilitation Program
Queensland Health (QH)	<ul style="list-style-type: none"> ▪ Homeless Health Outreach Teams (HHOT). ▪ Mental Health Transitional Housing Program. ▪ Alcohol, Tobacco, and Other Drug Services. ▪ Dual Diagnosis Project.
Queensland Police Services (QPS)	<ul style="list-style-type: none"> ▪ Appointment of 6 Police Liaison Officers, including 2 in Townsville, 2 in Mt Isa and 2 in Cairns.
Department of Justice and Attorney General (JAG)	<ul style="list-style-type: none"> ▪ Homeless Persons Court Diversion Program Pilot. ▪ State Penalties Enforcement Register (SPER) Community Liaison Program. ▪ Assistance and guidance to help residential service providers to register their services and work through the accreditation process.

D.2 Management and Coordination Arrangements

A range of mechanisms and committees were established to manage and support implementation and coordination of the R2H Strategy. These are outlined below.

D.2.1 The CEOs' Sub-committee on Homelessness (with Reference to Public Intoxication)

The CEOs' Sub-committee on Homelessness (with reference to public intoxication) was created in mid 2004 under the Human Services CEOs' Committee and was chaired by the DoH. Prior to this there was no CEO committee responsible for homelessness. The Committee Terms of Reference included overseeing the implementation of the R2H Strategy; overseeing the implementation of Annual Action Plans; liaising with the Regional Managers' Coordination Networks; overseeing the preparation of the reports to the Premier; addressing the interface between the Supported Accommodation Assistance Program (SAAP) and Crisis Accommodation Program (CAP), and clarifying intergovernmental roles and responsibilities in these programs.

Progress on the following issues was reported to the Premier on a three monthly basis:

- Responses to homelessness
- SAAP/CAP interface
- Wet Centres
- Public Intoxication, and
- Regional Coordination.

In March 2007, the CEOs' Sub-committee on Homelessness had its last meeting and was replaced by A Fairer and Safer Queensland CEO Committee, which met between April 2007 and April 2008. The committee was renamed the Integrated Human Services CEO Committee in May 2008. This is the committee through which reporting on R2H now occurs. The Integrated Human Services CEO Committee is chaired by DoC.

D.2.2 The Senior Officers' Group (SOG) on Homelessness

The Senior Officers' Group on Homelessness has run continuously since October 2001 and has reported to the relevant CEO committee since 2004. Terms of reference for the SOG include: overseeing the implementation of the current Action Plan; the development of Annual Action Plans for homelessness and public space issues; development of processes and structures to facilitate collaborative work across state government departments; coordination and linkages with other levels of government on the issue of homelessness; and coordination of reporting to Cabinet on collaborative responses to homelessness.

The Senior Officers' Group on Homelessness is now called the Homelessness Reform Group (HRG).

D.2.3 State Homelessness CBRC Initiatives Implementation Steering Committee

A CBRC Initiatives Implementation Steering Committee existed from 2005 to August 2007. It was established by DoC and involved DoH, QH and DoC mapping out and coordinating their initiatives under R2H. The Steering Committee reported to the SOG on Homelessness. The Steering Committee was implementation-focused, as distinct from the policy focus of the SOG.

D.2.4 Responding to Homelessness Reference Group

A Responding to Homelessness Reference Group existed from 2005 to 2007 and consisted of NGOs and peak bodies. The Reference Group provided a forum for planning, information sharing and identifying opportunities for activities to support the implementation and evaluation of the homelessness and public intoxication initiatives. The Responding to Homelessness Reference Group reported to the State Homelessness CBRC Initiatives Implementation Steering Committee.

D.2.5 Evaluation Working Group

An Evaluation Working Group has reported to the SOG since 2006 and managed the Mid-Term Review of the R2H Strategy.

D.2.6 Evaluation Advisory Panel

An Evaluation Advisory Panel has similarly existed over the same period, including representatives from government and non-government sectors. The Evaluation Advisory Panel has overseen this Strategic Impact Evaluation.

D.2.7 The Regional Managers' Coordination Networks (RMCN).

The Regional Managers' Coordination Network assists with coordination at a local level and supporting the implementation of R2H on the ground.

D.3 Phase 1 and 2 Evaluations

D.3.1 Phase 1 Evaluation Matrix

Evaluation	Initiatives	Implementation	Coordination	Throughputs	Effectiveness	Outcomes	Factors contributing success	Barriers to Success
Response to Homelessness Mid-Term Review (UQ, September 2007)	Initiatives One to Six	<p>The scope of the Strategy required significant effort</p> <p>Generally proceeded to plan, with most initiatives being implemented without significant delays</p> <p>Timeframes for implementation were challenging</p> <p>In some cases, delays may have stemmed from a lack of regional and NGO involvement in pre-implementation planning</p> <p>Lack of capacity building and sector development to prepare the service system also hindered implementation</p>	<p>The policy development of R2H was well coordinated</p> <p>A complex set of coordination structures and processes were associated with the implementation of R2H</p> <p>R2H strengthened relationships between key government agencies</p> <p>R2H engaged new government agencies in homelessness responses that had previously taken little or no responsibility for homelessness engaged</p> <p>At the central level, resourcing provided by DoH for the SOG (chairing, secretariat and policy capacity) was important in maintaining the engagement of agencies</p> <p>SOG experienced diminished momentum, Instability of membership, downgrading of seniority resulting in lack of continuity and shared knowledge for strategic oversight</p> <p>Overall, lack of involvement by Disability Services Queensland and Department of Child Safety</p> <p>Local government and Commonwealth agencies participated in some coordination structures in some regions</p> <p>Implementation often delivered by individual departments as stand alone programs</p>	<p>Increase in the quantum and range of homelessness services</p> <p>Increased education and training processes for services in the hotspot locations</p> <p>Increased support for services in the hotspot locations</p> <p>Increased sources of information for services in the hotspot locations</p> <p>Increased avenues for referrals in the hotspot locations</p> <p>Increase in the number of homeless people engaged with the service system</p>	<p>Overall, the implementation of R2H was well executed</p> <p>The mechanisms and processes established to support R2H have generally delivered successful outcomes</p> <p>R2H has effectively targeted the chronic/high end of homelessness as was the intention</p> <p>R2H is effectively addressing important gaps and meeting the needs of those who were previously excluded from the service system</p>	<p>Provided policy coherence across different sectors</p> <p>Encouraged a greater awareness and understanding of homelessness</p> <p>Encouraged a shift in thinking of homelessness as relating to public space and rough sleeping to a more complex, multi-faceted issue</p> <p>Impacted positively in homelessness policy and practice</p> <p>Established a more accurate picture of need and highlighted gaps</p> <p>Significantly improved the homelessness service system in the hotspot locations</p> <p>Introduced new models of service delivery</p> <p>Boosted the capacity and quality of the existing service system</p> <p>Increased capacity of services to meet the needs of clients with high and complex needs</p> <p>Facilitated new pathways for clients between new services and existing services</p> <p>Reached clients who were previously excluded</p> <p>Expanded the number of entry points into the homelessness service system</p>	<p>Dedicated resources and positions established to support and coordinate initiatives</p> <p>Experience and commitment of staff</p> <p>The mechanisms and processes established</p> <p>The range and quality of new services</p> <p>The introduction of new service models especially outreach and mental health services</p>	<p>Allocation of new resources did not always meet the needs of the existing service system</p> <p>Strategy was developed with limited consultation or involvement of regional stakeholders</p> <p>Policy decisions did not always take into account the regional context</p> <p>Attracting appropriately qualified staff</p> <p>The timely procurement of some properties</p> <p>Administrative delays such as finalising service and funding agreements</p> <p>Service system capacity issues</p> <p>Town planning barriers for crisis accommodation facilities</p> <p>No lack of a formal communication campaign and the limited dissemination of information resulting in the articulation of aims has being patchy</p> <p>Not all agencies and NGOs share a common appreciation of the intended policy purposes of R2H</p> <p>Data collection relates to individual programs, are silo based, and have not been holistically applied</p> <p>Limited availability of baseline data</p>

Evaluation	Initiatives	Implementation	Coordination	Throughputs	Effectiveness	Outcomes	Factors contributing success	Barriers to Success
			<p>Effective communication between the strategic policy and regional service delivery domains has not been facilitated</p> <p>Not adequate engagement of the NGO sector</p> <p>R2H acted as a catalyst for bringing existing coordination structures together</p> <p>Structures and processes for regional coordination varied across locations</p> <p>Regional coordination relied on pre-existing structures and networks</p> <p>Regional coordination mechanisms received limited explicit resourcing</p> <p>The level of engagement of RMCN's has been variable</p> <p>Regional reporting to CEO's was inconsistent and irregular</p> <p>Dedicated resources for coordination were time limited and withdrawal represented a barrier to ongoing collaboration</p>					

D.3.2 Phase 2 Evaluations Matrix

Evaluation	Initiatives	Implementation	Coordination	Throughputs	Effectiveness	Outcomes	Factors contributing success	Barriers to Success
<p>Implementation Evaluation of the Responding to Homelessness Strategy (DoCs, 2008)</p>	<p>Initiatives 1, 2, 3, 7</p>	<p>DoC was responsible for implementing seven major initiatives</p> <p>All have been either fully implemented or are in the process of being implemented</p> <p>In some cases, hindrances in implementation are related to delays in capital works and changes in service delivery models</p> <p>One delay was related to problems with contracting a suitable organisation to deliver the service</p>	<p>Numerous examples of coordination including; inter-agency collaboration, co-located services and integrates service provision</p> <p>Coordination across services has been improved with the implementation of new initiatives especially designed to undertake a coordination role in addition to service delivery (HPIQ, early intervention, service hubs for homeless people)</p> <p>It is recommended that more strategies are developed to improve service system coordination (e.g. cross-agency MOU's)</p> <p>Some examples of engagement with the private sector- Interagency and joint projects including liaison and community education with real estate agents and REIQ to identify those at risk of breaching their tenancies</p> <p>Stronger interaction between mainstream services and specialist homelessness services is required</p>	<p>In the March 2008 quarter:</p> <ul style="list-style-type: none"> ▪ A total of 18, 707 clients were assisted ▪ 1,073 were assisted by the homelessness early intervention services ▪ HPIQ provided information and assistance to 5,358 clients. A total of 19, 539 calls were answered during 2007-08 ▪ The Service Hubs for Homeless People assisted 1,359 case-managed clients and more than 3,442 casual clients ▪ Crisis accommodation services (inc. Roma House) accommodated 911 clients not including accompanying children ▪ Medium-term accommodation for young people accommodated 182 young people ▪ Public intoxication and public space services assisted 5,422 clients ▪ VSM services assisted at least 963 young people 	<p>Overall, initiatives are effective – the majority of services established are operating at capacity and are meeting the needs of a high number of clients annually</p>	<p>R2H has strengthened the overall service system</p> <p>Services for those experiencing homelessness have improved</p> <p>The new and enhanced services have expanded the capacity of the service system</p> <p>New initiatives are providing more access points to the service system</p> <p>Enhancing client access and the ability of services to meet the needs of a greater number of clients</p> <p>Improving clients personal circumstances i.e. there is evidence of considerable improvements in the accommodation circumstances of clients after intervention</p>	<p>Substantial investment was allocated to establish a range of new services and to expand and better integrate existing services</p> <p>Initiatives provided new models of service delivery</p> <p>New models of service delivery including the early intervention services, outreach services and service hubs for homeless people have been effective</p> <p>Significant contribution by the non-government sector</p> <p>The brokerage funding made available has been crucial to the effectiveness of the services and has been used flexibly and in a variety of ways to meet the needs of clients</p> <p>A range of innovative approaches for meeting local circumstances and client needs</p> <p>Strategies for ensuring continuity of support for clients have been important</p>	<p>The lack of early engagement with the sector in relation to policy development and initial service planning</p> <p>Demand for some initiatives has exceeded expectations</p> <p>Since the commencement of R2H there have been an increase in overall demand for homelessness services</p> <p>The needs of clients are becoming increasingly complex</p> <p>High rents and low vacancy rates in the private rental market</p> <p>Declines in public housing stock in Australia over the last decade</p> <p>Rapid population growth in Queensland</p> <p>Shortages of services for those with mental health problems and disabilities</p> <p>Clients experiencing barriers in accessing mainstream services</p> <p>There is a lack of ongoing case management and support to assist with maintaining tenancies</p> <p>Difficulties with recruiting and retaining suitably qualified staff and accessing homelessness specific training, especially in regional areas</p> <p>Separate data collection requirements and</p>

Evaluation	Initiatives	Implementation	Coordination	Throughputs	Effectiveness	Outcomes	Factors contributing success	Barriers to Success
								<p>processes for different funding areas</p> <p>Some data limitations, delays in the release of data reports and low completion rates</p>
<p>Closing Gaps and Opening Doors: The function of an integrated homelessness service system (QUT, 2008)</p>	<p>Initiatives 1,2,3,7</p>	<p>Some individual programs experienced implementation problems</p> <p>A high level of dialogue at the implementation stage leads to a better articulation of roles and capacities and assists to smooth over tensions and turf stakes</p> <p>There were a number of processes and mechanisms put in place to coordinate the development and implementation of the Strategy, these failed to deliver any sustained level of oversight or direction</p> <p>Implementation involves tight timeframes</p>	<p>R2H has improved integration capacity and better relationships within and across the government and NGO sector has been achieved</p> <p>Integration has been assisted by programs dedicated to coordination - the Public Space Coordinators were identified as a positive link between government and NGOs, especially in Townsville</p> <p>Integration takes investment, time, money and commitment before it delivers positive outcomes</p> <p>Integration does not solve the problem of an under resourced service system</p> <p>The level of integration developed should be fit for purpose and match the context and service requirements of the individual service system</p> <p>Non-govt organisations have made considerable attempts to engage with the private sector however there remains a low level of involvement and interaction, especially in the private rental market</p> <p>Equity has an impact on the level of integration – the perceived differences in funding allocations and employment conditions to new service created disconnects between established and newer services</p> <p>The introduction of new</p>	<p>The Brisbane service system is highly centralised with a few organisations accounting for 53% of the connections taking place</p> <p>The two Service Hubs for Homeless People in Brisbane account for 26% of the total number of connections being made</p> <p>The Gold Coast has a centralised figure of 40%</p> <p>Of the 23 Gold Coast agencies, 8 have over 50% of the reported ties indicating a relatively equal distribution of info, planning and resource sharing. However, there is some concentration of integration among 4 key players</p> <p>The referral in/out of Townsville represent a highly decentralised area with a centralisation score of 4.6%</p> <p>In the hotspot locations there is an average 2.3 steps to achieve a complete referral, signalling a systems under strain and the inability to connect at one point</p> <p>At the time of the Evaluation, HPIQ was averaging 400 calls per week – approx 80% were identified by staff as people looking for short term accommodation or seeking basic information</p> <p>Roma House was</p>	<p>Overall the homelessness early intervention services have provided positive results</p>	<p>Increased attention and awareness of homelessness</p> <p>Improvements in relation to filling service gaps</p> <p>A more comprehensive suit of programs are being provided</p> <p>Improved service quality</p> <p>Better pathways out of homelessness</p> <p>Progression from a fragmented response to one that applies various solutions to align information, resources and expertise to move from homelessness to sustained tenancies</p> <p>More effort and investment directed at preventing homelessness</p> <p>A positive shift in the understanding of homelessness as complex and requiring new and innovative policy responses</p> <p>The Strategy demonstrates strategic level innovation in that it seeks to restructure the entire system of services</p> <p>Many examples of innovation at the client service level have also occurred</p> <p>The inclusion of departments previously not engaged in homelessness responses helped to garner a more holistic government response</p> <p>Improved and streamlined</p>	<p>Innovative strategies</p> <p>The knowledge, expertise and networks of service providers</p> <p>The injection of additional resources and funding</p> <p>Introducing new services to the mix and enhancing/providing additional funding existing services</p> <p>Homelessness early intervention services were seen as important and providing positive contributions</p> <p>Community Patrol to address public intoxication were considered positive as they shifted public intoxication from being dealt with on the grounds of a legal issue to one that was more grounded in a health and social welfare framework</p> <p>The innovative approach of the Homeless Persons Court Diversion Program was seen as important</p> <p>Three different hub operating models were evident – all were successful in their service role and context. This highlights the benefits of a range of model options to accommodate locational variance</p> <p>Outreach has shifted the service model from an agency to one which is more client-centric and provides new entry points</p>	<p>Service criteria and boundaries, and policy disconnects impacted negatively on some initiatives</p> <p>Additional support and resources is required to advance to a more deliberate and considered approach to innovation</p> <p>R2H is primarily focused on emergency and crisis at the point of homelessness rather than sustaining tenancies or establishing supported housing service options</p> <p>A new data management tool is required to better inform service planning—move away from capturing static information to dynamic and ongoing client data</p> <p>Lack of definitional clarity around early intervention services – many services in the sector understood their activities to include early intervention and the special status of early intervention programs was not recognized. Early intervention was not able to ascertain sufficient attention as a legitimate and separate intervention approach</p> <p>Public intoxication is viewed from different perspectives (political, legal, health and social). Differing views mean that interventions to address the joint issue of public intoxication and homelessness are often fragmented and lack a</p>

Evaluation	Initiatives	Implementation	Coordination	Throughputs	Effectiveness	Outcomes	Factors contributing success	Barriers to Success
			<p>players into the existing network offers prospects of new connections, innovation and dynamism</p> <p>Introduction of new service providers created competition for funding between existing service providers and new entrants</p> <p>Different levels of integration in the hotspot locations have occurred due to capacity, level of sector development, and specific locational and structural features of the homeless populations</p> <p>The Gold Coast has the most collaborative model which includes: information sharing, shared resources, joint planning, and referral pathways</p> <p>In the hotspot locations, there were generally a core group of agencies providing the bulk of the coordination – future efforts could expand the number of those involved to take pressure off the core agencies</p> <p>Referrals are a large part of the work being undertaken by services in the hotspot locations</p> <p>The non inclusion of Disability Services Queensland was noted as an oversight</p> <p>Co-location of services established a new way of operating, bringing services together to share resources and avoid duplication</p>	<p>operating with a 95-98% occupancy rate and many of the 200 people previously assisted have moved onto sustained tenancies</p>		<p>access to the service system</p>	<p>into the service system</p> <p>The availability of free calls to HPIQ has allowed clients safe and more immediate access to information and services</p> <p>HPIQ has acted as a connector between clients and services where previously there was a need for agencies to use resources to identify client's whereabouts</p>	<p>cohesive strategy</p> <p>Need for strategies to engage with the private sector including private rental sector (i.e. landlords) and insurance companies</p> <p>Need for more regular and ongoing cross sector dialogue and transparent decision making processes</p> <p>Efforts should be directed towards ensuring agencies are adequately funded and resourced to deliver services as well as to participate in planning and integration activities</p>
<p>Queensland Police Service Initiative: An Evaluation of the Strategy funded PLO Community Patrols by the</p>	<p>Initiative 3</p>	<p>The implementation model of the PLO's was based on the Cairns Community Patrol - Homelands Project</p> <p>The PLO Community</p>	<p>The initiative has engaged a broad range of Government and non-government agencies</p> <p>The initiative has</p>	<p>Approximately 4,257 contacts and 1,383 referrals were made in the 2006-07 period²</p> <p>Across the three locations,</p>	<p>The initiative has been effective in providing a positive policing approach to create safer communities</p>	<p>The PLOs are assisting clients in assessing a range of services</p> <p>Assisting people to address the underlying</p>	<p>The maintenance of partnerships has been imperative to attaining successful outcomes</p> <p>The positive, proactive and</p>	<p>The availability and capacity of social services to support the PLOs in their role</p> <p>Internal policies of</p>

Evaluation	Initiatives	Implementation	Coordination	Throughputs	Effectiveness	Outcomes	Factors contributing success	Barriers to Success
Queensland Police Service, May 2008 ¹ .		Patrols initiative has been implemented and operated as originally intended	<p>established partnerships between the QPS and Commonwealth agencies including Centrelink, Medicare and the Australian Tax Office</p> <p>The initiative has established partnerships between the QPS and other key State agencies including DoH, DoC, QCS, QH and Child Safety</p> <p>At the local level, PLOs have working relationships with a range of non-government organizations to assist clients in accessing a variety of services including accommodation, drug and alcohol, aged care, and health</p> <p>Partnerships have facilitated information sharing</p>	<p>an average of 46 daily contacts were made between 1st July 2006 to 30th June 2007</p> <p>Across the three locations, 1,996 hours were spent by PLOs responding to public space issues between 1st July 2006 and 30th June 2007</p> <p>Across the three locations, 65% of those contacted were male</p> <p>Across the three locations, 97% of persons contacted identified as Aboriginal or Torres Strait Islander</p> <p>Across the three locations, 1, 373 referrals were made</p> <p>The highest number of referrals were made to diversionary centres (618), followed by linked support services (547). The lowest numbers of referrals were made to rehabilitation services (10) and secure mental health units (2)</p>	<p>The design and implementation of the initiative has effectively facilitated interaction between PLOs and homeless people</p> <p>The initiative has effectively enhanced networks with other Government and non-government agencies</p>	<p>causes of their homelessness</p> <p>Anecdotal evidence and watchhouse logs suggest there has been a decrease in the arrest rates for homeless people in Cairns and Mount Isa</p> <p>Mount Isa has advised that tribal elders often assist the PLOs to diffuse conflict, reducing the likelihood of anti-social behaviour escalating</p> <p>The initiative has contributed to a decrease in the level of public drunkenness</p> <p>PLOs are proactively defusing conflict situations through mediation</p> <p>The safety of intoxicated people has been enhanced with anecdotal evidence suggesting they are less likely to be either a victim of a crime or an offender</p> <p>Anecdotal evidence suggests there is an increased perception of safety in public places</p> <p>PLOs have become a source of expertise within their police district with their knowledge being communicated to other officers on a need to know basis</p> <p>It has been reported that within the Police Districts there is a greater awareness of alternative means of interacting with homeless persons</p>	<p>hands on approach to interacting with and supporting homeless persons</p>	<p>services, such as admission rules, which resulted in people being turned away</p> <p>Some agencies did not have the capacity to respond to the increased demand created by the pro-active nature of the initiative</p> <p>Staffing and workforce development issues of services for homeless people in the three locations</p> <p>Shortage of housing was identified as a barrier to assisting clients into secured housing</p>

¹ The QPS notes that this report contains general information only. The QPS in providing this information makes no representations nor does it give any warranty or guarantee concerning the use to which this information is put other than its intended purpose. Statistics presented in this report are recorded and maintained from the duty log at District level for each of the areas. They are therefore unable to be centrally recorded and centrally verified as correct and are not official QPS statistics. Caution is advised when interpreting these statistics and related information.

² These statistics should be interpreted with caution, as noted above.

Evaluation	Initiatives	Implementation	Coordination	Throughputs	Effectiveness	Outcomes	Factors contributing success	Barriers to Success
Homeless Persons Court Diversion Program Pilot Evaluation (Creative Sparks Pty Ltd, November 2007)	Initiative 5	<p>In some ways the Pilot Program was implemented and operating differently to what was originally intended, however implementation remained consistent with the spirit of the Program design</p> <p>The Program has developed and adapted overtime based on gained knowledge and experience</p> <p>Implementation of the Program may have benefited from a longer lead time</p> <p>Lack of resources has limited implementation, in particular, data collection and the ability to provide follow-up support</p>	<p>The Pilot program links with accommodation, health or other support services</p> <p>The Program Steering Committee played an important oversight role</p> <p>Not all agencies participated equally in the Program Steering Committee and there was irregular attendance</p> <p>There is little coordination as to which services attend the court and how they may link together</p> <p>Case coordination overall is ad hoc rather than systematic</p> <p>Not all service providers receive ongoing funding for their involvement or have formalised coordination mechanisms – this is not sustainable in the long term</p> <p>There is a need for formalised coordination mechanisms-for example, MOU's</p>	<p>215 clients assisted between May 2006 and September 2007</p> <p>Those assisted had complex and long standing issues i.e. mental health and substance abuse</p> <p>The majority of offenders were male and under the age of 39 years</p> <p>The most common offences were public nuisance, followed by drug-related offences, stealing and contravening a direction</p>	<p>The Pilot Program is effectively meeting its overall aims</p> <p>The Pilot Program is an effective intervention in diverting homeless people charged with public space offences to health, accommodation and other relevant services</p> <p>The Court is an effective catalyst for changing offender's behaviour</p> <p>The Pilot Program is far more cost effective than sending someone to jail</p> <p>The Program has effectively used limited resources in a sensible and pragmatic way</p> <p>The Program has effectively worked cooperatively with external service providers</p>	<p>Defendants are given appropriate referrals to and from the Court</p> <p>The Program has facilitated increased access to health, accommodation and other relevant service</p> <p>Initial sentencing practices are consistent with the aims of the Court and appropriate to the client group</p> <p>The re-sentencing approach, when an offender breaches a condition of sentence, is appropriate</p> <p>The Program compliments a number of other R2H initiatives</p> <p>Early indication that people are making significant progress in addressing the underlying causes of their offending behaviour</p> <p>Fewer fines and incarceration is less likely</p>	<p>One magistrate who assists with building relationships with clients</p> <p>Problem solving approach of the Court</p> <p>The authority of the Court</p> <p>Referral pathways and collaborative partnerships with other service providers</p> <p>The attendance of key service providers at Court</p> <p>The variable and flexible service delivery model of the Court</p> <p>The pragmatic approach</p> <p>The attitude and interpersonal skills of the Magistrate</p> <p>An understanding of the client group</p> <p>Ongoing relationship building with clients, not one-off interactions</p> <p>Staff and service providers are professional and motivated</p>	<p>Limited capacity of services to meet referrals from the Court, especially accommodation services</p> <p>Demand for the Court outstrips the capacity of the Court to respond to all eligible offenders</p> <p>Overall staffing shortages and the Court Liaison Officer being overstretched</p> <p>Ability of the Court to provide adequate and ongoing support has been hampered by resource constraints</p> <p>Clients having a lack of access to transport</p> <p>The current Court venue is not a conducive setting and limits opportunities for confidential discussions</p> <p>Administration systems for monitoring client throughputs are not adequate</p> <p>The database, adapted from HART 4000, is not appropriate</p> <p>Databases need to be improved to track clients through the system</p>
Evaluation of Queensland Health Homeless Initiatives (UQ, July 2008)	Initiative 4	<p>Overall implementation has occurred smoothly and without significant incident or extensive delay</p> <p>HHOT and Transitional Housing successfully implemented innovative service delivery models</p> <p>Staff recruitment and securing the intended skill mix has been a challenge in establishing the teams and has resulted in some</p>	<p>Staff have invested considerable resources and time into collaborative efforts with other services to develop effective working relationships</p> <p>The initiative has joined up and increased integration between mental health, D&A and other health services with housing and homelessness services</p> <p>Collaborative working relationships are a core</p>	<p>Of the 41 clients who had exited the Brisbane and Townsville Transitional Housing Programs, their housing destinations is as follows:</p> <ul style="list-style-type: none"> ▪ 22% private rental ▪ 22% transitional community housing ▪ 12% longterm community housing ▪ 12% public housing ▪ 7% readmitted ▪ 7% unknown 	<p>The Initiative has been highly successful and has achieved positive outcomes</p> <p>Service delivery models have worked well in practice</p> <p>The initiative has successfully targeted clients who were previously missing out on access to services</p>	<p>Expanded the delivery of mental health, drug and alcohol and other health services in the hotspot locations</p> <p>Expanded the range of assistance available to people experiencing homelessness in the hotspot locations</p> <p>Secured a net increase in access to homelessness services and support</p>	<p>Ambitious, positive and proactive approach</p> <p>The experience, skills and commitment of QH staff and others who have been involved in implementing and operationalising the initiative</p> <p>The networks and partnerships that have developed</p> <p>The assertive outreach approach</p>	<p>Delivery of clinical services historically delivered in a highly structured and medically oriented way to a very complex and hard to reach client group</p> <p>Staff recruitment</p> <p>Lack of a strong program structure and management approach</p> <p>Lack of clearly defined,</p>

Evaluation	Initiatives	Implementation	Coordination	Throughputs	Effectiveness	Outcomes	Factors contributing success	Barriers to Success
		<p>implementation delays</p>	<p>component of the initiative and include – dissemination of information, negotiating protocols, developing confidentiality agreements, undertaking joint outreach work, providing education and training sessions, contributing to case coordination groups, and supporting other services</p> <p>Coordination has involved both formal and informal mechanisms – for example, MOU's, verbal understandings , and collaborative partnership agreements</p> <p>Overall, coordination mechanisms were seen to be appropriate and inter-agency relationship are strong</p> <p>Partner services found communication to be clear, staff to be accessible and responsive, and services to be user friendly</p> <p>Statewide Homeless Steering Committee has played a key role in implementation and continues to play a role in developing and monitoring ongoing progress</p> <p>A regular reporting framework between the Statewide Coordinator and the Team Leaders involve quarterly two day face to face meetings is a valuable learning and information tool which provides opportunities to critically examine, discuss and refine service delivery issues</p> <p>The Initiative would benefit from improved coordination and relationships with other QH services, including in-patient, emergency, and community mental health</p>	<ul style="list-style-type: none"> ▪ 7% family ▪ 2% crisis accommodation ▪ 2% homelessness ▪ 2% abandoned ▪ 2% other <p>A sample of Brisbane Transitional Housing Bed Days data reveals:</p> <ul style="list-style-type: none"> ▪ 33 participants (100%) prior to Transitional Housing for an average length of 53.4 days ▪ 11 participants (33%) went to hospital during Transitional Housing for an average length of 21.4 days ▪ 16 participants (48%) went to hospital after Transitional Housing for an average length of 15.1 days 		<p>Facilitated improved and more streamlined access to a range of services due to the outreach focus</p> <p>Overcome the barriers faced by people experiencing homelessness in accessing mainstream mental health services</p> <p>Created opportunities for indigenous people to receive treatment and support</p> <p>HHOT intervention which occurs prior to the point of crisis has significantly reducing the onset of an acute episode and the need for hospitalisation</p> <p>Clients' mental illnesses were more accurately assessed and better monitored</p> <p>Provision of more regular clinical treatment</p> <p>Indications that health conditions have stabilised or improved</p> <p>Indications of improvements in the longer term housing options for clients – client's achieving improved housing stability or acted to improve their housing situation</p> <p>Improving opportunities for people experiencing homelessness to address the issues which may keep them homeless</p>	<p>The role of the state-wide coordinator has been pivotal in driving and supporting the establishment of the services and teams and has continued to play an important coordination and resourcing role post implementation</p> <p>Clients having access to a multi-disciplinary team of clinical and non-clinical specialists</p> <p>Services are the Initiative is culturally appropriate, for example, through the appointment of Indigenous specific workers</p>	<p>transparent and articulated aims, objectives and outcome measurements</p> <p>Limited access to long-term housing options and ongoing support for clients exiting Transitional Housing</p> <p>Issues around case management responsibility and relations with case management services</p> <p>The need for greater awareness of the Initiative within various parts of QH</p> <p>The need to better highlight some of the clear linkages between the Initiative and the broader R2H Strategy</p> <p>Difficulties in recording data based on the current data systems and requirements</p> <p>Significant gaps in data collection resulting in implications for determining achievement and outcomes</p> <p>Data collection needs to better reflect the program focus and activities</p>

Evaluation	Initiatives	Implementation	Coordination	Throughputs	Effectiveness	Outcomes	Factors contributing success	Barriers to Success
			<p>Coordination had been a challenge since the loss of the Public Space Coordinators with responsibility for ongoing coordination falling to key agencies without dedicated resourcing</p>					
<p>Evaluation of the Department of Housing's Contribution to the Queensland Government's Responding to Homelessness Strategy (Urbis, August 2008)</p>	<p>Initiatives 1, 2, 4, 5, 7</p>	<p>Generally, implementation went according to plan, however, there were some delays in the implementation of some initiatives</p> <p>Purchasing properties for some initiatives was problematic</p> <p>In some cases, limited supply, market conditions and high property prices have constrained the acquisitions processes</p> <p>There were mixed views about the timeliness of the maintenance and construction activities ranging from 'excellent' to 'not timely'</p> <p>Initial implementation highlighted some difficulties regarding communications and requirements</p>	<p>Enhanced partnerships and collaboration between government departments at a strategic level</p> <p>There has been some reports of confusion and lack of clarity regarding roles and responsibilities of respective departments</p> <p>There is potential to improve cross-departmental communication and coordination as implementation continues</p> <p>The Partnership Agreement between DoH and QCS established a new framework to prevent post-release homelessness and encouraged recognition of offenders as a group 'at risk' of homelessness</p> <p>There is a view across some government agencies that the Partnership Agreement has not been broadly implemented across all areas at this stage</p> <p>Enhances partnerships between agencies and NGOs in the hotspot locations</p> <p>Improved service delivery integration</p> <p>Improved referral pathways and information-sharing processes in the hotspot locations</p> <p>The capacity of service providers to network more effectively, undertake case</p>	<p>A sample of CRS service providers April – June 2008:</p> <ul style="list-style-type: none"> ▪ Increases in the number of exits from the program indicating capacity to successfully move clients through ▪ Between 44% and 77% of public housing offers made were accepted indicating necessity to match housing with clients needs ▪ Clients came from a variety of previous housing types ▪ Referrals made from a variety of sources ▪ Clients are predominantly people with a disability and single people ▪ Demand for the service is high <p>TAAS (Q) data:</p> <ul style="list-style-type: none"> ▪ At the end of 2006-07 1,994 households assisted ▪ Between 2006-07 and 2007-08 a 3.4% increase in total households assisted ▪ 2007-08 10% decrease in households seeking accommodation ▪ 25% decrease in households seeking DoH info ▪ 20% increase in households assisted with small claims and tribunal matters ▪ 6% increase in 	<p>Initiatives have been broad- reaching</p> <p>Initiatives have been effectively targeted</p> <p>Clients with high and complex needs are effectively being assisted</p>	<p>An general increase in the volume of accommodation available</p> <p>Reduced pressure on some services in the hotspot locations</p> <p>Sustained tenancies for clients with high needs and those experiencing long term or recurring homelessness</p> <p>Enhanced capacity of service providers to respond to a greater number of clients</p> <p>Greater confidence across government departments and service providers in their capacity for continuous improvement</p> <p>Service providers have greater flexibility in responding to client needs</p> <p>A shift in the policy response with a changing or breaking down traditional roles and rigid demarcations of responsibilities</p> <p>Provided additional exit points out of homelessness</p> <p>Created vacancies and freed-up capacity at various points in the service system.</p> <p>Introducing new services has enhanced provision and address some gaps</p> <p>Services have identified new and emerging needs</p>	<p>New and innovative approaches to homelessness which encourage greater flexibility</p> <p>The engagement of a boarder variety of players in addressing homelessness</p> <p>The introduction of new players and enhancing the funding of existing services</p> <p>Recognition of the value of early intervention to support clients at risk of homelessness</p> <p>Additional funding and resourcing positively increased and improved provision</p> <p>The provision of accommodation linked with appropriate support</p> <p>Brokerage funds are perceived as effective in providing support and assistance beyond one-off emergency relief and enhancing transitions into stable accommodation</p>	<p>The quantum of the ongoing challenge of responding to homelessness</p> <p>Clients with complex needs can present challenges for service delivery, management, referral pathways and appropriate supports, and community relations</p> <p>Shifts and changes in government policy at all scales</p> <p>New provision has been overtaken by increased demand in some areas</p> <p>The booming property market and prices and the concomitant effect on housing affordability for people on low incomes</p> <p>Population growth across the state and particularly in South East Queensland driving housing demand and affordability</p> <p>Responding appropriately to the changing demographic profile of homelessness</p> <p>The requirement for aligned and systematic data and improved data management to better monitor activities and evaluate outcomes against objectives, across departments</p>

Evaluation	Initiatives	Implementation	Coordination	Throughputs	Effectiveness	Outcomes	Factors contributing success	Barriers to Success
			<p>management and deliver strategic client responses has been improved</p> <p>The level and effectiveness of coordination varies across the hotspot locations</p>	<p>households seeking assistance with tenancy law</p> <p>Sample of CMHSU reports:</p> <ul style="list-style-type: none"> ▪ Increases in the number of households assisted over time ▪ Diverse client base with high proportions of people with disabilities, ATSI, NESB households ▪ Some clients stay for long periods of time while others for less than 3 months ▪ Short periods of tenancy arrears suggest the program helps clients toward debt reduction <p>Roma House, April-May 08:</p> <ul style="list-style-type: none"> ▪ Accommodated up to 35 clients at any one time ▪ 46% male, 43% female, 6% couples ▪ As at 14 May 08, 225 tenants had exited to secure accommodation, 46 clients had re-entered Roma House 		<p>(particularly for children of homeless families).</p> <p>Streamlined ways of connecting homeless people with services</p>		

Appendix E Data Analysis Over Time

The following outlines the detailed meta data analysis.

E.1 SAAP National Data Collection National Reports

Table 2 – 28 Services that Reports Available in SAAP (NDCA)

Initiative	Agency Name	Region
Crisis/Short-Term Accommodation and Support	Lions Emergency Accommodation Centre	Sunshine Coast
	Family Emergency Accommodation Townsville	North Queensland
	Shelter Housing Action Cairns	Far North Queensland
	Najidah Association	Sunshine Coast
	Integrated Family and Youth Service - Caboolture	Sunshine Coast
	Roma House – Lady Bowen Centre	Greater Brisbane
	Micah Crisis Supported Accommodation for Homeless Families	Greater Brisbane
	Ozcare Crisis Accommodation for Homeless Families	Gold Coast
	Centacare Crisis Supported Accommodation	North Queensland
Homelessness Early Intervention Services	Micah Homelessness Early Intervention	Greater Brisbane
	Australian Red Cross Early Intervention Service	North Queensland
	Centacare Fraser Coast Homelessness Early Intervention Program	Wide Bay - Burnett
	LEAC Early Intervention Service	Sunshine Coast
	Darling Downs Homelessness Early Intervention Program	Darling Downs/South West Queensland
	Centacare Homelessness Early Intervention Service	North Queensland
	Ipswich Homelessness Early Intervention Service	Moreton
	Rockhampton Homelessness Early Intervention Program	Fitzroy/Central West Queensland
CASA Early Intervention Service	Mackay/Whitsunday	

Initiative	Agency Name	Region
Medium/Long-Term Accommodation and Support	Caboolture Family Haven	Sunshine Coast
	North West Youth Accommodation Service	Greater Brisbane
	Caloundra Youth Focus	Sunshine Coast
	Youth Service Providers Transitional Accommodation	Far North Queensland
Multiple/Combined Accommodation and support	My Move - Transitional Accommodation for Young People	Gold Coast
	Brisbane Homelessness Service Centre	Greater Brisbane
Service Hubs for Homeless People	Homelessness Outreach Support Team (HOST)	Gold Coast
	Cairns Homelessness Services Hub	Far North Queensland
Individual Support	Supporting Those At Risk of Homelessness (STARH)	Gold Coast
Support Services	Hart 4000	Greater Brisbane

E.1.1 Number of Clients Assisted

Number of Clients

In total, 5158 clients³ were assisted by the 28 services for which reports were provided, as summarised below:

- *Expanded and enhanced Crisis/short-term Accommodation Services:*
 - In 2007-08, Roma House accommodated and assisted 166 homeless people with complex needs.
 - The other eight crisis/short-term accommodation services (for which data was available) assisted 1095 clients in 2007-08.

Together, the crisis accommodation services (including Roma House) accommodated a total of 1261 clients, not including accompanying children.

- *Homelessness Early Intervention Services:* There are eleven homelessness early intervention services across Queensland. Data was available for nine services. These nine services assisted 725 people at risk of homelessness in 2007-08.
- *Service Hubs for Homeless People:* There are five service hubs for homeless people. Data was available for two service hubs. In 2007-08, these two service hubs assisted 876 case-managed clients.
- *New and enhanced Medium-term/multiple/combined Accommodation and Support for young people:* Five new and one enhanced medium-term transitional accommodation services were

³ This figure was extracted from 28 SAAP reports which have distinct client demographics. Compared with previous evaluation reports, this figure was much smaller, but it avoided double counts of some people, in particular, in relation to 'casual clients'.

funded under the Strategy. In 2007-08, 635 young people were accommodated in the four services that provided data.

- *Support services:* for services providing individual, multiple and combined support, 1661 clients were assisted under the Strategy, including 635 clients from Hart 4000.

E.1.2 Source of Referrals

Table 3 – Source of Referrals

Types	Number	Percentage
Self	2724	43%
Family/Friends	323	5%
Community Service Department	104	2%
Health services	35	1%
Police/legal unit/correction institution	20	0% (<1%)
Telephone/crisis referral agency	216	3%
SAAP agency/worker	370	6%
Other government department	231	4%
Other non-government organisation	1237	19%
School/other education institution	133	2%
Psychiatric unit	7	0% (<1%)
Other	114	2%
missing	847	13%
Total	6361	100%

In 2007-08, nearly half of the clients self-referred to services. Referrals from the government departments only account for a small proportion (4%), while the rest of clients were mainly referred by non-government organisations (19%), SAAP agency/worker (6%), friends/families (5%), telephone/crisis referral agency (3%), community service department (2%), and legal and health services (2%).

E.1.3 Referrals to Other Services

Table 4 – Referrals to Other Services

Types	Number	Percentage
Self	2724	43%
Family/Friends	323	5%
Community Service Department	104	2%
Health services	35	1%
Police/legal unit/correction institution	20	0% (<1%)
Telephone/crisis referral agency	216	3%
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E.1.4 Referrals to Other Services

Table 5 – Referrals to Other Services

Support to Client	Needed	Provided	Referred	Referred %
	32483	24368	6467	20%

In 2007-08, these 28 services provided 80% of supports (24368 out of 32483) to clients and the rest 20% were referred to other agencies and organisations.

E.1.5 Turn-Away Data/Unmet Needs: Was Accommodation Offered?

Table 6 –Turn-Away Data/Unmet Needs: Was Accommodation Offered?

Accommodation Not offered	470	
Why accommodation not offered	Numbers	Percentage
Insufficient accommodation available	159	33%
Type of accommodation requested not provided	158	33%
Agency inappropriate-Wrong target group	35	7%
Referral agency with no vacancies on books	91	19%
insufficient staff to provide support	2	0% (<1%)
Person/group inappropriate for agency	1	0% (<1%)
Other (not specified)	32	7%
Total	478	100%

In 2007-08, there were 470 clients were not offered accommodation. Reasons could be attributed to insufficient accommodation available (33%), the type of accommodation offered did not meet client' s needs (33%), referral agency with no vacancies on books (19%) and agency inappropriate or wrong target group (7%). In addition, two clients were turned away due to insufficient staff available to provide support.

E.1.6 Accommodation Status Before and After Support Table 7 – Accommodation Status Before And After Support

Accommodation type	Before	Before%	After	After%
Improvised dwelling/car/tent/squat	624	10%	180	3%
Street/park/in the open	486	8%	133	2%
House/Flat	2995	50%	3011	50%
Caravan	161	3%	155	3%
Boarding house	456	8%	557	9%
Hostel/hotel/motel	589	10%	671	11%
Prison/youth training centre	22	.4%	13	0% (<1%)
Hospital	23	.4%	13	0% (<1%)
Psychiatric institution	6	0% (<1%)	12	0% (<1%)
Other institutional setting	47	1%	66	1%
Others (Client left without providing any information, don't know, missing)	567	9%	1165	19%
Total	5976	100%	5976	100%

In terms of the accommodation status change before and after support, statistics showed that fewer clients lived in unstable accommodations such as improvised dwelling, car, tent, squat, street, park and in the open. However, there was no indication that they moved to stable medium or long-term accommodation, because the proportion of houses and flats stayed the same (50%), only a slight increase of 16 in number.

There was a small increase of people living in boarding housing (101 people) and the number of clients living in prison or youth training centres reduced (9 people). Although number of clients who lived in hospital had been reduced slightly; more people lived in psychiatric and other institutions, an increase of 25 people. The number of people who left without providing any information doubled after receiving services.

E.1.7 Main Source of Income Before And After Support

Table 8 – Main Source Of Income Before And After Support

Income Sources	Before	Before%	After	After%
No income	163	3%	104	2%
wages/salary/own business	246	4%	286	5%
New start	1478	25%	1401	23%
Disability support pension	1186	20%	1151	19%
Parenting payment	1747	29%	1584	27%
Registered/awaiting benefit	71	1%	32	1%
Youth allowance	209	3%	194	3%
Income Sources	Before	Before%	After	After%
Age pension	98	2%	94	2%
DVA payment	8	0% (<1%)	8	0% (<1%)
Austudy payments for students aged 25 and over	18	0% (<1%)	23	0% (<1%)
Spouse/partner's payment	41	1%	35	1%
Community development employment project (CDEP)	0	0% (<1%)	1	0% (<1%)
Other type of allowance and benefit	86	1%	82	1%
Maintenance/child support	4	0% (<1%)	4	0% (<1%)
Work cover/compensation	1	0% (<1%)	1	0% (<1%)
Others (missing, don't know, leave without information)	620	9%	976	15%
Total	5910	100%	5976	100%

In terms of main income source before and after support, there was a small positive trend due to the reduction of 59 clients living without income and an increase of 40 clients who started to earn wages, salary or started their own business. There was a decrease in the number of clients who got pensions and other social benefits, but there was an increase of 356 clients (6%) who left without providing any information.

E.1.8 Labour Force Status Before and After Support

Table 9 – Labour Force Status Before and After Support

Employment Type	Before	Before%	After	After%
Employed full-time	184	3%	242	4%
Employed part-time	273	5%	270	5%
Unemployed (looking for work)	1099	18%	927	16%
Not in labour force	3654	61%	3310	55%
Others (missing, don't know, leave without information)	766	13%	1227	21%
Total	5976	100%	5976	100%

After receiving support from services, an extra of 58 clients got full-time jobs and the unemployed proportion was reduced by 2%. However, still more than half of clients were not in the labour force and the number of clients who left without providing information increased by 7%.

E.1.9 Student Status Before and After Support

Table 10 – Student Status Before and After Support

Student status	Before	Before%	After	After%
Not a student	5018	84%	4606	77%
Post-secondary student/employment training	87	1%	82	1%
primary/secondary student	43	1%	30	1%
Others (missing, don't know, leave without information)	828	14%	1258	21%
Total	5976	100%	5976	100%

The proportion of students after support remained the same, while the percentage of clients who were not students reduced by 7%. The statistics showed no indication of the current status of this group.

E.2 Periodic Performance Quarterly Reports

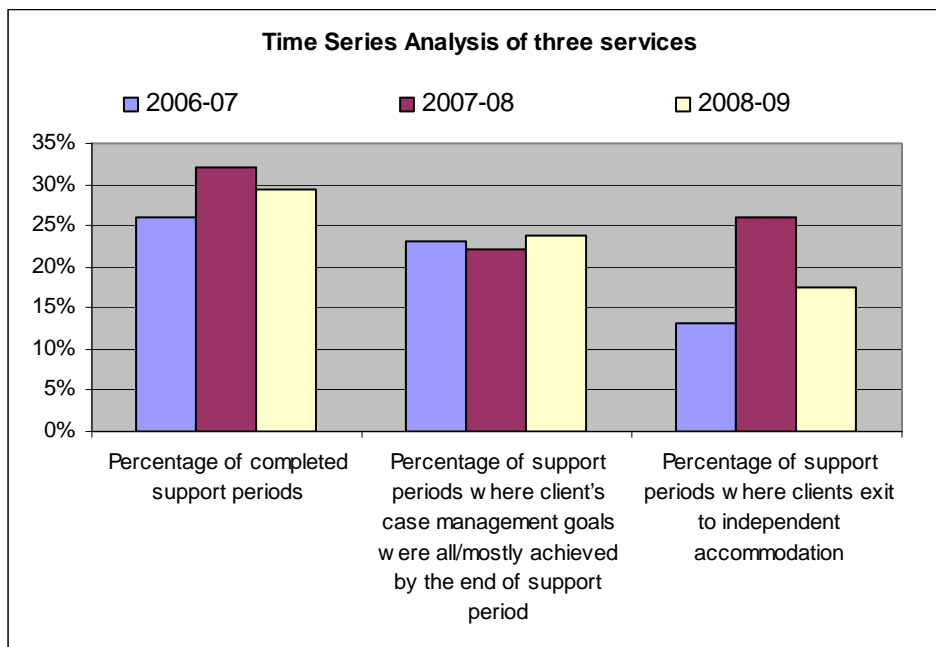
E.2.1 2006 to 2009

Time series analysis in the July to September Quarter between 2006 and 2009 was applicable for only three services. The following table provides a snapshot of these services across several key performance measures.

Table 11 – Performance, Key indicators (2006 to 2009)

Year	2006-07	2007-08	2008-09
Total Number of Clients	154	166	194
No of Bed Nights Provided	3067	3901	4264
No of Support Periods	69	81	92
No of Completed Support Periods	18	26	27
Percentage of Completed Support Periods	26	32	29
Number Of Support Periods Where Client's Case Management Goals Were All/Mostly Achieved By The End Of Support Period	16	18	22
Percentage Of Support Periods Where Client's Case Management Goals Were All/Mostly Achieved By The End Of Support Period	23%	22%	24%
No Of Support Periods Where Clients Exit To Independent Accommodation	9	21	16
Percentage Of Support Periods Where Clients Exit To Independent Accommodation	13%	26%	17%

Figure 1 – Time Series Analysis of Three Services (2006-07~2008-09)



- For the quarters analysed, there was a total number of 154 clients in 2006, 166 clients in 2007 and 194 clients in 2008 (an increase of 30 clients in three years).
- Compared with 2006, there was a significant increase of bed nights in 2007, an extra 834 bed nights (27%) provided. In 2008, there was an increase of 363 bed nights.

- The number of support periods increased steadily across three years; however, the percentage of completed support period dropped 3% in 2008 compared with the previous year.
- In terms of support periods where clients' management goals were all/mostly achieved by the end of support period, the actual number increased slightly (two in 2007 and four in 2008); however, the proportion decreased by 1% in 2007.
- The percentage of support periods where clients exit to independent accommodation doubled in 2007 (26% compared with the previous year), followed by a decrease of 9% in 2008.

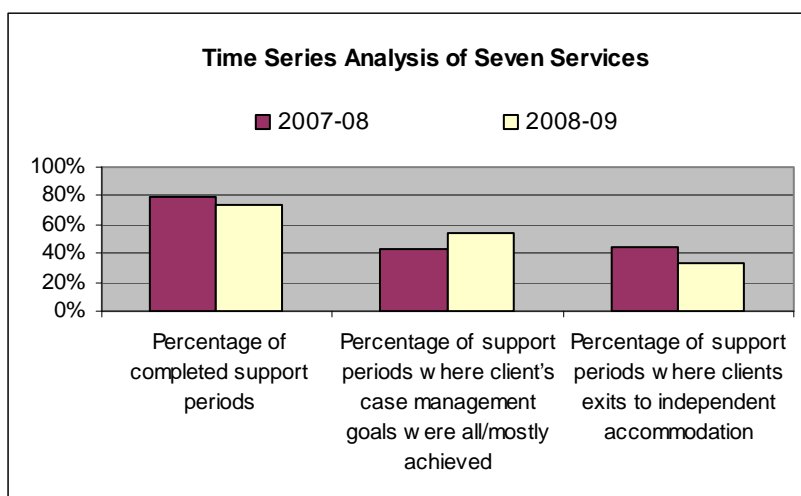
E.2.2 2007-2009

Data analysis over time was applicable for seven services between 2007 and 2009.

Table 12 – Key Performance Indicators (2007-2009)

Year	2007-08	2008-09
Total Number of Clients	2741	3824
No Of Support Periods	676	788
No of Completed Support Periods	538	583
Percentage of Completed Support Periods	80	74
Number Of Support Periods Where Client's Case Management Goals Were All/Mostly Achieved By The End Of Support Period	293	432
Percentage Of Support Periods Where Client's Case Management Goals Were All/Mostly Achieved	43	55
No Of Support Periods Where Clients Exit To Independent Accommodation	300	266
Percentage Of Support Periods Where Clients Exits To Independent Accommodation	44	34
No Of Contacts Made With Primary Homeless People Through Outreach	600	1500

Figure 2 – Time Series Analysis of Seven Services (2007-08, 2008-09)



- Across these available seven services, there were increases across most performance measures except for the percentage of completed support periods and percentage of support periods where clients exit to independent accommodation, a decrease of 6% and 10% respectively.
- The number of contacts made with primary homeless people through outreach increased by a factor of 2.5 in 2008.

E.3 Homeless Persons Information Queensland

E.3.1 Target Groups and Types of Service Provision

The primary target groups for HPIQ are:

- Homeless people, especially individuals and families who are newly homeless or at high risk of becoming homeless
- SAAP service providers and other government and non-government agencies providing assistance to homeless people and families.

The key service delivery objectives (outputs) for HPIQ include provision of:

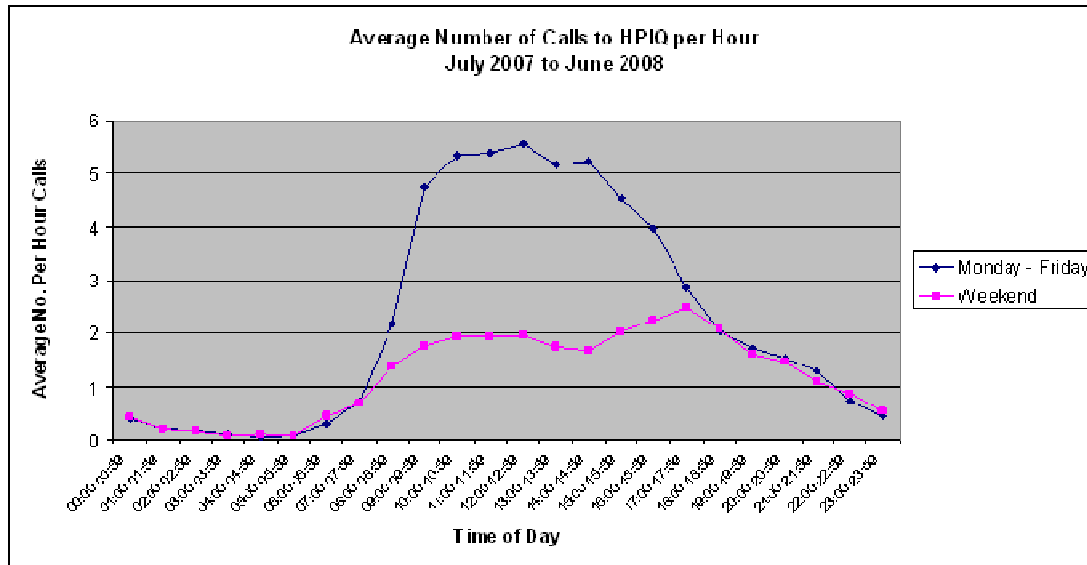
- Consistent, comprehensive information about housing options and support services across Queensland
- Crisis accommodation information and referral
- Assessment of client need and assisted referral to accommodation and support services
- Collection, analysis and reporting of statewide data on requests for assistance, areas of need, client demographics and response capacity.

E.3.2 Types of Assistance Provided To Clients

During the first year of operation in 2006-07, HPIQ answered a total of 11,149 calls. This number increased to 19,539 answered calls during 2007-08, after the statewide expansion of HPIQ was completed in June 2007 (5,358 calls were answered in the March 2008 quarter).

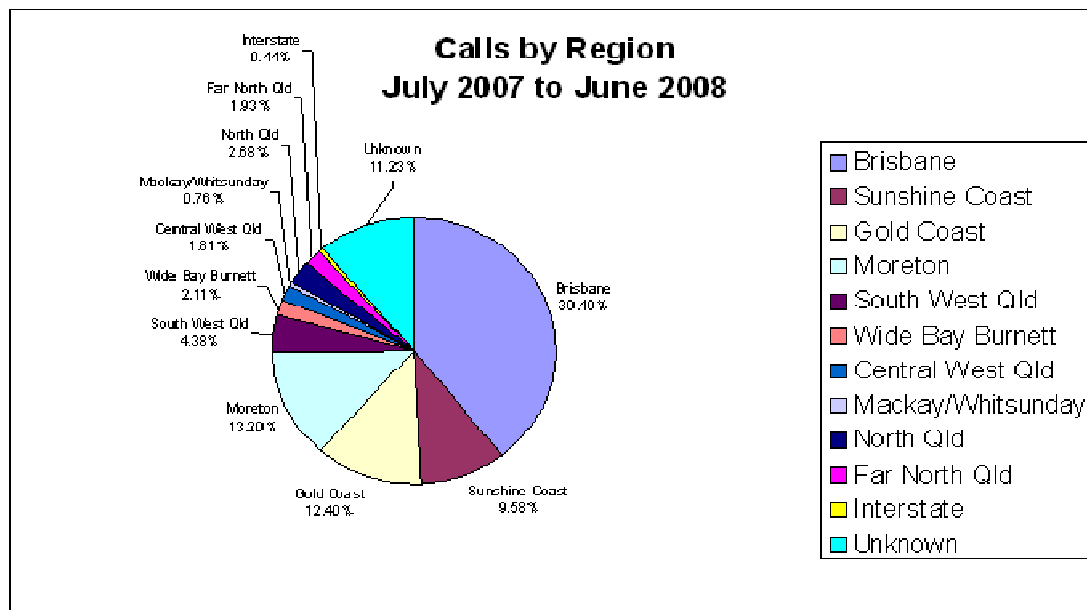
Based on 2007-08 data, the average time taken to answer calls was 15 seconds and the average handling time for calls by Customer Service Advisors was 10 minutes. Approximately 16 % of calls were escalated to Professional Support Officers. The majority of calls were received between 9.00am to 5.50pm.

Figure 3 – Average Number of Calls To HPIQ Per Hour (2007-08)⁴



Fifty-one per cent of individual callers (10,002 callers) consented to the collection of information about their personal details and provided information on their location. As shown in the following Figure, the majority of callers (74.7 %) were from South-East Queensland.

Figure 4 – Calls By Region⁵



⁴ Source: HPIQ client database.

⁵ Data is from the records of callers who consented to the collection of their personal information. Locations are categorised according to Department of Community regions. Source: HPIQ Client Database.

E.3.3 Client Demographic Characteristics

Key demographics trends⁶ for the 2007-08 financial year are summarised below:

- 51% of callers were female and 49 % were male⁷
- The majority of callers (65 %) were aged between 25 to 59 years; 32% were aged 25 years or under
- 31% of callers were accompanied by children
- 14% of callers identified as being of Aboriginal and/or Torres Strait Islander background.

The key presenting needs of callers included:

- Accommodation (required immediately⁸) (63%)
- Relationships (10%)
- Financial assistance (5%)
- Health (4%).

Approximately 3% of callers were identified as presenting in danger or distress (602 callers).

⁶ Data on client demographics is based on the records of those callers who consented to the collection of their personal information. This data excludes demographic information about callers from government and non-government organisations.

⁷ The presenting caller may represent a single person, a person with children, a couple or a group of people (family or other household configuration).

⁸ Note, this accommodation status is not further assessed by HPIQ, that is, they are unable to report where a caller is currently homeless or is at risk of becoming homeless.

Table 13 – Demographic Profiles of Clients Contacting HPIQ⁹

Demographic profiles	Totals
Total number of answered calls	19,539
Number of callers consenting to the collection of personal details	10,002
Number and percentage of consenting clients identifying as Aboriginal or Torres Strait Islander	1,400 (14%)
<i>Number and percentage of consenting clients accompanied by children</i>	3,100 (31%)
Percentage of all females accompanied by children	25%
Percentage of all males [#] accompanied by children	6%
<i>Number and percentage of consenting clients by gender</i>	
Male	4,900 (49%)
Female	5,101 (51%)
<i>Number of clients by age group</i>	
25 years or younger	3,200 (32%)
26-59 years	6,501 (65%)
60 years and over	200 (2%)
unknown	100 (1%)

E.3.4 Emerging Client Groups Identified

Service providers were asked to provide qualitative information regarding emerging or key client groups during evaluation interviews. HPIQ raised concerns about the number of families with children who were contacting the service.

E.3.5 Main sources of referrals to HPIQ

The majority of HPIQ calls between January and June 2008¹⁰ were self-referrals from people who were homeless or at risk of becoming homeless (70%). A total of 22% of callers were interested third parties for example, relatives or friends, 5% were from government agencies and 3% were from non-government organisations.

⁹ Data summarised in this table is from the records of callers who consented to the collection of their personal information. Source: HPIQ Client Database.

¹⁰ Prior to this period, HPIQ data collection did not differentiate between interested third parties, government agencies and non-government organisations.

E.3.6 Referrals to Other Agencies to Meet Client Needs

HPIQ does not collect quantitative data on referrals to other agencies. Based on qualitative feedback, the primary services that clients are often referred to are:

- Crisis accommodation services
- Mental health services
- Drug and alcohol services
- Tenancy advocacy services
- Homelessness early intervention services
- Centrelink.

E.4 Community Rent Scheme (CRS) Monthly Reports

Monthly reports of 16 service providers in June 2006, 2007, 2008¹¹ were analysed. Data analysis was conducted over the three years to investigate changes of service capacity and provision.

E.4.1 Statewide

Table 14 – Households Assisted, Exits, And Public Housing Offers (Statewide)

Households Assisted, Exits, And Public Housing Offers	Jun-06	Jun-07	Jun-08
Total number of households assisted (year to date)	772	836	595
Total exits by future housing type (year to date)	1014	982	924
Number of public housing offers made	290	285	264
Number of public housing offers accepted	268	268	226
Percentage of public housing offers accepted	92%	94%	86%

Over the periods examined, across the state there were progressively fewer households assisted, fewer total exits and fewer public housing offers made and accepted.

Table 15 –New Households Assisted By Previous Housing Type (Statewide)

New Households Assisted by Previous Housing Type	Jun-06	Jun-07	Jun-08
Homeless	30	23	11
Private Rent	9	4	6
Owner/Purchaser	0	0	0
Public Housing	0	0	0
Crisis Accommodation	12	16	9
Institution	3	10	5
Long Term Community Housing	3	1	0
Other	7	7	7
Unknown	0	0	1
Total	64	61	39

¹¹ Cabbage Tree Housing Service Inc, Redback Housing Inc: May 2008 report provided instead of June 2008

The majority of households assisted, across the State were previously homeless or came from crisis accommodation, the private rental sector, institutions or 'other'.

Table 16 – Total Households Assisted by Target Group (Statewide)

Total Households by Target Group	Jun-06	Jun-07	Jun-08
Single	544	545	542
ATSI	277	252	238
Young (<25 yrs)	324	323	258
People with a Disability	488	512	489
Women Escaping Domestic Violence	312	287	221
Fit NO Target Group	0	0	0
Fit More than one	611	583	522
Total	1497	1577	1491

Approximately one-third of households assisted were single; one third were people with a disability and one third corresponded to more than one category.

Table 17 – Housing Exiting CRS Program by Future Housing Type (Statewide)

Housing Exiting CRS Program by Future Housing Type	Jun-06	Jun-07	Jun-08
Homeless	1	0	0
Private Rent	11	15	21
Owner/Purchaser	1	0	0
Public Housing	15	17	16
Crisis Accommodation	4	1	1
Long Term Community Housing	2	2	1
Abandoned	8	2	2
Institution	8	15	14
Other	9	6	13
Unknown	1	1	0
Total	60	59	68
Evicted	4	6	12

Predominantly, those exiting the program were going to the private rental sector, followed by public housing, institutional care or 'other.' This illustrates a mixed response, with some potential success in placements in the private rental market, but also, potentially, some 'cycling' of clients to pre-existing arrangements.

Table 18 – Exiting Households Assisted by Duration of Tenancy (Statewide)

Exiting Households Assisted by Duration of Tenancy	Jun-06	Jun-07	Jun-08
Less than 3 Months	7	10	10
3 to 6 Months	8	6	12
6 to 12 Months	20	7	8
12 to 24 Months	13	20	17
24 to 48 Months	10	12	17
More than 48 Month	2	6	4
Average Term of Lease (whole weeks)	65	69	71

The average term of lease increased steadily, an increase of four weeks in 2007 and two weeks in 2008.

Most of the households assisted in 2006 were medium term tenancies. Nearly one third were assisted for a period of 6 to 12 months. In 2007 and 2008, clients received longer periods of support, from 12 months to 48 months.

E.4.2 Brisbane

Table 19 – Households Assisted, Exits, and Public Housing Offers (Brisbane)

	Jun-06	Jun-07	Jun-08
Total number of households assisted (the year to date)	465	564	387
Total exits by future housing type (the year to date)	415	460	392
Number of public housing offers made	125	138	103
Number of public housing offers accepted	113	129	84
Percentage of public housing offers accepted	90%	93%	82%

In Brisbane, the downward trend in the number of households assisted was reflected for this period. However, there was an increase in the number of exits and the number of public housing offers made and accepted during 2007.

Again, approximately one third of households assisted were single. However there was a more diverse profile of others assisted, including those who fit more than category; people with a disability; women escaping domestic violence; young people and people from ATSI background.

Table 20 – Households Exiting CRS Program by Future Housing Type (Brisbane)

Households Exiting CRS Program by Future Housing Type	Jun-06	Jun-07	Jun-08
Homeless	0	0	0
Private Rent	5	10	10
Owner/Purchaser	0	0	0
Public Housing	12	9	9
Crisis Accommodation	3	1	1
Long Term Community Housing	1	2	1
Abandoned	6	2	0
Institution	4	11	8
Other	3	4	3
Unknown	0	0	0
Total	34	39	32
Evicted	2	4	4

The destination for exiting households in Brisbane reflected the statewide profile.

Table 21 – Exiting Households Assisted by Duration of Tenancy (Brisbane)

Exiting House Holds Assisted By Duration of Tenancy	Jun-06	Jun-07	Jun-08
Less than 3 Months	3	8	7
3 to 6 Months	4	4	4
6 to 12 Months	13	5	5
12 to 24 Months	7	11	5
24 to 48 Months	6	8	9
More than 48 Month	1	3	2

In Brisbane, a range of tenancy durations was exhibited. While a spike in tenancy durations was exhibited in most categories during 2007, these had generally decreased. The exception in this regard was tenancies of 24 to 48 months, suggesting some difficulties in establishing exit points.

Gold Coast

Table 22 – Households Assisted, Exits, and Public Housing Offers (Gold Coast)

	Jun-06	Jun-07	Jun-08
Total number of households assisted (year to date)	61	54	32
Total exits by future housing type (year to date)	49	59	47
Number of public housing offers made	13	20	14
Number of public housing offers accepted	13	20	14
Percentage of public housing offers accepted	100%	100%	100%

For the Gold Coast, there was an increase for all households assisted across the three periods, although these numbers were small. There was an increase in exits and public housing offers made and accepted in 2007 and a decrease in these categories in 2008.

Table 23 – New Households Assisted by Previous Housing Type (Gold Coast)

New Households Assisted By Previous Housing Type	Jun-06	Jun-07	Jun-08
Homeless	1	1	0
Private Rent	0	0	1
Owner/Purchaser	0	0	0
Public Housing	0	0	0
Crisis Accommodation	1	0	1
Institution	0	1	1
Long Term Community Housing	0	0	0
Other	0	1	1
Unknown	0	0	0
Total	2	3	4

There was no discernable trend among households assisted by previous types for the Gold Coast.

Table 24 – Total Households Assisted By Target Group (Gold Coast)

Total Households Assisted By Target Group	Jun-06	Jun-07	Jun-08
Single	66	75	66
ATSI	8	5	5
Young (<25 yrs)	10	7	6
People with a Disability	84	89	79
Women Escaping Domestic Violence	26	22	7
Fit NO Target Group	0	0	0
Fit More than one	64	65	53
Total	138	137	126

For the Gold Coast, the types of households assisted by target group were predominantly people with a disability, then single people followed by those fitting more than one category.

Table 25 – Housing Exiting CRS Program by Future Housing Type (Gold Coast)

Housing Exiting CRS Program By Future Housing Type	Jun-06	Jun-07	Jun-08
Homeless	0	0	0
Private Rent	2	2	8
Owner/Purchaser	0	0	0
Public Housing	1	4	2
Crisis Accommodation	1	0	0
Long Term Community Housing	0	0	0
Abandoned	0	0	0
Institution	0	2	3
Other	1	0	0
Unknown	0	0	0
Total	5	8	13
Evicted	0	0	0

For exiting households, there was no discernable trend.

Table 26 – Exiting Households Assisted By Duration of Tenancy (Gold Coast)

Exiting Households Assisted By Duration Of Tenancy	Jun-06	Jun-07	Jun-08
Less than 3 Months	0	1	0
3 to 6 Months	1	0	2
6 to 12 Months	1	0	0
12 to 24 Months	0	5	4
24 to 48 Months	2	0	7
More than 48 Month	1	0	0

There tended to be an increase in the duration of tenancies for the 24 to 48-month category, but there were no other discernable trends.

E.4.3 Cairns

Table 27 – Households Assisted, Exits, and Public Housing Offers (Cairns)

	Jun-06	Jun-07	Jun-08
Number of Total Households assisted (the year to date)	57	47	33
Total exits by future housing type (the year to date)	54	60	47
Number of Public Housing Offers Made	9	22	9
Number of Public Housing Offers Accepted	9	22	8
Percentage of Public Housing Offers Accepted	100%	100%	89%

Apart from the number of households assisted, which was small, there tended to be a spike in exits and public housing offers made and accepted during 2007, with a decline to previous levels or lower across all categories in 2008.

Table 28 – New Households Assisted by Previous Housing Type (Cairns)

New Households Assisted By Previous Housing Type	Jun-06	Jun-07	Jun-08
Homeless	3	0	0
Private Rent	1	1	1
Owner/Purchaser	0	0	0
Public Housing	0	0	0
Crisis Accommodation	1	2	1
Institution	0	0	0
Long Term Community Housing	0	0	0
Other	0	0	2
Unknown	0	0	0
Total	5	3	4

There were no discernable trends in this regard.

Table 29 – Total Households Assisted by Target Group (Cairns)

Total Households Assisted By Target Group	Jun-06	Jun-07	Jun-08
Single	33	31	34
ATSI	66	53	35
Young (<25 yrs)	11	8	4
People with a Disability	40	34	32
Women Escaping Domestic Violence	15	12	10
Fit NO Target Group	0	0	0
Fit More than one	43	33	31
Total	157	146	133

The types of households assisted in Cairns were approximately one quarter ATSI households; one quarter single households; one quarter people with a disability and one quarter fitted into more than one category.

Table 30 – Housing Exiting CRS Program by Future Housing Type (Cairns)

Housing Exiting CRS Program By Future Housing Type	Jun-06	Jun-07	Jun-08
Homeless	0	0	0
Private Rent	0	1	0
Owner/Purchaser	1	0	0
Public Housing	0	4	2
Crisis Accommodation	0	0	0
Long Term Community Housing	0	0	0
Abandoned	1	0	0
Institution	1	1	1
Other	0	0	3
Unknown	0	0	0
Total	3	6	6
Evicted	0	0	3

There were no discernable trends in this regard. It should be noted, however, that no households exited to the private rental market.

Table 31 – Exiting Households Assisted by Duration of Tenancy (Cairns)

Exiting Households Assisted By Duration Of Tenancy	Jun-06	Jun-07	Jun-08
Less than 3 Months	0	0	1
3 to 6 Months	0	0	1
6 to 12 Months	1	0	1
12 to 24 Months	2	3	2
24 to 48 Months	0	3	0
More than 48 Month	0	3	1

There were no discernable trends in this regard.

Townsville

Table 32 – Households Assisted, Exits, and Public Housing Offers (Townsville)

	Jun-06	Jun-07	Jun-08
Total number of households assisted (year to date)	62	42	53
Total exits by future housing type (the year to date)	45	32	63
Number of public housing offers made	10	6	18
Number of public housing offers accepted	9	6	14
Percentage of public housing offers accepted	90%	100%	78%

The statistics for households assisted, exits and public housing offers for Townsville differed from the statewide trend, in that these categories were either static or dropped in 2007, but there were increases in all categories of assistance in 2008.

Table 33 – New Households Assisted by Previous Housing Type (Townsville)

New Households Assisted By Previous Housing Type	Jun-06	Jun-07	Jun-08
Homeless	2	1	1
Private Rent	0	0	0
Owner/Purchaser	0	0	0
Public Housing	0	0	0
Crisis Accommodation	1	4	0
Institution	1	0	1
Long Term Community Housing	0	0	0
Other	1	0	1
Unknown	0	0	1
Total	5	5	4

There were no discernable trends in this regard.

Table 34 – Total Households Assisted by Target Group (Townsville)

Total Households Assisted By Target Group	Jun-06	Jun-07	Jun-08
Single	41	48	50
ATSI	30	26	30
Young (<25 yrs)	39	39	38
People with a Disability	24	32	33
Women Escaping Domestic Violence	6	8	4
Fit NO Target Group	0	0	0
Fit More than one	49	53	58
Total	93	105	199

The types of households assisted in Townsville were distributed across single, young, people with a disability and fitting more than one category.

Table 35 – Housing Exiting CRS Program by Future Housing Type (Townsville)

Housing Exiting CRS Program By Future Housing Type	Jun-06	Jun-07	Jun-08
Homeless	0	0	0
Private Rent	0	0	2
Owner/Purchaser	0	0	0
Public Housing	0	0	0
Crisis Accommodation	0	0	0
Long Term Community Housing	0	0	0
Abandoned	0	0	1
Institution	0	1	0
Other	0	2	6
Unknown	0	0	0
Total	0	3	9
Evicted	0	2	5

There were no discernable trends in this regard.

Table 36 – Exiting Households Assisted by Duration of Tenancy (Townsville)

Exiting Households Assisted By Duration Of Tenancy	Jun-06	Jun-07	Jun-08
Less than 3 Months	0	0	1
3 to 6 Months	0	0	3
6 to 12 Months	0	2	1
12 to 24 Months	0	1	3
24 to 48 Months	0	1	1
More than 48 Month	0	0	0

There were no discernable trends in this regard.

E.4.4 Mt Isa

Table 37 – Households Assisted, Exits, and Public Housing Offers (Mt Isa)

	Jun-06	Jun-07	Jun-08
Total number of households assisted (the year to date)	25	25	19
Total exits by future housing type (the year to date)	29	21	14
Number of public housing offers made	10	3	8
Number of public housing offers accepted	10	0	5
Percentage of public housing offers accepted	100%	0%	63%

The trends for the number of households assisted, exits and offers of public housing made and accepted show a dip in 2007, with an increase in all areas of assistance in 2008.

Table 38 – New Households Assisted by Previous Housing Type (Mt Isa)

New Households Assisted By Previous Housing Type	Jun-06	Jun-07	Jun-08
Homeless	0	0	1
Private Rent	0	0	2
Owner/Purchaser	0	0	0
Public Housing	0	0	0
Crisis Accommodation	0	0	0
Institution	0	0	0
Long Term Community Housing	0	0	0
Other	1	0	0
Unknown	0	0	0
Total	1	0	3

There were no discernable trends in this regard.

Table 39 – Total Households Assisted by Target Group (Mt Isa)

Total Households Assisted By Target Group	Jun-06	Jun-07	Jun-08
Single	7	6	11
ATSI	12	10	14
Young (<25 yrs)	6	11	12
People with a Disability	1	1	1
Women Escaping Domestic Violence	1	0	0
Fit NO Target Group	0	0	0
Fit More than one	9	11	15
Total	20	17	24

The predominant types of households assisted were ATSI, young and single people, as well as those fitting more than one category.

Table 40 – Housing Exiting CRS Program by Future Housing Type (Mt Isa)

Housing Exiting CRS Program By Future Housing Type	Jun-06	Jun-07	Jun-08
Homeless	1	0	0
Private Rent	0	0	0
Owner/Purchaser	0	0	0
Public Housing	1	0	1
Crisis Accommodation	0	0	0
Long Term Community Housing	0	0	0
Abandoned	1	0	0
Institution	3	0	0
Other	1	0	1
Unknown	0	0	0
Total	7	0	2
Evicted	1	0	0

There were no discernable trends in this regard.

Table 41 – Exiting Households Assisted by Duration of Tenancy (Mt Isa)

Exiting Households Assisted By Duration Of Tenancy	Jun-06	Jun-07	Jun-08
Less than 3 Months	2	0	0
3 to 6 Months	2	0	1
6 to 12 Months	0	0	0
12 to 24 Months	3	0	1
24 to 48 Months	0	0	0
More than 48 Month	0	0	0

There were no discernable trends in this regard.

E.4.5 Conclusions

- With the exception of Townsville, benchmarks for the numbers and types of assistance offered tended to decline across the period 2006 to 2008.
- While some households exited to the private sector and to public housing, there are also indications that there may be some 'cycling' through the program back to crisis accommodation or institutions.
- Statewide, household types assisted tended to be single, people with a disability or those corresponding to more than one category. However, the 'pattern' in regional areas tended to be more reflective of the expected demographic makeup of those areas.

- Generally speaking, there was an increase in the average term of leases, supporting the view that fewer exit points are apparent. Further, most households assisted were medium term tenancies. In smaller jurisdictions, no trends were discernable.

E.5 Community-Managed Studio Unit Quarterly Reports

Quarterly reports of Community-Managed Studio Units were analysed. These included eight service reports for the July to September quarter in 2006 and 14 service reports in 2007 and 2008.

E.5.1 Total Households Assisted by Referral Sources

Table 42 – Total Households Assisted by Referral Sources

Total Households As At End Of Quarter By Referral Source	2006	2007	2008
Self / friend	40%	29%	22%
Department of Housing	9%	10%	16%
Other government department	14%	8%	10%
Community Rent Scheme service	3%	6%	2%
Tenant Advice and Advocacy Service - TAAS(Q)	2%	4%	4%
Crisis Accommodation / SAAP provider	16%	18%	17%
Other community organisation	15%	16%	10%
Other	2%	7%	19%
Total	458	674	782

- There was a significant increase of referrals over the three years, an increase of 216 (47%) and 135 (21%) clients compared with the previous years.
- In 2006, the largest proportion of clients was self-referred or referred by friends (40%). DOH and other government departments accounted for nearly one quarter of referrals (23%). CRS, TAAS (Q) and SAAP provided over one third of referrals (36%).
- Starting from 2007, self/friend referrals were replaced by CRS, TAAS (Q) and SAAP referrals, an increase of 8% of total number of 2007.
- In 2008, more clients were referred by government agencies (26% in comparison to 23% in 2006 and 18% in 2007). However, nearly one fifth of clients (19%) were referred by 'other' sources, not specifically identified.

E.5.2 Total Households Assisted by Previous Housing Type, New Households and Exits

Table 43 – Total Households Assisted by Previous Housing Type

Total Households As At End Of Quarter By Previous Housing Type	2006	2007	2008
Private boarding house	19%	11%	11%
Department of Housing funded Boarding House	9%	11%	5%
Crisis accommodation	15%	12%	18%
Other community housing accommodation	13%	12%	8%
Home owner / purchaser	0%	0%	0%
Private rental house or flat	10%	11%	14%
Public rental housing	4%	2%	3%
Other accommodation	19%	12%	12%
No accommodation (homeless)	11%	9%	14%
Not known	2%	19%	15%
Total	458	674	782

Table 44 – Total New Households Assisted and Exits

Total Number Of New Households Assisted During The Quarter	2006	2007	2008
	39	61	170
Total Number Of Households Who Have Exited This Quarter	2006	2007	2008
	24	58	133

- Over three years, there was a significant increase of new households assisted and households exited. In 2008, the July to September quarter, the number of new households assisted (170) was four times more than in 2006 (39); the number of clients exited in 2008 was more than five times in comparison to 2006. This indicated an increase in service provision and capacity, and more clients moved to medium or long-term accommodation.
- In terms of housing type, changes were not significant over the three years. Before assistance, 28% of clients in 2006 lived in boarding housing (both private and public). These numbers reduced to 22% and 16%, respectively, in 2007 and 2008.
- More homeless people (14%) were assisted in 2008, as well as people in crisis accommodation.
- In both 2007 and 2008, many clients did not specify their previous accommodation type.

E.5.3 Households on the Waiting List

Table 45 – Households on the Waiting List

Number Of Households On The Waiting List At The End Of The Quarter Within The Following Categories	2006	2007	2008
Single female	33%	36%	32%
Single male	65%	56%	66%
Sole parent	1%	6%	1%
Couples, no children	0%	1%	0%
Couples, with children	1%	2%	1%
Total	528	1609	836

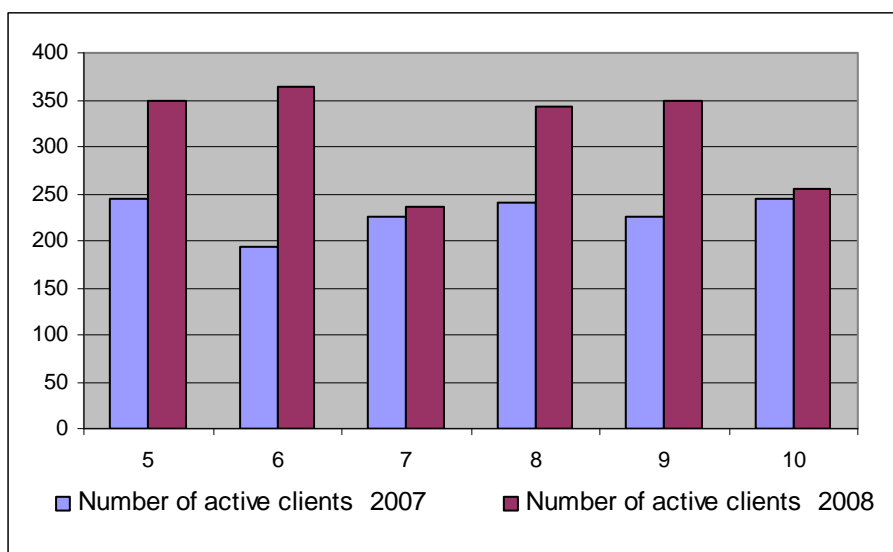
- The numbers of clients to be assisted were greater than the total number of clients assisted in the July to September quarter over the three years. In particular, there were 1609 people waiting to be assisted in 2007, an increase of nearly 1100 people than the previous year.
- Single males accounted for the largest proportion of potential clients.
- In 2007, the proportion of single parents was 5% more than the year of 2006 and 2008.

E.6 HHOT Statewide Monthly Reports

Six common months in 2007 and 2008 (i.e. May, June, July, August, September, October) were analysed from Statewide Monthly Reports for the Homeless Health Outreach Teams from May 2007 – October 2008.

E.6.1 Number of Active Clients

Figure 5 – Number of Active Clients

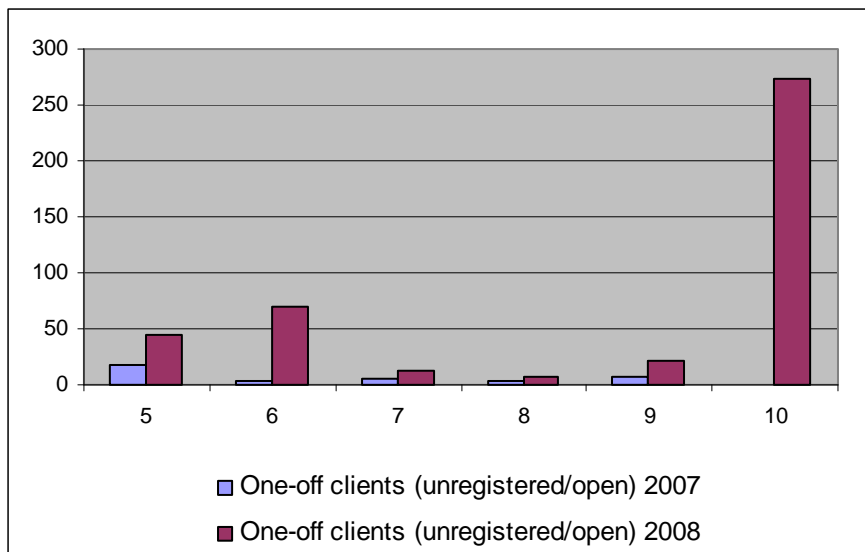


As the above diagram demonstrates, there was a consistently higher number of active clients across all analysed months in 2008 compared with 2007. The month of October had the least amount of growth in the number of clients (an additional 11 clients in 2008) while the highest increase was in June (an additional 169 clients in 2008).

For the months analysed there was a total of 1,375 active clients in 2007 and 1,897 active clients in 2008 (an increase of 522).

E.6.2 One-Off Clients

Figure 6 – One-off Clients



In 2008, the HHOT dealt with a higher number of one-off clients consistently across all relevant months. August saw the lowest number of additional one-off clients (three), while in October 2008 there were an extra 273 one-off clients.

For the relevant months of 2007, there was a total of 38 one-off clients. In 2008, there was a total of 427 one-off clients (an increase of 389).

E.6.3 New Clients Referred

Figure 7 – New Clients Referred

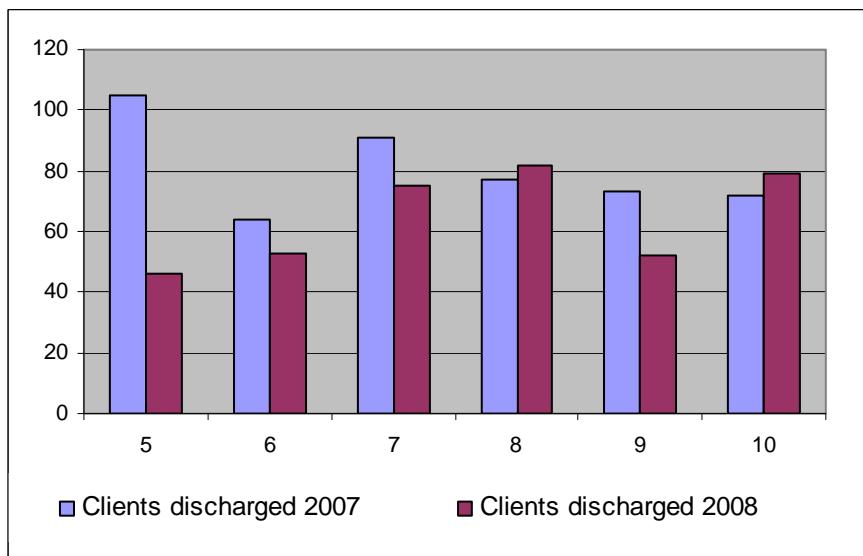


In 2008, there was a higher number of new clients referred for all comparable months. The month that had the lowest increase in relation to new clients referred was July (an increase of four new clients), while the month showing the biggest difference in the number of new clients referred was September (an additional 52 new clients).

In 2007 there was a total of 458 new clients referred while in 2008 there was a total of 622 new clients referred (an increase of 164).

E.6.4 Clients Discharged

Figure 8 – Clients Discharged

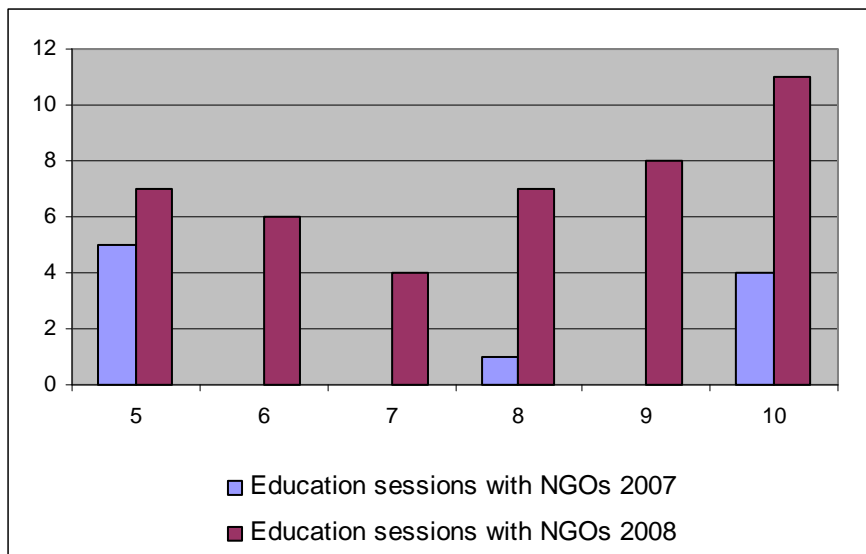


In 2008, there was a lower number of clients discharged in four of the six months. In both August and October there were a slightly higher number of clients discharged in 2008 (five and seven respectively). The month of May showed the biggest disparity in the number of clients discharged with 59 less clients being discharged in 2008 compared with the same month for the previous year.

In 2007 there was a total of 482 clients discharged while in 2008 there was a total of 387 clients discharged (a decrease of 95).

E.6.5 Education Sessions with NGOs

Figure 9 – Education Sessions with NGOs

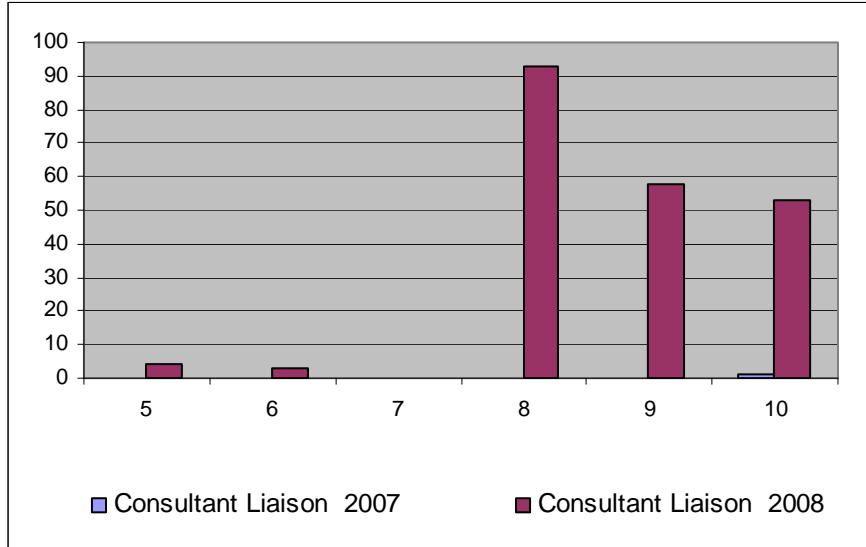


In 2008, between four and 11 education sessions were conducted with NGOs each month. In 2007, education sessions were only conducted in three of the six months, with one to five sessions conducted each month.

In 2007, 10 sessions were conducted while in 2008 there was a total of 33 education sessions with NGOs (an increase of 23).

E.6.6 Consultant Liaisons

Figure 10 – Consultant Liaisons



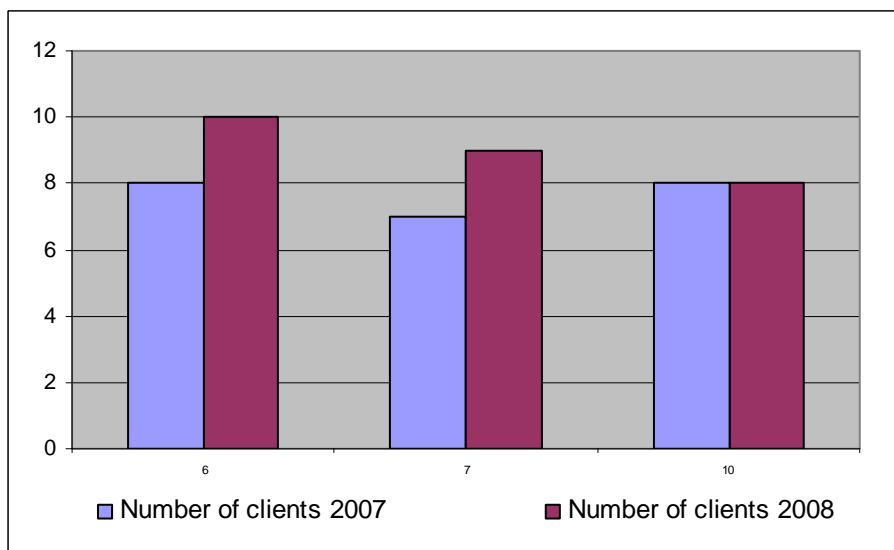
In 2007, there was 1 consultant liaison, which occurred in October. In 2008, there was a total of 211 consultant liaisons, the highest proportion of which occurred in August.

E.7 Transitional Housing Program

Monthly reports for the Townsville Transitional Housing Program for the months of June, July and October for both 2007 and 2008 were analysed.

E.7.1 Number of Clients

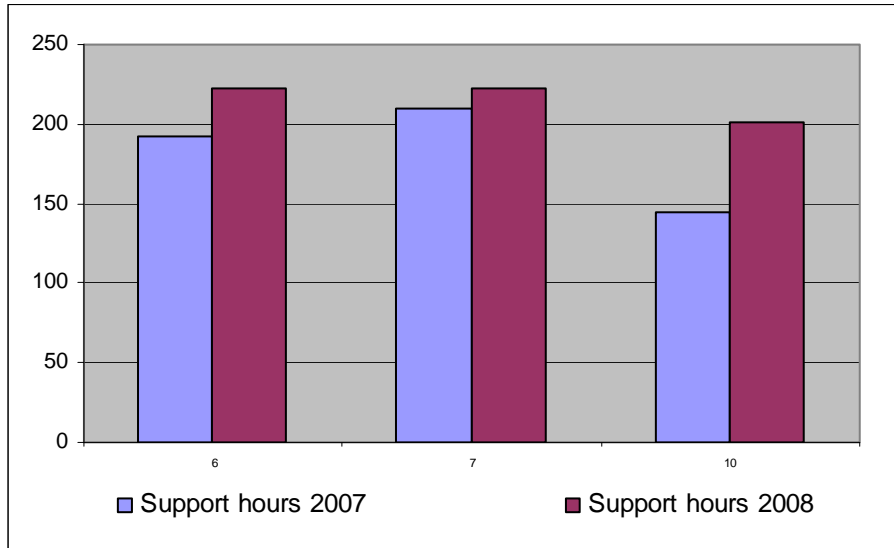
Figure 11 – Number of Clients



In June and July 2008 there was an increase in the number of clients while in October the number of clients remained the same. In 2007 there was a total of 23 clients while in 2008 there was a total of 27 clients (an increase of 4 clients).

E.7.2 Support Hours

Figure 12 – Support Hours



Compared with 2007, there was an increase in relation to support hours for all three months in 2008. There was a slight increase in July, with an additional 12 support hours, while the greatest increase was in October with an additional 58 support hours.

For the three months in 2007 there was a total of 546 support hours while in 2008 there was a total of 646 (an increase of 100 hours).

E.7.3 Clients Referred into Long-Term Housing

Figure 13 – Clients Referred Into Long-Term Housing



For the relevant months in 2007, there were no clients referred into long-term housing, in comparison, there were three clients referred into long-term housing in 2008.

E.7.4 Housing Destination of Transitional Housing Clients

Table 46 – Housing Destination of Transitional Housing Clients

	Brisbane THT	Townsville TASP
Private Rental	9	
Transferred internally to MATCH (transitional) Community Housing	9	
Long term Community Housing	5	
Public Housing	3	2
Readmitted	3	
Unknown	3	
Family	1	2
Crisis Accommodation	1	
Homelessness	1	
Abandoned	1	
Other	1	

The above table¹² provides a summary of the housing destination of Transitional Housing clients in both Brisbane and Townsville (the study period was not provided). While the numbers are relatively small (37 in Brisbane and 4 in Townsville), they do indicate that the services are, by and large, successfully creating pathways into longer term housing.

E.8 JAG Access Database

Of the 172 client records sampled, the majority (67%) had a significant reduction in the number of criminal charges, even though the total crime charges increased from 2708 to 3361 after their first court appearance in 2007.

¹² The table is extracted from Seelig, T., Thompson, A., Foster, M., Phillips, Ramsden, D., *Evaluation of the Queensland Health Homelessness Initiative*, Housing Policy Research Program, UQ Social Research Centre, University of Queensland, 2008

E.8.1 Crime History: Top Ten Crime Charges Pre and Post First Court Appearance

Table 47 – Top Ten Crime Charges Pre and Post First Court Appearance

Crime Charges Pre-Court Appearance		Crime Charges Post-Court Appearance	
Wilful damage by graffiti	206	Contravening direction or requirement of police	364
Possessing dangerous drugs	201	Stealing	258
Committing public nuisance	192	Committing public nuisance	233
Unauthorised dealing with shop good (Maximum \$150)	156	Possessing dangerous drugs	232
Assaulting or obstructing a police officer	140	Wilful damage by graffiti	192
Stealing	139	Public soliciting for prostitution	185
Failing to take reasonable care or precautions in respect of syringe or needle	105	Fraud – dishonestly obtaining property from another	148
Trespass –entering or remaining in yard or place of business	101	Assaulting or obstructing a police officer	127
Possessing tainted property	97	Unauthorised dealing with shop good (Maximum \$150)	122
Contravening direction or requirement of police	94	Unlawful possession of suspected stolen property	117

In terms of top 10 crime charges pre and post first court appearance, 70% of the crime types remained in the list except that the number of individual charges changed. These crimes included wilful damage (graffiti); possessing dangerous drugs; committing a public nuisance; unauthorised dealing with shop goods (maximum \$150); assault or obstructing a police officer; stealing, and contravening a direction or requirement of police.

After appearing in the Homeless Persons Court, there was a decline in the proportion of people offending in the following areas: failing to take reasonable care and precautions in respect of syringes or needles, and trespassing or possessed tainted property. However, three other charges were indicated among the top crime charges, including public soliciting for prostitution; fraud (dishonestly obtaining property from another), and unlawful possession of suspected stolen property.

E.8.2 Positive Trend

Although the total number of crime charges increased from 2708 to 3361 (an increase of 653 in number), the Homeless Persons Court Diversion Program indicates positive outcomes in terms of the actual number of defendants whose offences were reduced. Among the 172 clients, 116 (67%) had a significant reduction in the number of criminal charges, 53 (31%) had increased criminal charges, and three (2%) did not have any changes.

The following table shows that the total criminal charges reduced by 1169 and most clients (84 in number, or 72%) had a small reduction in the number of criminal charges, in the one to ten range. The top five crimes reduced were: trespass; stealing goods in transit; unlawful use of motor vehicles aircraft

or vessels; possession of utensils or pipes that had been used, and unauthorised dealing with shop goods.

Table 48 – Crime Reduction

Crime Reduction In Number	Number Of Clients	Percentage Of Clients
51 - 100	4	3%
21 - 50	8	7%
11- 20	20	17%
1- 10	84	73%
Total reduction of crime charges: 1169	116	100%

For the 53 defendants who showed negative trends, their criminal charges increased in total by 1822 following the program intervention. The following table provides an illustration of where the bulk of criminal charges occurred. Five clients accounted for nearly half of the crime charges, which may explain the reason why the total number of offences increased after the program intervention.

Table 49 – Five Client Examples with Negative Trends

Client	Pre court	Post court	Changes
Client A	129	360	231
Client B	24	211	187
Client C	36	196	160
Client D	24	146	122
Client E	56	146	90
Total	269	1059	790

Most increases in offences related to stealing and contravention of a direction or requirement of police. The following tables show the top five increasing and decreasing criminal charges.

Table 50 – Top Five Increasing and Decreasing Criminal Charges

Decreased Crime Charges	Pre Court Appearance	Total%	Post Court Appearance	Total %	Changes
Trespass –entering or remaining in yard or place of business	101	4%	49	1%	-52
Stealing – goods in transit	48	2%	0	0%	-48
Unlawful use of motor vehicles, aircraft or vessels	39	1%	0	0%	-39
Possess utensils or pipes that had been used	81	3%	44	1%	-37
Unauthorised dealing with shop good (Maximum \$150)	156	6%	122	4%	-34
Increased Crime Charges	Pre Court Appearance	Total%	Post Court Appearance	Total %	Changes
Breach of bail condition	31	1%	115	3%	84
Public soliciting for prostitution	81	3%	185	6%	104
Breach bail undertaking	0	0%	106	3%	106
Stealing	139	5%	258	8%	119
Contravene direction or requirement of police	94	3%	364	11%	270

E.8.3 Referral Sources

Table 51 – Referral Sources

Referral Sources	Numbers	Percentage
Legal Aid QLD	51	37%
Individual	39	27%
Magistrate	28	19%
ATSILS	10	7%
QPILCH	6	4%
Private Legal Firm	5	3%
Forensic Mental health	2	1%
NGO	2	1%
Duty Solicitor	1	1%
Police Prosecutions	1	1%
Total	145	100%

For clients who made their first court appearance in 2007 and for whom referral sources were provided, over one third were referred by Legal Aid Queensland (37%), followed by self-referral and referred by magistrates courts.

Accommodation Changes Pre/Post Court Appearance

Table 52 – Accommodation Changes Pre/Post Court Appearance

Housing Types	Pre Court Appearance	Post Court Appearance
Boarding in a private home	0	13
Community placement	0	1
Crisis/short-term accommodation	0	34
Detoxification unit/rehabilitation centre	0	6
Hospital/psychiatric institution	0	1
Hostel	0	3
Living in a car/tent/park/street/squat	170	29
Living in rent-free house or flat	0	19
Medium/long-term accommodation	0	3
Other government residential arrangement	0	1
Other non-SAAP housing/accommodation	0	19
Other SAAP/CAP funded accommodation	0	4
Prison/youth training centre	0	1
Renting a caravan	1	1
Renting a public housing dwelling	0	3
Renting community housing	1	3
Renting independently in the private rental market	0	12
Rooming house/hostel/hotel	0	19
Total	172	172

Before the court intervention, the vast majority (99%) of clients lived in a car, tent, park, street or squat. Only two clients indicated they rented a caravan or community housing. After the program intervention, there was a significant reduction of homeless people, a decrease of 141 people who lived in a car, tent, park, street or squat. Around 20% clients moved into crisis/short-term accommodation, 11% lived rent-free in a house or flat, nearly 20% lived in government supported accommodations or public/community housing. Only 2% moved into medium or long-term accommodation and only 7% were able to rent independently in the private rental market.

Table 53 – New Households Assisted by Previous Housing Type (Brisbane)

	Jun-06	Jun-07	Jun-08
Homeless	22	21	7
Private Rent	8	3	2
Owner/Purchaser	0	0	0
Public Housing	0	0	0
Crisis Accommodation	7	6	6
Institution	2	9	3
Long Term Community Housing	3	1	0
Other	5	6	3
Unknown	0	0	0
Total	47	46	21

The types of new households assisted in Brisbane reflected the statewide profile.

Table 54 – Total Households Assisted by Target Group (Brisbane)

Total Households Assisted by Target Group	Jun-06	Jun-07	Jun-08
Single	339	311	320
ATSI	140	133	131
Young (<25 yrs)	224	220	163
People with a Disability	249	260	268
Women Escaping Domestic Violence	207	188	146
Fit NO Target Group	0	0	0
Fit More than one	372	338	296
Total	875	944	916

Appendix F Hotspot Locations - Fieldwork Insights

F.1 Introduction

The following reports stakeholder perspectives from fieldwork consultations in detail. This includes clients, non-government organisations, government agency representatives, and private sector providers.¹³

F.2 Key Achievements

Stakeholders reported that R2H has made a range of key achievements. In general, they identified R2H had:

- Raised the profile of homelessness and identified it as a priority issue.
- Introduced new services and provided new accommodation.
- Enhanced existing services and increased service activity.
- Introduced new workers with different skills and experience.
- Improved coordination and integration of service delivery.
- Offered new entry points and provided different points of access to engage clients who were previously falling through the gaps.
- Provided different pathways out of homelessness.

It was commonly agreed, by both government and NGO stakeholders across all hotspot locations, that the introduction of new initiatives due to R2H had taken pressure off existing services, freed up capacity and increased client access. One stakeholder commented that R2H had '*given legs and arms to the homelessness sector*' (NGO, Brisbane). The injection of new resources into the hotspot locations has assisted where '*services were previously drowning*' (NGO, Brisbane).

The introduction and enhancement of early intervention services were seen by government and NGO informants to be a key achievement of R2H. It was widely felt that early intervention should be a component of future homelessness policy in Queensland. Outreach services were also commonly seen as crucial to the successful outcomes of R2H. Outreach was seen to provide new and improved ways of engaging with clients (Government, Brisbane), raising awareness and education amongst people sleeping rough of available programs/services (Government, Townsville), and making a '*real difference with complex cases in a time limited situation – outreach offers a quick response*' (Government, Cairns). NGOs and government agencies in all hotspots called for increased provision of outreach for the future.

¹³ It should be noted that where cited, perspectives from service providers and government agency representatives are linked to a location and sector. Hence a quote that is followed by (Government, Brisbane) is reporting a perspective from a government agency based in Brisbane.

A 77 year old woman was living in private rental when the property was sold. She was unable to find an affordable rental alternative. She became ill and went to hospital and had nowhere to live on her release. So she moved in with her son and family, and continued her search for accommodation. After several weeks, she moved into a motel. She had difficulty covering the costs from her pension, and her health was still frail. She did not know where to seek assistance. She had no phone, no money for calls or travel expenses, and had limited physical mobility. A staff member at the motel called a homelessness outreach service on her behalf, and asked them to visit her .

On the basis of that initial visit, alternative accommodation in a hostel was found and she was referred to appropriate support services, who assisted her to secure a tenancy in a seniors living community close to social supports and services.

Two agencies (Brisbane, Townsville) mentioned that an unintended consequence of outreach initiatives was the creation of additional demand that was placed on the support services which receive outreach referrals. Several government informants also identified enhancing the capacity of service agencies, to respond to outreach referrals, was important in the success of outreach projects.

Government and non-government stakeholders frequently credited R2H initiatives (i.e. Homeless Persons Court Diversion Program, HHOT, ATODS and outreach) with engaging clients who were previously falling through the gaps and offering new pathways out of homelessness. One DoH officer described the difference from only seeing clients *'who had the ability to bring themselves into the local office'* to now seeing more homeless people with complex needs due to the outreach support.

It was consistently reported that before HHOT, homeless people dealing with mental health issues *'couldn't get a foot in the door'* (NGO, Gold Coast). Services feel that HHOT has enabled them to more easily support clients with complex needs as they know extra assistance is available if needed. The establishment of new services was also seen to increase the capacity for appropriate follow-up work with clients.

Respondents tended to agree that R2H had delivered increased accommodation and new services, but there was more debate about the impacts and outcomes this had delivered and acknowledgement that improvement in the service system are a work in progress.

R2H has built on previous efforts [but] there is still work to do for this to apply across the service system (NGO, Cairns).

F.3 Collaboration and Coordination

Collaboration and coordination mechanisms existed in all the hotspot locations prior to the introduction of R2H. It was generally agreed that R2H has strengthened networking and encouraged new ways of working together.

'The additional monies have given an opportunity for services to lift their head from direct service provision and look at the broader issues. There seems to have been less patch protection behaviour.' (Government, Cairns).

Achievements include:

- Initiatives funded and dedicated to supporting coordination such as the Service Hubs for Homeless People and public space coordinators.
- Encouraging increased information and resource sharing. A successful example of this is job 'shadowing' between NGO's and Centrelink which was being undertaken in one hotspot location.

- Delivery of joint education and training, with skills and network development outcomes. This includes the education sessions with NGOs being undertaken by HHOT.
- Evolution of case management and coordination mechanisms i.e. formalised mechanisms for developing support plans.
- Increased focus on homelessness in the hotspot areas and bringing new players to the previously existing networks.
- Improving relationships between the Government and NGO sector from shared involvement in network meetings.
- Joint planning around the introduction of new services.
- RMCN was seen by some informants at a local level (i.e. stakeholders on the Gold Coast, a government agency in Cairns and NGO's in Mt Isa) as forums for joint planning and improving vertical integration – *'feeding policy up and down'* (Government, Cairns). However, it was noted by some of these informants that increasing the range of stakeholders who are engaged would be beneficial.
- At a central office level, R2H was perceived to have facilitated improvements in *'players talking to each other'* (Government, Brisbane). There was also thought to be *'more cohesion and less duplication, agencies are aware and know what each other are doing and are able to focus on their own niche'* (Government, Brisbane).

Despite positive outcomes, in some regions, networks were more fragmented, with competing priorities and agendas, and progress around collaboration was less successful.

R2H placed the integration issue and challenge on everyone's agenda and the bun-fight is now who is going to lead it? Leadership has to be reflective of the aim of collaboration and requires consultation and participatory decision-making. This is really a community-development model and conflicts with the normal bureaucratic approach. (NGO, Cairns).

Some NGO's in Brisbane, Cairns and Gold Coast and a government agency in Townsville felt that introducing new players to existing service systems without adequate preparation was disruptive and undermined efforts to collaborate and coordinate; it was thought that enhancing funding to existing services would have been a better approach.

'New players into the mix have been disruptive – no shared history and different approaches, requires extra time to build shared understandings.' (Townsville, Government).

In Townsville it was felt there was need for more collaboration between government agencies and local service providers.

'There used to be regular contact with funding bodies and local agencies. Government agencies are now seen as a Big Brother watching and being very directive. This is not a collaborative relationship, and there is no evidence that the sector is being heard' (NGO, Townsville).

F.4 Challenges and Opportunities

F.4.1 One social housing system

The R2H Strategy is occurring in the context of systemic reforms through the one social housing system. There are a variety of perspectives regarding the unintended consequences and impacts of implementation, and much that is disputed. While the following perspectives were reported, they are not agreed by those involved in central policy. These issues are beyond the scope of this evaluation. However the reported perspectives do suggest an ongoing need for communication and education, to raise awareness and understanding regarding policy intent, practical implementation and supporting processes.

Among the reported perspectives was a concern that changes to allocations policies were not adequately supported by required assistance. An example of this was provided by a local area DoH worker:

There is a client living on the streets who has cancer and alcohol addiction. He came to the top of the waiting list due to his high needs; however we cannot put him in a DoH house without support as he will not be able to live independently. He needs support with life skills, budgeting, medical and drug and alcohol. Instead of giving him a placement we have to put him in emergency accommodation, but due to his alcohol and behavioral problems he doesn't stay at services for very long, so he keeps moving around the system.

At this early stage of implementation, the one social housing system was seen by NGO's and government agencies in Brisbane, Cairns, Gold Coast and Townsville as creating new gaps. It was reported that the new, priority-based criteria means those living in boarding houses, transitional housing and caravan parks, for example, are not considered for a housing placement.¹⁴ As a consequence, there is a concern that individuals may end up back on the streets or in crisis accommodation, from where they are considered for a housing placement.

An couple in their 40's with 5 dependant children, have been in a transitional housing program for a year, after cycling through temporary accommodation options like motels and caravan parks. They said 'the Department of Housing is no use. We're on the waiting list but they tell us that unless we are living on the streets they cannot give us a house'.

The one social housing system reforms were also seen as placing greater emphasis on private rental accommodation options for people experiencing homelessness. This was seen as difficult in the current market of rising rents and low vacancy rates.

On the other hand, one regional DoH officer indicated the new Client Intake and Assessment Process (CIAP) was a positive outcome of the one social housing system. More time is able to be spent with clients in high need and more intensive support provided. *'Before we would hand them a guide of emergency accommodation services with a list of numbers on them and it didn't feel like we were helping them at all'*.

In a different hotspot location, a DoH officer viewed CIAP more negatively, commenting that it is a *'more complex and difficult approach'* and that it *'takes much longer'*.

F.4.2 Increased Demand for Services

Stakeholders reported an increasing demand for services over the last four years. This appeared to be related to underlying economic and housing contexts. For example, there has been an increased demand and need for emergency relief and brokerage due to the current economic climate. *'Recently everybody has been ringing up for the brokerage funding – they don't want our support, they just need the money'* (NGO, Gold Coast). There was widespread concern by all stakeholder groups that in the current economic context, demand will outstrip the modest increase in supply that R2H has been able to deliver.

¹⁴ The Department of Communities reports this perception is not correct. People living in boarding houses or transitional housing would still be prioritised for housing assistance (for example, if an applicant was living in a boarding house and had one other housing need, they would be categorised as 'Homeless B' and directly streamed no lower than the High need segment of the Housing Register).

An increase in clients was also related to 'unleashed' demand, as a result of increased referral pathways and more access points to the service system. It was felt that R2H had not been able to keep pace with emerging and changing demand.

For ATODS and the Transitional Housing Program, limited exit points were reported as a problem and were 'clogging up' these services for longer.

F.4.3 Changing Profile of Clients

Fieldwork participants in Brisbane, the Gold Coast and to a lesser extent Mt Isa, have noticed a changing profile of people experiencing or at risk of homelessness. In particular, it was reported there appeared to be:

- An increasing number of homeless families.
- Clients with more complex needs and mental health issues.
- More people presenting due to failing to sustain tenancies in the private rental market i.e. rent arrears or people breaking their leases due to loss of income.
- An increasing number of middle-income wage earners with high levels of debt.
- An older demographic of people experiencing homelessness.
- Higher numbers of migrants who have no Centrelink entitlements.

F.4.4 Current Service Gaps

Stakeholders across all areas identified a number of current service gaps. They included:

- Lack of long-term tenancy support linked with accommodation.
- Limited accommodation. This was mentioned particularly for a number of demographic groups including; families with children, older people who may require support but who do not require aged care, and culturally appropriate housing for Indigenous clients and families.
- Limited options available for people at key transition points, for example, on discharge from hospital, and release from care or custody.
- Inadequate engagement with mainstream services (e.g. QH, QCS, Police, Child Safety, legal services) who may be able to assist at those key transition points.
- Inadequate assistance for those in the legal system (with the exception of the Brisbane Homeless Persons Court Diversion Program).
- Inadequate funding to resource research, data collection, information sharing and networking activities.
- Policies and procedures that have not kept pace with the strategic intent of 'wrap-around' support.

In some particular regions, it was additionally reported there was a need for increased accommodation for single men (Gold Coast and Townsville), women accompanied by children (Townsville), culturally appropriate accommodation for Indigenous families (Townsville, Cairns, and Brisbane), and long term accommodation for young people who face structural barriers to access the private rental market.

F.5 Factors that Enhance Effectiveness of Homelessness Responses

Factors that enhance effectiveness include:

- Available, accessible and timely service responses.
- Culturally appropriate service models.

- Continuity and consistency of assistance.
- Support that continues to be available over time, through changing circumstances and requirements.

Stakeholders also identified a series of systemic issues for consideration.

F.5.1 Shared Focus on Client Outcomes

The importance of a shared focus and agreement regarding client outcomes was regularly reported by stakeholders. Government and NGO respondents said difficulties arose where there was still siloed thinking and responses. This was seen to arise from the boundaries of funding and reporting requirements. For NGOs, the challenge related to requirements to develop collaborative responses in a competitive environment. For government agencies, the challenge was reported to relate portfolio boundaries. *'Money has been too divided up, there are too many fingers in the pie, with multiple criteria and administration demands but the holistic needs of the person are not addressed'* (Private Sector).

A few stakeholders noted that achieving a shared objective and focus was seen as challenging for specialist services linking with mainstream services that may have differing traditional objectives.

A small number of stakeholders identified the challenge of achieving a shared focus between government agencies. For example, *'Communities has an emphasis on crisis accommodation while Housing has an emphasis on long-term permanent accommodation, and both require different kinds of supports'* (Government, Cairns).

On the Gold Coast and in Rockhampton (a non-hotspot location), government and non-government agencies are reported as active participants in information sharing and planning networks, leveraging off strong leadership, sector capacity, and relationships and trust developed over time. There was a general view that government and non-government services needed to work more collaboratively to develop a shared approach according to agreed objectives.

F.5.2 Workforce Capacity

All stakeholder groups recognised that responses to homelessness need more complex and integrated responses and the specialist homelessness sector has to change from traditionally separated accommodation services and support services, to more integrated and professionally skilled workforce capacity. Community development skills were identified as important to facilitate and integrate developing approaches and achievements. These are developing, but require additional support to deliver continuous professional development and capacity across the sector.

Many respondents linked successful outcomes of R2H initiatives with the recruitment and retention of appropriately skilled staff. Workforce development and the importance of a skilled workforce were particularly raised by the private sector, NGOs and QH initiatives. Other services cited difficulties in recruitment which were seen to act as a significant disadvantage. In some locations the shortage of skilled workers meant initiatives were delayed, not commenced or did not reach their anticipated potential.

Access to training was generally seen as difficult, both due to the lack of available training options and impacts on service delivery if workers are away at training. Access to available training was particularly noted as a limitation in the regional hotspot areas.

F.5.3 Flexible Service Delivery and Outreach

Flexible and responsive models of service delivery were universally endorsed. In most cases, services that operate on an outreach basis were identified as the way forward. This includes services that may operate on an outreach basis from a fixed service base (such as HOST on the Gold Coast), as well as others who operate on an assertive outreach model (such as HHOT).

In all cases, the importance of well established links to available, supporting and related services, who could respond appropriately, was identified. Without this supporting service infrastructure, offering appropriate exit points with continuing assistance, there was a risk of clients cycling through a small number of services.

F.5.4 Economic Viability

Private sector operators highlighted the importance of a service network that was economically viable. They felt that the private sector offered significant opportunities to deliver outcomes for people experiencing homelessness, in a way that non government and government services could not. The private sector (private rental or low cost accommodation) is seen as particularly important in relation to a continuum of prevention, risk, early intervention, and pathways away from primary homelessness.

Boarding house operators consulted as part of this evaluation felt their contribution was often limited and undervalued, due to ongoing issues regarding commercial viability in the sector.

It is very hard to make the economics work. There should be more subsidies to encourage people to provide low cost accommodation. ... [We can provide] a high level of support and continuity of care - we are full-time and have staff on-site. Most residents have cognitive or mental health issues that are enduring. The stability of a hostel is a positive influence, which is challenged if the [external provider] workforce is unstable. The external-provider model is not in the resident's best interest – staff turnover, unavailable days, students etc.... Putting the funding in an external agency does not provide a full response (Private Sector).

F.6 What Could be Done Differently to More Effectively Assist People Experiencing Homelessness

F.6.1 Information and Data

Increased information and data collection would assist services to identify priority needs for presenting clients. Improved data collection systems and processes was a frequently recurring theme, raised by central level stakeholders and regional NGOs and government agencies in nearly all hotspots.

This was highlighted as an issue for people experiencing homelessness in contact with the legal system. It was pointed out that homeless people often receive fines as that they are not in a position to repay. If a fine goes unpaid it incurs an additional debt.

At that stage there no way of identifying people which of these who have fines are disadvantaged. If this was known, SPER could be more lenient and not load homeless people up with additional debt that they might struggle to pay off. It is only after they have incurred this additional fee that they can be identified. (Government, Brisbane).

Others suggested improved data collection and sharing between services and sectors would assist to 'track' pathways, identify continuing client needs, and focus responses more appropriately.

We should have a database to capture everything that is given to a person - to give everyone a really clear idea of a person's issues, pathways and history. A database could help link assessments with referrals and track service usage to ensure accountability and progress. This could make sure service providers aren't re-inventing the wheel all the time. (Government, Townsville).

It would also avoid the repeated 'telling my story', reported by several clients as frustrating, unhelpful, and in some cases exacerbating underlying trauma, with no guarantee of a response.

'I don't know how many times I've had to tell my story. Every person you talk to, they start off by asking you the same questions, and you have to go over it all again. And then at the end of that, they say well I can't help you but if you go to this place, they might be able to. And you've gone through all of that, all over again, and you still don't have the help you need. And you are just left there in pieces, all over again. Why can't that person get on the phone to my doctor, to my lawyer, to the last place I stayed in – I've given them all permission to talk to one another, so why don't they?'

There are universally acknowledged confidentiality and privacy issues to be considered in relation to sharing information and data collection systems that allow tracking of needs, interventions and outcomes over time. Some had negotiated these issues through case coordination groups with agreed protocols and processes, including client consent to share information with designated services and agencies (this was most evident on the Gold Coast). In some regions, this had proven more problematic (particularly Townsville, Cairns, and Mt Isa). Some agencies/organisations indicated they were unable to share information due to legislated privacy arrangements and established agency protocols. All acknowledged sharing client information and privacy issues required significant negotiation and trust to establish. Some also noted that it was ultimately up to the client, and open files across agencies could potentially disadvantage some clients.

F.6.2 Flexible Service Delivery Approaches

Informants consistently noted the fluid nature of homelessness, occurring across a continuum from prevention and early intervention, through to crisis and emergency response. However, several services reported they had limited capacity to work across a continuum with other services, either because they had a specific geographic brief, or because their funding defined a particular service response or time limit. Some expressed frustration in getting a response from a client in the context of limited flexibility. An example was given by a Government agency on the Gold Coast:

A client was about to become homeless in 2 days time. An agency called an early intervention service who indicated that they couldn't take on the client as they did not work with people who were that close to homelessness. They then called a homelessness service who said they could not do anything while the client was still in private rental accommodation and suggested they call an early intervention service.

Government and NGO stakeholders raised the importance of flexible service-delivery approaches and the capacity to work with others. Some argued this was particularly relevant outside South East Queensland in areas with transitional populations, moving across a range of different geographic locations. This was reported in North and Far North Queensland, particularly in relation to Indigenous people accessing regional centres for health and other supports, visiting family members and communities, or in transit to remote and rural communities outside regional centres.

F.6.3 Increased Resources

There was a general call for increased resources across services. Services sought more staff and increased funding, to respond to unmet needs and growing demand. This is partly in response to current limits in service capacity – it was routinely reported that services were understaffed and unable to devote necessary time to assist presenting needs. It was also in response to growing demands arising from current adverse economic and housing market conditions.

The high level of unmet need is being exacerbated by rapid population growth and migration from other states, the global financial crisis, unemployment and rising rents. (NGO, Gold Coast).

Other stakeholders saw the need for increased resources as a function of workforce development and limited capacity. A small number of services with staff vacancies were unable to recruit to those positions, due to limited local workforce capacity and uncompetitive remuneration packages. *'We have enough services but not appropriately skilled workers'* (Government, Gold Coast).

F.6.4 Increased Accommodation and Support

Stakeholders reported a need for increased accommodation and support services across all regions. For some, R2H had contributed significantly to provide new accommodation options and fund associated new supports. However, in some regions, especially in North and Far North Queensland, planned new accommodation services had been delayed. At the same time, some existing

accommodation had been lost, due to ageing infrastructure and new building and fire regulation codes. Services in Townsville reported a net loss of accommodation due to boarding house closures.

In some areas, an increase in the quantum of hostel accommodation was not perceived as required. Rather, they sought more transitional and long term accommodation, that was appropriate for larger families, parents with children and people with complex issues. This was about accommodation that was appropriately designed, located and well connected with supporting services.

The nexus between appropriate accommodation and tenancy support was highlighted in almost all discussions by government and non-government and private sector stakeholders. The importance of supports that encourage tenancy readiness and skills and offer continuing tenancy support and follow up, through established service contacts, was particularly identified. *'I have seen some spectacular failures where there has been no support with accommodation'* (Government, Cairns).

Housing is not the be all and end all of homelessness. Providing support is a crucial element. Housing and support needs to be dovetailed. (NGO, Gold Coast).

Private sector representatives identified boarding house accommodation as offering opportunities to link people with broader community networks and opportunities. 'Level 3' privately operated hostels and boarding houses offer onsite and living skills support that assists people to link with community networks. Assistance with personal care and transitional/independent living skills, were encouraging people to connect with volunteer work and employment outcomes.

F.6.5 Ongoing Support

Ongoing specialist assistance was regularly identified as important to support people once housed. However, a broader set of support requirements, on a continuing basis, was also identified. This requires a long term focus on individual needs over time. It includes linking individuals more effectively with mainstream services (such as primary health, mental health, disability, aged care, child safety, financial literacy, income assistance, legal assistance, community transport, employment and education).

Client interviews highlighted the need for ongoing support. Comments included:

A 45 year old single, Indigenous man told of how he made numerous attempts to contact a range of service providers and government agencies but received limited response and follow-up. He said 'services are pretty good when you do get in but they should stay in contact for longer because you have an existing relationship with them and they should keep supporting you until you are settled'.

A 48 year old male who was currently living in a homelessness hostel suggested that free housing assistance for the first three months to get people started would be good'.

F.6.6 Linking with the Private Rental Market

The role of the private sector was frequently raised by a range of stakeholders across different hotspot regions, including people experiencing homelessness.

It was felt that R2H could engage more effectively with the private rental market, either directly through the real estate sector to identify those at risk of homelessness, or via existing government private rental assistance products such as the Bond Loan Program and Rent Connect.

The private rental market is a massive barrier for low income earners ... Those exiting SAAP services have nowhere to go – they can't afford the private rental market. All this effort can be put into preparing people so that they can live independently, but if they can't afford to rent it is a big problem. (Government, Gold Coast).

Many of those experiencing homelessness who were interviewed indicated that they needed assistance accessing the private rental market.

A 40 year old male in Mt Isa was experiencing long-term homelessness. He indicated that his last stable home was 15 years ago. He stated 'I would like to have a flat but haven't had any luck in getting one. I don't know what I am doing wrong or what I should do to change that'.

A 24 year old woman is staying in a refuge. She only recently found herself without a stable home as a week ago she had been living in a shared rental property with friends. She thought 'I need assistance with searching, finding and applying for a rental property'.

An Indigenous couple indicated that they 'need help to get a rental house. We have enough money to rent a property but have not had a successful application. There are heaps of houses available for rent. We see 4 or 5 advertised each week and usually put in an application for 3 a week. Most of the time we don't hear anything back from them at all. It is very discouraging'.

F.7 Suggested Future Directions

F.7.1 Coordination, Integration and Networking

Funding to support coordination

The public space coordinators that were established for the first 12 months of the strategy drove integration, networking and information sharing. Government agencies and NGOs in Townsville felt that when these positions ended, *'people tended to fall back on their own skill sets and territories'* (Government, Townsville).

It was widely recognised that collaboration and networking requires additional resources to be consistent and effective. A continuing role, similar to the networking role of the public space coordinators was suggested.

NGO and private sector stakeholders advocated additional funding to support coordination, collaboration and sector development, pointing out that little of this work is currently specifically funded and occurs on top of primary service delivery responsibilities. A dedicated coordinator position could be resourced to provide a specific, facilitating focus on sector development.

[We] need to be resourced better if we are to develop an integrated service sector. We could use an external facilitator, rather than being left alone to hammer it out from within, [with all the] vested interests and local politics/relationships. Everyone has [their] service agenda. (NGO, Cairns).

Linking with mainstream agencies

A number of gaps regarding the engagement of mainstream services were identified.

'There needs to be multiple points of entry into the system – churches, community centres etc. These are the places people will go to when in trouble as often they will already have established connections with them. Early intervention services should be more closely linked with these community groups.' (NGO, Brisbane).

Centrelink is a key agency in relation to homelessness responses as they are often the first point of contact for people at risk of homelessness. Across the hotspot locations there were differing views regarding the role Centrelink has to play. One Centrelink had a formal approach to homelessness involving a specialised team and an outreach approach. In a different location, Centrelink did not feel

homelessness was part of their core business and described their role as on the 'periphery' of the homelessness sector.

There was particular concern, which was continually raised, regarding access to services and support at key transition points, including release from custody, hospital and care.

The partnership agreement between DoH and DCS was seen by some NGOs and one government agency in Brisbane to be problematic. It was reported that the parole board will not release a prisoner until they have an address, but the DoH will not assess them for social housing until they are released. Crisis accommodation services try to assist prisoners by providing them with a bed and an address so they can be released, however sometimes the prisoner does not present to the service. In such circumstances, other homeless people may be turned away while the service holds the bed. It was suggested pre-release support for prisoners who are homeless could be offered more effectively, and supported by practical agreements between QCS and DoH to ensure prisoners did not fall between both systems.

A 45 year old woman had previously owned a house on the Gold Coast. She did a stint in prison and when it was time for her to be released she had nowhere to live. She needed an address in order to be released on parole. She rang an emergency accommodation service and they held a bed for 24 hours. maximum stay at this emergency accommodation is 3 months. The client has 8 weeks until her support period is finished. *'I have no idea where I am going to go. There is not much accommodation available for women at all. I have restrictions on where I can live because of my bail conditions and I have a bad real estate record because I have been in prison'*.

It was also widely reported that hospitals often discharge people without adequate documentation or assessment of the situation they are being released to. There were numerous reports across hotspot locations of people being released from accident and emergency departments without a place to go, and in considerable distress. In one case, it was reported the local hospital 'dumped' discharged patients at the door of a service.

Engagement with the Department of Child Safety was perceived as a key issue by many government and non-government organisations. It was reported that young people were transitioning out of care without adequate support and assistance, and being released into homelessness. One Government agency told the following story:

There was one girl we dealt with who had been the Dux of her High School and was about to start studying at University. She was put into a house with people with complex needs, which was obviously not appropriate for her and did not suit her individual needs. However because she had found accommodation Child Safety thought the issue had been resolved. The girl ended up having to go into a Mental Hospital.

Linking with local councils

The delayed implementation of the transitional facility in Townsville highlights the need for adequate engagement of local councils. The proposed 20 bed transitional accommodation project experienced difficulties due to council resistance. A series of development applications were refused and the facility is yet to be developed. Local councils were also identified as significant stakeholders in local planning and sector development.

Linking with the private sector

There are few links between NGOs/government agencies and representatives from the private sector. Representatives from Level 3 boarding houses expressed readiness and the desire to more fully engage in homelessness responses.

Those experiencing homelessness indicated they would benefit from further assistance with transitioning into boarding house accommodation.

A 61 year old male had been living in a men's hostel for almost three months, the support period was about to end. He stated 'I will be moving out next week and will look for boarding house accommodation or something similar. The move will be hard with the need to come up with a bond, provide my own meals and take care of budgeting'.

A 25 year old male has been homeless for the past 9 years. He left the family home when he was 16 due to a drug addiction. Since then he has been living in temporary accommodation and sleeping rough. He asserted 'bond grants for boarding houses would be useful as people struggle to find the money to cover the bond'.

F.7.2 More Staff and Resources

Stakeholders generally identified the need for more staff and resources to support service delivery. There is a sense that services are overstretched, currently unable to meet demand and are responding to increasingly complex issues.

It is difficult to respond to enquiries, assess needs, and do all the case management, with two staff. (NGO, Townsville)

F.7.3 Consolidation

It was generally agreed that the 'next phase' of responding to homelessness should focus on achievements and build on successes. It was felt that R2H had delivered some significant achievements and helped to establish a new framework for service delivery in areas such as the Gold Coast and Brisbane. In those areas, it was recommended that the future focus be on consolidation, to strengthen and support ongoing implementation and delivery. *'Why create new services, when the current services could use the extra money effectively'* (NGO, Cairns). This was also recommended by some stakeholders in Townsville, to allow sufficient time for relatively new services to establish and sector relationships to develop.

R2H could have built on the existing infrastructure. In the future there could be more enhancement of what is already existing – value adding. (NGO, Brisbane).

F.7.4 Increased Accommodation and Support

We have previously reported on stakeholder perspectives for increased accommodation and supports. This may appear at odds with the move for consolidation – however, it was usually expressed as a question of focus. More accommodation was required, but in particular accommodation that was appropriate for particular client groups. More support was required, but in particular support linked to accommodation and offered on a continuing basis.

Suggestions included:

- Long-term accommodation for people with mental health issues, offering facilitated share-housing (NGO, Mt Isa).
- Conversion of motels and caravan parks (NGO, Mt Isa).

- More indigenous health workers (Government, Cairns).
- Drop-in centres (preferably multifunction) open during daytime hours, offering food, a venue for visiting agencies, recreational services and life skills development (Government, Cairns).
- Extended hours facilities, offering assistance outside business hours and on weekends (Government, Townsville).
- Additional transitional and supported accommodation, particularly in North Queensland (Townsville, Government and NGO).
- Additional exit points from services, to avoid discharging people into homelessness or temporary accommodation.
- Additional purpose built accommodation, suiting a range of needs (larger families, people with children, older people, single men and women).
- Small accommodation facilities, with on-site management and support.
- Services that involve clients in planning, design and implementation – peer representatives.
- Additional outreach and early intervention services.
- Additional brokerage funding to cover transport costs, assistance to people to remain in accommodation and assist them into tenancies.
- Additional money for extra support and outreach services, access to brokerage dollars, transport etc.
- Increased social housing.
- Increased assistance for people accessing the private rental market.
- Establish a team like HPIQ in each hotspot location, to coordinate directly with services, with local buy-in.
- Expansion of the Brisbane Homeless Persons Court Diversion Program, to include additional staff.
- Services that include a focus on social interaction and community participation, to build self esteem, life skills and opportunities.

F.7.5 Sector Development and Investment

R2H was generally welcomed as an initiative that did invest and assist development across the sector. If these early gains were to continue, it was suggested there was a need to focus on developing workforce and sector capacity.

There are workforce development issues. R2H involved the establishment of new services (the hubs, Roma House, etc) which required skilled workers to fill the new positions. But there was a shortage of skilled workers – we ended up getting workers who hadn't worked in the homelessness sector in Brisbane before. These people are required to deal with complex clients and it is difficult when they have no connectivity to the existing sector. They need the practiced wisdom and the history and context of the Brisbane homelessness sector. The outputs and outcomes of R2H are high and you need skilled staff who are able to deliver at that level. (NGO, Brisbane).

Workers need more training in coordinated case management approaches – it is not a straight management task, it requires particular skills and approaches. (NGO, Cairns).

Recognise the organisations that do get it right and resource them further for extra capacity building. (NGO, Cairns).

In most cases, people discussing sector investment and capacity building were only referring to the public sector. However, several private sector stakeholders pointed out the increasing importance of the private sector in supporting future directions.

Homelessness has been captured by the not-for-profit sector and there is a fraught relationship. The private sector doesn't get any support and [we] feel that support would have mitigated [the] growth in homelessness. (Private Sector).

The private sector has a lot to offer, but attitudes need to change. There needs to be more communication between the sectors and some funding to the private sector to support engagement. Training demands have gone up but there is no extra money to provide it. (Private Sector).

F.7.6 Greater Flexibility

NGOs reported the need for greater flexibility in future service delivery and funding arrangements. This related to the adoption of models that are not tied to a presenting issue at a specific point, within a defined timeframe. In particular, this was recommended to recognise the importance of established relationships with clients, the need to provide greater consistency and continuity of support, to avoid clients cycling back through services and multiple contacts, and the capacity to add value over longer time frames.

For our service – [it would be] great to be able to have more flexibility about our models. Move to outcome based funding, rather than activity based measurement. Have the scope to provide a service from beginning to end of the issues. (NGO, Cairns).

We need flexible funding agreements that allow us to deliver wrap around services to a client over time. We need more flexible definitions – less strict and rigid roles. [We need] less separation of roles and more working across a continuum. Homeless people like to have the same worker – when they leave [here] and get a support worker, they often want the worker they had when they were here. (NGO, Brisbane).

F.7.7 Local area Planning

Local area planning and systematic needs analysis were highlighted as important for the future. It was reported in some regions that R2H was developed centrally and without reference to local needs, requirements and service capacity. *'Many of the facilities funded by R2H were not what we wanted but were externally imposed by service agreements'* (NGO, Townsville). As a result, there was some ongoing concern that funding decisions had not been linked to local needs, and that some models funded (such as the Service Hubs for Homeless People) did not respond to regional contexts. This was a particular concern in North and Far North Queensland, where there was a general view that R2H had exported models developed for SEQ to other parts of the state, without due consideration and consultation.

Less imposition of centrally dictated models and a much more collaborative approach to developing local solutions, which engage with the local non-government organisations at a much earlier stage in the development of plans. (NGO, Townsville).

It has to be noted that R2H was developed as a state-wide Strategy, a policy and funding response to address key issues across a range of regions. This does not mean it is a one size fits all approach, and individual regions have adapted some of the models accordingly to fit local requirements (eg. the adaptation of a fixed base hub to the more flexible HOST outreach and base model, adopted to respond to population settlement and geography on the Gold Coast). In another example, funding originally intended for an accommodation service was used for an alternative de-toxification service on Palm Island.

Delivery and achievement of policy and funding outcomes are strengthened by local area planning and needs analysis, on a continuing and regular basis.

Bring [us] together to do local area planning. This should be balanced with priorities identified through Government data. The two should be interrelated. (NGO, Brisbane).

F.7.8 Investment in Data Collection and Research

Government and non-government services called for greater investment in data collection and research to assist service planning and design, identify achievements, and profile emerging needs for the future.

Improved data collection and data management. A single assessment tool would assist. A common assessment tool that services could add to would help document a client's journey through the service system –we need longitudinal data that tell a clients story. (NGO, Brisbane).

A consistent data collection and assessment framework across all Government agencies. Articulated outcomes across agencies. Better communication and expectations management so that everybody knows what part of the puzzle they are playing.

It needs to be about measuring medium to long-term outcomes, client focused outcomes, not program focused. (Government, Brisbane).

Appendix G Non-Hotspot Locations

The evaluation proposed a small number of comparative case studies to explore issues and responses in other locations ('non-hotspot' areas) that were not included in funding for R2H.

The comparative case study proposed to investigate the core question: *'Has the Strategy made a difference, how and for whom?'* through a form of counterfactual argument – it examines what would have happened if R2H was not implemented in a comparable location. R2H focused on improving the number, quality and range of services in the hotspot locations as well as increasing coordination and collaboration mechanisms. The differences these efforts have made are compared in two locations where no additional services or coordination efforts were introduced.

The comparative case study analysis is a primarily qualitative assessment that depends on perceptions of service system stakeholders.

G.1 Rationale for Choosing Comparative Case Study Locations

Case studies investigate contemporary phenomena within its real life context. The case study method allows the research process to retain the holistic and meaningful characteristics of real life events and circumstances. Yin¹⁵ (2003) asserts that case studies are especially applicable when the boundaries between the phenomenon and its context are not evident or easily distinguishable. In relation to this Strategic Impact Evaluation, comparative case studies are a highly effective way of exploring the contextual influences of homelessness and differentiating between the impacts of the R2H Strategy and the impacts of external factors and drivers of homelessness.

In consultation with the Evaluation Advisory Group and Evaluation Project Manager, the following criteria were used to select comparable locations:

- Profile in relation to the SEIFA Index of Disadvantage.
- Indicators of high housing stress.
- Communities with a critical mass of population and service system infrastructure.

Ipswich and Rockhampton were chosen as comparative case study areas. Each community represents an area of relative disadvantage and identified housing stress, but with existing underpinning social infrastructure to support responses to homelessness.

G.1.1 SEIFA Index of Disadvantage

The Socio-Economic Indexes for Area (SEIFA) data is provided by ABS and analyses the incidence of 17 variables in identifying communities that are over-represented in the factors which characterise disadvantage. In relation to the hotspot locations, Rockhampton and Ipswich have higher rankings indicating higher levels of disadvantage.

Ipswich is ranked 98, Rockhampton 88, Cairns 128, Brisbane 151, Mt Isa 102, Townsville 133 and Gold Coast 141¹⁶.

G.1.2 Housing Affordability

Median weekly rents and median monthly housing repayments of both hotspot and non-hotspot locations were compared and found to be within the same range: Median weekly rents for Ipswich and Rockhampton are slightly lower than those in Brisbane, Gold Coast and Cairns and equivalent to those in Townsville and Mt Isa. Median monthly housing repayments for Rockhampton are lower than the hotspot locations, while in Ipswich they are slightly lower than all hotspot locations except Mt Isa.

¹⁵ Yin, R. K. *Case Study Research: Design and Methods*, London: Sage Publications, 2003

¹⁶ Australian Bureau of Statistics (ABS), *Socio-Economic Indexes for Areas (SEIFA)*, 2006

Table 55 –Median Weekly Rents In Hotspot Locations

	Brisbane	Townsville	Cairns	Mt Isa	Gold Coast	Queensland	Australia overall ¹⁷
Weekly Median Rent	\$240	\$185	\$195	\$150	\$260	\$180	\$190
Monthly Median Housing Repayments	\$1,450	\$1,213	\$1,268	\$1,083	\$1,480	\$1,200	\$1,300

Table 56 –Median Weekly Rents In Non-Hotspot Locations

	Ipswich	Rockhampton	Queensland	Australia overall ¹⁸
Weekly Median Rent	\$180	\$150	\$180	\$190
Monthly Median Housing Repayments	\$1,100	\$980	\$1,200	\$1,300

G.1.3 Housing Stress

In relation to the hotspot locations, Ipswich has a lower proportion of households experiencing housing stress (29.6%) compared with Brisbane (29.9%) and Cairns (29.7%) but a higher proportion compared with Townsville (26.8%), Gold Coast (43.8%), and Mt Isa (11.8%).

Rockhampton has a lower proportion of households experiencing housing stress (26.5%) compared with Brisbane, Cairns and Townsville but a higher proportion compared with Gold Coast and Mt Isa.

G.1.4 Service System Infrastructure

A web-based search of the Ipswich Local Council Community Services Directory identified 22 non-government organisations with a direct interest in providing accommodation and support services. A web-based search of the Rockhampton Local Council Community Services Directory identified 24 non-government organisations with a direct interest in providing accommodation and support services. This represents a diverse range of players in the non-government sector for the two non-hotspot locations, a comparable range of services to the hotspot areas.

G.2 Profile of comparative case study locations

G.2.1 Ipswich

The 2006 Census reports there were 140,181 persons usually resident in Ipswich LGA.¹⁹

Compared to Australia average, Ipswich has:

- A larger proportion of family households
- A larger proportion of single parent families
- A larger proportion of children aged between 0 and 14 years

¹⁷ Australian Bureau of Statistics (ABS), *Census Quick Stats*, 2006

¹⁸ Ibid.

¹⁹ Ibid.

- Average median incomes close to the national average
- Lower median weekly rent and loan repayments
- The majority of people residing in separated houses and only a small percentage of people lived in a flat, unit or apartment.

Respondents to the Email Survey

Eight responses were received from Ipswich. Respondents to the email survey in Ipswich included both government and non-government organisations. They included:

- Support services - mediation management, health education, facilitating access to mainstream services and accommodation, assistance with personal care, youth support, family support, emergency relief and interest free loans.
- Drop-in centres.
- Homelessness and community development services – e.g. organizing BBQ's, fellowship in the park.
- Services that provide food, clothing and furniture.
- Accommodation services – SAAP accommodation for young people, SAAP crisis accommodation and supported accommodation for the Drug Court.

Some of these organisations provide a combination of services i.e. accommodation and support.

Access to Services for People Experiencing Homelessness

Five of the eight survey respondents from Ipswich (75%), have noticed changes in the patterns relating to the use of their services over the past three years.

The most consistently reported change was an increase in the amount of people seeking assistance. In relation to a number of accommodation services it was mentioned there has been higher turn away in recent years due to demand outstripping the supply of housing stock.

There has also been a change in the profile of clients. In particular, an increasing number of clients with complex needs; an increasing number of families; an increasing number of families with over four children presenting, and an increased number of clients who are currently earning an income.

Two of the eight Ipswich respondents cited increased referral pathways with other services, while one respondent indicated more clients were reporting lack of follow-ups from other services.

The main factor leading to these changes in service use was thought to be the lack of low cost, suitable housing options in the region caused by rising housing prices and rents. Additional pressure came from population shifts of people leaving Brisbane and relocating to Ipswich due to affordability issues.

A competitive market means real estate agents and landlords are being '*more picky with tenants*' (NGO). A lack of awareness of tenancy rights and responsibilities and high levels of rent arrears were seen as contributing to increased demand for accommodation services. Other factors included: limited employment opportunities (especially for young people); limited opportunities to develop life skills; drug and alcohol abuse; the current economic climate, and increased financial stress experienced by families resulting in family breakdowns and domestic violence.

Coordination and Collaboration on Homelessness Responses

All survey respondents indicated that they work with other organisations in Ipswich in some form.

Network Meetings

Four out of eight respondents from Ipswich attend network and collaboration meetings. Network meetings include meetings with government agencies as well as the NGO sector.

'I work in collaboration with many other organisations, government departments and peak bodies. I do this mainly through network meetings' (NGO).

Coordinated Case Management

Two of the survey respondents from Ipswich worked with other organisations in relation to case management. Case management occurred on a case-by-case basis, rather than through the organised provision of ongoing coordinated case management support.

Integrated Service Delivery

A number of examples of integrated service delivery were reported. For example:

- One service in Ipswich runs a clinic from the premises of another service on a weekly basis to provide support to their clients.
- One service has a ‘team approach’ which involves collaborating with two other agencies on a regular basis in order to provide a wrap around support.
- One service runs a large number of homeless-specific programs.

Other Collaboration Mechanisms

- Developing group workshops and joint event/activities planning.

Referral Pathways

All of the survey respondents from Ipswich had established referral pathways. Survey respondents were asked to identify the services to which they most commonly make referrals. The most frequent answer was support services followed by accommodation services and early intervention services.

Table 57 – Services Ipswich Respondents Most Commonly Refer To

Type of Service	Number
Support services	5
Accommodation services	3
Early intervention	3
Mental health	2
General health	2
Counselling	2
Youth	2
DoH	2
DSQ	1
Drug and alcohol	1
Outreach	1
Church	1

Survey respondents were asked to identify which services most commonly make referrals to them. The most frequent answer was support services followed by accommodation services, Centrelink and HPIQ.

Table 58 – Services Most Commonly Referring to Ipswich Respondents

Type of Service	Number
Support services	5
Accommodation services	3
Centrelink	2
HPIQ	2
Youth	1
Early intervention	1
DoH	1
Legal	1

Referral mechanisms were generally perceived to be effective, and their effectiveness was credited to the establishment of good working relationships over time. It was asserted that referral mechanisms worked most effectively when open dialogue had occurred. For example, when services had been able to meet face-to-face to establish a preferred approach or where services had kept in regular contact through network meetings.

Two particular services indicated that high staff turnover presented problems in relation to establishing referral pathways. This suggests that referrals are dependent on personal relationships. Two services felt that while mechanisms had been established, formal processes were lacking. One service also commented that *‘among the local NGOs the referral pathways are quite strong and clear. I find it much more difficult to refer and receive referrals from others, such as HPIQ’* (NGO).

Only one respondent in Ipswich had noticed a change in the referral pathways over the last three years. These changes were in relation to more formalised referrals occurring between local services and an increase in the number of self-referrals.

The Health, Wellbeing and Self-Esteem of People Experiencing Homelessness

In relation to the question: *‘How does your work impact on the health and wellbeing of people experiencing homelessness?’* responses highlight the need to address health and wellbeing in a holistic sense encapsulating physical, emotional and social aspects.

Respondents indicated their positive impact on the physical health of clients through the provision of nutritious meals, shower and laundry facilities for cleanliness; through providing direct health care through the service or facilitating access to external medical services; by addressing drug and alcohol problems, and by providing health education to empower people to manage their own health needs.

One way in which the wellbeing of clients was addressed was through non-therapeutic emotional support. The provision of appropriate and stable housing was also seen as important, since long-term housing provides opportunities for people to participate in community life, clear their debts, and settle children into local schools, all of which have potentially positive effects on mental wellbeing.

Opportunities for homeless people to participate in the community, such as through barbeques and other informal social events, also offer opportunities for social networking and relationship-building, which may contribute to people’s confidence and self-esteem.

Opportunities for Homeless People to Participate in Community Life

Facilitating opportunities for social inclusion was seen as a key to encouraging effective community participation. Some services provide a dedicated space for homeless people to *‘relax and interact’*. Other services provide activities that enable homeless people to participate in community life, such as

barbeques, life skills programs, recreational programs and family fun days. Some services also encourage clients to engage in community groups, such as parenting groups.

Once again, the provision of stable housing was seen as a key element of this approach, since this provides clients with opportunities to participate in education and employment.

Service Delivery Features Most Effective in Assisting Homeless People

Relationship building – both with clients and with other services in the local area – was found to be a key characteristic of service delivery models that are seen to be most effective in assisting homeless people.

Providing a tailored approach to address the individual needs of clients, through case management, was another service delivery feature found to be particularly effective. This was particularly mentioned in relation to identifying clients' individual needs and ensuring the support provided is flexible in addressing these specific needs. Practical assistance such as helping clients with forms and documentation, as well as personal and skills development were also seen to be key features of successful service delivery models.

Responses to the question: '*What could be done different to more assist homeless people?*' included:

- A greater emphasis on service with a flexible approach.
- More effective and innovate ways to engage with homeless people, especially those sleeping rough.
- More community education to raise awareness of the issues surrounding homelessness.
- More funding to increase housing stock and the capacity of services operating in Ipswich.
- More emergency relief and early intervention.
- More intensive, follow through support to assist people to sustain their tenancies.

Local Area Gaps in Services for People Experiencing Homelessness

Survey respondents were asked to nominate local gaps in service availability. Respondents from Ipswich felt that service gaps for people experiencing homelessness were:

- Affordable long-term accommodation options.
- Preparation to transition people into long-term accommodation.
- Intensive, follow through support for people once they are housed.
- Short-term and crisis accommodation.
- Accommodation options for young people.
- Mental health services.
- Early intervention services.
- Not enough boarding houses.

Awareness of the Responding to Homelessness Strategy

Only one respondent from Ipswich was aware of the Queensland Government's *Responding to Homelessness Strategy*. This respondent did not think R2H had made an impact in the local area.

Recommendations for Future Homelessness Planning and Policy

- Sector planning in accordance with a needs assessment of the local area and closer consultations with service providers and people experiencing homelessness.

'Speak with providers who directly work with the homeless and to consult with clients or the homeless to gauge what their needs are' (NGO).

- Funding, resourcing and support from government to assist local networking and coordination.
'Actively resource and assist local service providers in developing effective networks' (NGO)
- Enhance the capacity of local services to facilitate greater client access and the level of support services are able to provide.
- Increased access to mental health services for people experiencing homelessness in Ipswich.
- Provision of more low cost accommodation options.
- The provision of follow-up, long-term support for those who have been housed.
- Workforce development involving better training, conditions and remuneration for workers.
- More regional strategies to address homelessness rather than 'state-wide' strategies that primarily involve implementation of programs in the bigger city centres.
- Engaging and involving local councils in responses to homelessness.
'I would like to see the councils to acknowledge that we do have problems with homelessness and disadvantaged people and not just sweep it under the carpet which is what they are doing.' (NGO)

G.2.2 Rockhampton

The 2006 Census reports there were 58,749 persons usually resident in Rockhampton LGA.²⁰

Compared to Australia average, Rockhampton has:

- A slightly larger proportion of young people aged 15-24 years (15.8%)
- A larger proportion of single parent families
- Lower median incomes
- Higher proportion of people in rental market and fewer properties were fully owned or being purchased
- Lower weekly median rent and repayments.

Respondents to the Email Survey

A total of 13 responses were received from services operating within Rockhampton. Respondents were from both government and non-government organisations. They included:

- Housing and accommodation services – general housing assistance; long-term community housing; supported housing; transitional housing; youth housing; housing support for people with a disability to live independently; crisis accommodation for women and children; boarding houses, and supported accommodation for families.
- Legal services.
- Health services.
- Emergency relief services.

Some of these organisations provide a combination of services, e.g. accommodation and support.

Access to Services for People Experiencing Homelessness

A total of 10 of the 13 respondents from Rockhampton asserted that they have noticed changes in the patterns relating to the use of their service over the past three years.

²⁰ Australian Bureau of Statistics (ABS), *Census Quick Stats*, 2006

The most consistently reported change was increased demand for assistance. Increased demand for assistance was most noticeable in relation to crisis accommodation and emergency relief payments for those at risk of homelessness (i.e. to assist with rent arrears). For some services increased demand has resulted in higher turn away rates.

Respondents have also noticed a changing profile of clients, in particular:

- An older demographic of clients seeking assistance.
- Clients with increasingly complex needs.
- More clients seeking assistance on the grounds of housing affordability issues.

The main factor considered to be contributing to these changes was the shortage of affordable accommodation options in the context of increasing rents and costs of living. Rapid population growth in Queensland was also seen to be putting pressure on the availability of low cost housing. Low vacancy rates have resulted in landlords being able to discriminate: *'Landlords wont let to larger families or disadvantaged group.'* (NGO). The increased demand for services was also attributed to services being managed better and being more suitably culturally appropriate.

It was also felt that the increasingly complex needs of homeless people were problematic for tenancy sustainability – they are *'unable to sustain tenancies because of mental illness, drug or alcohol issues, intellectual disabilities, and lack of management skills'* (NGO). Low income earners may also have a *'lack of awareness of rights and responsibilities of renting.'* (NGO).

Coordination and Collaboration on Homelessness Responses

All survey respondents from Rockhampton work with other organisations in their local area.

Network Meetings

A total of eight of the 13 respondents attend networking and collaboration meetings.

'We attend network and coordination meetings and workshops. These are held regularly – we usually attend something once every couple of weeks.' (Government)

In Rockhampton, respondents mentioned attending the following meetings: reference groups; inter-agency meetings; ROCKSAAP Network Meetings, and Housing Area Network Meetings.

Networking arrangements in Rockhampton include government agencies as well as the NGO sector. Service respondents from Rockhampton indicated good relationships between the local NGO and government agencies, typified by the comment:

'All the staff in Rockhampton are great and we have good relationships. These relationships have been really strong for many years. Often I think it is person dependent on how effective these networks are but there seems to be a proactive culture in Rockhampton with a community focus and not a bureaucracy focus' (NGO).

Although generally viewed as positive, a small number of respondents mentioned problems in relation to coordinating with the government sector.

'Government agencies vary in the amount of collaborative work they do with us, often the approach sadly is that 'we are the government agency and we have the power' –this is implied not stated' (NGO).

Barriers were identified where there was inadequate consultation. For example, one service was involved in the Housing and Accommodation Support Program (HASP) which requires coordination between DSQ, DoH and Mental Health. It was felt that *'the three partners meet in Brisbane to discuss the arrangement, which we are not part of'* (NGO) and as a consequence appropriate information-sharing does not always occur on the ground.

Coordinated Case Management

Three of the respondents from Rockhampton worked with other organisations in relation to case management. As in Ipswich, the responses suggest that this is generally conducted on a case by case

basis and involves case management meetings rather than through organised ongoing coordinated support.

Integrated Service Delivery

Examples of integrated service delivery were outlined, including:

- One housing support service works with two other agencies regularly to provide positive client outcomes – *‘if we have clients living in their housing who are causing problems they will ring us rather than giving them two weeks notice to vacate. This works really well.’* (NGO).
- One accommodation service has a mental health service visit them on a weekly basis to treat their clients.
- One service has an MOU with a housing provider – *‘we give support to people in their accommodation.’* (NGO).

Generally, integrated service delivery arrangements were regarded as operating effectively. However, one service had experienced difficulty: the accommodation provider felt that although there were established working relationships with outreach services who regularly visit, they sometimes experience difficulty in getting a response when a client is acting up. *‘It seems they are only interested in the people that are easy to deal with; they are not interested in the more difficult clients’* (Private Sector).

Other Collaboration Mechanisms

Other mechanisms for collaboration and coordination that were cited include:

- Joint community development and event planning.
- Knowledge and information sharing through inter-agencies.
- Regular contact through emails.
- Cross-membership of service committees.
- Agency visits to explain service provision and eligibility.

Referral Pathways

A total of 12 of the 13 respondents from Rockhampton have established referral pathways. Survey respondents were asked to identify the services to which they most commonly make referrals: the most frequent answers were support services and accommodation services followed by counselling services.

Table 59 – Services to which Rockhampton Respondents Most Commonly Refer

Type of Service	Number
Support services	7
Accommodation services	7
Counselling	5
DoH	4
General health	4
Legal services	3
Centrelink	2
Drug and alcohol	2
Youth services	1
Mental health	1
Tenancy support	1

Survey respondents were also asked to identify which services most commonly make referrals to them. The most frequent answers were support and accommodation services, followed by counselling services, DoH, general health services and legal services.

Table 60 – Services Most Commonly Referring to Rockhampton Respondents

Type of Service	Number
Support services	6
Accommodation services	5
DoH	4
Department of Child Safety	4
General health	4
Centrelink	3
Police	3
Mental health	3
Legal services	2
Queensland Corrective Services	1
Local Government	1
Self-referrals	1

All except three respondents from Rockhampton thought that referral mechanisms were effective. Factors contributing to this effectiveness were; close relationships established over many years; open communication and information sharing; services working towards a common goal; dedication from

service staff to network and build relationships, and services having a good understanding of the other services available in the local area.

Where referrals were found to be ineffective this was because referrals made were inappropriate, i.e. clients referred who are seeking assistance that is not provided by that particular service, or where services are at capacity and cannot facilitate the referred clients.

Eight respondents from Rockhampton have noticed changes in these referral pathways over the last three years: these changes related to an overall increase in referrals. For some this was an increase in referrals from other services – *‘We have had a significant increase in the number of referrals from these agencies’* (NGO) with some noticing referrals emerging from new sources – *‘To my knowledge Red Cross has only recently started referring to us’* (NGO).

For others, there was an increase in self referrals – *‘People are more aware of available services and will contact us themselves.’* Some respondents also commented that coordination had improved and referrals between services were becoming more formalised – *‘There appears to be a more coordinated approach to getting good housing outcomes. Clients with more complex needs are coming to the counter with appropriate support from organisations in place’* (Government).

Respondents indicated that the factors leading to these changes were raised awareness, better communication and greater staffing stability. The increased demand for services may also mean that services do not have sufficient capacity to cope and are therefore referring clients on. One respondent stated that *‘agencies have realised the success rate they have had in their referrals to our organisation and have had more confidence in their effort involved in making the referrals’* (NGO). Some respondents also mentioned there is more emphasis on *‘the importance of working together to get a more wrap-around service for clients’* (Government).

The Health, Wellbeing and Self-Esteem of People Experiencing Homelessness

In relation to the question *‘How does your work impact on the health and wellbeing of people experiencing homelessness?’* respondents indicated that they impacted on the physical health of clients by facilitating access to external medical services that could address their health needs.

It was felt that by providing a safe, secure and supportive environment, clients, who have often had traumatic experiences, feel relief and reduced stress levels. Respondents also commented that clients have improved emotional wellbeing if they feel the support provided to them is appropriate, meets their needs and helps address the underlying causes of their homelessness.

Assisting clients to access and maintain long-term accommodation was seen as having a significant impact on the health and wellbeing of clients. Long-term stable housing provides opportunities for employment, education, participating in community activities and making social connections. This was thought to *‘give [clients] confidence and significantly increase their assessment of their own self-worth’* (NGO).

Opportunities for Homeless People to Participate In Community Life

Stable, long-term housing was seen as crucial to participation in community life. Services that provide supported accommodation and early intervention were also seen as key. By assisting with tenancy sustainability and preventing homelessness, people are able to continue their lives, take advantage of opportunities for economic and social participation, and preserve their established relationships within the community.

Service Delivery Features Most Effective in Assisting Homeless People

The majority of respondents felt in their model of service delivery the feature most effective in assisting homeless people was the ability to provide a tailored approach to address the individual needs of clients. Providing appropriate referrals to other services so clients can receive holistic treatments was also seen to be very effective. Networking and collaboration with other services was crucial to providing appropriate referrals.

Dovetailing housing with support was also seen as an effective service delivery feature. Supported accommodation was seen as having positive outcomes in the sustainability of tenancies. Ongoing

support was seen as assisting with addressing the underlying causes of homelessness preventing people falling back into the system.

Well trained and supportive workers were also seen as important. More specifically, relationship-building, supporting clients in a non-judgmental manner and empowering clients to make their own decisions are effective service delivery features.

Responses to the question: *'In your model of service delivery what could be done differently to more effectively assist homeless people?'* included:

- More affordable suitable accommodation that fits with clients needs.
- Ongoing tenancy support.
- Less intrusive ways of obtaining information and reduce the amount of information collected and form filling required.
- *'One stop shops, avoid sending people chasing around town from one agency to the next'* (NGO).
- A greater emphasis on wrap-around services.
- A greater emphasis on outreach services.

Local Area Gaps in Services for People Experiencing Homelessness

Respondents from Rockhampton highlighted the following service gaps for people experiencing homelessness:

- Ongoing support once people are housed.
- Preventative services.
- Mental health support for people at risk, to prevent them falling into homelessness.
- General health outreach.
- Affordable and appropriate housing options especially for young people, large families and single men with children.
- Short-term emergency accommodation.
- Employment and training pathways for people wishing to re-enter the workforce.
- Tenancy support and education.
- A drop-in centre where people can shower and wash their clothes.

Awareness of the Responding to Homelessness Strategy

Seven respondents from Rockhampton were aware of the Queensland Government's *Responding to Homelessness Strategy*. Only one of these respondents considered the R2H to have assisted in their local area, but they did not provide an explanation as to how.

Recommendations for Future Homelessness Planning and Policy

- Providing a range of accommodation styles and innovative designs to suit the varied needs of homeless people.
- Providing more short-term and emergency accommodation.
- Sector planning in accordance with a needs assessment of the local area and consultations with service providers and people experiencing homelessness.

'Listen very carefully to the services at the coal face, each area has its own different needs and they are best equipped to tailor a service to best fit clients in their area' (NGO).

- More resourcing to enhance the capacity of the service system.
- Improving competitive tendering arrangements.
'When putting extra services up for tender or asking for expressions of interest give the smaller community organisations a chance, as they are often producing the best results' (NGO)
- Workforce development involving better training, conditions and remuneration for workers.
- Providing greater assistance for people to access the private rental market (both financial and non-financial).
- Increased access to mental health services for people experiencing homelessness.
- An increased emphasis on employment opportunities and pathways.
- The provision of follow-up, long-term support for those who have been housed.