An Evaluation of Sydney Way2Home: Final Report

REPORT OF THE NATIONAL HOMELESSNESS RESEARCH PARTNERSHIP WITH THE DEPARTMENT OF FAMILIES, HOUSING, COMMUNITY SERVICES AND INDIGENOUS AFFAIRS

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Institute for Social Science Research
Level 4, General Purpose North No.3 (Building 39A)
The University of Queensland 4072
Telephone: (07) 3346 7646 | Facsimile: (07) 3346 7646
Title: An Evaluation of Sydney Way2Home: Final Report
Authors: Cameron Parsell, Wojtek Tomaszewski and Andrew Jones
Research organisation: Institute for Social Science Research, the University of Queensland
Contact details: c.parsell@uq.edu.au

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# Acronyms and Abbreviations

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<th>Acronym</th>
<th>Description</th>
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<tr>
<td>FaHCSIA</td>
<td>The Department of Families, Housing, Community Services and Indigenous Affairs</td>
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<tr>
<td>ISSR</td>
<td>Institute for Social Science Research</td>
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<tr>
<td>IV</td>
<td>Intravenous</td>
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<tr>
<td>HRPA</td>
<td>Homelessness Research Partnership Agreement</td>
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<tr>
<td>NDARC</td>
<td>National Drug and Alcohol Research Centre</td>
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<td>NSW</td>
<td>New South Wales</td>
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Executive Summary

This report presents the findings from an examination of the effectiveness of Sydney’s Way2Home program. The research has been funded through the Australian Government’s Homelessness Research Partnership Agreement (HRPA), which is administered by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA).

The study aims to inform Australian homelessness and housing policy and practice by contributing evidence about the nature and effectiveness of Street to Home and Way2Home initiatives recently introduced to permanently reduce the incidence of rough sleeping. There is a paucity of Australian research demonstrating program effectiveness or highlighting the critical elements that mediate positive housing and wellbeing measures for people that have experienced rough sleeping. In many respects, the limited local evidence base about ending homelessness for people sleeping rough is a product of the limited programs and initiatives that have specifically been implemented in Australia which have targeted this group with the explicit aim of assisting them to access and sustain housing.

Focusing on Sydney’s Way2Home program, the current study aims to contribute to an Australian evidence base about ending rough sleeping. Specifically, the research examines whether, and to what extent, Sydney’s Way2Home program has successfully assisted people to exit homelessness and access and sustain housing. Consistent with the Way2Home program objectives, a secondary aim of the study is to examine whether service users have achieved other lifestyle and socio-economic changes.

The study addresses the following five research questions:

- Has Sydney’s Way2Home program assisted people sleeping rough to exit homelessness and access, and sustain, stable housing?

- What outcomes have Sydney’s Way2Home service users achieved in terms of housing stability, improved employment, social participation, improved health and wellbeing, reduced drug and alcohol use, and reduced crisis and criminal justice service utilisation?

- What factors have contributed to successful outcomes?

- What factors have acted as barriers to Way2Home assisting people to access and sustain housing, and to achieve other life improvements?

- What are the practice and policy implications of the research findings?

To provide a comprehensive analysis and examination of Sydney’s Way2Home program the study draws on a multi-method and multi-data source approach. This includes qualitative
interviews with practitioners and managers working within the Way2Home program, interviews with government policy officers and service providers working alongside Way2Home, and qualitative interviews with service users. The study also draws on analysis of documents. Finally, a major component of data collection is a baseline (N=39) and 12 month follow up survey (N=31) with Way2Home service users. Baseline and follow up data is used to identify and measure change over time on a several key housing, health, wellbeing, participation and service utilisation variables.

The research project found

- **Service users**: Sydney's Way2Home program has successfully identified and engaged with a rough sleeping population that have experienced multiple combined years of homelessness and who report health, social problems and exclusion in addition to homelessness.

- **Housing outcomes**: The program has assisted many people to exit rough sleeping and access and sustain secure housing. Drawing on a 12 month longitudinal sample, 90 per cent of people sustained housing over a 12 month period.

- **Housing experiences**: People widely experienced their housing in positive terms and most had come to see their house as their home. The active process of housing becoming home was associated with positive housing retention.

- **Relationships**: In terms of caring for dependent children or forming cohabitating relationships, the low rates at baseline remained stable at 12 month follow up.

- **Employment, education and training**: with the exception of one person that commenced labour market participation and another person that commenced study, the extremely low rates of participation in the labour market, education and training identified at baseline remained stable after 12 months. Similarly, there was consistency in the low rates of reported job seeking behaviours at baseline and the 12 month follow up.

- **Drug and alcohol use**: At baseline the overwhelming majority of people reported smoking cigarettes on a daily basis. There was a small decrease in report daily rates of cigarette use: at baseline 30 people, at 12 month follow up 28 people reported daily use of cigarettes. Between baseline and the 12 month follow up there was stability in reported daily usage rates of alcohol, cocaine, inhalants and hallucinogens. There was a slight increase in daily use of cannabis and amphetamines. There was a reduction in the reported daily use of sedatives and of significance, a notable reduction in reported daily use of opiates.
• Health, wellbeing and quality of life: Using validated measures, overall people reported reduced symptoms of psychological distress between the 12 month follow up and baseline. While the Way2Home sample’s baseline and 12 month follow reported distress were higher than population averages, time spent in secure housing was associated with reduced distress. Similarly, nearly all measures of quality and life and satisfaction showed improvement between baseline and 12 month follow up.

• Service utilisation: Way2Home service users access emergency health services and have contact with the criminal justice system at disproportionate rates. There were either no or very modest decreases in emergency health service utilisation between baseline and 12 month follow up. On the other hand, accessing and sustaining housing was associated with reductions in contact with the criminal justice system. Four fewer people at the 12 month follow up, for instance, were held overnight in police custody compared to baseline.

• Perspectives on Way2Home: Most service users (81 per cent) reported positive life changes since working with the Way2Home program. Underpinning the positive ratings of Way2Home were participants descriptions of the service that had enabled them to access housing and had continued to provide them with practical day-to-day support.

Several key policy implications and comments can be identified from the findings from this research project:

• The research has found that Sydney’s Way2Home program has (1) systematically targeted, identified and engaged people sleeping rough with experiences of chronic homelessness and multiple exclusions; (2) assisted a large number of people to move directly from ‘the streets’ into secure housing, and (3) directly provided ongoing services that have contributed to high rates of tenancy sustainment and thus exits from homelessness.

• Sydney’s Way2Home represents an example of a program that can significantly contribute toward the realisation of state and national policy objectives of reducing the incidence of homelessness and offering supported accommodation to people sleeping rough.

• Systematic, persistent and client directed street outreach can successfully engage with highly vulnerable and people with long-term experiences of homelessness and rough sleeping in particular.
• Without access to secure housing options, street outreach has a constrained capacity to assist people to exit homelessness.

• In order for Way2Home to be successful, or any social program charged with the objectives of assisting people to exit homelessness, housing policy and institutional arrangements must be conceptualised and resourced to enable secure and affordable housing to be accessed. As it currently stands, Way2Home is judged on its capacity to assist people sleeping rough or experiencing chronic homelessness to access housing, but policy and administrative decisions that fundamentally determine housing access are beyond the remit of Street to Home programs.

• Results from this research indicate that interrelated factors that cause homelessness, such as poverty, unemployment, drug and alcohol use, and social isolation, do not need to be addressed for people to first exit homelessness, or to sustain their housing (for 12 months at least).
1 Introduction

This report presents the findings from an examination of the effectiveness of Sydney’s Way2Home program. The research has been funded through the Australian Government’s Homelessness Research Partnership Agreement (HRPA), which is administered by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). This final report builds on and extends early publications from this research project: the first examined service system capacity of Sydney’s Way2Home program (Parsell and Jones 2012), and the second report outlined detailed baseline data on 39 Sydney Way2Home service users (Parsell, Jones and Tomaszewski 2012).

The service system capacity analysis provided a comprehensive review of the resources available to the program and its overall capacity to achieve its aims and objectives (Parsell and Jones 2012). Focusing on Way2Home in the first 12 months of implementation, Parsell and Jones (2012) argued that in order to evaluate program effectiveness in terms of service user housing, health, and broader wellbeing outcomes, it was imperative to understand the nature of Sydney’s Way2Home model. This included the formal policy arrangements together with the manner in which the program was operationalised in practice.

Furthermore, the service system capacity report outlined an analysis of the ideas that underpin the Street to Home approach: Sydney’s Way2Home program was developed and informed by the evidence base generated from the Street to Home model (New South Wales Government 2009a). It argued that Street to Home was adopted nationally in Australia based on international practices and an asserted international evidence base, but locally throughout Australia, the international program has been implemented to respond to and build on local practices and problems. As a theoretical model, Parsell and Jones (2012) identified four concepts that are presented as constituting the ideal Street to Home approach: (1) assertive and purposeful street outreach; (2) immediate access to stable housing; (3) the availability of ongoing and multidisciplinary support services, and (4) the policy and practice integration of outreach, housing and supports services.

The Sydney Way2Home baseline report (Parsell et al. 2012) identified and quantified the personal and biographical information of 39 Way2Home service users. The program has been funded and implemented to assist people who are not only homeless, but who also present with high vulnerabilities and significant social and health problems that act as barriers for them to exit homelessness. The detailed analysis provided in the baseline report demonstrated that Sydney’s Way2Home program is working with the intended target group. The baseline report, for instance, found that no one was engaged in the labour market; people reported many continuous years of rough sleeping, a third of whom had slept rough as a child. More than

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1 The broader research project also examines Brisbane’s Street to Home program. The initial implementation report on the Sydney and Brisbane programs were considered together (Parsell and Jones 2012).
three quarters reported psychological distress at a diagnosable level. Overall, they reported low on quality of life and wellbeing measures; reported cigarette, alcohol and some illicit substance use was high, and people were heavy users of emergency health and criminal justice services.

In addition to the baseline data serving as a means to ascertain whether the program was working with the intended target group, the baseline data serves as a reference point to identify and measure change over time. Details of how the baseline data will be used and coupled with the time two 12 month follow up data is outlined below.

1.1.1 Aim of the study

The study aims to inform Australian homelessness and housing policy and practice by contributing evidence about the nature and effectiveness of Street to Home initiatives recently introduced to permanently reduce the incidence of rough sleeping. While governments across Australia have adopted formal policies and implemented programs with the aim of specifically targeting people sleeping rough and reducing homelessness more broadly, with the notable exception of Johnson et al. (2012), there is a paucity of Australian research demonstrating program effectiveness or highlighting the critical elements that mediate positive housing and wellbeing measures for people that have experienced rough sleeping. In many respects, the limited local evidence base about ending homelessness for people sleeping rough is a product of the limited programs and initiatives that have specifically been implemented in Australia, which have targeted this group with the explicit aim of assisting them to access and sustain housing. Focusing on Sydney’s Way2Home program, the current study aims to contribute to an Australian evidence base about assisting people experiencing chronic homelessness and rough sleeping access and sustain housing.

The study provides a detailed focus on Way2Home service delivery and the outcomes and experiences of Way2Home service users in particular. The research scrutinises the central elements of the Street to Home approach: assertive outreach, stable housing, and ongoing support, and identifies successful outcomes, factors contributing to success, and barriers to success. Thus the detailed analysis of Way2Home and the outcomes achieved by service users provides information about responding to the needs of people sleeping rough that transcend the Street to Home model.

To respond to the study aims, the research examines whether, and to what extent, Sydney’s Way2Home program has successfully assisted people to exit homelessness and access and sustain housing. Consistent with the Street to Home program objectives, a secondary aim of the study is to examine whether service users have achieved other lifestyle and socio-economic changes. Finally, the research aims to provide an evidence base on the experiences of Sydney’s Way2Home program as a case study, and the critical factors that successfully
assist people to exit rough sleeping and sustain housing. The study addresses the following five research questions:

1. Has Sydney’s Way2Home program assisted people sleeping rough to exit homelessness and access and sustain stable housing?

2. What outcomes have Sydney’s Way2Home service users achieved in terms of housing stability, improved employment, social participation, improved health and wellbeing, reduced drug and alcohol use, and reduced crisis and criminal justice service utilisation?

3. What factors have contributed to successful outcomes?

4. What factors have acted as barriers to Way2Home assisting people to access and sustain housing, and to achieve other life improvements?

5. What are the practice and policy implications of the research findings?

The evaluative study is premised on the assumption that in order to meaningfully and comprehensively understand the outcomes Way2Home service users achieve, the ‘client’ outcomes must be firmly embedded within a detailed analysis that takes account of (1) the policy intent, (2) the ‘on the ground’ implementation and enactment of the program, and (3) the experiences of individual Way2Home service users. There is great diversity in what constitutes the services available and received by individual Way2Home service users. The evaluation thus aims to identify service user outcomes and locate outcomes within broader contexts that include policy, practice, service delivery and service engagement.

Service user baseline and time two, 12 month follow up data represents a primary source of data identifying and measuring client outcomes. Taken together, the baseline and 12 month follow up data is drawn upon to illustrate the changes in service users on a number of important domains, including: housing/homelessness; employment, education and family/caring status; drug and alcohol use; quality of life and wellbeing; psychological distress; service utilisation, and satisfaction with the Way2Home program.

The comprehensive details of service users’ demographics, characteristics, and life experiences also enables the above outcome measures to be analysed across sub-sections of the sample. For example, statistical regression analysis will be used to assess the association among outcome measures and other individual demographics and characteristics, such as Indigenous status, age and gender.

**1.1.2 Way2Home and Policy Context**

The watershed Homelessness White Paper (Australian Government 2008) represents the national introduction of Street to Home approaches onto the Australian landscape. Outlining a
future vision for Australian homelessness policy and practice, the White Paper acknowledged that responses to people sleeping rough were underdeveloped. Accordingly, the Australian Government sought to introduce assertive outreach nationally as a means to permanently reduce rough sleeping. Assertive outreach constitutes a central component of the Street to Home approach (Parsell 2011).

Street to Home initiatives have been implemented into Australia on the basis of being innovative models of intervention, which are directed towards the achievement of ambitious targets to reduce homelessness. Politicians and policy makers have couched the adoption of Street to Home approaches in Australia in terms of adopting evidence-based interventions that have been internationally proven (Parsell, Jones and Head 2013). The former New South Wales Minister for Housing described the Way2Home program as an “excellent example of innovation and base practice”; the implementation of Way2Home was linked to successful examples in the United Kingdom and the United States (Plibersek and Borger 2010).

The national policy direction and program implementation of Street to Home represents a significant financial investment from Australian governments. Informed by the parameter setting statements of the White Paper, the National Partnership Agreement on Homelessness identified the establishment of “street to home” initiatives for chronic homeless people (rough sleepers) as Core Output 2 (Council of Australian Governments 2009). The introduction of Street to Home was presented in the context whereby significant service system reforms were required (Council of Australian Governments 2011). Street to Home thus became formal policy, with state and territory governments required to implement Street to Home initiatives. In most states and territories, it represents a policy model to achieve sustainable housing and accommodation outcomes, on the one hand; and is closely linked to targets of ending homelessness, especially for people sleeping rough, on the other (Council of Australian Governments 2011; New South Wales Government 2009b).

The Australian approach to Street to Home is presented as consisting of assertive street outreach, immediate access to secure housing, and ongoing and ‘wrap around’ support (Parsell and Jones 2012).

Within this context, assertive outreach has been referred to as actively seeking people sleeping rough and providing integrated and wrap-around support services and housing (Australian Government 2008). The White Paper (Australian Government 2008) linked the introduction of assertive outreach approaches to the premise that people sleeping rough “are unlikely to actively seek help” (2008: 50).

Assertive outreach was presented as a necessary means to facilitate the conditions to engage people who are otherwise deemed to be a hard to access group. It is concerning that having recognised this premise and thus the importance of assertive outreach, the Commonwealth Government later modified the headline target from the original “offering supported
accommodation to all rough sleepers who need it”, to a narrower focus on “all rough sleepers who seek it” (Australian Government 2010). Given that the Commonwealth Government earlier recognised that people sleeping rough rarely actively seek help, it follows that the changed focus on people sleeping rough who seek help will not only reduce the target group, but it will also exclude the focus on a highly vulnerable group.

The immediate access to secure housing is highlighted through Street to Home approaches being defined by policy makers as following a Housing First approach (Parsell and Jones 2012; Phillips and Parsell 2012). Notwithstanding the slippage in the use of the term Housing First in Australia (Johnson, Parkinson and Parsell 2012), the Street to Home policy documents outline an official version of Housing First consistent with Tsemberis’ (2010) Pathways to Housing model, whereby the immediate provision of secure housing is promoted rather than conditional and staged progressions through crisis accommodation and transitional housing. As argued elsewhere, however, in the first 12 months of operation there was not always the planning, policy mechanisms and resources available to enable the realisation of Housing First principles (Parsell, Jones and Head 2013).

Further to the centrality placed on immediate access to stable housing and assertive street outreach, Street to Home policy documents identify the wrap-around and ongoing support as an important means to achieve program objectives, particularly in terms of tenancy sustainment (New South Wales Government 2009c). Wrap-around ongoing support is presented as necessary to assist people to sustain their tenancies. The importance afforded to ongoing support post-homelessness is based on a long tradition of practice knowledge that recognises that people who exit chronic homelessness often have social and health problems in addition to their homelessness, and the provision of support is thus a necessary means to mitigate the likelihood of tenancy failure. Furthermore, the integration of a health team as a component of the Way2Home model aims to “improve health outcomes for homeless people and reduce presentations by homeless people to hospitals and other health facilities” (New South Wales Government 2009a: 8). The integration of the health team within Way2Home was described as a means to reduce the barriers faced by people experiencing homelessness access specialised drug and alcohol, mental health and physical health services (New South Wales Health 2009).

Building on the national impetus and the identification of Street to Home as a core output (Council of Australian Governments 2009), Sydney’s Way2Home program receives funding from the Commonwealth, New South Wales State Government (Housing and Health departments), as well as significant funding from the City of Sydney. The Way2Home program represents a reconfigured and expanded version of the former Inner City Homelessness Outreach and Support Service (I-CHOSS). The contract for the former City of Sydney and Housing NSW-funded I-CHOSS was terminated 12 months prior to the original expiration date based on a belief that a different model was needed to achieve long-term reductions in
homelessness. With a redirection of previously allocated City of Sydney and Housing NSW funding for the I-CHOSS, together with additional funding and resources provided by the Commonwealth Government and the NSW Department of Health, Way2Home was established with the intention of expanding upon the nature and capacity of the previous model.

In addition to the cited international evidence base (Plibersek and Borger 2010), the establishment of Sydney’s Way2Home program was informed by a New South Wales State Government commissioned synthesis conducted by the Australian Housing and Urban Research Institute. This research synthesis emphasised the importance of persistent and practical outreach, multidisciplinary case management, long-term supportive housing rather than transitional accommodation, and post-housing support to promote the sustainability of housing outcomes (New South Wales Government 2009a). Sydney's Way2Home program represents a unique model in Australia, as it not only receives funding from three levels of government, but the program is made up of two separately funded teams: an assertive outreach support team provided by Neami, and an assertive outreach health team provided by St Vincent's Hospital (the program is described in more detail in the following chapter).

### 1.2 Methodology

To provide a comprehensive analysis and examination of Sydney's Way2Home program the study draws on a multi-method and multi-data source approach. This includes qualitative interviews with practitioners and managers working within the Way2Home program (defined through the report as Way2Home stakeholders), interviews with government policy officers involved in Way2Home, and qualitative interviews with service users. The study also draws on analysis of documents. For further details on the document analysis and a comprehensive scrutiny of the program in operation in the first 12 months see Parsell and Jones (2012). Finally, a significant component of data collection is a baseline (N=39) and a 12 month follow up survey (N=31) with Way2Home service users. These methods are described in the remainder of this chapter.

#### 1.2.1 Longitudinal service user data collection

A longitudinal survey was conducted with a sample of Way2Home service users to identify their characteristics and biographical information (Parsell et al. 2012a); and to measure their outcomes over a 12 month period. This component of the research examined housing outcomes, quality of life, wellbeing, mental health symptomology, service utilisation, and drug and alcohol use.

The longitudinal research consisted of a baseline survey with 39 people that were working with the Way2Home service. Recruitment for baseline participants took place over a six month period. Every effort was made to survey people as soon as they had first started working with Way2Home. Given that fieldwork for the longitudinal component of the study commenced more than twelve months after the Way2Home program started working with service users,
and that there were insufficient new service users to constitute a large enough sample, service users that had been working with the program for a number of months were included.

Recruitment of and access to participants for the baseline study (and the 12 month follow up) was enabled through significant support and practical assistance provided to the research team by the Street to Home service providers, Neami and St Vincent’s Hospital, as well as continued support from government bodies funding Way2Home. The inclusion of the service users as research participants would not have been possible without the time and personal resourcing provided to the research team by the service providers. The research team sought to invite every individual working with Way2Home to participate in the baseline survey. The 39 people that participated in a baseline survey represented all the people that could be accessed and that provided consent to participate.

While the 39 people that participated in baseline constitute all the Way2Home service users that could be recruited into the study (during the recruitment phase), it should be noted that Way2Home service users are not representative of the broader homeless population or even people that sleep rough. Sydney’s Way2Home service targets people exclusively on the basis of high vulnerabilities, coupled with experiences of rough sleeping and chronic homelessness.

One more clarification about the representative nature of the sample of Way2Home service users is required. While the sample comprises a large proportion of the service users that Way2Home could access for the purposes of recruitment into the study, there were people sleeping rough who were not working with the program (and thus ineligible to participate in the research). Because the service could not engage with this minority group, for example, people traveling through Sydney, the research team was unable to recruit them into the study. It is important to understand that while the service was extremely successful at engaging with the target group of highly vulnerable people sleeping rough, it is probable that the minority group of people that could not be actively engaged differed from those that were engaged with the program. See Parsell et al. (2012a) for a more detailed analysis of the baseline survey, recruitment and the results.

The time two 12 month follow up surveys were conducted approximately 12 months after the baseline. Every effort was made to re-interview people at the 12 months point, but due to difficulties locating some people at time two, there were instances where the 12 month follow up survey was conducted anywhere from between 11 months to 16 months after baseline. The 12 month follow up survey sought to identify housing outcomes and measure change over time.

Both the baseline and 12 month follow up surveys were conducted by researchers at the National Drug and Alcohol Research Centre (NDARC): the University of New South Wales. We thank colleagues from the NDARC for their sustained and professional efforts gathering the data. Baseline and 12 month follow up surveys were conducted in a location of the
participants choosing. Surveys were in a ‘pencil and paper’ format, and the researchers provided the requested assistance to complete the survey, for instance, reading the questions aloud and marking the responses on the survey sheet. Thirty one of the original 39 baseline participants completed the 12 month follow up survey.

The surveys contained 3 qualitative open ended questions that were also posed to research participants. Qualitative responses have been analysed thematically and are presented in this report alongside quantitative data.

As noted, the outcome measures which constitute the substantive empirical material in this final report are derived from a sample of Sydney’s Way2Home service users: baseline (N=39) and at the time two, 12 month follow up (N=31). Eight of the original 39 baseline participants did not complete a 12 month follow up survey. One of the eight individuals was deceased. One individual was incarcerated. Despite efforts from the service providers and the research team, six remaining people were unable to be contacted to participate in the 12 month follow up.

Figure 1 outlines simple characteristic information of service user participants at baseline and 12 month follow up. Throughout the report when baseline and 12 month follow up data is compared and service user change identified, we have adopted a ‘balance sample’ method, whereby the group under analysis is restricted to those 31 individuals that were interviewed in both rounds (i.e., excluding the 8 dropouts).

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>Time Two</th>
<th>Attrition</th>
</tr>
</thead>
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<td>Indigenous People</td>
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1.2.2 Service provider interviews

The overall research project examining Sydney’s Way2Home program is also based on 18 formal interviews, and numerous informal conversations with Way2Home staff about the program as well as observations of outreach service delivery. Formal interviews were conducted with management and direct service provider representatives from both support and health teams. Additionally, formal interviews were conducted with stakeholders from the program funding organisations, including the City of Sydney and Housing NSW. Data from qualitative interviews were recorded and analysed thematically. Informal conversations were
not recorded, and information gleaned from conversations and observations helped clarify knowledge about the program and inform questions that were asked during interviews.

1.2.3 **Service user qualitative interviews**

In addition to qualitative questions posed to participants at baseline and the 12 month follow up, one off in-depth qualitative interviews were conducted with eight Way2Home service users. The interviews sought to gather the perspectives on service users in terms of working with Way2Home, their views on street outreach, housing and support, and to identify how Way2Home or similar programs could be improved. The participants were selected to represent a diversity of outcomes experienced by service users. At the time of interview, five participants were residing in secure housing, two were sleeping rough and one person was staying in a drug and alcohol rehabilitation facility.

1.3 **Structure of report**

Following this introductory first chapter, the report consists of eight subsequent chapters. The next chapter, chapter two, draws on qualitative interviews with Way2Home service providers, service users, and an analysis of policy documents. Chapter two provides a description of Sydney's Way2Home program and the practices of service delivery. This description is informed by and extends the discussion on the service system capacity (Parsell and Jones 2012). Chapter three through eight report on quantitative, and to a lesser extent, qualitative findings. Chapter three: housing; chapter four: employment and social participation; chapter five: drug and alcohol use; chapter six: health, wellbeing and quality of life; chapter seven: service utilisation, and chapter eight: perspectives on Way2Home. Chapter nine details a summative conclusion of key themes and outlines policy implications and comments.
2 Sydney’s Way2Home

In this chapter we describe the nature and delivery of the Sydney Way2Home service from its conception in April 2010 until March 2013. This chapter builds on the more extensive discussion of the program’s first 12 months of operation (see Parsell and Jones 2012). The chapter adopts the framework of analysing Way2Home with reference to street outreach, housing, ongoing service provision post-homelessness, and the efficacy of the outcomes achieved by the assertive outreach support and health teams. The chapter is informed by 18 formal qualitative interviews with stakeholders involved in the Way2Home program, an analysis of the Way2Home internal data base system, analysis of program and pertinent policy documents, and qualitative interviews with eight Way2Home service users.

2.1.1 The Way2Home Model of Service Provision

As noted, Way2Home was established to extend and build on the lessons learned from the former City of Sydney and NSW State Government funded I-CHOSS. Way2Home consists of two teams: an assertive outreach support team provided by Neami, and an assertive outreach health team provided by St Vincent’s Hospital. Neami is a non-government mental health organisation. It has developed an established track record in providing mental health services throughout Australia, and also delivers the NSW Government-funded Housing and Accommodation Support Initiative targeted towards people with mental illness. Neami has a strong recovery focus, and works to promote the rights and interests of people with mental illness living in the community (Parsell and Jones 2012).

St Vincent's Hospital is a major public hospital operating in Sydney's inner city and eastern suburbs. Its physical proximity to large concentrations of people sleeping rough and people living in boarding houses and crisis accommodation means that the organisation has a long tradition working with people who are homeless. Indeed, the Way2Home assertive outreach health team is located within the hospital's Homelessness Health Service, which has been delivering outreach and inpatient services to people experiencing homelessness for many years.

Neami receives approximately $1.44 million per annum from the City of Sydney ($600,000) and Housing NSW ($840,000). As noted, this funding represents a redirection of funding previously allocated towards the former I-CHOSS. The assertive outreach health team receives $900,000 per annum; this funding is delivered by the NSW Department of Health and is linked to the National Partnership on Homelessness. The health team has been funded by the Australian Government to enhance the service provided by the support team (New South Wales Health 2009). The health team is mandated to provide “coordinated joint service planning and coordinated case management” (New South Wales Health 2009: 6).
Neami’s assertive outreach support team is the larger of the two teams in terms of staff and capacity to work with service users. The team composition consists of a service manager, a senior practice leader, nine full-time equivalent community rehabilitation and support workers, two full-time equivalent peer support workers, and a 0.6 equivalent operational support worker. The support team operates on a three-shift roster from 0600 through to 2200 on weekdays, and a two-shift roster from 0600 to 1630 on weekends. The assertive outreach support team works from a team-based, rather than an individual case-management perspective. The team approach, based on a 15:1 service user to service provider ratio (in ideal circumstances), recognises that different team members will have different skills and this will assist in delivering a flexible and responsive approach to clients. Within the team based approach each service user is allocated a ‘key worker’ who is responsible for coordinating support, maintaining case files and developing a support plan.

St Vincent’s Hospital assertive outreach health team is smaller than Neami’s outreach support team. The health team has the capacity to work actively with 50 people. The health team draws on a smaller staff base than the support team. The composition of the assertive outreach health team includes a service manager, a team leader, two drug and alcohol workers, two mental health workers, a registered nurse, and a part-time (0.2) specialist consultant psychiatrist. The team follows an individual case-management approach rather than the team approach that the Neami support team follows.

### 2.1.2 Street Outreach

Street outreach is defined as the provision of services to people who are sleeping rough in public places. Street outreach is positioned as a central component to the Way2Home initiative. People sleeping rough are deemed to not actively seek help (Australian Government 2008). Assertive street outreach is conceptualised as central to the Way2Home home model on the basis of the priority of working with “hard to reach clients” (Plibersek and Borger 2010). Rather than traditional outreach focused on harm minimisation and relationship building, assertive street outreach is thus a purposeful approach to assist people to access secure housing (Phillips and Parsell 2012). When backed up with policy support and adequate levels of resourcing, assertive street outreach constitutes a means for people sleeping rough to exercise autonomy by having access to housing options rather than crisis accommodation (Parsell 2011).

Street outreach is provided by both Neami’s assertive outreach support team and St Vincent’s Hospital assertive outreach health team which are intended to operate as an integrated program. Street outreach is conducted within the City of Sydney local government boundaries. This includes street outreach conducted by Neami’s team independently, outreach conducted by the St Vincent’s Hospital team independently, and also street outreach jointly delivered by the two teams working alongside each other. The majority of street outreach is delivered by either team working in public places independent of the other team.
Neami’s street outreach consists of patrolling ‘hot spots’ – a ‘hot spot’ is a colloquial term to refer to “areas identified as having high numbers of rough sleepers” or areas with significant issues associated with the presence of people sleeping rough (New South Wales Government 2009c: 5). Outreach staff patrol dedicated routes weekly based on data from the City of Sydney indicating the presence of ‘hot spots’. In addition to these concentrated areas of rough sleeping, outreach workers consciously travel to places where people are known to isolate themselves, or locations to which they are referred. The purposeful focus on people outside of the service system was articulated thus:

So part of the, you know, Way2Home is to find the people in the nooks and crannies. (Way2Home stakeholder)

In this respect street outreach is the deliberate endeavour to identify and proactively engage with people sleeping in public places. Between April 2010 and April 2011, a lack of housing meant that the team dedicated up to 90% of its resources to street outreach. In the first year of operation there were relatively small numbers of people assisted to access housing which meant that Way2Home’s resources were primarily directed toward street outreach as there was only limited need for the provision of support to service users residing in housing. Progressively since mid 2011 Way2Home assisted increasing numbers of service users to access housing (discussed below), which in turn meant that the need to provide post-homelessness support increased and thus the capacity to provide street outreach reduced. A senior government stakeholder expressed a view that the street outreach team needed expanding so that the program could retain sufficient capacity to conduct comprehensive street outreach.

In practice, street outreach takes place in pairs, normally with one peer support worker and one community rehabilitation and support worker. On initial engagement, outreach workers identify whether an individual is sleeping rough. If people are sleeping rough and thus meet the target group for the service, they are asked whether they would like assistance to exit rough sleeping. If support is refused in the initial instance the team will continue attempts to engage over time in the expectation that a relationship of trust will lead to meaningful service engagement. The street outreach workers use the Vulnerability Index Tool and assessment to identify levels of service-user vulnerability. An individual’s assessed vulnerability informs service prioritisation, with those identified as most vulnerable responded to with the most urgency. The support team highlighted the efficacy of the peer support worker in the initial engagement with people sleeping rough. Peer support workers are recruited on the basis of their lived experience as homeless, and it is this lived experience and capacity to build rapport and trust that is perceived as significantly enhancing the service’s ability to engage people sleeping rough.
The outreach is assertively and strategically provided to people in public places. The assertive approach is characterised by workers actively engaging with people in the absence of a referral or people specifically making a request. Street outreach has been developed to most appropriately create the conditions where people sleeping rough can engage. A Way2Home stakeholder asserted that:

The reason why we patrol early morning and late evening is not for our benefit, it’s to … it’s the best time to catch the people.

Despite the planned and concerted efforts to engage with a group that is ‘hard to reach’, the outreach service providers argued that the assertive approach is always directed by service users’ interest and pace of engagement. People sleeping rough are not compelled to engage. Further, despite overarching targets of reducing rough sleeping, if people do engage, they are not required to exit rough sleeping or accept particular services.

Service providers’ descriptions of street outreach as being purposefully directed toward housing outcomes but similarly ‘client focused’ are consistent with the views expressed in qualitative interviewers by the Way2Home service users. Participants were asked about their experiences with and perspectives on street outreach, and indeed they were specifically asked whether street outreach was useful, client directed, or negative. No participant interviewed referred to street outreach in problematic or deficient terms. On the contrary, street outreach was perceived as a positive and needed intervention. The following exchange with a non-Indigenous male and the comment from an Indigenous female are indicative of the responses about street outreach:

They’re good, Neami. They walk around the streets and like then find out where people are sleeping and find out from other people and they come to you. (Non-Indigenous male)

And is that good? Do you like that? (Researcher)

Yeah and like and they haven’t got an office. We did most of our transaction in the park. (Non-Indigenous male)

So them coming up to you on the street was a good thing? (Researcher)

Yeah, I’m glad I found them. Otherwise I’d probably still be on the street. (Non-Indigenous male)

So what would you like services on the streets to be able to do for you? (Researcher)

Be like Neami. (Non-Indigenous male)

Yes, well I hang out at the Hyde Park chess board and she [Way2Home outreach worker] comes to me. Yeah and she just checks up and she just sees what my mental state is and we talk about
Institute for Social Science Research

anything that’s bothering me... I’m not good with keeping appointments, so I really like that they come to me. And she knows where to find me, she knows where I hang out. (Indigenous female)

The street outreach provided by the assertive outreach support team assists people to exit rough sleeping, initially at least, by assisting with access to homelessness accommodation. In practice, the assertive outreach support team provides those people residing in public places who articulate a desire to immediately exit rough sleeping with a referral to and assistance with accessing the Homeless Persons Information Centre (operated by the City of Sydney with some funding support from the NSW Government). This Homeless Persons Information Centre refers people to available temporary accommodation and other immediate services. The outreach team can also assist service users directly access a range of other homeless accommodation services, for example, short-term shelters, boarding houses and transitional housing providers. The outreach team has found that a number of people sleeping rough do express a desire to exit rough sleeping, but are unwilling to do so if entering homelessness accommodation is the only means to achieve this exit. In these cases where people working with Way2Home continue to sleep rough, but do desire to access secure housing, the service makes a concerted effort to locate housing for them.

Consistent with the policy intent, street outreach delivers services in situ. Residing in public places is not seen as a barrier to service access – Neami’s outreach team provide the same services to people in public places that could be provided in a service centre. In addition to activities directed toward assisting people to access secure housing, a senior street outreach stakeholder emphasised the important of outreach workers “meeting their primary needs: safety, health”. Due to many new clients either not in receipt of their correct Centrelink entitlements or not having a current social housing application, one of the first services provided to people is the assistance with the completion of Centrelink and social housing documentation. While secure housing is not routinely immediately available to service users on their initial engagement with the service, the completion of this documentation, especially social housing applications, is seen as a practical means to access housing in the shortest possible terms.

Street outreach workers also articulate the need for service delivery to be tailored toward individual need and importantly, practiced in a way that responded to people’s personal circumstances. Two Way2Home stakeholders explained that the practice of street outreach:

Really depends on the person and where they’re at and their level of wellness, I suppose, and what they want to do.

There’s no too hard basket. If they’re – if we’re not able to engage, we just keep trying to engage.

The earlier research with Way2Home service users by Phillips and Parsell (2012) extends the descriptions of Way2Home street outreach articulated by both service providers and service
users in this study. Phillips and Parsell (2012) found that Way2Home street outreach was effective when practitioners fostered an environment where people sleeping rough could engage in an interactional relationship. They argued that street outreach was successful when workers conveyed to people their self worth, did not threaten people’s sense of self or autonomy, and when people sleeping rough are enabled to see and accept help on offer” (Phillips and Parsell 2012: 42).

The extent to which the delivery of street outreach services involved the joint operations of both the health and support team has changed over the nearly three years that Way2Home has been operating. Initially the majority of street outreach was conducted independently by the two teams, but the level of joint outreach has continually increased. Indeed, Neami’s support team described the health team as playing a vital role in the initial street outreach work with service users. It was stressed, however, that the capacity of street outreach is contingent upon the availability of the health team to conduct joint outreach; with a view expressed that the health team often was unable to contribute at the desired extent. The medical assessments and medical intervention that the health team can provide enhances the intervention’s capacity to achieve reductions in homelessness, and sustainable housing outcomes. Neami’s support team, for instance, identified the benefits to service users when the health team is able to provide the health-related contributions necessary to have clients access their Centrelink entitlements (i.e. to be considered for a Disability Support Pension) or to be considered for priority social housing (on the basis of health needs).

Rather than patrolling ‘hotspots’, a significant component of street outreach provided by the St Vincent’s health team involves entering public places to specifically locate individuals and provide them with health services. If practically possible, the health team will provide the same health services outside of the hospital as it would provide inside the hospital (dressing wounds, depot injections, counselling, etc.). The street outreach work is referred to as ‘opportunistic health intervention’. It is often difficult to locate people in public places and make concrete plans about service delivery; thus, when outreach workers identify a health need they do what can reasonably be done to have it responded to immediately. In this respect, while the outreach team travels into public places to locate specific people, through the locating process different clients or new clients will be met and, when necessary, health services delivered.

The street outreach health work is described as difficult and time consuming. It is difficult, among other reasons, because the target group are not always eager to engage with a hospital-based model. Indeed, the client group were described as people who have fallen through every gap in the health system, and thus individuals are considered as difficult to engage. A stakeholder referred to the health team’s challenges using the metaphor of ‘trying to fit a square peg in a round hole’. This respondent was illustrating the challenges the health team experienced trying to fit people into a hospital system that has not necessarily always
been able to respond to their needs. By definition, the client group are people who are
disengaged from mainstream health services.

Further to this, there are challenges related to working with involuntary clients. Many of the
current health team clients are cycling in and out of the St Vincent’s Hospital psychiatric
inpatient ward (Caritas). A considerable component of the street outreach work involves
conducting assessments and scheduling people as involuntary clients under the relevant
mental health act.

The work is described as time consuming because of the challenges involved in locating
people. Without a fixed address, the health outreach team can spend weeks and months
finding a service user. The health team explained that it may take months of persistent
engagement to reach a point where an individual decides to engage with the service. On other
occasions, significant time and effort can be put into finding a person which may culminate in a
referral or something seemingly minor.

2.1.3 Housing access and retention

The availability, accessibility and sustainment of housing are the fundamental components of
the Way2Home program. Housing: whether it is available, accessible and sustainable, is the
primary measure by which Way2Home will be judged. In an interview describing Way2Home a
senior stakeholder working for government articulated that:

Way2Home is about getting people off the streets into housing, fundamentally.

In this section, the processes for accessing housing and barriers to housing access will be
described. Drawing on the Way2Home internal data bases (from both the health and support
teams), key housing outcomes will also be presented. Discussions from this chapter, together
with the service users outcomes data reported in chapter 3 through 7, will be drawn upon and
critically analysed in the concluding chapter. Taking as a premise that housing outcomes are
the primary criteria to which the Way2Home should be judged, this evaluation argues that
Way2Home’s capacity to assist people sleeping rough access housing is primarily shaped by
the availability and accessibility of social housing (or private housing funded through State
head-leasing) stock that is determined by practice and policy decisions of the State
Government, and to a lesser extent, community housing providers.

In the same way that street outreach has changed over the period of time that Way2Home has
been operating, so too have there been changes in the housing supply and access and the
means and success through which service users have been assisted to access housing. In
fact, the changes in the increased accessibility of housing are directly related to the changes in
the nature of street outreach. The capacity to engage people in street outreach, for instance, is
determined by the extent to which street outreach services can offer housing to people
sleeping rough (Phillips and Parsell 2012). Similarly, assisting people to access housing
means that program resources will be directed toward supporting people to sustain tenancies; the provision of tenancy sustainment support has implications for the staff resourcing capacity of the program to continue with comprehensive assertive street outreach.

In our earlier report we explained that formal policy mechanisms to enable housing outcomes were not in place when the program was initially implemented (Parsell and Jones 2012). A stakeholder employed in the NSW State Government social housing authority asserted that limited access to social housing was the primary barrier that impinged upon Way2Home achieving successful outcomes (Parsell and Jones 2012: 56). This assertion was a consistent theme expressed among all service provider stakeholder interviewed in the first 12 months of Way2Home’s operation.

Therefore, while the Way2Home program was premised on the Housing First approach and directly linked to reducing the extent of rough sleeping in inner city Sydney (New South Wales Government 2009c; Plibersek and Borger 2010), upon implementation there were limited formal policies and processes in place to enable the realisation of Housing First or reductions in rough sleeping. There is no indication that the NSW State Government made formal provisions for the specific allocation or quarantining of social housing to Way2Home service users. When conceptualising the Way2Home model, the NSW Government indicated that housing for the ‘street to home’ initiative will be sourced from the National Affordable Housing Agreement Social Housing Growth Fund and/or the Economic Stimulus Plan (New South Wales Government 2009b: 7). While receiving funding from and being contracted by Housing NSW, Way2Home does not have specific access to social housing stock. In the first 12 months of operation there was an absence of available housing stock, and as a direct consequence, the Way2Home program relied upon a range of homeless accommodation options as interim measures. For instance, Way2Home clients have accessed homeless accommodation through specialist homelessness services, accommodation in boarding houses and motels, and they have temporarily been accommodated with family and friends.

The challenges that the Way2Home program faced in assisting service users access housing vis-a-vis an absence of formal policy enabling housing provision became apparent through 2010 and into 2011. The structural barriers that the Way2Home program experienced were amplified with growing recognition, together with public and political concern, about the problem of rough sleeping in inner city Sydney. A senior representative working in government explained that public meetings were held where wide concern about the high visibility of rough sleeping in and around Woolloomooloo (an inner city Sydney suburb), the State Library and Parliament Housing were expressed and members of the community wanted action on rough sleeping. The political awareness and dissatisfaction with the rough sleeping problem in inner city Sydney were significant because it represented an overt illustration to the City of Sydney and Housing NSW that the Way2Home program they funded was insufficiently resourced to address the public’s – and by then implication their own – concern with rough sleeping.
Culminating from public and political concern and an increasing awareness of the structural limitations of Way2Home to assist people sleeping rough to access secure housing, from mid 2011 policy changed and external factors enhanced Way2Home’s capacity to achieve its objectives. A significant change that positively impacted the availability of housing access for Way2Home service users was the Platform 70 initiative. Premised on recognition that the social housing sector was not sufficiently providing housing access for Way2Home service users and because of the support from public, government and industry stakeholders, in August 2011 Platform 70 was launched to “provide housing and support services to 70 chronically homeless people” (Goward 2011). With $2.79 million funding over three years from the National Partnership Agreement on Homelessness, Platform 70 aims to reduce rough sleeping in the inner city Woolloomooloo area by accessing head-leased properties from the private rental market. The head-leased properties are managed by a community housing provider, and the Way2Home program is identified as providing “wrap-around support to clients” (Bridge Housing 2012).

Stakeholders interviewed described the Platform 70 initiative as the most effective resource available to assist people to immediately exit rough sleeping and to access secure housing. In describing Platform 70 a Way2Home stakeholder expressed:

Which is why programs like Platform 70 are so great. So it’s like, “Oh, you want a house? We get everything together and two weeks later you could have a house. (Way2Home stakeholder)

Platform 70 was seen as an innovative means to overcome barriers that have historically undermined efforts to reduce homelessness. The positive descriptions of Platform 70 are supported by a 2012 ‘excellence award’ from the Australasian Housing Institute (United Way 2012).

In late 2011 Sydney’s Common Ground ‘Camperdown Project’ has also acted as a significant source of housing for Way2Home service users. The Camperdown Project is a supportive housing project based on the Common Ground model. The Camperdown Project provides 104 units of social housing stock with onsite support services and 24 hour concierge services; approximately half of the tenancies are specifically allocated to people exiting chronic homelessness. The onsite support and commitment to providing housing to people sleeping rough deemed to be most vulnerable represented an important connection and resource to Way2Home. As outlined below, 35 Way2Home service users have commenced secure tenancies in the Camperdown Project.

With housing stock accessed through the traditional social housing system, the Platform 70 initiative, and the Camperdown Project, Way2Home has achieved positive outcomes in

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2 For instance, the 90 Home for 90 Lives Project is a collaborative initiative to support people sleeping rough in Woolloomooloo access secure housing. The project is a collaborative partnership between the City of Sydney, corporate and philanthropic bodies, a community housing provider and Way2Home.
assisting their service users access secure housing. Based on the client databases used by both the support and health teams, 196 people have been assisted to access secure housing.

**Figure 2: Housing outcomes: Way2Home databases**

<table>
<thead>
<tr>
<th>Housing Provider</th>
<th>Platform 70</th>
<th>Camperdown Project</th>
<th>Housing NSW</th>
<th>Community Housing Provider</th>
<th>Aged Care and Private Rental</th>
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<td>Number of Secure Tenancies</td>
<td>46</td>
<td>36</td>
<td>72</td>
<td>20</td>
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**Figure 3: Year breakdown**

Way2Home records secure housing as “a legal tenancy, where people sign a lease. This is defined by Way2Home as a permanent exit from homelessness. Separate to the housing figures reported above, two other Way2Home service users were assisted to access ‘long term psychiatric care’. These two outcomes were considered by the program to be appropriate housing outcomes, as long term psychiatric care represented a solution to the two individuals health needs and provided sustainable exits from homelessness.

The above figures taken from the Way2Home data base illustrate that the Platform 70 and Camperdown initiatives represented a significant housing option for nearly half of their service users that have accessed housing. While these two initiatives have provided important exits from homelessness, they are both one-off type initiatives with strictly determined finite
resources. The Camperdown Project is fully tenanted and Platform 70 is almost at capacity. In the absence of further commitments to extend these programs, they will not represent a future significant source of housing to Way2Home service users. A senior stakeholder working for government was conscious of the limited future prospects of housing stock, and commented that without sufficient provisions made for housing beyond the Camperdown Project and Platform 70, “we will undo all the good work”. This stakeholder drew on a downward trend (City of Sydney n.d.) in the enumerated inner city Sydney rough sleeping population identified through the City of Sydney official street counts to propose that the reductions were not sustainable without a continuation of housing options beyond the Camperdown Project and Platform 70.

In addition to the observed increase in available housing options through initiatives such as Platform 70 and the Camperdown Project, and balanced against their finite and time limited capacities, Way2Home stakeholders evoked the importance of process, relationships and transitional housing in assisting service users to exit rough sleeping. With reference to process, there was agreement among government and service provider stakeholders that efforts to improve communication between Housing NSW and Way2Home increased housing options. A Way2Home stakeholder referred to improved working relationships with Housing NSW as “a dedicated pathway”. This stakeholder explained that because of the dedicated pathway:

There’s follow up and applications don’t get lost and we’re really able to put a case forward.
(Way2Home stakeholder)

Rather than additional housing stock or a quarantining of housing to people on the basis of Way2Home service user status, the above Way2Home stakeholder explained that better relationships with Housing NSW both overcame deficiencies within the system, such as applications being lost, and the improved relationships created the conditions where Way2Home could advocate on behalf of their service users. Whilst the appropriateness of advocacy work can be questioned from a broader social justice and equitable perspective as it represents a means to disadvantage other equally ‘deserving’ social housing applicants that do not have the good fortune of an advocate, service providers and service users alike described advocacy as effective. In a qualitative interview with a Way2Home service user that had been assisted to access secure housing, he reported on the advocacy and helpful work provided by Way2Home that resulted in a positive housing outcome:

You know, like you … they [Department of Housing] tell you bullshit and all that but like Neami they can’t. (non-Indigenous male)

Yeah. (Researcher)

The Camperdown Project does, however, constitute a relatively more minor housing possibility if existing tenants exit and new tenancies become available.
You know, like in (non-Indigenous male)

Oh, so Housing tell you bullshit? (Researcher)

Yeah. (non-Indigenous male)

But when you’ve got Neami involved, it cuts through the bullshit... Yeah, so like they take over for you. So, like [Way2Home support worker], you know, like I didn’t have to do no talking at all, it was good. (non-Indigenous male)

Yeah. (Researcher)

So you just go in there and all’s good. Like Housing is frightened of them and not the other way around. (non-Indigenous male)

The long extract from the interview highlights important ways that Way2Home was perceived to successfully advocate on behalf of social housing applicants. In subsequent chapters we illustrate the positive regard in which Way2Home was held by service users. In the extract above, however, the participant believed that the advocacy of Way2Home was particularly important because it shifted the power dynamics. This participant stated that normally he was frightened of Housing NSW, but with Way2Home assisting with his application, he reported that instead of feeling afraid of Housing NSW, the support of Way2Home meant that Housing NSW was frightened of him.

The relationships developed with community housing providers were also stressed as important by Way2Home service provider stakeholder. A senior Way2Home stakeholder interviewed in 2013 believed that the positive reputation built up over three years meant that, compared to the first year of operation, Way2Home was progressively establishing pathways for people into housing:

Our reputation is solid so when a property comes up they [community housing providers] might think of us.

The numbers of people that Way2Home has assisted to access secure housing illustrates significant program success. As illustrated, relationships and advocacy work is reported to play an important role. It is clear, however, that policies which promote increased housing stock (Camperdown Project), and fundamentally, policy that enables access to available housing (Platform 70, Camperdown Project’s mandate to house vulnerable applicants) constitute the primary factor that has determined the capacity of Way2Home to assist people sleeping rough to exit homelessness. All stakeholders expressed the unanimous view that there are more people sleeping rough in Sydney and working with Way2Home than the service can assist to access secure housing. On this basis, and despite improvements in the capacity of Way2Home to facilitate secure housing outcomes, the absence of sufficient secure housing stock means that Way2Home also relies on transitional housing. The Housing First approach
stands in stark contrast to the staircase model (Sahlin 2005) whereby in the latter people are deliberately moved through various forms of crisis and transitional accommodation. The staircase or linear model is premised on the assumption that people sleeping rough require a staged and conditional approach with secure housing positioned as something that people graduate to after demonstrating their capacities through the staged process (Sahlin 2005). In contrast, Way2Home stakeholders argued that transitional housing was used, not because people sleeping rough were deemed to be ‘not housing ready’, but rather because there were insufficient secure housing options available. For the Way2Home program transitional housing thus constitutes a temporary solution to assist people to make immediate exits from rough sleeping. In the context of limited secure housing options and a lengthy application process, the reliance upon transitional housing was explained thus:

For people who aren’t eligible for those projects [Platform 70], it’s like we’ll get your application in, that can take about, you know, three to six months depending on the person and the complexity of the stuff we have to gather; and then when they’re priority approved, that’s great, but it’s 18-months wait. (Way2Home stakeholder)

The Way2Home program, and the street outreach workers in particular, are able to successfully engage with people sleeping rough. The program is similarly successful in assisting people undertake the social housing application process. As illustrated by the stakeholder immediately above, however, the duration of time for a successful applicant to be provided a social housing tenancy represents the most significant barrier that Way2Home faces in their work to enable people sleeping rough to access housing. That is to say, housing outcomes achieved – or not – by Way2Home are primarily determined by the policies and practices of the NSW social housing providers. In addition to challenges to accessing housing that were described in terms of a lengthy process and limited available stock, it was also explained how the housing system represented a barrier for Way2Home service users to access housing.

Way2Home stakeholders explained how the social housing application and eligibility policies were in tension with the Way2Home objectives of assisting vulnerable rough sleepers to access housing. The tensions were described as twofold. First, the interview process with Housing NSW that applicants were required to undergo was described as unnecessarily challenging and without a clear purpose. Second, and in a related manner, the Housing NSW criteria of applicants demonstrating their suitable status as a tenant was seen as incongruent with the funding mandate and purpose of Way2Home to focus on people sleeping rough that are the most marginalised i.e., not necessarily ‘ideal tenants’. The following two comments illustrate these tensions:

It’s kind of the catch-22. It’s like, “I’m so vulnerable.” And it’s like, “Well you’re so vulnerable, you can’t stay in tenancy.” So they really have to sit in this really weird middle ground. (Way2Home stakeholder)
The only problem we do have is people who are former unsatisfactory tenants... If you’re a former unsatisfactory tenant, you need to have lived six months in the private rental market before you can re-apply... Yeah and we’ve said, Well, our guys can’t access the private rental market because they live on the street. (Way2Home stakeholder)

The interview participant went on to explain that this problem was not simply a theoretical or potential barrier to housing access. Instead, drawing on practice based experiences with Way2Home the participant referred to an example of NSW Housing policy and a Way2Home service user:

With Housing they have to get the debt, which can be thousands upon thousands of dollars, under $500 to apply. Yeah, so we’ve got one gentleman now who still sleeps rough and he has to get his debt down to below $500 before we can apply for him. (Way2Home stakeholder)

The stakeholder explained that the consequences of the aforementioned Housing NSW policies negatively impacted upon Way2Home service users accessing secure housing (and exiting homelessness). Conscious of the consequences and indeed the incongruence of the Housing NSW policy and the official objectives of Way2Home, the stakeholder advised that the policy issue had been raised with Housing NSW. The stakeholder went on to suggest that the policies pertaining to housing debt and the interview processes that applicants were required to go through were reflective of structures within the social housing system that were at odds with the fundamental premises of the Housing First approach (see Johnson, Parkinson and Parsell 2012). As an example, a Way2Home representative said that Housing NSW focused on applicant’s mental health status, and their compliance with medication. Referring to Housing NSW and the processes for Way2Home service users to access secure housing, the participant stated that:

There’s still this idea that people have to be housing-ready. (Way2Home stakeholder)

A different Way2Home stakeholder argued that the most significant questions were not about whether people were ‘housing ready’ or whether or not Housing First was being practiced. Instead, the Way2Home stakeholder suggested that they needed to conduct a thorough assessment of people’s situation and capacities, and based on the assessment, the service needed to ensure that housing options were appropriate to people’s individual needs.

From the perspectives of service users, service providers, and government representatives, the primary barriers to housing access are related to the supply of housing and the accessibility of housing through the application process. The former represent the most significant barriers for Way2Home service users to access housing. When targeted housing supply is increased, such as the Camperdown Project and Platform 70, the capacity of Way2Home to assist people to exit rough sleeping – and to overcome barriers within the application process – is significantly enhanced. As noted, the numbers of Way2Home service users that have exited rough sleeping and accessed secure housing is promising, and these...
housing outcomes are associated with a downward trend in the numbers of people sleeping rough in inner city Sydney. In addition to housing barriers, housing access, and success, a senior Way2Home stakeholder explained the challenges that individual service user situations represented. Extracts from this discussion are reported below:

In addition to the absence of housing stock and the application process, is there anything else that you would say is a barrier to you achieving the outcomes? (Researcher)

But for him [service user], you know, he’s quite … he’s an IV drug user, he uses IV drugs currently and he’s very much caught up in that world and it’s not a priority for him because of his addictions... people who are chronically unwell, in terms of their addictions, but there’s no forcible treatment. And you know we’ve got people who have lost limbs because of their addictions and they still haven’t made those changes; they’re living on the streets, IV drug using, sex working. (Way2Home stakeholder)

And what’s most difficult? (Researcher)

Engaging them? Like we’ve had good success with lots of people who are in that type of situation currently in their life. But for the ones who we still haven’t been able to help, it is that you know because of their substance use, they’re quite hard to catch; they’re itinerant; they’re disorganised; they’re chaotic in their presentation. And it’s a … you know, we keep trying and we keep trying new things and it’s a slow, steady, go. But it’s kind of like, without treatment for some and not all, we have had good successes, things aren’t going to shift because they’re not in a place where they can kind of be organised to work collaboratively to get them in, or their substance use means their money’s not available to pay for things like rent. (Way2Home stakeholder)

The stakeholder explained that even when the service is able to successfully engage with people with intravenous addictions, their standard practices of relying upon transitional housing as an immediate exit from rough sleeping was not an option. Referring to transitional housing for people with active addictions, the Way2Home stakeholder explained that:

It’s hard for us, though, we can’t prioritise, we try and prioritise the most vulnerable to go into these transitional places; however, because they’re share-housing, if people have really complex, say, IV drug use and they’re people who are going to have a whole bunch of people come back and IV drug use and it … we can’t really put them in their ‘cause it’s unfair to other tenants.

In this section we have drawn on multiple sources of qualitative interview data and the program’s database to illustrate not only the challenges experienced and successes achieved in assisting people to access secure housing, but we have also sought to highlight the complexities involved providing housing to people sleeping rough that are deemed to be highly vulnerable. Before examining the role of Way2Home in providing and brokering services to people post-homelessness, this discussion concludes with an extract from an interview with a Way2Home service user that was sleeping rough at the time of the interview. The interview extract is reported to emphasise the great challenges involved in assisting some people to
access housing. We are particularly conscious of challenges to engagement that may arise from working with or the threat of working with involuntary clients in terms of the street outreach team’s association with the mental health team and the power to schedule involuntary clients under the Mental Health Act. As an example, the below participant is referred to under the pseudonym Louie; the challenges in assisting Louie to exit rough sleeping far transcend those related to housing supply and availability and the nexus between mental illness and engagement with street outreach. Louie’s example illustrates the personal dimension to reducing the incidence of homelessness among people that are deemed to be the most vulnerable rough sleepers. After describing Way2Home as having “kidnapped” him after he was scheduled under the Mental Health Act and held as an involuntary patient, Louie described his rough sleeping and as a conscious choice and refusal to move into housing. Louie lucidly articulates his desire to continue rough sleeping in terms of his perceived necessity generate revenue from begging to financially support his step-daughter:

Well, they're [Way2Home and the City of Sydney] all frustrated because I've not a typical sort of person, I have to raise funds and most of the money I make is at night-time. They are darn frustrated because they think it’s their duty to put me in housing and I keep saying, look, you people just don’t understand, housing is nearly in all cases a secondary issue. The plain fact is if somebody depends upon money to live and you’re leaned on to provide that money you don’t go spending it on rent.

2.1.4 Ongoing service provision post-homelessness

Central to the reductions in homelessness that Way2Home is intended to achieve is the provision of “appropriate support to sustain [people’s] tenancies and to avoid becoming homeless again” (New South Wales Government 2009b; Plibersek and Borger 2010). Both the health and support teams provide housing support to Way2Home service users. Like street outreach, housing support is at times conducted jointly, but more usually, the housing support is provided by the teams working independently. When service users are residing in temporary homelessness accommodation, the housing support is often directed towards assisting people to access secure housing. For those service users who have accessed secure housing, housing support is generally geared towards stabilising their housing, the provision of non-clinical support to promote client directed recovery, and engaging with mainstream health institutions. As one Way2Home stakeholder involved in the provision of health services noted:

We keep working with people once they’re housed until they’re comfortable accessing services in their local area... And wherever possible we try and link them in with a GP because if, you know, even if they’re living within, you know, walking distance from the hospital, they’re still going to need to have someone who knows them well

From the heath team’s perspective, when Way2Home service users are accessing mainstream health services post-homelessness it is a concrete indication of a positive
outcome. In the same way that service provision to people sleeping rough is enhanced by the health team’s location within a large hospital and the Homeless Health Service in particular, the provision of ongoing support post-homelessness is similarly enhanced. Two Way2Home stakeholders argued that the location of Way2Home within a hospital meant that service users could benefit from the streamlined access to multidisciplinary clinical professionals. Additionally, a stakeholder suggested that Way2Home’s partial location within health fostered the conditions where perceptions of and engagement with people who are or were homeless has shifted:

I think the impact on mainstream health has been really, really positive. We’re getting other clinical streams getting happily involved, “What do you want? How can we help?” ... And if someone doesn’t turn up it’s not a punitive, “Okay there’s something going on.” So there’s a little bit more flexibility in what is a very inflexible system.

The assertive outreach support team reports to have a relatively good capacity to link in with, and draw on the resources of, other support providers. For those Way2Home service users who are housed and do not present with complex and multifaceted needs, the assertive outreach support team is able to engage other services that can provide longer term housing support. This leaves the program more capacity to direct their resources to the most high need client group. However, engaging other providers to work with people who require a high level of care, for example, people who have a range of support needs associated with physical health, cognitive impairment, mental health, and drug and alcohol issues, is more difficult. The assertive outreach support team sees people with these multiple needs as their specific target group (Parsell and Jones 2012). The team articulated their considerable capacity to provide people who have multiple needs with the follow-up support they require to maintain housing. The service provider asserted that their capacity to provide responsive housing support is evidenced by their success in ensuring that very few people that have been assisted to access housing have returned to homelessness. The Way2Home service provider did recognise that they have disengaged with many service users after their housing was assessed as stabilised. On the basis of the disengagement from large numbers of service users, it was acknowledged that rates of tenancy sustainment were not known.

With the notable exception of the Camperdown Project, which consists of the integration of secure housing and onsite support services, an absence of organisations or service providers that can provide ongoing support services represents a major limitation to enabling Way2Home service users to sustain tenancies over the long term and to achieve other non-housing improvements. One Way2Home stakeholder explained that the program worked successfully with people with acquired brain injuries: a group that required a high level of ongoing support. The stakeholder went on to argue, however, that an absence of alternative services that could work with this client group meant that they were at risk of returning to homelessness because Way2Home has no commitment of continued funding.
Of central importance to not only the ongoing support provided post-homelessness, but also the support provided during street outreach and all stages of service delivery is the relationship between the support (Neami) and health (St Vincent’s Hospital) teams. Earlier we reported that the support and health teams were not clearly conceptualised and structured to operate in an integrated and coherent way (Parsell and Jones 2012). Despite the priorities of different funding bodies and the different philosophical and practice based approaches to service delivery and client engagement that characterise the two teams, all stakeholders (including service users) expressed the view that the capacity of Way2Home to realise successful housing and non-housing outcomes was contingent upon the provision of health and support services.

The health team was perceived as playing a fundamental role in contributing to all housing outcomes, and over the three years of operating, program stakeholders have demonstrated their commitment to the closer integration of the two teams within the one Way2Home program. Stakeholders from both teams see their integration as fundamental to the Way2Home model. Reflecting upon the work to bring the two teams more closely aligned, and the success to which this work integration is perceived, a Way2Home stakeholder explained:

I think what Way2Home has shown is that you can have an effective partnership between an NGO and a mainstream health service and that you can develop a service model. I think there are some unique elements that no other … I don’t even know if any other health service in Australia, let alone New South Wales. So we have an NGO sitting in when we review our clients from a clinical perspective but embedded in health.

The integrative partnership of the two teams at management level was unanimously described in positive terms by stakeholders from both teams. Further, both stakeholders provided examples where the joint outreach and post-homelessness service provision from both teams was seen as achieving ‘client outcomes’ that would not have been possible independently. As a notable example, the two teams would work together providing either a health or housing focus as a means to foster further engagement to work towards housing or health. For instance, the stakeholders explained that people may not initially be ready to speak about their housing or their mental health; the joint integrated approach to service delivery resulted in the program being resourced and sufficiently flexible so that people’s immediate needs could be met which would lead onto other needs being subsequently addressed: people not willing to talk about housing may do so after their health needs have been responded to. Notwithstanding the positive descriptions of the improved working relationships between the two teams, some stakeholders expressed the view that the Way2Home program would operate more effectively if the staffing resources were available to enable the health team (and health practitioners) to provide greater health service delivery, such as more hours of work, more access to health practitioners, and more flexibility when health practitioners could engage with service users.
2.2 Conclusion

In this chapter we have described Sydney’s Way2Home program based on interviews with a range of stakeholders, including service providers, service users, and representative from finding organisations. We have also cited the housing outcomes as recorded on the program’s database. There are limitations to relying exclusively on the record system of an organisation when measuring the outcomes attributed to the organisation. Recognising these potential limitations, when the agency records were compared with the independently identified client outcomes reported in the next chapter, complete accuracy was found. While the reported housing outcomes are unambiguously positive, and do indeed illustrate the effectiveness of Sydney’s Way2Home program, it must be emphasised that the successes Way2Home service users achieve may be attributed to factors and services external to Way2Home. For instance, we did not use a control group and thus the research does not have data that demonstrates how many of the Way2Home service users that accessed housing would have had a positive housing outcome if they did not work with Way2Home. It was deemed to be impossible to recruit a control group into the study, as there is not an extremely vulnerable group of people sleeping rough in Sydney (not working with Way2Home) that could be used as a means of comparison. It is likewise difficult to make unambiguous direct attribution of program success to the outcomes Way2Home service users achieved, as many Way2Home service users simultaneously work with a range of other services and programs. It is thus possible that engagement with other services, other life events and factors contribute either exclusively or in a combined manner to housing outcomes (both positive and negative).

With reference to the findings presented and based on qualitative interview data, we found that the street outreach was successful in identifying rough sleepers and assisting them to access housing. These findings are supported and further examined in the next chapter, and also supported with the baseline data gathered from 39 service users (Parsell et al. 2012a). It is also clear that over a three year period, the Way2Home program has developed effective mechanisms to source secure housing outcomes and to provide or link in service users with appropriate support services. A successful Way2Home outcome is housing access, improved health access and social participation, stabilised housing, which in turn leads to people disengaging from the program. As a result of disengagement from Way2Home, and in the absence of access to administrative datasets from housing providers, it is beyond the capacity of this study to identify housing sustainment over the long-term.
3 Housing

Assisting people to exit homelessness and to enter and sustain stable housing are the central objectives of Way2Home. As noted above, the introduction of the Street to Home approach was linked to achieving headline targets of reducing the incidence of homelessness (Council of Australian Governments 2010). When launching Way2Home it was specifically positioned as a program to assist people sleeping rough to access housing, to sustain housing and to ensure that people did not return to homelessness (Plibersek and Borger 2010). Thus as a policy objective and formal program description, accessing and sustaining housing is core to Way2Home. Extending the housing outcomes based on the program’s database reported in the previous chapter, this chapter presents the housing outcomes and housing experiences of Way2Home services users over a twelve month period. Data in this chapter was obtained through baseline (N=39) and twelve month follow up surveys (N=31), and qualitative interviews with service users.

The chapter first presents housing outcomes at the twelve month follow up point, and illustrates the rate of housing retention and housing/accommodation change in the period between baseline and the 12 month follow up survey. Following the presentation of the quantitative housing outcome measures, the chapter concludes by drawing on qualitative empirical material to provide an indication of the meaning participants appropriated to their housing.

Figure 4 Housing Status 12 Month Follow Up (N=31)
Figure 5 Comparison of Housing Status Baseline and 12 Month Follow (N=31)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>12 Month Follow</th>
<th>Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Housing Tenancy</td>
<td>20</td>
<td>24</td>
<td>+4</td>
</tr>
<tr>
<td>Private Rental Tenancy</td>
<td>0</td>
<td>2</td>
<td>+2</td>
</tr>
<tr>
<td>Homeless accommodation/boarding house</td>
<td>8</td>
<td>3</td>
<td>-5</td>
</tr>
<tr>
<td>Rough sleeping</td>
<td>3</td>
<td>2</td>
<td>-1</td>
</tr>
</tbody>
</table>

*Based on a balanced sample

Figure 6 Thus, the comparison and change in housing and homeless status over 12 Months

<table>
<thead>
<tr>
<th>Secure Housing: both social and private ‘tenancies’</th>
<th>20</th>
<th>26</th>
<th>+6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless</td>
<td>11</td>
<td>5</td>
<td>-6</td>
</tr>
</tbody>
</table>

The housing outcomes of Way2Home service users represent an important outcome identified from this research. The above figures demonstrate positive outcomes in terms of facilitating exits from rough sleeping, assisting individuals to access secure housing, and high rates of tenancy sustainment over a twelve month period. With reference to the latter, the data presented above does not provide a clear indication of tenancy sustainment on an individual leave. While the overall numbers of people residing in secure housing increased over a twelve month period, it is important to note that two individuals that were housed at baseline were homeless at the 12 month follow up. Thus, of the 20 people securely housed at baseline, 18 retained secure housing after 12 months: 90 per cent rate of tenancy sustainment. Additionally, eight people that were homeless at baseline were assisted to access secure housing at the 12 month follow up.

To meaningfully understand the housing access and retention outcomes the participant’s chronic exclusion from the housing sector must be taken into account. The baseline study (Parsell et al. 2012a) highlighted that participants reported enduring many years of chronic homelessness and rough sleeping. Of the 39 baseline participants:

- All had experienced rough sleeping at some point in their lives;
- Thirteen had first slept rough prior to the age of 18 years;
- Twenty nine had slept rough for more than five years of their lives (all their rough sleeping combined, not necessary more than five consecutive years)
The baseline data demonstrates people’s long-term exclusion from secure housing. The sample thus represents a collective of people that frequently did not have their needs met by the former crisis based system, and people moreover, that were often assumed to be ‘too hard to house’. It is the complexity of the disadvantage that people had experienced together with the assumptions about them ‘not being housing ready’ that highlights the significant housing access and retention outcomes.

Indeed the housing access and retention outcomes are consistent with an emerging body of evidence that shows people with experiences of chronic homelessness and psychiatric illnesses and high rates of alcohol and substance use can exit homelessness and sustain a tenancy. In Australia, Guy Johnson and colleagues report that 86 per cent of their formerly chronic homeless sample had sustained secure housing after 24 months (Johnson et al. 2012). Similarly, empirical evidence from the USA, often based on evaluations of Housing First programs, have documented similar housing retention rates. In one of the early studies, Tsemberis and Eisenberg (2000) reported that 88 per cent of Housing First service users sustained housing for 5 years. Later, Tsemberis, Gulcur and Nakae (2004) compared housing retention among people in a Housing First program with people participating in a linear treatment first program: Housing First participants experienced 80 per cent of their time housed compared to 30 per cent of the linear treatment first group over a two year period.

In large USA multisite evaluations, 80 per cent of Housing First participants retained housing after twelve months (Mares and Rosenheck 2007), and in a separate study, Pearson, Montgomery and Locke (2009) reported housing retention rates of 84 per cent for Housing First participants. Also examining the Housing First approach, Stefancic and Tsemberis (2007) found that 78 per cent of participants remained housed over a four year period.

The results from Sydney’s Way2Home program thus add to an emerging body of evidence about successfully assisting people sleeping rough to access and sustain secure housing.

### 3.1 The Meaning of Home

The success to which people sustained housing and exits from homelessness represent an important finding. While our data is limited to a twelve month period, the data does suggest that for a population with chronic experiences of homelessness often coupled with additional social and health problems (see chapters 3 -7), they were able to avoid moving in and out of homelessness and engaging with marginal forms of housing (Robinson 2003). With the notable exception of Johnson et al. (2012), Australian research has not examined the housing retention rates of people with chronic experiences of homelessness. It is worth noting that the aforementioned Housing First research from the USA has illustrated that the positive housing retention rates have been obtained when secure and affordable housing is provided and when
tenants have access to a range of multidisciplinary support services (Johnson, Parkinson and Parsell 2012).

In order to gain a greater degree of depth into tenancy sustainment than what the survey results show, the eight research participants that were engaged in qualitative interviews were asked about their housing. Qualitative interviews sought to explore with participants what they understood as fostering their housing retention and what they thought contributed (or may contribute) to problems with tenancies.

The small number of people using the Way2Home service that participated in the qualitative interviews (N=8) articulated a range of different perspectives on what they saw as important to sustaining their housing. Among the diversity of response, however, a dominant theme emerged of housing representing their home. The research literature on the meaning of home is multifaceted and extensive. The large body of empirical and theoretical research contends that housing and home should not be conflated, as the latter is experienced on emotional, subjective and spiritual levels (Easthope 2004; Mallett 2004). Without questioning the validity of the existing knowledge base, Parsell (2012) found that for people sleeping rough, physical housing stock was fundamental to experiencing home, as housing represented a physical means to assume control over one’s day-to-day life. He argued that for people sleeping rough that had experienced continuous year disengaged from mainstream institutions, the desire for housing also represented a means for people to express their commitment to and participation in ‘normal’ society (Parsell 2012).

Housing as home was an important theme identified from the eight qualitative interviews. People saw their housing as a means to change their lives and to realise life improvements. Indeed, people actively saw themselves as playing a role in the process of personal change and creating their homes and the expectations they associated with home.

Can I ask you specifically about working with Way2Home, in what ways has it been helpful? (Researcher)

Well it returned hope to me and I understand that the way I feel about it is there’s a certain amount of dignity, and when I’m housed again, dignity will be returned to me, something that I’ve lost along the way. And be able to start thinking in different aspects of either re-education or getting employed again and getting on with life and clearing up the mess. (non-Indigenous male)

It is important to note that the above research participant had not actually been assisted to access housing. At the time of the interview he was homeless. His remarks are consistent with others participants who described housing as an opportunity to improve their lives. Other participants who had been assisted by Way2Home to access housing articulated their housing as home in terms of the control they gained.
Yeah, I’m happy. Just my little herb garden, put that in my cooking. I like to cook. I was getting real sick of those meals, of the rough sleepers meals And so I was just getting weak and agitated. I didn’t want to eat that food. You know it’s like jail food, goes on a roster, you know exactly – Fridays fish...

Yeah look, I’m getting back to cooking, shaving, washing regularly. (non-Indigenous male)

I’m proud. I like going home. It makes me feel good. (Indigenous female)

I’ve got a couple of mates who come over and have a few drinks sometimes. Well we couldn’t do that before. (non-Indigenous male)

The participants described housing as a place where they could control their day-to-day lives and it was contrasted with the problems and limitations experienced as homeless. Having a house provided an opportunity to live a ‘normal’ life, and importantly, to avoid interactions with unwanted people. One participant had accessed housing out of the city and he appreciated being geographically removed from the people he interacted with as homeless, because he would be away from what he saw as their bad influences. Another participant described the normality that came with the housing she was allocated in the context of her previous experiences of rough sleeping or living in undesirable accommodation:

I’ve just lived in boarding houses and paid my own rent. But with Housing Commission, like my friends live in Housing Commission, and like your drug dealer lives down the hallway and people knock on your door and ask for bread and cups of sugar. And I told … I said to Way2Home and Neami, “Darling, …” I said, “… if you find me a place I cannot live in Woolloomooloo, right, because every time I leave the house I will be running into drunks from the Matthew Talbot [homeless accommodation], you know, my life won’t change… If I live in Redfern I’ll be around drugs. I’m not a drug addict, but I’ll be around them and things like that and like my life won’t change.” But I’m glad I’ve got a private rental where I’m not … those people aren’t constantly around in my space. These people work, you know, they drive to work every morning, they take their kids to school and pick their kids up. (Indigenous female living in private rental funded through the Platform 70 initiative)

The above participant highlighted the importance of the location and perceived neighbourhood attributes of her housing. She had experienced problems living in social housing previously, and accessing a private rental property was emphasised as significant to her positive experiences in housing. The experience of the above participant illustrates the importance of not only affordable housing (and support), but also the appropriateness of the housing to the individual. A Way2Home service provider argued that the Platform 70 initiative whereby private rental housing was sourced proved effective because it enabled the service greater access to different types of housing options (in terms of location, neighbourhood, dwelling type, size). An increased capacity to access a wide range of housing meant that Way2Home was better able to ensure that housing was matched to the individual needs of service users that by definition, where highly vulnerable and often in need of housing that was not congruent with what was on offer through the social housing system. Recognising the importance of matching housing to
an individual’s need and how Platform 70 facilitated this objective, the stakeholder explained that a lack of housing stock meant matching housing to need was not always practiced.

So it’s that limited option, it’s like, well you can take this place, and it’s probably not the most suitable, but it’s better than living on the streets. So people take it. And it can lead to instability. (Way2Home stakeholder)

In the same way that transitional housing was used as an immediate exit from rough sleeping because secure housing was not available, Way2Home service users are allocated properties on the basis of their acute need for housing. The service providers were clearly conscious of the need to match housing to individual need. The above stakeholder explicitly recognised that when housing is not adequately matched to need, the sustainability of the housing is compromised. The service users that participated in qualitative interviews spoke about their housing in positive ways. Housing was described as positive because it represented an exit from homelessness, and because it also was perceived as appropriate to their needs and aspirations for life improvements.
4 Family, Education and Employment

As noted, assisting people to exit rough sleeping and chronic homelessness and to access and sustain housing represents an intended outcome and is a means to achieve further outcomes. Gaining housing is presented as an opportunity for people to achieve wellbeing, positive health, socio and economic participation and broader social inclusion (Australian Government 2008). The policy intention is informed by research and indeed intuition that suggests, notwithstanding the complex and disputed nature of the causes of homelessness, the experience of homelessness is a quintessential form of social exclusion and constitutes significant barriers to realising positive health, wellbeing and socio and economic participation. When people are securely housed and not dealing with the trauma and day-to-day risks and realities of homelessness, they will be in a position and enabled to address and overcome many of the problems that have been identified as occurring disproportionately among homeless populations.

In addition to measuring housing experiences and outcomes, the longitudinal study was used to measure participant’s status and change across a number of non-housing outcomes. In this chapter we report on family, employment/income and education based outcomes.

The focus on family outcomes was significant. Not only does the role of family play an important role in policy discourse on social inclusion, participation and wellbeing, but engagement with and establishing families is also an important theme identified in other research with people exiting rough sleeping (Parsell et al. 2012b).

At the 12 month follow up we were interested to identify the relationships and household compositions of participants. Specifically, we sought to measure whether people had formed new relationships or taken on formal parenting roles for their children. Figures 7 and 8 identify the dependent children and relationship status at the 12 month follow up, whereas figure 9 presents the baseline and 12 month follow up comparisons.
The above data demonstrates that there was very little change in two key areas of participant’s family and household structures: relationship and responsibility for dependent children. The data was not sufficiently detailed and extensive to examine the quality of participants relationships, or with reference to children, data is not available to identify whether participants had improved the quality or frequency of their relationships with dependent children.
Nevertheless, the data does indicate that the living arrangements of participants in terms of intimate partners and dependent children were remarkably stable between baseline and the 12 month follow up.

4.1 Employment and Income Source

The recent Australian research of Mavromaras et al. (2011) demonstrated that the experience of homelessness represent numerous barriers to gaining or sustaining employment in the formal labour market. The improvement in employment, education and participation in formal training are some of the most important non-housing outcomes intended to follow housing sustainment. In the baseline report widespread disengagement from the formal labour market was noted. Of the 39 participants, no one was engaged in the formal labour market and only one person was enrolled in education or training. In this section we will demonstrate that 12 months later these measures remained relatively stable.

**Figure 10 Employment and Activity Status 12 Month Follow Up (N=31)**

**Figure 11 Comparison of Employment and Activity Status Baseline and 12 Month Follow Up**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>12 Month Follow Up</th>
<th>Change*</th>
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<tr>
<td>Formal Labour Market participation</td>
<td>0</td>
<td>1</td>
<td>+1</td>
</tr>
<tr>
<td>Studying</td>
<td>1</td>
<td>2</td>
<td>+1</td>
</tr>
<tr>
<td>Voluntary work</td>
<td>1</td>
<td>1</td>
<td>No change</td>
</tr>
</tbody>
</table>

*Based on a balanced sample
**Figure 12** Employment Activity Previous 4 Weeks 12 Month Follow Up (N=31)

![Pie chart showing employment activity](image)

**Figure 13** Comparison of Employment Seeking Activities Previous 4 Weeks Baseline and 12 Month Follow Up

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>12 Month Follow Up</th>
<th>Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did <em>not</em> seek any formal employment previous 4 weeks</td>
<td>29</td>
<td>29</td>
<td>No change</td>
</tr>
<tr>
<td>Sought full-time employment only previous 4 weeks</td>
<td>1</td>
<td>1</td>
<td>No change</td>
</tr>
<tr>
<td>Sought part-time employment only previous 4 weeks</td>
<td>1</td>
<td>1</td>
<td>No change</td>
</tr>
</tbody>
</table>

*Based on a balanced sample*
The employment status and employment seeking activities were extremely stable between baseline and the 12 month follow up. At baseline 29 people did not seek any employment in the previous four weeks, which was identical to the reported rates at the 12 month follow up. Similarly consistent, at baseline and the 12 month follow up one person reported seeking part-time employment and one person reported seeking full-time employment.

On the other hand and differing from job seeking reported behaviours, figure 11 indicates that one person commenced employment and one person commenced studying. From a comparative perspective, these two examples of participating in either paid employment or studying stand out compared to all other people unemployed or one other person studying at baseline.

**Income source**

Consistent with employment seeking and activity status, the figures below (figure 15 and 16) outline related stability in incomes sources between baseline and 12 month follow up. Indeed, the stability in the population in receipt of the Disability Support pension underlies the consistency in disengagement from the labour market and low rates of reported employment seeking activities. To be eligible for the Disability Support Pension people are invariably assessed as being medically unable to seek employment in the labour market.
*One participant reported receiving both the Disability Support Pension and salary/income from paid employment

**One participant reported receiving both the Disability Support Pension and salary from paid employment

Despite intended social inclusion and social participatory outcomes that are intended to follow housing retention, there is little empirical evidence that has measured employment and other related outcomes. Indeed, in a pessimistic analysis of the Housing First literature which demonstrates impressive housing outcomes, Tsemberis makes an illuminating comment about the challenges to achieving employment and positive lives for people who have exited chronic homelessness:

Housing and other supportive housing interventions may end homelessness but do not cure psychiatric disability, addiction, or poverty. These programs, it might be said, help individuals graduate from the trauma of homelessness into the normal everyday misery of extreme poverty, stigma, and unemployment. (Tsemberis 2010: 52)

Tsemberis is making the important observation that ending homelessness for highly vulnerable people is not sufficient. Indeed, in keeping with the Housing First approach housing should be
seen as both the first resource provided and also the first step in a broader process of recovery. Data presented in this chapter illustrates very limited improvement in some key measures of social and economic participation.

These results, however, should not be surprising nor should they be interpreted in negative ways. First, when coupled with the housing outcomes reported earlier, they indicate that improvement on economic and social measures is not a pre-condition to successfully sustain housing. Ending a person’s homelessness (for 12 months at least) does not require the causes of homelessness to be addressed. Second, the baseline report (Parsell et al. 2012a) clearly demonstrated the significant disadvantage (also figure 14 above long-term unemployment), exclusion and chronic homelessness that participant had endured. Given these life experiences and histories upon engagement with the Way2Home program, it is reasonable to assume that many will require both significant assistance and a significant period of time to achieve improved social and economic participation. It is thus argued that one must be cautious about expectations of the social and economic improvements that are likely to be achieved over a 12 month period, and that furthermore, the realisation of other positive non-housing outcomes are likely to require the availability of a range of interdisciplinary (and long-term) services that far exceed what is resourced as part of Australian Street to Home approaches, for instance, greater assistance to enter the labour market.
5 Drug and Alcohol use

Alcohol and illicit substance use/misuse is reported to occur at disproportionate rates among homeless populations (Hodder et al. 1998; Mission Australia 2010), and some have argued that alcohol and substance use/misuse constitutes a pathway into homelessness (Johnson et al. 2008). In addition to this, alcohol and illicit substance use/misuse is one of the many factors that is considered to constitute a barrier for people to exit homelessness. As noted in chapter one, assertive outreach and rapid access to housing that are said to underpin Street to Home/Way2Home approaches are seen as mitigating the barriers to housing access that substance use/misuse represents.

In addition to drug and alcohol use arguably constituting a cause of homelessness and a barrier to exit, a reduction in the use and misuse of alcohol, tobacco and illicit substances is a further outcome that is expected to follow exiting homelessness. Indeed, based on Housing First research from the USA with people that had exited homelessness, Collins et al. (2012: 518) concluded that the provision of secure housing under non-abstinence conditions promoted “improvements across all alcohol use outcomes” (Collins et al. 2012: 518). In other research from the USA, Padgett, Gulcur and Tsemberis (2006) found that participants in Housing First programs – where harm minimisation is promoted and abstinence is not required – can sustain their tenancies and do not increase their use of substances when compared to people participating in programs where housing/accommodation is contingent upon abstinence. In a later study, Padgett et al. (2011) found that people residing in Housing First programs used substances less frequently compared to people in treatment first programs. They argued that

Having security of a place to live appears to afford greater opportunities and motivation to control substance use when compared to the available alternatives of congregate residential treatment or a return to the streets. (Padgett et al. 2011: 231)

Consistent with the existing body of knowledge, in the baseline report (Parsell et al. 2012a) we noted that the prevalence of alcohol and substance use among the Way2Home sample was higher than reported in representative Australian population studies. The document likewise argued that the reported rates of alcohol and substance use/misuse may constitutes an underestimation, as reporting usage rates can be stigmatised, subject to difficulties recalling exact use, and also a product of participants reporting on what they think they should use/consume rather than what they actually do: Khan and Jerolmack (2013) describe this as the difference between what we say we do and what we actually do.

Following the format and questioning used at baseline, at the 12 month follow up interviews we sought to identify whether people had used/consumed alcohol, tobacco or illicit substances, and their usage rates (daily, weekly, monthly, once or twice). As with previous chapters, the 12
month follow up results are compared with the like data obtained at baseline to identify change over time and since working with the Way2Home program in particular.

**Figure 17 In the Past 3 Months, which of the Following Have you ever used? 12 Month Follow Up (N=31)**

<table>
<thead>
<tr>
<th>Drug type</th>
<th>Never used</th>
<th>Have used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco products (cigarettes, chewing tobacco, cigars etc)</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Alcohol (beer, wines, spirits etc)</td>
<td>10</td>
<td>21</td>
</tr>
<tr>
<td>Cannabis (marijuana, pot, hash etc)</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Cocaine (coke, crack etc)</td>
<td>28</td>
<td>3</td>
</tr>
<tr>
<td>Amphetamine type stimulants (speed, diet pills, ecstasy etc)</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>Inhalants (nitrous, glue, petrol paint thinners etc)</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Sedatives or sleeping pills (Valium, Serepax, Rohypnol etc)</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Hallucinogens (LSD, acid, mushrooms, PCP, Special K etc)</td>
<td>31</td>
<td>0</td>
</tr>
<tr>
<td>Opiates (heroin, morphine, methadone, codeine etc)</td>
<td>24</td>
<td>7</td>
</tr>
</tbody>
</table>

**Figure 18 In the Past 3 Months, How Often Have you Used the Substance you Mentioned? 12 Month Follow Up (N=31)**

<table>
<thead>
<tr>
<th>Drug type</th>
<th>Once or twice</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily or almost daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco products (N=50)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Alcohol (N=49)</td>
<td>4</td>
<td>2</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Cannabis (N=37)</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Cocaine (5)</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Amphetamine (N=21)</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Inhalants (N=14)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sedatives (N=17)</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Hallucinogens (N=7)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Opiates (N=10)</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

4 Only people that identified that they had ever used alcohol or illicit substances in the previous 12 months were asked subsequent questions about their usage rates.
**Figure 19 Alcohol and Drug Daily Use (previous 3 month) Baseline and 12 Month Follow Up Comparison**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>12 Month Follow Up</th>
<th>Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco: daily or almost daily use</td>
<td>30</td>
<td>28</td>
<td>-2</td>
</tr>
<tr>
<td>Alcohol: daily or almost daily use</td>
<td>6</td>
<td>6</td>
<td>No change</td>
</tr>
<tr>
<td>Cannabis: daily or almost daily use</td>
<td>3</td>
<td>5</td>
<td>+2</td>
</tr>
<tr>
<td>Cocaine: daily or almost daily use</td>
<td>0</td>
<td>0</td>
<td>No change</td>
</tr>
<tr>
<td>Amphetamine: daily or almost daily use</td>
<td>0</td>
<td>1</td>
<td>+1</td>
</tr>
<tr>
<td>Inhalant: daily or almost daily use</td>
<td>0</td>
<td>0</td>
<td>No change</td>
</tr>
<tr>
<td>Sedatives: daily or almost daily use</td>
<td>2</td>
<td>0</td>
<td>-2</td>
</tr>
<tr>
<td>Hallucinogens: daily or almost daily use</td>
<td>0</td>
<td>0</td>
<td>No change</td>
</tr>
<tr>
<td>Opiates: daily or almost daily use</td>
<td>5</td>
<td>0</td>
<td>-5</td>
</tr>
</tbody>
</table>

*Based on a balanced sample*
Figure 20 Alcohol and Drug Weekly Use (previous 3 months) Baseline and 12 Month Follow Up Comparison

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>12 Month Follow Up</th>
<th>Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco: weekly use</td>
<td>0</td>
<td>0</td>
<td>No change</td>
</tr>
<tr>
<td>Alcohol: weekly use</td>
<td>13</td>
<td>9</td>
<td>-4</td>
</tr>
<tr>
<td>Cannabis: weekly use</td>
<td>7</td>
<td>4</td>
<td>-3</td>
</tr>
<tr>
<td>Cocaine: weekly use</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>Amphetamine: weekly use</td>
<td>1</td>
<td>4</td>
<td>+3</td>
</tr>
<tr>
<td>Inhalant: weekly use</td>
<td>0</td>
<td>0</td>
<td>No change</td>
</tr>
<tr>
<td>Sedatives: weekly use</td>
<td>1</td>
<td>1</td>
<td>No change</td>
</tr>
<tr>
<td>Hallucinogens: weekly use</td>
<td>0</td>
<td>0</td>
<td>No change</td>
</tr>
<tr>
<td>Opiates: weekly use</td>
<td>1</td>
<td>2</td>
<td>+1</td>
</tr>
</tbody>
</table>

*Based on a balanced sample

Figure 21 Intravenous Drug Use Previous 12 Months, 12 Month Follow Up (N=31)

Figure 22 In the Last 3 Months, How Often Do You Inject? (N=31)
Figure 23 Intravenous Drug Use Baseline and 12 Month Follow Up Comparison

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline (previous 3 months)</th>
<th>12 Month Follow Up (previous 3 months)</th>
<th>Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intravenous illicit substance use</td>
<td>9</td>
<td>6</td>
<td>-3</td>
</tr>
</tbody>
</table>

*Based on a balanced sample

The reported usage rates show a combination of stability, increased, and reduced use of substances. Between baseline and the 12 month follow up there was stability in reported daily usage rates of alcohol, cocaine, inhalants and hallucinogens. There was a slight increase in daily use of cannabis (N=2) and amphetamines (N=1). There was a reduction in the reported daily use of tobacco (N=2), sedatives (N=2), and of significance, a reduction in reported daily use of opiates (N=5). There was also a notable reduction in the intravenous use of illicit substances.

Tobacco was the by far the most commonly (daily) used drug at both baseline (N=30) and the 12 month follow up (N=28). At the 12 month follow up, alcohol (N=6) and cannabis (N=5) were the second and third most commonly (daily) used substances.

The reported daily increases (N=1) and weekly increases (N=3) usage of amphetamines and increased daily (N=2) use of cannabis is surprising, and different from the emerging body of international literature (Collins et al. 2012: 518; Padgett et al. 2006; Padgett et al. 2011; Tsai, Mares and Rosenheck 2010). The reported differences in usage across several types of substance between baseline and the 12 month follow up do not lend themselves to a one dimensional interpretation. At the level of the 31 participants, the data does not support the view that exiting rough sleeping and accessing secure housing leads to reductions in daily or weekly use of alcohol and illicit substances. The data is more nuanced. For some people, reported daily and weekly usage rates did decrease over a 12 month period: as noted, the reported daily reduction in opiate use is significant. But for other people, reported alcohol and substance use rates increased. What the nuanced and varied usage data does suggest, however, is that daily or weekly alcohol and illicit substance use, and an increased or decreased rate over a 12 month period, is not associated with housing outcomes in this sample. Coupled with the matched housing outcomes data, the alcohol and substance usage rates are consistent with the views of a senior Way2Home stakeholder who asserted that:

But we’ve got lots of people who are sustaining tenancy then and actively drug using. (Way2Home stakeholder)

The above comment is taken from a long discussion reported in chapter two where the participant explained that some people with active addictions were extremely difficult to assist to access secure housing. This candid reflection notwithstanding, the participant observed that
some people actively using drugs were in fact sustaining their tenancies. Drug and alcohol usage was the most common topic discussed in both the qualitative interviews with eight Way2Home service users and from the responses to qualitative questions in the 12 month follow up survey. Adding significantly to the quantitative data reported above, research participants spoke in length about their alcohol and substance use. Often their remarks were not in response to specific questions about drug and alcohol use, but rather these themes frequently occurred when people described accessing housing and living on ‘the streets’. The five responses below (all from different non-Indigenous males) are indicative of the way that drug and alcohol use was described:

Have they [Way2Home] made a difference in your life? (Researcher)

Oh, like before there was a lot of boredom on the street, nothing much to do, drinking a fair bit. But now, at home, like there’s more things to do and I’m spending less money being in the house, even though I’m paying the rent now. (non-Indigenous male)

Yeah. No, on the streets there gets you down after a while. You get gambling habits, get on the marijuana and stuff like that. Since I’ve been here [in secure housing] like that now, nothing. (non-Indigenous male)

Stability. Cut down on drinking; quit smoking. (non-Indigenous male)

You need alcohol and drugs to live on the streets ‘cause that’s what everyone else is doing. (non-Indigenous male)

Changed for the better. Less alcohol use. Happier. (non-Indigenous male)

Only one participant, another non-Indigenous male, stated that his ‘substance use was the same when in housing as it was when he slept rough. Qualitative responses build on the quantitative data to illustrate for a number of Way2Home service users at least, they described their housing in terms of opportunities to reduce their drug and alcohol consumption.
6 Health, Wellbeing and Quality of Life

Consistent with the assumptions and expectations outlined in the two previous chapters considering drug and alcohol use and increased social and economic participation, assisting people to exit homelessness and access housing is premised on the assumption that health, wellbeing and quality of life improvements will follow. Padgett (2007) demonstrated these sentiments when she argued that gaining a tenancy and experiencing all of the benefits of home was a means for people to recover from mental illness. In addition to simply exiting homelessness, Greenwood et al. (2005) and Gulcur et al. (2007) highlight the importance of choice in housing to promoting wellbeing and social integration, and Siegel et al. (2006) argued that people report greater satisfaction when residing in independent supportive housing compared to congregate supportive housing.

In this chapter we present mental health and quality of life and wellbeing findings from the 12 month follow up survey and compare them with the baseline results. The mental health findings are derived from the use of the Brief Symptom Inventory, whereas quality of life and wellbeing is obtained from the WHOQOL-BREF. These are discussed in turn. Further to the reporting on these measures and identifying the change between baseline and the 12 month follow up, we examine quality of life and wellbeing measures with reference to key variables such as age, gender, Indigenous status and drug and alcohol use.

6.1 Brief Symptom Inventory

The Brief Symptom Inventory (BSI) is a 53-item symptom inventory designed to reflect psychological symptom patterns (Derogatis 1993). The BSI was adapted from the larger SCL-90-R. In the Baseline Report we provide a detailed description of the BSI (Parsell et al. 2012). While the point in time nature of the BSI does not lend itself to formulating accurate diagnoses, the multidimensional nature of the measure represents a mechanism to distinguish one syndrome or disorder from another (Derogatis 1993). In short, the nine primary symptom dimensions of the BSI provide a profile of an individual’s psychological status and detail pertinent information about their symptomatology (Derogatis 1993).

Averages for the nine symptom dimensions and the three global indices are interpreted by comparing them with appropriate norms. The BSI manual outlines score norms on four groups each separated on the basis of gender: adult non-patients, adult psychiatric outpatients, adult psychiatric inpatients and adolescent non-patients (Derogatis 1993). Our data was analysed with reference to the norms for male and female adult non-patient groups. Similar to Piersma, Reaume and Boes (1994), we have thus adopted the BSI to test and identify changes in psychological symptomatology.
| Index                      | Mean Raw Scale Score at Baseline | Mean Raw Scale Score at 12 Month Follow Up | Difference  
(12 Month Follow Up-Baseline) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Somatisation (SOM)</td>
<td>1.4</td>
<td>1.2</td>
<td>-0.2</td>
</tr>
<tr>
<td>Obsessive-Compulsive (O-C)</td>
<td>1.81</td>
<td>1.51</td>
<td>-0.3</td>
</tr>
<tr>
<td>Interpersonal Sensitivity (I-S)</td>
<td>1.31</td>
<td>1.15</td>
<td>-0.16</td>
</tr>
<tr>
<td>Depression (DEP)</td>
<td>1.43</td>
<td>1.43</td>
<td>No change</td>
</tr>
<tr>
<td>Anxiety (ANX)</td>
<td>1.38</td>
<td>1.12</td>
<td>-0.26</td>
</tr>
<tr>
<td>Hostility (HOS)</td>
<td>.96</td>
<td>1.09</td>
<td>+0.13</td>
</tr>
<tr>
<td>Phobic Anxiety (PHOB)</td>
<td>.98</td>
<td>.81</td>
<td>-0.17</td>
</tr>
<tr>
<td>Paranoid Ideation (PAR)</td>
<td>1.57</td>
<td>1.0</td>
<td>-0.57</td>
</tr>
<tr>
<td>Psychoticism (PSY)</td>
<td>1.06</td>
<td>.90</td>
<td>-0.16</td>
</tr>
<tr>
<td>Global Severity Index (GSI)</td>
<td>1.3</td>
<td>1.18</td>
<td>-0.12</td>
</tr>
<tr>
<td>Positive Symptom Distress Index (PSDI)</td>
<td>1.63</td>
<td>1.62</td>
<td>-0.01</td>
</tr>
<tr>
<td>Positive Symptom Total (PST)</td>
<td>31.6</td>
<td>28.5</td>
<td>-3.1</td>
</tr>
</tbody>
</table>

At baseline we demonstrated that participants reported high levels of psychological distress on all measures compared to mean scores for adult non-patient (male and female) population (Parsell et al. 2012a). Figure 24 above outlining the baseline – 12 month follow up comparison indicates that on nine of the twelve measures participant’s reporting of psychological distress decreased at the 12 month follow up. The reduction in reported levels of distress at the 12 month follow up are consistent with the assumptions and empirical research which suggests having stable housing, compared to homelessness, is a means to achieve improved mental health. Indeed, the quantitative results are also supported by the qualitative responses from service users that attributed their housing to positive life changes.
6.2 World Health Organisation Quality of Life Bref (WHOQOL-BREF)

The WHOQOL-BREF is a 26 item self-report questionnaire. The WHOQOL-BREF was adapted from the larger WHOQOL-100, and the WHOQOL-BREF contains “one item from each of the 24 facets contained in the WHOQOL-100, plus two items from the overall quality of life and general health facet (Murphy et al. 2000: 23). The facets are identified as elements of life that contribute to an individual’s quality of life (Webster et al. 2010). The 24 facets consist of the physical health (seven questions), psychological health (six questions), social relationships (three questions) and environment (eight questions) domains.

The WHOQOL-BREF was developed to identify health and quality of life data in an efficient manner. We used the WHOQOL-BREF as a measure within this larger survey in light of the necessity to minimise the length of time and effort the survey asked of research participants.

Murphy et al. (2000) administered the WHOQOL-BREF to a randomly selected Victorian sample of 396 people which is said to be representative of the Australian population. In figure 25 we report these representative scores in the column to the right of the Way2Home sample as a means of comparison. Following this comparison with a representative Australian sample, figure 26 compares the baseline and 12 month follow up quality of life and satisfaction outcomes. In figures 27 through 31, we scrutinise the 12 month follow up results to illustrate the differences in quality of life and satisfaction within the sample.

Figure 25 Quality of Life (12 Month Follow Up)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean (Way2Home)</th>
<th>Mean (Australian representative sample)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life: Rating (single item)</td>
<td>3.4</td>
<td>4.3</td>
</tr>
<tr>
<td>Quality of Life: Satisfaction (single item)</td>
<td>3.2</td>
<td>3.6</td>
</tr>
<tr>
<td>Physical (seven items)</td>
<td>50.3</td>
<td>80.0</td>
</tr>
<tr>
<td>Psychological (six items)</td>
<td>52.7</td>
<td>72.6</td>
</tr>
<tr>
<td>Social (three items)</td>
<td>55.2</td>
<td>72.2</td>
</tr>
<tr>
<td>Environmental (eight items)</td>
<td>63.4</td>
<td>74.8</td>
</tr>
</tbody>
</table>
In line with the decrease in distress symptomatology reported above, at the 12 month follow up with the exception of independent physical and psychological measures, participants consistently reported higher quality of life and satisfaction measures compared to baseline, i.e., quality of life rating and satisfaction, and social and environmental. These reported improvements are indeed also arguably consistent with the qualitative empirical material presented in chapter three, whereby participants overwhelmingly spoke about the positive aspects of their housing in terms of achieving greater security, independence and autonomy. The improvement in wellbeing and quality of life resonate with their descriptions of housing as a place of security and space where they can exercise control.

The following five tables integrate quality of life and wellbeing measures among several key characteristics within the sample.

### Figure 26 Quality of Life: Baseline and 12 Month Follow Up Compared

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean at Baseline</th>
<th>Mean at 12 Month Follow Up</th>
<th>Difference (12 Month Follow Up-Baseline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life: Rating (single item)</td>
<td>3.2</td>
<td>3.4</td>
<td>+.2</td>
</tr>
<tr>
<td>Quality of Life: Satisfaction (single item)</td>
<td>2.6</td>
<td>3.2</td>
<td>+.6</td>
</tr>
<tr>
<td>Physical (seven items)</td>
<td>51.4</td>
<td>50.3</td>
<td>-1.1</td>
</tr>
<tr>
<td>Psychological (six items)</td>
<td>52.9</td>
<td>52.7</td>
<td>-.2</td>
</tr>
<tr>
<td>Social (three items)</td>
<td>54.0</td>
<td>55.2</td>
<td>+1.2</td>
</tr>
<tr>
<td>Environmental (eight items)</td>
<td>61.5</td>
<td>63.4</td>
<td>+1.9</td>
</tr>
</tbody>
</table>

### Figure 27 Quality of Life (12 Month Follow Up): Gender

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean: Female</th>
<th>Mean: Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life: Rating</td>
<td>3.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Quality of Life: Satisfaction</td>
<td>3.4</td>
<td>3.1</td>
</tr>
<tr>
<td>Physical</td>
<td>57.1</td>
<td>49.3</td>
</tr>
<tr>
<td>Psychological</td>
<td>56.2</td>
<td>52.2</td>
</tr>
<tr>
<td>Social</td>
<td>77.0</td>
<td>51.9</td>
</tr>
<tr>
<td>Environmental</td>
<td>68.7</td>
<td>62.6</td>
</tr>
</tbody>
</table>
### Figure 28 Quality of Life (12 Month Follow Up): Age

<table>
<thead>
<tr>
<th>Variable</th>
<th>Age: Under 50</th>
<th>Age: 50 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life: Rating</td>
<td>3.2</td>
<td>3.5</td>
</tr>
<tr>
<td>Quality of Life: Satisfaction</td>
<td>2.9</td>
<td>3.4</td>
</tr>
<tr>
<td>Physical</td>
<td>43.8</td>
<td>56.0</td>
</tr>
<tr>
<td>Psychological</td>
<td>43.4</td>
<td>60.9</td>
</tr>
<tr>
<td>Social</td>
<td>52.9</td>
<td>57.2</td>
</tr>
<tr>
<td>Environmental</td>
<td>58.7</td>
<td>67.5</td>
</tr>
</tbody>
</table>

### Figure 29 Quality of Life (12 Month Follow Up): Indigenous Status

<table>
<thead>
<tr>
<th>Variable</th>
<th>Indigenous</th>
<th>Non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life: Rating</td>
<td>3.2</td>
<td>3.4</td>
</tr>
<tr>
<td>Quality of Life: Satisfaction</td>
<td>3.4</td>
<td>3.1</td>
</tr>
<tr>
<td>Physical</td>
<td>51.4</td>
<td>50.1</td>
</tr>
<tr>
<td>Psychological</td>
<td>46.6</td>
<td>54</td>
</tr>
<tr>
<td>Social</td>
<td>70</td>
<td>52.3</td>
</tr>
<tr>
<td>Environmental</td>
<td>65</td>
<td>63.1</td>
</tr>
</tbody>
</table>

### Figure 30 Quality of Life (12 Month Follow Up): Lifetime use of Cannabis

<table>
<thead>
<tr>
<th>Variable</th>
<th>Have used Cannabis</th>
<th>Have not used Cannabis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life: Rating</td>
<td>3.4</td>
<td>3.4</td>
</tr>
<tr>
<td>Quality of Life: Satisfaction</td>
<td>3.2</td>
<td>3.2</td>
</tr>
<tr>
<td>Physical</td>
<td>48.4</td>
<td>53.5</td>
</tr>
<tr>
<td>Psychological</td>
<td>52.4</td>
<td>53.4</td>
</tr>
<tr>
<td>Social</td>
<td>55.2</td>
<td>55.3</td>
</tr>
<tr>
<td>Environmental</td>
<td>70.0</td>
<td>51.9</td>
</tr>
</tbody>
</table>

### Figure 31 Quality of Life (12 Month Follow Up): Lifetime use of Illicit Substances (other than Cannabis)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Have used other Illicit Substances</th>
<th>Have not used other Illicit Substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Females consistently reported higher or the same scores on all measures of quality of life. It should be acknowledged, however, that the number of females in the study was relatively small (N=4). A similarly consistent pattern emerged with older people reporting higher on all measures. As with females, the sample of Indigenous people is small (N=5). Recognising this, the comparison on quality of life measures among Indigenous and non-Indigenous people is mixed. Non-Indigenous people reported slightly higher on overall quality of life rating and much higher on the psychological measure. On the other hand, Indigenous people reported higher quality of life satisfaction, physical, environmental and far higher on the social measure.

On the overall quality of life rating and quality of life satisfaction there are no differences reported among users of cannabis with those that do not report cannabis use. Compared to non-users, cannabis users did reported significantly higher on the environmental measure, and considerably lower in the physical measure. People that had not used illicit substances other than cannabis reported higher on all measures expect for the social and environmental domains.

<table>
<thead>
<tr>
<th></th>
<th>3.1</th>
<th>3.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life: Rating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Life: Satisfaction</td>
<td>3.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Physical</td>
<td>43.5</td>
<td>53.7</td>
</tr>
<tr>
<td>Psychological</td>
<td>49.5</td>
<td>54.3</td>
</tr>
<tr>
<td>Social</td>
<td>65</td>
<td>50.4</td>
</tr>
<tr>
<td>Environmental</td>
<td>65.9</td>
<td>62.1</td>
</tr>
</tbody>
</table>
7 Service Utilisation

Chronic homelessness and rough sleeping is associated with barriers to accessing planned health care. In turn, assisting people with these experiences to access housing is attributed to a reduction in the use of crisis services and is intended to promote increased use of planned service provision. Dennis Culhane and colleagues’ seminal work in the USA has demonstrated the cost effectiveness of housing programs over shelter-based responses (Culhane 2008). Focusing on New York City, the annual costs of service responses to a person who was homeless with a severe mental illness was an average of $40,500. Culhane found that once housed people used fewer services; taking into account the cost of the supportive housing intervention, ending a person’s homelessness represented a net saving of $1000 annually, or as Culhane explained, ending homelessness for people with severe mental illnesses in New York City was at the very least a financially ‘break-even proposition’ (Culhane 2008).

The cost effectiveness of Housing First or programs that provide secure housing vis-a-vis homelessness are complex and contested, but they primarily are based on assumptions and measurement of the costs associated with directly providing housing over shelter forms of temporary accommodation, and importantly, the cost savings associated with people in housing that are attributed to lesser crisis/acute, hospital and criminal justice service system use (Tsemberis 2010). In short, it is argued that providing housing for people who experience chronic homelessness is cost effective – in addition to and separate from any social justice arguments – because once people exit homelessness and sustain a tenancy they will use less crisis services or interventions associated with homelessness (i.e., police) and instead the services they do engage with will be more appropriate because they are planned.

Thus much of what is reported about the cost effectiveness of homelessness and housing programs is based on both people’s self-reported service usage and an analysis of existing data sets (Clifasefi et al. 2011) before homelessness and once housed, and a decrease in costs associated to service usage for the latter (see Gulcur et al. 2003; Larimer et al. 2009; Rosenheck et al. 2003). As Culhane (2008) persuasively points out, however, many studies demonstrating the cost effectiveness of ending homelessness have relied on unrepresentative samples with people included who do, or are assumed to, use high levels of services when homeless. Similarly, the cost effectiveness of ending homelessness will have significant geographic differences, with cost effectiveness higher in areas where people have greater access to services (Culhane 2008).

In this study we do not model any costings associated with service usage. Instead, we identified service usage on a number of key variables at baseline and 12 month follow up. Focusing on the Way2Home service users, in this chapter we report on their service usage at 12 month follow up (when most people were in secure housing) and measure the difference in their service utilisation in the 12 months priors to the baseline survey (when people were
homeless). It is important to re-emphasise that the participants in the current study do not constitute a representative sample of ‘homeless people’, but rather they were engaged with the Way2Home program and thus this research on the basis of long term homelessness and identified high vulnerabilities.

Further, the data presented is based on self-report. It is difficult to recall service usage over a 12 month period with exact confidence. The challenges are exacerbated when people have high vulnerabilities and are asked to differentiate between a range of different health, allied and other services, such as General Practitioners, ambulance, social workers, and emergency department’s service usage (and whether they were treated for mental or physical health). There are thus limitations with self-reporting of service usage among vulnerable populations, but as Clifasefi et al. (2011) argues, there is no ‘gold standard in service usage measurement’, as the limitations of self-report notwithstanding, there are several practical and conceptual challenges in identifying complete service usage histories from administrative data sets.

**Figure 32 General Practitioner Consultations Previous 12 Months: 12 Month Follow Up (N=31)**

![Chart showing General Practitioner Consultations](chart.png)

**Figure 33 General Practitioner Consultation Previous 12 Months Baseline and 12 Month Follow Up Comparison**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>12 Month Follow Up</th>
<th>Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>3</td>
<td>4</td>
<td>+1</td>
</tr>
<tr>
<td>Between one to five times</td>
<td>14</td>
<td>14</td>
<td>No change</td>
</tr>
<tr>
<td>Between six and ten times</td>
<td>3</td>
<td>5</td>
<td>+2</td>
</tr>
<tr>
<td>More than eleven times</td>
<td>11</td>
<td>8</td>
<td>-3</td>
</tr>
</tbody>
</table>

*Based on a balanced sample
Figure 34 Treatment by Ambulance Previous 12 Months: 12 Month Follow Up (N=31)

![Pie chart showing treatment by ambulance previous 12 months: 12 month follow up (N=31)]

- Not at all: 17
- Between 1 and 5 times: 11
- Between 6 and 10 times: 0
- More than 11 times: 3

Figure 35 Treatment by Ambulance Baseline and 12 Month Follow Up Comparisons

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>12 Month Follow Up</th>
<th>Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>19</td>
<td>17</td>
<td>-2</td>
</tr>
<tr>
<td>Between one to five times</td>
<td>8</td>
<td>11</td>
<td>+3</td>
</tr>
<tr>
<td>Between six and ten times</td>
<td>1</td>
<td>0</td>
<td>-1</td>
</tr>
<tr>
<td>More than eleven times</td>
<td>3</td>
<td>3</td>
<td>No change</td>
</tr>
</tbody>
</table>

*Based on a balanced sample

Figure 36 Emergency Hospital Presentations Physical Health Previous 12 months: 12 month follow up (N=31)

![Pie chart showing emergency hospital presentations physical health previous 12 months: 12 month follow up (N=31)]

- Not at all: 12
- Between 1 and 5 times: 14
- Between 6 and 10 times: 2
- More than 11 times: 3
Figure 37 Emergency Hospital Presentations  *Physical Health* Previous 12 months Baseline and 12 Month Follow Up Comparison

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>12 Month Follow Up</th>
<th>Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>11</td>
<td>12</td>
<td>+1</td>
</tr>
<tr>
<td>One to five times</td>
<td>16</td>
<td>14</td>
<td>-2</td>
</tr>
<tr>
<td>Six to ten times</td>
<td>2</td>
<td>2</td>
<td>No change</td>
</tr>
<tr>
<td>More than eleven times</td>
<td>2</td>
<td>3</td>
<td>+1</td>
</tr>
</tbody>
</table>

*Based on a balanced sample

Figure 38 Emergency Hospital Presentations  *Mental Health* Previous 12 months: 12 month follow up (N=31)

*Not at all 26
Between 1 and 5 times 4
Between 6 and 10 times 1*

Figure 39 Emergency Hospital Presentations  *Mental Health* Previous 12 months Baseline and 12 Month Follow Up Comparison

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>12 Month Follow Up</th>
<th>Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>27</td>
<td>26</td>
<td>-1</td>
</tr>
<tr>
<td>Between one to five times</td>
<td>2</td>
<td>4</td>
<td>+2</td>
</tr>
<tr>
<td>Between six to ten times</td>
<td>2</td>
<td>1</td>
<td>-1</td>
</tr>
<tr>
<td>More than eleven times</td>
<td>0</td>
<td>0</td>
<td>No change</td>
</tr>
</tbody>
</table>

*Based on a balanced sample
Figure 40 Overnight stay in residential drug and alcohol treatment facility previous 12 months: 12 month follow up (N=31)

Figure 41 Overnight Stay on Residential Drug and Alcohol Treatment Facility Previous 12 Months Baseline and 12 Month Follow Up Comparison

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>12 Month Follow Up</th>
<th>Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>27</td>
<td>26</td>
<td>-1</td>
</tr>
<tr>
<td>Between one to five times</td>
<td>2</td>
<td>4</td>
<td>+2</td>
</tr>
<tr>
<td>Between six and ten times</td>
<td>3</td>
<td>0</td>
<td>-3</td>
</tr>
<tr>
<td>More than eleven times</td>
<td>0</td>
<td>1</td>
<td>+1</td>
</tr>
</tbody>
</table>

*Based on a balanced sample

Focusing on general practitioner, ambulance, emergency hospital presentation (physical and mental health) and drug and alcohol residential treatment facilities, the above data outlines key health service usage by participants in the 12 month prior to the 12 month follow up survey, and this usage is compared with service usage reported at baseline. In one of the few Australian and robust studies to measure service usage rates among people who were homeless and compare the rates 12 and 24 months after people had accessed housing, Johnson et al. (2012) reported significant reductions in terms of people accessing emergency psychiatric services. Drawing on longitudinal research with a Melbourne sample, they concluded that “whatever the reason, access to housing and enhanced support services appears to generate substantial reductions in the amount of time people spend in hospital” (Johnson et al. 2012: 18). These results are important when understanding the cost effectiveness and appropriateness of housing interventions.

A comparison of health service usage rates between baseline and 12 month follow up does not necessarily indicate a positive or negative outcome. Unlike alcohol and substance use over time, or reported health and wellbeing, where an increase in wellbeing and a reduction in
alcohol and drug use is unambiguously a positive outcome, a reduction in health service usage does not simply equate to a positive outcome. Similarly, increased use of health services over 12 months does not necessarily constitute a negative outcome. In terms of the Way2Home sample, they were likely to be disengaged from mainstream health institutions at baseline (when they were or recently had been homeless). As such, increasing their access to and usage of health services may be a positive outcome. Any measure of health service utilisation and change over time must take account of the type of health service, for example crisis/emergency, and whether health service utilisation is planned and coordinated.

Figures 33 -41 above show no clear pattern of health service utilisation or improved use over time. The data indicates that there is frequently small change on quantities of service use within a small bracket, but there is also an opposite change in service usage on brackets either side that equate to very little overall service usage change.

7.1 Criminal Justice

In this section we identify contact with the criminal justice system. Similar to the evidence highlighting the association between homelessness and the use of emergency and unplanned health service use, research from the USA has found that people who are homeless use the criminal justice system at disproportionate rates (Culhane 2008; Tsemberis 2010).

Figure 42 Incarcerated in Prison Previous 12 Months: 12 Months Follow Up (N=31)
**Figure 43 Incarcerated in Prison Previous 12 Months Baseline and 12 Month Follow Up Comparison**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Baseline</th>
<th>12 Month Follow Up</th>
<th>Change*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>3</td>
<td>2</td>
<td>-1</td>
</tr>
</tbody>
</table>

*Based on a balanced sample

**Figure 44 Held Overnight by the Police Previous 12 Months: 12 Month Follow Up (N=31)**

As opposed to utilisation of health services, where no clear or significant reduction in use between baseline and the 12 month follow up was identified, the data indicates that participants had less contact with the criminal justice system at the 12 month follow up compared to baseline. One less person was imprisoned, and 4 fewer people reported being held overnight in a police watch house/holding cell at the 12 month follow up compared to baseline.
8 Perspectives on Way2Home

The 12 month follow up survey contained one question that sought to elicit respondent’s perceptions on whether they had noticed any changes in their lives since working with Way2Home. During the qualitative interviews participants were also asked about working with Way2Home: what had been useful, how it could be improved, for example. This chapter reports on responses to these program evaluative questions.

Figure 46 Have you noticed any changes in your life since you have been working with the Way2Home service?

The majority of participants (81%) reported changes in their lives. The respondents (N=25) that answered in the positive were asked a further qualitative question that sought to examine their perspectives on life changes: “please tell me about these changes in your life?” This qualitative question was responded to with a range of different examples that illustrated participant’s view that Way2Home had represented and led to positive life changes. Positive life changes since working with Way2Home were primarily described in terms of health and broader lifestyle improvements. The following three comments are indicative:

Depression subsided (non-Indigenous male)

Much healthier, can have a daily shower, food, shelter (non-Indigenous male)

Stable accommodation. More independence, sleeping better. Starting to like myself again (Indigenous female)

The life changes that people reported since working with Way2Home were consistent with the dominant themes discussed in chapter three in the context of housing. Gaining a house was the primary change in people’s lives; and housing similarly represented a practical means for people to both experience and plan to realise further consequential changes. The qualitative question exploring the life changes that people had experienced since working with
Way2Home were followed with an additional question about other life changes: “what further things would you need for positive change to take place in your life?”

Four people responded to this question by pointing out that they wanted secure housing. These were four of the five people who were still homeless at the 12 month follow up survey. Other responses to the question about what was required for further life changes were mixed and often only minimal detail was provided. Three people stated that they would like to commence training or education, and three people identified additional money. Four people stated that there were already sufficient options available or that they had received appropriate responses from Way2Home.

The qualitative responses about the role of Way2Home, taken together with the 81 per cent of participants that reported life changes since working with Way2Home, provide clear evidence that Way2Home was perceived in positive terms. Indeed, this view is supported by the dominant theme identified in the qualitative interviews with eight Way2Home service users. During qualitative interviews the service users were explicitly asked questions about what Way2Home had done for them, what the program had not delivered, how Way2Home could be improved, and they were asked to describe the type of service they thought was most useful. The below extracts are taken from three different interviews and they are representative of the descriptions of Way2Home from the eight qualitative interviews:

How could have Neami or Way2Home been better for you? How could it be improved? (Researcher)

They couldn’t really, like it’s worked out perfect. Like they did all the paperwork, all I had to do was sign a couple of forms, do a … get a medical doctor downstairs and everything else was done. They found the place, took me out, got me all the furniture and everything I needed. They bought all that too. (non-Indigenous male)

Well Neami are helping me no end, they’re helping me out. They’ve done more for me than what anyone else has ever done for me. (non-Indigenous male)

So what have they done? (Researcher)

Well, they’ve got the ball rolling. I mean, you know, they seem to put a lot more time into me than what anyone else has ever did. And instead of where the other ones have just put me in the too-hard basket and forgot about me or kept passing me onto another case worker they’ve stuck with me. (non-Indigenous male)

So what things have they done? Sticking with you? (Researcher)

Well just, they got my birth certificate back from England for me; they’ve sorted out housing for me, like helping me with housing. (non-Indigenous male)
Yeah I like talking to these people [Way2Home]; they’re very patient and they’re very caring and they’re very understanding. They’re good people to work with, yeah. And I think they’re pretty competent, yeah, I think they’re competent. They’ve helped me a lot. I’ve got a little bit of a problem but they’re very patient with me... [Way2Home worker] comes to court with me, she makes sure that I keep my doctor’s appointments, that I get my medication. They’re really good with housing – not only did they get my house, they come around – they do house visits, they got my furniture, they set it up.

(Indigenous female)

The prevalent view expressed that people had experienced changes in their lives since working with the Way2Home program are consistent with the sentiments identified at baseline (Parsell et al. 2012a). As with the baseline data, survey participants and the qualitative respondents alike framed their life changes in terms of the housing outcomes that the Way2Home had enabled.
9 Conclusion

This chapter summarises the research and outlines key policy implications and comments.

9.1 Exiting rough sleeping

This research has found that the Sydney Way2Home program can and has successfully assisted people sleeping rough to exit homelessness and to access secure housing. More specifically, Way2Home has achieved successful homelessness exit and housing access outcomes for people that: have experienced many continuous years of homelessness, and rough sleeping in particular; are socially and economically excluded (i.e., not participating in the formal labour market, education, training, caring for children); report daily use of alcohol, cigarettes and illicit substances; report higher than average psychological distress and symptomatology, including Post Traumatic Stress Disorder; and disclose high rates of engagement with emergency medical services and the criminal justice system.

Rather than traditional outreach focused on harm minimisation and relationship building, assertive street outreach is a purposeful approach that, when backed up with policy support and adequate levels of resourcing, is a means for people sleeping rough to exercise autonomy by having access to housing options rather than crisis accommodation (Parsell 2011). Systematic and persistent street outreach that is purposefully directed toward engaging with people sleeping rough and assisting them to access secure housing, is an important component of a strategies to assist people to exit homelessness.

The research has found that persistent street outreach is important because people sleeping rough may initially be reluctant to engage. Persistence alone, however, is insufficient. Positive engagement and subsequent housing access outcomes were reported by service users when they believed that the outreach workers were genuine, could deliver the practices and outcomes that were promised, and when outreach workers were respectful and worked with and for people sleeping rough. In these contexts, a persistent approach to street outreach was not perceived to be problematic by people sleeping rough (as see Phillips and Parsell 2012 with a Way2Home sample).

9.1.1 Policy Implications and Comments

The research supports the objectives and aims of policies and programs that intend to end homelessness for people who have traditionally been thought of as ‘too hard to house’, ‘not housing ready’, and with ‘complex needs’. Informed by detailed baseline data which highlights biographical, life experience and characteristic information, together with 12 month follow up and qualitative interview data, this research has found that Sydney’s Way2Home program can assist people with chronic experiences of rough sleeping and problems in addition to their homelessness exit rough sleeping.
Assertive street outreach is effective when it is purposefully directed toward meeting the self-defined needs of people sleeping rough and actively assisting people to access secure housing options. The systematic approach of searching for people in hidden areas, together with the persistent approach of trying to engage with people sleeping rough who may not be willing to initially engage, is both effective and appropriate when the delivery of outreach services is premised on achieving housing outcomes. The successful outcomes that Way2Home has achieved have been enhanced by the capacity of the program to deliver both support and health services. The active focus on housing delivery is facilitated for some service users when outreach work is also a means to provide health services. The provision of health services can add to housing outcomes by providing an impetus for people sleeping rough to initially engage in the process of accessing housing.

9.2 Housing Access

A persistent, systematic, purposeful, and service user led approach to street outreach are important, but the usefulness of street outreach, and the capacity to assist people sleeping rough to exit homelessness (not move from rough sleeping to homeless accommodation) is contingent upon Way2Home having housing. The availability, accessibility and sustainment of housing are the fundamental components of the program. Housing: whether it is available, accessible and sustainable, is the primary measure by which Way2Home will be judged. Way2Home’s capacity to assist people sleeping rough access housing, however, is fundamentally shaped by the availability and accessibility of social housing stock that is determined by practice and policy decisions of the State Government, and to a lesser extent, community housing providers.

Sydney’s Way2Home program, while having no secure housing stock of its own, successfully managed to access secure housing to enable a significant number of their service users to directly exit rough sleeping. The success of Way2Home in accessing housing can be attributed to a range of strategies such as advocacy, networking, collaborations, systematically identifying the problems and publicly profiling homelessness. These successful strategies also acted as an impetus for, and occurred along side, heightened public attention to rough sleeping in Sydney. It has also been demonstrated that the new housing stock that became available through the Platform 70 initiative and the Camperdown Project played fundamentally significant roles in providing Way2Home access to secure housing options.

The extent to which Platform 70 and the Camperdown Project provided a means of access to housing was not only significant in terms of effectiveness, but it is important to also highlight finite nature of these initiatives. Without further funding or additional policy change and resourcing to enable the Way2Home program to access other secure housing, there is no evidence to suggest that the positive housing access outcomes already achieved can be sustained. As one government stakeholder noted, without additional housing continuously
available to the Way2Home program, the positive work done in reducing rough sleeping will be undermined.

The challenges the Way2Home program experiences in accessing housing stock means that there are people sleeping rough that the program is unable to assist exit homelessness. Even with the positive street outreach described above, an absence of housing significantly undermines the capacity of the program achieve its objectives. Similarly, when housing is available, it is not always the most appropriate type of housing (stock, location etc) to meet individual need.

### 9.2.1 Policy Implications and Comments

Given that the Way2Home program is funded and charged with the objectives of assisting people sleeping rough and experiencing chronic homelessness to exit homelessness, it is important that the policy, practice and institutional arrangements are conceptualised and put into place to enable the objectives to be achieved. As it was initially developed, Sydney’s Way2Home program was not resourced with nor supported with facilitating policy to enable housing access, but rather the program was reliant upon the standard housing application and allocation processes of the State Government’s social housing system.

State Housing Authorities have numerous and at times competing demands to allocate social housing to a range of applicants, many of which meet criteria of being in extreme housing need and having limited alternatives to access housing outside of the social housing sector. People sleeping rough may constitute only one of these groups, and other disadvantaged and excluded people can draw on similar arguments for being prioritised for social housing. However, when policy at national and state levels aims to target people sleeping rough to assist them to access secure housing and to achieve targets of reducing the incidence of homelessness, social programs such as the Way2Home program need to be conceptualised and integrated within a broader policy and practice system that makes accessible the housing required.

### 9.3 Sustaining Tenancies Post-Homelessness

Notwithstanding the small sample, the 12 month follow up data demonstrated high rates of tenancy sustainment. Over a twelve month period and using a balanced sampling method, 90 per cent, or 18 people (out of 20 in housing), sustained their tenancy in between the baseline and 12 month follow up. Our research is limited to following people for 12 months; this notwithstanding, a 90 per cent housing retention rate, given the homeless histories of participants, represents a successful outcome.

Qualitative data from both Way2Home service users and service providers added to the housing outcomes by explaining factors that contributed to success. Service providers emphasised the importance of matching housing for success and ensuring that new tenants
can access the appropriate range of support services, for example, engagement with mainstream health institutions when appropriate. Service users articulated the importance of their housing as their home, and the associated changes that housing enabled and the life changes they wanted to make.

### 9.3.1 Policy Implications and Comments

There are many factors that lie behind tenancy sustainment, and this research has only been able to identify some of these. From the qualitative interviews, participants clearly articulated tenancy sustainment in terms of their agency. In addition to the provision of housing that was appropriate, people saw their success in housing through a lens that emphasised housing as an opportunity for them to make positive changes. The presence of housing and support provided were important, but service users gave much more weight to their decisions to maintain housing and to not return to homelessness.

Some participants also expressed their satisfaction with housing and their capacity to maintain housing (or to lose it) with reference to their neighbours and peer groups. When service providers and tenancy managers have the luxury of deliberately matching a successful applicant to a property, there are challenging issues to be considered about allocating people housing near their assumed peers and support networks, or allocating people housing geographically removed from what can be considered problematic influences. In the present study, people that had exited homelessness expressed contrasting views about the housing and neighbours they wanted. Some people wanted to be housed near people they knew and liked to socialise with, for instance, people they may have known from the street. This type of housing allocation can be seen as a means to reduce social isolation. On the other hand, for people in this study living close (next door, the same block of units) to other people that had exited homelessness or in social housing was associated with neighbourhood problems and dissatisfaction. Similarly, people in this research spoke about housing sustainability in terms of their requirements to make personal changes in their lives. This was associated with establishing or being new social groups, for instance, people that did not use alcohol and illicit substances.

Ongoing support that is coordinated with tenancy management to people post-homelessness is a successful means to identify tenancy problems, and to intervene to address problems prior to eviction.

### 9.4 Ongoing Support Services

Interview data from service users and Way2Home stakeholders demonstrated that ongoing and formal support is provided by the Way2Home program, other agencies, and mainstream health providers. In terms of the former, support is a continuation of support delivered through service users’ movement from homelessness into housing. As such, the provision of ongoing support is often predicated on a long-term working relationship. Indeed, the working
relationship between the service users and the housing support workers is significantly enhanced because, as the service users are residing in secure housing achieved with assistance from the service provider, they have faith in the service to deliver on their promises and to make a difference in their lives.

The rate of tenancy sustainment provides an indication that the support provided by the Street to Home program successfully assists people with chronic experiences of homelessness to sustain their tenancies. Indeed, this proposition is widely supported by the ratings of the Way2Home service and the manner in which service users described the positive changes in their lives since working with the Way2Home program.

9.4.1 Policy Implications and Comments

The engagement, relationships and practical support enabled and provided by the Way2Home program is widely perceived by service users in positive terms. Similarly, the ongoing support provided has meant that high levels of tenancy sustainability have been achieved. This research has identified an important question about the sustainability, availability and structuring of ongoing support services to people in housing.

Is it a sustainable model for the Way2Home program, which receives ‘homelessness specific funding’, to continue to provide long-term support to people in housing? The recipients of the long-term support are no longer homeless. How long should ‘homelessness funding’ and ‘homelessness budgets’ be drawn upon to support people in secure housing?

Closely related to questions about the funding model and most appropriate service providers to work with formerly homeless populations, our research has highlighted consequential implications to street outreach. In the absence of readily accessible service providers to work with Way2Home service users over the long term, the program dedicates their resources and staffing capacities to assist their service users sustain housing. The direction of service delivery toward housing sustainment practices means that the Way2Home program has a much diminished capacity to continue conducting the systematic and purposeful street outreach. This research has shown that Way2Home can successfully assist people sleeping rough to exit homelessness and to sustain housing. The program, however, cannot alter the conditions that contributed to rough sleeping at a population level. Thus, if Way2Home dedicates its resources to sustaining tenancies (after they have initially assisted people to access housing), the limited capacity to continue with ongoing and persistent street outreach will invariably mean that the rough sleeping population will continue to grow. That is to say, the rough sleeping population that were assisted by Way2Home to access housing will be replaced by other people entering rough sleeping. This assertion must be balanced against the observation that nothing identified in this research suggests that the Way2Home service has stopped providing assertive street outreach.
9.5  Improved health and wellbeing, greater social and economic participation, and reduced drug and alcohol use and emergency health and criminal justice engagement

Baseline and 12 month follow up data highlights both modest and in some cases no overall significant changes of non-housing outcomes. Quality of life, wellbeing and reported psychological distress levels was a notable area where non-housing outcomes showed a consistent pattern of improvement over a 12 month period. While participants reported lower scores on all these dimensions at both baseline and 12 month follow up, on average at the 12 month follow up using validated measures they reported lower psychological distress and higher on wellbeing and quality of life measures. These measures were consistent with their descriptions of housing as their home, whereby people felt safe, secure and believed they could exercise control over their lives and environment.

With the exception of one person that gained fulltime employment and one person that commenced study, labour market disengagement (including disengagement from employment seeking) was stable between baseline and 12 month follow up. A more mixed pattern was identified with alcohol and drug use. Of note, five people reduced daily use of opiates over a twelve month period, but three people increased their reported daily and weekly use of amphetamines. The qualitative data gained in this area was clearer. Overwhelmingly participants explained that exiting rough sleeping and gaining housing was associated with reductions in drug and alcohol use.

We measured service usage across a number of health and criminal justice measures. In terms of the former, there were no significant differences in the amount of reported usage in the months prior to baseline and prior to the 12 month follow up. At both time points, participants reported high use of emergency hospital and especially ambulance use. A significant number of the population had been held in a watch house/police holding cell prior to baseline and 12 month follow up. At the 12 month follow up, however, there was a notable reduction in the nights people reported spending in police custody.

9.5.1  Policy Implications and Comments

Participants reported long-term disengagement from mainstream institutions such as housing and employment. The disadvantage and exclusion they experience are often enduring features of their lives. It will not only likely require the support of numerous services, but also take many years for people recruited into a service on the basis of acute vulnerability to show significant improvements in life domains. For some individuals, such as older people, significant non-housing improvements may be modest or never actually eventuate. Nevertheless, the improvements in quality of life, wellbeing and reduce distress are in line with reasoning that homelessness is a dangerous (Parsell 2012) and traumatic experience (Robinson 2010); thus
it is expected that immediately accessing secure housing would be associated with improvements in these immediate measures.

From a different perspective, significant housing sustainability (90 per cent) was achieved, despite little or no improvement in employment or reduced drug and alcohol consumption. The research thus illustrates that achieving exits from rough sleeping and sustainable housing outcomes does not first require the problems that may contribute to homelessness being addressed prior to housing.
References


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