



Government of South Australia  
Department for Communities  
and Social Inclusion

# Evaluation of South Australian Homelessness Reforms

Final report October 2013

Research Unit, Business Affairs  
Department for Communities and Social Inclusion

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# 1. Introduction

On 19th December 2008 the Government of South Australia signed the National Partnership Agreement on Homelessness (NPAH), a multilateral agreement between all Australian State and Territory Governments and the Commonwealth Government. The aim of this partnership is to facilitate significant reforms to reduce homelessness.

The NPAH contributes to the broader National Affordable Housing Agreement (NAHA) outcome stated below:

***People who are homeless or at risk of homelessness achieve sustainable housing and social inclusion.***

The NPAH stipulates that the outcomes associated with the Agreement will be evaluated by the Department for Communities and Social Inclusion (DCSI, formerly the Department for Families and Communities, DFC) in addition to regular reporting on progress and performance measures.

This Final Evaluation Report is a summary of findings from the evaluation, drawing together results from a number of data sources and reports. It builds on the earlier Mid-Term report, completed in January 2013.

## 1.1 The evaluation approach

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The evaluation was managed and led by the Research Unit, DCSI.

In May 2011 an Evaluation Framework was developed to guide and support the evaluation. This identified:

- Key principles to guide the evaluation
- Priority areas of focus – including the logic and conceptual framework underpinning these
- Key evaluation questions
- An evaluation approach
- A conceptual framework, linking the evaluation questions and approach to the NPA and Implementation Plan
- Methodologies
- Scheduling.

The Framework also identified key strategic themes in the South Australian homelessness reforms as the priority areas of focus for the evaluation, namely:

1. Achieving Sustainable Housing Outcomes
2. Reducing Aboriginal Homelessness
3. Building sector capacity, notably:

- i. Building capacity in the sector in providing services to children, and
- ii. Regionalisation – i.e. strategies to build regional collaborative networks and relationships around homelessness and domestic/family violence.

The Framework identified these as the most significant areas in achieving the over-arching objective of reducing homelessness: unless significant results are achieved in each, the outcomes under the NPAH are unlikely to be achieved. Tracking, measurement and assessment of progress in these three streams was therefore adopted as the priority for evaluation. It was further noted that evidence about ‘what works’ is also limited in each of these areas, and the evaluation could add benefit by contributing to a national knowledge base on ‘what works for whom, when and why’.

Consultants were appointed to lead work on each of the evaluation streams. These were:

1. The Centre for Housing, Urban and Regional Planning (CHURP), University of Adelaide: Achieving Sustainable Housing Outcomes, and Reducing Aboriginal Homelessness<sup>1</sup>
2. Australian Centre for Child Protection (ACCP), University of South Australia: Services to Children, and
3. School of Social Work and Social Policy, University of South Australia: Regionalisation.

The evaluation adopted a ‘collect once, use often’ approach to data collection. Under this approach, the Research Unit, DCSI, had responsibility for most of the data collection strategies (with input from consultants as to survey questions and design), with results provided to the consultants as researchable data sets to inform their analysis. The consultants from CHURP and ACCP provided interim reports to DCSI in late 2012; the ACCP and School of Social Work and Social Policy provided final reports in mid 2013.

The mid-term report was based on several sets of data, namely:

1. **Administrative data collection** (Homeless2HOME, H2H). Data were extracted from the H2H system by the Research Unit on 17 October 2012. Data on clients<sup>2</sup> recorded by organisations which provided homelessness services during a one year study period (1 October 2011 to 30 September 2012) were analysed. A total of 21,003 unique clients of homelessness services in the one year study period were identified. Percentages using H2H data were calculated excluding missing or non-valid data to match the methodology use by the Australian Institute of Health and Welfare (AIHW).
2. **Surveys completed by clients.** These surveys were collected at three points in 2011 and 2012, (November 2011, May 2012 and November 2012), and targeted clients who had received a case-management service. A total of 687 surveys were returned.
3. **Two on-line surveys.** Surveys of team leaders and workers across the homelessness sector were conducted in November-December 2011 and 2012. A total of 127 workers and 53<sup>3</sup> team-leaders took part in the 2011 survey; and 150 workers and 55 team-leaders in the 2012 collection<sup>4</sup>.

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<sup>1</sup> The contract with CHURP was terminated in December 2012.

<sup>2</sup> A client was defined as a person who was provided with a service or referral at intake OR was provided with a service or referral when receiving case management OR had an assessment. Services or referrals provided by organisations not funded under the NPAH or NAHA were excluded.

<sup>3</sup> A total of 68 team leaders started the survey, but 15 of these only answered the first 3 questions. These responses were excluded from analyses.

<sup>4</sup> There were a considerable number of respondents who did not complete all questions in these surveys, resulting in missing data. Missing data were excluded from reported percentages to enable comparisons between surveys (unless

For the final report, additional data was drawn from:

1. **Key Performance Indicators (KPIs)** developed by Homelessness Strategy, Housing SA, using the H2H data system. These are based on 19,789 clients using homelessness services during a 9 month period from July 2012 to March 2013.
2. **Client Interviews.** Eighty-two in-depth client interviews were conducted between November 2012 and March 2013. People aged 15 years and above who had received case management support, had recently, or were about to, move into sustainable, long-term housing options or were in long-term housing provided through a specialist homelessness service, were invited to participate.
3. **Case Studies.** Homelessness services were invited to submit a written case study describing the work and support undertaken with a client and their housing outcomes. Ten case studies were submitted from 10 different service providers.
4. **A on-line survey relating to the Homelessness Supportive Housing Program (HSHP),** conducted in April 2013, including:
  - Preferred Service Providers (PSPs): team leaders and staff from Specialist Homelessness Services providing case management support to clients in the HSHP program
  - Preferred Growth Providers (PGPs): team leaders and staff from Community Housing Associations providing properties and tenancy management for the HSHP program
  - Housing SA Team leaders and Housing Officers providing property and tenancy management as part of the HSHP program.
5. **Domestic Violence Services Focus Group** including team leaders from services, exploring service provision to women from Culturally and Linguistically Diverse (CALD) backgrounds experiencing and/or escaping domestic violence was conducted (June 2013).
6. **Consultation** with staff from Homelessness Strategy, Housing SA, DCSI in May 2013.
7. **Reporting by consultants.** Two final reports were submitted by Consultants: one by ACCP on services to children, completed in May 2013 and another by the School of Social Work and Social Policy, University of South Australia on regionalisation (August 2013). Both consultants used some additional data strategies, including focus groups. Key findings from these reports have been incorporated into this report.

## 1.2 The reporting framework

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An Evaluation Logic Framework was developed to inform and guide the evaluation and associated reporting (Appendix 2). The Framework conceptualises the theory of change behind homelessness reforms in South Australia, and identifies the outputs delivered in the reforms, as well as the desired outcomes (immediate, intermediate and long-term). The program logic, including the outputs and outcomes, was developed through a review of key documents, including the NPAH, the South Australian Implementation Plan, and *Homeless to Home: South Australia's Homelessness Strategy 2009-2013*.

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stated otherwise). Caution should be used when interpreting results with higher levels of missing data, especially the team leader surveys.

The Framework also identifies the measures which are being used in the evaluation to assess progress and outcomes. It should be noted that this evaluation focuses on measures related to outputs, immediate, and, to a lesser extent, intermediate outcomes. Data is not available to track long-term outcomes.

Further, it should be noted that, although the Logic Model represents a linear process from outputs to long-term outcomes, the reality is much more complex. Many factors – external to, and not under the control of, the homelessness system – influence the extent to which desired individual and population-level outcomes are achieved, especially in the longer term. These include, for example, the availability, quality and performance of mainstream services; the availability and cost of housing; the availability and quality of community resources and social infrastructure; the nature of communities; economic conditions (influencing factors such as employment opportunities); and social attitudes and behaviours (such as violence towards women). As well, individual factors (the individual's history, personal capacity, family relationships etc.) have a strong influence on their trajectory. Together, these factors contribute to the difficulties inherent in measuring and attributing the impact of homelessness services over the long-term, given the range of factors that influence people's lives, for better and for worse: homelessness services are essentially a relatively short-term, crisis response.

The following sections present results from the evaluation, structured and reported in line with the Evaluation Logic. Findings from the mid-term report are followed by additional information gathered for the final report. Assessment for each area is reviewed in light of all available information.

## 2. Outputs – Process outcomes

The SA Homelessness Reforms aimed to deliver a range of inputs and outputs, which, together, should support and enable sustainable housing outcomes; reduce Aboriginal homelessness; and build sector capacity. These outputs are summarised in the Evaluation Logic Framework. The outputs should ensure the overarching objective that “*infrastructure and services are in place that will support and enable sustainable housing outcomes, reduce Aboriginal homelessness and build sector capacity*”. The following process outcomes have been developed to assess progress in this area:

1. Across South Australia, services are available to people who are homeless or at risk
2. Core service elements are implemented and working well
3. The workforce has the capacity to deliver the required services
4. Case management is implemented and working well
5. Homeless2HOME (H2H) is implemented and working well
6. Supported Housing Packages are implemented and working well
7. Effective coordination processes are in place across the sector and between homelessness and mainstream agencies
8. The sector provides culturally appropriate services to Aboriginal and Torres Strait Islander people
9. The sector provides culturally appropriate services to people from culturally and linguistically diverse (CALD) backgrounds, especially women escaping domestic violence
10. The sector has a shared understanding of what is meant by services to children
11. There is a cultural shift across the sector to address the needs of clients as parents, and children as clients
12. There is an increase in the capacity of the sector to identify and respond to the needs of children
13. There is an increase in service levels to children.

These process outcomes are reported on in the following section.

### 2.1 A consistent, high quality response across South Australia

A fundamental requirement of the homelessness system is to provide a range of services to people, right across the State, who are homeless or at risk of homelessness. Each day people receive and benefit from crisis and support services which meet their immediate needs, provide a level of care and help keep them safe. It is indisputable that, without these services, the consequences for many people would be devastating. The importance and significance of these services must be, therefore, acknowledged in an evaluation.

## MID-TERM REPORT

The reforms resulted in a significant increase in funding, support services, housing options and service types, and sought to ensure a spread of high quality specialist homelessness services across the State.

### *Availability of services*

There are now 75 services and programs, delivered through 97 service outlets across South Australia. The services/programs are designed to target specific priority population groups:

- adults and families who are homeless or at risk
- Aboriginal and Torres Strait Islander people
- women and children escaping domestic/ Aboriginal family violence
- youth.

As part of the reform, three state-wide gateway services (the Homelessness Gateway, Youth Gateway and Domestic / Aboriginal Family Violence Gateway) were established to provide information, intake assessment and supported referrals to crisis accommodation and specialist and mainstream services.

South Australia has also rolled out a number of new service initiatives, including:

- Supportive housing programs: linking new housing outcomes to homelessness support services to provide a “housing first” approach to those in greatest need, including people who experience chronic homelessness and have complex and multiple needs
- Intensive supported accommodation services for at risk or homeless young people with high and complex needs
- Intensive Tenancy Support programs: a homelessness early intervention program supporting tenants to avoid tenancy disruption and eviction from public, community and private rental accommodation.
- Assertive Outreach Initiatives: providing an assertive and intensive case management response to people sleeping rough
- Domestic Violence: a specific domestic violence and Aboriginal family violence service sector, distinct from the broader homelessness service sector, was developed, accompanied by significant new investment in support services and accommodation for women experiencing domestic violence; and the establishment of Domestic Violence Safety Packages and the Statewide CALD Domestic Violence Service
- Child Focused Support Service: a model operating at two levels - as a specific program to support services in their delivery of support to children, and specialised therapeutic and case management for 0-12 year olds
- Services for Aboriginal and Torres Strait Islander people – increased number of services that specifically target Aboriginal people who are at risk of homelessness or homeless.

### *Client access*

In the one year study period, H2H identified 21,003 clients who received homelessness services from the 97 service outlets. Clients had a mean age of 27 years, 24% were children aged 14 years or less, most were female (60%) and 26% identified themselves as Aboriginal or Torres Strait Islander people (Table 33, Appendix 1). The majority of clients reside in the Adelaide metropolitan area (66%), with 5% in the Outer Adelaide region and 28% in Regional South Australia. Most were either not in the labour force or unemployed (70%).

In the one year study period, the majority of the clients had been provided with a service from the homelessness system (19,559 clients, 93%) and 13% of clients (2,736 clients) had been referred to another agency in the homelessness system or an external agency for a service. Table 34 in Appendix 1 presents the

range of services that have been provided to clients and services clients have been referred to. Advice or information (65% of clients) and advocacy (39%) were the most common services provided. Short term or emergency was the accommodation most likely to be provided to clients (25%), followed by medium term or transitional (10%) and long term (8%). Other common services included domestic violence services (19%) and assistance to maintain current housing tenure (14%).

According to the Report on Government Services (ROGS) 2013<sup>5</sup>, SA's recurrent expenditure on homelessness services increased (in real terms) from \$46.9m in 2009-10 to \$51.7m in 2010-11 (an increase of 10.2%, national average 1.09% decrease, Table 17A.34). Real recurrent expenditure per person in the residential population was also well above the national average, at \$31.34 (nationally \$21.85, Table 17A.35). The total recurrent expenditure on homelessness services in SA has increased by 50.7% since 2008-09, well above the national average of 9.1% (Table 17A.34).

**No additional information was available for the final report.**

### *Summary*

South Australia has undertaken an extensive redevelopment of specialist homelessness and domestic/family violence services, including the introduction of a number of new services and service elements. The targets for client assistance have been exceeded and clients are provided with a range of supports. Together, these provide a strong foundation.

**Overall assessment:            ON TRACK**

## 2.2 Core service elements are implemented and working well

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### **MID-TERM REPORT**

One of the major elements in the South Australian reform was the introduction of core service elements (assessment, early intervention and waitlist support, in centre support and outreach support, supported accommodation, post-crisis support, homeless children's support, brokerage fund and supportive housing packages), which all services are required to provide.

Data gathered from the sector indicates that the core service elements are working well in the majority of services. Not surprisingly, the areas in which the strongest performance is reported are those with core service elements (such as in-centre support; supported accommodation) established pre-reform (Table 1). Less success is reported for the newer service elements, in particular, homeless children's support, supportive housing packages and waitlist/motel support.

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<sup>5</sup> SCRGSP (Steering Committee for the Review of Government Service Provision) 2013, *Report on Government Services 2013*, Productivity Commission, Canberra, viewed 5 January 2013, <<http://www.pc.gov.au/gsp/rogs/2013>>.

**Table 1: Percentage of Service Elements that are working well in agencies that provide the service**

	2012 Number providing service	% working well	2011 Number providing service	% working well
A gateway for service	53	63%	39	38%
Early intervention outreach support	53	65%	40	77%
Waitlist/motel support	51	53%	39	44%
In centre support	53	86%	39	90%
Outreach support	52	78%	40	83%
Supported accommodation	50	83%	40	69%
Post-crisis support	50	67%	36	87%
Homelessness children's support	49	50%	38	58%
Brokerage fund	52	60%	40	79%
Supportive housing packages	49	51%	39	41%

Source: Survey for Team Leaders and Coordinators

These variable results indicate a need to identify and address issues associated with the implementation of the core service elements in order to ensure high quality and equitable service provision across the state.

**No additional information was available for the final report.**

**Overall assessment: POSITIVE GAINS, BUT SOME ISSUES: REQUIRES ATTENTION**

### 2.3 Workforce has the capacity to deliver required services

Building sector capacity is identified as a key strategy in *The Road Home: a national approach to reducing homelessness*. The SA reform included a strong focus in this area, with investment in a range of measures designed to support the workforce and build capacity.

#### MID-TERM REPORT

##### *Sector qualifications*

The majority of workers across the sector have Bachelor degrees or higher qualifications: 54% in 2011; and 59% in 2012. Encouragingly, there was an increase in overall qualification levels between 2011-12, suggesting the sector's capacity to attract, and preference for, a professional workforce (Table 2).

**Table 2: Highest level of educational attainment of workers**

	2012		2011	
	Number	%	Number	%
Post graduate degree	13	9%	14	11%
Graduate diploma and graduate certification level	13	9%	12	10%
Bachelor degree level	62	41%	41	33%
Advance diploma and diploma level	25	17%	21	17%
Certificate level	25	17%	27	22%
School education level	12	8%	9	7%
Not indicated	0		3	

Source: Survey for Workers

Percentages exclude those who did not indicate a response (0% for 2011 and 2% for 2011)

A similar pattern of qualifications, as well as a trend to higher qualifications, is also apparent in team-leaders/coordinators, with 75% of respondents holding Bachelor degrees or higher qualifications (2012), compared to 68% in 2011.

Analysis of data also indicates a higher qualification level amongst new workers into the sector, with 67% of those who have been employed for 2 years or less holding a Bachelor degree or higher compared to 52% of those employed for three years or more (2012, Table 35, Appendix 1). New workers in their current service also have higher qualification levels (70% for those in their current service hold a Bachelor degree or higher compared to 46% of those employed for three years or more (2012). There was an increase in the qualification levels amongst new workers between 2011 and 2012 (67% of those new to the sector hold a Bachelor degree or higher in 2012 compared to 52% in 2011).

#### *Sector experience*

There is a high level of experience across the workforce: the majority of both team leaders and workers having been employed in the sector for three years or more. Also apparent is movement between services, and the employment of new workers associated with the re-tendering of services and increased funding through the reform (55% of workers in 2012, and 60% in 2011, had been employed in their current service for two years or less, with 43% of workers in 2012 and 35% in 2011 employed in the sector for 2 years or less).

#### *Sector assessment of capacity to undertake their current role*

Self-reports from workers across the sector indicate a very high level of confidence in having the knowledge, skills, training, experience and professional support that they need to do their job (Table 3). In both data collections, workers were most likely to indicate a need for more training and professional supervision, however, satisfaction levels were still very high (above 84% for both attributes in both surveys).

**Table 3: Level of capacity of workers to undertake their current role.**

	Have sufficient attributes	2012 Do basic aspects but need more to do all	Do not have sufficient attributes	Have sufficient attributes	2011 Do basic aspects but need more to do all	Do not have sufficient attributes
Knowledge	94%	4%	2%	97%	2%	0%
Experience	95%	3%	1%	97%	1%	0%
Skill	87%	11%	1%	87%	10%	1%
Training	90%	9%	1%	90%	7%	2%
Profession support / supervision	84%	11%	5%	87%	9%	2%

Source: Survey for Workers

### Summary

The data reported above indicates that, generally, the homelessness/family violence workforce is qualified, experienced, and confident in their capacity to undertake their role. There are also positive trends, such as an increase in qualification levels across the sector, as well as an inflow of new workers.

**No additional information was available for the final report.**

**Overall assessment: ON TRACK**

## 2.4 Case management is implemented and working well

Case management data for SA is recorded and collected through H2H, using a different methodology and therefore is not comparable to other jurisdictions, or for previous years in South Australia. Further, difficulties have been experienced across the sector in recording case management data in H2H, which limits the robustness of results reported here. For these reasons, case management data should be treated with caution, and used as a base-line measure only.

### MID-TERM REPORT

#### *Clients involved in a case plan*

According to H2H, half of the clients had a case plan during the study period (51%, 10,742 clients). A small proportion of clients (8%) had a number of case plans during the study period. 6,312 clients (59%) had their case plan closed by the end of the study period. For clients who have not had a case plan, 40% have had an assessment of their needs. This suggests a level of involvement of these clients in a case management process.

Most clients who were provided with long term or medium or transitional accommodation during the study period had a case plan (85% and 88% respectively). Half of those provided with short term or emergency accommodation had a case plan (50%). The average length of a case plan was four months.

### *Implementation of case management*

The team leader survey indicates that the elements of each stage of the case management process (intake, assessment, case planning, exit planning, post-case contact) have largely been implemented, with reported rates of implementation increasing in 2012 (compared to 2011, Table 36, Appendix 1). The area with the lowest rate of implementation is post-case contact (24% report this as only partially implemented).

In addition, 96% of team-leaders (2012) report that case-management has been a focus for development in their service over the past 12 months, with 83% reporting that this has already achieved positive investment (Table 37, Appendix 1).

### *Worker competence in case management*

The majority of workers (approximately 70%, 2012 survey) feel competent with regards to the various elements in case management. The lowest level of competence was reported for exit planning (61%). However, generally, less than half the respondents rated themselves as ‘fully competent’, suggesting there may be value in further capacity building and support relating to case management for the sector (Table 38, Appendix 1).

### *Effectiveness of case management*

Survey responses suggest a level of ambivalence from workers with regards to the effectiveness of case management for their clients: 57% reported it was very effective, whilst 42% reported ‘somewhat effective’ (23% did not respond to this question, 2012 survey).

Team-leaders generally reported that intake and assessment are working well in their service with gains on effectiveness ratings since 2011 (Table 4). However, rates are lower for both exit planning and post-case contact (and, to some extent, case planning). This suggests attention should be paid to these areas to identify and address issues.

**Table 4: Level of effectiveness of each stage of the case management process.**

	2012		2011	
	% Working well	% Some challenges still	% Working well	% Some challenges still
Intake	87%	13%	76%	24%
Assessment	89%	11%	77%	23%
Case Plan	76%	22%	64%	36%
Exit Plan	60%	38%	76%	24%
Post-case contact	45%	45%	70%	30%

Source: Survey of Team Leaders and Coordinators

Percentages exclude those who did not indicate a response (between 34% and 43% in 2011)

Encouragingly, 68% of team-leaders (2012) reported that they had observed a positive change in the quality of case management across the sector in the past 12 months (Table 39, Appendix 1).

## FINAL REPORT

### *Clients involved in a case plan*

KPIs for July 2012 to March 2013 indicated that 50% of clients who have been assisted had a case plan in place and 57% were engaged in an assessment process to identify their immediate risks and accommodation, health and welfare requirements following a completed intake.

### *Client self-reports: implementation and effectiveness of case management*

Client self-reports in the survey often identified relationship-based case management as the most helpful part of service provision. For example, in response to the question 'What did the service(s) do that was helpful for you?' one client replied '*Provide housing and case management support which enabled me to connect to the community*' (client survey #212). The importance of regular contact was highlighted by another participant who observed: '*case management - more contact with the client - makes client feel they are important*' (client survey #58).

A number of respondents noted their positive experience of case management and the role of their case manager. For example: '*My case worker was the most helpful. She really listened to me and researched every way she could to assist me*' (client survey #262); '*Caseworker and his facilitation of finding and using services provided by the community*' (client survey #89). The relationship with the case manager was clearly crucial, for example:

*My case manager is being my good friend and the closest person to me because I can talk to her [about] all things in my life without judgement and she helps me solve my problems. It means lots for me, because I'm alone and no family in Australia* (client survey #250).

The implementation of case management practices is also reflected in the Case Studies. Case plans and goal-setting focused on housing as well as other issues, such as support with, and referral for, mental health problems and/or alcohol and drug misuse; financial hardship; independent living skills; and, support for children. The Case Studies give examples of where this tailored approach worked well. The outcomes reported for clients included stable and secure accommodation; ongoing recovery from alcohol or drug misuse; improvements in mental health; improved budgeting and money management skills; engagement with education; development of social and community networks; and improved outcomes for children.

### *Summary*

Results reported in this section indicate that case management has been implemented across the sector, and that there have been improvements in its quality and effectiveness. There are, however, challenges in the delivery of specific elements of case management. These require attention. Further professional staff development and support in this area could be considered.

**Overall assessment: POSITIVE GAINS, BUT SOME ISSUES: REQUIRES ATTENTION**

## 2.5 Homeless2Home (H2H) case management and data collection system is implemented and working well

### MID-TERM REPORT

As a key element of its reform, South Australia ambitiously committed to develop its own client data system for specialist homelessness services: Homeless2Home (H2H). H2H is significantly more complex and sophisticated than the data system used in other jurisdictions.

H2H is a web-based case management and data collection system which was designed to:

- ensure clients entering the homelessness, domestic or Aboriginal family violence services only need to tell their story once and receive an appropriate integrated response across the sector
- support the delivery of NAHA Case Management
- collect key performance and outcome data to meet South Australia's requirements under the new Specialist Homelessness Services Collection and to monitor South Australia's performance in reaching the targets stipulated under the NPAH.

As would be expected, the development and implementation of the new system raised some challenges and issues which have had to be worked through (as highlighted by qualitative data collected in the cross-sector surveys, as well as other feedback provided in the early stages of the evaluation). In addition, issues have been encountered with both the extraction and comparability of the data.

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The challenges encountered in the implementation of H2H highlighted the need for additional resources, particularly in relation to data development, extraction and reporting. In August 2012 Homelessness Strategy implemented an H2H upgrade and work continues to improve data integrity and facilitate national and internal reporting.

Despite initial difficulties, H2H has provided a vehicle for shared case management across the sector, delivering up-to-date client and service information across the whole specialist homelessness sector, something not previously available.

#### *Summary*

The complexity and implementation of H2H presented a number of challenges requiring ongoing development and review. Work to address these issues and provide on-going user support to the sector is continuing and showing positive results.

<b>Overall assessment:</b>	<b>MID-TERM</b>	<b>POSITIVE GAINS, REQUIRES ATTENTION</b>
	<b>FINAL</b>	<b>ON TRACK</b>

## 2.6 Supportive Housing Packages are implemented and working well

An important element of the South Australian reforms was the introduction of the Homelessness Supportive Housing program and Supportive Housing Packages.

The program provides a “housing first” approach to those in greatest need, including people who experience chronic homelessness and have complex and multiple needs. The program also links clients to homelessness support services that assist with negotiated case management plans. Support Packages are designed to provide flexible, individualised responses to sustain tenancies.

### **MID-TERM FINDINGS**

According to H2H, 581 clients (2.8% of clients) received services as a Supportive Housing Package. The proportion of clients who received a Supportive Housing Package was 3.2% of Aboriginal clients, 3.1% of clients aged 14 years or less and 1.9% of CALD clients.

#### *Successful implementation*

In the 2012 survey, the sector reported positively on the contribution Supportive Housing Packages have made, with 79% of workers and 56% of team-leaders indicating that the Packages had increased their service’s ability to assist individuals with high accommodation and support needs.

However, only 37% of team-leaders in 2012 rated that the packages were ‘working well’, although this was an improvement on the 28% in the 2011 survey. In 2012, 35% of respondents indicated that there are ‘some difficulties’.

Qualitative data collected in the 2012 survey indicated that these difficulties generally related to:

- The time-limited nature of the housing and support available through the Packages
- The relationship between the different stakeholders (the Preferred Growth Providers as tenancy managers and the Preferred Support Providers as case managers).

### **FINAL REPORT**

In mid-2012, the program moved from a centralised customer selection process to regional allocation panels that manage and allocate housing vacancies for Supportive Housing Packages across each of the 9 regions in South Australia.

In April 2013, a survey was conducted targeting Homelessness Supportive Housing Program Preferred Growth Providers (PGPs) and Housing SA as tenancy managers and Preferred Service Providers (PSPs) as case managers. Out of 58 survey respondents, half were based in the metropolitan region and 60% had worked in the homelessness sector for 3-5 years. The survey asked about Supportive Housing Program processes, tenancy and property management, and client support and outcomes.

#### *Program processes*

When asked to rate how well the programs’ processes were operating, respondents identified some difficulties across a range of areas (Table 5).

**Table 5: Rate how well the following processes are working**

	% Working well	% Some difficulties	% Not working well
Regional vacancy management	43%	50%	7%
Regional allocation panels	40%	55%	5%
Property allocation	49%	47%	4%
Match of tenant with housing	39%	45%	16%
Information sharing between case manager (psp) and property manager	44%	33%	24%
Collaboration between case manager (psp) and property manager to address client tenancy issues	35%	46%	19%
Addressing at risk tenancies	35%	47%	18%
Assertive case management	31%	43%	26%
Provision of case management and support	40%	44%	16%
Exit strategies to other housing options	13%	43%	44%

Source: Homelessness Supportive Housing Program survey (58 respondents)

Percentages exclude those who did not indicate a response or the process is not provided

Various problems were reported with regional allocation panels, with 55% of respondents experiencing some difficulties and 5% rating them as not working well. The qualitative data suggests these issues mostly related to administrative procedures and processes, such as delays in disseminating vacancy notices, convening panels and providing feedback regarding application outcomes.

Comments were also made about the effectiveness of the assessment matrix tool used in the candidate selection process. Participants highlighted the need for an appropriate match between the selected candidate and the available property, as well as the capacity for negotiation if the property was not suitable due to neighbour issues or groupings of tenants. While some respondents thought that regional allocation panels addressed the issue of “best fit” for the neighbourhood very well, others reported some difficulties.

Despite this, participants generally indicated the allocation process and panels were working well overall, with collaboration and information sharing contributing to positive selection outcomes.

*The new allocation system is working pretty well, with some minor difficulties. (PGP#6)*

*The collaboration between PGP, PSP and local Housing SA office is working well to choose the best fit client for the house/region. (PSP #20)*

The skills, abilities and expertise of case managers were identified as significant factors in clients achieving positive outcomes. Case management and support was viewed as working well by 40% of survey respondents, with 44% stating there were some difficulties. Assertive case management<sup>6</sup> was one area identified with particular challenges, with 69% reporting “some difficulties” or “not working well” (Table 5).

<sup>6</sup> Assertive case management involves the support agency actively pursuing the engagement of a customer, even when they are demonstrating a reluctance to engage with the agency. It is a persistent approach and effective with hard to engage customers (HSHP Program Guidelines 2012).

*For the tenancies working well, the support seems to be well delivered and well received. For the more difficult tenancies the support doesn't seem to be effective, often because of lack of engagement by tenant, however although frustrating for support workers I believe the need to be more proactive in trying to engage with the tenant. (PGP #5)*

PGPs and Housing SA staff were inclined to see the issues as related to variation in case managers' experience, skill set and abilities and inconsistent practice.

PSP's also raised issues related to the complexity of client issues; client support needs compared to funding levels; and difficulties in engagement with complex clients.

*The matrix scoring system introduced has seen an increase in clients with higher support needs from specialist services such as medical and mental health: I don't believe that the current funding arrangement is adequate to provide the support that these clients need. (PSP #21)*

*Although the program is for high and complex needs, often the applicants are too high need for a generalised service with only 4 hrs p/w allocated for support/travel/admin/referrals. (PSP #16)*

*SHP clients are having babies and bring partners into the properties which increase staff workload and there is an expectation that all household members will receive support / a service. Many of the clients' partners have the same or similar issues with the majority having very high and complex needs. Homelessness staff are not specialised workers and struggle to get the client participating in outcomes that support their transition to independence and agency KPI's outcomes. The 4 hours/week maximum is just enough to assist the client to maintain their tenancy, but not enough time to get the client ready to move on to independence. (PSP #16)*

Overall, however 72% of survey participants rated the average level of support provided to Supportive Housing tenants as more than adequate or adequate.

Some difficulties were reported in 'information sharing'; 'collaboration to address tenancy issues' and 'addressing at risk tenancies' (Table 7) and related to working relationships between stakeholders and (the need for improved) communication processes.

Despite the difficulties:

- Nearly two thirds of respondents either strongly agreed (19%) or agreed (44%) that positive relationships have been established between property managers and preferred support providers
- Nearly two thirds of respondents either strongly agreed (12%) or agreed (51%) that issues threatening the stability of a tenancy are responded to and addressed promptly.

Comments provided included, for example:

*Far more collaboration between homelessness and DV Services. (PSP #39)*

*HSA work well with case managers to help with the integration from supported properties to HSA properties. (PSP #25)*

### *Exit strategies*

Exit strategies from Supportive Housing Packages to other housing options were identified as the major challenge, with 87% of respondents rating this aspect of the program as presenting some difficulties (43%) or

not working well (44%) (Table 5). Qualitative data pointed to the lack of appropriate and affordable housing options, and the need for ongoing support.

*[Also] the expectation that people can move into private rental when the (program) criteria for housing is high and exceptional needs. A lot of these clients will never have the skills to move to private rental. (PSP #37)*

*Moving them out of supportive housing is very difficult as there is no affordable housing for them to move onto once they no longer require support. The option of leaving them in the house is not viable as we have no other housing to offer in place. (PGP #2)*

A number of respondents commented about the reluctance of some clients to leave the supportive housing property and the loss of community connections such a move may entail.

*We have had difficulty in moving some clients on once their tenancy comes to an end. Often private rental is affordable by this time however the tenant has been living in a beautiful, new house and what they can afford on the private rental market isn't as "nice" therefore we are meeting great resistance in moving on. (PSP #20)*

Differences were evident in how respondents viewed this aspect of the program. While PGPs and Housing SA had an expectation of clients exiting the program after 12 months and planning exit strategies early, PSPs emphasised the importance of stabilising clients and flexibility with regard to the length of tenure.

*These clients generally have long term complex needs, so they need longer than 12 months to stabilise and begin to work on some of the issues and barriers. The clients often report feeling insecure in this form of housing as they are constantly informed that it is not a long term option, especially in the beginning of the program when PGP's misunderstood that the tenancies can be extended for as long as the client needs. (PSP #21)*

#### *Supportive Housing Tenancy management*

The majority of PGPs and Housing SA staff viewed Supportive Housing Tenancy management as more difficult than general tenancies (Table 6) with higher levels of client complexity and property management issues (Table 40, Appendix 1).

**Table 6: Overall in your experience, is tenancy management for Supportive Housing Program tenants:**

	Number	%
More difficult than general tenancies	24	80%
The same as general tenancies	5	17%
Easier than general tenancies	1	3%
Not indicated	2	

Source: Homelessness Supportive Housing Program survey (PGP and Housing SA respondents only)  
Percentages exclude those who did not indicate a response

#### *Housing and Non-housing outcomes*

Respondents were asked to compare housing and non-housing outcomes for Supportive Housing clients and clients in general tenancies:

- Almost two-thirds rated housing outcomes as either better than (30%) or the same as (34%) general (mainstream) tenancies<sup>7</sup>
- Almost three-quarters rated non-housing outcome as either better than (12%) or the same as (61%) general (mainstream) tenancies.

Limited long term housing options and client complexity were identified as the main barriers to achieving better outcomes.

Given that Supportive Housing clients come into the program with much higher needs than clients in general tenancies, achieving outcomes which are the same or better than those clients in general tenancies suggests the program is making a significant contribution to people’s lives and housing stability.

*Despite many obstacles we have great success in exiting people to long term, safe and secure housing as well as connecting them to the mainstream society and building their capacity. (PSP #24)*

### Summary

The Homelessness Supportive Housing program is targeted to those with high needs and complex issues and has been a significant addition to the service options.

As the move to Regional Allocation Panels is relatively recent, it is reasonable to expect some implementation challenges. However, the process is generally viewed positively and appears to enhance the development of collaborative relationships amongst program stakeholders.

Generally, the program is perceived as working well and achieving some positive outcomes. Areas for further attention and development include:

- Working relationships and communication between tenancy officers and case managers
- Assertive case management and client engagement
- Links to specialist support for complex client issues (such as mental health) to build upon the “generalist” support provided by case managers
- Sustainable housing options at exit.

There is a lack of clarity in the sector about some aspects of the program, most notably the scope to extend a lease beyond the initial 12 months in response to a client’s support needs. Opportunities for stakeholders to discuss and jointly develop the guidelines may assist in working through these issues.

**Overall assessment: POSITIVE GAINS, BUT SOME ISSUES: REQUIRES ATTENTION**

## 2.7 Effective coordination processes are in place across the sector, and between homelessness and mainstream agencies

### MID-TERM REPORT

#### *Sector perceptions of collaboration*

The majority of team leaders have observed positive changes in the past 12 months in collaboration:

<sup>7</sup> Percentages exclude those who were unable to comment or did not indicate a response

- 66% report improvement in the streamlining of referrals between homelessness services
- 81% report improvement in the sharing of information between services
- 68% report improvement in working together with mainstream services, and
- 55% report improvement in regional collaboration around homelessness and domestic violence.

#### *Sector investment in collaboration*

Many services have made relationships with other services a focus for development in their service over the past 12 months:

- 87% have had a focus on developing the relationship between their service and mainstream services
- 91% have had a focus on developing the relationship between their service and other specialist homelessness services, and
- 78% have had a focus on building the relationship with housing providers.

#### *Access to mainstream services*

Forty five per cent (45%) of team-leaders report that **access to mainstream services has improved** for their clients over the past 12 months (compared to 13% who believe it has declined). Given the tightening of resources across the system, this is a very positive result.

## **FINAL REPORT**

### *Regionalisation<sup>8</sup>*

The South Australian reform included a commitment to build regional responses to homelessness, with the aim of building more connected, integrated and responsive services through:

- regional consolidation and collaboration
- networks and integration mechanisms
- local action plans.

A roundtable structure was used in each region to facilitate the integration of homelessness services. The work to undertake this commenced in 2009, led by the Homelessness Strategy Division (HSD).

Almost all key informants interviewed reported that they had previously worked collaboratively with colleagues in the homelessness or violence against women area in a range of informal ways, although the new roundtable structures sought to formalise those interactions. In late 2012 HSD produced guidelines suggesting a preferred structure for the roundtables that included a combined Homelessness and Violence Against Women Roundtable, with subcommittees focusing on strategic and operational matters respectively. The guidelines acknowledged that local variation in structures and practices was likely and appropriate. By early 2013, there was considerable variation in the configuration of regional roundtables, whether they were combining homelessness and violence against women services or not, and the extent to which they had formalised their structures.

<sup>8</sup> This section is based on the Executive Summary of findings from the evaluation of the regionalisation initiative undertaken by the School of Work and Social Policy, University of South Australia.

In principle many respondents were positive about regionalisation, as they acknowledged such an approach has the potential to benefit service providers and their clients, and the potential to improve coordinated service delivery. Reported benefits included, for example, 'achieving outcomes beyond information sharing'. Yet even though the guidelines issued in 2012 acknowledged that local variation in structures and practices were likely, and appropriate, a majority of respondents were nevertheless critical of the process by which the roundtables had been instigated. Insufficient communication between HSD and many of the regions undermined widespread support for collaborative working, resulting in a common opinion that the Regionalisation Strategy was a 'top-down' approach with limited acknowledgement of local level knowledge, experience and prior networks. In particular, the decision to recommend combined roundtables for homelessness and violence against women was not seen as a useful formalisation of collaboration patterns amongst agencies in many of the regions.

Contestable funding was available to roundtables through a Homelessness Innovation Fund and some regions successfully gained such funding to develop training programs and initiate publicity strategies. At the same time, HSD provided in-kind support for meetings and administrative functions in some of the regions more than others. Not all regions gained funding, or in-kind administrative support, and a major obstacle for many of the partnerships was a lack of resources. It may be in this area that the HSD can facilitate support to ease the administrative burden that falls on the majority of Chairs and host agencies for the roundtables. More generally, there may be a case for some baseline funding for the roundtables rather than all funds being available only through competitive bids, to enable regions to implement initiatives which will lead to improved services for homeless people and those experiencing violence.

### *Summary*

The sector is investing in coordination, networking and inter-agency relationships, indicating positive gains in this area. However, on-going attention is required to continue the momentum, especially in an environment where agencies generally are focused on "core business" and resources are limited. Further work will be required to consolidate and advance the gains that have been made to date. The Regionalisation Evaluation has drawn attention to particular challenges and issues in implementation, including the need for processes and approaches which are collaborative, based on partnership principles and approaches, and flexible in light of local conditions and circumstances.

**Overall assessment:            POSITIVE GAINS, NEEDS ATTENTION**

## 2.8 Appropriate services are provided to Aboriginal people

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### **MID-TERM REPORT**

#### *Accessible and appropriate services*

The percentage of Aboriginal people using homelessness services in SA has increased from 22.0% in 2009-11 and 22.8% in 2010-11 to 25.9% in the study period, well above the target of 20%.<sup>9</sup>

Team leaders report that their services are using a range of strategies to increase their accessibility to Aboriginal clients, with cultural awareness training and taking the time to build relationships with Aboriginal

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<sup>9</sup> Australian Institute of Health and Welfare 2011, *Government-funded specialist homelessness services: SAAP National Data Collection annual report 2010-11: South Australia*, cat. no. HOU 256, AIHW, Canberra, Table A12, viewed 5 January 2013, <<http://www.aihw.gov.au/publication-detail/?id=10737420858>>

clients being most common (Table 7, below). Respondents were asked to rate the effectiveness of these strategies; however, the impact was difficult to assess due to limited data.

Only 49% of team leader respondents in the 2012 survey reported that their service employed Aboriginal staff. Only one team leader and two workers reported that they were themselves Aboriginal or Torres Strait Islander (a decrease from 11 Aboriginal respondents in 2011).

**Table 7: Strategies used by services with Aboriginal clients**

	Number who use	%
Our premises are welcoming to Aboriginal people	36	65%
We employ Aboriginal staff	27	49%
We provide cultural awareness training for our staff	40	73%
We take the time necessary to build relationships with Aboriginal clients	40	73%
We are/have developed relationships with Aboriginal Elders and leaders	24	44%
We network/liaise with Aboriginal-specific services	38	69%
We collaborate with Aboriginal-specific agencies	36	65%
We adapt our case management practices to cater for Aboriginal clients	35	64%

Source: Survey of Team Leaders and Coordinators (2012)

#### *Workforce capacity*

Both team leaders and workers report that the sector has the necessary knowledge and skills to respond to the needs of Aboriginal clients. Thus, for team-leaders in 2012:

- 88% report their workers had received adequate training
- 92% report their workers know how to access specialist advice and consultation
- 81% report their workers are confident in their ability to work with Aboriginal people
- 88% report their workers are confident in their ability to connect Aboriginal clients with services and supports.

Workers were similarly positive:

- 87% are confident in their ability to work with Aboriginal clients
- 83% have sufficient knowledge of how to access specialist advice and consultation
- 84% are confident in their ability to connect Aboriginal clients with services and supports.

#### *Services provided*

About half of Aboriginal clients (53%) had received case management during the study period (*H2H data*). This was similar to non-Indigenous clients (52%).

The types of services provided to Aboriginal clients were also similar to services provided to non-Indigenous clients (*H2H data*) with the most common being advice and information (53%) and advocacy (35%). However, a higher proportion of non-Indigenous clients received these services (61% for advice and information and 37% for advocacy). Compared to non-Indigenous clients, Aboriginal clients were more likely to have been provided with short term or emergency accommodation (29% of Aboriginal to 22% non-Aboriginal clients), a

culturally specific service (7% to 1%), assistance to connect culturally (3% to 1%), educational assistance (7% to 4%), laundry or shower facilities (8% to 3%), meals (8% to 2%) and transport (10% to 7%). There was little difference in relation to provision of medium term or transitional accommodation (11% to 9%) or long term accommodation (7% to 8%).

## FINAL REPORT

The KPI data (July 2012 to March 2013) indicated that 27% of clients who had completed an assessment of their needs identified as an Aboriginal or Torres Strait Islander person (Table 34, Appendix 1), well above the target of 20% and indicating continuing gains in service access for this group.

**Overall assessment: POSITIVE GAINS**

### 2.9 Appropriate services are provided to people from culturally and linguistically diverse (CALD) backgrounds

#### MID-TERM REPORT

##### *Access to services*

Some 8% of clients in the one year study period were identified as having a CALD background<sup>10</sup>: the most common non English speaking countries of birth were Sudan (0.5%), the Philippines (0.4%) and Liberia (0.4%). Some 7% (118 clients) of CALD clients were provided with a culturally specific service, 7% (105 clients) were assisted to connect culturally and 5% (82 clients) were provided with an interpreter service (*H2H data*).

CALD clients were less likely to have received case management: 43% of CALD clients had received case management during the study period compared to 52% of other clients (*H2H data*).

CALD clients were more likely to have been provided assistance for domestic violence than other clients (23% to 17%) and were more likely to present with domestic and family violence as their main issue (40% to 30%).

Compared to other clients, CALD clients were more likely to have been provided with advice and information (65% to 58%), advocacy (48% to 35%), short term or emergency accommodation (29% to 22%), a culturally specific service (7% to 2%), assistance to contact culturally (7% to 1%), an interpreter service (5% to less than 1%), assistance to obtain or maintain a government allowance (8% to 4%), legal information (7% to 3%) and transport (14% to 7%).

##### *Sector capacity*

The majority of team leaders (2012) report that their workforce has adequate capacity to respond to CALD clients:

- 85% report their workers have the required knowledge and skills
- 73% report their workers have received adequate training
- 73% report their workers have knowledge of services which provide specialist CALD advice

<sup>10</sup> People born in a non-English speaking country or speak a language other than English at home.

- 58% report their workers are aware of the support available through the state-wide CALD DV service.

However, in all categories, team leaders were likely to respond with 'Agree', rather than 'Strongly Agree', which suggests some room for improvement and some uncertainty, consistent with the complexities of service provision in this area (Table 41, Appendix 1).

A very high proportion of workers (91%) feel confident and equipped in their work with CALD clients. However, similar to the results for team leaders, respondents are more likely to indicate 'second level' ratings ('equipped' vs. 'very well equipped'; 'agree' vs. 'strongly agree') for all items.

Thus:

- 78% of workers are confident in their ability to work with CALD clients (including 17% strongly agree)
- 80% know where to go for specialist advice and consultation (24% strongly agree)
- 73% are confident in their ability to connect CALD clients with services and supports (21% strongly agree).

Responses from workers did not indicate a high use of specialist CALD services (such as the Migrant Resource Centre, Migrant Health Service, or the state-wide CALD service), with only about a quarter of respondents indicating use (Table 42, Appendix 1).

Fourteen per cent of team leaders and 15% of worker respondents indicated that they were themselves of CALD background in the 2012 survey.

#### *Sector perceptions on appropriateness of service*

Most workers reported that their service dealt with the needs of CALD clients 'adequately' (58% team leaders, 53% workers), with smaller percentages indicating 'very well' (27% team leaders; 39% workers). However, only a very small number (13% team leaders; 5% workers) assessed their service as 'not working very well' with CALD clients.

## **FINAL REPORT**

### *Access to services*

The evaluation included a special focus on services for women from CALD backgrounds fleeing domestic violence, in order to assess the new service model developed in the reforms. Focus group discussion with team leaders identified a range of strategies that have been adopted by the domestic violence sector to develop knowledge and capacity of staff to respond to CALD women more effectively. These included:

- Continuous improvement processes through sharing of ideas and information
- Some services creating a specialist CALD role by (with responsibility for case management as well as reviewing policies, sourcing information and resources)
- Employing workers from CALD backgrounds.

Relationships Australia, South Australia (RASA) is the primary service provider for training for the domestic violence sector. Many services had incorporated the RASA training into their mandatory core staff training. The training was generally viewed as good quality, however a concern was raised about instances where community representatives were used as guest speakers, even though they were not prepared to acknowledge or discuss domestic violence. There were also concerns about the access to training in regional areas.

Focus group participants reported that the state-wide CALD DV service was not well utilised, mainly due to constraints relating to the service model and its limited geographical reach.

It was evident during the focus group discussion that there is a high commitment to provide culturally sensitive services to CALD women, but services are faced with many challenges, including language barriers, Visa related issues, and cultural beliefs and customs that inhibit or prevent women seeking assistance and/or leaving violent relationships. This often meant that a much more intensive, 'hands on' approach is required from service providers.

*The time required for case management with one CALD client can equal the time required for case management for three mainstream clients.*

### Summary

Survey results indicate an adequate or satisfactory level of service provision to people from CALD backgrounds. This was reflected in the data, where, in all questions, respondents were more likely to provide a slightly 'lower' rating (e.g. 'adequate', rather than 'very well'). Focus group discussion confirmed that while services to CALD women experiencing and/or escaping domestic violence were overall considered adequate, the specific challenges and complexities involved required on-going attention and a customised approach.

It appears that the state-wide CALD DV service is not well-known or used and strategies are needed to address this situation.

**Overall assessment: POSITIVE GAINS, BUT SOME ISSUES: REQUIRES ATTENTION**

### 2.10 Services to children

One of the major areas of focus in the SA Homelessness Reforms was improving services to children experiencing, or at risk of, homelessness. Strategies included establishing homeless children's support as a core service element for all specialist homelessness and domestic violence services; and adopting the principle of children as clients in their own right, meaning that children accompanying an adult into a service receive individual assessment and case management as required. In addition, funding was provided for a specialist Child Focused Support Service (Together 4 Kids) to provide therapeutic and other supports to children.

The Australian Centre for Child Protection (ACCP), University of South Australia was appointed to lead work on the evaluation of Services to Children. A summary of findings from the final ACCP report completed in May 2013 is provided as Attachment 2. Key findings of the report are included under relevant headings / outcome areas below.

### 2.11 The sector has a shared understanding of services to children, and a cultural shift across the sector

#### MID-TERM REPORT

For many services which responded to the survey, providing services to children is not a major aspect of their role:

- Approximately a fifth of team-leader respondents (in both 2011 and 2012) reported that they never or rarely see children in their service, with numbers higher for workers (36% in 2011; 25% in 2012)

- 65% of workers and 75% of team leaders (2012) reported that they saw children on a daily or weekly basis (for 2011, results were 54% for workers, and 78% for team leaders).

There is, however, strong agreement that providing services to children is part of the role of generic homelessness services:

- 94% of team-leaders and 90% of workers in 2012 agree this is part of the role of services, unchanged since 2011.

Further:

- Almost all respondents (2012) agreed that providing services to children means *directly assessing children's needs and referring the child to services and supports* (86% of workers and 92% of team-leaders, almost equivalent to 2011 responses)
- However, there is some ambivalence in the responses, with 40% of workers 'agreeing' with this statement (as opposed to 'strongly agreeing'): team leaders were more likely to strongly agree (63%, with only 29% 'agreeing').

The sector also generally believes that *'homelessness services provide services to children by assisting their parents with their housing and material needs so that parents can focus on parenting'*:

- 83% of workers and 65% of team-leaders (2012) agreed with the above proposition. However, this proposition is arguably at odds with the notion of a child as an individual client, who has their own needs which should be assessed and responded to.

Similarly:

- 78% of workers and 81% of team-leaders agree with the proposition that *"I provide services to children by ensuring that the mother and child are safe from perpetrators of violence"* (minimal change since 2011).

Encouragingly, however, workers and team-leaders have widely accepted that it is *part of their role* to provide services to children:

- only 10% of both groups did not agree that this was the case.

Again, respondents largely agreed with the proposition that *"I provide services to children by addressing parenting concerns, such as referring parents to parenting groups"* (84% of workers, and 83% of team-leaders), suggesting an active approach to parenting issues.

### Summary

The above evidence suggests that there is a general agreement across the sector as to its role in providing services to children. However, there are still many services that rarely, if ever, see children. A shared sector-wide understanding of 'services to children' is expected to develop over time.

**Minimal additional information was available for the final report.**

**Overall assessment:            POSITIVE GAINS**

## 2.12 The sector has the capacity to identify and respond to the needs of children

### MID-TERM REPORT

Survey responses suggest that more could be done to provide *training and supervision* to workers in services to children:

- Only 57% of workers report that they are currently supported by training in this area (a slight improvement from 47% in 2011)
- Only 45% report being supported by supervision (an increase from 37% in 2011).

Many workers indicated a need for more training (Table 8 below), particularly relating to the impact of trauma on children.

However, most workers reported feeling confident in their work with children, although they were more likely to choose the 'agree' rather than 'strongly agree' response option (Table 9 below). The lowest level of confidence was in their ability to directly support children.

Team leaders also provided very positive assessments of their staff's confidence in working with children, with a tendency to rate confidence higher than the staff themselves (Table 10 below).

**Table 8: Training needs for workers to fulfil their role**

	I need training	I have had training, but need more	I have had sufficient training	This training is not relevant
Impact of trauma on children	12%	35%	23%	7%
Developmental stages	9%	28%	30%	9%
Child protection	4%	19%	51%	3%
Case management with children	13%	27%	27%	11%
Communicating with children	7%	27%	33%	9%
Other	2%	3%	3%	7%

Source: Survey of Workers (2012)

Percentages of respondents who did not indicate a response are not presented (between 23% and 25% and 86% for Other)

**Table 9: Level of agreement with these statements on confidence in working with children by workers**

I feel confident in my ability to:	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Not applicable
Assess the needs of children	17%	40%	20%	5%	1%	17%
Connect children to other services and supports	23%	49%	9%	1%	1%	23%
Communicate with children	27%	44%	9%	1%	1%	27%
Directly support children	19%	35%	22%	6%	1%	19%

Source: Survey of Team Leaders and Coordinators (2012)

Percentages of respondents who did not indicate a response are not presented (17%)

**Table 10: Level of agreement with these statements on the confidence of workers in their services in working with children by Team Leaders**

	Strongly agree	Agree	Disagree	Strongly disagree
Are confident in their ability to communicate with children	44%	52%	4%	0%
Have received adequate training to respond to the needs of children	31%	48%	21%	0%
Have the knowledge and skills to assess the needs of children	35%	50%	15%	0%
Are confident in their ability to assess the needs of children	33%	48%	19%	0%
Are confident in their ability to connect children to other services and supports	42%	46%	13%	0%
Are confident in their ability to directly support children	25%	54%	21%	0%

Source: Survey of Workers (2012)

Percentages exclude those who did not indicate a response (13%)

### Summary

The above evidence suggests that the sector, by and large, is improving its confidence and ability to work with children. Many homelessness services already provide their staff with relevant training and resources to support their work with children. A variety of programs and supports, including specialist workers, are available across the sector.

**No additional information was available for the final report.**

**Overall assessment: POSITIVE GAINS**

## 2.13 Service levels to children

### MID-TERM REPORT

#### *Child-friendly environments*

There is widespread agreement across the sector that a fundamental aspect of providing services to children is developing a **child-friendly environment**:

- 96% of team leaders in 2012, and 89% of workers (compared to 79% and 91% in 2011) agree it is important to have child-friendly spaces and facilities.

The data (Table 11) reflects moves towards adapting service surroundings to the needs of younger clients and there has been a broadening of what a child-friendly environment consists of. However, much of the sector is yet to adopt basic strategies to make their services child friendly. There is room for increased attention to the range of facilities needed by children of different ages.

**Table 11: Services which have facilities and equipment to ensure children are comfortable within their service**

	Workers		Team Leaders	
	Number who have	%	Number who have	%
High chair(s) and age appropriate feeding equipment	29	19%	16	29%
Toys in waiting areas	89	59%	35	64%
Safe play areas	67	45%	27	49%
Age-appropriate beds	36	24%	17	31%
Age-appropriate signage and decoration	38	25%	17	31%
Areas for educational equipment and activities	43	29%	19	35%
Other	16	11%	9	16%

Source: Survey of Workers (2012) and Survey of Team Leaders and Coordinators (2012)

Policies, procedures and resources are also evidence of a child-friendly environment. There have been some gains in this area, but the responses suggest that more needs to be done:

- 65% of workers (2012 survey) reported that their work with children is supported by specific policies and procedures, an increase from 56% in 2011
- 59% of workers (2012) reported that their work is supported with specific resources, an increase from 50% in 2011.

Responses from workers also suggest limited activities with regards to working with children, although all rates of all activities had increased from the 2011 survey (

Table 12). Most frequently, workers identified that they communicated in an age-appropriate way – although it is a concern that 22% reported that they only did this ‘sometimes’ or less. It would be hoped that, over time, improvements were recorded on all these activity types.

It should also be noted that only 50% of team-leaders whose services were ‘seeing’ children indicated that the core service element of ‘homeless children’s support’ was working well in their service (a drop from the 58% in 2011). Comments about what was working well or presenting difficulties appeared to reflect that sector wide reform occurs unevenly and people have differing views about how to operationalise homeless children’s support.

**Table 12: Activities provided by workers as part of providing services to children**

	2012		2011	
	Always or often	Sometimes, Rarely or Never	Always or often	Sometimes, Rarely or Never
Provided support to ensure child is enrolled at school or pre-school	29%	49%	20%	56%
Referred a child to the Together 4 Kids service (CFSS) for counselling or group work	14%	63%	5%	71%
Referred a child to the CAMHS worker co-located with the Together 4 Kids service (CFSS)	11%	66%	9%	66%
Responded to their specific cultural requirements	30%	47%	28%	47%
Communicated in age-appropriate ways	55%	22%	49%	27%
Arranged suitable recreational activities	27%	49%	22%	54%
Other	9%	13%	3%	8%

Source: Survey of Workers

Percentages of respondents who did not indicate a response are not presented (23%, 80% to 90% for Other)

### *Assessment and referral*

The most common issues that children are presenting with are domestic and family violence (39%), housing crisis (21%) and inadequate or inappropriate dwelling conditions (12%). Children are more likely to present with domestic and family violence as their main issue than adults (39% to 28%).

Although needs, such as temporary accommodation and safety are addressed there is as yet little direct evidence that specific needs of individual children are identified and that plans are developed to address them. It is hoped that an increase in use of appropriate needs assessment and case management tools over time will lead to an increase in targeted assistance that meets the individual needs of children.

Children were less likely to have been provided with or referred to a service than adults (12% of children were not provided with or referred to a service compared to 5% of adults) (H2H data). The most common services provided to children aged 14 years or less were advice and information (35%) and advocacy (35%). A small proportion of children received child focused services, including: child specific specialist counselling (5.5%), structured play and skills development (4.4%), child care (2.4%) and school liaison (1.8%).

### *Case management*

Clients aged 14 years or less were more likely to have received case management than all clients aged 15 years and over (58% to 49%) (H2H data). This indicates the sector may be assessing and providing services to meet a child's individual needs, rather than based on adults who present with them.

## **FINAL REPORT**

### *Assessment of children's needs<sup>11</sup>*

Sixty-four percent of accompanied children had a case management plan. In the majority of cases (96.6%), this plan was the same as their unit head's. However, no information is available about the content of these plans. The majority of accompanied children (70%) had one or more goals recorded. However, the goals were

<sup>11</sup> This section summarises findings from the evaluation of Services to Children undertaken by the Australian Centre for Child Protection, University of South Australia. It also includes data drawn from client interviews.

often broad and not directly child-related. The top four goals recorded for accompanied children who had a case management plan were personal or family safety (28.6%), emotional stability (27.6%), housing stability following domestic or family violence (25.5%), and housing stability following short term accommodation (21.6%). These goals were the same as the unit heads' in 70.9 to 98.4% of cases.

More than half of accompanied children (55.7%) had their case management plans closed. The main reasons entered for ending case management were '**client's immediate needs/case management goals achieved**' (41.2%), '**Client no longer requested assistance**' (27.4%), and '**Other – please specify**' (11.1%). Data specific to Aboriginal and Torres Strait Islander children indicate that fewer of these children had their case management closed because of immediate needs/case management goals being met (33.7%) and a greater proportion were closed due to '**Lost contact with client**' (10.9% compared to 7.1% in all accompanied children).

Of those interviewees with children in their care during their recent housing difficulties (47), one quarter said that a worker spent time with their child, including workers taking their children out, doing activities, playing with their children, and helping them develop safety skills. One quarter of clients said that their child was linked or referred to other services. These included health professionals (e.g. GP, hospital, dietician, counsellor, paediatrician); specialist services (e.g. CAHMS); playgroups and day care centres; youth services (e.g. Time for Kids, Sammy D Foundation); and, family and holiday activities. Although this is positive, it also suggests such supports are provided to only a minority of children.

**Table 13: Was there anything the services did to help your children?**

	Number	%
Worker spend time with my child	12	26%
Helped feel safe	4	9%
Helped manage behaviour	2	4%
Talked to them about their feelings or worries	10	21%
Play activities	5	11%
Organised child care	11	23%
Organised attendance at school	5	11%
Took child to child care, kindy or school	1	2%
Provided toys or clothes	4	9%
Provided age appropriate furniture	1	2%
Linked child to other services	12	26%
Counselling	7	15%
Did not indicate a service for their children	13	28%

Source: Interviews of Clients (47 interviewees who had children with them during their recent difficulties with housing)  
Interviewees could indicate multiple types of help for their children

### Summary

There are positive gains evident in relation to service provision to children, including;

- Agreement on the need to provide child-friendly environments, and some progress in terms of policies, procedures and resources.
- Some evidence that the South Australian homelessness service sector is increasing the focus on assessing and responding to children's needs in a range of concrete and creative ways. A variety of programs and supports, including specialist workers, are evident across the sector.



However, while immediate requirements, such as temporary accommodation and safety, are being addressed there is limited evidence that the specific needs of individual children are being identified and plans put in place to address these. It is hoped that over time the use of appropriate needs assessment and case management tools with individual children will lead to an increase in the provision of concrete targeted assistance to children.

Overall, results suggest that this area is still developing, and more could be done to ensure the successful implementation of this crucial area of service.

**Overall assessment:            POSITIVE GAINS, NEEDS ATTENTION**

## 3. Immediate outcomes

The SA Homelessness Reforms aimed to deliver a range of immediate outcomes, which then set in place the foundations for the longer-term and larger-scale goals of the NPAH, for individuals and also at a population level. The Evaluation Logic identifies these immediate outcomes as follows:

1. People receive services and supports which meet their immediate needs, address factors which precipitated their housing crisis, and build their capacity to achieve sustainable housing outcomes
2. Fewer people become homeless:
  - a. Fewer people are evicted from social and private rental
  - b. People at risk of homelessness access accommodation
  - c. Family breakdown is prevented
  - d. Fewer families become homeless
  - e. More women and children are able to stay in the family home and be safe
  - f. More at risk people exiting care and custodial settings go into safe and appropriate housing
3. Homeless people are re-housed in housing that meets their needs, including:
  - a. Fewer people sleep rough
  - b. People in chronic homelessness are supported and housed into sustainable accommodation
  - c. People are homeless for shorter periods
  - d. Housing First approach prioritises rapid re-housing
4. Children experiencing homelessness/family violence are kept safe and receive services which meet their needs.
5. There are improvements in parent-child relationships and parenting capacity.

The measures developed to report against these immediate outcomes are reported on below.

### 3.1 People receive services and supports which meet their needs

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It is assumed that, in order for this outcome to be achieved, services should meet client needs and build their capacity to obtain and sustain long-term, safe housing.

#### **MID-TERM REPORT**

##### *Achievement of case management goals*

For clients who have had their case management closed in the study period, 36% were closed as their immediate goals were achieved and 28% no longer requested assistance. Some 10% of clients had their case management closed as the agency lost contact with the client.

Almost all clients receiving case management had at least one goal recorded and the majority had one or two goals (61%). The most common goals related to emotional stability (35%), personal and family safety (27%) and housing stability following short term accommodation (25%) (Table 43, Appendix 1). For clients who had their case management closed about a third had met all their goals (Table 13).

**Table 13: Achievement of Goals for clients who had case management closed**

	Number	%
All goals completely met	2058	34%
Some goals completely met	1582	26%
No goals completely met	2433	40%

Source: H2H (1 October 2011 to 30 September 2012)

Clients with no goals were excluded

#### *Non housing outcomes at exit*

At the time of the evaluation, H2H data on non-housing outcomes of clients at exit was not robust enough to allow reporting. For example, almost all reported non-housing outcomes for clients were the same at exit as at entry, suggesting new information is not entered or known.

#### *Sector perceptions on non-housing outcomes*

Forty two percent (42%) of team leaders reported an improvement in non-housing outcomes for non-Aboriginal clients over the past 12 months. The assessments of team-leaders were much more positive than those of workers, only 18% of whom believe there has been an improvement in non-housing outcomes. Approximately half of all respondents (50% team leaders, 54% workers) believe outcomes have stayed the same. Only a very small number of workers (8 in total) report outcomes have declined.

Forty percent (40%) of team leaders also reported that support for clients with complex needs has improved over the past 12 months (with 15% reporting a decline).

#### *Client self-reports: non-housing outcomes changes*

Clients report positive changes in a range of key areas as outlined in Table 14 and Table 44 in Appendix 1. Clients have gained skills in independent living and financial management; their physical and mental health has improved; their personal relationships with friends, family and children have improved; they feel stronger in their ability to cope with stress and deal with problems; they feel safer and more stable; and they are much more confident in their ability to look after and keep their own home. For some clients, the support from the service and their worker has given them feelings of optimism and hope for the future; as expressed by one client: *'We are looking forward to a bigger and brighter future now thanks to the service'* (#69).

**Table 14: Change in a client's life since they started getting help from the service**

	Lot worse	Little worse	Same	Little better	Lot better	Does not apply to me
Accommodation / Housing	1%	1%	11%	17%	70%	
More able to pay bills	2%	5%	27%	32%	34%	
Physical health	1%	5%	30%	32%	33%	
Coping (dealing with stress / problems)	3%	4%	18%	42%	34%	
Feeling safe	1%	3%	16%	25%	54%	
Ability to look after / keep your own home	0%	1%	23%	26%	50%	
Hope for the future	1%	1%	13%	32%	52%	
How you get on with your children	<1%	1%	16%	13%	28%	42%
Hope for your children's future	<1%	<1%	10%	14%	33%	42%

Source: Survey of Clients

Percentages exclude those who did not indicate a response (between 2% and 5%)

A high percentage of South Australian clients were provided with specific services to meet their identified needs for specialist assistance for domestic or family violence (99.7%), specialist counselling services (91%), parenting skills education (91%), child specific counselling (93%), culturally specific services (97%) or assistance to connect culturally (98%). Compared to national figures, a lower percentage of South Australian clients were provided services to meet their identified need for mental health (24%), drug or alcohol counselling (20%), financial advice (33%) or health and medical services (30%).

Respondents generally reported that services had played a major role in helping them achieve this change (Table 15).

**Table 15: How much of any change towards getting back on your feet do you think is due to the service?**

	Number	%
Nearly all	119	18%
A great deal	351	52%
About half	129	19%
Some	53	8%
None / almost none	19	3%
Not indicated	16	

Source: Survey of Clients

Percentages exclude those who did not indicate a response

## FINAL REPORT

KPIs (July 2012 - March 2013) showed that immediate outcomes reported for clients was above the target (70%) (Table 32, Appendix 1):

- 83% of clients were assisted to sustain their tenancies or exit into sustainable housing
- 90% of clients in primary homelessness were assisted into accommodation and support and
- 85% of clients who have experienced family violence were assisted to sustain their tenancies or exit into sustainable housing.

### *Client self-reports: access to housing services*

Almost half of the clients interviewed had been homeless when they sought assistance; almost a third had left their housing due to safety issues. Interviewees reported a range of issues, including domestic or family violence (41%), mental health problems (26%), relationship breakdown (23%), issues with alcohol (20%) and eviction (17%). Over a third of interviewees reported they had previously experienced homelessness or were at risk of losing housing (38%).

The interviews demonstrated a breadth of housing assistance had been provided, including accommodation (for nearly all), assistance with housing applications; financial assistance (such as brokerage funds, bonds, grants, loans, removal costs, storage costs); practical assistance (such as help with furniture, electrical and white goods; help with moving); transport to and from appointments, interviews and shopping; and being linked to housing services (Table 16).

**Table 16: What housing assistance did you receive from services?**

	Number	%
Provided accommodation	74	90%
Practical assistance	44	54%
Financial assistance	41	50%
Housing application	38	46%
Safe environment	22	27%
Emotional support	18	22%
Linked to housing services	10	12%
Transport	5	6%
Other	4	5%

Source: Interviews of Clients (82 clients)

Interviewees could indicate multiple types of help

#### *Services provided/referred against assessed need*

According to AIHW data from July 2012 to December 2012, almost all clients who were assessed as needing accommodation or a help in sustaining current housing were provided with a service to meet that need (97% for both areas). Nationally, these figures were 66% and 84% respectively. In South Australia, 85% of clients assessed with a need for long-term housing were provided with a service to meet this need, compared to 10% nationally.

#### *Client self-reports: non-housing outcomes changes*

Client self-reports indicate that services are having a very significant positive impact on their lives, including areas that go far beyond the provision of housing. As Table 17 demonstrates, almost three quarters of interviewees indicated their life is 'a lot better' (72%) and another 23% indicated their life is 'a little better'. For example, one client said: '*They gave me support during the tough times... [The service] enabled me to take control of my life. Life isn't a stress anymore and I have goals and purpose...*' (Aboriginal male #9).

**Table 17: Overall, how has your life changed since getting help from the services?**

	Number	%
A lot better	59	72%
A little better	19	23%
The same	2	2%
A little worse	1	1%
Much worse	1	1%

Source: Client Interviews

One third reported that they are 'back on their feet'; however, most (57%) report that they are 'somewhat back on their feet' (Table 18).

**Table 18: Compared to before you come to this service, how far do feel you have now moved towards getting back on your feet?**

	Number	%
Back on my feet	227	33%
Somewhat back on my feet	387	57%
No change	52	8%
Worse than before	9	1%
A lot worse than before	3	<1%
Not indicated	9	

Source: Survey of Clients

Percentages exclude those who did not indicate a response

Clients also provided many examples of what services did that was helpful (Table 19). Frequently, their comments related to the ongoing emotional support provided by the service worker. Many respondents commented on the importance of having someone to talk to and someone who listened, who showed genuine interest and concern and who offered a warm, caring, and non-judgemental response. As one client put it:

*'[The] thing I have valued most is mainly the support/moral support that's been given. Having support from someone who is genuine and who cares, especially as I've been closed off all my life and alone. All the way along a worker has been there' (male #54).*

A holistic approach was also valued:

*'[The service] made sure that the kids and I are safe. Helped me every way to get on my feet. Made sure that I had all the services to help me that I needed' (female #72).*

Clients mentioned help with the following: financial assistance (e.g. help with benefits, managing finances and budgeting); practical assistance (e.g. clothes, food, household items); transport (e.g. to/from appointments); court and legal issues (e.g. support with court processes); links to training and education programs (e.g. TAFE, school, parenting and independent living skills classes); and employment opportunities. Respondents found the provision of counselling (e.g. general, financial, DV, grief, substance misuse) and referrals to appropriate services helpful.

**Table 19: Apart from housing, what other help have you received from the services?**

	Number	%
Counselling	33	40%
Emotional support	54	66%
Court/legal issues	12	15%
Practical assistance	25	30%
Financial assistance	24	29%
Transport	14	17%
Linked to services	24	29%
Linked to education or training program	13	16%
Linked to employment opportunities	4	5%
Other	22	27%

Source: Client Interviews (82 clients)

Interviewees could indicate multiple types of help

A small number of interview participants reported negative experiences in relation to some aspects of service delivery, including a lack of regular contact with and support from their worker; issues associated with changes in staffing (e.g. having to repeat their story to a new worker; having to get to know someone new; reduced contact during staff changes); challenges with waiting for housing; and a perception that families were not always made a priority for accommodation.

A few interviewees reported negative experiences with staff. Key areas of concern included inappropriate behaviour (e.g. rudeness; lack of compassion; judgemental; homophobic); being unreliable (e.g. not showing up at the agreed time to take a client to an appointment); and a lack of knowledge (e.g. about cultural issues; or specific services).

#### *Client self-reports: current life situation – meaningful activity and relationships*

Meaningful daily activity and relationships are vital components to 'getting back on my feet' and sustained long-term outcomes. These issues were explored in interview, with generally positive indications. When asked about their typical day, most interviewees indicated involvement in activities such as:

- Home related activities, including household duties (such as cleaning, washing, shopping, cooking and gardening) decorating or buying things for the home; dog walking and looking after pets
- Initiating and maintaining meaningful relationships, spending time with family or friends, talking to neighbours or attending church
- For clients with children, looking after their children; playing with their children; going to the park; taking children to and from school; and reading and doing homework together
- Education, training and employment activities, including job-hunting; attending at employment services and job agencies; voluntary work and work experience; going to school, TAFE or university; and going to the library for work- or study-related purposes
- Leisure activities, either on their own or with others, including sport and exercise; playing a musical instrument; taking part in art and craft activities; and outdoor pursuits, such as gardening, camping, fishing and walking.

A few interviewees reported feeling bored.

#### *Client self-reports: how well life is going*

Client interviews indicated that wellbeing is determined by a range of factors, beyond simply housing. When discussing how well their lives were going, participants talked about a range of areas, including aspects of housing (such as stable accommodation and a safe place to live); participation in activities and leisure pursuits; study and employment; their independence; relationships with children, family and friends; their emotional and mental health; financial circumstances; and physical health and appearance.

*'Because of them, I have come ahead leaps and bounds and [they have] really set me up for the future... Feel I'm now able to get on with the future and am looking at doing courses/trying to find employments. Also, working out what to do for long term housing, whether to go back to private rental or look at supported accommodation' (female #28).*

Overall, information gathered during the evaluation indicates that services are having a significant impact on people's lives, particularly with immediate outcomes and capacity. However, also demonstrated are the complex range of issues and circumstances that impact on wellbeing and quality of life over the longer-term;

thus emphasising the importance of holistic assessment and case planning, but also indicating the challenges which will face people over the longer term, when they exit from services.

**Overall assessment: POSITIVE GAINS**

### 3.2 Aboriginal clients are better placed and equipped to achieve sustainable housing outcomes

#### MID-TERM REPORT

##### *Achievement of case management goals*

H2H data indicate that the final case plan was closed for a third of Aboriginal clients as their immediate goals were achieved (33%), while the final case plan of 26% of clients were closed as they no longer requested assistance (*H2H data*).

Case management goals were met at closure for 36% of Aboriginal clients, slightly higher than for non-Indigenous clients (33%).

##### *Client self-reports: non-housing outcomes changes*

Of the 687 client surveys received, 137 (20%) were from Aboriginal or Torres Strait Islander respondents. These responses were highly encouraging, with Aboriginal clients reporting positive changes across a range of life domains. There were no significant differences between results for Aboriginal and non-Indigenous clients: if anything, Aboriginal participants tended to be slightly more positive in their ratings (Table 20).

**Table 20: Change in a client's parts of their life since they started getting help from the service by Indigenous status**

	Aboriginal or Torres Strait Islander		Non Indigenous	
	% a lot or little better	% same or worse	% a lot or little better	% same or worse
Accommodation / Housing	85%	15%	88%	12%
More able to pay bills	69%	31%	66%	34%
Physical health	70%	30%	63%	37%
Coping (dealing with stress / problems)	74%	26%	77%	23%
Feeling safe	83%	17%	79%	21%
Ability to look after / keep your own home	81%	19%	75%	25%
Hope for the future	84%	16%	85%	15%
How you get on with your children	71%	29%	70%	30%
Hope for your children's future	86%	14%	81%	19%

Source: Survey of Clients

Percentages exclude those who did not indicate a response or reported 'does not apply to me' (for *How you get on with your children* and *Hope for your children's future*)

##### *Sector perceptions*

Both workers and team-leaders were asked whether they thought non-housing outcomes for Aboriginal clients of their service had changed over the past 12 months (Table 21). Just over half of all respondents felt

outcomes had stayed about the same. Encouragingly, 23% of team leaders and 15% of workers reported an improvement. However, a relatively high proportion of respondents felt unable to comment on this question, and results should be treated with caution.

**Table 21: Compared to 12 months ago, do you think non-housing outcomes for Aboriginal clients of your service have:**

	Workers		Team Leaders	
	Number	%	Number	%
Improved	17	15%	11	23%
Stay about the same	61	54%	28	58%
Declined (poorer)	7	6%	0	0%
Unable to comment	28	25%	9	19%
Not indicated	37		7	

Source: Survey of Workers (2012) and Survey of Team Leaders and Coordinators (2012)  
 Percentages exclude those who did not indicate a response

**No additional information was available for the final report.**

**Overall assessment: POSITIVE GAINS**

### 3.3 CALD clients are better placed and equipped to achieve sustainable housing outcomes

#### MID-TERM REPORT

##### *Achievement of case management goals*

The final case plan was closed for just over a third of CALD clients as their immediate goals were achieved (37%), with another 30% closed as clients no longer requested assistance (*H2H data*).

A third of CALD clients met all their case management goals at closure (33%).

##### *Sector perceptions*

Approximately a third of team leaders (31%) reported that non-housing outcomes (such as safety, health, education, social inclusion etc) for CALD clients had improved over the last twelve months, a more optimistic assessment than that of workers, only 15% of whom reported an improvement (

**Table 22).** Workers were most likely to feel they were unable to comment on this question (38%, compared to 19% of team leaders). Only a very small minority (5% of workers, 2% team leaders) felt outcomes had declined.

**Table 22: Compared to 12 months ago, do you think non-housing outcomes for CALD clients of your service have:**

	Workers		Team Leaders	
	Number	%	Number	%
Improved	22	15%	15	31%
Stay about the same	63	42%	23	48%
Declined (poorer)	8	5%	1	2%
Unable to comment	56	38%	9	19%
Not indicated	1		7	

Source: Survey of Workers (2012) and Survey of Team Leaders and Coordinators (2012)

Percentages exclude those who did not indicate a response

**No additional information was available for the final report.**

**Overall assessment: POSITIVE GAINS**

### 3.4 Fewer people become homeless – early intervention services

#### MID-TERM REPORT

##### *Rates of early intervention services*

A total of 12,403 clients (64%) were identified as being housed but at risk of homelessness at their first entry to homelessness services (H2H data). Half of those clients had been case managed (51%) and 94% had been provided or referred to a service. Domestic and family violence was the main issue when presenting at homelessness services (36%) and this proportion was higher than clients who are homeless. These clients were also more likely to have been provided with assistance for domestic and family violence (21%).

According to H2H, 2,365 clients (11% of clients) received at least one service described as an early intervention service. Of these, 10% were Aboriginal clients, 7% were children aged 14 years or less and 15% were CALD clients. Some 12% of clients who presented at risk of homelessness received an early intervention service (compared to 11% for clients who are homeless).

##### *Service outcomes for people at risk of homelessness*

The majority of clients at risk of homelessness remained housed when their case management was closed. For those clients who had their case management closed (3,583 clients), 94% were housed at closure and the most common reason for closure was their case management goals have been achieved (36%) and client no longer requested assistance (30%) (H2H data).

Just over a third of clients at risk of homelessness achieved all their case management goals at closure (38%) and 19% achieved some of their goals.

##### *Sector perceptions*

The 2012 cross-sector survey collected data from team-leaders about the provision of early intervention support:

- Fifty three percent (53%) of team-leaders report that access **to early intervention support** has improved over the past 12 *months* (15% report it has declined) – a very positive result.

**No additional information was available for the final report.**

**Overall assessment: POSITIVE GAINS**

### 3.5 Homeless people are re-housed in housing that meets their needs

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#### **MID-TERM REPORT**

##### *People leave to appropriate and safe housing outcomes*

During the study period, a total of 6,841 clients were identified as being homeless at their first presentation to homelessness services (36% of clients): 4,509 (23%) were in short term or emergency accommodation and 2,332 (12%) were sleeping rough or in non-conventional accommodation (H2H data).

Most of these clients were housed when exiting homelessness service. For those clients who had their case management closed (1,620 clients in short term or emergency accommodation and 653 clients sleeping rough), 90% of those in short term or emergency accommodation and 79% of those sleeping rough were housed at closure.

Around a third of clients who were homeless completely achieved all their case management goals at closure: 34% of clients in short term or emergency accommodation and 36% of clients who were sleeping rough.

##### *Client self-reports: housing outcomes*

In exit surveys, clients report very positive outcomes with regards to housing: a total of 87% reported an improvement in their housing circumstances (Table 14).

##### *Sector perceptions*

Both team-leaders and workers were asked to report on whether they believed there had been an improvement in housing outcomes for non-Aboriginal clients<sup>12</sup> over the past 12 months. Team leaders were much more positive in their assessment, with 46% reporting an improvement (compared to 17% of workers) (Table 23). Most workers (51%) believed outcomes had stayed the same (38% team leaders). Workers were also more likely to report that outcomes had declined (13%, compared to 4% of team leaders).

Team leaders were asked to report if they had observed any changes in client access to housing in the past 12 months. Encouragingly, 38% reported a positive change (compared to 13% reporting a negative change).

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<sup>12</sup> Aboriginal clients reported in separate section

**Table 23: Compared to 12 months ago, do you think housing outcomes for non-Aboriginal clients of your service have:**

	Workers		Team Leaders	
	Number	%	Number	%
Improved	19	17%	22	46%
Stay about the same	58	51%	18	38%
Declined (poorer)	15	13%	2	4%
Unable to comment	22	19%	6	13%
Not indicated	36		7	

Source: Survey of Workers (2012) and Survey of Team Leaders and Coordinators (2012)

Percentages exclude those who did not indicate a response

## FINAL REPORT

### *People leave to appropriate and safe housing outcomes*

One of the KPI's for the period July 2012 to March 2013 indicated that the vast majority of clients (98%) who have their case plan closed had not exited into primary homelessness (rough sleeping).

### *Client self-reports: suitability of housing for their current needs*

Sustainability of housing is linked to appropriateness – that is, if a person is in housing which is a good fit with their needs and circumstances, they are more likely to sustain this housing over the long term. Clients interviewed as part of the evaluation were therefore asked to rate the adequacy of housing for their current needs (Table 24). Location was generally described positively, with factors such as being close to family or alongside good neighbours identified. Most were being close to public transport and had good access to services they normally used.

While the vast majority of participants viewed privacy and security as adequate or more than adequate, a number of responses reflected mixed experiences. Some lacked privacy due to, for example, nosy neighbours, security cameras, and thin walls. An absence of security screens (doors and windows), lack of fencing, and living in 'bad neighbourhoods' impacted on feelings of safety. Those who felt safe and secure referred to good security screens, living in a first floor apartment or higher, and "good neighbours".

Similarly, the vast majority perceived their living space and accommodation as adequate or more than adequate. However, those with children often described their living space as 'too small' and one or two interviewees said that they did not have enough bedrooms. When asked to rate their accommodation, assessments ranged from 'good condition' or 'brand new' through to 'worn' and 'expensive'. In some cases, comfort was described negatively, with interviewees citing noise, pollution, lack of heating and cooling and lack of natural light as the reasons for this.

**Table 24: How adequate is your housing for your current needs regarding**

	% less than adequate	% adequate	% more than adequate
Living Space	13%	38%	49%
Number of bedrooms	16%	48%	35%
Comfort	24%	37%	38%
Your housing needs in general	8%	51%	41%
Your privacy	12%	39%	49%
Your safety and security	9%	32%	59%
Its location	9%	30%	61%
Distance from public transport	5%	26%	69%
Access to services you normally use	10%	40%	49%
Access to social and leisure activities	6%	44%	50%

Source: Client Interviews (82 clients)

Percentages exclude those who did not indicate a response (between 3 to 6 interviewees, except for public transport (21), access to services (15) and access to social and leisure activities (20))

For respondents with children, access to kindy/school/education was important, with some interviewees stating that it was close or within walking. Some were negative about the lack of play space for children. One participant commented that her children's safety was at risk due to the aggressive behaviour of neighbours.

**Table 25: If caring for children, how adequate is your housing for your current needs**

	% less than adequate	% adequate	% more than adequate
Access to kindy, school or education	18%	41%	41%
Space for children to play	16%	39%	45%
Children safety	14%	41%	45%

Source: Client Interviews (includes 51 interviewees who have children currently living with them)

Percentages exclude those who did not indicate a response (between 7 to 12 interviewees)

#### *Clients in long-term housing have ongoing support as required*

The interviews were also designed to explore the extent to which people had the long-term support they needed to sustain their housing. Encouragingly, of the 22 interviewees currently in long-term housing (defined as somewhere they could stay for 12 months or more), nearly all said that they had ongoing support as required. This was usually workers from the Specialist Homelessness sector, with a small number identifying health professionals (e.g. GP, nurse, psychologist, counsellor). A few participated in community and support groups, such as Alcoholics Anonymous. Only a minority reported ongoing informal supports from family, friends and neighbours. Although it is encouraging that clients felt they had long-term support from the sector, it is also concerning that this is not being supplemented by support from other sectors, or community groups and personal networks. This is an area of vulnerability for long term sustainability.

#### *Summary*

The above evidence suggests that generally people are re-housed in housing that meets their needs. In general, clients reported positive outcomes in terms of appropriate and safe housing. However, the location, environment and nature of this housing has a big impact on people's lives, especially those with children and

can substantially help or hinder recovery and sustainability. Further, there are indications that people were generally reliant on the SHS sector for long-term support, and lacked broader community or specialist support.

**Overall assessment: POSITIVE GAINS**

### 3.6 Aboriginal clients exit to housing that meets their needs

#### MID-TERM REPORT

##### *People leave to appropriate and safe housing outcomes*

Most Aboriginal clients were housed when they exited homelessness services (H2H data). The proportion who were housed at closure of their case management was 92% for those housed at risk at entry, 87% for those in short term or emergency accommodation at entry and 73% for those sleeping rough at entry. These results are slightly lower than for non-Indigenous clients (95% of those housed at risk, 91% in short term or emergency accommodation and 82% of rough sleepers).

##### *Client self-reports*

Aboriginal clients were very positive with regards to immediate housing outcomes, with a total of 85% reporting that their housing situation was better since receiving help from services (15% a little better; 70% a lot better) (compared to 88% for non-Indigenous respondents). Eighty one percent of Aboriginal recipients reported that they felt better able to look after and keep their own home (55% a lot better; 26% a little better), somewhat better than results for non-Indigenous respondents (75% overall).

##### *Sector perceptions*

Both workers and team-leaders were asked whether they thought housing outcomes for Aboriginal clients of their service had changed over the past 12 months (Table 26). About half of all respondents felt outcomes had stayed about the same, with 17% reporting an improvement. However, about a quarter of respondents felt unable to comment on this question, and results should be treated with caution.

**Table 26: Compared to 12 months ago, do you think housing outcomes for Aboriginal clients of your service have:**

	Workers		Team Leaders	
	Number	%	Number	%
Improved	19	17%	8	17%
Stay about the same	53	47%	27	56%
Declined (poorer)	13	12%	2	4%
Unable to comment	28	25%	11	23%
Not indicated	37		7	

Source: Survey of Workers (2012) and Survey of Team Leaders and Coordinators (2012)

Percentages exclude those who did not indicate a response

**No additional information was available for the final report.**

**Overall assessment: POSITIVE GAINS**

### 3.7 CALD clients exit to housing that meets their needs

#### MID-TERM REPORT

##### *People leave to appropriate and safe housing outcomes*

Most CALD clients were housed when they exited homelessness services. The proportion of CALD clients housed at closure of their case management was 95% for those housed or at risk at entry, 98% for those in short term or emergency accommodation at entry, and 94% for those sleeping rough at entry.

##### *Sector perceptions*

Approximately a third of team leaders (31%) reported that housing outcomes for CALD clients had improved over the last twelve months (similar to responses for non-housing outcomes). In contrast, only 14% of workers reported an improvement (Table 27). Workers were also most likely to feel they were unable to comment on this question (34% compared to 21% of team leaders). Only a very small minority (8% of workers, 6% team leaders) felt outcomes had declined.

**Table 27: Compared to 12 months ago, do you think housing outcomes for CALD clients of your service have:**

	Workers		Team Leaders	
	Number	%	Number	%
Improved	21	14%	15	31%
Stay about the same	66	44%	20	42%
Declined (poorer)	12	8%	3	6%
Unable to comment	50	34%	10	21%
Not indicated	1		7	

Source: Survey of Workers (2012) and Survey of Team Leaders and Coordinators (2012)

Percentages exclude those who did not indicate a response

**No additional information was available for the final report.**

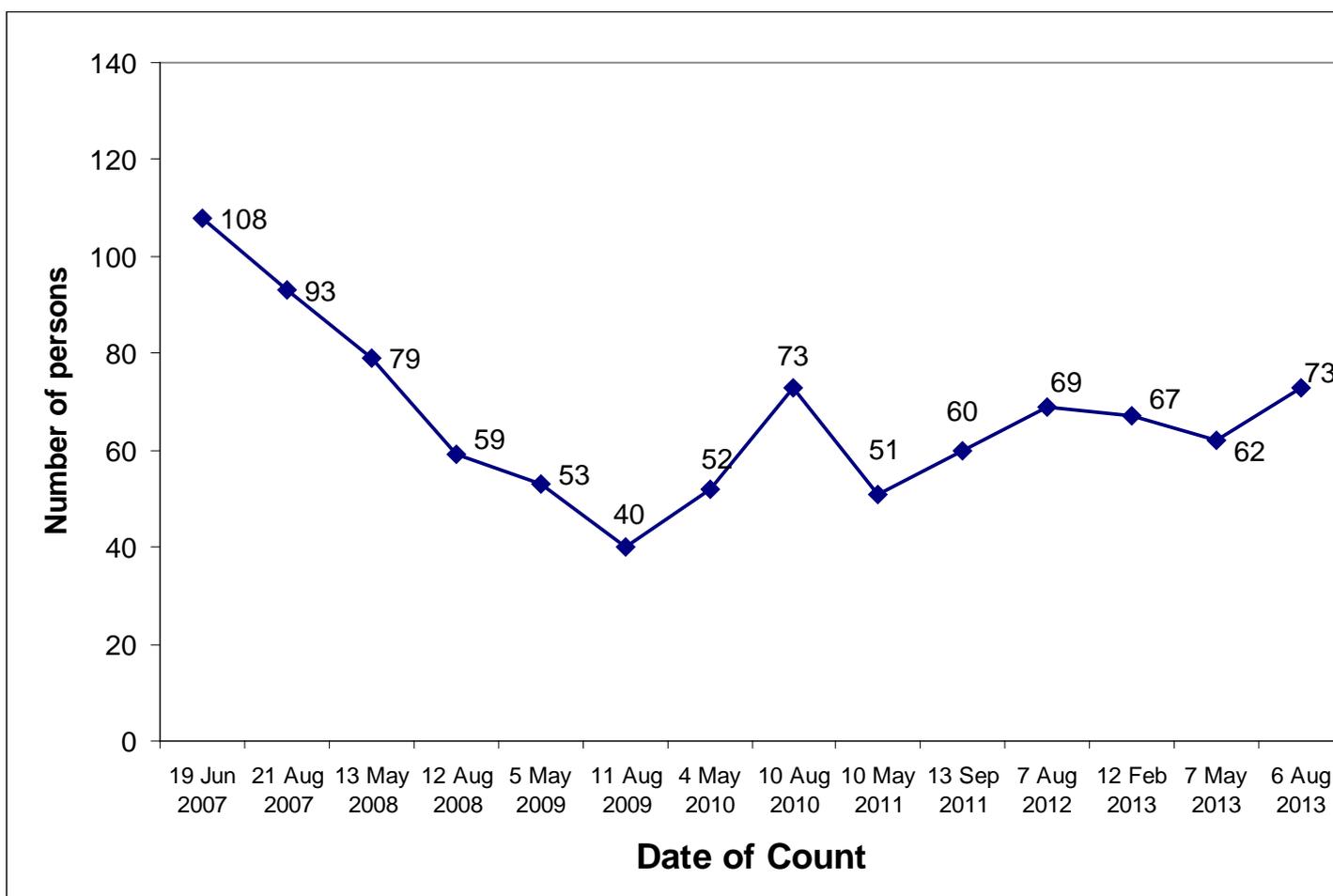
**Overall assessment:            POSITIVE GAINS**

### 3.8 Rough sleeper numbers

#### FINAL REPORT

Estimates released by the Australian Bureau of Statistics (ABS), using data from the Census of Population and Housing, show South Australia recorded a 41% drop in the number of people sleeping rough in 2011, down from 436 in 2006 to 258.<sup>13</sup> This is in comparison to a 6% decrease across Australia.

Since 2007, fourteen Inner City Rough Sleeper Street Counts have been conducted as a partnership between DCSI and key inner city homeless services, monitoring rates of rough sleeping in the Adelaide CBD. As shown in Figure 1, there was a decline in the total number of people sleeping rough from 2007 to 2009; since 2008, total numbers have been tracking fairly consistently, except for August 2010 and August 2013.



<sup>13</sup> Australian Bureau of Statistics 2011, *Census of Population and Housing: Estimating Homelessness, 2011*, cat. no. 2049.0, ABS, Canberra, viewed 18 June 2013, <<http://www.abs.gov.au/ausstats/abs@.nsf/mf/2049.0>>

## Figure 1: Total number of respondents sleeping rough

### Summary

The above evidence suggests that the number of people sleeping rough in South Australia and the Adelaide inner city area has declined since 2006. The Counts suggest that the number sleeping rough in the inner city of Adelaide has remained steady in 2012 and 2013. Census data is the main source of homelessness enumeration in Australia and is available every five years.

**Overall assessment: POSITIVE GAINS**

### 3.9 Children are safe, and receive services which meet their needs

#### Outcomes for children

#### MID-TERM REPORT

Most children were housed when they exited homelessness services. The proportion of clients aged 14 years or less who were housed at closure of their case management was 95% for those housed but at risk at entry, 92% for those in short term or emergency accommodation at entry and 85% for those sleeping rough at entry.

Almost half of children completely achieved all their case management goals at closure (46%), higher than for adult clients (30%).

#### FINAL REPORT

Client interviews suggest positive outcomes for children experiencing homelessness and domestic and family violence. Over a half of the adults interviewed indicated that the life of their children had become 'a lot better' after getting help from the services and another quarter said 'a little better' (Table 28).

**Table 28: Overall, how has life changed for your children since getting help from the services?**

	Number	%
A lot better	23	55%
A little better	12	29%
The same	5	12%
A little worse	1	2%
Much worse	1	2%
Not indicated	5	

Source: Interviews of Clients (47 interviewees who had children with them during their recent difficulties with housing)  
Percentages exclude those who did not indicate a response

In interview, participants were positive about the impact of services on their children.

*The specialist children's worker spent a lot of time with my son. Took him to McDonald's, and other activities. She provided him with a safe environment and did some counselling with him. She did play therapy with him. She also kept his confidence with things he told her in counselling. (female #22)*

*They [children] are feeling a lot safer. They have access to workers if needed, [they] can ask to see their workers at any time'. (female #59)*

Other positives identified by parents included attendance at play activities, an optimistic mood, and stability and routine.

However, children were still reported to be experiencing difficulties. Some parents reported school disruption (e.g. having to change schools and make new friends). Others described school difficulties (e.g. behavioural issues, bullying); emotional issues (e.g. anxiety, distress, feeling unsettled) and a lack of stability.

**Overall assessment: POSITIVE GAINS**

### 3.10 Improvements in parent-child relationships and parental capacity

#### Client self-reports

#### MID-TERM REPORT

Most clients with children (70%) reported that they had better relationship with their children (with 47% indicating a lot better relationship) and improved hope for their children's future (82% overall better, 58% a lot better) (Table 29). The majority of Aboriginal parents also reported an improved their relationship with their children, with many reporting this relationship was a lot better (Table 20).

**Table 29: Change in a client's relationship with their children since they started getting help from the service by**

	Lot worse	Little worse	Same	Little better	Lot better
How you get on with your children	1%	1%	28%	22%	47%
Hope for your children's future	1%	1%	17%	24%	58%

Source: Survey of Clients

Percentages exclude those who did not indicate a response or reported 'does not apply to me'

#### FINAL REPORT

Participants often identified improvements in the relationship with their children (including spending more time with them) and improved parenting skills (e.g. routines established, improved behaviour management, family meal times, consistent parenting and training).

*My son and I have great structure and routine to our days... We have a good day-to-day routine, mainly around living as a family and household things. We walk to and from school each day with the dogs and I now feel safe doing that... We went camping together a little while ago and it was the first time we did this for fun. It was great; all the other times have been to get away from fear and to hide... With their [service] support [I] have now given him some chores and routine, behaviour management. (female #22)*

*We have meals together, nothing is skipped for the children – make sure they eat well, spend time together as a family. (female #28)*

**Overall assessment: POSITIVE GAINS**

## 4. Intermediate outcomes

The Evaluation Logic identifies two over-arching (intermediate) outcomes which are sought from the reform, namely:

1. People achieve sustainable housing outcomes
2. Aboriginal homelessness is reduced.

Under these, the following sub-outcomes are identified:

1. People sustain their housing (and fewer people become homeless again)
2. People are stronger, safer and better equipped to participate
3. People maintain or improve connections with their families and communities, and their social inclusion; and maintain or improve their participation in education, training or employment
4. Women and children are safe from violence.
5. Children's trauma is reduced and their healthy development is supported.

These are reported on below.

### 4.1 Sustaining housing – repeat periods of homelessness

#### MID-TERM REPORT

Although data to report on this indicator is limited, there are positive results.

According to ROGS 2013, South Australia had the lowest rate of clients with more than one period of homelessness in 2011-12 (4.8%, nationally 7.3% Table 17A.25)<sup>14</sup>. SA also had the lowest rate nationally amongst Indigenous clients (6%, nationally 8.5% Table 17A.26).

During the study period, less than a quarter of clients had more than one presentation and intake at homelessness services (22%) (i.e. returned for additional services after their first period of service had finished). The proportion of clients presenting more than once to services was 26% for Aboriginal clients, 19% for children and 21% for people from a CALD background.

Clients who were housed (but at risk at their first presentation) were less likely to have multiple presentations to services. However, this likelihood was only slightly higher for clients who were homeless at their first presentation. The proportion of clients who presented to a homelessness service more than once was: 20% for those who were housed but at risk at their first presentation, 24% in short term or emergency accommodation at their first presentation and 25% for those sleeping rough at their first presentation.

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<sup>14</sup> A client experiencing reported periods of homelessness is defined as a client who changes their housing status from 'homeless' to 'not homeless' and back to 'homeless'; or have repeat periods where housing situation is identified as 'homeless'.

The majority of clients who re-presented to homelessness services were housed but at risk at their subsequent presentation (55%, Table 30). However, the housing situation of clients is likely to have changed when they re-present for services. The proportion of clients who were housed at their subsequent presentation was: 68% for those who were housed at their previous presentation, 41% for those who were in short term or emergency accommodation at their previous presentation and 30% for those sleeping rough at their previous presentation (Table 30). This indicates that clients may be moving into more appropriate forms of accommodation even if they return to homelessness services, particularly for those who were sleeping rough at their previous presentation.

**Table 30: Change in housing from previous to subsequent presentation to homelessness services**

Housing at previous presentation	Housing at subsequent presentation		
	Housed	Short term or emergency	Sleeping rough
Housed at risk	68%	22%	9%
Short term or emergency accommodation, due to a lack of other options	41%	48%	11%
Sleeping rough or in non-conventional accommodation	30%	29%	40%
All clients with a subsequent presentation	55%	31%	14%

Source: H2H (1 October 2011 to 30 September 2012)

Includes only clients with multiple presentations to homelessness services

Percentages exclude those who did not indicate a response

Nineteen percent of the 6,750 clients with a closed case management support period re-presented during the study period. The proportion of clients with a subsequent presentation after closure of case management was: 24% for Aboriginal clients, 12% for children aged 14 years and under and 19% for CALD clients. This indicates that most clients do not re-present, or have a demand for homelessness support, shortly after their case management has been closed.

Clients who were homeless at the closure of their case management were more likely to re-present: 16% had a subsequent presentation if housed at closure, 43% had a subsequent presentation if in short term or emergency accommodation at closure and 27% had a subsequent presentation if sleeping rough at closure.

Half of clients with a subsequent presentation after the closure of case management were housed (50%, Table 31). Their housing type may have changed at their subsequent presentation.

**Table 31: Change in housing from closure of case management to subsequent presentation to homelessness services**

Housing at closure of case management	Housing at subsequent presentation		
	Housed	Short term or emergency	Sleeping rough
Housed at risk	62%	28%	10%
Short term or emergency accommodation, due to a lack of other options	25%	62%	13%
Sleeping rough or in non-conventional accommodation <sup>a</sup>	17%	50%	33%
All clients with a subsequent presentation after closure	50%	37%	13%

Source: H2H (1 October 2011 to 30 September 2012)

Percentages exclude those who did not indicate a response

Includes only clients with a subsequent presentation to homelessness services after closure of their case management a caution should be used due to low number of clients (30)

No additional information was available for the final report.

**Overall assessment: POSITIVE GAINS**

#### 4.2 People are stronger, safer and better equipped to participate

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##### **FINAL REPORT**

Interview data provided some evidence towards this outcome. Around half of those interviewed reported they had developed resilience and were employing a range of new behaviours including help-seeking; using their initiative; keeping busy; and developing a routine and performing necessary household duties. Clients had also made changes to their lifestyle, their physical fitness and their mental health. For example one client said:

*'Life has change for me since I got here, the change in lifestyle has been positive. It has revitalised me. I'm more talkative, I interact more. It's a totally different life for me. I have also joined the walking group, in the first few months I experienced a lot of stiffness but this has now gone. It has improved my fitness and I feel a lot better...I find plenty of things to do. I like to go out and look at things, travel around on buses'* (male #10).

However, a couple of interviewees' comments demonstrated negative outcomes in terms of health, safety and wellbeing, with some saying that they felt bored or unsafe.

**Overall assessment: POSITIVE GAINS**

#### 4.3 People maintain or improve connections and participation

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##### **FINAL REPORT**

While data for this indicator is limited, there was evidence in the client interviews of people maintaining or improving connections with families and communities. Clients mentioned seeing friends, family and neighbours, and engaging in social, leisure and community activities, and online communities.

There was also evidence of people engaging in training, education and employment.

**Overall assessment: POSITIVE GAINS**

#### 4.4 Women and children are safe from violence

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##### **FINAL REPORT**

Despite limited data, client interviews included women and children who had escaped situations of domestic and family violence. Most women reported they were currently living in a safe environment and very few were concerned for their own and their children's safety, in terms of being found by the perpetrator.

**Overall assessment:            POSITIVE GAINS**

#### 4.5 Children's trauma is reduced and their healthy development is supported

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##### **FINAL REPORT**

Client interviews indicated that children's trauma was reduced and their healthy development supported. Information provided suggests that generally children were living in a stable environment, experiencing a structured routine, settled at school and more relaxed than they were before. Children were also taking part in leisure activities and going on outings. Friendships and parent-child relationships were improved.

However, some interviewees identified that their children were experiencing longer term emotional and behavioural difficulties, including instability, insecurity and difficulties at school, indicative of the ongoing impact of homelessness and family circumstances.

**Overall assessment:            POSITIVE GAINS**

##### *Summary*

There are encouraging indications of positive impacts and intermediate outcomes for people who received homelessness services. This can be expected to translate into longer term outcomes.

## 5. Long term/high level outcomes

The Evaluation Logic Framework identifies the following long-term/high level indicators:

1. Reduced levels of homelessness across Australia
2. People are safe and securely housed and participating in the economic and social life of Australia
3. The inter-generational impacts of homelessness are reduced
4. Fewer Aboriginal people experience homelessness.

Data is not available to report on these indicators, with the best data currently available being that gathered in the ABS Census of Population and Housing.

## 6. Summary and conclusions

This report has included assessment on the range of outcomes identified in the Evaluation Logic Framework. Results are summarised below.

### Process Outcomes

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1. **A consistent, high quality response available across South Australia:** On track
2. **Core service elements are implemented and working well:** Positive gains, but some issues: requires attention
3. **Workforce has the capacity to deliver required services:** On track
4. **Case management is implemented and working well:** Positive gains, but some issues: requires attention
5. **H2H is implemented and working well:** On Track
6. **Supportive Housing Packages are implemented and working well:** Positive gains, but some issues: requires attention
7. **Effective coordination processes are in place across the sector, and between homelessness and mainstream agencies:** Positive gains, needs attention
8. **Appropriate services are provided to Aboriginal people:** Positive gains
9. **Appropriate services are provided to people from culturally and linguistically diverse backgrounds:** Positive gains, but some issues: requires attention
10. **The sector has a shared understanding of services to children, and a cultural shift across the sector:** Positive gains
11. **The sector has the capacity to identify and respond to the needs of children:** Positive gains
12. **There is an increase in service levels to children:** Positive gains, needs attention

### Immediate outcomes

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1. **People receive services and supports which meet their needs:** Positive gains
2. **Aboriginal clients are better placed and equipped to achieve sustainable housing outcomes:** Positive gains
3. **CALD clients are better placed and equipped to achieve sustainable housing outcomes:** Positive gains
4. **Fewer people become homeless:** Positive gains
5. **Homeless people are re-housed in housing that meets their needs:** Positive gains
6. **Aboriginal clients exit to housing that meets their needs:** Positive gains

7. **CALD clients exit to housing that meets their needs:** Positive gains
8. **Rough sleeper count:** Positive gains
9. **Children are safe and receive services which meet their needs:** Positive gains
10. **There are improvements in parent-child relationship and parenting capacity:** Positive gains

#### Intermediate outcomes

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1. **People sustain their housing (fewer become homeless again):** Positive gains
2. **People are stronger, safer and better equipped to participate:** Positive gains
3. **People maintain or improve connections with their families and communities, and their social inclusion; and maintain or improve their participation in education, training or employment:** Positive gains.
4. **Women and children are safe from violence:** Positive gains.
5. **Children's trauma is reduced and their healthy development is supported.** Positive gains.

#### Long-term, high-level outcomes

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1. **Reduced levels of homelessness across Australia:** data not available
2. **People are safe and securely housed and participating in the economic and social life of Australia:** data not available
3. **The intergenerational impacts of homelessness are reduced:** data not available
4. **Fewer Aboriginal people experience homelessness:** data not available.

#### Conclusions

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Based on these assessments, South Australia has made significant gains and has strong foundations on which to achieve impact in regards to homelessness. However, there are also many areas in which, whilst positive gains have been made, challenges are still clear and further work should be done.

This report also highlights the challenges of assessing impact and outcomes in relation to homelessness, with limited information available. This is for a number of related reasons.

Firstly, the specialist homelessness sector provides a short-term service which brings benefit to many; however, there is no data available which measures the sustainability of outcomes over the long term: tracking people once they exit from services is not viable or possible; and all that can be reported is, therefore, immediate impact. Assessing long-term impact would require a major research investment.

Secondly, the enumeration of homelessness occurs five-yearly through the ABS Census of Population and Housing and there is no intermediate data by which we can monitor changes in overall homelessness trends.



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Finally is the reality that many issues and factors, beyond the control or reach of the specialist homelessness sector, impact on homelessness levels and the experiences and life-course of individuals. Although specialist homelessness services play a vital role, they are only one contributor, and not solely responsible for systems-level or individual issues. Performance and outcome assessment must therefore be congruent with the scope and impact of services, and what it can reasonably be expected that the sector can achieve.

## Appendix 1: Data Tables

**Table 32: Key Performance Indicators (KPI) of specialist homelessness services (9 months – July 2012 to March 2013)**

KPI	Description	Looks at	Target	% Criteria Met
01	Percentage of clients who are assisted to sustain their tenancies or exit into sustainable housing	Case Plan exits	≥ 70%	83%
02	Percentage of clients in primary homelessness (rough sleeping) who are assisted into accommodation and support	Case Plan exit of rough sleepers	≥ 70%	90%
03	Percentage of clients who have experienced family violence and are assisted to sustain their tenancies or exit into sustainable housing	Case Plan exits of domestic/ family violence clients	≥ 70%	85%
04	Percentage of clients who are not exited into primary homelessness	Case Plan exits	≥ 95%	98%
05	Percentage of clients who are connected with employment opportunities	Clients	≥ 70%	2%
06	Percentage of clients who are assessed for service which identifies their immediate risks, accommodation and health and welfare requirements	Completed Intakes	≥ 95%	58%
07	Percentage of assessed clients who identify as Aboriginal or Torres Strait Islander	Completed Assessments	≥ 20%	27%
08	Percentage of clients assessed for service who have a NAHA case management plan in place	Clients	≥ 80%	50%
09	Percentage of homeless clients with a NAHA case management plan who are identified as high risk	Active Case Plans	≥ 70%	88%
10a	Percentage of people referred to another SHS agency (Service Referrals)	Clients	n/a	8%
10b	Percentage of people referred to another SHS agency (Client Referrals)	Clients	n/a	14%

Source: KPI using H2H data (July 2012 to March 2013)

NAHA: National Affordable Housing Agreement

SHS: Specialist Homelessness Service

**Table 33: Demographic information of clients of homelessness services**

	Number	%
<b>Age of client <sup>a</sup></b>	3705	18%
0 to 9	1301	6%
10 to 14	1646	8%
15 to 17	3693	18%
18 to 24	4145	20%
25 to 34	3530	17%
35 to 44	2041	10%
45 to 54	686	3%
55 to 64	255	1%
65 or more	3705	18%
Not indicated	1	
<b>Gender</b>		
Male	12544	60%
Female	8459	40%
<b>Indigenous status</b>		
Aboriginal or Torres Strait Islander	5082	26%
Non-Indigenous	14574	74%
Not indicated	1347	
<b>CALD <sup>b</sup></b>		
CALD	1592	8%
Non CALD	19411	92%
<b>Location of residence <sup>c</sup></b>		
Metropolitan Adelaide	12931	66%
Outer Adelaide	1058	5%
Regional SA	5560	28%
Not stated	1454	
<b>Labour force status</b>		
Employed	1563	9%
Not in the labour force	8143	45%
Unemployed	4553	25%
Not applicable	3838	21%
Don't know	2906	

Source: H2H (1 October 2011 to 30 September 2012)

Percentages exclude those where data were not reported

a Age at start of study period (1 October 2011), same as calculation used by the AIWH

b Client CALD if born in a non-English speaking country (excludes Canada, England, Ireland, New Zealand, Scotland, United Kingdom and United States) or speak a language other than English at home

c Last known location before receiving homelessness services and regions based on methodology used by the Australian Bureau of Statistics

**Table 34: Specialist homelessness services provided to or referred to clients**

	Provided service		Referred to service	
	Number	%	Number	%
Advice/information	13638	64.9%	155	0.7
Advocacy/liaison on behalf of client	8142	38.8%	177	0.8
Assertive outreach	418	2.0%	40	0.2
Assistance for domestic/family violence	4011	19.1%	408	1.9
Assistance for incest/sexual assault	79	0.4%	2	0.0
Assistance for trauma	487	2.3%	47	0.2
Assistance to connect culturally	298	1.4%	36	0.2
Assistance to obtain / maintain government allowance	866	4.1%	2	0.0
Assistance to prevent foreclosures or for mortgage arrears	19	0.1%	0	0.0
Assistance to sustain tenancy or prevent tenancy failure or eviction	2996	14.3%	55	0.3
Assistance with challenging social/behavioural problems	685	3.3%	22	0.1
Child Care	217	1.0%	0	0.0
Child contact and residence arrangements	189	0.9%	5	0.0
Child specific specialist counselling services	411	2.0%	170	0.8
Court support	334	1.6%	6	0.0
Culturally specific services	529	2.5%	61	0.3
Educational assistance	964	4.6%	22	0.1
Employment assistance	476	2.3%	1	0.0
Family planning support	31	0.1%	1	0.0
Family/relationship assistance	1069	5.1%	20	0.1
Financial Advice and Counselling	22	0.1%	5	0.0
Financial information	1282	6.1%	11	0.1
Interpreter services	100	0.5%	4	0.0
Laundry/shower facilities	927	4.4%	7	0.0
Legal information	719	3.4%	2	0.0
Living skills/personal development	1100	5.2%	8	0.0%
Long term housing	1685	8.0%	89	0.4%
Material aid/brokerage	1698	8.1%	78	0.4%
Meals	835	4.0%	0	0.0%
Medium term/transitional housing	1999	9.5%	207	1.0%
Other basic services	2788	13.3%	37	0.2%
Parenting skills education	324	1.5%	23	0.1%
Pregnancy assistance	100	0.5%	3	0.0%
Professional legal services	42	0.2%	0	0.0%
Recreation	459	2.2%	18	0.1%
Retrieval/storage/removal of personal belongings	585	2.8%	5	0.0%
School liaison	184	0.9%	6	0.0%
Short term or emergency accommodation	5261	25.0%	589	2.8%
Specialist counselling services	1119	5.3%	90	0.4%
Structured play/skills development	243	1.2%	33	0.2%
Training assistance	67	0.3%	0	0.0%
Transport	1720	8.2%	14	0.1%
Not indicated – external service	0	0.0%	1150	5.5%

Source: H2H (1 October 2011 to 30 September 2012)

**Table 35: Percentage of workers with a Bachelor degree or higher qualification by length of employment**

	2012	2011
<b>Length worked in their current service</b>		
2 years or less	70%	57%
3 years or more	46%	50%
<b>Length worked in homelessness, Domestic Violence / Family Violence services</b>		
2 years or less	67%	52%
3 years or more	52%	55%

Source: Survey of Workers

Percentages exclude those who did not indicate a response (4% in 2011)

**Table 36: Status of each stage of the case management process**

	2012			2011		
	Fully implemented	Partly implemented	No change	Fully implemented	Partly implemented	No change
Intake	84%	0%	16%	47%	47%	6%
Assessment	75%	0%	25%	62%	29%	9%
Case Plan	71%	7%	20%	55%	30%	12%
Exit plan	71%	9%	18%	53%	32%	12%
Post-case contact	45%	24%	24%	58%	21%	15%

Source: Survey for Team Leaders and Coordinators

Percentages exclude those who did not indicate a response (20% for 2012 and 36% for 2011)

**Table 37: Assessment and case management has been a focus for development in your service over the last 12 months**

	Number	%
Yes a focus – positive outcomes achieved	38	83%
Yes a focus – no outcomes achieved despite effort	0	0%
Yes a focus – disappointing (poor) outcomes despite effort	1	2%
Yes a focus – too early to tell	5	11%
Not a focus	1	2%
Not applicable	1	2%
Not indicated	9	

Source: Survey for Team Leaders and Coordinators (2012)

Percentages exclude those who did not indicate a response (16% of sample)

**Table 38: How competent workers feel undertaking elements within case management**

	Fully competent 1	2	3	4	No competent 5
<b>2012</b>					
Intake	57%	15%	4%	0%	1%
Assessment	50%	21%	5%	1%	1%
Developing the Case Plan	44%	23%	7%	1%	1%
Referrals within homelessness sector	41%	29%	6%	0%	1%
Referrals to mainstream services	41%	29%	7%	0%	0%
Exit planning	34%	27%	13%	1%	2%
<b>2011</b>					
Intake	50%	31%	6%	1%	0%
Assessment	51%	29%	6%	0%	1%
Developing the Case Plan	47%	31%	7%	0%	2%
Referrals within homelessness sector	33%	36%	16%	2%	2%
Referrals to mainstream services	37%	34%	15%	1%	2%
Exit planning	34%	38%	13%	2%	2%

Source: Survey of Workers

Percentages of respondents who did not indicate a response are not presented (23% for 2012 and 13% for 2011)

**Table 39: Observed any changes in the quality of case management compared to 12 months ago**

	Number	%
Yes – positive change	32	68%
Yes – negative change	2	4%
No change	6	13%
Don't know	7	15%
Not indicated	8	

Source: Survey for Team Leaders and Coordinators (2012)

Percentages exclude those who did not indicate a response (15% of sample)

**Table 40: Comparing supportive housing tenancies to general tenancies, how would you rate the following?**

	% higher level	% the same	% lower level
Overall complexity of client need	60%	40%	0%
Overall complexity of client issues	63%	37%	0%
Case management support provided to tenants	59%	31%	10%
Support services available / provided to tenants	52%	41%	7%
Disruption by tenants	61%	32%	6%
Property management required	62%	31%	7%
Issues with property damage	62%	28%	10%
Issues with rent payments	52%	41%	7%
Relationship difficulties with neighbours	62%	31%	7%
Sustaining a tenancy	57%	32%	11%

Source: Homelessness Supportive Housing Program survey (PGP and Housing SA respondents only)  
 Percentages exclude those who did not indicate a response or unable to comment (3 or less respondents)

**Table 41: Level of agreement with these statements by Team Leaders**

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Not applicable
Workers in my services have the knowledge and skills to work with CALD clients	23%	63%	13%	0%	0%	2%
Workers in my services have received adequate training to respond to CALD clients	19%	54%	19%	6%	0%	2%
Workers in my services have knowledge of non-government and government services available for advice when working with CALD clients	27%	46%	21%	4%	0%	2%
Workers in my services have knowledge of the advice and consultation available through the State-wide CALD DV Service	21%	38%	27%	8%	2%	4%

Source: Survey for Team Leaders and Coordinators (2012)  
 Percentages exclude those who did not indicate a response (13% of sample)

**Table 42: Services and organisations used by workers with CALD clients**

	Number who use	%
Migrant Health Service	39	26%
Migrant Resource Centre (MRC)	59	39%
Multicultural Communities of SA	17	11%
Multicultural SA	22	15%
Women's Health State-wide	37	25%
State-wide CALD Domestic Violence Service	37	25%
Other	27	18%

Source: Survey of Workers (2012)

**Table 43: Goals of clients receiving case management**

	Number	%
Anger and mood management	639	6%
Educational stability	1156	11%
Emotional stability	3785	35%
Employment stability	1058	10%
Establish independent living skills	1488	14%
Financial stability	2526	24%
Housing stability following domestic or family violence	2362	22%
Housing stability following emergency accommodation	1583	15%
Housing stability following non-conventional accommodation	1688	16%
Housing stability following short-term accommodation	2722	25%
Housing stability following sleeping rough	248	2%
Housing stability following tertiary homelessness	658	6%
Obtain Proof of Aboriginality	14	<1%
Personal or family safety	2886	27%
Psychological stability	1094	10%
Reconnect with family / friends	946	9%
Return to Country	61	1%
Social inclusion	783	7%

Source: H2H (1 October 2011 to 30 September 2012)

**Table 44: Positive life changes since getting help from the services**

	Number	%
A place to live	69	84%
Stability	34	41%
Environment	18	22%
Emotional	28	34%
Employment / education	7	9%
Finances	4	5%
Mental health	14	17%
Physical health	16	20%
Independent living	17	21%
Feelings of safety	13	16%
Personal relationships	9	11%
Hope	10	12%
Other	6	7%

Source: Interviews of clients (82 clients)

Clients could indicate multiple life changes

# Appendix 2: Evaluation Logic Framework

Outputs	Process Outcomes	Measures	Immediate outcomes	Measures	Intermediate outcomes	Measures	Long term/ high level outcomes	Outcome Measures
<p><b>Key focus of outputs:</b></p> <p><b>1. Supporting and enabling sustainable housing outcomes</b></p> <p><b>2. Reducing Aboriginal homelessness</b></p> <p><b>3. Building sector capacity</b></p> <p>Across SA, the sector provides core service elements (assessment, early intervention and waitlist support, in centre support &amp; outreach support, supported accommodation, post-crisis support, homeless children's support, brokerage fund and supportive housing packages) and high quality services and supports to people homeless, at risk or escaping DV</p> <p>The sector provides clients with standardised</p>	<p><b>Infrastructure and services are in place that support and enable sustainable housing outcomes, reduce Aboriginal homelessness and build sector capacity, including:</b></p> <p>People receive a consistent and high quality response, regardless of where or how they access the system</p> <p>Core service elements implemented &amp; working well</p> <p>Workforce has the capacity to deliver required services</p>	<ul style="list-style-type: none"> <li>• <i>Availability of services across SA - range of services provided, service types and models, funding levels</i></li> <li>• <i>Client access: numbers and profile, location, changes over time (H2H)</i></li> <li>• <i>Sector reports: implementation of service elements</i></li> <li>• <i>Sector assessment of skills</i></li> <li>• <i>Sector qualifications</i></li> <li>• <i>Sector workforce</i></li> </ul>	<p>People receive services and supports which meet their immediate needs, address factors which precipitated their housing crisis, and build their capacity to achieve sustainable housing outcomes</p>	<ul style="list-style-type: none"> <li>• <i>The extent to which services are provided or referred to address needs and change over time (H2H data)</i></li> <li>• <i>Achievement of client goals (H2H)</i></li> <li>• <i>Client employment, education, income status (H2H)</i></li> <li>• <i>Changes in other non-housing outcomes, (client surveys and client interviews</i></li> <li>• <i>Client perceptions on their capacity to plan for future (interviews)</i></li> <li>• <i>Client self-report on how well their life is going (interviews)</i></li> <li>• <i>Types of help clients report they receive (interviews)</i></li> <li>• <i>Client self-report on current life situation (meaningful</i></li> </ul>	<p>People sustain their housing</p> <ul style="list-style-type: none"> <li>• Fewer people become homeless again</li> </ul> <p>People are stronger, safer and more equipped to participate</p> <p>People maintain or improve connections with their families and communities and their social inclusion; and maintain or improve their participation in education, training or employment</p> <p>Women and children are safe from violence</p> <p>Children's trauma is reduced, and their healthy development is supported</p>	<p><i>Repeat periods of homelessness within 12 month period/18 months</i></p> <p><i>Client self-reports on sustaining housing (interviews)</i></p> <p><i>Client self-reports (interviews) on their health, safety, wellbeing)</i></p> <p><i>Client self-reports on family and community connections and social participation (interviews)</i></p>	<p>Reduced levels of homelessness across Australia</p> <p>People are safe and securely housed and participating in the economic and social life of Australia</p> <p>The intergenerational impacts of homelessness are reduced</p> <p>Fewer Aboriginal people experience homelessness</p>	<p>ABS Census – enumeration of homelessness</p>

Outputs	Process Outcomes	Measures	Immediate outcomes	Measures	Intermediate outcomes	Measures	Long term/ high level outcomes	Outcome Measures
<p>and best practice case management, which includes assessment, case planning, coordination, referrals and monitoring</p> <p>The sector provides a coordinated and connected service, through integrated data collection, sharing of information, referrals and coordinated case management and service provision</p> <p>Coordinated responses provided between homelessness and mainstream services</p> <p>‘Housing first’ approach</p> <p>Regional and local collaboration, networks and action plans developed around homelessness People are assisted to access</p>	<p>Case management implemented and working well</p> <p>H2H is implemented &amp; working well</p> <p>Supported Housing Packages implemented and working well</p>	<p><i>experience</i></p> <ul style="list-style-type: none"> <li>• <i>Capacity to undertake current role</i></li> <li>• <i>% of clients receiving case management</i></li> <li>• <i>Implementation of case management</i></li> <li>• <i>Worker self-reports: competence in case management</i></li> <li>• <i>Sector reports on effectiveness of case management</i></li> <li>• <i>Sector reports on implementation and use of H2H</i></li> <li>• <i>Quality of data in the system</i></li> <li>• <i>Ability to extract and use data</i></li> <li>• <i>H2H supports collaborative practice</i></li> <li>• <i>Number of packages provided</i></li> <li>• <i>Sector perception of implementation and functionality of SHP: surveys &amp; focus group</i></li> <li>• <i>Sector</i></li> </ul>	<p>Fewer people become homeless:</p> <ul style="list-style-type: none"> <li>• Fewer people are evicted from social and private rental</li> <li>• People at risk of homelessness access accommodation</li> <li>• Family breakdown is prevented</li> <li>• Fewer families become homeless</li> <li>• More women and children are able to stay in the family home and be safe</li> <li>• More at risk people exiting care and custodial settings go into safe and appropriate</li> </ul>	<p><i>activity and relationships) (client interviews)</i></p> <ul style="list-style-type: none"> <li>• <i>Sector perceptions of non-housing outcomes</i></li> </ul> <p>(Measures reported for Aboriginal clients, and people from CALD background, where available)</p> <p><i>Specific service models and service elements are implemented to prevent homelessness, and for specific population groups</i></p> <p><i>Rates of early intervention services across the sector, and sector assessment of effectiveness</i></p> <p><i>Service outcomes for people at risk of homelessness</i></p>				

Outputs	Process Outcomes	Measures	Immediate outcomes	Measures	Intermediate outcomes	Measures	Long term/high level outcomes	Outcome Measures
<p>sustainable housing options</p> <p>Early intervention services are provided to prevent homelessness</p> <p>Assertive outreach and intensive case management to rough sleepers</p> <p>Long-term support available to people post-crisis (supportive tenancies)</p> <p>Protective interventions are provided for women and children</p> <p>Tenancy management and support are provided as separate functions</p> <p>Services provide a culturally responsive and inclusive service</p> <p>Contract and performance management of services</p> <p>Activities to build the skills and</p>	<p>Effective coordination processes across sector and between homelessness &amp; mainstream agencies</p> <p>The sector provides culturally appropriate services to Aboriginal and Torres Strait Islander people</p> <p>The sector provides</p>	<p><i>perceptions of collaboration</i></p> <ul style="list-style-type: none"> <li>• <i>Sector investment in collaboration</i></li> <li>• <i>Improvement in the access of homelessness clients to mainstream services</i></li> <li>• <i>Regionalisation case-studies and assessment</i></li> <li>• <i>% of Aboriginal people accessing services</i></li> <li>• <i>Strategies in place to improve the accessibility and appropriateness of services</i></li> <li>• <i>Sector is equipped and confident in working with Aboriginal people (sector survey)</i></li> <li>• <i>Services provided to Aboriginal people (cf to general population) (H2H data), including case management</i></li> <li>• <i>% of people from CALD backgrounds</i></li> </ul>	<p>housing</p> <p>Homeless people are re-housed in housing that meets their needs, including:</p> <ul style="list-style-type: none"> <li>• Fewer people sleep rough</li> <li>• People in chronic homelessness are supported and housed into sustainable accommodation</li> <li>• People are homeless for shorter periods</li> <li>• Housing First approach prioritises rapid re-housing</li> </ul>	<ul style="list-style-type: none"> <li>• <i>People leave to appropriate and safe housing outcomes (H2H data)</i></li> <li>• <i>Changes in housing situation and ability to look after own home (client surveys and interviews)</i></li> <li>• <i>Client self-report on suitability of housing</i></li> <li>• <i>Client self-report on housing plans</i></li> <li>• <i>Clients in long-term housing have ongoing support as required (client interviews)</i></li> <li>• <i>Sector perceptions of changes in sustainable housing outcomes over time</i></li> <li>• <i>Length of time and number of moves to when people achieve sustainable housing (client interviews)</i></li> </ul>				

Outputs	Process Outcomes	Measures	Immediate outcomes	Measures	Intermediate outcomes	Measures	Long term/ high level outcomes	Outcome Measures
<p>capacity of the workforce</p> <p>Supportive infrastructure development across sector (including H2H, communication, planning)</p> <p>High quality Aboriginal specific services</p> <p>Better connected and coordinated services, including culturally appropriate case management, for Aboriginal people</p> <p>Services are provided to mobile Aboriginal populations</p> <p>Services adopt 'child friendly' practices</p> <p>Specialist training and support provided to the sector in working with children</p> <p>Children have their individual needs assessed, a case plan developed, and</p>	<p>culturally appropriate services to people from CALD backgrounds, especially women escaping domestic violence</p> <p>The sector has a shared understanding of what is meant by services to children</p> <p>There is a cultural shift across the sector to address the needs of clients as parents, and</p>	<p><i>accessing services</i></p> <ul style="list-style-type: none"> <li>• <i>Sector equipped and confident in working with CALD people (sector surveys)</i></li> <li>• <i>Sector perception of how well their service responds to CALD clients, and changes over time (sector surveys)</i></li> <li>• <i>Services provided to people from CALD background (H2H data)</i></li> <li>• <i>Sector perceptions on their role in providing services to children and change over time (sector surveys)</i></li> </ul>	<p>Children experiencing homelessness/violence are kept safe and receive services which meet their needs</p> <p>There are improvements in parent-child relationships and parental capacity</p>	<ul style="list-style-type: none"> <li>• <i>Trends and results in inner city rough sleeper counts</i></li> <li>• <i>Trends in rough sleeper numbers (ABS Census)</i></li> </ul> <p>(Measures reported for Aboriginal clients, and people from CALD background, where available)</p> <ul style="list-style-type: none"> <li>• <i>Outcomes for children (H2H &amp; parent reports, interviews)</i></li> <li>• <i>Parents have hope for their children's future</i></li> <li>• <i>Parent-child relationships are improved</i></li> </ul>				

Outputs	Process Outcomes	Measures	Immediate outcomes	Measures	Intermediate outcomes	Measures	Long term/ high level outcomes	Outcome Measures
<p>receive services and case management as clients in their own right</p> <p>Children receive specialist services which reduce the immediate and long term impacts of homelessness</p>	<p>children as clients</p> <p>There is an increase in the capacity of the sector to identify and respond to the needs of children</p> <p>There is an increase in service levels to children</p>	<ul style="list-style-type: none"> <li>• <i>Sector perceptions on their capacity to meet the needs of children</i></li> <li>• <i>Sector reports on child-friendly environments</i></li> <li>• <i>Children receive case management in their own right</i></li> <li>• <i>Children's needs are assessed and referrals are made to meet their needs</i></li> </ul>						

