

From Homelessness to a Home H2H Outcomes Evaluation Snapshot Report

Authored by

Alexa Gower Christian Andi Nygaard Tom Alves Nicola Brackertz Sean Randall For Homes Victoria Publication Date April 2024

Related report

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Acknowledgements

AHURI acknowledges the Traditional Custodians of country throughout our nation, and we pay our respect to Elders past and present. We acknowledge Aboriginal and Torres Strait Islander peoples' connections to land, sea and community, and respect their cultural, spiritual and educational practices.

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Acknowledgement of country

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The program has done more for me than just a house, it has helped **save my life**. I have a house so I have my kid back now, just having that stability and without that none of that would have been possible."

~ H2H Client

THE FROM HOMELESSNESS TO A HOME PROGRAM (H2H)

H2H is a \$167 million dollar investment by the Victorian Government to support people who were experiencing homelessness during the COVID-19 pandemic to access housing, integrated with wrap-around support services, for a period of 24 months.

The program provides rapid access to stable and affordable housing to prevent further harm from rough sleeping or living in emergency accommodation. It delivered 1,845 packages to over 2,500 clients. This report provides a snapshot of the main findings of the outcomes evaluation.

The outcomes evaluation

This outcomes evaluation assesses the client and system outcomes achieved in the H2H program against the program aims. The evaluation uses a mixed methods approach and draws on quantitative and qualitative data. Data sources include extensive stakeholder consultations, client interviews, a client survey, administrative program data and linked government data. A cost effectiveness analysis was also conducted. The evaluation process is shown in Figure 1.

The H2H cohort



The program delivered **1,845** packages to over 2500 clients



84% of clients lived in single households



54% of H2H clients were male



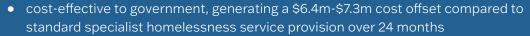
Clients aged 41-50 years were the largest cohort (27%)



16% of H2H clients identified as Aboriginal

Key findings

The evaluation found H2H was:





- effective in reducing clients' use of emergency health and homelessness services
- supportive of client outcomes, with client's reporting improvements to health, mental health, safety, and social connectedness.



Program objectives

The H2H program was informed by Housing First principles and sought to deliver better client outcomes while improving the functioning of the service system.

Client outcomes

People who were placed in hotels during the COVID-19 public health emergency:

- 1. Achieve housing stability
- 2. Improve their mental and physical health
- **3.** Are more socially engaged and live in inclusive communities
- Feel safe.

System outcomes

Figure 1: Evaluation methods

5. The homelessness service system is effective and efficient.

Program components and outputs

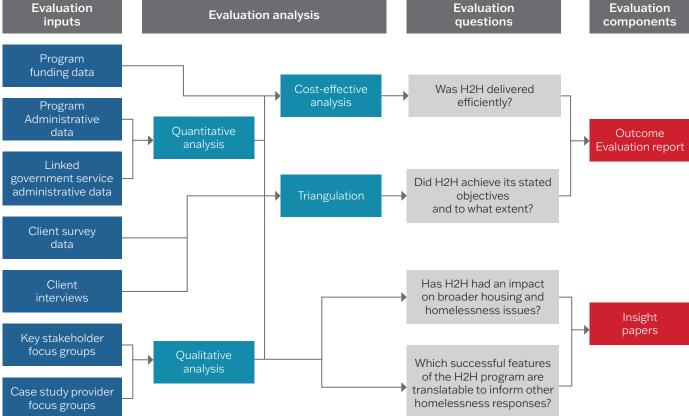
These outcomes were to be achieved through the provision of:

- tenancy and property management services
- homelessness and housing support
- care coordination, service navigation and referral
- specialist multi-disciplinary services (intensive packages only)
- flexible brokerage.

Implementation context

The H2H program was designed and implemented as part of the emergency response to the COVID-19 pandemic. Implementation was affected by a chronic housing shortage, an overstretched homelessness sector workforce, and a fragmented homelessness policy environment prior to the program.

Evaluation **Evaluation analysis** inputs



Source: Authors

KEY FINDINGS

Client outcomes

For many H2H clients, the complexity of their physical, mental health and AoD issues alongside the difficulties navigating the mainstream service system had been a long-standing barrier to accessing care. The effectiveness of the H2H program design, particularly the provision of housing, consortia model of integrated AoD and mental health services, and longer program duration, meant that many received effective, long-term support for the first time instead of continually cycling in and out of ED.



Housing stability

95%

of all clients were in stable housing on 1 September 2023

93%

of clients in stable housing sustained a tenancy for **longer than 12 months** and **53% for more than 24 months**

88%

of surveyed clients reported that H2H had **increased their ability to sustain their tenancy**



Better physical and mental health

66%

of surveyed clients reported improvements in their physical health

72%

of clients reported

improvements in their mental health



Substance use

75%

of clients who lived with substance misuse issues reported a **change in their use of addictive substances** since participating in the program



Improved social connections

57%

of clients felt **better connected** to family, friends and the community



Feeling safe

81%

of surveyed clients indicated that their **feeling of safety had improved**

83%

of surveyed clients **felt safe in their H2H home** all of the time

58%

of surveyed clients **felt safe at night in the neighbourhood** where their housing was located

System outcomes

H2H's reduced service use generated a \$6.4m-\$7.3m cost offset, which is savings to government against anticipated BAU service provision expenditure when compared over 24 months.



Reductions in service use

The H2H client cohort had **high crisis service use rates prior** to participating in the program, with 65% presenting to ED in the year prior and 95% using homelessness services. H2H clients reduced their use of government services during their time in the program.

One year after participating in H2H:

ED presentations reduced by **20%**

Homelessness service use reduced by 16%

Hospital Admissions reduced by 6%

ED presentations for mental health reasons reduced by **4%**

Substance misuse as the reason for **ED presentations** reduced by **8%**

Substance misuse as the reason for **hospital admission** reduced by **6%**



Cross government cost-offsets

Offset costs are anticipated government service expenses funded but not executed as a result of the H2H program.

Reduced **ED** presentations potentially generate a cost offset benefit of \$1m-\$2.5m when estimated on a 24-month basis.

Lower hospital admissions potentially generate a cost offset benefit of \$1.3m-\$2.6m when estimated on a 24-month H2H basis. (At the point of evaluation, this trend was not yet statistically significant.)



PROGRAM OUTCOMES

Program components

The effectiveness of the H2H program model was underpinned by its alignment with three key elements of a Housing First approach.

Access to stable housing enabled clients to connect with health and mental health services in a sustained way.



The accommodation with that wrap around support does give good outcomes... We can't start to address some of their really well entrenched difficulties, challenging types of behaviours, the drug and alcohol, mental health, unless they've got a secure accommodation and roof over their head."

~ Case worker



Clients were able to kind of come and go a little bit, there was not that same pressure to like you've got to contact them immediately and they must engage immediately. Because they had a case manager, we could talk to them about meeting the client where they're at, thinking about their stages of change in terms of their substance use and meet people in terms of what sort of treatment options they were looking for, like just home reduction stuff or linking them in with GP. It meant that we had a lot of flexibility in the type of AoD work that we did, the client could dip their toe in the AoD water, go away for a bit and then come back."

~ Specialist service provider

2 The **consortium model** of service commissioning improved communication between services and bridged service gaps.



It takes the first six months to actually really build that trust and engagement before you can do any real work and this program's allowed us to do that."

~ Case worker

3 **Longer program duration** allowed case workers to build trust and work with clients at a pace that matched their needs, capacity and willingness to engage.

There exists further potential to improve these health and wellbeing outcomes by aligning the program more closely to Housing First principles. Particularly, though the principle of providing open access to support based on client need as there was a greater need and appetite for specialist mental health and AoD services in the cohort than the program was able to provide.

Types of housing

H2H clients were accommodated in both social housing (public and provider owned) and properties sourced in the private market (spot purchase for general lease and head lease rental housing). Over time, the program has transitioned clients to long term, social housing (see Figure 2).

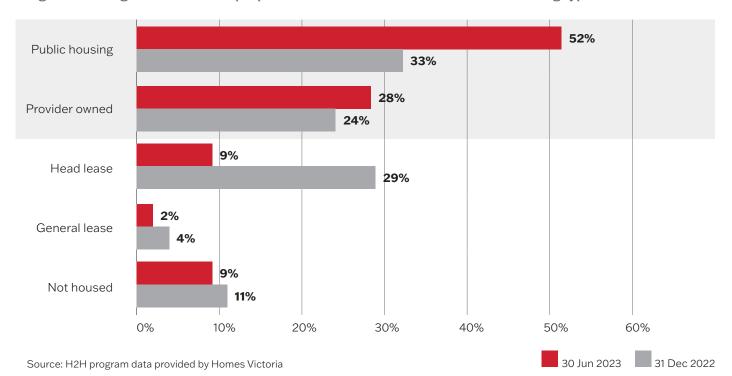


Figure 2: Change in number and proportion of H2H households in different housing types

Head leasing enabled quick access to needed housing and delivered flexibility and choice to H2H clients. It was successful in sufficiently large rental markets that had normal or high vacancy rates. Head leasing enabled clients to establish a rental history, and reduced the discrimination experienced by homeless people in the private rental market.

The efficacy of private market housing for the H2H program was constrained

 While the head leasing model delivered a range of housing options and provided clients with choice, its effectiveness was constrained by the fact that the landlords of these properties sit outside the social housing system. Often these stakeholders had high expectations of independent tenancy management skills that H2H clients were unable to meet without further support.

- The design and typology of general and head lease properties were often unsuitable to the needs of the H2H cohort as these properties were developed to meet the needs of the private market and not those of people who had experienced homelessness. High density apartments were not suitable to H2H clients due to the limited visual and acoustic privacy that they offered clients learning to manage a tenancy independently.
- Low vacancy rates also impeded the provision and suitability of head lease properties and often resulted in clients struggling to maintain tenancies in properties that did not meet their needs or were away from their communities of support.

Support for tenancy sustainment

Providers effectively provided proactive and extensive support to assist clients to maintain their tenancies. This included workshops to increase both tenancy management skills and financial literacy, assistance with pre-inspection house cleans, and setting up direct debiting for rent and utilities.



There were ups and downs and there were a lot of times where I was wondering if I would end up homeless again, but my worker helped to build up my confidence again, gave me different strategies to manage (the tenancy)."

~ H2H Client

Cultural safety

Cultural safety considerations needed to be incorporated consistently throughout the design, implementation, and operation of the H2H program.

Some consortia had a genuine commitment to cultural safety. They formed partnerships and implemented policies, processes and ways of operating that supported cultural safety, including employing Aboriginal staff.

The majority of consortia did not have a specific focus on cultural safety.

Where genuine partnerships with ACCOs existed, the mainstream organisation often gained more from the relationship and having Aboriginal workers as part of their team than the ACCOs or Aboriginal workers did.



RECOMMENDATIONS AND CONCLUSIONS

The evaluation finds that the H2H program has been an innovation in delivering housing and support to those experiencing homelessness in Victoria. It has been effective in achieving its stated objectives. In addition, early indications from the linked data analysis are that the program provides substantial current and potential future cross-government cost savings resulting from reduced use of government services by clients. There is a significant and ongoing need for the H2H program and value in its continuation.

Recommendation 1

Homes Victoria should continue to deliver the H2H program (or a similar Housing First informed program) to ensure that those experiencing homelessness have access to housing and effective supports that assist in ending their homelessness.

The consortia model, which was enabled by place-based approaches, was a successful way of bridging service gaps and contributed, on a small scale, to improvements in the overall efficiency and effectiveness of the services system. The model facilitated knowledge and information sharing across sectors and the delivery of outcome focused and person-centered responses to need.

Recommendation 2

Homes Victoria should investigate expanding the use of place-based approaches and cross sector partnerships and collaborations, as demonstrated by the H2H consortia model, in delivering homelessness support for Victorians.

At present, only those who were in hotel accommodation during the COVID-19 pandemic are eligible for the H2H program. In future, broadening eligibility criteria would enable a wider cohort of homeless persons to access the needed housing and supports delivered by the program.

Recommendation 3

Homes Victoria should expand the eligibility criteria of any continuing program to enable a broader cohort of Victorians experiencing homelessness to gain access to the housing and support they need to address and end homelessness.



Homes Victoria should provide clients in private housing options greater with tenancy support, to ensure that ongoing and appropriate private housing options are made available to the program and meet client needs. Increased engagement with real estate agents and owners' corporations prior to clients occupying properties can reduce discrimination, manage expectations of tenants' abilities to independently maintain a tenancy, and raise awareness of appropriate channels for resolving issues. Homes Victoria should continue to provide program supports to clients once housed in long-term social housing and providers should ensure that clients understand their tenure while living in headlease properties within the private rental market is secure.

Recommendation 4

The H2H model should provide greater support for tenancies outside the social housing system.

High density housing options provided limited privacy for clients while they were attempting to independently sustain a tenancy. Concentrating multiple clients in the same apartment floor or building also presented the risk of exposing clients to trauma or triggering antisocial behaviour. Homes Victoria should minimise the number of clients allocated to high density housing where possible. Additional support needs to be provided where clients are allocated properties where they will live in close proximity to neighbours. Homes Victoria should require providers to periodically review the suitability of a client's property to their needs, tenancy management abilities and levels of neighbour fatigue to ensure that the tenant is in the best position to maintain their housing.

Recommendation 5

Homes Victoria should carefully consider the suitability of high-density housing for clients with complex needs and avoid allocating multiple clients to a single floor.

The H2H program delivered different types of packages, Intensive and Targeted and Tailored packages. The evaluation showed that the majority of clients would have benefited from access to AoD and mental health services but that clients with Targeted and Tailored packages often were not able to receive the support they required when their needs changed throughout the program. Best practice is to provide flexible supports that can be scaled up or down as client needs change over time and are tailored to individual need. The duration of the provision of particular supports should also be based on need.

Recommendation 6

The H2H model should include mental health and AoD support as part of the standard package level.



Robust evaluation of the H2H program requires the collection of data relating directly to the intended program outcomes identified in the Program Logic. H2H was delivered by Homes Victoria in partnership with place-based consortia of housing and service providers. Future delivery of a statewide Housing First model to address homelessness will require sufficient in-house capacity and careful coordination of data collection and stewardship to support effective program monitoring and outcome evaluation.

Recommendation 7

Homes Victoria should implement data collection processes and systems to support program assessment and evaluation, beyond immediate operational considerations.

The evaluation found that, despite the high proportion of Aboriginal clients in the program, cultural safety was not a central consideration in the design and delivery of the H2H program. While some consortia were proactive and innovative in implementing measures to facilitate cultural safety, others had only a minimal commitment to this.

Recommendation 8

The H2H model should be amended to ensure that cultural safety is a central consideration in the delivery of the program. This work should be done in collaboration and consultation with Aboriginal led organisations.





Australian Housing and Urban Research Institute

Level 12, 460 Bourke Street Melbourne VIC 3000 Australia +61 3 9660 2300 information@ahuri.edu.au

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