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Together Home Program Evaluation

Prepared by the Centre for Social Impact

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The opinions in this report reflect the views of the authors and do not necessarily reflect those of the Centre for Social Impact, UNSW or Bridge Housing.



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EXECUTIVE SUMMARY

This report presents a comprehensive evaluation of the Together Home program, conducted by the Centre for Social Impact (CSI) and commissioned by leading housing providers, Bridge Housing, Link Wentworth, Metro Community Housing, St George Community Housing and Women's Housing Company. Initiated in response to the COVID-19 pandemic by the Minister for Families, Communities and Disability Services in June 2020, the Together Home Program aims to transition people sleeping rough or experiencing secondary homelessness in NSW into secure, long-term housing. With a budget of \$189m¹, the program focuses on those people sleeping rough across NSW. This evaluation examines client's outcomes of the program across nine local government areas (LGAs)² in Sydney, South-Eastern Sydney and Northern Sydney. From June 2020 to August 2023 a total of 380 clients were housed by Bridge Housing, Link Wentworth, Metro Community Housing, St George Community Housing and Women's Housing Company.

Methodology

The evaluation consisted of a mixed methods study of client experiences in the Together Home program and associated outcomes (see Table 2). Data was collected from participants in the program including:

- Twelve interviews.
- 80 survey respondents.
- Administrative data collected by caseworkers and community housing providers as part of the Together Home program, including:
 - 56 Personal Wellbeing Index (PWI) responses – this provided information about clients' satisfaction with standards of living, health, what they were achieving in life, relationships, safety, community-connectedness and future security, as well as life satisfaction.
 - Participant demographic and characteristics information.
 - Rates of housing retention, housing transfer and housing exits for clients.
 - Types of supports and services clients used in the program.

Key Findings

The report finds that the Together Home Program has demonstrated significant success in its objectives, showcasing positive outcomes that align with the principles of the Housing First approach. Key highlights include:

Housing Stability and Satisfaction:

- **Current Status:** As of August 2023, 298 (78.4%) clients were still housed in the program while 28 (7.4%) clients who exited the program remained in stable housing, equating to a housing retention rate of 85.8%.

¹ Budget update as of April 2024 <https://www.facs.nsw.gov.au/housing/help/ways/are-you-homeless/together-home>

² Local government areas include Bayside, Georges River, Hornsby, Northern Beaches, Randwick, Sutherland, Sydney, Willoughby and Woollahra

- **Broad Impact:** Since the program's inception in July 2020, the program has provided housing to 380 clients across nine LGAs in Sydney, achieving a retention rate of 85.8%. This includes clients who have moved on from the program but remain in stable housing, indicating a broader definition of success beyond traditional Housing First models.
- **Client Feedback:** Feedback from interviews underscores high satisfaction levels regarding housing quality and location, with a notable improvement in family relationships for those with children.
- **Survey Insights:** A survey of 80 respondents also revealed high levels of satisfaction with housing. Satisfaction ratings of 8.2/10, with a median of 9, indicated widespread contentment with their living situations.

Health and Wellbeing Improvements:

- **Health Status:** 64% of surveyed clients reported improved health since joining the program. There was also self-reported reduction in hospital admissions with surveyed clients reporting a 35% use before entering the program to 20% after securing housing.
- **Wellbeing Enhancement:** The program markedly improved the client's subjective wellbeing, as evidenced by the PWI which climbed from an average of 5.4 out of 10 to 8.3 after 18 months. This substance increase reflects not only improvements in wellbeing but also increased feelings of safety and security.

These findings affirm the program's critical role, beyond simply providing housing, to foster improved health and wellbeing among its clients. A detailed summary of the evaluation findings is present in Table 1 below.

Recommendations

The following recommendations, are proposed for policy and program development that would continue to enhance the effectiveness and sustainability of the Together Home program and other Housing First programs:

Strategic Recommendations for Funders and Policymakers

1. Increase investment in permanent housing solutions prioritising social housing, with alternative options including longer private rental lease agreements to ensure long-term housing access.
2. Promote ongoing funding models that adapt to client needs, encouraging a responsive service delivery framework.

Program Recommendations for Service Providers

3. Maintain and potentially expand housing support services to sustain the 85.8% retention rate, backed by regular assessments and personalised assistance.
4. Prioritise and increase funding for integrating mental health support as a core service component delivered through strategies like co-location, peer support, and regular check-ins.
5. Continue tailoring connections to preventive health, employment, and wellness services through needs assessments and external partnerships.
6. Further develop community engagement strategies based on research with stakeholders, focusing on proven approaches that enhance social inclusion.

These recommendations aim to build on the positive outcomes of the Together Home program, ensuring that the gains achieved are not only preserved but also serve as a springboard for future innovation and enhanced client outcomes.

OVERVIEW OF MAIN EVALUATION FINDINGS

Table 1 Overview of Together Home evaluation findings

Outcome	Identified measures	Together Home program finding against measures
Housing outcomes	<i>Increased housing retention and stability</i>	<ul style="list-style-type: none"> As of August 2023, 298 (78.4%) clients were still housed in the program while 28 (7.4%) client who exit the program remained in stable housing, equating to a housing retention rate of 85.8% (average retention rate of other Housing First programs is 80%). For clients who identified as Indigenous, there was a housing retention rate of 68% (44 of 65 Indigenous clients were still housed in August 2023).
	<i>Improved housing satisfaction</i>	<ul style="list-style-type: none"> Almost all survey respondents (96% n=77) indicated that their home was adequate to much more than adequate. The average score among respondents when asked about their satisfaction with the home was 8.2 out of 10 (median 9.0). The average score for respondents being satisfied with the neighbourhood they were living in was 8.1 out of 10 (median 8.0). The majority of respondents in qualitative interviews stated they were satisfied with the quality of the housing provided under the Together Home program.
	<i>Increased security, safety, and privacy</i>	<ul style="list-style-type: none"> Survey respondents on average indicated feeling high levels of safety in their home (8.2 on a 10-point scale). Increased feelings of safety were a common theme for interview participants. For female participants, the importance of having a safe place to live as a woman was highlighted through interviews.
Autonomy	<i>Increased sense of control, independence, gained autonomy, self-efficacy, and feelings of freedom</i>	<ul style="list-style-type: none"> Respondents in qualitative interviews stated that being housed through this program had led to an increase over their lives. Many interviewees described that they were <i>“living like normal again”</i> - providing examples of being able to come home and cook their own meals, watch television, have a hot shower and sleep in a warm bed. Qualitative interviews highlighted increased independence and feelings of freedom in their lives.

Outcome	Identified measures	Together Home program finding against measures
Health outcomes	<i>Improved general health and physical health</i>	<ul style="list-style-type: none"> Most survey respondents (64%, n=51) indicated that their health had improved since being in the Together Home program.
	<i>Improved mental health</i>	<ul style="list-style-type: none"> Survey respondents and interviewees had reported improvements to their mental health since being housed and having support commonly using phrases such as “<i>improved tenfold</i>”, “<i>ten times better</i>” and “<i>it’s gone from zero to 100</i>” when speaking about their improvement.
Quality of life	<i>Improved quality of life</i>	<ul style="list-style-type: none"> Quality of life significantly improved, with the average PWI subjective wellbeing score across survey respondents increasing from 5.4 out of 10 (baseline) peaking at 18 months into the program at 8.3.
Financial outcomes	<i>Increased economic participation</i>	<ul style="list-style-type: none"> The proportion of Together Home tenants who were employed increased. Before entering the Together Home program only 2.1% (n=8) clients were employed, increasing to 4.8% (n=18) since being housed by the program. Clients also increased their education engagement, with four people enrolled in education/training courses at the start of the program and 13 clients engaged since being in the Together Home program.
	<i>Experiences of financial stress</i>	<ul style="list-style-type: none"> Experience of financial stress was not measured in this evaluation, however, there was one interviewee who spoke about the economic hardship of purchasing groceries.
Relationship outcomes	<i>Improved relationships and social connections</i>	<ul style="list-style-type: none"> Qualitative interviews with Together Home clients detailed improvements in social connections with family, friends, and community. For Interviewees who had children, nearly all interviewees reported that their relationship had significantly improved after receiving housing under the program.
	<i>Reduction in social isolation</i>	<ul style="list-style-type: none"> Almost all survey respondents were participating in social activities. 94% (n=75) of survey respondents had participated in some form of social activity including communicating with or doing activities with family or friends, in the previous week.

Outcome	Identified measures	Together Home program finding against measures
		<ul style="list-style-type: none"> The average time spent on doing these social activities for survey respondents was 15.5 hours per week.
	<i>Increased community participation and integration</i>	<ul style="list-style-type: none"> Survey respondents indicated improvements in neighbourhood connection, with 52.5% (n=42) stating it was common for neighbours to help each other out. Qualitative interviews with Together Home clients detailed increased community participation and social integration.
Cost effectiveness and reduced use of public services	<i>Reduction in the use of public services</i>	<ul style="list-style-type: none"> There were decreases in the use of public services across survey respondents (see below).
	<i>Reduction in the use of healthcare services</i>	<ul style="list-style-type: none"> Survey respondents' use of emergency room and admission to hospital decreased since being housed. The use of emergency room decreased from 26 respondents before the program to 17 after being housed, and admissions to hospital decreased from 28 respondents to 16 after being housed.
	<i>Reduction in the use of the justice system</i>	<ul style="list-style-type: none"> Since being housed six survey respondents reported spending one or more nights in jail compared to 14 respondents before entering the program. Similarly, 11 survey respondents indicated they had used police detox while experiencing homelessness compared to two survey respondents since being housed. There was a decrease in the number of survey respondents going to court with 21 compared to 12 respondents after being housed, and the number of people on probation decreased from 15 to eight respondents after being housed.

1. THE TOGETHER HOME PROGRAM

Background

In response to the onset of COVID-19 in Australia, the New South Wales Government committed \$36.1 million in 2020 to establish the Together Home program. The program's primary objective is to swiftly transition individuals who are sleeping rough or experiencing secondary homelessness into secure, long-term housing. The program, a partnership between the New South Wales Department of Communities and Justice (DCJ) and Community Housing Providers (CHPs), adapting to the exigencies of time-limited funding and the urgent need to address homelessness amplified by the COVID-19 pandemic. This adaptation includes a rapid rollout and strategies to ensure sustained support beyond initial funding periods, acknowledging the unique challenges of maintaining housing stability within a constrained timeframe. This model prioritises the swift transition of individuals facing homelessness into independent and permanent housing, followed by the provision of additional support and services as necessary.

The Together Home program is delivered throughout New South Wales and has housed a total of 1,092 clients. However, this report only examines the program delivered in Sydney, Southeast and Northern Sydney. Unlike other Housing First models implemented in Australia, Together Home employs a scattered housing site approach. This method has enabled the program to build on the successes and lessons of prior Housing First initiatives in NSW, such as Platform 70, Connect 100, and STEP to Home. Under this approach CHPs, comprising Bridge Housing, Metro Community Housing, Link Wentworth Housing, Women's Housing Company and St George Community Housing, collaborate to locate and secure appropriate rental properties within the private rental market on behalf of their clients.

Upon the approval of rental applications for these properties, the CHPs enter into lease agreements, taking on the responsibility of paying the market rent to the landlord. Subsequently, people housed through the Together Home program pay a subsidised rent to their housing provider, with the amount based on a percentage of their income.

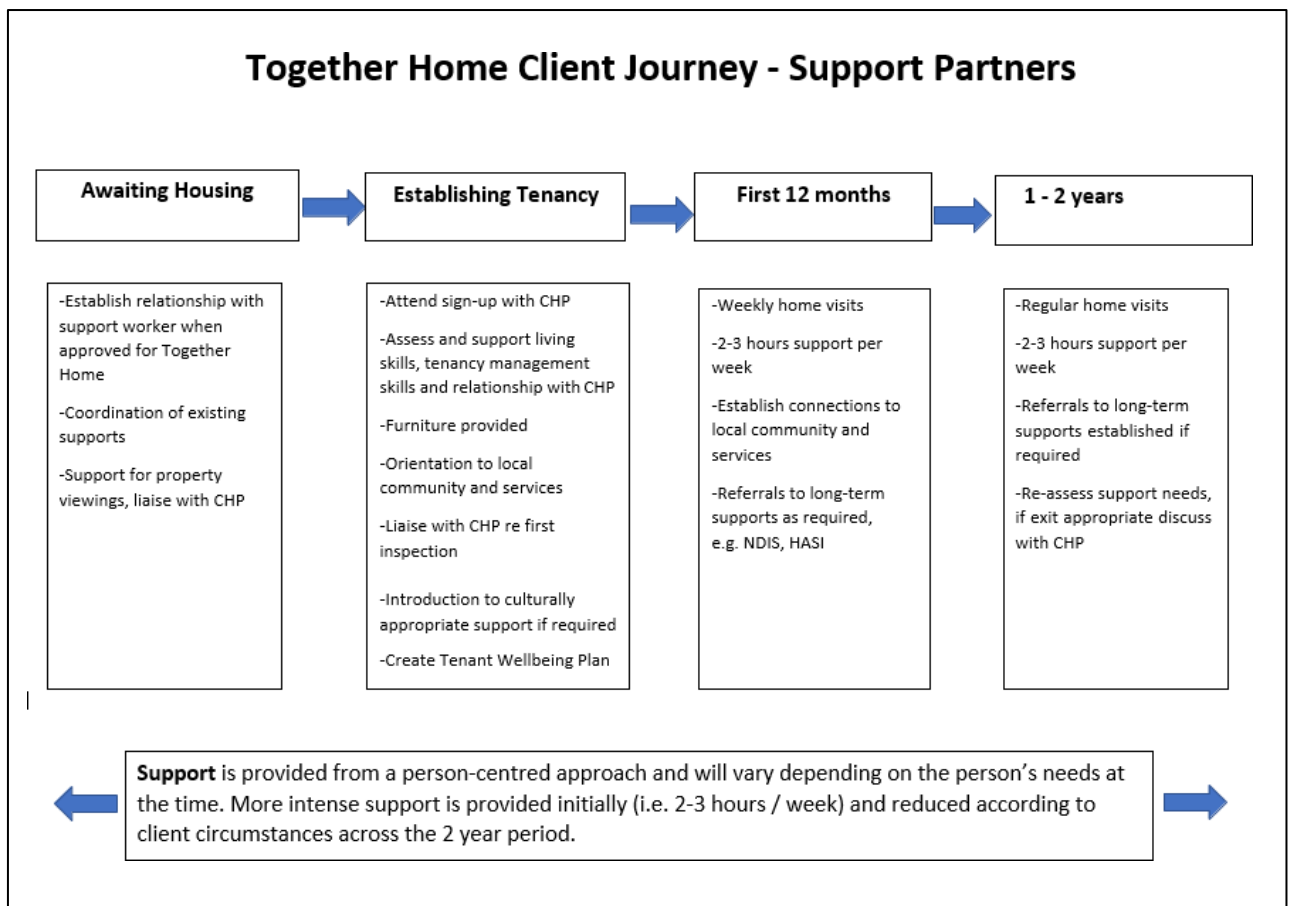
Following the housing of a client, partner CHPs collaborate with support providers, such as Specialist Homelessness Services (SHS), to deliver comprehensive wrap-around support services that are individually tailored to meet each person's specific needs.

The program has undergone three funding phases, referred to as Tranche 1, Tranche 2, and Tranche 3. In June 2020, Tranche 1 funding was assigned to CHPs with the primary goal of swiftly mitigating the spread of COVID-19. This was achieved by promptly transitioning individuals experiencing homelessness into secure and supported accommodations.

Tranche 2 funding, disbursed to CHPs between March 2021 and September 2021, and Tranche 3 funding, allocated later in 2021, marked a shift away from immediate health-focused responses. Instead, these phases emphasised the development of more targeted and supportive strategies to engage effectively with people experiencing homelessness.

Program aims and eligibility

Figure 1 Together Home client journey



Source: Together Home Client Journey, Source Together Home Operations Manual July 2021

The Together Home program aims to:

- Rapidly rehouse people who are street sleeping or with a history of street sleeping with a plan for longer term housing.
- Provide access to culturally appropriate health, mental health, and wellbeing services (where appropriate).
- Rebuild family, community, and cultural connections (where appropriate).
- Support the development of daily living and self-management skills (where appropriate).
- Facilitate engagement with positive structured activities such as social groups, education and/or employment (where appropriate) (1).

The primary target group for this program is people who are street sleeping or have a history of street sleeping, that are:

- Being supported in temporary accommodation.
- Clients of SHS providers who are currently in crisis or transitional accommodation, or
- Clients known to assertive outreach services across NSW.

People who are Indigenous Australians are a priority group for the Together Home program.

Eligibility for the Together Home program is meticulously assessed by Client Referral Assessment Groups (CRAG). These groups, detailed in the program guidelines, play a crucial role in prioritising those most in need, aligning with the program's criteria to ensure effective and equitable access to housing solutions. To be eligible for the Together Home program, clients' requirements include:

- are aged 18 years or above.
- are experiencing street sleeping or have a history of street sleeping.
- are approved or are eligible for priority housing using the Application for Housing Assistance (AHA).
- do not have any unresolvable VISA restrictions that will impact long term housing outcomes, and
- have an income within the social housing income eligibility limits/ or can be supported to access an income (1).

Together Home and Housing First

What is Housing First?

As detailed above, the Together Home program is underpinned by a Housing First approach. Housing First is a recovery-centred strategy aimed at addressing homelessness by swiftly placing people experiencing homelessness into independent and stable housing, with additional support and services provided as necessary. The fundamental objective of Housing First is to offer prompt access to permanent, supported housing, particularly for those chronically homeless (2).

This approach operates on the belief that obtaining stable, permanent housing is the foremost and most pressing need of people experiencing homelessness. Only after securing stable housing can other underlying and intricate issues be adequately addressed. In practical terms, a Housing First approach entails moving people directly from the streets or homeless shelters into permanent housing, alongside the provision of services designed to help them maintain their housing and progress toward recovery and community reintegration (3).

Elements of the Housing First Model, adapted in Australia since the early 2000s through initiatives like Platform 70, Connect 100, and STEP to Home, have informed the Together Home program. Although traditionally these models operate with time-limited funding (3), the Together Home program has secured extensions to previous funding phases and anticipates additional funding. This demonstrates a commitment to adapt and seek continuity of housing support for its clients, despite the challenges for long-term sustainability posed by the reliance on time-limited funding, which contrasts with the enduring support advocated by Housing First principles.

An inadequate supply of social housing has been cited as a key limitation on the scaling of the Housing First model in Australia (4). Addressing the inadequacy of social housing supply, the Together Home program advocates for a headlease model as a transitional aiming for the eventual integration of clients into social housing or continued housing under CHPs without necessitating a move. This approach seeks to mitigate the challenges and instability often associated with the private rental market, emphasising the importance of stable, long-term housing solutions for program participants. Under the Together Home approach CHP partners source appropriate properties from the private rental market. As clients approach the end of their two-year support period, CHPs actively work with them to secure long-term support solutions. This may include linking clients with ongoing support with the NDIS, HASI or other specialist homelessness programs without time limits. Leasehold properties in the program are moved to a CHP's Community Housing Leasehold Program. This change is known as 'absorbing' a property. This strategy underscores the program's commitment to stable, long-term housing outcomes, aiming

to 'absorb' clients into the leasehold portfolio where feasible, to avoid further transitions and maintain continuity in their housing situation.

Measures and outcomes of a successful Housing First approach

In 2020, CSI conducted an independent evaluation of the STEP to Home program (5), a Housing First program administered by Bridge Housing and funded by DCJ.

To evaluate the impact of the STEP to Home program on its clients, CSI conducted a systematic literature review of Housing First models both in Australia and internationally (5). Table 2 provides a summary of the identified eight outcomes and 20 measures associated with successful Housing First approaches.

Table 2 Housing First outcomes identified in literature.

Outcome	Measures
Housing outcomes	<ul style="list-style-type: none"> • Increased housing retention and stability • Increased housing stability • Improved housing satisfaction • Increased security, safety, and privacy
Autonomy	<ul style="list-style-type: none"> • Increased sense of control, independence, gained autonomy, self-efficacy, and feelings of freedom • Increased program retention, treatment choice and increased trust with service providers
Health outcomes	<ul style="list-style-type: none"> • Improved general health and physical health • Improved mental health • Substance use
Quality of life	<ul style="list-style-type: none"> • Improved quality of life
Financial outcomes	<ul style="list-style-type: none"> • Increased economic participation • Increased financial stress
Relationship outcomes	<ul style="list-style-type: none"> • Improved relationships and social connections • Reduction in social isolation
Social integration	<ul style="list-style-type: none"> • Decrease in anti-social and criminal behaviour • Increased community participation and integration
Cost effectiveness and reduced use of public services	<ul style="list-style-type: none"> • Reduction in the use of public services • Reduction in the use of health care services • Reduction in the use of the justice system • Reduced cost to public services

The eight identified outcomes and 20 associated measures that are linked with successful Housing First approaches have been utilised in the analysis of the Together Home program, as presented in this report. These outcomes and measures have served as a framework for evaluating the program's effectiveness and impact.

Together Home client information

All Together Home clients

Since its commencement, the Together Home program based in the Sydney region has supported 380 clients, with 298 of those clients still housed in the program as of August 2023. For the 82 clients who have exited the program, 28 clients had moved into accommodation outside of the program such as moving into the private rental market or moving states or country to be with family. There were also 20 clients out of the 82 clients who had left the program for reasons beyond the control of the program, such as client's incarceration or death. The remaining 34 of 82 clients who exited the program had disengaged (see page 18).

The demographic composition of Together Home's clients is detailed in Table 3 below. Of the 380 clients:

- 75.8% (n=288) of clients in the program identified as male, 23.4% (n=89) as female, and 0.8% (n=3) as non-binary.
- The age range of Together Home clients spans from 18 to 75+ years, with the majority (42.9%, n=163) falling between 45 and 54 years old.
- 17.1% (n=65) of clients identified as Indigenous Australians, while 82.9% (n=315) identified as non-Indigenous.
- Close to half (46.8% n= 178) of Together Home clients identified as having a disability.

Demographic information of survey participants

A total of 80 clients completed the Together Home client outcome survey. The clients who responded to the survey represent a subset of all Together Home clients. Demographics of the survey participants are shown in Table 3. Among the survey respondents, 75% (n=60) identified as male, 23.8% (n=19) as female, and 1.3% (n=1) as non-binary. This is somewhat similar to the overall gender make-up of the Together Home clientele.

The age range of survey respondents spans from 18 to 64 years old, with the majority (35%, n=28) falling between 45 and 54 years old, followed by the 35-44 years old bracket (27.5% n=22). Again, a similar make-up of the Together Home clientele.

Survey respondents who identified as Indigenous Australians made up 16.2% (n=13) of the sample while 83.8% (n=67) were non-Indigenous. There were also 26.3% (n=21) of survey respondents who were born overseas and a small number (12.8% n=10) who spoke another language other than English at home.

Slightly higher than the make-up of Together Home clientele, 61.3% (n=49) of survey respondents identified as having a disability.

Table 3 Together Home client demographic information

Demographic information	Together Home total client cohort n=380	Survey respondents n = 80
Gender		
Women	23.4% (n=89)	23.8% (n=19)
Men	75.8% (n=288)	75.0% (n=60)
Non-binary	0.8% (n=3)	1.3% (n=1)
Age		
18-24	3.7% (n=14)	2.5% (n=2)
25-34	12.4% (n=47)	11.3% (n=9)
35-44	22.1% (n=84)	27.5% (n=22)
45-54	42.9% (n=163)	35.0% (n=28)
55-64	14.2% (n=54)	18.8% (n=15)
65-74	3.2% (n=12)	5.0% (n=4)
75+	1.6% (n=6)	
Indigenous status		
Indigenous	17.1% (n=65)	16.2% (n=13)
Not Indigenous	82.9% (n=315)	83.8% (n=67)
Speak a main language other than English at home	-	16.1% (n=5)
Country of birth		
Born in Australia	-	72.5% (n=58)
Born overseas	-	26.3% (n=21)
Disability		
Yes	46.8% (n=178)	61.3% (n=49)
No	40.3% (n=153)	30.0% (n=24)
Unknown	12.9% (n=49)	8.8% (n=7)

Source: Together Home client demographic information (n=380): was collected from administrative data from Housing providers. Survey respondents' demographic information was collected from the Together Home client survey (see Appendix A).

Demographics and background of interviewees

Demographics

Twelve interviews were conducted with clients from the Sydney Together Home program by CSI. Of these interviews, six were completed with people who identified as male, four with people who

identified as female, one with a transgender woman and one with a person who identified as non-binary.

The ages of the interviewees ranged from 26 years old to 56 years old. Three of the interviewees were Indigenous Australians and another was Māori from New Zealand. Ten of the 12 interviewees were Australian citizens.

Participants with Children

Six of the 12 interviewees had children, which ranged from infant age to young adults, there were different levels of custody rights (fulltime, part-time, and seeking custody) among the group.

Experiences of homelessness

Interviewees described experiences across the spectrum of homelessness including couch surfing, sleeping rough, staying in temporary accommodation, or most commonly staying in shelters. For some interviewees, they had experienced episodes of homelessness before the period of entering the Together Home program, with one interviewee who had experienced homelessness for 20 years while another had first experienced youth homelessness from the age of 12 years old.

Furthermore, some interviewees had experienced challenges related to domestic and family violence, as well as family breakdowns. Additionally, a few interviewees had previous involvement with the criminal justice system, including periods of incarceration. These diverse experiences highlight the complex and multifaceted nature of homelessness and the unique challenges faced by people seeking stability and housing through the Together Home program.

2. METHODOLOGY

To evaluate the Together Home program, CSI collected data from qualitative interviews, client survey and data that was collected in the program from CHPs and caseworkers. This data was measured against identified Housing First outcomes (see Table 2 - Housing outcomes identified in literature). Below in Table 4, details the evaluation methodology outlining what data sources has been used to measure against each Housing First outcome, as well as Together Home program's aims. Further description of the evaluation methods is outlined in the following sections.

Table 4 Evaluation design measures against Housing First outcomes

Outcome	Measures	Evaluation Methodology	Together Home program aims
Housing outcomes	<ul style="list-style-type: none"> • <i>Increased housing retention and stability</i> • <i>Increased housing stability</i> • <i>Improved housing satisfaction</i> • <i>Increased security, safety, and privacy</i> 	<ul style="list-style-type: none"> ○ Admin data on clients' housing retention from numbers recorded in the program by CHPs. ○ Housing stability, satisfaction, increased security and safety were explored in interviews. ○ Improved Housing satisfaction was measured in the survey (Q9d and Q11) (see Appendix A for client outcome survey). ○ Improved safety within their homes was measured in the survey (Q9b). ○ Personal wellbeing index (standard of living and safety measure). 	Rapidly rehouse people who are street sleeping or with a history of street sleeping with a plan for longer term housing
Autonomy	<ul style="list-style-type: none"> • <i>Increased sense of control, independence, gained autonomy, self-efficacy, and feelings of freedom</i> • <i>Increased program retention, treatment choice and increased trust with service providers</i> 	<ul style="list-style-type: none"> ○ Increased autonomy was explored in interviews. ○ Increased program retention was measured from admin data on the number of clients who are still provided with caseworker support and the number of successful referrals to services/supports. ○ Program satisfaction was also measured in the survey (Q8), as well as explored during interviews. 	Support the development of daily living and self-management skills
Health outcomes	<ul style="list-style-type: none"> • <i>Improved general health and physical health</i> • <i>Improved mental health</i> • <i>Substance use</i> 	<ul style="list-style-type: none"> ○ Improved health was measured in the survey (Q13). ○ Improvement in mental health was explored through interviews. ○ Substance use was not explored in this evaluation. ○ Personal wellbeing index (health measure). 	Provide access to culturally appropriate health, mental health, and wellbeing services

Quality of life	<ul style="list-style-type: none"> • <i>Improved quality of life</i> 	<ul style="list-style-type: none"> ○ Improved quality of life was measured by the personal wellbeing index data that was collected from case workers in the program. ○ The personal wellbeing index item questions were also asked in the client survey (Q7) to survey respondents. This question was broken into differences between genders as well as Indigenous and non-Indigenous survey respondents to understand if there were differences in subject wellbeing. 	<p>Provide access to culturally appropriate health, mental health, and wellbeing services (where appropriate) Support the development of daily living and self-management skills</p>
Financial outcomes	<ul style="list-style-type: none"> • <i>Increased economic participation</i> • <i>Increased financial stress</i> 	<ul style="list-style-type: none"> ○ Increased economic participation was measured through admin data collected on the number of clients who were employed before entering the program to now in the program. ○ The survey asked clients how satisfied they were with their employment opportunities (Q9c). ○ Increased financial stress was not measured in this evaluation. 	<p>Facilitate engagement with positive structured activities such as social groups, education and/or employment</p>
Relationship outcomes	<ul style="list-style-type: none"> • <i>Improved relationships and social connections</i> • <i>Reduction in social isolation</i> 	<ul style="list-style-type: none"> ○ Improved relationship and social connection were explored through interviews. ○ Increased social connections were measured in the survey (Q12) ○ Personal wellbeing index (Relationship measure). 	<p>Rebuild family, community, and cultural connections</p>
Social integration	<ul style="list-style-type: none"> • <i>Decrease in anti-social and criminal behaviour.</i> • <i>Increased community participation and integration</i> 	<ul style="list-style-type: none"> ○ Decrease in anti-social and criminal behaviour was not measured in this evaluation. ○ Increased community participant and integration was measure in the survey (Q9a,9c and Q10) as well as explored in interviews. ○ Personal wellbeing index (community measure). 	<p>Rebuild family, community, and cultural connections</p>
Cost effectiveness and reduced use of public services	<ul style="list-style-type: none"> • <i>Reduction in the use of public services</i> • <i>Reduction in the use of health care services</i> • <i>Reduction in the use of the justice system</i> • <i>Reduced cost to public services</i> 	<ul style="list-style-type: none"> ○ The reduced use of public services was measured in the survey (Q14-16). ○ Reduced cost of public service was not measured. 	<p>Provide access to culturally appropriate health, mental health, and wellbeing services (where appropriate)</p>

Quantitative Survey

CSI utilised a pre-existing survey model derived from established outcome indicators from a different Housing First initiative, the STEP to Home evaluation (5). This survey encompassed assessments of various outcome areas, such as housing satisfaction, quality of life, health status, relationship outcomes, social integration, and service utilisation (see Appendix A).

The distribution of these surveys was facilitated by Together Home case workers among their respective clients. The surveys were made accessible through the Qualtrics platform and were self-administered by the clients themselves. The Together Home survey data was collected in two rounds. The first survey round, conducted between June and August 2023, resulted in 31 respondents. To improve the response rate and gather more comprehensive data, a second survey round was conducted between February and March 2024, yielding an additional 49 responses. In total, 80 complete responses were gathered.

Qualitative Interviews

Qualitative interviews were conducted with 12 participants in the program in June and July of 2023. At the time of the interviews, four interviewees had been in the program between 12 and 18 months, another four interviewees had been in the program for close to 24 months, and the remaining four interviewees had been in the program for more than 2 years. These interviews were semi-structured and typically lasted around one hour. The questions posed during the interviews delved into various aspects, including the participants' experiences with homelessness, the steps they took to enter the program and secure housing, their progress within the program, and the transformations they've encountered since obtaining housing. The interview guide used for this evaluation is provided in Appendix B.

Interview participants were recruited with the support of Together Home case workers. The criteria for interviewees were that clients must have been in the program for over 12 months, were still in the Together Home program and had caseworker support. The aim was to sample a mix of gender and Indigenous status participants.

Program Administrative Data

To gain a more comprehensive insight into the program's outcomes for Together Home clients, CSI analysed their administrative data. Administrative data included:

- Personal Wellbeing Index (PWI) responses.
- Participant demographic and characteristics information, such as gender, age, and employment status. Demographic data was used to provide an overall picture of the Together Home clientele. Employment status data involved the numbers of clients who were employed before entering the program and after being in the program. This data was used to evaluate changes in economic participation.
- Rates of housing retention, housing transfer and housing exits for clients. This data was used to inform the evaluation on client's level of housing retention in the program.
- Types of supports and services clients used in the program. This data was used to understand the supports and services clients were using, how many clients were still supported through caseworks and numbers of referrals to services/support for clients in the program.

Personal Wellbeing Index data

A key focus of the Together Home program is improvement in client wellbeing and the PWI data is collected from clients throughout the program. PWI surveys are completed by Together Home clients upon entry into the program and then every six months that they were in the program.

The program has been operating since 2020 and clients have entered the program at different times throughout that period. Table 5 details the PWI data collection point (every six months) and the time period during the program when the PWI was collected from clients.

Client PWI data was analysed to find the average score among the respondents to show change over time. Due to irregular data collection of clients' individual PWIs, the data was not paired but analysed together as a cohort. Further analysis was undertaken to test if the changes in PWI data collected in the program were statistically significant. Testing found that PWI and life satisfaction data showed an upward trend until 18 months from when clients entered the program. During the period of 12 and 18 months, this trend was found to be statistically significant. Further detailed analysis is presented in Appendix C.

Table 5 Number of clients that completed PWI at different time points

PWI data collection point	0-6 months	6-12 months	12-18 months	18-24 months	24-30 months	30-36 months
Time period data was collected	June 2020-April 2022	Dec 2020-Nov 2022	June 2021-May 2023	Dec 2021-April 2023	June 2022-Nov 2023	Dec 2022-Aug 2023
Together Home Clients	56	50	43	29	22	7

Source: Together Home admin data collected in the program

3. EVALUATION FINDINGS

This section presents a detailed analysis of the Together Home program, as shown in Table 1.

Findings are drawn from a holistic evaluation design that aligns with the outcome indicators outlined earlier in the report. These indicators were used to evaluate the data and bring focus to the measurable improvements in living conditions and participant wellbeing.

This section reports on findings against key program objectives, drawn from a synthesis of data sources, and highlights effective program activities that have a positive impact on participants' lives.

1. Housing Stability and Satisfaction

Program aim: Rapidly rehouse people who are street sleeping or with a history of street sleeping with a plan for longer term housing.

This aim is evaluated through:

(1) retention and stability, (2) housing satisfaction, (3) security, safety, and privacy. These criteria were chosen as key indicators to measure the program's success in achieving its stated aim: to provide stable, long-term housing and support for individuals experiencing homelessness.

I managed to get the housing that I'm in currently just through the pandemic, otherwise I'd still be probably out in the street (Interviewee 01).

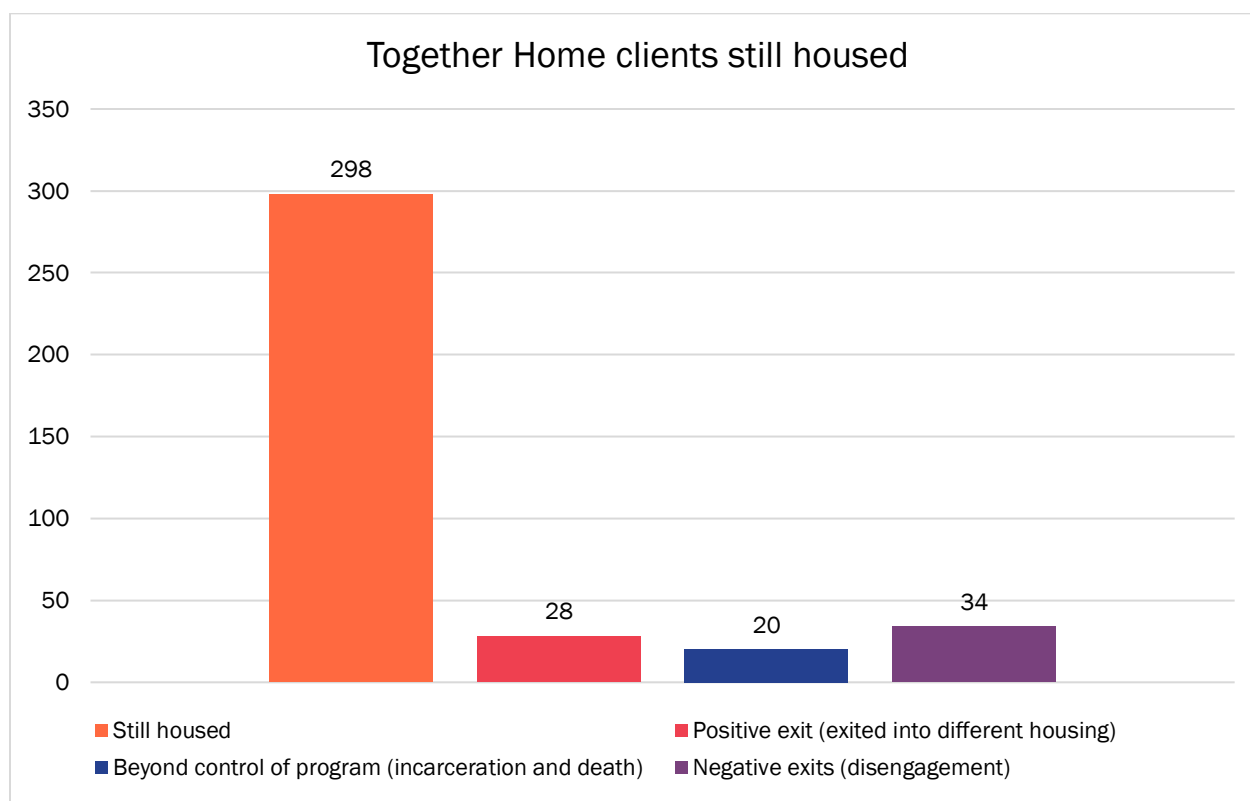
1.1 Increased housing retention and stability

There has been an increase in housing retention and stability among participants in the Together Home program since its commencement in July 2020. The program has provided housing for 380 clients in Sydney alone. As of August 2023, out of the 380 clients (see Figure 2):

- 298 remained housed in the program (78.4%)
- 28 (7.4%) had positive exits, moving into private rentals or moving states or country to be with family.

326 clients maintained stable housing as a direct or indirect result of their participation in the Together Home program, resulting in a housing retention rate of 85.8%. This benchmark exceeds the average housing retention rate of 80% amongst successful Housing First programs (5). For clients who identified as Indigenous, there was a housing retention rate of 68% (44 of 65 Indigenous clients were still housed in August 2023).

Figure 2 Together Home clients still housed as of August 2023



Source: Together Home admin data collected in the program

The analysis of the exits from the Together Home program is nuanced, taking into account different exit categories to provide an accurate assessment of housing retention:

1. **Positive exits:** Clients voluntarily leaving the program for alternative stable housing solutions.
2. **Negative exits:** Clients who disengage from the program.
3. **Exits beyond program control:** Exits due to circumstances outside the program's influence, such as incarceration or death.

As demonstrated in Figure 2, of the 82 Together Home clients who exited their housing:

- 28 clients had positive exits, moving into private rentals or moving states or country to be with family.
- 20 clients were beyond the control (12 were incarcerated, eight were deceased).
- 34 clients disengaged with the program.

Table 6 outlines the housing status and exit types by tranche, revealing that Tranche 1 experienced a higher rate of negative exits at 35% (n=40), while Tranches 2 and 3 saw more positive exits. This shift is attributed to the enhanced implementation of Housing First principles in the later tranches as opposed to the rushed response nature of Tranche 1.

Table 6 Together Home clients housing and exits number by tranches.

Housing numbers by tranches	Total clients	Stilled housed	Total exits	Positive exit	Negative exit	Beyond the control of the program
Tranche 1	115	75	40	9	21	3
Tranche 2	153	123	30	12	9	7
Tranche 3	112	100	12	7	8	2
Total	380	298	82	28	34	20

Source: Together Home admin data collected in the program

The data indicates that of the 298 clients still housed in the Together Home program, 212 are in headlease properties (private rentals) while 86 are in social capital properties managed by their housing provider (see Table 7). Social capital properties provide more housing stability due to their long-term tenure, a sentiment echoed by one interviewee, who described feeling more mentally settled upon securing “a house for life.”

Table 7 Number of Together Home clients housed in leasehold and capital properties.

Housing numbers by tranches	Leasehold	Capital	Total
Tranche 1	48	26	74
Tranche 2	88	36	124
Tranche 3	76	24	100
Total	212	86	298

Source: Together Home admin data collected in the program

The qualitative interviews conducted with program participants underscore the program’s success in providing housing continuity. Participants emphasised the program’s capacity to offer stability, especially when contrasted with the lengthy waits often experienced on social housing waiting lists or the distressing experiences while experiencing homelessness:

There was nowhere for me to stay. So, I ended up homeless. I was homeless on and off for several years and just slept on a few friends’ couches. I even slept on the train one night. I slept on the street, and I ended up getting a temporary accommodation... From there I had been on the housing list since 1998 and I still hadn’t received any housing. So, I’d waited a very long time for housing (Interviewee 08).

Another interviewee shared their distressing experience of rough sleeping before entering the Together Home program:

Before I got into the program, I was homeless, living on the streets. I was, you could say, a massive drug addict, addicted to heroin. I lost my family... I was kind of on a spiralling down path to either death or jail (Interviewee 07).

The same interviewee spoke of the impact on their lives of the increased housing stability afforded by the program:

[With] stability and somewhere safe to call home... I got my feet back on the ground and got clean, off the drugs, then I took the step into looking for work, and then I got a job... Just [having] the stability of having a safe place and somewhere to go home to each night, having the support and stuff, I think it's really helped me get back into the workforce (Interviewee 07).

Housing transfers

The headlease model, a cornerstone of the Together Home program, is designed to ensure housing retention by providing alternatives in cases of lease termination. While lease terminations, representing 62% (n=96) of housing transfers, indicate the headlease model's capacity to keep clients housed, they also reflect the model's limitations, highlighting the need for more stable, long-term solutions.

The program's management transfers, although facilitating client tenancy sustainment, still contribute to a considerable 28% (n=44) of transfers, revealing potential areas for program enhancement (see Table 8).

The significant number of leasehold terminations and management transfers raises concerns about the stability and cost-effectiveness of the current approach. As some clients have experienced multiple moves, this challenges the notion of stability and incurs additional costs both for the clients and the CHPs. Considering these issues, a recommendation for a dedicated social housing supply is pertinent to ensure greater stability and reduce the financial and personal impact of frequent moves.

In summary, while the headlease model provides necessary flexibility and immediate solutions, it also underscores the critical need for a sustainable approach to housing for vulnerable populations. Acknowledging the costs and stress associated with moving, the report advocates for a housing strategy that minimises transfers and prioritises long-term stability.

Table 8 Number of housing transfers as of August 2023

Types of housing transfers	Number	%
Leasehold termination	96	62%
Management transfers	44	28%
Tenant initiated transfers	15	10%
Total	155	

Source: Together Home admin data collected in the program

Note: 124 clients made up the total 155 housing transfers, some clients experienced multiple housing transfers during the program.

1.2 Improved housing satisfaction

Quality of housing

Survey respondents indicated high levels of satisfaction with their housing. When asked about their satisfaction with the home in which they live, on a scale of 1 to 10 the average score amongst respondents was 8.2 (median 9). Similarly, respondents' satisfaction with the neighbourhood in which they lived scored an average of 8.1 out of 10 (median 8).

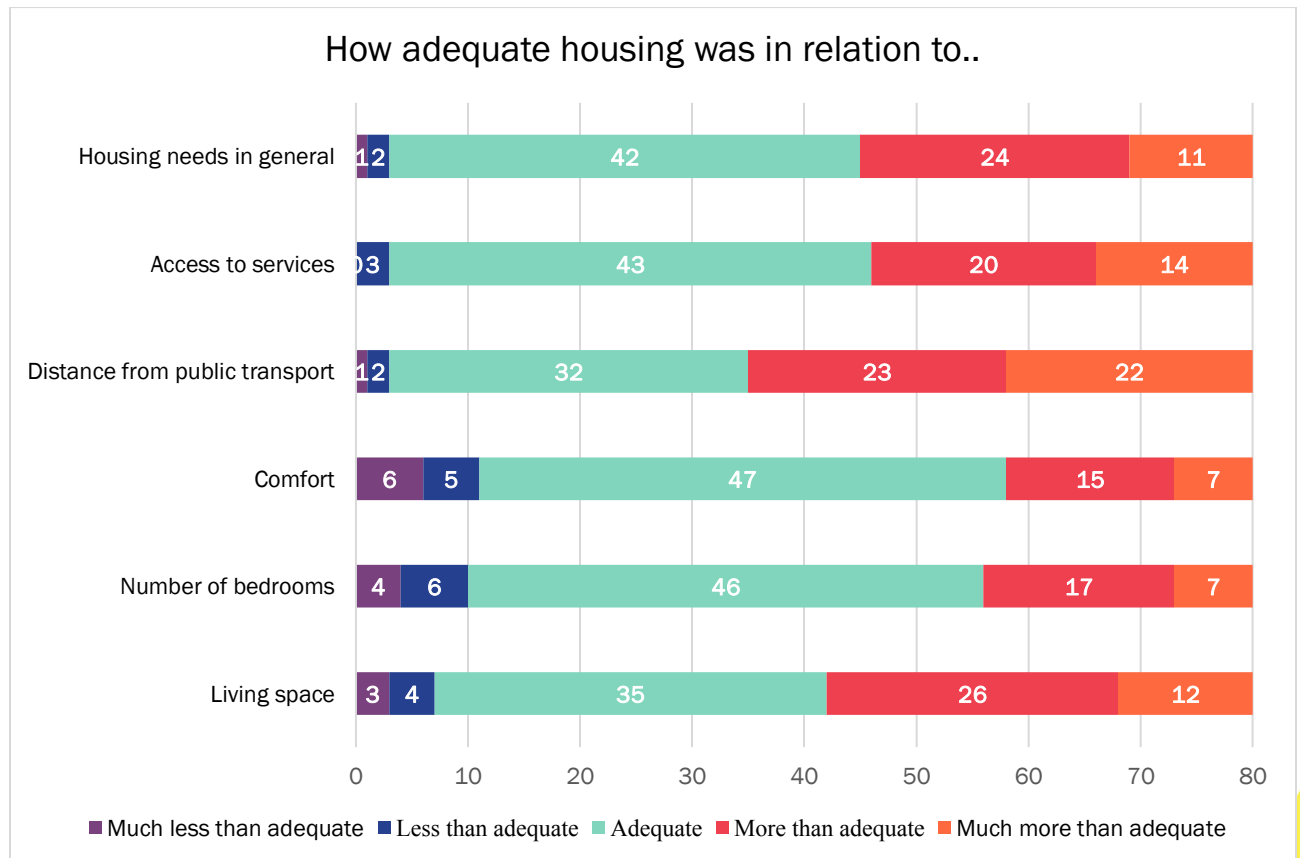
Male survey respondents reported slightly higher satisfaction with the home in which they live (average of 8.4) compared to female respondents (average 7.4) and non-binary respondents (average 8). For satisfaction with their neighbourhood in which they lived, males had a slightly higher level of satisfaction with an average of 8.1. For females there were an average of 7.8, and for non-binary respondent had an average of 8.

For respondents who identified as Indigenous, satisfaction with their neighbourhood was 1.2 points lower than non-Indigenous responses with an average of 7.4 for Indigenous respondents compared to 8.2 for non-Indigenous respondents. While there was difference in satisfaction with the neighbourhood between Indigenous respondents and non-Indigenous respondents, satisfaction with the home in which they live was the same for Indigenous and non-Indigenous respondents with an average of 8.2 out of 10.

Amongst survey respondents there was high satisfaction with the home and neighbourhood in which they lived. There were different levels of satisfaction with their home amongst different genders while Indigenous and non-Indigenous had the same level of satisfaction. In terms of satisfaction with the neighbourhood survey respondents lived in there were only slightly different levels of satisfaction amongst genders, while Indigenous respondents and non-Indigenous respondents differed in their levels.

Survey respondents were additionally asked to assess the adequacy of their current housing for their needs. This included consideration of their housing needs in general, access to services, distance from public transport, comfort, number of bedrooms and living space. As presented in figure 3, 96% of respondents (n=77) indicated that their housing was adequate to more than adequate in relation to distance from public transport, access to services and housing needs in general. Most survey respondents indicated that their living space was adequate to more than adequate (91% n=73) while 9% (n=7) indicated that it was less than adequate. Likewise, most respondents (88% n=70) indicated that the number of bedrooms in their home was adequate while a small number (13% n=10) indicated it was less than adequate. For comfort of their home most respondents indicated it was adequate to more than adequate (86% n=69) while 14% (n=11) indicated that it was less than adequate.

Figure 3 Housing satisfaction for Together Home clients



Source: Together Home client survey (n=80)

Interview participants also indicated high levels of satisfaction with the housing they were offered under the program. One interviewee spoke of the difference between their accommodation under the program and their previous social housing accommodation:

The neighbours seem to all keep to themselves and are nice and quiet, not like [where they were previously living in social housing]. I was hearing the bloody noise every weekend and picking up the rubbish from the back. But here, nobody leaves rubbish or anything. The surroundings are very clean. They come and clean it. Cleanliness-wise, it's pretty good. I like the building, the whole building. I don't mean just my apartment (Interviewee 11).

The same interviewee also spoke of the ability to make their housing under the program feel homely and the importance of this for them:

[Making their space homely] it's a big thing for me... because it is your sacred little space. It's when you want that soft place to land. I have always believed that really nurturing where you live is important. I've got a few little vegetables growing, some herbs, and little things like that (Interviewee 10).

Housing location

One recurring theme that emerged from qualitative interviews was the program's success in offering housing that is conveniently located near transportation options and essential services. This strategic placement of housing had a significant positive impact on the overall housing satisfaction levels among interviewees. One interviewee detailed:

I have a bus that stops basically right outside my building. So public transport is good if I can there on time. My pharmacy is literally just a few minutes' walk up my street. And they are all—well most of them are super nice. We know each other on a first name basis. And there's really nice parklands near me, which when I have the energy, I like to bike ride around (Interviewee 02).

Echoing the advantages of residing in housing situated in proximity to essential services and amenities, another interviewee shared:

Never in my lifetime could I ever be able to afford a place so close to everything, I mean, central. That's one thing I like about it. I'm right in the middle. Everything is so close. I'm close to everything. If my daughter is coming, [her university] is just across the road from me, not far. In that sense, I love it (Interviewee 11).

These findings illustrate a substantial improvement in the quality of housing experienced by participants who noted improvements in comfort, amenities, and overall housing quality. This increased satisfaction is crucial for mental and emotional wellbeing, reflecting the program's success in not just providing housing, but ensuring it is of a standard that positively impacts the lives of its beneficiaries.

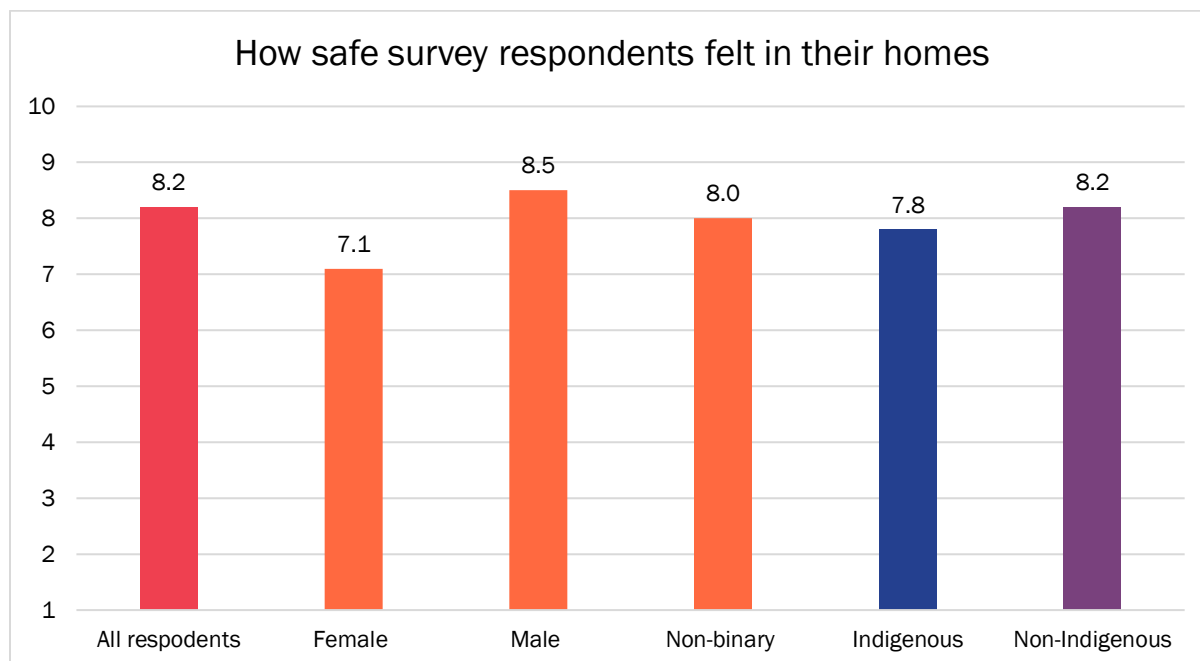
1.3 Increased security, safety, and privacy

From living on the street and not knowing where you're going to sleep at night, or not knowing if you're going to get robbed, or someone is going to do something to you while you sleep, the effect that has on your mental health... but there's no better feeling than having a secure place to call your home, from living on the street and sleeping under bridges and stuff like that, to having a nice warm bed and a warm shower. Yeah, there's nothing much that can compare to that (Interviewee 07).

On a scale of 1 to 10, survey respondents were asked to rate how safe they felt in their current home. The average score for all respondents was 8.2 (median 8). Comparing feelings of safety, averages between respondents' cohorts reveals different feelings of safety. Survey respondents

who were men reported, on average, higher feelings of safety compared to women and non-binary, with women reporting 1.1 points lower than men (see Figure 4). For survey respondent who identified as Indigenous reported .4 points lower than non-Indigenous respondents when rating their feelings of safety in their home (see Figure 4).

Figure 4 Survey respondents' feeling safety in their own home.



Source: Together Home client survey (n=80) Feelings of safety on a ten-point scale (male n=60, female n=19, non-binary n=1, Indigenous n=13, non-Indigenous n=67)

There's nothing worse than surf couching and staying outside in the cold and the rain, you've got no food, you've got nothing. I'm so happy that Together Home have put me in a safe place for two years...It's just having a safe place, it's just having a roof over my head (Interviewee 06).

The theme of safety, encompassing both the feeling of safety and the actual sense of being safe since obtaining housing, emerged as a significant and recurring topic during the interviews. Interviewees emphasised the importance of having a "safe place to sleep" and drew comparisons between their previous unsafe experiences of sleeping on the streets and the security and comfort they now found in having a bed to sleep in.

One interviewee recounted their experience of being physically assaulted while sleeping rough and the feelings of now having their own safe place:

Now I have a bit more self-pride. Just knowing I have a key to a door that nobody else has. My safe space is so important. Because I've been sleeping rough like around Central railway station, and I'd have people kicking me awake in the middle of the night or chucking cups of coffee on me... (Interviewee 08).

During one interview, a female interviewee who had lived in temporary accommodation discussed her feelings of safety since obtaining permanent housing. She emphasised the significant change in her sense of security and wellbeing, contrasting her previous experiences while staying in temporary accommodations with her current situation in her own home:

So, I feel very safe. I sleep. Honestly, it's so quiet, and I feel safe. I used to run around checking doors and locks all night. I was up, and it was... And this panic,

too. I have not done that in... I don't think from the minute I got there... I sleep like I've never slept before, which is really saying something (Interviewee 10).

Interviewees also noted the security and safety features of the properties they were living in. Some interviewees mentioned residing in apartment buildings or units with shared common areas that required individuals to use swipe cards or passcodes to gain entry. This added layer of security was particularly appreciated by interviewees, especially those who had past traumatic experiences:

I have an outdoor security system, so like you have to be able to open the common doors before you can actually get into the units with a key which is a big trigger for me... because I can't really stand the feeling of people just being able to walk in and out of your hallways or up and down your staircases or whatever or stuff like that... so that's really good (Interviewee 08).

Women and safety

The topic of women's safety emerged as a significant concern during the interviews, particularly among female participants. Some of the female interviewees shared their experiences related to domestic violence and relationship breakdown, which had led to their homelessness. As one interviewee stated:

Because I had been living in the past with a man who was very violent and abusive and that's when I ran away from him, and I ended up on the street (Interviewee 08).

The experiences of two female interviewees stood out, as both had gone through divorce and a subsequent loss of financial stability, which ultimately led to their episodes of homelessness. Both women had previously enjoyed a comfortable and financially stable living situation before their relationships broke down.

Their stories shed light on a growing demographic within the homeless population: older single women. Data from the 2021 Census showed the rate of women aged between 45 and 54 years old experiencing homelessness increased by 8.2% from 2016 while women aged over 55 years old increased by 6.6% in 2021(6). The Housing for the Aged Action Group (HAGG) indicates most older women experiencing homelessness had lived 'conventional' housing histories throughout their life and were for the first time encountering homelessness (7).

One of the interviewees described her experience of relationship breakdown that led to becoming homeless to how she felt since being housed in the Together Home program:

So, marriage breakdown led me to [staying in temporary accommodation]. So, of course, he [ex-husband] was very well connected, very wealthy. So, when we separated, I was shocked that everything just stopped. No financial help. Aside from he said, "Go to a women's shelter. Leave the house, go to a women's shelter." That's it. After a lifetime of being devoted... So, yeah, then I ended up with [support provider], eventually. Then into the Together Home program...

[Since being in the program] the sense that I was safe, I had a roof over my head... much more independence. Very safe. The opposite of that is how I felt when all of this first happened (Interviewee 10).

Without the privacy and security of a safe place to live many women experiencing homelessness are at greater risk of physical and sexual assault (8). One interviewee highlighted the importance of having a safe place to live that was only hers:

Being a woman, I've been offered a lot of times for favours or anything, like sexually... Come and sleep with me" or "Come in the bed with me. Let me touch you. Then you can stay here." I don't have to do any of that bullshit. There's no one groping me or huffing and puffing on top of me in the middle of the night, because I have my own place... When you don't have your own place, people can have their

power because accommodation is the most important thing, I think, one of the most important... the biggest thing is it's my place... If somebody is making me uncomfortable, I can say, "Please leave. I do not wish you to be under my roof. I don't want to share this breathing space with you (Interviewee 11).

The importance of having a safe place to live as a woman was highlighted through interviews which can be summarised by one interviewees' comment:

It's given me space of my own that's safe and I can be independent as a woman. I don't have to be in a relationship with a man to have somewhere to live (Interviewee 08).

These findings highlight a significant improvement in participants' sense of security and privacy in their housing. This change marks a pivotal shift from their previous experiences which were often characterised by vulnerability and exposure. The increased feeling of safety has profound implications for mental health and personal dignity, illustrating the program's effectiveness in creating environments that are not just physically secure, but also emotionally reassuring.

2. Use of Public Services Outcomes

Program aim: Provide access to culturally appropriate health, mental health and wellbeing services.

This aim is evaluated through assessment of: (1) use of public services outcomes, (2) reduction in the use of health care services.

The survey sought to gather information from respondents regarding their utilisation of public services, including law enforcement and healthcare, both during the 12 months when they were experiencing homelessness and after they had been placed in the Together Home program. The subsequent analysis revealed slight variations in the utilisation of police and justice services, including activities such as spending nights in police detox, attending court for legal charges, being on probation, and spending one or more nights in jail. Additionally, there were marginal reductions in the utilisation of emergency rooms and hospital admissions since participants had been housed in the program.

It is important to acknowledge certain limitations in drawing conclusions from these outcomes within the context of the Together Home program. Firstly, the analysis relied on self-reported responses from participants rather than the more conventional administrative records of service usage that typically inform research on Housing First programs and their impact on the use of public services (9–11). Secondly, due to the relatively small sample size of Together Home participants, it becomes challenging to definitively determine the program's influence on the utilisation of public services.

Whilst acknowledging these data limitations, the subsequent sections will provide an overview of the findings pertaining to public service outcomes and the impact of the Together Home program.

2.1 Reduced use of public services

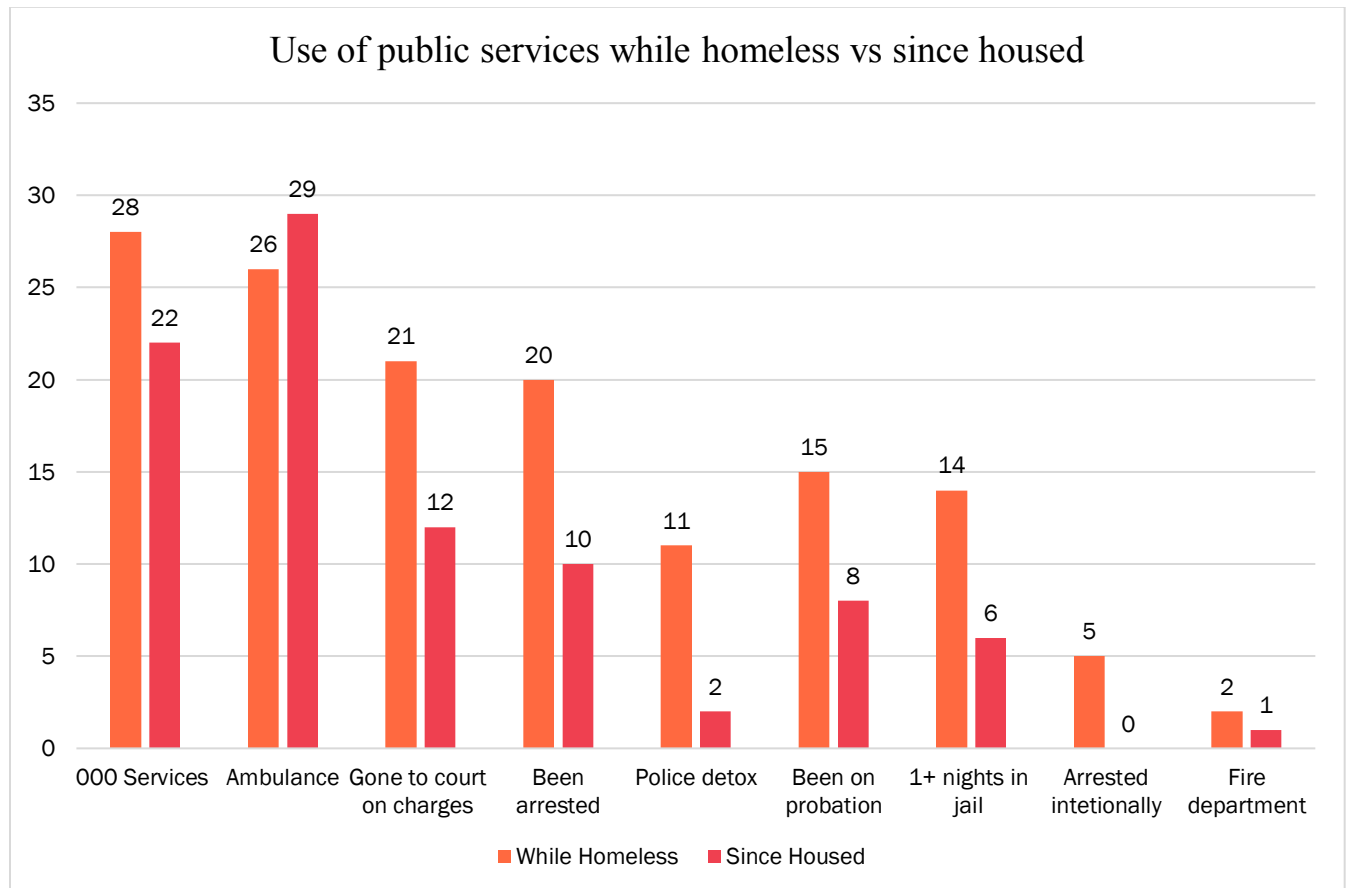
Survey respondents were asked to reflect on which public services they used while experiencing homelessness and since being housed. Public services included emergency services, police, and justice services.

There were slight decreases in the use of police and justice services since survey respondents have been housed in the Together Home program. For example, 11 survey respondents (13.8%) indicated they had used police detox while experiencing homelessness compared to two survey respondents (2.5%) since being housed.

There was also a slight decrease in the number of respondents going to court. Twenty-one survey respondents (26.3%) indicated that they had gone to court prior to being housed, while since being housed only 12 survey respondents (15%) have gone to court.

Survey respondents also indicated a decrease in being on probation and nights spent in jail since being housed. Fifteen survey respondents (18.8%) indicated they had been on probation while experiencing homelessness and since being housed only eight survey respondents (10%) had been. For survey respondents spending more than one night in jail prior to being housed in the program consisted of 14 respondents (17.5%) and since being housed only six (7.5%) had been (see Figure 5).

Figure 5 Use of public services while homeless vs since housed



Source: Together Home client survey (n=80)

Qualitative interviews also revealed the program's positive influence on reducing participants' reliance on public services. As described earlier, several interviewees shared their experiences of struggling with substance dependencies, which often led to encounters with law enforcement, court appearances, and at times, periods of incarceration. One interviewee detailed:

Now I am housed I am not worried about getting picked up by police... when you are homeless you've got to expect that (Interviewee 01).

The data indicates a significant reduction in the participants' reliance on public services, including emergency housing and welfare support. This reduction suggests that the program effectively facilitates self-sufficiency, leading to a decreased need for external support and a more sustainable model of social care.

2.2 Reduction in the use of health care services

Healthcare services can be categorised into two main types: primary healthcare, which encompasses visits to general practitioners, health clinics, and seeking mental health assistance from psychiatrists, and secondary health care, which involves the use of hospital emergency rooms.

To gauge their use of healthcare services, survey participants were asked to indicate the types of services they had used during their experiences of homelessness and since being housed. The analysis revealed a slight decrease in the use of secondary healthcare services since being housed under the Together Home program.

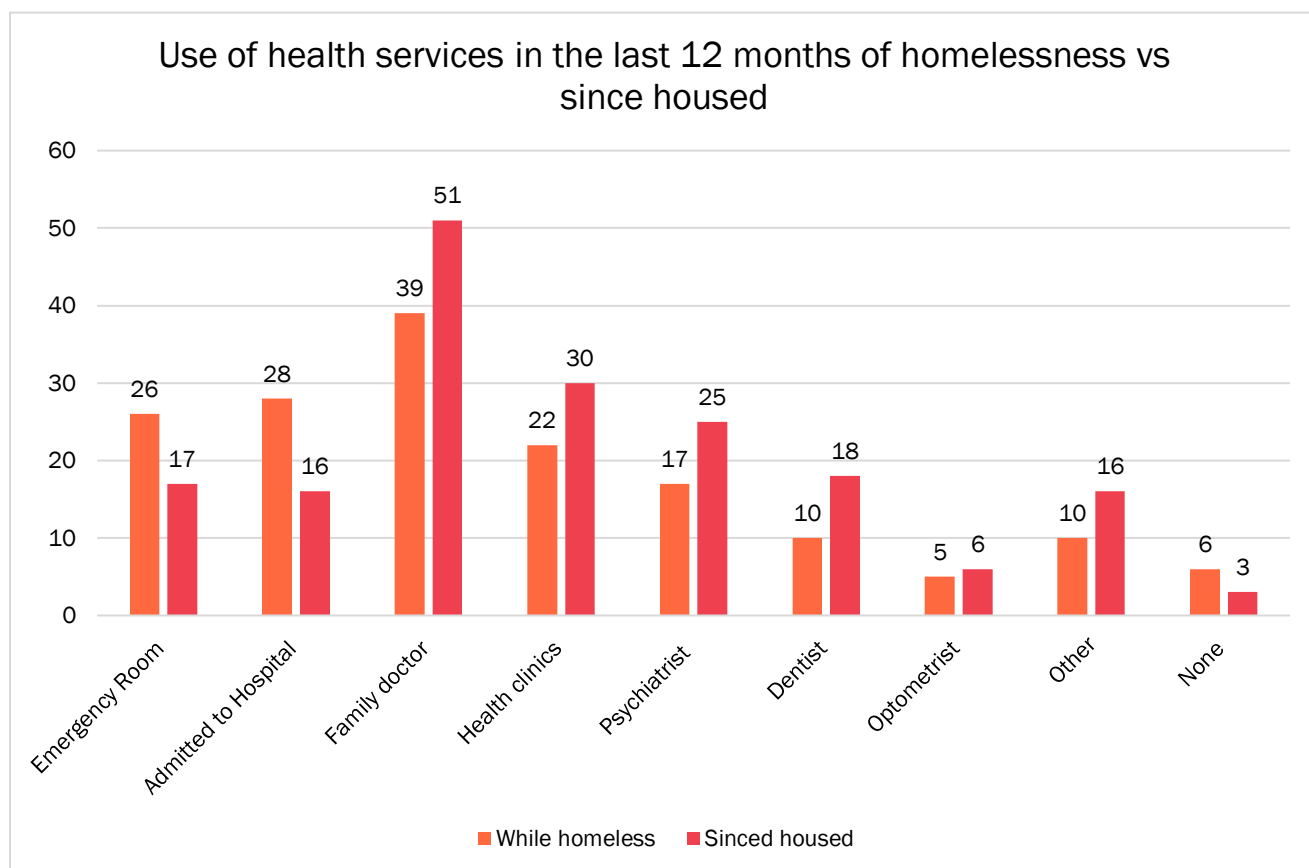
Specifically, when they were experiencing homelessness, 26 survey respondents (32.5%) reported using the emergency room. However, since obtaining stable housing, this number decreased to 17 respondents (21.3%). Similarly, the number of respondents admitted to the hospital dropped from 28 (35%) before the program to 16 (20%) since being housed.

Conversely, the analysis also revealed a slight increase in the use of primary healthcare services, including visits to psychiatrists and family doctors, among respondents. This figure increased from 39 survey respondents (48.8%) during their period of homelessness to 51 survey respondents (67.7%) since obtaining stable housing. Furthermore, respondents shared their use of various other healthcare services since being housed, including visits to Aboriginal medical centres, counselling, consultations with oncologists, psychologists, physiotherapy, and cardiologists (see figure 6).

These observed changes in healthcare service usage are consistent with findings from other Housing First studies, which have also reported a decrease in the reliance on emergency healthcare services and an increased engagement with primary health care. This shift suggests that stable housing can foster a proactive approach to health care, leading to better overall health outcomes for program participants (9,10,12–14).

The program has led to a noticeable decrease in the use of healthcare services by its participants. This trend is indicative of improved health outcomes and a lower incidence of health-related crises, highlighting the program's positive impact on both physical and mental health.

Figure 6 Use of health services in the last 12 months of homelessness vs since being housed



Source: Together Home client survey (n=80)

3. Health and Wellbeing Services

Program aim: Provide access to culturally appropriate health, mental health and wellbeing services.

This aim is evaluated through assessment of: (1) improved general and physical health; (2) improved mental health and (3) quality of life outcomes.

3.1 Improved general health and physical health

Since being housed, 64% (n=51) of survey respondents indicated that their health had improved since being housed under the program (see Figure 7). The rate of death and experience of chronic illness is higher for people experiencing homelessness than the general population and the long-term impacts of homelessness on health are typically more profound (15).

Through open-end responses, survey respondents described their improvements in health in relation to housing stability, eating better, being able to address medical issues and illness now that they were housed:

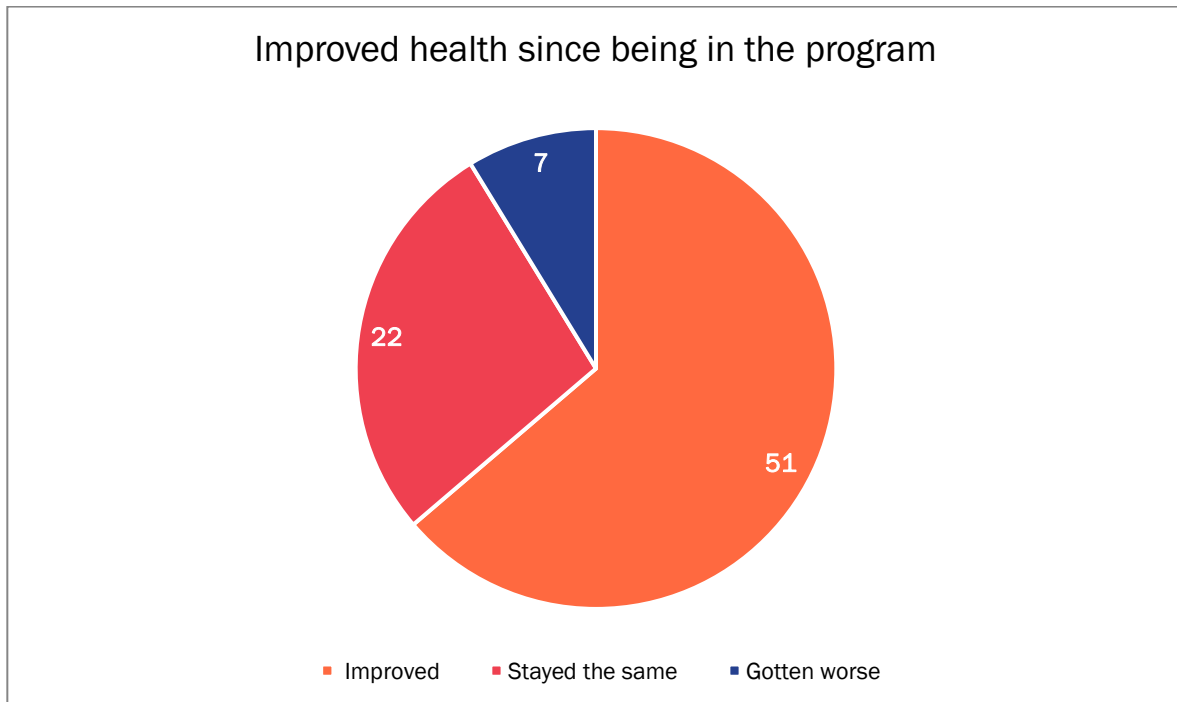
I have stability. My mental health and physical health have become a bit better because I can focus on eating good and getting fit in the security of my own little area.

I've been able to focus on all my medical issues, and also improved my overall health.

Since gaining home security I have finally been able to address numerous physical problems and illnesses I could do nothing about while I was homeless.

Having your own space gives a sense of freedom which has a positive effect on my health.

Figure 7 Survey respondents reported improved health



Source: Together Home client survey (n=80)

During a qualitative interview with a participant in the Together Home program, they shared their experience of how obtaining stable housing had a positive impact on their ability to address medical issues. While experiencing homelessness, this interviewee had been dealing with an ulcer on an injured leg that required frequent dressing changes, sometimes multiple times a week. They noted that their condition had significantly worsened when they were homeless, primarily because they lacked a permanent residence where a community nurse could visit and provide consistent treatment and care. As a result of not having a place to live, this interviewee had to rely on public transport and walking long distances to get to the hospital for medical treatment. While speaking about the change to health since being housed they described the important of having stability through being housed and being able to address health issues:

That's really important. It has given me stability and a good healthy routine for living. I've had the ability to address a lot of medical issues I have including my injured leg where I have an ulcer. I have somewhere for the nurses to come and dress it three days a week; so, they have a house to come to now so they can look after my leg. It's getting a lot better. It's nearly healed now (Interviewee 08).

The findings above reveal notable enhancements in the physical wellbeing of participants. This improvement is attributed to stable housing, which provides a foundation for healthier lifestyles and access to health services, resulting in better overall health outcomes.

3.2 Improved mental health

I mean when you're going from motel to motel, a different one every night for two years, that wears you down man, I'm telling you. It really does, love. It wears you right down (Interviewee 05).

Survey respondents also described their improvements in mental health since being in the Together Home program. Several survey respondents directly linked the improvements to being housed:

My mental health is also the best it has ever been.

My mental health has vastly improved, now that I have permanent housing.

Less stress and more managed mental health having a home rather than homelessness.

Improvement in mental health was a strong theme throughout interviews with Together Home clients. Interviewees described their mental health had improved since being housed, commonly using phrases such as “improved tenfold”, “ten times better” and “it’s from zero to 100” when speaking about their improvement. Many attributed improvements in mental health to feelings of safety and housing stability:

I feel heaps better, I'm not stressing as much and I'm sleeping better because I know that no one can touch me or anything (Interviewee 04).

[My home] offers me security and it's good for my mental health. It's very relaxing and reassuring (Interviewee 05).

Some interviewees had experienced mental health illnesses which they described as stable since being housed, for example one interviewee stated:

My mental health is a lot better; it's more stable. My depression has gotten a lot better; I don't have depression as bad. My bipolar's stable; I'm stable on medication to help with all my mental health issues (Interviewee 08).

While another interviewee had experienced significant trauma and was living with post-traumatic stress disorder (PTSD) and engaging with mental health services regularly had highlighted how having a safe home helped with his mental health:

Yes, it's sort of settled because I feel secure it's sort of settled... But it has made me safer in one way or another having a roof over my head, that's for sure (Interviewee 06).

During the interviews, participants were asked to share their thoughts on how their mental health had changed since they were housed compared to when they were experiencing homelessness. Across all interviews, a consistent and positive theme emerged: all interviewees reported that their mental health had significantly improved since obtaining housing. One interviewee described his mental health state while he was homeless compared to now since being housed in the program:

I was on the street for a bit, stayed in a couple of backpacker hotels. I started looking around for online services for accommodation and then I found [the homelessness shelter]. So, I was still going through that mentality and living in there still depressed. Still sad... my levels were all over the place. My drinking was terrible. I'm not blaming it on the people that were living in there, but it was just easy access for me you to get to the stuff for in order for me to just suppress all my feelings at the time. Like no matter how much I drunk it washed away but it just made it worse. It always came back.

So, to compare myself to then to who I am now I feel blessed. I feel that I've got gratitude in myself. That I've actually—I've stepped a lot—you know I've made a lot of steps forward then backwards. Let's put it this way. Mentally thinking stronger. Knowing that I've done right. I've got my kids back in my life. I'm on good terms with the mum — the mother to the kids — which is a blessing. I've got a good job. And hope to look forward to getting this new job. I've got a good place. Everything's all good. So, comparing to how I used to be in the homeless shelter to now, everything is honestly about ten times a lot better than I was. Ten times better (Interviewee 03).

3.3 Improved quality of life

The Personal Wellbeing Index (PWI) is used to determine whether participation in the Together Home program contributed to improved quality of life outcomes for program clients.

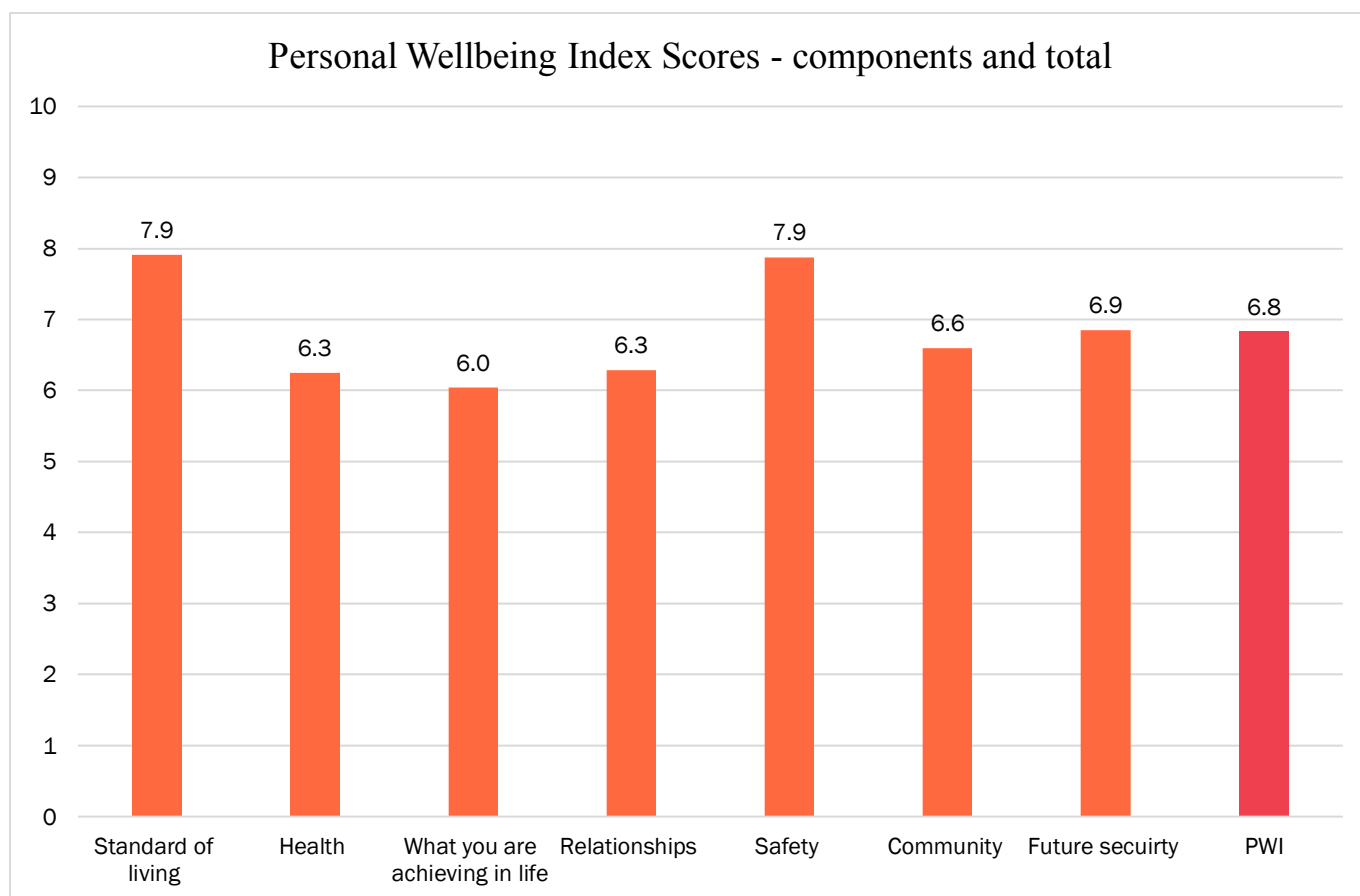
The PWI contains seven items of satisfaction: standard of living, health, achieving in life, relationships, safety, community connection and future security. These seven items each correspond to a quality-of-life domain. When these self-reported items are totalled, the score indicates the level of subjective wellbeing for a respondent (10F).

PWI data from survey respondents

The average PWI score of Together Home survey respondents was 6.8, ranging from as low as 6 (satisfaction with what you are achieving in life) to 7.9 (satisfaction with standard of living and feeling of safety) (See Figure 8).

There were slight differences in PWI averages among different cohorts within the respondents. People who identified as non-binary indicated the highest PWI with an average 8.1, followed by people who identified as male with an average PWI of 7.1 and people who identified as female with an average of 6. People who identified as Indigenous indicated an average PWI of 6.7 compared to non-Indigenous respondents with an average of 6.9.

Figure 8 PWI data from completed survey respondents



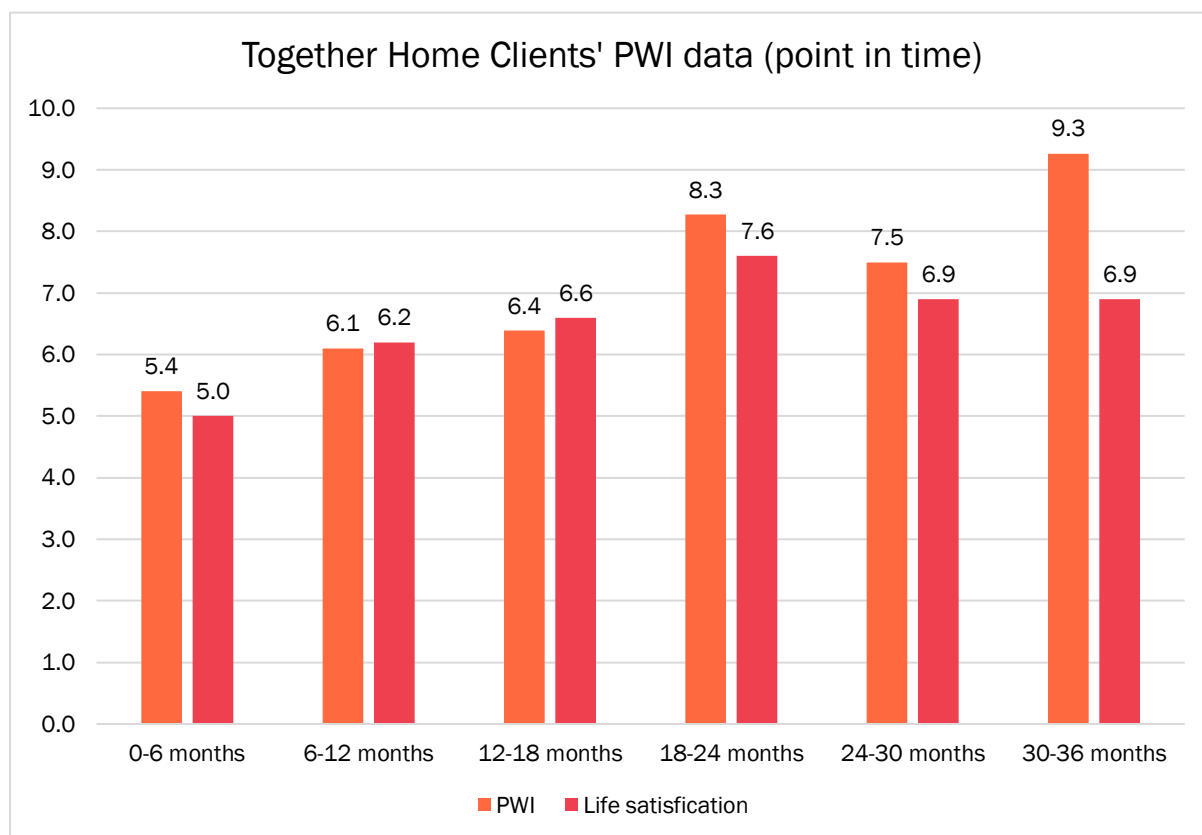
Source: Together Home client survey (n=80)

PWI data from Together Home clients

The average PWI score for Together Home clients when they entered the program was 5.4. After being in the program for over 12 months, the average PWI score increased to 6.4. At 18 months in the program, clients' average PWI peaked at 8.3. The data shows an upward trend until 18 months which decreases to 7.5 at two years (see Figure 9). There is a slight increase at 30 months, however this average is only based on seven clients' data. Testing of the PWI found increases from baseline PWI are statistically significant for 12 and 18 months (see Appendix C).

It is also important to note, that clients in the program only receive one-on-one case worker support for two years. However, some clients continue receiving support from their case worker after this period based on client needs. The PWI data collected after 24 months are from clients who are still receiving case worker support. The PWI data, does indicate a drop in clients subjective wellbeing at the 2-year mark in the program when client's caseworker support ceases.

Figure 9 Together Home client PWI data at different time points during the program



Source: Together Home PWI data (time point when participants completed a PWI in the program: 0-6 months n=56, 6-12 months n=50, 12-18 months n=43, 18-24 months n=29, 24-30 months n=22, 30-36 months n =7)

There was an increase in clients' PWI life domain average in relation to: standard of living, health, life achievement, personal relationships, personal safety, community connectedness, and future security.

While it was expected there would be an increase in the standard of living domain (which continued to increase from 4.8 at baseline to 7.0 at 30-36 months with a slight decrease at 24 months), the six other PWI domains continued to increase until the 18-month period and decrease at the 24-month period when client's caseworker support stopped. The data shows a decrease for all domains at 24 months, the domain of relationships and community had the biggest decrease of 1 point. While all PWI domains increased again at 30-36 months, this is only based on seven clients in the program (see Table 9).

Table 9 Together Home clients' individual PWI domain averages

Life domain	0-6 months	6-12 months	12-18 months	18-24 months	24-30 months	30-36 months
Standard of living	4.8	5.9	6.5	6.9	6.8	7.0
Health	5.3	6.2	6.6	7.4	6.6	7.1
What you are achieving in life	4.8	5.7	6.3	6.6	6.2	6.6
Relationships	5.0	5.7	5.9	6.9	5.9	6.4
Safety	6.0	6.1	6.4	7.6	6.3	7.7
Community	6.2	7.0	7.1	8.1	7.1	7.4
Future security	5.4	5.9	6.0	6.8	6.4	7.1

Source: Together Home PWI data (time point when participants completed a PWI in the program: 0-6 months n=56, 6-12 months n=50, 12-18 months n=43, 18-24 months n=29, 24-30 months n=22, 30-36 months n =7)

Overall, quality of life has improved since being housed. There is improvement in respondents' average PWI score at 6-12 months of being in the program, which continues to improve throughout the time being housed (see Figure 9). The data does show a decrease at the two-year mark for clients in the program when caseworker support stopped with an increase again at 30-36 months for clients who were still supported by case workers. The average score from clients suggests that the Together Home program has improved their clients' quality of life, especially on the standard of living measure.

The findings illustrate a marked improvement in the overall quality of life for participants. This encompasses enhanced wellbeing, increased feelings of safety and security, and a general uplift in mental and emotional health. The program's support mechanisms played a key role in these positive changes, demonstrating effectiveness in not just housing stability but also in fostering a more holistic sense of personal wellbeing.

4. Social and Community Integration

Program aim: Rebuild family, community and cultural connections.

This aim is evaluated through assessment of: (1) relationships and social connections; (2) social integration outcomes.

I have been in and out of jail since I was 18. I haven't been incarcerated now for two or three years. I've been drug-free now... August this year will be two years. I'm working full time. I've got my family back together. I get my kids every weekend. I'm living next to normal a life. I suppose you could say without the Together Home program, I don't think I would be where I am today, if it wasn't for their help with housing, and the guidance of having a case worker (Interviewee 07).

4.1 Improved relationships and social connections and reduction in social isolation

Increased connection with children

I have somewhere independent — of my own — to live and it's somewhere safe and comfortable for my children to live. It has changed a lot of my relationships for the better (Interviewee 08).

During the interviews, the interviewees were asked to reflect on their relationship with children and whether it had changed since their housing in the program. Nearly all interviewees who had children reported that their relationship had significantly improved after receiving housing under the program. One interviewee detailed:

The relationship with my children has grown really excellent. I get a phone call from my son every day now. Beforehand I wasn't, but now they can see I'm in a stable place and they check up on me, put it that way (Interviewee 06).

The interviewee detailed that having a place to call home had allowed them to rebuild relationships with their children, relationships that had been strained or broken due to their previous experiences with homelessness.

[The relationship with] my children, that's improved, because I'm not the silly old man who keeps ringing them up drunk telling them off all the time... they love the place as well because it is right near the beach. They'll come down and spend a weekend and look after me, so that's really brought that relationship back and I'm happy with that (Interviewee 06).

Interviewees also spoke of the role of Together Home's program and workers in improving their parental skills:

I have had plenty of support...I have done a parenting program, which they brought me an iPad to be able to do the parenting program on. There's been numerous things that I've been given support with...It really has helped me get my life back on track (Interviewee 07).

To assess social isolation, survey respondents were asked about their participation in various social activities during the week leading up to the survey. Nearly all the respondents, specifically 75 out of 80, had engaged in some form of social activity during that timeframe. The most prevalent social activity reported was activities away from home with family and friends, as indicated in Table 10. On average, survey respondents spent approximately 15.5 hours per week on these social activities, with a median of 8 hours.

Table 10 Types of social activities respondents participated in.

Type of Social activities complete in the last week	Number of people
Activities away from home with friends or family (to see a movie, have dinner, go shopping, go to a sports game, watch TV, have a chat, playing sport on a team, go to church or other religious service or an organised event or activity)	45
Telephone or online interactions with friends or family (including talking, texting, Twitter, Facebook, Skype, online dating)	37

Going out on your own (to see a movie, have dinner, go shopping, go to a sports game, going to a church or other religious services or an organised event or activity)	31
Activities at home with friends or family (having a chat, watching TV, having a meal, playing a game)	29
Other social activities	15
None of the above	5

Source: Together Home client survey (n=80)

During interviews one interviewee reflected on how the program encouraged them to meet new people and become part of their community:

[Together Home program has] been beneficial, it's helped me branch out a bit more and to have a bit more trust in people as well... it's been beneficial to like my mental health and also like community and like getting out there... meeting new people, new friends at times, like they've been encouraging with that which is good (Interviewee 02).

Participants reported enhanced social relationships and a reduction in feelings of isolation. The program's approach to integrating social support and community-building activities has been pivotal in fostering these improved social connections, contributing significantly to the participants' sense of belonging and community engagement.

4.2 Increased community participation and integration

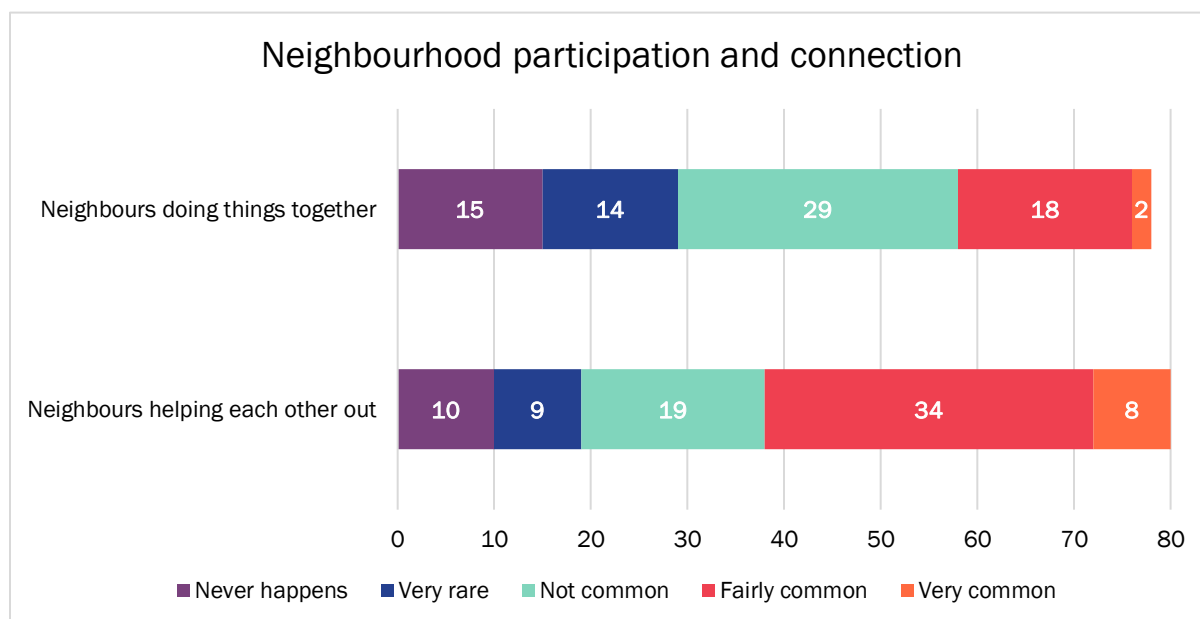
[The Together Home program] helped me a lot like rehabilitate back into society (Interviewee 02).

Following their placement in housing, survey respondents were asked to reflect on their level of participation within their neighbourhood. When asked about the frequency of neighbours engaging in activities together, only 25% (n=20) of respondents indicated that it was a common occurrence, while 36.3% (n=29) stated that it was not common, or that it was very rare or never happened.

However, when respondents were asked about the frequency of neighbours helping each other out, 52.5% (n=42) stated that it was either fairly or very common (see Figure 10). These results suggest that while formal social activities among neighbours may be less frequent, there is a notable degree of mutual assistance and community support within neighbourhoods.

It's important to note that the headlease model used by Together Home housing providers can present challenges in promoting engagement with neighbours and the local community. This is primarily because Together Home clients are typically placed alongside households that either rent privately or own their homes, which may limit opportunities for social interaction within the housing community.

Figure 10 Survey respondents' participation and connection in their neighbourhood.



Source: Together Home client survey (n=80)

Interviews conducted with Together Home participants further highlighted increased community involvement and the development of stronger social connections because of their participation in the program. One participant detailed:

Where I'm living, it's just a lovely little community, too. It's two-unit blocks and everyone knows each other. Everyone minds their own... you know, doesn't interfere with people's space and what's going on with their lives, but we all... there's a little grapevine wall that we all sit on and have coffee on, in the sun, and just chat (Interviewee 10).

Another interviewee also commented on having a good relationship with her neighbours:

I have a good relationship with my neighbours who live next door to me now and they're very helpful and they're really nice people (Interviewee 08).

These findings highlight notable enhancements in participants' engagement with their communities. The program has successfully facilitated greater social inclusion and community involvement, thereby enriching the lives of participants and fostering a sense of belonging and connectedness.

5. Autonomy and Self-Management

Program aim: Support the development of daily living and self-managements skills.

This aim is evaluated through assessment of autonomy outcomes that were a key theme in the interviews.

I've got my own place. That's number one, my own place. Nobody can tell me that I have to get out or I have to do something to keep the place (Interviewee 11).

During the interviews with Together Home clients, a recurring theme that evolved was the sense of control they had regained over their lives since obtaining stable housing. Interviewees

consistently spoke about experiencing heightened levels of control, independence, and a newfound sense of freedom in their lives.

5.1 Increased independence

Many interviewees described since being housed in the Together Home program, that they were “*living like normal again*” providing examples of being able to come home cook their own meals, watch television, have a hot shower and sleep in a warm bed. These kinds of examples were attributed to improvement in their quality of life and improved mental health. One interviewee stated while describing how moving into their own place made them feel independence:

that's right, because like that's what sort of brought me back to being human because I could cook my own meals and could sleep in a warm bed (Interviewee 06).

This sentiment was echoed by another interviewee who spoke about not having to rely on homelessness services and food banks anymore:

I've got my own house, I have my own kitchen now so I can manage food and all that, I eat very well (Interviewee 01).

Interviewees provided many examples of feeling a sense of freedom and being able to live independently. Many spoke about the ability of being able to cook their food in their kitchen, watch television in their own home, have a garden and having your “*own key to a door that nobody else has.*”

Some interviewees attributed the program to helping them become more independent. When talking about how being able to be more independent since having their own place to live one interviewee stated, “*it gives you like a quality of self-worth*” (Interviewee 02).

One female interviewee had described being able to live in a safe place had allowed her to feel more independent and since being in the program:

So, the Together Home Program gave me some stability and structure, but most of all they gave me somewhere safe of my own to live, which was amazing. It changed my life. It changed a lot of my life. It gave me the ability to study again; just do the basic things in life like go shopping on my own, get my groceries, pay my bills, do all my electricity and gas and do my own cleaning of my own house... and it was my own safe place to live. I hadn't had that at all. With no outside influences, no influences from violent men; it was just me on my own and I had somewhere safe (Interviewee 08).

The findings indicate a significant improvement in the independence of participants. The program's support has empowered individuals to manage their daily lives more effectively, contributing to their overall self-reliance and personal growth.

6. Economic Participation and Education

Program aim: Facilitate engagement with positive structured activities such as social groups, education and/or employment.

This aim is mostly evaluated through assessment of survey and administrative data related to increased economic participation in employment and perception of employment opportunities, engagement in education or training and participation in volunteering programs.

6.1 Participant in employment, education and social groups

Survey respondents were asked to indicate how satisfied they were with their employment opportunities, on a scale of 1 to 10. The average score from the 76 respondents who answered this question was 5.6 out of 10 (median 5). Survey respondents who identified as female indicated an average of 4.4 for satisfaction with their employment opportunities. While survey respondents who identified as male scored slightly higher with an average of 5.9, for the non-binary survey respondents they scored an average of 5. Both Indigenous and non-Indigenous survey respondents indicated an average of 5.6 for satisfaction with their employment opportunities.

Analysis of administrative data collected in the program indicates there was an increase in the number of people who became employed since being housed (see Table 11). There were eight (2.1%) clients who were employed before entering the program and since being housed, 18 clients (4.7%) were employed. While the number of clients engaging in education or training had increased from four clients (1.1%) before entering the program to 13 clients (3.4%) since being housed. Evidence from Housing First studies found only a 3% increase in the workforce among participants (17) and a 5% increase after 2 years (18).

Table 11 Together Home clients' employment status before and since the program

Activity status	Before the program	Since being in the program
Employed	8	18
Education/training	4	13
Volunteering	1	2

Source: Together Home admin data collected in the program

During the interviews, three out of the twelve interviewees were currently employed, and one additional interviewee had been employed recently but was not working at the time of the interview.

The three interviewees who were currently employed enthusiastically shared their perspectives during the interviews on the profoundly positive impact that employment had on their lives. During the interviews, employment was consistently discussed in terms of its positive and transformative effects on the interviewees' lives including increased independence, financial wellbeing and significantly improving their mental health and overall wellbeing. As one interviewee stated:

[Having a job] makes me other-centred for a while, like for a couple of hours a day or whatever. I'm not dwelling on whatever's going on in my life so much. I know like at the end of the fortnight I get a few dollars out of it, I can buy a few extra things for my kids, or I can send them a couple of gift vouchers or something (Interviewee 09).

During the interviews there was one interviewee who discussed engaging with education. This interviewee was studying at university while experiencing homelessness and currently since being housed. This interviewee had provided comparison of her experience of study while experiencing homelessness:

I hadn't been able to do my studies, I hadn't been able to do anything because I had nowhere to sit down with a desk and a laptop and do my studies. I had nowhere to live. So, I didn't even have a laptop because my previous laptop got stolen while I was on the street (interviewee 08).

Since being housed in the Together Home program, this client had received a new laptop through the program. While reflecting on how being housed had changed their life and improved quality of life she stated:

[It] has helped me in many ways and I also have the ability to study again because I've got somewhere safe and comfortable to do my studies in (Interviewee 08).

This section outlines the progress in economic participation among participants. The program has been instrumental in supporting individuals in gaining employment, enhancing skills, and achieving financial stability, which is key to long-term success and self-sufficiency.

7. Program Satisfaction and Retention

This section analyses data across all sources that relates to participants' experience in, and satisfaction with the program. While all interviewee participants expressed satisfaction with the program, analysis identified some areas for improvement.

7.1 Program retention and support referrals success

The Together Home program provides two years of one-on-one caseworker support to clients. After this period the support would no longer be provided however funding extensions for each tranche were provided in July 2022 for tranche 1, August 2023 for tranche 2 and February 2024 for tranche 3.

As Tranche 1 funding ended in June 2022, the funding extension came too late to assist CHPs with planning longer term support arrangements. Many clients who were moved to other support arrangements would have benefited from additional time in the program. CHPs report that many clients had already transitioned out of support prior to this announcement as the funding period had elapsed. They have told us that some of these client's tenancies were likely not sustained due to time limits on support and the rush to find a longer-term provider.

Due to the funding extensions, of the 298 clients still housed in the program 240 (81%) are still receiving support from their caseworker.

One interviewee spoke about extending the support period:

I think it should go for about five years, yeah, that would be more suitable; four to five years, especially if you have to move during that time (Interviewee 08).

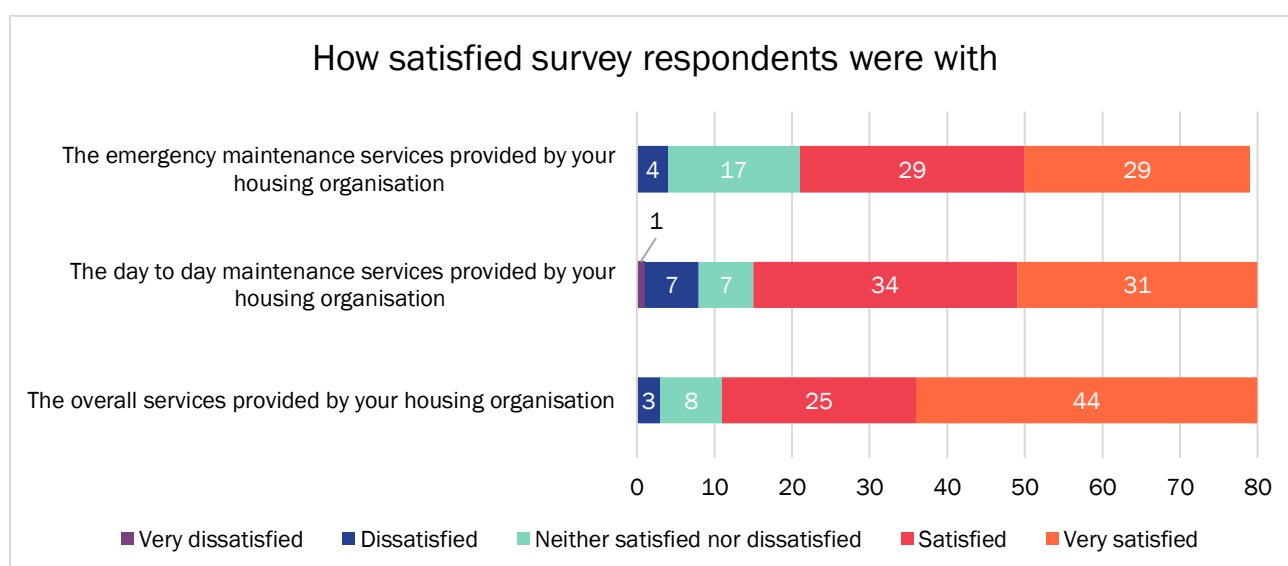
The Together Home program provides a person-centred approach with varying supports dependent on client needs. The program refers its clients to supports and services, however, it is up to the individual client to decide to receive that support. As of June 2023, the program had made a total of 347 referrals to different supports and 288 (83%) of those referrals were successful.³ The most common referrals to supports for clients were to health and wellbeing, mental health, alcohol and drug services and NDIS.

³ The high rate of program retention and successful support referrals demonstrate the program's effectiveness in engaging and supporting participants. This success reflects the program's ability to meet individual needs and provide relevant, impactful assistance.

7.2 Program satisfaction

Survey respondents were asked to indicate how satisfied they were with their housing providers' services. In regard to satisfaction with the emergency maintenance services, 72.6% (n=58) of respondents indicated they were satisfied or very satisfied while 21.3% (n=17) of respondents were neither satisfied nor dissatisfied. For satisfaction in regard to the day-to-day maintenance services, 81.3% (n=65) were satisfied or very satisfied while 10.1% (n=8) of respondents were dissatisfied or very dissatisfied. Most respondents were satisfied or very satisfied with the overall services provided by their housing provider at 86.3% (n=69) (see Figure 11).

Figure 11 Satisfaction with service from their housing provider



Source: Together Home client survey (n=80)

During interviews, participants discussed their satisfaction with the Together Home program. Interviewees reflected on how the program had changed their lives and provided stable housing. A couple of interviewees expressed that the Together Home program had saved their life. As reflected in these interviews:

Like if it wasn't for the [my support provider] referring me to the program to begin with, I'd be – either I'd be in prison or on the streets or worse. Actually, I'd probably be worse, I'd probably be dead like if I hadn't had a good place like this (Interviewee 09).

If it wasn't for [housing provider] and my caseworker, I wouldn't be here today. I'd be dead (Interviewee 11).

Interviewees highly praised the Together Home program and many stated that they would “most definitely recommend it” to others in similar situations.

The interviewees conveyed their satisfaction and appreciation with the assistance they obtained when relocating to their new home. Clients of the Together Home program were provided with furniture and home goods to furnish their new home. Many interviewees expressed how beneficial this was as they did not have ‘anything.’

Interviewees spoke about receiving help from removalists when moving into their homes and in some cases had new furniture delivered and assembled for them.

Many interviewees spoke about the support they received from their case worker and described having good, close relationships. Many interviewees expressed gratitude towards their case workers speaking about the benefits of being able to call them anytime, having a coffee with them and feeling heard and supported. This sentiment was summarised by one interviewee:

Just having a case manager that I can call when I really need help has really made a massive difference in my life (Interviewee 08).

These findings reflect high levels of participant satisfaction with the program. This satisfaction is attributed to various factors, including the quality of housing, the support received, and the overall improvement in life circumstances. Participants felt more secure, supported, and positive about their future, highlighting the program's success in not only providing housing but also in fostering a sense of community and belonging.

Feedback for program improvement

What I really hope is that the program can continue, and I hope that people in the same circumstances I have been, benefit from it as well. Because I think that what could be achieved is really special for a group of people that are needing that little bit of help. Life changing (Interviewee 10).

The Together Home program has been highly valued by its participants, with many expressing a desire for its continuation and expansion. When asked during interviews for feedback on the program, all interviewees indicated the program met their needs and showed strong appreciation for the one-on-one, personalised support they received from their case workers. However, there were also some suggestions for how the program could be improved:

- **Extended Caseworker Support:** Some interviewees recommended extending the case worker support time beyond the two years period: *“I think it should go for about five years, yeah, that would be more suitable; four to five years, especially if you have to move during that time.”*
- **Economic Assistance for Groceries:** The high cost of living in Sydney was noted, with a proposal for the program to provide food vouchers to alleviate economic hardship: *“Government funding to give their clients grocery vouchers... I get \$200 a week and that does not go very far in Sydney at all.”*
- **Clearer Information Distribution.** The need for more explicit information about the support available was highlighted. The creation of an information pamphlet for distribution to clients was suggested: *“So making sure that the client is on the same page through like explaining and a pamphlet would be great too.”*
- **Increased Housing Provider Engagement:** Greater involvement from housing providers was requested, with a focus on more frequent check-ins to assess clients' experiences and wellbeing in their new homes: *“... bit more support from the actual housing, not just from social workers.”*

Conclusion

The Together Home Program provided significant positive outcomes across various domains such as housing stability, health, and social integration. The program demonstrates effectiveness in rapidly re-housing individuals, improving mental and physical health, and enhancing quality of life. These findings underscore the success of the program in meeting its objectives and making a meaningful impact on the lives of its participants. The positive changes in participants' lives highlight the program's comprehensive approach and its role in fostering long-term positive outcomes for those experiencing homelessness.

4. CONCLUSION

The Together Home program has demonstrated significant positive outcomes in line with successful Housing First approaches. This is evidenced by:

- High retention and satisfaction rates, particularly noted among female participants.
- Enhanced general and mental health, although a dip in subjective wellbeing after two years signals the need for sustained support.
- Reconnections with children and family, improved community engagement, with marked benefits for participants with children.
- An incremental increase in employment rates post-housing, suggesting room for further enhancement.
- A reduction in hospital emergency department visits, reflecting improved health management.

These outcomes highlight the effectiveness of support provided by the program. Yet, they also reveal the necessity for ongoing support to maintain and build on these gains.

Recommendations

Based on the findings in this report, we propose the following strategic and program recommendations for enhancing and sustaining the Together Home or other like Housing First programs. Given the expertise of program administrators it is likely that some of these recommendations may already be implemented or in development, however they are provided here to highlight how policy makers and program administrators could prioritise and develop other like Housing First initiatives in the future.

Strategic Recommendations

- 1. Increase Investment in Permanent Housing Solutions:** The evaluation found that frequent housing transfers and reliance on the private rental market led to significant instability and higher costs for both the Together Home program and its clients. This instability is especially acute in cases of failed tenancies linked to multiple moves. Establishing more permanent housing solutions, such as capital properties or long-term leased properties, will provide greater stability and reduce associated costs. We recommend advocating for enhanced investment in stable housing solutions, prioritising permanent social housing, with alternative options including longer private rental lease agreements to ensure long-term housing access.

To achieve this, Together Home partners should consider implementing:

- Develop comprehensive briefs that detail cost benefits and the social impact of investing in permanent housing solutions, contrasting these with the inefficiencies of short-term rental models.
- Partner with housing advocacy organisations to strengthen the campaign for more substantial investment in permanent housing. Use the program's success stories and data to bolster the case for increased funding and supportive policies.
- Launch educational initiatives that use real-life stories and direct comparisons to highlight the advantages and long-term value of investing in permanent housing over transient rental solutions.

- Engage directly with policymakers and budgetary authorities, presenting data from the program that illustrates the economic and social benefits of permanent housing solutions. Advocate for policy changes that favour long-term leases (3-5 years and 10 year) and social housing as viable alternatives to temporary housing.
- Establish a committee consisting of program staff, partners, clients, and other stakeholders dedicated to pushing for increased investment in these housing solutions.

2. Provide Continuous Funding to Ensure the Program is Flexible and Responsive: The evaluation findings underscore the need for a flexible, responsive program model to effectively meet evolving client needs. To truly embed this responsive approach as a core program feature, it requires ongoing, continuous funding streams rather than incremental or time-limited funding cycles. Sustained funding is critical to facilitate the long-term flexibility, continuous improvement and tailored delivery that underpins a genuinely responsive program development methodology. Rather than adhering to fixed rollout timelines, this approach would involve strategies such as:

- Continuously monitoring evolving client needs and program capacities, adjusting the program's scale, pacing, and delivery mechanisms as required to meet those needs effectively.
- Proactively adjusting the program's scale, pacing and service delivery mechanisms as required to meet those evolving needs effectively.

This responsive model enables the program to be adaptive and client-centred, pivoting its implementation in real time based on data-driven insights and changing circumstances on the ground.

Program Recommendations

3. Enhance and Quantify the Impact of Housing Retention Support Systems: Continue and expand the program's comprehensive housing retention support systems, which include regular check-ins, personalised assistance plans, and partnerships with additional support providers. The evaluation demonstrates a direct correlation between these support systems and the program's 85.8% housing retention rate. The regular check-ins allow for timely interventions and adjustments to each client's housing situation, mitigating risks of tenancy failures. Personalised assistance plans are tailored to the individual needs of clients, addressing specific barriers to stable housing such as financial planning, health issues, or employment challenges. Integration with other support providers ensures a holistic approach to client welfare, contributing to overall housing stability. Suggested ways to implement this include:

1. Regular check-ins based on client risk assessments to promptly address emerging issues.
2. Development of personalised plans for each client, incorporating inputs from multidisciplinary teams including social workers, financial advisors, and health professionals.
3. Strengthening existing partnerships and forming new collaborations with local organisations and services that can provide complementary support to clients.

4. Integrate Mental Health Support as a Core Component of Service Delivery: The evaluation indicates significant improvements in mental health among clients receiving integrated support, highlighting the effectiveness of such services in enhancing overall client stability and wellbeing. We recommend integrating mental health support services as a core component of the person-centred service model through strategies such as:

1. Co-locate mental health professionals within housing facilities or establish strong referral partnerships with local mental health clinics.
2. Develop and expand peer support programs to provide clients with relatable guidance and support.
3. Conducting regular mental health check-ins and service connections.

Advocate for increased funding to enable effective implementation of these integrated mental health strategies based on evidence of their positive impacts.

5. Facilitate Personalised Connections to Preventive Health, Employment and Wellness

Services: The findings of this evaluation on the impact of a person-centred approach support the need for the program to continue to employ a personalised approach through comprehensive individual needs assessments to connect clients with tailored preventive health services, employment/skills development opportunities, and wellness resources. We recommend further facilitating these personalised connections by developing and leveraging partnerships and collaborations with external providers. Suggestions for how to implement this include:

1. Conduct thorough assessments to identify each client's unique needs and match services accordingly.
2. Establish partnerships with health providers, employment agencies, and wellness programs to facilitate comprehensive support.

6. Develop Community Engagement Strategies Based on Research and Client Feedback:

Improved community participation and social integration were an observed outcome of the program. Effective community engagement enhances social integration, which is critical for the long-term success of housing stability and enriches the community fabric. We recommend conducting further research in consultation with clients, staff, community partners and other stakeholders to develop evidence-based, tailored strategies for enhancing community engagement and social inclusion for this population. As an observed positive outcome, identify optimal approaches to build on this success through tailored engagement efforts responsive to individual interests and goals. Suggested ways to implement this include:

1. Conduct targeted research to identify best practices and innovative approaches to community engagement.
2. Establish regular feedback loops with clients and community stakeholders to refine and adjust engagement strategies.

These recommendations emphasise flexibility and responsiveness, ensuring that the Together Home program can adapt to the changing needs of its clients and the operational landscape it exists within. Significantly, insights from a recent AHURI interim report (19) on the program reinforce our findings on the necessity for flexible and responsive program development. Our recommendations aim to catalyse the evolution of the Together Home program, ensuring that the gains achieved are not only preserved but also serve as a springboard for future innovation and enhanced client outcomes.

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APPENDIX A—SURVEY QUESTIONS

I provide my consent for my de-identified administrative data from Together Home to be provided for research and evaluation purposes:

- Yes
 - No
1. What is your age in complete years?
 2. What is your gender?
 - Male
 - Female
 - Non-Binary
 - I use a different term (please Specify)
 - Prefer not to say
 3. Do you identify as Aboriginal or Torres Strait Islander?
 - No
 - Yes, Aboriginal
 - Yes, Torres Strait Islander
 - Yes, both
 - Declined
 - Don't know
 4. Do you use a language other than English at home?
 - No, English
 - Yes, Aboriginal and/or Torres Strait Islander
 - Yes, Mandarin
 - Yes, Arabic
 - Yes, Cantonese
 - Yes, Vietnamese
 - Yes, Italian
 - Yes, Greek
 - Other (please Specify)
 5. In which country were you born?
 - Australia
 - England
 - New Zealand
 - India
 - Philippines
 - Vietnam
 - Italy
 - Other (please Specify)

6. Do you have a disability or ongoing medical condition?

- Yes
- No

7. The following questions ask how satisfied you feel on a scale from zero to 10. Zero means you feel no satisfaction at all and 10 means you feel completely satisfied.

How satisfied are you with your standard of living?

How satisfied are you with your health?

How satisfied are you with what you are achieving in life?

How satisfied are you with your personal relationships?

How satisfied are you with how safe you feel?

How satisfied are you with feeling part of your community?

How satisfied are you with your future security?

8. In the last 12 months, how satisfied were you with....?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
The overall services provided by your housing organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The day-to-day maintenance services provided by your housing organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The emergency maintenance services provided by your housing organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. We are now going to ask you a question about how satisfied or dissatisfied you are with one of the things happening in your life. We want you to pick a number between 0 and 10 that indicates your level of satisfaction with the following. The more satisfied you are, the higher the number you should pick. The less satisfied you are, the lower the number.

The neighbourhood in which you live

How safe you feel

Your employment opportunities

The home in which you live

10. How common are the following things in your local neighbourhood?

	Never happens	Very rare	Not common	Fairly common	Very common
Neighbours helping each other out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neighbours doing things together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. How adequate is your housing for your current needs, with respect to....?

	Much less than adequate	Less than adequate	Adequate	More than adequate	Much more than adequate
Living space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of bedrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfort (e.g., light, temperature, dampness, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance from public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to services normally used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your housing needs in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. In the last week, did you do any of these social activities?

- Activities at home with friends or family (having a chat, watching TV, having a meal, playing a game)
- Telephone or online interactions with friends or family (including talking, texting, Twitter, Facebook, Skype, online dating)
- Activities away from home with friends or family (to see a movie, have dinner, go shopping, go to a sports game, watch TV, have a chat, playing sport on a team, go to church or other religious service or an organised event or activity)
- Going out on your own (to see a movie, have dinner, go shopping, go to a sports game, going to a church or other religious services or an organised event or activity)
- Other social activities
- None of the above

13. In the last week, about how much time did you spend doing these social activities? Please provide your best estimate of the total number of hours you spent on these activities. Please indicate if no hours were spent in social activities.

14. In your opinion, was the amount of time you spent doing social activities last week....?

- Far too little
- Too little
- About right
- Too much

- Far too much

15. Since you moved into housing, do you think that your overall health has changed?

- Improved
- Stayed the same
- Gotten worse

Please explain:

16. In the last year that you were homeless, where did you go for health services?

- Family doctor. If yes, how often?
- Health clinics. If yes, how often:?
- Emergency Room. If yes, how often?
- Admitted to Hospital. If yes, how often and for how long?
- Psychiatrist. If yes, how often?
- Dentist. If yes, how often?
- Optometrist. If yes, how often?
- Other Specialists. If yes, how often?
- None of the above used.

17. Since finding housing, where do you go for health services?

- Family doctor. If yes, how often?
- Health clinics. If yes, which ones and how often?
- Emergency Room. If yes, how often?
- Admitted to Hospital. If yes, how often and for how long?
- Psychiatrist. If yes, how often?
- Dentist. If yes, how often?
- Optometrist. If yes, how often?
- Other Specialists. If yes, how often?
- None of the above used.

18. If you have stayed in the hospital, did you ever get admitted to the hospital just to get off the streets?

- Yes
- No

If yes, how many times? _____

	While Homeless				Since Housed			
	Yes	No	How often on average? Which ones?	Yes	No	How often on average? Which ones?		
000 Services (either you called or someone called for you)								

Used an ambulance								
Received help from the fire department								
Spent the night in police detox (drunk tank)?								
Been arrested?								
Did you ever get arrested intentionally just to get off the streets?								
Spent one or more nights in jail or detention centre?								
Gone to court on charges?								
Been on probation?								

APPENDIX B—INTERVIEW GUIDE

Please note the interview guide identifies the relevant themes to be explored in the interview. It is intended to only contain a limited number of scripted questions to facilitate flexibility to explore additional themes identified within the interview itself.

Demographic questions:

How do you refer to yourself?

Male, Female, Transgender, Intersex, or Non-Binary, Declined

How old are you?

What is your citizenship status?

Australian Citizen, Australian Resident, Bridging Visa, Other (specify) _____ Declined

Do you identify as ...

Aboriginal, Torres Strait Islander, or Other, Declined

I am going to read out the types of places where people sleep. Thinking back to before you entered the Together Home program, please tell me which one you slept at most in the last 12 months before the program.

With friends/family, temporarily

Sleeping rough (on the streets, park tent, car etc)

Emergency/crisis accommodation

Other (please specify) Temporary accommodation i.e.

hotel, motels, A Boarding House

Questions

1. Can you please start by telling me a little about you?
2. Can you tell me about your last few months? How was life for you before you entered the Together Home program? Where were you living?
3. Had you previously applied for social housing? If so, how long were you on the waiting list for?
4. Are you happy with the home you are in now? What makes you say this? Are there things about your home or the area that you are in which you are unhappy with?
5. I am interested to know more about what the process of moving home was like for you. What was it like setting up your home? Did you feel you had good supports when you first moved in?
6. Thinking about your time in the Together Home program, what services have you received since being in the program? Have you found these services helpful?
7. Are there any services that you need or felt you needed at any time during your time in the Together Home (i.e. health or mental health services) that you didn't/ don't currently have access to?
8. Since being in the Together Home program, how has your connection to community, family, and friends been? Has it improved, gotten worse or stayed the same?
9. Do you feel the Together Home program has or has not met your needs?

10. What are the best aspects of the program for you? Are there things about the program which could be made better?

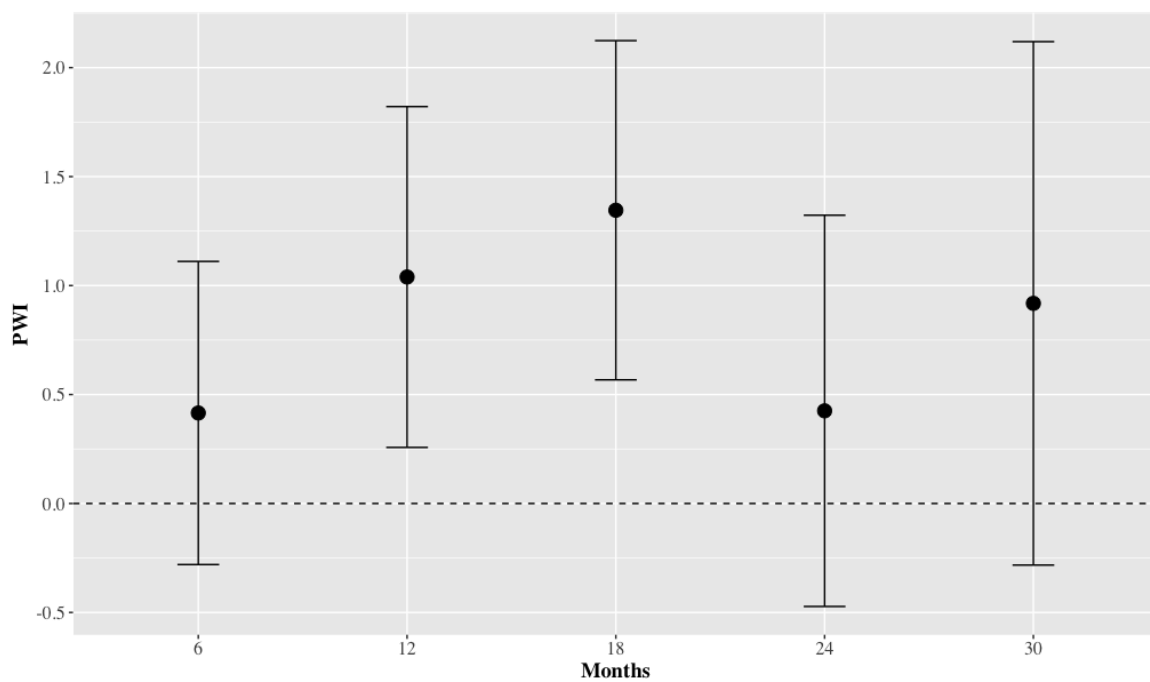
11. Is there anything else about your experience in the Together Home program which you would like to share?

APPENDIX C—PWI TESTING

The Personal Wellbeing Index data collected from clients during the program was tested using confidence intervals to reveal whether changes from baseline PWI were statistically significant by providing more robust measures of impact from the program. Confidence intervals are a statistical tool used to estimate the range within which a mean is likely to fall. It provides a level of confidence about the estimate. From testing the PWI and life satisfaction collected from clients in the program, the data shows a change from when clients entered the program.

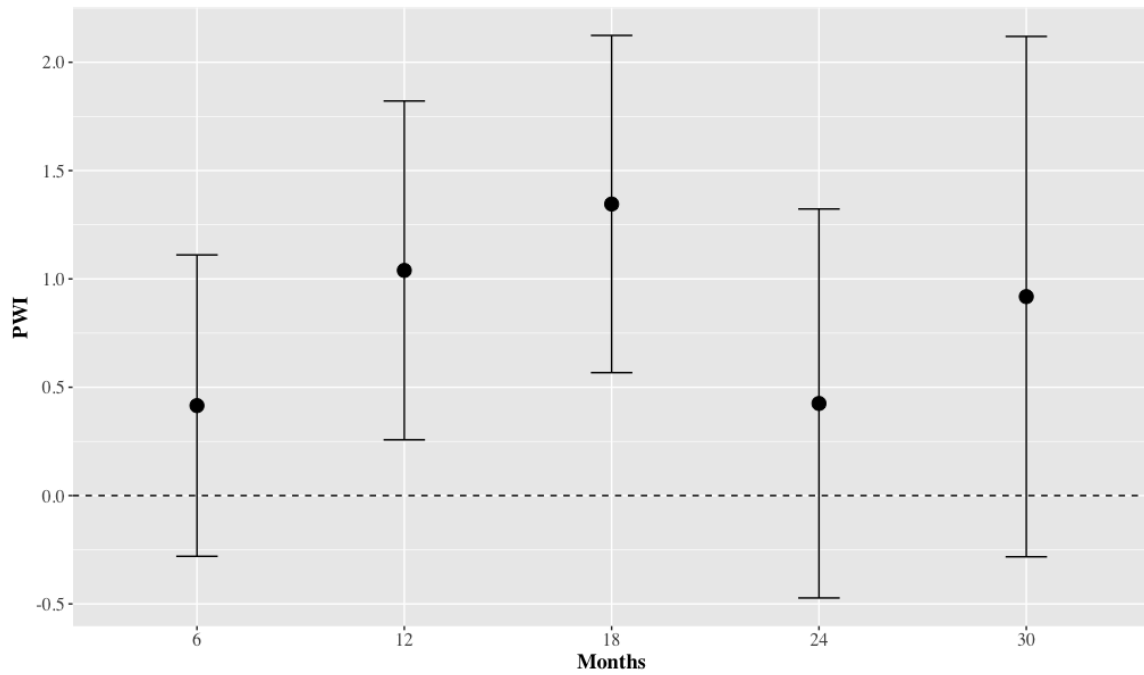
For PWI, the data shows an upward trend until 18 months and those increases from baseline PWI are statistically significant for 12 and 18 months (see Figure 12). For life satisfaction, the data shows a similar pattern but looks like the magnitude of the increase is much more substantial here (see Figure 13).

Figure 12 PWI confidence intervals.

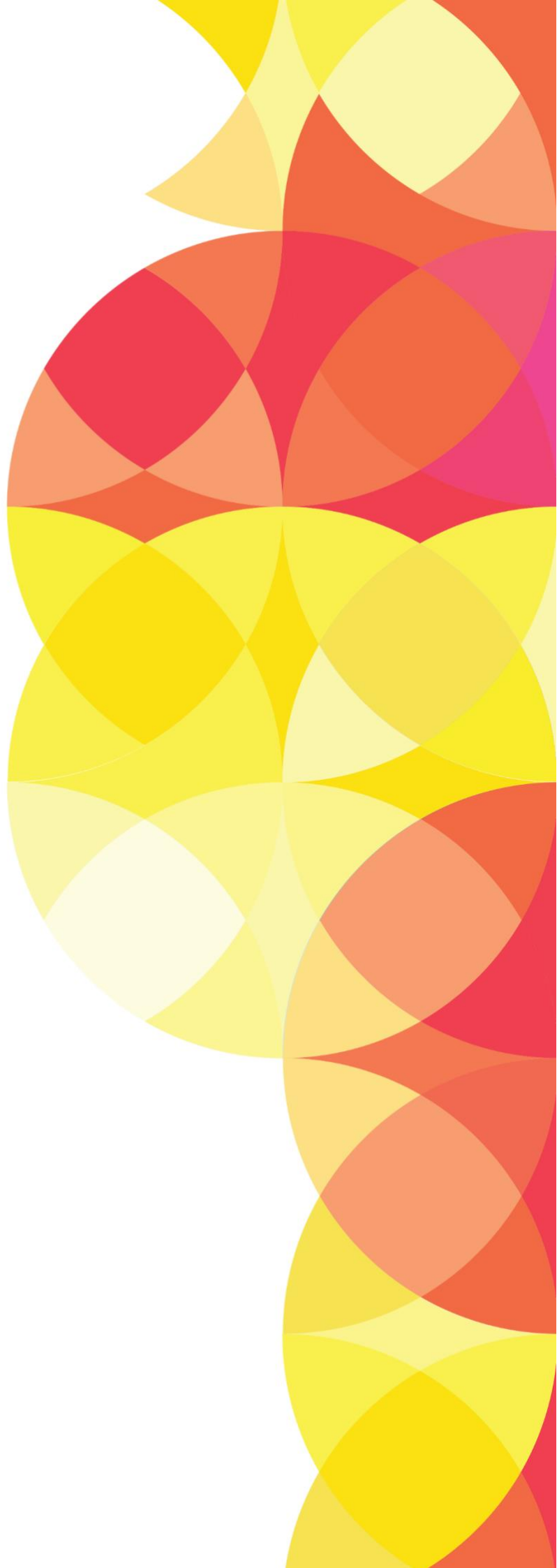


6 months (n=43) M=0.42, SD =2.26, 12 months (n=40) M=1.04, SD= 2.44, 18 months (n=29) M=1.35, SD=2.05, 24 months (n=21) M=0.43, SD=1.97, 30 months (n=7) M=0.92, SD=1.30.

Figure 13 Life satisfaction confidence intervals.



6 months (n=43) M=0.77, SD =0.39, 12 months (n=40) M=1.35, SD= 0.45, 18 months (n=27) M=2.63, SD=0.66, 24 months (n=20) M=1.05, SD=0.81, 30 months (n=7) M=3.14, SD=0.94.



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