Street to Home in Australia: New Approaches to Ending Rough Sleeping in Brisbane and Sydney

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# Table of contents

List of tables ................................................................................................................................. iii
List of figures ................................................................................................................................. iv
List of acronyms ............................................................................................................................... v
Acknowledgements ..................................................................................................................... vi
Executive summary ......................................................................................................................... vii

1. Introduction ................................................................................................................................. 10
   Policy context and significance ................................................................................................. 11
   Research context and significance ............................................................................................. 13
   The ISSR studies ......................................................................................................................... 13
     Part 1 ........................................................................................................................................ 13
     Part 2 ........................................................................................................................................ 14
     Part 3 ........................................................................................................................................ 14

2. Methodology ................................................................................................................................. 15
   i. The ‘street to home’ literature review .................................................................................... 15
   ii. The Service System Capacity study of ‘street to home’ programs in Brisbane and Sydney ......................................................................................................................... 16
   iii. The study of client service use and outcomes ..................................................................... 17

3. The ‘street to home’ model of addressing rough sleeping ......................................................... 19
   i. Introduction ............................................................................................................................. 19
   ii. The international origins of ‘street to home’ ......................................................................... 19
   iii. ‘Street to home’ comes to Australia ...................................................................................... 26
   iv. A framework for describing Australian ‘street to home’ initiatives ..................................... 28

4. The Street to Home program in Brisbane .................................................................................... 33
   i. General description ................................................................................................................. 33
   ii. Street outreach capacity ........................................................................................................ 34
   iii. Housing capacity .................................................................................................................. 36
iv. Housing support capacity ................................................................. 42
v. Integrative capacity ........................................................................ 46
vi. Conclusions ................................................................................... 47

5. The Way2Home program in Sydney .................................................. 49
i. General description ........................................................................ 49
ii. Street outreach capacity ............................................................... 52
iii. Housing capacity ......................................................................... 55
iv. Housing support capacity ............................................................. 58
v. Integrative capacity ....................................................................... 60
vi. Conclusions .................................................................................. 64

6. Conclusions ................................................................................... 66

7 .......................................................................................................... 68

8. List of references ............................................................................ 73
List of tables

Table 1: Model for description and comparison of ‘street to home’ initiatives in Australia .................................................................................................................. 30
Table 2: Service System Capacity summaries............................................................... 69
List of figures

Figure 1: ‘Street to home’ underpinnings and influences ......................................... 26
List of acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Assertive Community Treatment</td>
</tr>
<tr>
<td>HRPA</td>
<td>Homelessness Research Partnership Agreement</td>
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<td>I-CHOSS</td>
<td>Inner City Homelessness Outreach and Support Service (NSW)</td>
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<td>ICMS</td>
<td>Intervention and Case Management Service (Northern Territory)</td>
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<tr>
<td>ISSR</td>
<td>Institute for Social Science Research</td>
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<td>NSW</td>
<td>New South Wales</td>
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<td>RSI</td>
<td>Rough Sleepers Initiative</td>
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<td>RSU</td>
<td>Rough Sleepers Unit</td>
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<td>SAAP</td>
<td>Supported Accommodation Assistance Program</td>
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<td>United Kingdom</td>
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<td>United States (of America)</td>
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Executive summary

This report examines the Service System Capacity of Brisbane’s Street to Home and Sydney’s Way2Home programs. ‘Service System Capacity’ refers to the resources available to the programs and their overall capacity to achieve their aims and objectives. Examining the resources and capacities of these two programs also provides a means to assess the extent to which these two Australian programs are consistent with, or differ from, the international programs and ideas on which they are based.

Both Brisbane’s Street to Home and Sydney’s Way2Home programs have been implemented as part of a broader objective of achieving government goals of halving overall homelessness by 2020 and realising measurable reductions in the numbers of people sleeping rough in their respective locations. The ‘street to home’ model was implemented in Australia, first in Adelaide in 2005, and then nationally as part of the National Partnership Agreement on Homelessness in 2009. Based on the successes attributed to the ‘street to home’ model in the United Kingdom (UK) and United States (US), many Australian policy makers see ‘street to home’ as an evidence-based approach to reducing homelessness. This evidence-based approach can be contrasted with traditional responses to people sleeping rough in Australia (Australian Government 2008). Thus the ‘street to home’ approach is positioned as addressing limitations within the dominant service system, whilst forming part of a targeted strategy to achieve measurable reductions in homelessness in Australia.

Informed by ideas and approaches developed internationally and to a lesser extent locally in Australia, ‘street to home’ has been conceptualised as an approach that includes (1) persistent and purposeful street outreach to people sleeping rough; (2) the immediate provision of permanent housing; (3) the availability of a multidisciplinary range of support services post-homelessness; and (4) an intervention that integrates these elements. In its simplest form, the ‘street to home’ model aims to permanently reduce homelessness by assertively engaging with people sleeping rough and/or who are chronically homeless, and then providing those individuals with permanent housing and the follow-up housing support to enable them to sustain their tenancies (and thus long-term exits from homelessness).

In this report we examine the Service System Capacity of the Brisbane and Sydney programs by focusing on the four fundamental aspects of the ‘street to home’ model: street outreach, the provision of permanent housing, the delivery of support services
post-homelessness (housing support) and integration. We examine these key features because they provide insights into the core functioning of the intervention. A critical examination of these central features provides a basis for contextualising and explaining the outcomes achieved by ‘street to home’ programs. A consideration of client outcomes that ‘street to home’ achieves (or fails to achieve) must be firmly embedded within an understanding of the capacity of the specific model and the ‘on the ground’ service delivery of the program.

It is a central premise of this report that prior to evaluating the effectiveness of ‘street to home’ programs in terms of service-user housing, health and broader well-being outcomes, it is imperative to understand the nature of the Australian ‘street to home’ models and the manner in which they are implemented into practice. With respect to the Service System Capacity of Brisbane’s Street to Home and Sydney’s Way2Home programs, it is important to recognise that these programs have been examined during their first 12 months of operation. Moreover, their Service System Capacities are not static and have continued to evolve since their inception. It is clear that the Service System Capacities of both programs have enhanced significantly over a relatively short period of time.

The analysis of the Service System Capacity is informed by two methods of data collection: document analysis and qualitative interviews. The document analysis draws on tender specifications, funding agreements and policy reports detailing the nature and assumptions of the two program models. Documents were critically analysed to examine program logic, the theoretical and empirical justification for program implementation, and details concerning resourcing and practical capacities.

Sixteen qualitative interviews with stakeholders from both Brisbane’s Street to Home and Sydney’s Way2Home programs were conducted. Stakeholders were purposively recruited to participate on the basis of having specific knowledge about the two programs. Individuals working in funding, policy, management and practice roles within the programs participated in interviews. Participants were asked specific questions tailored to their role. These centred on the day-to-day practice of the intervention, the challenges of the work, identifying what worked well, the evolving nature of the programs and the barriers to meeting the program objectives.

In the first year of operation Brisbane’s Street to Home program has demonstrated a significant capacity to meet program goals and objectives. The program has supported approximately 70 people to exit homelessness and access permanent housing. In collaboration with government, health services and the social housing
system, especially not-for-profit community housing providers, Street to Home has acquired the resources to execute purposeful street outreach and enable people to access housing. The overall capacities and functioning of the program, however, is undermined by an absence of multidisciplinary health services to provide the follow-up and ongoing support to people post-homelessness.

Sydney’s Way2Home program differs in a number of ways to the Brisbane program. Way2Home comprises both a social support team and a health team, the latter delivered by a hospital, and this means that it has a much greater potential to provide service users with health services. Much of the first 12 months of Way2Home’s operation has been characterised by challenges accessing the permanent housing service users require. Way2Home is currently working with the funding organisations to improve the housing access and supply problems, and there are some recent promising housing capacity signs. Nevertheless, a lack of housing has mitigated the program’s capacity to provide client-directed street outreach. Similarly, due to only small numbers of service users residing in permanent housing during the period of fieldwork, it is difficult to assess the capacity to provide service users with follow-up housing support.
1. Introduction

This report provides a detailed examination of the service approach and service capacity of Brisbane’s Street to Home and Sydney’s Way2Home programs as part of the process of developing a research evidence base on ‘street to home’ projects in Australia. Under the National Partnership Agreement on Homelessness programs have been developed in numerous locations around the country that aim to reduce the incidence of rough sleeping. These programs are typically based on international models of rough sleeping initiatives, and can be generically referred to as ‘street to home’ programs, a term adopted from Common Ground, a widely known rough sleeping program in New York (Common Ground n.d.).

The report focuses on two such programs that commenced in Brisbane and Sydney in April 2010. Both programs are in their early stages of development and are undergoing changes as they seek to increase their capacity to achieve their goals. The concept of ‘capacity’ refers to the service capabilities and resources required for the service to be effective in achieving their goal of ending rough sleeping in their respective localities.

Most, if not all, of the programs being developed under the National Partnership Agreement on Homelessness that are designed to address rough sleeping have four key elements. These are:

- Street outreach
- Permanent housing
- Support services post-homelessness (housing support)
- Packaging of these elements into an integrated service approach.

While these are the core components of programs that aim to end rough sleeping, it is important to note that each of these elements can be provided in different ways and that the capacity (capabilities and resources) of each program may differ with respect to some or all of these elements. While ‘street to home’ programs are broadly similar in that they comprise these elements, they may differ in the approach taken to street outreach and the capabilities of street outreach workers; in the form of permanent housing provided and the extent of housing available; in the type, extent and expertise of support services post-homelessness; and in the extent to which these are provided in an ‘integrated’ manner such that the service operates in an efficient and timely fashion.
Careful observation and recording of these differences between programs, and within programs over time, is essential as part of the research process into rough sleeping initiatives. Assessment of client outcomes achieved through ‘street to home’ programs must be firmly embedded within an examination of the particular approach to ‘street to home’ being enacted and the details of ‘on the ground’ service delivery. Empirical study of the capacities of each ‘street to home’ program is required as part of the process of assessing the effectiveness of each program and as a basis for meaningful comparisons amongst programs. Detailed program analysis will also reveal the ways in which Australian programs are similar and different to the international models on which they are based.

Policy context and significance

The watershed Homelessness White Paper (Australian Government 2008) represents the national introduction of ‘street to home’ approaches onto the Australian landscape. Outlining a future vision for Australian homelessness policy and practice, the White Paper acknowledged that responses to people sleeping rough were underdeveloped. Accordingly, the Australian Government sought to introduce assertive outreach nationally as a means to permanently reduce rough sleeping. Within this context assertive outreach was referred to as actively seeking people sleeping rough and providing integrated and wrap-around support services and housing (Australian Government 2008). This type of outreach is central to newly implemented ‘street to home’ and Way2Home initiatives in Australia (Phillips et al. 2011).

Informed by the parameter setting statements of the White Paper, the National Partnership Agreement on Homelessness identified the establishment of “‘street to home’ initiatives for chronic homeless people (rough sleepers)” as Core Output 2 (Australian Government 2009a). ‘Street to home’ thus became formal policy, with state and territory governments required to implement ‘street to home’ initiatives. The model is presented as a means to achieve permanent reductions in rough sleeping. In most states and territories, it represents a policy model to achieve sustainable housing and accommodation outcomes, on the one hand; and is closely linked to targets of ending homelessness, especially for people sleeping rough, on the other (Ministerial Council for Federal Financial Relations n.d.).
‘Street to home’ is positioned as a model distinct from many interventions funded through the former Supported Accommodation Assistance Program (SAAP). Consistently evaluations have found that, while effective in some respects, a lack of affordable housing meant that SAAP was unable to achieve permanent housing outcomes for many service users (Chesterman 1988; Erebus Consulting Partners 2004; Lindsay 1993). Indeed, SAAP’s crisis focus meant that it was neither mandated nor resourced to permanently end homelessness.

‘Street to home’ was not only introduced into Australia on the basis that previous practices were underdeveloped (Australian Government 2008), but also on the basis of evidence that it was a successful model. In 2005 the South Australian Government, for example, implemented a ‘street to home’ program in Adelaide. Adelaide’s ‘street to home’ is credited with having supported 256 people into long-term accommodation in the initial 3 years of operation (South Australian Government 2009). Indeed, the reported successes of the Adelaide example are highlighted in the White Paper, and used to support the introduction of ‘street to home’ type initiatives nationally (Australian Government 2008).

Adelaide’s ‘street to home’ program was based on the ‘street to home’ model developed in New York City. Rosanne Haggerty, the New York City-based founder of ‘street to home’, was employed by the South Australian Government and her thinking informed the Adelaide model (Haggerty 2006). Like the South Australian replication, the international ‘street to home’ model is not only reported to have achieved significant outcomes (discussed below), but Australian governments have linked these outcomes to the ‘street to home’ policy adopted in Australia (Australian Government 2008; Borger 2010).

‘Street to home’ was seen as an evidence and outcome-based approach. Both implicitly and explicitly, the national introduction of ‘street to home’ was supported by the reductions in homelessness attributed to ‘street to home’ models (Australian Government 2008; Borger 2010). It is a central premise to this report that prior to examining the service users’ housing and health outcomes, it is imperative to understand the nature of the Australian ‘street to home’ models and the manner in which they are implemented into practice. The Service System Capacity analysis represents a means to critically examine Australia’s ‘street to home’ programs.
Research context and significance

‘Street to home’ initiatives have been implemented into Australia on the basis of being innovative models of intervention, which are directed towards the achievement of ambitious targets to reduce homelessness. They represent a significant financial investment from Australian governments. In this respect, the introduction of ‘street to home’ is of fundamental economic, policy and practice significance. Similarly, the innovative nature of the intervention, coupled with the direction of moving away from a crisis-based response mechanism, means that little is known about the nature of the model in practice, or the outcomes it is likely to achieve. The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, through its Homelessness Research Partnership Agreement (HRPA), has developed a national program of research to examine the effectiveness of these initiatives across the country.

The three HRPA university stakeholders, The University of Queensland, Swinburne University and Flinders University, are conducting studies into the nature and effectiveness of ‘street to home’ programs in all Australian states and territories. These studies all aim to contribute to the evidence base to underpin the Australian Government’s response to homelessness, and rough sleeping in particular. This report represents the first findings from the HRPA-commissioned studies examining the ‘street to home’ initiative. Conducted by the Institute for Social Science Research (ISSR) at The University of Queensland, this study examines the Service System Capacity of Brisbane’s Street to Home and Sydney’s Way2Home programs.

The ISSR studies

Part 1

The ISSR studies are examining the effectiveness of the ‘street to home’ programs in Brisbane and Sydney and the factors impacting on their effectiveness. The ISSR studies have three main components.

The first component is an analysis of the ideas that underpin ‘street to home’ initiatives. The ‘street to home’ initiatives are based on ideas developed internationally and introduced into Australia. If we are to understand the Australian initiatives we must understand both the contexts in which they have developed internationally and the main elements and assumptions of the model. It is necessary, therefore, to understand the theory of ‘street to home’. This is done in chapter three.
This provides a foundation for developing a framework for analysing ‘street to home’ in Australia. Chapter three also develops this framework. We suggest that ‘street to home’ initiatives in Australia will/should have four core features or capacities: we refer to these as the street outreach capacity, housing capacity, housing support capacity and integrative capacity. This framework can then be applied to analyse particular ‘street to home’ initiatives in Australia.

Part 2

The second component of the ISSR study is a detailed examination of the ‘street to home’ programs that have emerged in Brisbane and Sydney. This is the primary focus of the report – chapter four Brisbane and chapter five Sydney. It cannot be assumed that programs called or based on ‘street to home’ have all of the features or capacities of the international models. Indeed, they are most unlikely to have these features due to the different institutional contexts. If we are to examine the effectiveness of ‘street to home’ programs in Australia, we need to identify what their features and capacities are. This includes a consideration of how different the practical implementation of the programs are from previous Australian practices. In addition to this important analysis, it must be appreciated that the Australian ‘street to home’ programs are not at a static stage of development. We cannot assume that the newly implemented ‘street to home’ programs are at a mature stage of development. They represent emerging models and practices that have reached a certain point of development over 12 months of operation.

Part 3

The third component of the ISSR research is a study of service-user engagement with the service and the outcomes they achieve. It examines service users’ characteristics and changes in their housing, health, well-being and substance and alcohol use over the course of 12 months. It is important to note that the study of service-user outcomes must be informed by this study of the program’s Service System Capacities.

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1 The Sydney model is based on the evidence base for ‘street to home’ (NSW Government 2009a), but the program is referred to as Way2Home.
2. Methodology

   i. The ‘street to home’ literature review

This study is based on an extensive literature review of the phenomena of rough sleeping and interventions and social programs directed towards responding to homelessness and rough sleeping in particular. The purposes of the literature review are to ensure that the project is based on a sound understanding of homelessness and to assess the evidence pertaining to the effectiveness of interventions designed to respond to homelessness. In Australia, most studies examining rough sleeping focus on the nature of the problem and the people sleeping rough (Coleman 2000; de Hoog 1972; Jordan 1965; Parsell 2010; Robinson 2002). Only recently has Australian-published empirical research examined the nature and efficacy of rough sleeping interventions (Parsell 2011; Phillips et al. 2011).

Other evidence about the way rough sleeping has been responded to in Australia can be inferred from a recent SAAP evaluation. While not specifically focusing on people sleeping rough, this evaluation shows that people with ‘complex needs’, many sleeping rough, either could not easily access SAAP or if they did, the SAAP system was largely unresponsive to their needs (Erebus Consulting Partners 2004). It can be argued that a paucity of research examining the outcomes achieved by rough sleeping strategies and interventions in Australia is a product of the absence of specific programs directly implemented to respond to rough sleeping.

In the UK and US, however, there is an emerging body of empirical research measuring the outcomes of programs aimed to reduce rough sleeping (Anderson 1993; Fitzpatrick and Jones 2005; Fitzpatrick, Pleave and Bevan 2005; Jones and Pleave 2010; Padgett et al. 2006; Pearson et al. 2009; Randall and Brown 2002; Stefancic and Tsemberis 2007; Tsai et al. 2010; Tsemberis 1999; Tsemberis et al. 2004). From the UK, this research has often taken the form of program evaluations of the Rough Sleepers Initiative and Rough Sleepers Unit (Fitzpatrick, Pleave and Bevan 2005; Randall and Brown 2002); whereas in the US, much of the literature is informed by experimental type research comparing the outcomes achieved by different types of homelessness interventions (Padgett et al. 2006; Pearson et al. 2009; Tsai et al. 2010; Tsemberis et al. 2004). The literature review draws heavily on this international research. As will be detailed in the next chapter, evidence from the international literature has provided a strong basis for the implementation of the ‘street to home’ model into Australia.
ii. The Service System Capacity study of ‘street to home’ programs in Brisbane and Sydney

This report on the Service System Capacity is informed by two methods of data collection: document analysis and qualitative interviews. The document analysis drew on tender specifications, funding agreements and policy reports detailing the nature and assumptions of the two program models (Australian Government 2008, 2009a, 2009b; Ministerial Council for Federal Financial Relations n.d.; New South Wales Government 2009a, 2009b, 2009c; New South Wales Health 2009; Queensland Government 2008, 2009). These documents were either publically accessible on the institution’s website, or were provided to the research team by key stakeholders within the programs for the purposes of the study. The documents were critically analysed to examine program logic of the models, the theoretical and empirical justification for their implementation, and any detail about the resourcing and practical capacities of the programs. In this latter respect, the document analysis served to elicit factual details at a prescriptive level.

Sixteen qualitative interviews with stakeholders from both Brisbane’s Street to Home and Sydney’s Way2Home programs were conducted. Stakeholders were purposively recruited to participate on the basis of having specific knowledge about the two programs. Individuals working in funding, policy, management and practice roles within the programs participated in interviews. For Brisbane’s Street to Home program, stakeholders interviewed included representatives from the Department of Communities at the executive level and with a management role in the social housing section, managers from the Queensland Homeless Health Outreach Team, a community health nurse, Queensland Police Service staff, and staff within the Street to Home program. For Sydney’s Way2Home program, interview participants included representatives from Housing NSW (via email), the City of Sydney, Neami and St Vincent’s Hospital. In order to protect anonymity research participants’ names are not disclosed within the report.

Participants were asked specific questions tailored to their role within the program; these questions centred on the day-to-day practice of the intervention, the challenges of the work, identifying what worked well, the evolving nature of the programs and the barriers to meeting the program objectives. Data from both the interviews and the document analysis were organised and analysed thematically under four broad categories: street outreach, permanent housing, housing support, and integration. These four categories were identified from the literature as characteristic of the
iii. The study of client service use and outcomes

The study of client service use and outcomes represents the largest component of the overall study. This aspect of the study measures Street to Home and Way2Home service-user outcomes over a 12-month period, and examines the nature of the intervention they engage with. Service use will be scrutinised with the use of a case worker check list and case worker interviews. The checklist is a simple means for the level and type of client engagement with the program to be documented and quantified on a monthly basis; whereas the case worker interviews will elicit more subjective data about the client engagement with the service. This component of the study recognises that participation in the Street to Home and Way2Home programs will be different for individual service users, and an understanding of the individual program experience will assist to extend and illuminate the outcomes data identified.

The outcomes will focus on housing, health, well-being, alcohol and substance use, employment, and service utilisation measures. The outcomes aspect of the study will draw on client baseline surveys and then subsequent 12-month follow-up surveys. We aim to recruit up to one hundred people in each program to participate in the study. This number represents an ideal figure. It is recognised that recruiting people into the study is contingent upon sufficient numbers of people actively working with the programs in the role of service users at the recruitment time and, of course, sufficient numbers of people voluntarily consenting to participate. Further, the study team will make concerted efforts to contact research participants to invite them to participate in the 12-month follow-up interview. These efforts include following up with their last known contact details, the service providers they work with and, when consent is provided, attempting to contact them through Centrelink. Notwithstanding these efforts, it is widely acknowledged that retention in the research will be difficult, especially for those individuals who are not residing in stable housing 12 months after their baseline interview.

In addition to measuring outcomes over a 12-month period, the quantitative baseline data will enable an analysis of the relationship between different individual client experiences and demographics and outcomes achieved. The longitudinal methodology, coupled with the analysis of service-user pathways and the Service
System Capacity, provides a mechanism to understand what outcomes Brisbane’s Street to Home and Sydney’s Way2Home programs achieve. Similarly, the methodology enables an analysis of which people the programs work well for, and what factors – individual, service delivery and the structure of the model – contribute to client outcomes.

Finally, the methodology explained here reflects the approach to be used with Brisbane’s Street to Home program. At the time of writing, the precise methodology to be used for Sydney’s Way2Home study was still being negotiated with relevant stakeholders. Every effort is being made to ensure that, while the two programs differ in a number of ways, the methodology used for studying both programs is as similar as possible, and thus the results can be compared.
3. The ‘street to home’ model of addressing rough sleeping

   i. Introduction
In this chapter we outline the ‘street to home’ approach. We consider the approach as both a theoretical model and a policy currently being implemented into Australian practice. First, we consider what might be referred to as the prototype ‘street to home’ model, as developed by Common Ground. Then, we review four approaches or models of intervention that form part of, or are similar to, the Common Ground ‘street to home’ model. These include:

   • The Housing First approach
   • The Rough Sleepers Initiative / Rough Sleepers Unit
   • Housing support
   • Assertive outreach.

This chapter argues that ‘street to home’ represents a collective of ideas and responses to homelessness – some referred to as ‘street to home’ and others not. In this light, we will conclude by considering the ‘street to home’ approach in Australia, and outlining a framework for analysing the model’s capacity.

We take it that Australia’s adoption and practical implementation of ‘street to home’ initiatives are informed by the Common Ground ‘street to home’ model and other similar initiatives developed and established internationally, and also by local practices and experiences of delivering homelessness services to people in Australia for a number of years. Thus, in Australian practice, it is not meaningful to think about ‘street to home’ as constituting a discrete and precise model, or a model exclusively transferred from the international context.

   ii. The international origins of ‘street to home’
When Australian policy makers and service developers use the term ‘street to home’ they are usually referring to the ‘street to home’ model of addressing rough sleeping that had its origins in the services developed in 2003 by Common Ground, a housing provider in New York City, US. Common Ground is a supportive and affordable housing provider with a mission of solving homelessness; in Australia, Common Ground is known for its supportive cluster housing model that was first introduced in
Adelaide and has more recently been implemented in other capital cities. ‘Street to home’ is one of Common Ground’s programs directed towards solving homelessness.

The New York City-based ‘street to home’ program was inspired, in part at least, by the British Rough Sleepers Initiative (RSI) which was adapted to the New York City context (Common Ground n.d.). Details concerning the elements of the New York City ‘street to home’ model are available primarily through the Common Ground website (Common Ground n.d.), or from the summary provided in the Haggerty Report to the South Australian Government (Haggerty 2006). Common Ground identifies four key activities that constitute the essence of their approach to working with people who are chronically homeless and sleeping rough:

- Establish an accurate registry of street homeless by identifying individuals who are permanently living on the streets.
- Prioritise for housing those who are the most vulnerable, by means of a vulnerability index that calculates the impact of disease and other risk factors.
- Simplify the process for helping individuals secure permanent housing; assist them in all aspects of the process.
- Arrange for personalised services; for example, mental health, primary health, employment training and assistance with tenancy sustainment (Common Ground n.d.).

These activities are underpinned by specific techniques such as the Vulnerability Index Tool, an assessment tool designed to identify individuals most at risk of dying on the streets; Motivational Interviewing, a person-centred approach to counselling that seeks to increase awareness to individual problems and the consequences they have; and Trauma Informed Care, an approach to engage people with histories of trauma, whereby the existence and role of trauma in a person’s life is acknowledged. A core emphasis of the approach is the provision of permanent housing; housing is seen as the essential first step to assist people to address a range of their other needs (Common Ground n.d.).

The Common Ground website asserts that the ‘street to home’ approach has reduced rough sleeping in one area of New York City by 87% in 2 years and thus represents a “demonstrably successful approach to housing outreach and housing placement”. Noting the high costs of the main alternatives to the ‘street to home’ approach (shelters, hospitals, prisons and psychiatric institutions), Common Ground argues that “the 'street to home' model represents sound fiscal policy” (Common
Ground n.d.). Common Ground does not, however, provide details of any peer-reviewed published research to support these claims of efficacy.

The Common Ground ‘street to home’ model has been embraced and adopted throughout the US and Canada and, more recently of course, in Australia. The Common Ground website provides information for those wishing to replicate the model including training courses and follow-up sessions that provide the practical knowledge and skill base required to work within the ‘street to home’ approach (Common Ground n.d.).

While the New York City-based ‘street to home’ program is one of the international models on which the current Australian practice for reducing rough sleeping is drawing, it is by no means the only one. As mentioned above, the British RSI\(^2\) was one of the influences on the development of the New York City ‘street to home’ approach, and the RSI informs the contemporary Australian approach (Australian Government 2008). The RSI was first established in London in 1990 and was later extended elsewhere in the UK and developed into the Rough Sleepers Unit (RSU). The RSI and RSU constituted part of a coordinated response to reduce the need for people to sleep rough in the UK. The two approaches evolved over the 1990s and the first decade of 2000, and are collectively underpinned by the practice of outreach workers assertively encouraging and persuading people sleeping rough to move into accommodation and discouraging them from sleeping rough (Randall and Brown 2002; Wilson 2010). Instead of indefinitely leaving a person who initially refused to engage, assertive outreach involves maintaining daily contact (Randall and Brown 2002).

Like the Common Ground ‘street to home’ in the US, the RSI and RSU in the UK are attributed to achieving significant success in reducing the numbers of people sleeping rough (Jones and Pleace 2010; Randall and Brown 2002; Wilson 2010). Similarly, there was concerted emphasis placed on integrating the rough sleeping response with other service providers, including health, police and housing (Phillips et al. 2011). Unlike the US, however, the RSI and RSU relied upon temporary homeless accommodation as the first step off the streets (Randall and Brown 2002). Fitzpatrick and Jones (2005) recognise many of the benefits that the RSI and RSU had achieved. Nevertheless, they note that because of a focus on moving people

\(^2\) The Rough Sleepers Initiative was first referred to as the Single Homelessness Initiative, see Anderson (1993), but it is more commonly known as the Rough Sleepers Initiative.
from public places rather than long-term housing outcomes, the UK model has also pursued social control and enforcement ends over social justice (Fitzpatrick and Jones 2005). Anderson (1993) argued similarly, suggesting that the RSI priority of persuading people to move from the 'streets' does nothing to address the structural causes of homelessness.

The ‘street to home’ model (although not the RSI or RSU, see Randall and Brown 2002), is influenced by and draws upon the Housing First approach. As we will discuss in chapters four and five, Housing First is theorised as central to Australia’s interpretation of the ‘street to home’ model. The Housing First approach was developed by Sam Tsemberis in New York City. The Housing First approach is underpinned by a philosophical premise of consumer choice (Tsemberis 1999; Tsemberis and Asmussen 1999; Tsemberis and Eisenberg 2000). Programs following this overarching principle enable service users’ immediate access to long-term tenancies as a first step and overarching priority. Following the provision of housing that represents a first step in a longer process of recovery, tenants are proactively offered a range of services they may require to address problems in their lives such as mental illness, drug and alcohol use, education and employment. The availability of services is seen as fundamental to enable tenants to sustain their tenancies. Engagement with services, however, is voluntary. Apart from a requirement to meet with a case worker twice monthly, participate in a money management program and pay 30% of their income on rent, engagement with services and behavioural changes are not contingent upon the offer or continuation of housing (Stefancic and Tsemberis 2007; Tsemberis 1999; Tsemberis and Eisenberg 2000).

While there are no specific criteria that determine whether an intervention is Housing First or not, the overarching focus on consumer choice means that a Housing First approach requires the physical resources (long-term housing and support services) necessary for people to exercise choices (Parsell 2011). Differing to notions of ‘Housing Readiness’ (Dordick 2002), whereby clients are required to progressively transition through homelessness accommodation before they are deemed ready to access permanent housing (Sahlin 2005), the Housing First approach maintains that people experiencing homelessness should be afforded a permanent tenancy immediately. Housing First assumes that it is both unnecessary and undesirable that people be required to progress through crisis and temporary accommodation to demonstrate their capacity for housing (Gulcur et al. 2003; Stefancic and Tsemberis
In terms of a theoretical approach, Housing First’s emphasis on immediate access to permanent housing and the significance afforded to a multidisciplinary team of follow-up support to people in housing strongly influences the way ‘street to home’ is theoretically conceptualised in Australia.

In this latter respect, the availability of housing support post-homelessness represents a fundamental tenet of the way the ‘street to home’ model is conceptualised. Embedded within Australian research examining tenancy sustainability (Fopp et al. 2004) and the ‘revolving door of homelessness’ (Gale 2003), housing support provides a means to assist people maintain housing and their exits from homelessness. Consistent with the Housing First approach, as part of the ‘street to home’ model housing support is voluntary and intended to be tailored to individual needs. Housing support is often referred to as wrap around, ongoing and integrated within the mainstream service system. In the Housing First approach, as exemplified through the Pathways to Housing program, neighbourhood-based Assertive Community Treatment (ACT) teams are available 24 hours a day, 7 days a week. ACT teams comprise workers in mental health, psychical health, substance abuse and vocational professions, as well as social workers, housing specialists and peer support counsellors (Tsemberis and Asmussen 1999; Tsemberis and Eisenberg 2000; Tsemberis et al. 2004). The ACT teams provide outreach clinical support into people’s homes.

Differing from the Common Ground ‘street to home’ model, there is an emerging body of peer-reviewed published empirical material evaluating the Housing First approach. Exclusively from North America, recent studies have shown that homelessness programs using a Housing First approach are able to successfully provide housing to people exiting homelessness who also have psychiatric illness and often co-occurring alcohol and substance use problems. The research has found that between 84 and 88% of those housed through Housing First programs had sustained their tenancies for up to 5 years after exiting homelessness (Stefancic and Tsemberis 2007; Tsemberis 1999; Tsemberis and Eisenberg 2000).

Research has also compared Housing First programs with continuum of care approaches. The continuum of care approach is usually taken to be a model whereby clients participate in treatment as a condition of, and before they are allocated, housing. Research comparing these two contrasting models have focused on the associated costs and health and housing outcomes for service users (Gulcur et al. 2003; Kertesz et al. 2009; O’Connell et al. 2009; Padgett et al. 2006; Pearson et al. 2007).
Reductions in substance and alcohol use, and improvements in mental health problems have not always been significant (O’Connell et al. 2009; Padgett et al. 2006). Nevertheless, people housed with programs adopting a Housing First approach sustain their housing for longer periods of time than people working with programs following the continuum of care model (Gulcur et al. 2003; Pearson et al. 2009; Stefancic et al. 2004; Tsemberis 1999; Tsemberis and Eisenberg 2000; Tsemberis et al. 2004).

Finally, Australia’s implementation of a ‘street to home’ model to reduce rough sleeping is influenced by assertive outreach (Australian Government 2008). Assertive outreach has its origins in the community psychiatric setting and, as noted, was a central activity of the British RSI. Assertive outreach evolved out of the Assertive Community Treatment model, which was developed to engage people with mental illness who the mainstream health system was not able to adequately respond to (Phillips et al. 2011).

In the Australian homelessness context, assertive outreach is widely seen as a method of proactively engaging people sleeping rough and providing them with client-directed services in situ (Phillips et al. 2011). In addition to this street outreach focus, assertive outreach is often taken to include the ongoing and coordinated provision of services to people after they have exited homelessness as a means to assist with the sustainment of tenancies (Phillips et al. 2011). Thus, assertive outreach contains elements of housing support. Assertive outreach as used in the RSI and RSU focused on persistent and persuasive attempts to have people exit rough sleeping (Randall and Brown 2002). As a component of Common Ground’s ‘street to home’ program, assertive outreach can be seen as the systematic method of identifying those rough sleepers assessed as the most vulnerable (Common Ground n.d.).

The ‘street to home’ model is underpinned by a number of different but mostly complementary ideas. It is a model directed towards achieving permanent ends in rough sleeping and homelessness. In the early 1990s in the UK the broad approach was critiqued for too narrowly focusing on ending rough sleeping (Anderson 1993). In the US and also more recently in the UK programs adopting a ‘street to home’ model have tied the intervention more closely to sustainable reductions in homelessness (that is, the provision of permanent housing not just homeless accommodation). Similarly, the focus on ending homelessness is often both implicitly and explicitly
premised on the assumption that people are more easily able to address a range of their problems when housed compared to when they are homeless (Common Ground n.d.). Within the Housing First approach, housing is thus seen as the first, but not the only, step in the recovery process (2011, Tsemberis pers. comm., 16 February). The ‘street to home’ model is therefore positioned as a means to address homelessness, as well as employment, health and well-being.

‘Street to home’, as a theoretical model, can be seen as underpinned by four key features: street outreach, immediate access to permanent housing, the availability of follow-up support services, and the integration of these services and responses. These features and influences are illustrated in figure 1. As used in the UK by the RSI and RSU, and the US with programs adopting Housing First approaches and Common Ground ‘street to home’, these four key features have proven significant in achieving policy objectives of ending homelessness. It is the presences of these core features that have contributed to the ‘street to home’ model’s evidence base. Having considered the ‘street to home’ model and its international basis, we now outline a preliminary review of how ‘street to home’ is conceptualised at a policy level in Australia, before describing in more detail our framework to analyse the Service System Capacity.

3 It should be emphasised that the ‘street to home’-type programs from the US and UK have differed in organisation and program structure, and the models of intervention or approaches that underpin ‘street to home’ differ. The essential follow-up housing support, for instance, in some interventions is provided by complementary services and not always provided by the ‘street to home’ team. Similarly, the Housing First approach focuses on people with mental illness and co-occurring substance use problems, thus not always people sleeping rough (Kertesz et al. 2009); whereas the Common Ground ‘street to home’ model is specifically directed towards people sleeping rough, and those rough sleepers identified as most in need.
iii. ‘Street to home’ comes to Australia

Since the release of the National Partnership Agreement on Homeless, numerous jurisdictions have already implemented, or are implementing, ‘street to home’ type interventions nationally. A cursory review of these interventions suggests that there is some diversity in how the model has been conceptualised. In practice, it is important to think of Australia’s ‘street to home’ not as a unified homogenous model, but as a policy idea that is interpreted and implemented by state and territory governments with some latitude.

On the one hand, there are some fundamental differences, and perhaps even ambiguities, in the people that ‘street to home’ is funded to respond to. The terms ‘rough sleeping’ and ‘chronic homelessness’ are at times conflated. As noted above, the National Partnership Agreement on Homelessness states that ‘street to home’ is an initiative “for chronic homeless people (rough sleepers)” (Australian Government 2009a). Also, both the New South Wales (NSW) Implementation Plan, and the Project Summary provided by NSW Health, conflate the terms: “chronically homeless people (rough sleepers)” (New South Wales Government 2009a: 6; New South Wales Health, 2009: 2), and appear to use the terms rough sleepers and chronically homeless interchangeably (New South Wales Government 2009a, 2009b; New South Wales Health 2009: 2). Many but not all people who sleep rough are also
chronically homeless. Likewise, not all people who have experiences of chronic homelessness ever sleep rough. The Brisbane Street to Home Funding Information Paper provides more clarity about the intervention’s target by pointing out that Street to Home will focus on both rough sleepers and people who are chronically homeless (Queensland Government 2008). Nevertheless, the subsequent Homelessness Implementation Plan adds ambiguity by noting that the Street to Home initiative is directed towards rough sleepers, and that it aims to “bring people off the streets” (Australian Government 2009b: 2). Clearly, in addition to the model’s name ‘street to home’, the emphasis given to bringing people off the “streets” implies that the focus is on rough sleeping; that is, people who reside on the streets.

The conflation of the terms ‘rough sleeping’ and ‘chronic homelessness’ means that it is not clear whether the intervention is directed towards people sleeping rough, people who are chronically homeless or both groups, or whether it is even more tightly targeted towards those individuals who are chronically rough sleeping (as opposed to people sleeping rough for a short period). Common Ground notes that ‘street to home’ focuses on “individuals living on the streets a year or more”, and people are prioritised based on housing need (Common Ground n.d.). Further, while the Melbourne, Sydney and Brisbane models are in line with the New York City ‘street to home’ model, in that these three interventions draw on the Vulnerability Index Tool as a means to prioritise the responses, it is not clear that other Australian ‘street to home’ models will adopt the same technique, or prioritise people on the basis of vulnerability.

In addition to ambiguities regarding the target groups, ‘street to home’ programs operating across Australia appear to have different focuses. For instance, in a newly developing model for the North Queensland hinterland region of Mareeba, it is proposed that ‘street to home’ should target people residing in over-crowded housing (Phillips and Parsons 2011). This proposed direction for ‘street to home’ is informed by an analysis of the local area that identified over-crowded housing within the Indigenous community as more of a pressing concern than rough sleeping, especially chronic rough sleeping (Phillips and Parsons 2011).

Further, on the basis of the limited information available, ‘street to home’ in the Northern Territory will assume a different form. Northern Territory Shelter (2010)

It is further important to not conflate rough sleeping with primary homelessness, as the White Paper does; see Parsell (2011).
report that ‘street to home’ funding through the National Partnership Agreement on Homelessness focuses on crisis and transitional housing, as well as mental health services for people experiencing chronic homelessness. The Northern Territory Government (2009: 4) also links ‘street to home’ funding with their Intervention and Case Management Service (ICMS). The ICMS is a strategy that focuses on homelessness as antisocial behaviour (Northern Territory Government 2009), with ICMS-funded services moving people from public places. The removal of people from public places includes short-term immediate responses, for example, transporting people to public intoxication units. ICMS also consists of strategies that assist people residing in major urban public places to return to their home communities often in remote and distant locations – referred to as ‘return to country’ (Phillips et al. 2011).

This brief sketch outlines the key features and parameters of the ‘street to home’ model in Australia, but similarly shows that this model is implemented and interpreted in different ways across the country. At this broader policy level, ‘street to home’ in Australia can be seen as diverging from some of the tenets of the model developed in New York City by Common Ground (which, as we have shown, built on the British RSI). Indeed, this is arguably in keeping with the Australian policy intent. While implementing ‘street to home’ on the basis of successes achieved in the US and UK, policy documents make no mention of the necessity of Australian ‘street to home’ initiatives replicating a specific model. Rather, in the same way that Rosanne Haggerty developed ‘street to home’ in the US on the basis of adapting principles of the British RSI to the local US context (Common Ground n.d.), Australian politicians, policy makers and practitioners place great emphasis on adapting ‘street to home’ to the Australian context (Australian Government 2008; Borger 2010, Phillips et al. 2011). In all Australian jurisdictions where ‘street to home’ has been or is being introduced, there is a tradition of providing outreach to people sleeping rough that predates the ‘street to home’ approach. ‘Street to home’ is thus not simply adopted from the Common Ground ‘street to home’ or British RSI, but instead implemented in a manner that is intended to build on and add to previous Australian practices (Phillips et al. 2011).

iv. A framework for describing Australian ‘street to home’ initiatives

This analysis of the Service System Capacity has been conducted during the first 12 months of program implementation. The research period examined the Street to
Home and Way2Home interventions in their early stages of development. It is recognised that the capacity will change, and ideally be enhanced, over the coming years. Indeed, our observations over a number of months suggest that the two programs, based in Brisbane and Sydney, were developing during this short period in 2010 and early 2011. Understanding the Service System Capacity throughout the period of study and, in particular, the manner in which it changes, enables a meaningful analysis to be conducted of the different client outcomes and pathways that are identified at different points in time.

Similarly, we have endeavoured to understand whether changes in the Service System Capacity represent a deliberate means to address identified limitations, or whether changes are perhaps more appropriately thought about as diminishing capacity. In this respect, a specific focus on the Service System Capacity requires an understanding of the broader context in which the services operate. This broader context includes the political support the programs receive, as well as the legitimacy and priority afforded to the program’s objectives.

Having analysed Common Ground’s ‘street to home’ model and examined the features that can be said to underpin the approach more broadly, we have identified four dimensions of the Service System Capacity. These are street outreach, the provision of permanent housing, housing support and integration. We will analyse the Service System Capacity of Brisbane’s Street to Home and Sydney’s Way2Home programs with references to these capacities.
Table 1: Model for description and comparison of ‘street to home’ initiatives in Australia

<table>
<thead>
<tr>
<th>Key element</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street outreach</td>
<td>Street outreach is defined as the provision of services and practical resources to people who are sleeping rough in public places. In the ‘street to home’ model, street outreach is presented as purposeful and a strategic means of achieving targets of reducing rough sleeping. Street outreach is intended to be assertive, persistent and tailored to individual need. Rather than simply providing a service (harm minimisation for example, see Parsell 2011), street outreach is a deliberate intervention to move people from public places. Likewise, Street to Home, as exemplified through the Common Ground ‘street to home’ model, places significant emphasis on street outreach, identifying, and thus working with, people assessed as most vulnerable. This assessment is based on a score derived from the Vulnerability Index Tool (Common Ground n.d.).</td>
</tr>
<tr>
<td>Housing capacity</td>
<td>Housing capacity is similar to housing availability and the capacity to provide housing to service users. Within the ‘street to home’ approach, housing is considered permanent. This contrasts with the provision of crisis accommodation or transitional-based housing. Further, housing capacity also denotes the timeliness of housing provision. Emphasis is placed on the capacity to provide people with immediate access to housing. The Pathways to Housing program which adopts (and developed) the Housing First approach reports that two weeks is the average time that clients wait prior to accessing permanent housing (Tsemberis and Eisenberg 2000). Housing capacity thus refers to the capacity of the program to provide service users with immediate access to permanent housing. In the US, ‘street to home’ type models have almost exclusively relied upon a federal government-subsidised voucher system to leverage housing in the private rental sector. In Australia, the current policy and housing market realties mean that the housing capacity of ‘street to home’ service providers is</td>
</tr>
</tbody>
</table>
contingent upon the supply of social housing through state/territory housing authorities and community housing providers. The type and allocation of housing has also been an important element of the housing capacity in the US. The Housing First approach places client choice at the centre of the allocation process. Similarly, programs adopting a Housing First approach use scatter site housing that blends into the neighbourhood (Stefancic and Tsemberis 2007), with no more than 15% of units within the one block/complex rented to Housing First service users (Tsemberis and Eisenberg 2000). In contrast, Common Ground often uses housing stock within the one unit block/complex that has a range of onsite services (Common Ground n.d.). These differences notwithstanding, housing under the ‘street to home’ model is characterised by its permanency. Service users hold their own lease.

| Housing support capacity | Housing support capacity describes the ability of the ‘street to home’ program to make available a multidisciplinary range of support services to client post-rough sleeping. Housing support capacity includes both the support services that are directly provided by the ‘street to home’ program, as well as the capacity of the ‘street to home’ service provider to access and organise the delivery of services external to the service. The Housing First approach routinely draws upon ACT teams to provide multidisciplinary housing support services to people in scattered site dwellings, whereas Common Ground provides a multidisciplinary range of support services that are often linked in with the onsite supportive housing. When examining the housing support capacity we focus on the availability of a range of multidisciplinary support services, irrespective of whom they are provided by. |

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5 Currently there are proposed changes to Way2Home that may involve the private rental sector; see chapter five.
6 The type of housing stock, be it large blocks of units, bungalows (stand-alone houses) or two-unit houses, has been determined by the location and existing urban development in the US where the Common Ground supportive housing initiative has been developed (Common Ground n.d.).
| Integrative capacity | Although often less explicitly stated than street outreach and the provision of housing and housing support, integration is central to the ‘street to home’ model. The provision and delivery of services and resources is intended to be integrated within an approach that aims to achieve sustainable reductions in rough sleeping. We refer to the integrative capacity on a policy and practice level. In terms of the former, it denotes the manner in which ‘street to home’ has been conceptualised as an approach resourced with the availability of the broad range of integrated services. On a practice level, the integrative capacity describes the manner in which street outreach, the provision of housing and the delivery of housing support are integrated within a model. Integration within homelessness, housing and health services is difficult to achieve (Flatau et al. 2010). Integration does not necessarily require all three services to be delivered through the one program, but rather it requires the provision of these resources and services to be complementary and delivered in an integrated manner to achieve the overarching objectives⁷. |

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⁷ The Housing First approach, as exemplified through the Pathways to Housing program, however, does consist of an integrated service system where the ACT teams are a part of the housing provider (Tsemberis 1999).
4. The Street to Home program in Brisbane

i. General description

The purpose of Brisbane’s Street to Home program is to “support people who are sleeping rough or experiencing chronic homelessness to move into stable, long-term housing” (Queensland Government 2008: 4). It is an intervention explicitly directed towards achieving permanent ends to homelessness (Queensland Government 2009). In addition to this primary stable housing objective, Brisbane’s Street to Home program aims to support service users to “achieve long-term lifestyle changes to enable engagement in the community, education or employment where appropriate” (Queensland Government 2008: 4).

Wrap-around and ongoing support is positioned as a central component to achieving these aims. The support that Street to Home will provide is intended to enable clients to “resolve crisis, maintain a tenancy, attain independence and engage with work and education” (Queensland Government 2008: 3). The achievement of these ambitious objectives requires a model of support that is sophisticated and multifaceted. The Queensland Government (2008) sees wrap-around and ongoing support relying upon a whole-of-service-system approach. This includes government, non-government, local and community organisations all working together in a coordinated manner.

Brisbane’s Street to Home program officially commenced operation in April 2010, but did not achieve full operational staffing capacity until around June 2010. As a part of the National Partnership Agreement on Homelessness, Street to Home receives Australian and state government funding. Through the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs and the Queensland Department of Communities, Brisbane’s Street to Home intervention will receive $911,016 per annum for 3 years, which includes $99,750 per annum to be used for brokerage (Queensland Government 2008). Street to Home receives additional funding through the state government’s public intoxication response. This funding increases the street outreach capacity of Street to Home, particularly street outreach conducted during the evening.

Micah Projects was awarded the contract to provide Street to Home services on a competitive tender process. Micah Projects is a community-based not-for-profit organisation that has been providing services to people experiencing homelessness.
in Brisbane for 15 years. Prior to the April 2010 funding for Street to Home, Micah Projects was providing a state-funded rough sleeping intervention in inner suburban Brisbane that aimed to achieve a range of health, accommodation and housing objectives. In fact, a previous state-funded intervention provided by Micah Projects was referred to as Street to Home, and this intervention is argued to have contained elements of the ‘street to home’ and Housing First models (2011, pers. comm., 19 April). When considering the Service System Capacity of Brisbane’s Street to Home service, it is therefore important to understand that the capacity has been developed by Micah Projects and its collaborating organisations over a period of time that predates the funding for the current intervention.

Brisbane’s Street to Home team consists of eight full-time support workers, a senior practice leader and a team leader. The service operates on a team response to clients rather than an individual case worker model. The Street to Home staff have welfare backgrounds and established experience working with people who are homeless. The funding agreement requires the Street to Home service to work with up to 180 clients per year (Queensland Government 2008). The funding is provided to enable six workers a case load of ten clients each at the one time. Moreover, this funding is to enable the service to work with individual clients for 4 months. This formula is based on a ‘case mix’ principle, whereby averages are taken into account (2010, pers. comm., 10 December). Theoretically this means that support workers will have clients with varying needs – some clients will require more intensive support and an extended service period, whereas other clients will require less intensive support and less time with the intervention. Thus, by having clients who require less support and for a period less than 4 months, through the funding model, the service does have some capacity for support workers to work longer than the four-month period and also more intensively with other clients. The implications of this changing model for the Service System Capacity will be discussed further below.

ii. Street outreach capacity

Assertive outreach is presented as a key feature of Brisbane’s Street to Home street outreach. Street outreach involves “actively seeking out and engaging with clients in their own environment” (Queensland Government 2008: 3). This type of street outreach is intended to be different to models where clients approach or are referred to a service; Street to Home is funded to conduct persistent and coordinated outreach that is tailored to client needs (Queensland Government 2008). Further to
this, the funding model dictates that the street outreach will be a method of identifying and supporting people experiencing homelessness where they are located, for example, in public places or homeless accommodation (Queensland Government 2008).

Brisbane’s Street to Home service operates within the geographical boundaries of the Brisbane City Council, consisting of 189 suburbs. While street outreach theoretically covers all of these suburbs, the majority of people sleeping in public places are concentrated in relatively small inner-city suburban areas. In turn, street outreach is primarily conducted in these inner-city areas, with outreach workers carrying out patrols on a daily basis. This active patrolling of public places is a means to identify new service users, and also a practice of delivering services in situ to ongoing service users. In addition to street outreach patrols that seek out new service users, the outreach workers respond to referrals or information about people in public places that are identified by collaborating organisations, for example, Queensland Health and Queensland Police, or as identified by members of the public.

Street outreach workers engage with people in public places in a proactive manner, whereby they will approach people and initiate dialogue. Although an ongoing assessment determines the exact nature of the exchange, outreach workers are interested in identifying homelessness status and individual need. Further, outreach workers draw upon the Vulnerability Index Tool to identify vulnerability and to thus inform their responses. The service provider believes that the Vulnerability Index Tool has increased their capacity to individually tailor responses according to need, by providing more detail and a clearer picture of client need. The tool allows a more comprehensive documentation of individual client locations and mobility patterns, and assists to isolate the homeless population into sections of need, which promotes a more structured and individualised response (2011, pers. comm., 1 March).

Street outreach is delivered in a manner and at times to enhance flexibility and responsiveness to service-user need. During weekdays street outreach operates from 0600 until 0200, and from 1000 until 1800 on weekends. The street outreach conducted in the late evening/early morning (2000–0200) is enhanced through the funding received as part of a public intoxication outreach and response service. Street outreach at this time thus focuses on diversionary strategies in public places, and the outreach workers invariably assist people not formally working with the Street to Home program. In many instances, people congregating in public places in the city
live or have family in outer suburbs, thus the street outreach provides assistance with people who require transport out of the city and inner urban area. The extended hours of service are considered to be fundamental in assisting all service users (especially those housed, see below). The 20 hours of continuous operation (0600–0200) facilitates a comprehensive street outreach approach that enables people to be located as they move around public places. The extended hours of operation provide considerable opportunities for the clients to access the Street to Home service, thereby creating opportunities for people to be responded to at times in which they are willing to engage.

The majority of street outreach is conducted independently by the Street to Home service provider. On some occasions, however, street outreach is enhanced by collaboration from the community clinical nurse working from the Brisbane Homelessness Service Centre, and also with the state government’s Homeless Health Outreach Team. The latter focuses on the provision of health services to people who are homeless, both those residing in public places and those in homelessness accommodation. The Homeless Health Outreach Team is able to work with Street to Home service users in public places, especially to facilitate physical and psychiatric health assessment.

### iii. Housing capacity

One of the key principles of the ‘street to home’ model is ‘housing first’. From a service delivery perspective this will mean transitioning a person straight from the street into stable, long-term housing. Queensland Government (2008: 3)

Housing capacity is the ability of Street to Home to provide stable and long-term housing to service users. The capacity to provide housing to Street to Home service users is centrally important to achieving permanent reductions in homelessness. Inclusive of Brisbane’s Street to Home program, and the three other ‘street to home’ interventions operating elsewhere in Queensland, it was recognised that “2,580 mixed housing options (studio, one-bedroom and shared/family housing)” would be required over 4 years to achieve reductions in homelessness (Queensland Government 2009: 6). It is meaningful and indeed necessary to grasp the housing capacity of Brisbane’s Street to Home intervention by taking account of, and locating

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8 Micah Projects is the lead agency of the Brisbane Homelessness Service Centre. The community clinical nurse is funded through a partnership with Mater Health Services.
the capacity within, the context of changes that have occurred throughout the first 12 months of operation. The intervention was referred to as a learning process, whereby the exact nature of the intervention has been evolving in light of lessons learnt in the process of initial service delivery (2011, pers. comm., 10 December). This account of the program’s implementation is broadly consistent with Wanna et al.’s (2009) description of how many new policy ideas are implemented practically in Australian social policy. It is routinely the case that public programs undergo an ongoing developmental process and evolve throughout the time of service delivery. The evolving, and arguably improving, nature of Brisbane’s Street to Home program is no more evident than in the housing capacity. There have been notable enhancements in the housing capacity over the first 12 months of operation.

In examining the housing capacity, we consider the formal housing policy and expectations, as well as the actions taken by the service provider and the funding department to increase their capacity to meet the service users’ housing needs. First, we will address the formal policy. While it has been asserted that a Housing First approach underpins the ‘street to home’ model and has done so since the initial conceptualisation in 2008 (Queensland Government 2008), there are limited formal policies or mechanisms in place to enable the realisation of this. The Queensland Government made no formal provisions for the specific allocation or quarantining of social housing to Street to Home service users. In formal state government policy, Street to Home clients are considered for the allocation of social housing stock on the same basis as all other applicants who are assessed under Queensland’s One Social Housing System9. In an illustration of the absence of official mechanisms to provide or facilitate social housing, the Queensland Government’s Funding Information Paper outlines an expectation that the Street to Home provider will “source appropriate housing options as a first priority” (Queensland Government 2008: 4). This suggests that the initial onus is not on the funding organisation/state housing authority to provide housing, but rather on the service provider delivering Street to Home services. Micah Projects, however, has no housing stock of its own. At the time of writing there were no provisions for funding to allocate housing in the private rental market. The provider of Brisbane’s Street to Home service is thus reliant upon social housing, but formal policy does not direct the supply of this stock specifically to Street to Home service users.

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9 Queensland’s One Social Housing System is characterised by common eligibility criteria and the provision of housing based on commonly assessed highest need.
In turn, a lack of coherence and integration between social housing and homelessness policy represent a major barrier to Street to Home achieving permanent reductions in homelessness, and arguably in practising a Housing First approach. Formal housing policy presents an important constraint to the housing capacity of Brisbane’s Street to Home. Affordability problems and a competitive market means that Brisbane’s private housing market is not considered a realistic option as a potential source of stock for many Street to Home service users (2011, pers. comm., 12 April). The model of intervention adopted by Brisbane’s Street to Home program is reliant upon a social housing system that does not have enabling policies to support the broader Street to Home objectives.

In addition to the supply of housing stock, formal housing policy has implications for how accessible the social housing register is for Street to Home clients\(^\text{10}\). Since the program was implemented it has become apparent that a significant number of Street to Home clients are not recorded on the social housing register. Indeed, identifying this information, together with the level of vulnerability among the rough sleeping population, is seen by the service provider and the funding department as an early success of the model (2011, pers. comm., 10 December). Due to factors such as negative experiences with housing and bureaucratic organisations, a lack of understanding of housing systems and processes, mental illness, and drug and alcohol use, for example, there are a number of barriers that have meant many Street to Home clients have experienced difficulties successfully registering for a social housing property.

Micah Projects and the Department of Communities recognised the constrained capacity the ‘street to home’ model faced in providing housing to service users, both in terms of the supply of social housing to clients who were registered on the social housing wait list, and for those clients not registered that faced barriers in accessing the social housing wait list. From this recognition, the housing capacity of Brisbane’s Street to Home service has progressively increased over the latter half of 2010 and early 2011. Although it is difficult to establish with certainty the time or events that led to the increased housing capacity, the registry week for the successful and widely reported ‘50 Lives 50 Homes’ campaign by Micah Projects in June 2010 represents an important turning point. In fact, while Micah Projects’ 50 Lives 50 Homes initiative

\(^{10}\) The barriers to accessing the social housing register are not specific to Street to Home clients as such, but more broadly to the people who are targeted for this intervention, i.e. people sleeping rough and experiencing chronic homelessness.
is separate to the Street to Home program, in practice they are closely associated – it is not possible to consider Street to Home’s housing capacity within the first 12 months of operation without also considering the success of the 50 Lives 50 Homes initiative.

The 50 Lives 50 Homes campaign aims to house and support Brisbane’s 50 most vulnerable individuals sleeping rough. The campaign included a survey of people sleeping rough and an identification of those people’s vulnerabilities. The campaign was implemented by Micah Projects to provide the organisation with a baseline register at a point in time of people sleeping of Brisbane. This baseline indication was a means to inform practice in implementing an enhanced Street to Home program in line with the funding agreement. The initiative has assisted all stakeholders match housing and services to individual.

With wide coverage from local media outlets (Carrington 2011; Dennehy 2010; O’Keeffe 2010), the 50 Lives 50 Homes campaign illustrated to the policy makers, stakeholders and the broader public, the significant disability and disadvantage experienced by people sleeping rough in Brisbane. This wider recognition of rough sleeping and the problems people sleeping rough experienced acted as an impetus for service providers, including Street to Home, to lobby for additional and specific resources to be available for people sleeping rough. Indeed, the Department of Communities has partnered with Micah Projects in the 50 Lives 50 Homes campaign, and in late 2010 the relevant state government minister provided leadership to ensure that the state housing authority recognised and supported the initiative in achieving its core objectives. The objectives of the 50 Lives 50 Homes program aligned with the headline goals set out in the partnership agreement of reducing rough sleeping (Australian Government 2009a).

In the second half of 2010, following the launch of the 50 Lives 50 Homes campaign, the housing capacity of Brisbane’s Street to Home program increased. Some of this improved capacity has come about to enable the 50 Lives 50 Homes campaign to succeed. Most people identified and targeted through the 50 Lives 50 Homes initiative were Street to Home clients, which demonstrates that the 50 Lives 50 Homes campaign has had direct and positive implications on Street to Home’s capacity. Some of the increased housing capacity pertains to policy change, whereas other improved capacity is evident by the manner in which the Street to Home service provider and the Department of Communities have delivered services within the constraints of existing policy.
In terms of the former, the Street to Home service provider and housing officers working in relevant social housing areas offices were cognisant of the difficulties many people sleeping rough face when negotiating the processes to register for a social housing tenancy. In the first 3 months of operation, Street to Home workers devoted considerable time to ensuring that their clients first became registered on the social housing wait list. The difficulties that individuals faced were wide ranging, but they often related to challenges inherent in providing the level and type of identification material necessary to be registered on the social housing wait list. That is to say, the standard policies and procedures required to register (access problems) for a social housing tenancy were often prohibitive or insufficiently flexible for some people sleeping rough and, in particular, Street to Home clients. In the initial months of Street to Home’s implementation, information about these barriers was referred to governmental policy makers which resulted in policy amendments in November 2010. Recognising that many of the people targeted through the Street to Home intervention could not easily access the numerous identification checks required to register for social housing, the Department of Communities policy amendment means that Centrelink documentation is now accepted as a valid and sufficient form of identification. Likewise, informed by the information obtained using the Vulnerability Index Tool, the Department of Communities now initially accepts social housing applicants as high needs on the basis of the result of this tool. This example of housing policy change illustrates a significant shift in the Service System Capacity of the program in two distinct ways.

First, the changed policy has the consequence of Street to Home clients more readily being able to access social housing. Indeed, through facilitating flexible access to the register and being able to initially recognise people with high need from the information the service provider obtains, this policy change means that Street to Home clients will be able to access housing that they otherwise would not be considered for. In this respect, the practice initiative and policy change is in line with the Housing First approach of removing barriers to enable the immediate access of housing. Secondly, this policy change is, arguably, one example that illustrates the flexibility and responsiveness of the Street to Home program and its funding body’s mechanisms to adapt in a manner that will enable the target outcomes to be achieved. An important indicator of capacity is not simply what is recorded as official policy in the program’s implementation, but also the demonstrated ability of the service system to respond to limitations that are identified as representing a barrier to achieving its stated objectives.
With reference to the increasing housing capacity that cannot be attributed to formal policy changes, the acquisition and supply of social housing is an important dimension of the improved housing capacity. Official housing policy in this area has not changed since the implementation of Street to Home: there are no formal policies that direct the specific and expedited provision of social housing stock to Street to Home clients. Nevertheless, the ‘on the ground’ work of the Street to Home service provider, in collaboration with local Department of Communities housing allocation officers, constitutes an important housing capacity.\footnote{At the time of writing it was suggested that official housing policy and practice was under review to formalise some of the Department of Communities’ practices that have made a positive contribution to the housing capacity.}

The Street to Home service provider was acutely aware of the necessity of social housing being made available to Street to Home clients. If formal housing allocation processes were followed, whereby Street to Home clients were considered in the same way as the many thousands of other people already waiting on Queensland’s One Social Housing System, they would likely wait many months, and in some cases years, before being offered social housing. In fact, on the basis of the wait list, it is theoretically probable that if they were allocated housing on the same basis as all individuals on the housing register, some Street to Home clients would not be offered social housing in the 3 years that the program has funding to operate.

The Street to Home service provider lobbied relevant state government bodies, demonstrating that if formal social housing allocation policy was followed, in regard to Street to Home clients there would be a tension between that policy and the principles of the National Partnership Agreement on Homelessness, to which the Queensland Government was a signatory. Namely, it was argued that the Street to Home service had minimal capacity to contribute towards targets of reducing homelessness and providing people sleeping rough supported accommodation if the state government did not make the social housing available to Street to Home clients. Despite no formal changes to social housing allocation policies, local social housing area officers working with the Street to Home service provider have enacted the policies flexibly, so that Street to Home clients receive special access to social housing. This flexible ‘on the ground’ policy enactment has been supported at an executive and ministerial level at the Department of Communities.

Further, while 40% of social housing constructed through the Australian Government’s Nation Building – Economic Stimulus Plan is to be directed towards
people experiencing homelessness, there is no formal policy to ensure that this newly built social housing would go specifically to Street to Home clients. But again using the policy flexibly, this newly constructed social housing has been primarily made available for Street to Home clients. Indeed, it is the construction of new social housing through the Economic Stimulus Plan that has been the primary resource of housing stock to enable Street to Home clients to exit homelessness. This new social housing stock is managed by not-for-profit community housing providers. It is envisaged that as more of this social housing stock becomes available, it too will be made available to Street to Home clients. On the other hand, as the construction of this stock is presently drawing to a close, it has not been identified where future housing stock will be sourced for Street to Home service users.

**iv. Housing support capacity**

Housing support is considered to be a fundamental necessity for Street to Home to achieve sustainable housing outcomes and permanent reductions in rough sleeping. Support is intended to ‘wrap around’ clients, be multidisciplinary and be embedded within a whole-of-service-system approach (Queensland Government 2008). The Street to Home service provider delivers housing support directly to their service users, and also relies upon, or attempts to engage, the support from other service providers. Some elements of housing support are deemed to be effective at assisting service users sustain their tenancies, whereas it is widely recognised that there are major limitations in the delivery of the housing support that many service users require.

First, Street to Home has demonstrated effectiveness in providing an important level of housing support. The team-based approach means that the support workers who provide housing support are also the support workers that initially engaged with the service users when they were sleeping rough. The housing support is a continuation of support delivered through service users’ movement from homelessness into housing. As such, the provision of housing support is often predicated on a long-term working relationship. Indeed, the working relationship between the service users and the housing support workers is significantly enhanced because, as the service users are residing in permanent housing provided by the service provider, they have faith in the service to deliver on their promises and to make a difference in their lives. Indeed, the Street to Home support workers similarly express optimism in their capacity to provide meaningful housing support because they feel empowered with a
level of resourcing to make positive contributions (2011, pers. comm., 13 April). In this respect, the support capacity is broadly consistent with the intended model of supporting clients to move from the street to home [which] will rely on building strong worker–client relationships (Queensland Government 2008).

The hours of service delivery (0600–0200 weekdays) and the flexibility that support workers have to respond to service users in housing also constitutes an important dimension of housing support capacity. It has become evident to the Street to Home service provider that many of their service users in housing experience problems or have concerns after routine business hours\(^{12}\). Thus the 20 hours of continuous housing support is an important means to assist people sustain their tenancies. It is reported that many service users who are housed experience difficulties late in the evening. These difficulties often centre on fear, loneliness and anxiety that become acute during the night and, if not appropriately responded to, can jeopardise tenancies. The housing support is seen as important to address these problems at the time they arise.

Secondly, notwithstanding these important aspects to the housing support capacity, the resource capacity to provide wrap-around, multidisciplinary and client-directed support is limited in the Brisbane’s Street to Home model. The Street to Home service provider does not have the resources to employ personnel to provide the primary health, mental health and drug and alcohol services that many of their service users require to sustain their tenancies. The limited range of primary health, mental health and drug and alcohol services to assist Street to Home service users access appropriate treatment and recovery services impacts on their ability to sustain their tenancies and represents a major barrier to the intervention achieving permanent reductions in homelessness.

Indeed, there are already examples where the capacity of the intervention to provide housing to clients is being undermined. The failure of approximately four newly commenced social housing tenancies among Street to Home service users was attributed to an absence of the clinical (i.e., drug and alcohol, mental health and primary health care) housing support they required to stabilise their tenancies (2011, pers. comm., 14 December)\(^ {13}\). It should be noted, however, that the Street to Home

\(^{12}\) This is also recognised by programs adopting the Housing First approach in the US, which is why the ACT teams are available 24 hours a day, 7 days a week.

\(^{13}\) Some stakeholders also expressed a view that the sustainability of a tenancy is influenced by housing allocation decisions. For instance, the allocation of properties in locations, or in a block of
service provider was able to continue to support and provide alternative housing to those individuals that were not able to sustain their initial tenancies.

In addition to a limited capacity to directly provide a range of health services, the Street to Home provider is not able to easily access the provision of these health services from the mainstream service system for service users in housing. The Street to Home service provider did note one occasion where they were able to successfully access the appropriate support package through the joint state and Australian governments’ Home and Community Care program.

Also, the Street to Home service is routinely referring their clients to a housing support service that Micah Projects also operates and to a community clinical nurse that is part funded by the Mater Health Services. The housing support service is funded through the state and Australian governments as part of the Brisbane Common Ground initiative. These Common Ground supportive housing workers are able to engage in a close and flexible manner with their service users. Like the Street to Home intervention, however, the Common Ground supportive housing team does not include primary and mental health, or drug and alcohol practitioners. The primary healthcare response provided by the community clinical nurse is important (as it is with street outreach, see section above) in filling a gap, but this response is limited by the capacity of one practitioner.

Likewise, while working in a close relationship with the Health Homeless Outreach Team\textsuperscript{14}, this state government-funded homelessness service provider was deemed to have limited capacity to provide Street to Home service users with the long-term clinical housing support they required. There was no service identified that had the professional capacity to deliver the clinical services, in an ongoing manner, to Street to Home service users residing in housing.

Additionally, the four-month case-mix funding model is illustrative of a broader problem with the housing support capacity. It is, for example, recognised that some service users will require much more support than the four-month model will allow. The model was predicated on an assumption that other services, for example, those with specialist primary health, mental health and drug and alcohol workers, would

\textsuperscript{14} As noted above (section ii, Street outreach capacity), the Homeless Health Outreach Team plays an important role in enhancing the street outreach capacity of Street to Home.
take over and work with service users when the Street to Home intervention ceased. An absence of formalised processes with service providers separate to Street to Home has acted as a barrier in Street to Home service users accessing the housing support clinical services they require to assist with their recovery from health and social problems. In fact, a key stakeholder argued that the problem the Street to Home service faced accessing clinical housing support services was not necessarily a problem with formal processes (i.e., a lack of official referral pathways), but rather symptomatic of the absence of services that existed to provide the outreach services required (2011, pers. comm., 6 May). That is to say, the clinical services required to work with people in their homes over a long period of time were extremely difficult to access from the mainstream service system. Street to Home is supported by a service coordination process, which matches housing allocations and support and health services to individual need. This service matching and tailoring to individual needs is deemed to enhance effectiveness (2011, pers. comm., 6 May). Nevertheless, the significant gap was the ability to actually provide the services to people in housing (housing support) that they required.

Moreover, the attempts to meet the housing support needs of Street to Home clients despite a lack of internal professional capacity or the availability of support services external to Street to Home is contributing to tensions about focus. By focusing efforts on service users sustaining their tenancies, the Street to Home provider is inadvertently reducing their capacity to respond to the needs of people sleeping rough. The additional work that the Street to Home service provider puts into filling the gaps left by a service system that cannot assist people sustain their tenancies, means that the Street to Home service provider is not only in a position where they cannot comprehensively meet the housing support needs of their clients, but they are also less able to direct their limited resources to street outreach.

Stakeholders at a policy and practice level acknowledged both the challenges in providing the necessary ongoing clinical support to the client group, and that the inability to effectively support individuals once they are housed is one of the major problems with the model. In terms of the former, many service users do not work well within mainstream services, for example, keep appointments and sustain engagement. Likewise, home visiting services may withdraw due to safety concerns.

With reference to the latter, it was argued that service access problems were currently being investigated and addressed. For example, the Department of Communities was in discussions with the Department of Health, and Disability
Services Queensland to consider what formal mechanism could be established to enable Brisbane’s Street to Home program to access other providers and organisations to work with their clients at the completion of the support provided by ‘street to home’. It was also argued that the current Queensland Strategy for Reducing Homelessness will improve coordination and collaboration among key stakeholders which will in turn further enhance the capacity of the Street to Home service to have their clients access essential services (2011, pers. comm., 10 December).

v. Integrative capacity
Collaboration with organisations external to the Street to Home service provider is positioned as central to the ‘street to home’ model (Queensland Government 2008). It is envisaged that street outreach and the provision of housing and housing support be integrated within the one ‘street to home’ model. Twelve months after the program was funded, Street to Home had assisted approximately 70 people into housing. This significant outcome is attributed, in part, to the efforts to achieve integration. Street to Home was enhanced by the 50 Lives 50 Homes initiative, which was a collaborative project that relied upon integration of government and non-government stakeholders. Similarly, the street outreach that has engaged considerable numbers of people into the service, the social housing stock that has been provided, and the matching and delivery of housing support services to Street to Home clients are the products of significant integration. Much of this integration is evident at the practice level, including the Department of Communities, social housing allocation officers and not-for-profit community housing providers (as part of the One Social Housing System) and health services (Mater Health Services and the Homeless Health Outreach Team). Premised on the recognition that integration is a means to achieve the program objectives, the Street to Home service provider has demonstrated a commitment to working towards developing the integrative capacity.

On the other hand, integration at the policy or macro level appears less developed. Indeed, integration is impeded by virtue of the limited access to permanent housing and ongoing clinical housing support services that many Street to Home clients require. Notwithstanding considerable success in housing people, and recognising that stakeholders have articulated a consciousness of limitations and a commitment to address them, the availability of services to work with people once housed suggests that the integrative capacity of Brisbane’s Street to Home model is limited.
The integrative capacity will be enhanced when Street to Home is designed in a manner that enables the service users to access the range of services they require to sustain their tenancies.

vi. Conclusions

We have described Brisbane’s Street to Home Service System Capacity with reference to four components: street outreach capacity, housing capacity, housing support capacity and integrative capacity. For the purposes of explanation it is meaningful to consider these dimensions of capacity separately, but in practice they are closely related. The supply of housing to Street to Home service users, for example, was influenced by the perception of the program’s housing support capacity. A stakeholder noted the hesitation and concern expressed by both government and non-government agencies about housing being allocated to Street to Home clients without the provision of support services (2011, pers. comm., 10 December). An absence of support not only has implications for the sustainability of the tenancy, but this stakeholder was noting that in the absence of appropriate supports being formally in place through an individual support plan, Street to Home service users may not even be allocated housing.

The supply of housing to the Street to Home service and the provision of housing to service users were determined by factors extending beyond formal policy. The influence of the 50 Lives 50 Homes campaign, and the remarkable success that Micah Projects achieved with this initiative shaped the housing capacity of Street to Home. A commitment from many stakeholders working within or alongside Street to Home meant that the service was able to provide permanent housing to more than 70 Street to Home service users. Notably, not-for-profit housing providers have been a significant source of social housing stock that was developed as part of the Economic Stimulus Plan.

While the newly constructed social housing built through the Economic Stimulus Plan has resulted in a number of social housing properties being available to Street to Home clients, there is a concern that now the construction of this stock is almost complete, there are no formal policies that will make existing social housing available for Street to Home clients. All Street to Home clients housed so far have accessed social housing; other sources of housing, for example, the private rental market, have not been available to Street to Home clients. It is clearly the case that the successful
provision of social housing to approximately 70 Street to Home clients without the support of formal housing policy is an important illustration of the housing capacity. This capacity notwithstanding, in the absence of formal policy that allocates specific supply, it is difficult to ascertain the long-term sustainability of this housing capacity.

An examination of the housing support capacity illustrated the challenges experienced in assisting Street to Home service users sustain their tenancies. The success that Street to Home has achieved in housing such a significant number of people runs the risk of being mitigated if the resources are not made available to provide the housing support that many people require. It has become apparent that the Street to Home service provider is not resourced to the necessary extent and with the necessary staffing expertise (primary health, mental health, drug and alcohol support) to provide the ongoing wrap-around support required for some of the client group to sustain their exits from homelessness. Formal policies and mechanisms do not sufficiently facilitate the Street to Home service provider accessing ongoing clinical housing support services within the mainstream system. Indeed, it was argued that the types of ongoing clinical housing support were rarely available within the mainstream service system. The important achievements made through street outreach, and through the provision of housing and the identification of services that individuals require, are mitigated if the ongoing delivery of necessary services to people in their housing is not available.

There are also important implications beyond those concerned with the people housed when they are not able to receive the level of wrap-around housing support they require. By dedicating a disproportionate amount of time to the provision and type of housing support it is not resourced to provide, the Street to Home service provider is stretched to an extent that runs the risk of the program not being able to deliver sufficient street outreach.
5. The Way2Home program in Sydney

i. General description

This program is an excellent example of the innovation and best practice approaches emerging from the NSW Government’s Homelessness Action Plan. Borger (2010)

Sydney’s Way2Home intervention has a number of housing and health aims and objectives. Way2Home aims to assist people sleeping rough in the inner city transition to appropriate long-term accommodation and support (New South Wales Government 2009a). In this respect, Way2Home represents a means towards achieving the objective of a 25% reduction in rough sleeping in inner-city Sydney by 2013 (New South Wales Government 2009b). Reductions in homelessness are required to be long term. The goal of Way2Home is to “ensure that 80% of rough sleepers housed retain this accommodation within the contract period” of 4 years (New South Wales Government 2009c: 6).

Further, Way2Home aims to “improve health outcomes for homeless people and reduce presentations by homeless people to hospitals and other health facilities” (New South Wales Government 2009a: 8). This has been operationalised as a “25% reduction of people with three repeat periods of homelessness at an emergency service in 12 months, and a 25% reduction of people being released from care (including health care settings) into homelessness” (New South Wales Health 2009: 2). Similarly, the health component of Way2Home aims to “provide a range of supports for clients with drug and alcohol, mental health and physical health needs including specialist treatment responses for homeless clients who do not readily engage in mainstream health supports” (New South Wales Health 2009: 2). A deliverable has been set to provide health outreach to 400 clients per year, with a focus on people with high needs (New South Wales Health 2009).

The National Partnership Agreement on Homelessness NSW Implementation Plan identifies ‘street to home’ initiatives as Core Output 16B (New South Wales Government 2009a). This core output was enacted in April 2010 with the implementation of Sydney’s Inner City Assertive Outreach Service (Borger 2010), later to be named the Sydney Way2Home intervention. Way2Home consists of a re-configured and expanded version of the former Inner City Homelessness Outreach and Support Service (I-CHOSS). The contract for the former City of Sydney and
Housing NSW-funded I-CHOSS was terminated 12 months prior to the original expiration date based on a belief that a different model was needed to achieve long-term reductions in homelessness (2011, pers. comm., 24 February). The Way2Home intervention was established as a model to achieve measurable outcomes in the reduction of rough sleeping (2011, pers. comm., 24 February). With a redirection of previously allocated City of Sydney and Housing NSW funding for the I-CHOSS, together with additional funding and resources provided by the Australian Government and the NSW Department of Health, Way2Home was established to expand upon the nature and capacity of the previous model.

The NSW Government and the City of Sydney planned for the Way2Home model to comprise assertive outreach, including health and medical components, which would also be linked to long-term supportive housing (New South Wales Government 2009a). Building on lessons learnt from the limitations identified with the former I-CHOSS model, Way2Home was said to “correlate with the evidence base for the ‘street to home’ approach” (New South Wales Government 2009a: 7). A NSW Government-commissioned research synthesis conducted by the Australian Housing and Urban Research Institute (AHURI) informed the introduction of Way2Home. This research synthesis emphasised the importance of persistent and practical outreach, multidisciplinary case management, long-term supportive housing rather than transitional accommodation, and post-housing support to promote the sustainability of housing outcomes (New South Wales Government 2009a).

Way2Home is contracted by Housing NSW, NSW Department of Health and the City of Sydney. The service consists of two teams: an assertive outreach support team provided by Neami, and an assertive outreach health team provided by St Vincent’s Hospital. Neami is a non-government mental health organisation. It has developed an established track record in providing mental health services throughout Australia, and also delivers the NSW Government-funded Housing and Accommodation Support Initiative targeted towards people with mental illness. Neami has a strong recovery focus, and works to promote the rights and interests of people with mental illness living in the community (Neami 2010).

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

Neami receives approximately $1.44 million per annum from the City of Sydney ($600,000) and Housing NSW ($840,000). As noted, this funding represents a redirection of funding previously allocated towards the former I-CHOSS. The assertive outreach health team receives $900,000 per annum; this funding is delivered by the NSW Department of Health and is linked to the National Partnership on Homelessness (Borger 2010). The health team has been funded by the Australian Government to enhance the service provided by the support team (New South Wales Health 2009). Indeed, the health team is mandated to provide “coordinated joint service planning and coordinated case management” (New South Wales Health 2009: 6).

Neami’s assertive outreach support team is the larger of the two teams in terms of staff and capacity to work with service users. The team composition consists of a service manager, a senior practice leader, nine full-time equivalent community rehabilitation and support workers, two full-time equivalent peer support workers, and a 0.6 equivalent operational support worker. The support team operates on a three-shift roster from 0600 through to 2200 on weekdays, and a two-shift roster from 0600 to 1630 on weekends. The assertive outreach support team works from a team-based, rather than an individual case-management perspective. The team approach, based on a maximum 10:1 service user to service provider ratio, recognises that different team members will have different skills and this will assist in delivering a flexible and responsive approach to clients.

St Vincent’s Hospital assertive outreach health team is smaller than Neami’s outreach support team. The health team has the capacity to work actively with 50 people. The health team draws on a smaller staff base than the support team. The composition of the assertive outreach health team includes a service manager, a team leader, two drug and alcohol workers, two mental health workers, a registered nurse, and a part-time (0.2) specialist consultant psychiatrist. The team follows an individual case-management approach rather than the team approach that the Neami support team follows. Due to the time involved with staff recruitment, the health team has worked at full staffing capacity for approximately 5 months of its first 12 months in operation.
ii. Street outreach capacity

As previously outlined, street outreach is defined as the provision of services to people who are sleeping rough in public places. Street outreach is positioned as a central component to new ‘street to home’ and Way2Home initiatives. People sleeping rough are deemed to not actively seek help (Australian Government 2008). Street outreach is thus central to not only provide support in public places, but also to proactively engage with people sleeping rough and to link them into sustainable long-term housing (Australian Government 2008). Street outreach is provided by both Neami’s assertive outreach support team and St Vincent’s Hospital assertive outreach health team which are intended to operate as an integrated team. Street outreach is conducted within the City of Sydney local government boundaries. This includes street outreach conducted by Neami’s team independently, outreach conducted by the St Vincent’s Hospital team independently, and also street outreach jointly delivered by the two teams working alongside each other. The majority of street outreach is delivered by either team working in public places independent of the other team.

Neami’s street outreach consists of patrolling ‘hot spots’ – a ‘hot spot’ is a colloquial term to refer to “areas identified as having high numbers of rough sleepers” or areas with significant issues associated with the presence of people sleeping rough (New South Wales Government 2009c: 5). Outreach staff patrol nine dedicated routes weekly based on data from the City of Sydney indicating the presence of ‘hot spots’. In addition to these concentrated areas of rough sleeping, outreach workers consciously travel to places where people are known to isolate themselves, or locations to which they are referred. In this respect street outreach is the deliberate endeavour to identify and proactively engage with people sleeping in public places. Between 25 and 40% of Neami’s assertive outreach support team is allocated to street outreach. As of April 2011, a lack of housing means that the team dedicates up to 90% of its resources to street outreach, as there is not the number of service users in housing to warrant resources being allocated to housing support (discussed below).

In practice, Neami’s street outreach takes place in pairs, normally with one peer support worker and one community rehabilitation and support worker. On initial engagement, outreach workers identify whether an individual is sleeping rough. If people are sleeping rough and thus meet the target group for the service, they are asked whether they would like assistance to exit rough sleeping. If support is refused
in the initial instance the team will continue attempts to engage over time in the expectation that a relationship of trust will lead to meaningful service engagement. The street outreach workers use the Vulnerability Index Tool to identify levels of service-user vulnerability. An individual’s assessed vulnerability informs service prioritisation, with those identified as most vulnerable responded to with the most urgency. The support team highlighted the efficacy of the peer support worker in the initial engagement with people sleeping rough (2011, pers. comm., 24 February). Peer support workers are recruited on the basis of their lived experience as homeless, and it is this lived experience and capacity for empathy that is perceived as significantly enhancing the service’s ability to engage people sleeping rough.

The outreach is assertively and strategically provided to people in public places. The assertive approach is characterised by workers actively engaging with people in the absence of a referral or people specifically making a request. Nevertheless, the service advises that the assertive approach is always directed by service users’ interest and pace of engagement (2011, pers. comm., 24 February). People sleeping rough are not compelled to engage. Further, despite overarching targets of reducing rough sleeping, if people do engage, they are not required to exit rough sleeping or accept particular services.

The street outreach provided by the assertive outreach support team assists people to exit rough sleeping, initially at least, by assisting with access to homelessness accommodation. In practice, the assertive outreach support team provides those people residing in public places who articulate a desire to immediately exit rough sleeping with a referral to and assistance with accessing the Homeless Persons Information Centre (operated by the City of Sydney with some funding support from the NSW Government). This Homeless Persons Information Centre refers people to available temporary accommodation and other immediate services. The outreach team can also assist service users directly access a range of other homelessness accommodation services, for example, short-term shelters, boarding houses and transitional housing providers. The outreach team has found that a number of people sleeping rough do express a desire to exit rough sleeping, but are unwilling to do so if entering homelessness accommodation is the only means to achieve this exit. In these cases where people working with Way2Home continue to sleep rough, but do desire to access permanent housing, the service makes a concerted effort to locate housing for them (2011, pers. comm., 24 February).
Consistent with the policy intent, the street outreach work delivers services in situ. Residing in public places is not seen as a barrier to service access – Neami’s outreach team will provide the same services to people in public places that could be provided in a service centre (2011, pers. comm., 24 February). Due to many new clients either not in receipt of their correct Centrelink entitlements or not having a current social housing application, one of the first services provided to people is the assistance with the completion of Centrelink and social housing documentation. While permanent housing is not routinely available to service users on their initial engagement with the service, the completion of this documentation, especially social housing applications, is seen as a practical means to access housing in the shortest possible terms (2011, pers. comm., 24 February).

While the majority of the street outreach conducted by Neami is independent to the street outreach provided by the St Vincent’s health team, the two teams do conduct joint street outreach. Indeed, Neami’s support team described the health team as playing a vital role in the initial street outreach work with service users. The medical assessments and medical intervention that the health team can provide enhances the intervention’s capacity to achieve reductions in homelessness, and sustainable housing outcomes (2011, pers. comm., 24 February). Neami’s support team, for instance, identified the benefits to service users when the health team is able to provide the health-related contributions necessary to have clients access their Centrelink entitlements (i.e. to be considered for a Disability Support Pension) or to be considered for priority social housing (on the basis of health needs). Further to this, since February 2011 the two teams have commenced a practice where they deliver joint patrols each weekend (discussed further below).

Most of the street outreach delivered by the St Vincent’s health team, however, is not jointly delivered with the Neami support team. Rather than the daily patrolling of ‘hot spots’, the health team’s street outreach involves entering public places to specifically locate individuals and provide them with health services. If practically possible, the health team will provide the same health services outside of the hospital as it would provide inside the hospital (dressing wounds, depot injections, counselling, etc.). The street outreach work is referred to as ‘opportunistic health intervention’ (2011, pers. comm., 24 February). It is often difficult to locate people in public places and make concrete plans about service delivery; thus, when outreach workers identify a health need they do what can reasonably be done to have it responded to immediately. In this respect, while the outreach team travels into public
places to locate specific people, through the locating process different clients or new clients will be met and, when necessary, health services delivered.

The street outreach health work is described as difficult and time consuming. It is difficult, among other reasons, because the target group are not always eager to engage with a hospital-based model. Indeed, the client group were described as people who have fallen through every gap in the health system, and thus individuals are considered as difficult to engage (2011, pers. comm., 24 February). A stakeholder referred to the health team’s challenges using the metaphor of ‘trying to fit a square peg in a round hole’ (2011, pers. comm., 24 February). This respondent was illustrating the challenges the health team experienced trying to fit people into a hospital system that has not necessarily always been able to respond to their needs. By definition, the client group are people who are disengaged from mainstream health services.

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

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

### iii. Housing capacity

Consistent with the tender specifications (New South Wales Government 2009c), the former Housing minister responsible for Way2Home described the intervention as following a Housing First approach (Borger 2010). Indeed, the NSW Government-commissioned research synthesis that informs the approach noted the appropriateness of long-term supportive housing over transitional accommodation (New South Wales Government 2009a). Practice and policy stakeholders involved in Way2Home confirm that Housing First is a guiding principle (2011, pers. comm.,
The definitive premise of the Housing First approach is the immediate access to long-term housing, not homelessness accommodation (Tsemberis 1999). However, the Way2Home service has no housing stock, and relies upon the state housing authority to allocate housing to their service users. When conceptualising the Way2Home model, the NSW Government indicated that housing for the ‘street to home’ initiative will be sourced from the National Affordable Housing Agreement Social Housing Growth Fund and/or the Economic Stimulus Plan (New South Wales Government 2009a: 7). While receiving funding from and being contracted by Housing NSW, Way2Home does not have specific access to social housing stock, nor does it receive funding to access housing stock in the private rental market.\(^\text{15}\)

The consensus from service providers and government representatives interviewed for this study was that a constrained capacity to access housing stock represented a significant barrier to Way2Home achieving permanent reductions in homelessness or implementing the Housing First approach as the model intended. An absence of housing stock was explained as important to the intervention’s ability to realise sustainable and long-term housing outcomes. These remarks were representative of this awareness and concern with a lack of housing:

\begin{quote}
We created this 2.3 million dollar service with no special provision for housing. So at the moment as it stands, it is an incredibly cost-ineffective ‘relationship building’ service. (2011, pers. comm., 24 February)

[Way2Home is] currently experiencing problems with accessing long-term housing options for their clients. This presents a significant issue considering the initiative aims to transition people from the street into long-term housing. Clients are often waiting a long time to access housing and can disengage from the service if the time to process and execute their application is lengthy. (2011, pers. comm., 15 April)
\end{quote}

Similarly, a lack of housing had significant implications for street outreach. It was explained that some people sleeping rough were reluctant to engage, or fully and meaningfully engage, because the service had no housing to offer. This creates significant constraints to building credibility and trust with the target group, many of whom already lack any faith in the service system to deliver them meaningful outcomes, a reason why many do not engage with the service system (2011, pers. comm., 7 June). Despite Way2Home being developed and funded to achieve measurable reductions in rough sleeping, the limited supply of social housing to

\[^{15}\] In late May 2011 the research team was advised of a significant NSW Government proposal. This proposal involves NSW Government funding to the Way2Home service provider to access 70 tenancies in the private rental market for Way2Home service users. At the time of writing, details of this initiative were not available, but this initiative has the potential to have profoundly positive implications on the housing capacity of Way2Home.
Way2Home service users makes it difficult for this to occur. Sustained housing outcomes for former rough sleepers requires the supply of housing stock. It has long been established that many people sleeping rough decide to sleep rough rather than access homelessness accommodation (Clapham 2003; McNaughton 2008; Parsell 2010; Ravenhill 2008; Sheehan 2010). Both empirical research and the practice experiences of Way2Home illustrate that the intervention’s capacity to achieve reductions in rough sleeping is limited by an inability to offer housing to people sleeping rough.

In the absence of available housing stock, Way2Home relies upon a range of homelessness accommodation options as an interim measure. Way2Home clients have accessed homelessness accommodation through specialist homelessness services, in boarding houses and motels, and temporarily with family and friends. Despite the use of homelessness accommodation, a stakeholder expressed a view that Way2Home was in line with Housing First principles, as it did not require service users to be ‘housing ready’ in order for them to be offered housing (2011, pers. comm., 24 February). This interpretation of Housing First is inconsistent with the central tenet of the approach (Tsemberis 1999). The service provider stated that all Way2Home service users would be provided with permanent housing if the service had access to the stock. Indeed, as of April 2011, around 40 Way2Home service users had accessed housing; nearly all of these people were allocated social housing tenancies. Further, a significant amount of the social housing was allocated in the early months of 2011. Way2Home has engaged 291 people as clients in the first year of operation, and approximately 90 service users have current housing applications and are awaiting social housing properties. Way2Home’s capacity to house these applicants is contingent upon the state housing authority allocating the applicants properties.

As a product of the housing constraints identified within the Way2Home model, the stakeholders have been working and continue to work towards enhancing the housing capacity. Recognising that people have no priority to housing by virtue of their status as Way2Home clients, it was noted that “Housing NSW’s Regional Office is currently investigating a better way to manage vacancies and properties for homeless clients within central Sydney, which includes managing allocations for Way2Home” (2011, pers. comm., 15 April). Premised on the assumption that an improved housing capacity will stem from better relationships between Way2Home and Housing NSW, a monthly meeting between Way2Home and the Housing NSW
Access and Demand Team has been initiated in early 2011. This meeting is presented as a means to identify the nature of the barriers Way2Home service users face in being allocated housing, and developing strategies to address the barriers.

A similar recently implemented mechanism to address problems with the supply of housing to Way2Home clients is a dedicated email address at Housing NSW that Way2Home has exclusive use of. This email address has been implemented to enhance Way2Home’s capacity to communicate with Housing NSW about new housing applications and the obtaining of information about the status of current applicants. Likewise, Housing NSW now has a dedicated housing officer that works with Way2Home applicants. This, in addition to the aforementioned strategies, is seen to enhance the speed of applications, reduce ‘red tape’ and assist to resolve housing access barriers, which in turn is believed to vastly improve housing outcomes (2011, pers. comm., 20 April). This stakeholder later explained that when constraining bureaucratic processes are reduced for people who sleep rough it is likely to enhance their continued engagement (2011, pers. comm., 7 June).

Another initiative that works towards increasing the capacity of Way2Home to provide permanent reductions in rough sleeping is 90 Homes for 90 Lives, the Woolloomooloo Project. The project is a collaborative initiative of the City of Sydney, the private and philanthropic sector and homelessness non-government organisations. 90 Homes for 90 Lives aims to source sustainable housing opportunities from a range of private and social options, and make this housing available to people sleeping rough in the Woolloomooloo and other inner-city areas. Way2Home is a key partner in the 90 Homes for 90 Lives Woolloomooloo Project. The efforts of Way2Home are central to the 90 Homes for 90 Lives strategy of housing the 90 most vulnerable people in inner-city Sydney.

iv. Housing support capacity

Housing support is traditionally conceptualised as the support provided to people in housing as a means to enhance their capacity to live independently and sustain housing. Indeed, the focus on housing support as important to sustain housing and achieve permanent ends to homelessness is central to the ‘street to home’ model and the Housing First approach (Common Ground n.d.; Haggerty 2006). Way2Home’s reliance on homelessness accommodation as a temporary exit from rough sleeping when long-term housing is not available means that housing support
also involves the delivery of services to people residing in homelessness accommodation, as well as to people in housing.

Both the health and support teams provide housing support to Way2Home clients. Like street outreach, housing support is at times conducted jointly but, more usually, the housing support is provided by the teams working independently. When service users are residing in temporary homelessness accommodation, the housing support is often directed towards assisting people to access permanent housing. For those service users who have accessed permanent housing, housing support is generally geared towards stabilising their housing. Neami’s assertive outreach support team uses a ‘collaborative recovery model’, which focuses on recovery as an individual process that service users exercise autonomy over. The support focus is on non-clinical support – working with people to realise their life vision (2011, pers. comm., 24 February).

The assertive outreach health team is similarly important in stabilising housing. This focus is enabled and practiced through efforts to link service users with the mainstream health system. Consistent with the health team’s commitment to holistic health care, the housing support involves living skills, social skills, property care, education, training and reconnecting with social and family networks. The two teams conduct joint housing support outreach on a case-by-case basis.

The assertive outreach support team reports to have a relatively good capacity to link in with, and draw on the resources of, other support providers. For those Way2Home service users who are housed and do not present with complex and multifaceted needs, the assertive outreach support team is able to engage other services that can provide longer term housing support16, leaving them with more capacity to direct their resources to the most high need client group. Indeed, as of February 2011, approximately seven Way2Home service users in permanent housing were referred to other services as Way2Home disengaged (2011, pers. comm., 24 February). However, engaging other providers to work with people who require a high level of care, for example, people who have a range of support needs associated with physical health, cognitive impairment, mental health, and drug and alcohol issues, is more difficult. The assertive outreach support team sees people with these multiple needs as their specific target group. The team articulated their considerable capacity

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16 The Housing and Accommodation Support Initiative is a good example of a service that Way2Home service users can be referred to as an exit from Way2Home. Note that this service is also delivered by Neami.
to provide people who have multiple needs with the follow-up support they require to maintain housing. The service provider asserted that their capacity to provide responsive housing support is evidenced by their success in ensuring that of the approximate 40 people housed as of April 2011, none had been evicted (2011, pers. comm., 24 February). The service does anticipate, however, that their housing support and street outreach capacities will become constrained as more service users access permanent housing.

v. Integrative capacity

The integrative capacity refers to integration between the support and health teams, and also the manner in which the Way2Home program is integrated within the mainstream service system. With reference to the former, a lack of integration between the two assertive outreach teams was identified as a consistent theme in this research. A lack of integration was primarily articulated in terms of the Sydney Way2Home model. While tender specifications for the assertive outreach support team note that it will need to work collaboratively with the assertive outreach health team, the model is “comprised of two distinct teams” (New South Wales Government 2009c: 4). Indeed, the tender specifications for the support team were developed separate to the conceptualisation of the health team. The tender specifications note that “further clarification on the interface between the Health Outreach Team and the Outreach Support Team will be articulated prior to the commencement of the contract” (New South Wales Government 2009c: 5).

Towards the end of the first year of program implementation, stakeholders involved in Way2Home expressed concerns about lack of integration that suggested the model was conceptualised in a way that undermined integration. One key stakeholder noted:

You have two separate teams having two separate groups of clients. Some clients shared. But I would say they are currently operating more like two services collaborating together than an integrated service and I’m quite happy for that at the early stages of the evaluation to be put very bluntly on the table, because I just, at the moment it represents a great missed opportunity, that if we don’t fix that, we’re going to get to the point where it’s going to be 3-years time or 5years time when we evaluate it, we’re just going to look at it and go, geez, we could have done that so much better. (2011, pers. comm., 24 February)

17 The critiques were of the Sydney Way2Home model, not the ‘street to home’ model upon which it is based.
This stakeholder argued that Way2Home was weakened because it moved away from the ‘street to home’ model upon which it is based. Unlike the ‘street to home’ model in the US where not-for-profit organisations that provide the housing and outreach support also provide the health intervention, it was argued that the major problem with the Way2Home model was that the provision of health and other support services were disjointed. The disjointed nature of service provision was attributed to the development of two teams that organisationally, through funding arrangements, and in practice, are distinct from each other.

Other stakeholders were less critical, but similarly endorsed the view that the two teams had experienced difficulties working under the one Way2Home program. Staff working on the ground in both teams delivering the services identified a number of challenges to integration. Integration was seen as difficult to achieve because the two teams are not fully aware of what each other is doing or indeed meant to be doing. Challenges were also identified with reference to the two teams practising from different professional perspectives. On the one hand, this was attributed to different perspectives of clients: a perception of strengths-based versus deficit-pathology-based approach. There were also different ideas about how to achieve client autonomy or people’s capacity to exercise choice, for example, this was discussed with reference to disagreements about the appropriateness of applying for Community Treatment Orders or Public Guardianship. On the other hand, challenges to integration were spoken about in the context of the support team adopting a team approach to clients, whereas the health team adopts a case-management approach. Indeed, the case-management approach of the health team was seen as reflective of the broader ‘siloed’ health system, dealing with mental health, primary health and drug and alcohol health issues, for example, in a manner perceived to be disjointed.

Achieving integration was also seen to be hampered by practical resource issues. Most importantly, the health team is smaller than the support team and it is thus difficult for the support team to access the coordinated health services many of their clients require. This is perhaps manifest in the reality that many Way2Home service users are not actively working with both teams. There are service users working independently with the support team, and other service users working independently with the health team. The support team only refers service users to the health team when certain health intervention is required. The health team, on the other hand, works with some service users but the level of engagement means that some people are not referred to the support team. Thus, there are Way2Home clients who work
with one team, and the other team may not even know of the individual. The two teams are located in separate buildings and this, too, was identified by some staff as an additional barrier to effective integration.

The factors that undermined integration were invariably described with reference to the manner in which the Sydney Way2Home program was conceptualised. Indeed, a stakeholder expressed a view that the central problem stemmed from the manner in which the Sydney Way2Home program diverted from the international models in which it was based (2011, pers. comm., 7 June). Stakeholders, including those delivering front-line services on the ground, expressed a view that the service providers had made considerable efforts to enhance integration despite the limitations of the Sydney model. Indeed, stakeholders overwhelmingly recognised that enhancing integration between the two teams was central to realising better service-user outcomes. Neami’s support team described the health team as playing a vital role in the initial street outreach work with service users. The medical assessments and medical intervention that the health team can provide enhances the intervention’s capacity to achieve reductions in homelessness and sustainable housing outcomes.

A Way2Home steering committee meeting held in April 2011 likewise attributed problems with Way2Home with a lack of integration between the two teams. The consensus from the meeting was that integration should be enhanced. Stakeholders at the meeting saw descriptions of Way2Home as two distinct teams, rather than the one intervention, as characteristic of the broader problem. The meeting resolved to address these problems by ensuring that there would no longer be any Way2Home service user who was a client of one team and not the other. It was decided that an individual that worked with Way2Home was to be supported by both teams under the one intervention. The importance of using common assessment criteria upon admission, and then agreement on mutual discharge strategies, was noted as a practice Way2Home should adopt as an integrated service.

Specific practices to promote integration are currently being developed in a joint operations manual. This manual will formalise some of the recent practice initiatives. The joint support and health team weekend patrols that commenced in February 2011, for example, were initiated as a deliberate means to achieve a more integrated service. Further, the team leaders from both teams meet weekly to review joint clients, respond to issues and provide the support team with hospital information. All staff from both teams rostered on each Thursday also meet to discuss joint clients.
This weekly meeting is about joint care planning and organising collaborative work. Staff from both teams explained the efforts they have engaged in to achieve better integration, and there was some optimism expressed about the recent gains being made in this area. In fact, as of April 2011, the health team has employed a health liaison registered nurse to work primarily with the support team to provide holistic health assessments, brief interventions and referrals. The health team envisage that this new role will assist with capacity building for the support team (2011, pers. comm., 15 April).

The integrative capacity of the Way2Home service also relates to the integration with organisations and service providers separate to Way2Home. Important to this integration is the health team’s location at St Vincent’s Hospital. The assertive outreach health team is a part of St Vincent’s Hospital Homelessness Health Service, which is a part of the hospital’s Alcohol, Drug and Mental Health Program. Programs within the Homelessness Health Service have similar objectives and practices to Way2Home, for example, the provision of health services to rough sleepers in public places. Furthermore, the resources from the broader Homelessness Health Service, for instance, registrar psychiatrists and registrar physicians, registered nurses, and oral health specialists, are frequently drawn upon to support and deliver services to Way2Home clients.

The assertive outreach health team also identifies their location within the hospital’s Alcohol, Drug and Mental Health Program as important to their capacity. The team is more easily able to refer to and access the services of the St Vincent’s Hospital Community Mental Health team, the psychiatric inpatients service (Caritas) and the drug and alcohol detoxification centre (Gorman House). In addition, with the assertive outreach health team being located within this area of the hospital, these fundamental referral points have a better understanding of the Way2Home program, and they are equipped to support and refer to the intervention on the basis of this informed position (2011, pers. comm., 24 February). Thus, the capacity of Way2Home to deliver health services to clients is enhanced by the assertive outreach health team’s integration within the St Vincent’s Hospital Homelessness Health Service.
vi. Conclusions

An understanding of the Service System Capacity of Sydney's Way2Home program must recognise the evolving nature of the intervention. The service has undergone a number of changes since its initial implementation in April 2010. In every respect identified during this aspect of the study, the changes in capacity represent either positive changes, or statements about addressing the limitations of the model and enhancing capacity. These changes can be seen as important to the four dimensions of the Service System Capacity: street outreach capacity, housing capacity, housing support capacity and integrative capacity.

Firstly, stakeholders saw the street outreach capacity as an example of the positive aspects of Way2Home. The intervention was described as having demonstrated significant capacity in (1) identifying people sleeping rough, (2) engaging with the intended client group, and (3) prioritising the service to those identified as most vulnerable. Indeed, notwithstanding the challenges involved in working with involuntary clients and people outside of mainstream services, it was generally believed that Way2Home was successful in working with people who experienced complex and multiple needs. The recent measures put in place to ensure that the two teams conducted joint street outreach work was widely perceived as enhancing the effectiveness of street outreach to meet client needs and the program’s objectives. However, the capacity of street outreach to engage with some service users, and to deliver client-directed outcomes, was unanimously believed to be undermined by an inability to provide immediate access to permanent housing.

Secondly, and related to the above point, housing capacity was deemed to be a significant shortcoming of Way2Home. The absence of specific policy mechanisms to enable Way2Home service users to access social housing was consistently identified as a barrier to achieving permanent reductions in rough sleeping. Housing NSW has recently endeavoured to address barriers to housing by working more closely with the Way2Home service and developing measures to facilitate social housing access. Despite these efforts, the improved working relationships between Way2Home and Housing NSW is simply a means to enhance the speed at which Way2Home service users can access the standard social housing allocations system.

Thirdly, the capacity to provide housing support was widely seen as appropriate. Like street outreach, the housing support capacity was enhanced with the two teams conducting joint outreach into people’s homes. No Way2Home service user housed had lost their tenancy, and this was seen as evidence of effective housing support.
Fourthly, a lack of integration between the two teams was an ongoing concern. It was commonly stressed that the lack of integration was solely attributed to the Sydney Way2Home program model. A range of issues related to funding sources, objectives, professional perspective and separate locations were seen to make integration difficult to achieve. Nevertheless, stakeholders were largely conscious of these limitations, and the service providers had developed a number of initiatives to promote integration at the service level. Indeed, at the steering committee meeting of April 2011, members outlined their intention to improve integration between the two teams at the conceptual level.
6. Conclusions

In 2009 the National Partnership Agreement on Homelessness identified the establishment of a ‘street to home’ approach as a core output. In less than 2 years there has been a proliferation of programs identifying as ‘street to home’, with each state and territory having already implemented, or planning to implement, ‘street to home’ initiatives. The contemporary prominence of ‘street to home’ in Australia can be attributed to three factors. Firstly, the incumbent Rudd Government referred to homelessness as a national disgrace (Rudd 2008) and identified homelessness as a problem of social policy importance (Australian Government 2008). Secondly, ‘street to home’ was presented as a means to work towards addressing the problem of homelessness, and achieving ambitious headline targets of reducing homelessness among people sleeping rough in particular (Ministerial Council for Federal Financial Relations n.d.). Thirdly, ‘street to home’ was introduced into the Australian policy and practice landscape on the basis that it was an evidence-based model that had achieved significant reductions in homelessness elsewhere. Evidence for the efficacy of ‘street to home’ was linked to success attributed to the model identified in the UK, the US and in South Australia (Australian Government 2008; Borger 2010; Haggerty 2006).

In this report we have endeavoured to outline the ‘street to home’ model. We described the Common Ground ‘street to home’ approach, as well as a number of the key features that underpin the model. By doing so, we have demonstrated that ‘street to home’ is best conceptualised as a theoretical approach that includes assertive and purposeful street outreach, the immediate provision of permanent housing, and the availability of a range of multidisciplinary support services to people post-homelessness, all within an integrated approach. When conceptualised in this manner, the fundamental tenets of ‘street to home’ build on and extend practices that have been adopted or advocated for in Australia (see Phillips et al. 2011). ‘Street to home’ represents a new model to Australia, in that these key features have been integrated within the one approach. Similarly, the innovation of the theoretical ‘street to home’ model in Australia is evident in that, for the first time, an approach has been explicitly linked to achieving national reductions in the rough sleeping section of the homeless population.

The impetus for this research into Service System Capacity is not a desire to evaluate the efficacy of a model that focuses on street outreach, immediate access to
permanent housing and follow-up housing support (the second component of the broader study will deal with these questions), but rather, a necessity to understand whether two Australian ‘street to home’ programs have the sufficient capacities to be said to replicate the model upon which they are based. It is therefore imperative that prior to an examination into the housing, health and general well-being outcomes that the Australian ‘street to home’ programs achieve, that the programs are empirically examined in order to understand the extent to which their practical program implementation reflects the theoretical and policy descriptions and foundations.

Focusing on the definitive features of street outreach, the immediate provision of permanent housing, follow-up housing support and program integration (see Table 2), the capacities of Brisbane’s Street to Home and Sydney’s Way2Home programs can be analysed. Indeed, we take it that this analysis of Service System Capacity similarly illustrates how these programs are consistent with, or diverge from, the ‘street to home’ evidence base in which they are modelled (New South Wales Government 2009a: 7). This report has shown that the Brisbane and Sydney programs are effectively delivering street outreach to their target groups. Both programs are using the Vulnerability Index Tool, and they have demonstrated sound capacities in identifying, prioritising services to, and engaging with people sleeping rough in urgent need of support. With reference to Micah Projects and the St Vincent’s Hospital assertive outreach health team, the effective street outreach capacities have built on the established experiences of providing this type of service to the intended client group prior to the current ‘street to home’ program funding.

The street outreach capacity of Brisbane’s Street to Home service provider has been significantly enhanced by the capacity to provide their service users with permanent housing and thus facilitate exits from rough sleeping. Notwithstanding the effective street outreach delivered by both teams of Sydney’s Way2Home program, the capacity to fully achieve purposeful street outreach is compromised by the program’s reliance on homelessness accommodation as the first step towards exiting homelessness (thus the antithesis to Housing First). The challenges of street outreach for the Sydney program are also evident in the dynamics that arise from the health team’s requirement to work with involuntary service users under the mental health legislation.
<table>
<thead>
<tr>
<th>Street outreach capacity</th>
<th>Brisbane’s Street to Home</th>
<th>Sydney’s Way2Home</th>
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<tbody>
<tr>
<td><strong>Excellent internal capacity exists to deliver street outreach, enhanced by the success in the provision of housing stock. This capacity is limited, however, by the service provider being required to dedicate a disproportionate amount of resources to housing support.</strong></td>
<td><strong>Excellent internal capacity exists to deliver street outreach. The availability of two teams is important to street outreach capacity. The reliance on homelessness accommodation as an exit from rough sleeping is a major barrier to street outreach. Similarly, the requirement to assess and engage with involuntary clients represents a challenge to street outreach.</strong></td>
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<table>
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<tr>
<th>Housing capacity</th>
<th>Brisbane’s Street to Home</th>
<th>Sydney’s Way2Home</th>
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<tbody>
<tr>
<td><strong>The Street to Home service provider (through lobbying, for example, 50 Lives 50 Homes) and the Department of Communities, housing allocation officers and social housing providers have worked within the constraints of existing formal policy to achieve positive housing outcomes.</strong></td>
<td><strong>Housing capacity is constrained by the limited supply of social housing. A new NSW Government initiative to provide the funding to access 70 rental dwellings in the private housing market will likely transform the housing capacity if/when implemented into practice. Further, in the last stages of fieldwork in March and April 2011, a number of service users were allocated social housing tenancies which may illustrate an improvement in housing capacity.</strong></td>
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<table>
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<tr>
<th>Housing support capacity</th>
<th>Brisbane’s Street to Home</th>
<th>Sydney’s Way2Home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Good internal capacity exists to provide immediate and flexible housing support. The housing support capacity is greatly diminished by a lack of internal professional staffing capacities</strong></td>
<td><strong>The wide range of skills available from the two teams represents a significant opportunity to provide housing support. Also, there is some potential to link clients into mainstream services as</strong></td>
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and challenges accessing multidisciplinary support services from mainstream service system. Way2Home disengages.

Integrative capacity

The service provider has worked hard to achieve integration. Indeed, the considerable success in providing permanent housing to 70 Street to Home service users is an example of the integrative capacity. On the other hand, limits to integration are evident in the paucity of ongoing clinical housing support services available to Street to Home service users.

The disciplinary, organisation and funding arrangements of the two teams challenge the capacity of Way2Home to be an integrated service. Nevertheless, staff delivering services on the ground, as well as stakeholders at a policy level, are making concerted efforts to enhance integration.

Table 2: Service System Capacity summaries

The official social housing policy mechanisms that shape Brisbane’s Street to Home and Sydney’s Way2Home programs are similar. The housing objectives of both programs (which receive funding from their relevant state social housing authority) are not fully supported by the specific allocation of housing stock to Street to Home or Way2Home service users. Unlike Housing First and ‘street to home’ programs from the US, in the first year of operation neither Brisbane’s Street to Home nor Sydney’s Way2Home program was able to draw upon state funding or subsidies to access permanent housing in the private rental sector. Despite the absence of specific official policy that mandates specific allocations of social housing to the programs, the housing capacities of the two programs in the first 12 months were different. Sydney’s Way2Home program reports that it has provided permanent housing to approximately 40 service users – a significant percentage of this group that had accessed housing did so in March and April of 2011. There are many more service users waiting for social housing to be allocated to them. It should be emphasised that the stakeholders involved with Way2Home are conscious of the limits to housing capacity, and they have recently implemented a range of strategies to assist with communication between the housing authority and the service provider,
and also to more effectively address barriers that individual applicants face in accessing housing.

Brisbane’s Street to Home program has demonstrated a remarkable housing capacity for at least 6 months of their 12 months of operation. The program has provided permanent social housing to approximately 70 service users. This capacity to provide permanent housing to such a high number of people, despite the program having no housing of its own, constitutes an important success. This capacity has been enabled by the ‘on the ground’ practices of the Street to Home provider and the successful 50 Lives 50 Homes campaign (also initiated and delivered by Micah Projects). This campaign further raised the issue of rough sleeping to the public consciousness, and the program’s objective of providing permanent housing for Brisbane’s 50 most vulnerable rough sleepers received support and leadership from the minister responsible for social housing, and the government department more broadly. The housing capacity was also significantly enabled by the ‘on the ground’ practices of the allocations officers within the social housing area officers, and by the provision of social housing by not-for-profit community-based providers delivering new stock built as part of the Economic Stimulus Plan. The role of the Queensland Department of Communities illustrates how social housing can be prioritised to Street to Home service users even though the formal policy does not allocate housing for them on the basis of their status as Street to Home service users.

The housing support capacity of the two programs differed, and due to a relatively small number of people being housed for a short period of time, it was difficult to assess the extent of Sydney’s Way2Home housing support capacity. Way2Home’s composition of multidisciplinary health professionals, and their location within the St Vincent’s Hospital Homelessness Health Service, however, suggest that the program has a significant capacity to provide the intended wrap-around and diverse range of support services required (New South Wales Government 2009a; New South Wales Health 2009). Further, Neami’s experience as a major provider of mental health services, their delivery of the Housing and Accommodation Support Initiative, and their capacity to link in with mainstream health and social service providers is

18 Way2Home reports housing approximately 40 people in the first 12 months of operation. While this constitutes an important success, many of the people housed were provided housing near the 12-month period of operation. It was thus difficult to assess the service’s capacity to provide housing support given that for the majority of the first 12 months very few service users were in housing.
evidence of their capacity to provide effective housing support to Way2Home service users.

Brisbane’s Street to Home program’s capacity to provide the necessary wrap-around and multidisciplinary range of support services was limited. The limited housing support capacity had two dimensions. Firstly, the Street to Home service provider does not have the funding capacity to employ staff that could directly deliver the primary health, mental health and drug and alcohol support services their clients require. While the Street to Home support workers exercise significant effort to ensure the broader health needs of their service users were met, they lack the professional qualifications and skills to deliver the services within the program. Secondly, the program experienced a number of challenges in accessing the ongoing health services that could work with their service users to help sustain their tenancies.

It is important to emphasise that the Service System Capacity reported here represents the first 12 months of the programs’ implementation. Both programs constantly evolved and their capacities enhanced during this time and, indeed, there were numerous capacity developments that the researchers observed during the 6 months of conducting fieldwork. For example, some Way2Home stakeholders expressed their significant concerns about a lack of integration and poor access to housing in early 2011. By the April 2011 Way2Home steering committee meeting, however, the extent of these concerns was somewhat mitigated by efforts at the time to address the identified problems. Similarly, in addition to the ongoing efforts to improve access to housing from both programs, stakeholders for Brisbane’s Street to Home program spoke about work underway to address the problems with inadequate access to ongoing clinical housing support. In this report we have aimed to convey these ongoing changes, and that many of the stakeholders involved in the two programs were conscious of the limitations and barriers the programs faced. Some of the reflective and critical analyses articulated about both programs by key stakeholders suggests to us that the Service System Capacity will continue to develop.

This initial report on Service System Capacity has significant implications for the subsequent study examining service-user outcomes. Firstly, we have demonstrated that while the ‘street to home’ approach was implemented nationally on the basis of it being an evidence-proven model, it cannot be assumed that the numerous ‘street to home’ programs across Australia reflect the model upon which they are based.
Secondly, it is perhaps not meaningful to consider ‘street to home’ as constituting an unambiguous discrete model. There are a number of core features or characteristics that underpin ‘street to home’, and these have been implemented with some diversity across the UK and US.

When considering the outcomes that ‘street to home’ programs achieve throughout Australia, careful consideration must be given to the specific Australian program model, and its practical program implementations. Brisbane’s Street to Home and Sydney’s Way2Home programs have been conceptualised differently. The Sydney program, for instance, comprises two teams, and the service has great internal professional capacity to deliver many of the health services that the Brisbane program is required to access from other sources. In addition to differences that can be understood at the model level, there are important practice-based differences between the Brisbane and Sydney programs that will determine client outcomes. Through the highly successful 50 Lives 50 Home campaign, together with effective advocacy, lobbying and engagement with social housing providers and allocations officers, Brisbane’s Street to Home program will likely achieve housing and other related client outcomes that are only meaningfully understood if the program is located within this context.
8. List of references


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