

Together Home practitioners' perspectives on building resilience and relationships



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Note: The "Together Home practitioners' perspectives on building resilience and relationships" research report was co-funded and released by Pacific Link Housing and the University of Newcastle. A separate program evaluation, which will be funded by the NSW Department of Communities and Justice, is currently underway.

Acronyms and abbreviations used in this report

AHURI	Australian Housing and Urban Research Institute
CIMS	Clinical Incident Management System
CHP	Community Housing Provider
COVID 19	Coronavirus Disease 2019
CRAG	Client Referral Assessment Group
DSP	Disability Support Pension
KPI'S	Key Performance Indicators
NDIS	National Disability Insurance Scheme
NSW DCJ	New South Wales Government, Department of Communities and Justice
Pacific Link	Pacific Link Housing
SHS	Specialist Homelessness Services
VI-SPDAT	Vulnerability Index Service Prioritisation Assistance Tool

Together Home program Central Coast - Partners



Pacific Link Housing



Bungree Aboriginal Association



NEAMI National



Coast Shelter



The Salvation Army

EXECUTIVE SUMMARY

This report summarises the findings of a research collaboration between Pacific Link Housing and the University of Newcastle that explored the perspectives of practitioners who helped deliver the Together Home program on the Central Coast, NSW. Together Home was funded by NSW Department of Communities and Justice with the goal of supporting people experiencing homelessness (particularly those street sleeping) to obtain long-term housing and improved personal wellbeing. This was a key priority for the NSW Government during the COVID 19 pandemic and forms part of the Premier's commitment to halving street sleeping by 2025. Pacific Link was the Together Home Community Housing Provider for the Central Coast region and delivered the program with a consortium of partners. We drew on this as an opportunity to understand what it takes, in addition to providing a house, to support individual people in moving from long-term homelessness into healthy, safe and socially connected lives.

We conducted focus groups, interviews and a workshop with 21 Central Coast Together Home practitioners, representing 9 different organisations who were involved in the program as contracted service providers, referral agencies and organisations who were part of the collaborative care team for various participants. These included a range of government and non-government organisations providing services in areas such as housing, health, mental health, drug and alcohol rehabilitation, disability support, family support and generalist casework. We explored with these practitioners:

- What does an 'effective' relationship between a practitioner and participant look like? How are connections formed and relationships sustained?
- What does 'success' look like for participants? What constitutes *meaningful* change?

- What does 'resilience' look like for participants and what factors make a difference to participants' resilience? How do practitioners recognise and work with resilience?
- How do systems and services facilitate or frustrate efforts towards meaningful change?
- How might we capture the experiences of program participants such that we do justice to their complex, nuanced, powerful and personal stories?
- How has being part of Together Home challenged and changed workers' perceptions and experiences of human services work?

We found that the Together Home program offered opportunities to deliver an authentic model of wraparound support for people with complex and significant health, social and economic challenges. Practitioners were able to recognise and work with the strengths and goals of individual program participants. A recurring, powerful example of the program's impact was the support provided to a number of participants through their end of life. Practitioners discussed how without the support from Together Home, these people would have passed away on the streets, without pain management, or a funeral, or the support to reconnect with family during end of life. In some cases the Pacific Link Together Home staff and partnering service practitioners were the only 'family' or connection for those facing the end of their life. Together Home offered a diverse, personalised and broad range of opportunities for participants to improve their wellbeing, including stable housing, access to health services, reestablishment of family relationships, connections to community and culture, employment, reductions in drug use and, as powerfully illustrated, dignity in death.

Lessons shared by Together Home practitioners demonstrate that:

- There are unique opportunities in having access to funding and services for diverse and holistic needs.
- The complex, long-term and dynamic nature of the issues experienced by Together Home participants requires the type of multi-faceted, well-funded support available through the program;
- The Together Home program allows practitioners to learn about a participant's contributing factors and complexities, creating space for person-centred, tailored, non-judgemental, harm reduction strategies;
- The flexibility of brokerage funds and service provider partnerships has enabled participants to access otherwise unaffordable medical and dental care;
- The program facilitated long-lasting linkages across various parts of the health and human services system on the Central Coast. New linkages between Pacific Linking Housing, as the Community Housing Provider, and other service providers have demonstrated the value of such partnerships and impacted the way business is done in the region. It takes an investment of time and robust, transparent communication to develop these service relationships, but once established the flow on effects to service coordination (within and beyond Together Home) are substantial.
- What constitutes 'success' is highly personal and complex. We feel privileged to have heard stories about Together Home participants who have experienced, in different ways, dignity, respect, trust, security, compassion, advocacy, safety, housing and health.
- The collaborative, but delineated functions of Pacific Link and service partners, and the ways

that all partners worked closely alongside Together Home participants were invaluable. This multi-faceted, specialised support was key to supporting people with the new responsibilities, challenges and opportunities that come with being a tenant and living independently.

Together Home is for the people who fall between the cracks and that's our clients.

(Small group 03)

You are working with a human being, and you have developed a real relationship and rapport and they're telling you exactly what it is... (Small group 10)

You get to know the ins and outs, the traumas, the strengths, the family, the good things, the memories that they have, the bad memories. Then you see their achievements, the pride that we have in them and the trust that they have in us. It's a very two-way street.

(Small group 01)

INTRODUCTION

Between May 2022 and June 2023 Pacific Link Housing partnered with a research team from University of Newcastle to examine lessons emerging from delivery of the Together Home program on the Central Coast. Together Home is funded by NSW Department of Communities and Justice with the goal of supporting people experiencing homelessness (particularly those people street sleeping) to obtain long-term housing and improved personal wellbeing. On the Central Coast, Pacific Link is the only locally based Tier 1 Community Housing Provider who delivers the Together Home Program. In line with Housing First principles, the program is delivered with a delineation between the tenancy functions and the support services delivered by a consortium of partners using a 'fee for service' model. In this research project we worked closely with human services practitioners who deliver the Together Home program on the Central Coast, to learn about what facilitates and inhibits impactful practice with people housed after long-term homelessness. We did this via an action research model, where practitioners contributed their stories and experiences via group chats and interviews and considered how to translate these learnings into policy and practice recommendations via a workshop.

People who experience homelessness are more likely to live with a mental illness, experience domestic violence, be impacted by trauma, have a disability, experience discrimination, have a chronic health condition and die at greater rates than the rest of the population (AIHW, 2021; Flatau et al., 2021). The economic impacts are also profound – it is estimated that there is an annual cost of \$25,000 for each person who sleeps on the streets and this cost increases the longer that a person remains homeless (Steen, 2018). It is one of the NSW Premier's 14 priority goals to reduce the rate of street homelessness by 50% by 2025, but this goal is unlikely to be realised. Rates of homelessness in Australia have not improved in the past 10 years

and critical housing shortages and housing unaffordability issues have exacerbated stressors associated with homelessness (AIHW, 2021). Homelessness responses and interventions are not working well enough. This project sought to build evidence on more effective homelessness interventions and contribute to a policy case for ongoing, intensive and holistic support services.

Accessing social housing is challenging in Australia due to factors such as long waiting lists and a lack of fit-for-purpose housing stock (Powell et al., 2019). Standard protocols for accessing social housing in NSW mean that social housing applicants have limited choice about the housing they receive. Applicants are not able to decline a social housing offer on the basis that they don't like the suburb, neighbours, look of the property, or for personal preferences (NSW DCJ, 2018). In contrast, under the Together Home model delivered by Pacific Link and partners, participants had a say (within the parameters of available housing stock) in the location and type of house they received.

To date, the most common models of government funding for addressing homelessness have tended towards short-term support and people who have experienced long-term homelessness are among the least likely to seek help from funded services. International evidence tells us that building trusting relationships and having personalised models of support are effective when paired with stable housing – described as the "Housing First" model (Padgett et al., 2016; Roggenbuck, 2022; Sandu et al., 2021). However, little is known in the Australian context about what it takes to deliver the types of relational and person-centred support services that make a long-term difference to people's lives. This project aimed to address this gap by identifying, in collaboration with the practitioners who deliver such programs, specific recommendations for funding, policy and practice to facilitate such relational and person-centred homelessness services.

The NSW Government initiated the Together Home program during the COVID 19 pandemic. Via this program a small number of housing service providers had access to unprecedented levels of funding that could be used with unprecedented flexibility and personalisation to support people who have slept on the streets for many years (even decades). In this research project Pacific Link Housing partnered with the University of Newcastle to use this as an opportunity to understand what it takes, in addition to providing a house, to support individual people in moving from long-term homelessness into healthy, safe and socially connected lives.

TOGETHER HOME: Program overview and implementation on the Central Coast

Context for the Together Home Program

On 30th June 2020, Pacific Link Housing received funding from the NSW Government to deliver the Together Home program on the Central Coast region of NSW. Pacific Link designed a unique support coordination model to shape the delivery of the program (shown in Figure 1) and was able to get approval to work within this model after assurances to NSW DCJ that it adhered to Housing First principles that delineate support from tenancy functions. This is a participant-led model designed to facilitate a conduit for the tenant between supports and tenancy, working towards long term positive outcomes within a trauma informed framework.

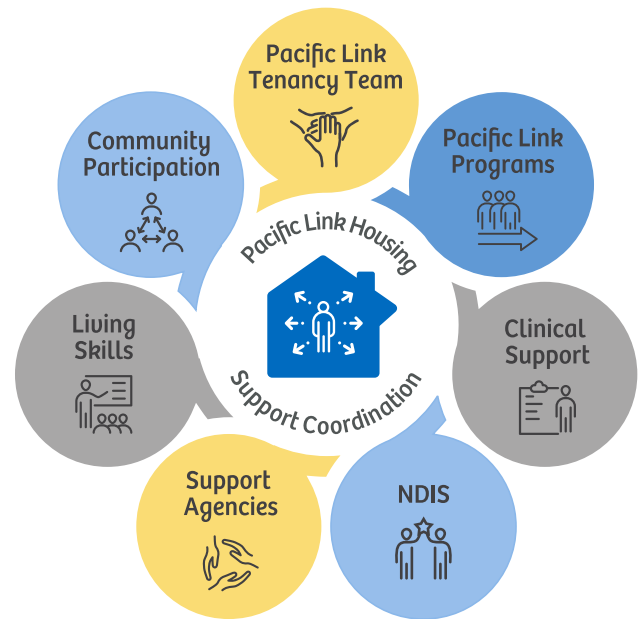


Figure 1: Pacific Link Housing's Together Home Operational Model

A program manager and program coordinator were recruited, both who brought many years of experience in the Specialist Homelessness Services sector and had established relationships with local housing and support workers. NEAMI National, Bungree Aboriginal Association and Coast Shelter were contracted via a fee-for-service arrangement to deliver support components of the program. The timeframes for implementing the first tranche were materially unrealistic, with participants to be housed in under six weeks.

A Client Referral Assessment Group (CRAG) was initiated by August 2020. Initially there were robust and sometimes challenging discussions as the members of the CRAG worked through program referrals, but there was a firm and consistent commitment to the Housing First Model and the program's principles. Bungree Aboriginal Association played a vital role in guiding culturally safe processes and referrals for Aboriginal and/or Torres Strait Islander people were prioritised. In the few instances that tenancy was not sustained, new participants were referred to the program to take up this package. Over time the CRAG meetings became opportunities for sharing of knowledge, explorations of best practice and discussions of complex scenarios. A district Local Program Delivery

Group meeting was also introduced which included senior staff of NSW DCJ and support partners. At these meetings program progress, challenges and strategies were discussed. The other vital coordination and communication mechanism was that within the operational team at Pacific Link, including tenancy staff, asset staff, a finance team who were across the funding requirements of the program and established, trusted relationships with Real Estate Agents. None of this could have been possible without the Board's understanding and acceptance of the risks in undertaking the program, including meeting high KPI's.

Under the Together Home guidelines Pacific Link was mandated to use a standardised screening tool, the Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT). The people accepted to the program were those who had the highest VI-SPDAT score. Pacific Link program staff were concerned about the arduous nature of the screening tool and the screening process's potential for retraumatising people. As such, a decision was made to only screen those people where there was a strong likelihood of eligibility, avoiding needless screening where possible. The CRAG committed to ensuring that all people referred to the Together Home program would be offered some form of support. Those people not accepted to the program were referred to other services.

There were three tranches of funding. Pacific Link was allocated packages for 26 participants in the first tranche (June 2020), 12 packages in the second tranche (June 2021), and 10 packages in the third tranche (June 2022). Pacific Link Together Home staff were able to secure a number of 'Higher Needs' funding packages for participants. They also advocated for supplementary funding for participants which was secured for a number of participants in the first and second tranches of the program.

Implementation of the first tranche commenced very quickly after the announcement of funding allocations. All 26 participants were housed by 25th

December 2020, within six months of the program commencing. This was a significant achievement in the midst of COVID and a highly competitive rental market. NSW DCJ Housing was the main referrer at this first stage of the program. Of this first group of participants, 33% identified as Aboriginal, 90% were male and the most common age group was between 55 to 60 years of age. There was a combined total of 120 years of rough sleeping among those participants. Each participant had an allocation of brokerage funds, with program guidelines specifying how this could be spent. Harm minimisation strategies were important in supporting participants who had ongoing substance use issues. Some of the participants took more than 18 months to fully engage with support service providers. Only two participants were not able to sustain their tenancy.

By March 2022 participants in the second tranche were all housed and engaged with support services. As the program grew and evolved, an additional support partner was needed, resulting in The Salvation Army being contracted in to provide further support provision.

A Pacific Link Together Home staff member was present at every lease signing and formed relationships with participants and their family members. At this time guidelines for referral pathways were expanded so that referrals could be taken from Specialist Homelessness Services partners throughout the Central Coast. There was generally more information available about participants referred through this pathway – in other instances only a name and phone number may have been available.

Pacific Link was allocated a further 10 packages in the third funding tranche in June 2022 and all people supported in this tranche have been housed. The referral and communication processes with internal and external partners were quite streamlined by this stage.

Across all three tranches (48 packages) seven participants exited the program due to unsuccessful

tenancy. However, participants' stories and experiences are much more complex than such statistics convey. Throughout the program six participants passed away due to serious health issues that had been undiagnosed and untreated prior to participating in Together Home (the importance of dignity in death is discussed in the findings). In one case, Together Home staff had arranged for a participant to be housed with his brother – his most important relationship. The participant sadly passed away. The Together Home team was able to have the participant's brother accepted to the program and use the remaining funds. The brother continues to be housed and now has access to the NDIS. Two participants have successfully transitioned to renting properties on the private market. One participant left their property in order to return to Country and strengthen cultural connections.

The Together Home program was implemented quickly, but through collaboration, flexibility and advocacy, mechanisms for decision-making and wraparound support were developed and refined.

BACKGROUND / LITERATURE REVIEW

To build a global perspective, recent literature on the support and relationships that impact on housing and wellbeing outcomes for people experiencing homelessness was reviewed. Identified themes across the literature indicate the importance of effective relationships, resilience, systems, nuances of success and constructions of meaningful change, alongside the provision of safe and secure housing. The Together Home program was designed using elements of evidence-based service models, particularly Housing First. Under a Housing First model secure housing is provided immediately and, largely, unconditionally (ie. it is not conditional on, for example, participants abstaining from alcohol and other drugs or receiving treatment of mental illness as with some other models of housing support). Concurrently,

wraparound support is tailored and delivered according to the housed person's individual needs and goals (Padgett et al., 2016; Roggenbuck, 2022; Tsemberis, 2010). Together Home was designed based on principles such as choice and self-determination, separate provision of housing from wraparound support, harm reduction, and social and community inclusion (NSW Government, 2022). The literature review focuses particularly on evidence emerging from homelessness services that share common elements of this design.

Effective relationships

Evidence on practitioner and participant relationships within housing services demonstrate that these relationships have profound impacts on outcomes such as housing stability, health and wellbeing. The foundations of such effective relationships include, trust, authenticity, active listening, practitioner availability and providing practical help (Granfelt & Turunen, 2021; Sandu et al., 2021; Schel et al., 2022). By building a trusting relationship, a practitioner can listen and learn about a participant when they are comfortable to share their difficult experiences (Grace & Gill, 2016).

The practitioner's comprehensive knowledge and understanding of a participant's needs is crucial. In various studies, participants who have experiences of homelessness shared how practitioners' accessibility had a positive effect, such as answering phone calls and replying to text messages. Such casual forms of contact were also valued by practitioners for keeping in touch with participants after their time with a service ends (Schel et al., 2022). Consistency and regularity of practitioner-participant meetings were noted as ways to maintain momentum and avoid disengagement from participants. Consistency also creates space to express new concerns or needs, which may continue to change throughout a participant's trajectory (Grace & Gill, 2016).

Results from a Canadian based study reveal housing service participants' desire and need for

compassionate and humanising practitioner relationships that go “beyond professional transactions” (Sandu et al., 2021, p.9). Participants in homelessness services have also indicated that they value the role of practitioners in troubleshooting complicated relationships with other service providers and helping participants navigate the health and human services system (Granfelt & Turunen, 2021).

A challenge for sustaining effective practitioner-participant relationships is high levels of staff turnover within a service. Sandu et al. (2021) highlights how participants can experience housing instability and become exhausted from regularly sharing their personal history and becoming vulnerable to new practitioners. It can be a disempowering experience when a practitioner is consistently replaced by another. It is vital for the impact of such instability to be considered as an ethical responsibility within programs. Although staff turnover is at times unavoidable, awareness of the impact on participants must be considered when implementing programs. Finally, impersonal relationships where practitioners are simply “going through the motions” can be disempowering for participants (Sandu et al., 2021, p.9).

Practitioners' roles in supporting resilience

Typically, to be resilient is to manage and even thrive in the wake of adversity. However, for a person experiencing homelessness, adversities are often ongoing and multi-faceted (Shankar et al., 2018). Studies illustrate that resilience within the contextual depth of homelessness is facilitated by social connectedness, cultural identity, religion and spirituality, pets, hobbies, goal setting and individual coping mechanisms (Geyer, 2020; Oliver & DeBlanc, 2015; Ryan-DeDominicis, 2020; Shankar et al., 2018; Thompson et al., 2016). Oliver and DeBlanc (2015), in discussing decolonising, strengths-based approaches to resilience building for young people experiencing homelessness, recommend that practitioners and services “enable youth and the

people who work with them to focus attention on the familial and community assets that would help fortify youth and support them in being better able to deal with their challenges” (p.62). Resilience building is about connection and identity building.

An overall determination to survive is part of being resilient (Oliver & DeBlanc, 2015; Ryan-DeDominicis, 2020; Shankar et al., 2018; Thompson et al., 2016). However, there are also interconnected individual coping mechanisms associated with resilience that may carry risk, such as alcohol and drug use, anger outbursts, and self-harm (Thompson et al., 2020). The lack of privacy for a person experiencing homelessness can further exacerbate stigmatisation while coping behaviours take place in a public space (such as drinking in public spaces). Such stigmatisation and victim blaming has been shown to negatively impact resilience and shift the focus away from social, to individual responsibility for experiences of homelessness (Geyer, 2020; Shankar et al., 2018; Thompson et al., 2016).

Effective service and support relationships facilitate freedom, choice and dignity for participants. These are key principles of a Housing First model that recognises the importance of personalised notions of recovery and resilience (Greenwood et al., 2021). This is the antithesis of a one-size-fits-all approach to housing and homelessness service delivery.

Service systems and structural barriers

For people experiencing homelessness, navigating the health and human services systems that are designed to help can, counterintuitively, lead to further marginalisation (Humphry, 2019). The “discourse of deservedness” is noted by Zufferey and Parkes (2019, p.5) whereby homelessness and service seeking are unjustly viewed as personal responsibilities. Proving eligibility within systems can be a difficult and disempowering process, with lengthy eligibility criteria and administrative requirements (Cortese et al., 2020; Smith & Anderson, 2018; Zufferey & Parkes, 2019). Support

services can ultimately become underutilised due to access barriers, and ongoing confusion with the systems can be discouraging and negatively impact self-development (Cortese et al., 2020; Humphry, 2020).

Wraparound service models seek to provide intensive, multi-faceted support that considers each person's individual needs and goals (Clifford et al., 2022; Smelson et al., 2018). There has been some critique that this type of wraparound support can inhibit self-determination by contributing to reliance on social services, but effective models of wraparound support have been shown to be those that work towards autonomy, reduce use of services and where participants define their own expectations (Parsell et al., 2018).

In one study, participants in the Australian National Disability Insurance Scheme (NDIS) with intersecting experiences such as homelessness shared frustrations about the administrative requirements of accessing services. For example, one participant lamented that "sometimes they want you to fill out, scan things, and upload things and when you've only just...I don't have a laptop or a computer, or a scanner" (Cortese et al., 2020, p. 890). Social isolation and inaccessibility of services can be exacerbated by the digital divide and unaffordability of technology required to complete online administrative processes (Humphry, 2019).

Health and human service systems tend to be fragmented and as such fail to respond to the intersecting structural issues that shape experiences of homelessness. Clifford et al. (2022) suggest that better integration of health, housing and social services in Australia is key to improving long-term outcomes for people experiencing homelessness. Greenwood et al. (2012) advocate that effective systems are those that tackle homelessness in conjunction with broad structural inequalities and poverty, stating that:

Until adequate housing and liveable income are realized, homelessness will persist as a

situation of unfairness and inequality. Service providers and policymakers at multiple levels of the ecology of homelessness must coordinate systems change to reverse the inequalities associated with homelessness. (p.328)

Success and meaningful change

The experience of homelessness is complex, diverse, and individual and as such, what constitutes meaningful change is complex, diverse, and individualised. Homelessness is an experience but can also become part of people's self-identity and the way they are perceived by others. Granfelt and Turunen (2021) suggest that meaningful change is signified where the identity of oneself is disconnected from the experience of homelessness, stating that "access to a flat does not signify the end of the experience of homelessness" (p.226). This means that practitioners working in the homelessness sector need to understand the personal, nuanced goals of each person they support.

Sandu et al. (2021) found that workers need to prioritise the building of rapport and trust with participants before moving to problem solving – the relationship itself is fundamental not incidental to a person achieving housing stability and wellbeing. A consistent, supportive professional helping relationship can help facilitate a person's transition from seeing themselves in a home, not just in a house (Greenwood, 2021; Shankar et al., 2018). Understanding the complexities and diverse experiences of participants can help nurture the feeling of an inner home (Greenwood et al., 2021).

This interactive process illustrates the home as an expressive entity, understanding the material, social and emotional dimension beyond a building to sleep in (Granfelt & Turunen, 2021). Meaningful change is dynamic and part of a supported transition, where people's increased sense of their own capabilities can lead to enrichment of goals, well-being, and self-actualisation (Greenwood et al., 2021; Schel et al., 2022).

This study sought to contribute to a deeper understanding of the ways that practice, policy and service systems might embed the types of relational, nuanced and dynamic support identified in this literature review.

RESEARCH METHODS

This was an exploratory, qualitative research project. It was framed by an empowerment and capabilities approach, which has been applied in research on Housing First models to shift emphasis from measuring “what people have” to “what they can do” and “what is meaningful to them” (O'Shaughnessy & Greenwood, 2021). The study considered interactions across lived experiences, practice and structural influences. We explored the following research questions from the perspectives of various practitioners involved in the delivery of the Central Coast Together Home program:

- What does an ‘effective’ relationship between a practitioner and participant look like? How are connections formed and relationships sustained?
- What does ‘success’ look like for participants? What constitutes meaningful change?
- What does ‘resilience’ look like for participants and what factors make a difference to participants’ resilience? How do practitioners recognise and work with resilience?
- How do systems and services facilitate or frustrate efforts towards meaningful change?
- How might we capture the experiences of program participants such that we do justice to their complex, nuanced, powerful and personal stories?
- How has being part of Together Home challenged and changed workers’ perceptions and experiences of human services work?

We collected data via focus groups and interviews with 21 Together Home practitioners, representing 9 different organisations. These included a range of government and non-government organisations providing services in areas such as housing, health, mental health, drug and alcohol rehabilitation, disability support, family support and generalist casework. These were funded service providers, referral agencies and organisations who were part of the collaborative care team for various participants. Focus groups and interviews were audio-recorded, transcribed, anonymised and then thematically coded following a six-step thematic analysis process (Braun and Clarke, 2006), using NVivo software.

We then held a workshop with seven representatives from four of the different organisations who’d taken part in the focus groups and interviews. Four members of the research team presented a summary of initial themes. The workshop participants worked collectively with the research team to make meaning of these themes and consider implications and recommendations for policy and practice.

We note that a limitation of this study is its focus on the perceptions of practitioners rather than the lived experiences of participants in the Together Home program. We hope to expand this research in the future to explore such lived experiences and we acknowledge the power and importance of these personal stories. This current study is intended to make a particular contribution to practice and policy development, hence the emphasis on service providers’ experiences. We also note that the Australian Housing and Urban Research Institute (AHURI) and the Social Policy Research Centre, University of NSW have been commissioned by NSW Department of Communities and Justice to undertake a comprehensive, statewide evaluation of the overall Together Home program, to which Pacific Link Housing has contributed. The study reported on here is intended to complement the AHURI evaluation and other evidence generated on the Together Home program. Here we seek to

contribute a qualitative, in-depth understanding about the practice elements that contribute to meaningful change within a particular model of Together Home delivery at a particular site.

All participants provided voluntary, informed consent to take part and the study was approved the University of Newcastle's Human Research Ethics Committee (reference: H-2022-0255).

FINDINGS

In the following section we summarise key themes that emerged from our discussions with practitioners involved in delivery of the Together Home program on the Central Coast. We use illustrative quotes drawn from the focus groups, interviews and workshops that exemplify a perspective shared by more than one research participant and/or respond to key points in homelessness literature. Firstly, we report what practitioners told us about the elements of Together Home that contributed to meaningful change for participants. We explore their perceptions of what the program meant to the lives of people they supported and then move into their critical reflections on their own practice within the program. We then summarise practitioners' views of the systems and structures that facilitated meaningful impacts. Finally, we discuss some of the challenges and lessons identified by Together Home practitioners and consider what these mean for future practice and policy.

FACILITATORS OF MEANINGFUL CHANGE

People at the centre: What changed for participants?

Stories shared by the practitioners illustrated the complexity of Together Home participants' lives as well as aspects that might have sustained them including community and their pets. Themes that emerged as important elements in people's stories

of change include housing, work, health, relationships and reconnection, and dignity.

Complex lives

As the literature reviewed above shows, people who are sleeping rough often live with physical and mental health concerns, addictions, trauma, fractured relationships, stigma and social exclusion. These complex, intersecting issues each reinforce and exacerbate the others. It is often not possible to determine whether the issues pre-existed homelessness and contributed to it or are the result of it. In the interviews with practitioners, the complexity of the lives of Together Home participants were described in great clarity. For example,

The majority of them are mental health, drug and alcohol, or physical health conditions, or a multitude of all of them. ... The distrust with services as well from a lifetime of living on the streets and being passed around service to service. (Small group 01)

People who became Together Home participants were found to have multiple, long-term and complex health needs, for which they had not previously sought or received treatment.

There's a significant number of people in the program that really have had really, really complex medical conditions ... They've probably lived a lot of their life with these conditions, and I'm not talking chronic conditions, I'm talking acute conditions. Then you've got the added – a level of trauma that's very, very complex and very high which then feeds into the distrust. (Interview 06)

That these issues are so extensive and entrenched reflects a high level of service disengagement and distrust of services, including health services and hospitals. This mistrust and disconnection may have been based on negative recent experiences with

services, but might also have a long history to it. Two different conversations illustrate these points:

One particular guy ... stands out ... He'd presented at [a] service centre ... He was broken, really not himself. ... you could tell his mannerisms and that, he just had nothing left. He'd actually popped into a service centre before, three or four months prior and they actually told him that he didn't look homeless enough for them to [help]. (Small group 01)

I think with Together Home, you're dealing with people that the system has continually failed from childhood. (Interview 09)

In addition, practitioners described that people in need of support are impacted by broader social attitudes that stigmatise and create shame for the person walking through the door of a service.

I understand that side of thing ... But also the shame, too. I think you've got to really think about the person that's may not have showered for three or four days or a week or two weeks, even, at a time, and has got nothing but the bag in his hand with dirty clothes and that sort of thing, walking into a government agency ... (Small group 01)

Pets

Pets, especially dogs, were talked about in multiple interviews and group discussions. For people living on the streets, who were disconnected from family and other supports, pets appeared to be a point of connection, care and safety.

When we spoke to this person they've never had someone sit and just feel normal and say, these are my pets. They've been my protector, they've been my family, they've been present through thick and thin. (Small group 10)

For these Together Home participants whose pets were essential parts of their lives, the opportunity

to be housed with their pet was life changing. The Together Home team saw it as a non-negotiable that people should be housed with their pets, which was the opposite of what many participants had experienced up to that point. It was a turning point for those participants. Some practitioners reflected on what it had been like for participants prior to Together Home.

We [were] trying to get him some temporary accommodation and we couldn't at the time [prior to Together Home] because he had a dog. The dog was his best friend and it was a non-negotiable. He would stay in his car forever, for his remaining days of his life with that dog if that dog couldn't be housed. (Small group 03)

Not being able to bring pets into services was often a barrier to help seeking, and overcoming that barrier was an example of the types of advocacy Together Home practitioners undertook within the broader service system. One practitioner recalled the positive outcomes where Together Home practitioners had advocated strongly for the right of a person to be with their pet.

Again, this whole thing, 'I will be homeless unless you let me bring my pet'. We'd known him for 12 months ... it took 12 months ... when he walked into the [name of service] office the [worker] at the front desk ... apparently, ... said to him, 'you need to take that [pet] out of here. Is that ... a companion animal? If you don't have a certificate you need to get out of here. Get out'. We are here to not be friends but we are here to advocate very strongly for our clients. The two people [Together Home practitioners] that were there both wrote emails to [Manager] who escalated it. Anyway, the email trail got so big that he didn't just get temporary accommodation, he actually got permanent accommodation because it was so horrific. (Small group 03)

The research interviews showed that Together Home staff and partner organisations recognised pets as an integral part of participants' lives; that their pets were included was a non-negotiable when it came to receiving services.

Strengths

Together Home practitioners recognised the difficulties in the lives of the program participants. However, every practitioner who took part in the study spoke about the program participants in terms that reflected their full humanity and clearly articulated people's strengths, capacities and personal qualities. For example, one practitioner described one of the people they supported by saying:

At the complex he's at, he's the one that goes around and makes sure everyone – if he cooks a meal he'll go and share his roast that he's cooked on a Sunday. He's doing people's gardens, he's a people person. (Interview 04)

Consistently throughout the interviews and group discussions, people's actions were seen within a broader life context and not from a deficit perspective. One example of this that stands out is:

Like the hoarding – if someone's hoarding, they're reclaiming their life. ... If you ask them, 'why have you got six rice cookers?' ... 'Because mum used to cook rice for me'. it's a simple thing like that. (Small group 07)

Clint's story*

Clint had been homeless for more than five years. When he moved into his new home as part of the Together Home program he quickly started collecting. For those people who don't know Clint, they may have described this as "hoarding" – the house was full of various items. In the past, in other private or public housing properties his collecting would likely have been considered a tenancy breach and he would have been evicted. But the Together Home team knew Clint well and, over time, had built a trusting relationship with him. Program managers and workers met to talk about how

they might best support Clint. They were committed to helping Clint stay in his home and knew that this would be a long process. So what did the Together Home team do? "We just talked to them... other than us being the experts ... let's talk, what's really going on for them?" It seems simple but it was the first time Clint had been able to talk about what collecting meant to him. It turned out that he had some items in the house that were really special to him, that he'd had stored for many years but now felt safe to keep with him. Clint was happy to talk and invited the workers to come to his home. When the Together Home workers visited Clint the first thing they said was "Thank you for inviting us to your home". They were able to understand what was going on for Clint. They didn't tell him, or even ask him, to stop collecting. Instead, Clint and the workers came up with strategies so that he could stay safely, healthily and happily in his home and address the health and finance issues that were most important to him at that time. The Together Home team counted it as a success that Clint felt safe and secure enough in his home to surround himself with things that he considered important.

**Names and identifying details have been changed to protect privacy*

Stories of change

It was powerful to hear the practitioners' appreciation for the changes that the program participants experienced. While some changes were clearly linked back to the overall program focus – housing, health and employment – many other changes were small adjustments that might be missed in the usual data capture systems. These were not necessarily obvious or dramatic transformations. They were profound, personal changes that practitioners recognised because they knew the participants, their contexts and their values well. They were changes that the members of Together Home partner organisations, such as those involved with CRAG meetings, considered significant achievements, even though they were not always reflected in the types of data routinely collected for program reports.

Housing

Housing stability was mentioned in multiple interviews as something that different participants achieved. Given the participants' complex

circumstances and ongoing disruptions, what might have appeared minor achievements in some situations was a great outcome for Together Home, as reflected by this quote:

He wasn't housed just for a few weeks. He would have been there for I'm guessing around 12 months, so it was a gold outcome. This guy had been homeless for many years. (Small group 03)

At other times, success was a person having greater safety and stability than they'd had in their lives up to that point. This made some immediate and tangible differences to their daily lives, as well as to service systems.

The year before we housed her, she'd been to A&E [hospital accident and emergency department] 160 -200 times, and since she'd been housed, she hadn't been. So, this is her just getting her immediate needs met - somewhere safe to stay really. (Interview 09)

A standout feature of the interview conversations was not only the fact of people having a roof over their head, but the meaning of housing for them. Housing didn't just meet their physical needs but also changed their experiences of life.

I was so glad to see the difference in his face and the demeanour from being homeless to that day when I was helping him unpack. (Small group 03)

When I first went out to the property she had, she actually had some blankets there, and I was like, they're beautiful – they're absolutely stunning. Then she started to bring out her coin collection, and all this stuff that she loved. She goes, I'm actually safe to keep this with me, now. (Small group 03)

What constituted a “successful” housing outcome was highly individualised and context specific. It did not always mean that someone slept in their house

every night, and often it took a period of adjustment after years sleeping on the streets or being institutionalised, such as being imprisoned.

When he's stressed, he goes and sleeps in his back shed, and sets it up like a cell. That's his safety. (Small group 07)

*Mark's story**

Living in a house was an environment Mark had to adjust to, it was very different to living on the street or at a corrections facility. Some nights, Mark slept outside in the shed. There was a feeling of safety that came with sleeping in a small space similar to a cell. On other nights, he slept in a front room near the entry. It seemed that the sense of needing to be on guard had stayed with Mark, even after his living circumstances had changed for the better. Over time, the Together Home team began to understand Mark's behaviours as ways of remarkable resilience. The coping strategies may seem unusual, however, “you see that from people that have come from corrections”. It's the conditionings from the past that the Together Home team learns about to provide support for the complex journeys people have lived. There's hope that once someone is off the street it's all fine from there, but that's not always the case. The Together Home team realises that once someone is moved into a house, the support during this transition is crucial. For Mark, the support Together Home gave was freedom to be himself. If that meant sleeping in the shed one night, and inside the next, that was okay. Rather than seeing this as an issue to be resolved, the team recognised the resiliency and determination. This was Mark's way of adjusting to living in a house and feeling safe.

**Names and identifying details have been changed to protect privacy*

Work

Within the interviews and group discussions there were comments about specific individuals who were able to achieve new patterns with work after being in Together Home. There were some examples of individuals getting or keeping jobs because of the support and stability afforded through the program.

With him I think the amount of time that he kept his job, even though it was quite fluctuated in where you weren't really 100 per

cent sure how often he was going, but every time I checked he was at work. It was for a good eight to 10 months I'm going to say. For him, going to work for two weeks in a row and keeping the same job, was unheard of. (Interview 04)

Employment is one, ... there's been a significant number of people gain employment through that, through the program. (Interview 06)

However, employment itself was often an unfeasible goal due to complex issues such as chronic health conditions, or it was a very-long term goal that might only be possible after a person had been able to work through other complicated concerns related to health, wellbeing and housing stability. Often, the focus was more about building 'employability' rather than securing employment in the short term. Some people undertook volunteer roles or even took the step of completing a CV and handing it around to potential employers.

But he now has got his own property, he's got a car, he's still trying to find work that is [adapted for him], but he's trying to find – he's handing out his resume and he's still doing job trials. (Interview 04)

Health

Health was a very significant change noted in all interviews and discussion groups, that showed its effects in different ways. Some people used health services more and got more regular health checks and interventions.

He was being hospitalised at least every two weeks and sometimes it might be monthly ... I don't know of him going to hospital since being in Together Home and that's because of the ongoing support. (Small group 03)

By accessing brokerage funds available through the Together Home program some people were able to get long overdue health-related treatments. This

included extensive dental work to repair the damage they had experienced over years of living on the streets.

Then there was additional that you could get through high needs packages which allowed some people to get \$6000 worth of dental work. To think someone needs that level of dental work and is living with what is probably a lot of pain ... while those things go unaddressed, they will likely use substances and medications and things to address the pain issue. (Interview 09)

Having health services (including mental health) as part of the Together Home suite of services and partners was also considered crucial to connecting participants with health care that would otherwise be inaccessible (due to reasons such as unaffordability, distrust of services, fear, trauma and waiting times).

I think having that case work around accessing health services so where people may have been living with complex medical issues but not necessarily having the resources to be able to access the healthcare that they need. They've got that support through a case worker to be able to do that, to manage chronic illnesses or medical conditions. (Small group 05)

Some Together Home participants were able to plan for accessing drug and alcohol rehabilitation services that had simply not been options prior to the program.

He came to his own conclusion that he wanted to go to detox which – even like three months, it wasn't on his mind at all. (Small group 01)

Dignity

Other forms of change were more fundamental and harder to measure. They were things it is easy to take for granted or not notice in the context of more complex changes. Things like increasing personal

living skills such as cooking and managing bills, being able to save a little money for times it might be needed, and developing a more regular sleep pattern, were all mentioned in the interviews at different times. These made a qualitative difference to people's lives and were noticed by the Together Home practitioners.

In many of the conversations, the term dignity was used. In some cases this was associated with having housing, in other cases it was through health and dental work, as noted here:

We had a lot of our participants who required some ongoing medical treatment, or it might have been dental or things like that. Just little things like that, that gave people more dignity. (Interview 08)

For a few other participants, Together Home had been able to offer dignity in the process of their end of life and death. This had been through the relational support provided by practitioners, connections to health services, facilitating connections to families and funding funeral costs.

Two that were still on my caseload, if they weren't part of Together Home their health issues wouldn't have been identified, their treatment wouldn't have been as – I'm not going to say successful, but as in-depth as it was to give them a dignified end of life. (Interview 04)

The significance of dignity for participants arose in many different conversations we had as part of this research. It took many forms, from hygiene, to personal appearance (such as having dental work completed), to having a death where there was some control over decisions as well as pain management and having things in order. When listening to the Together Home practitioners, it appeared that an increase in dignity could be considered an outcome in its own right.

*Liz's story**

Liz had been sleeping rough for the past four years. She was something of a loner, but alcohol and drugs were consistent companions. Her relationships with those once close to her, including her children, had been ruptured a long time ago. Although no one knew the precise circumstances, it was clear that she was living with the long effects of complex trauma. Connecting with Liz took time, with different workers offering small moments of help. Slowly, trust was developed. Liz entered the Together Home program and was moved into a unit.

Liz had a long-standing mistrust of services, especially doctors and hospitals. Through her connection with the Together Home team, she eventually agreed to get a health check. After a series of tests, the doctor told Liz, and the Together Home workers who had gone to all her appointments with her, that she had highly advanced cancer which was likely to mean she had less than three months before she would die.

The Together Home workers took Liz home to her unit. She started working out what she had to do before she passed. One of those things was to reconnect with her children and other family. The Together Home team helped her to reach out to them, telling them about her circumstances, her diagnosis and that she was sorry for harm she'd done to their relationships. This was the start of trying to repair many years of hurt. It wasn't a magic fix but it was a start.

When Liz was admitted to hospital only a few weeks later, at the end of her life, it was the Together Home staff who had been nominated as her next of kin. Together Home funds were used to organise Liz a simple but beautiful funeral. The team members coordinated the funeral and invited Liz's family to attend. At the funeral, the Together Home team met Liz's family and were able to say how much she talked about them and that she acknowledged her part in relationships going badly.

Through Together Home, Liz had dignity at the end of her life that she otherwise never would have had.

**Names and identifying details have been changed to protect privacy*

Restoring relationships

Research participants talked a lot about the ways that having housing, with active support, meant that important relationships could be restored for Together Home participants. For some, this was achieving reconnection with family at the point of their death and passing. As researchers we felt privileged to listen to stories shared with tenderness and love.

There were also stories of reconnecting with children and restoring a sense of possibility for the future.

I know that he now has a relationship with his daughters which he had lost contact with for many, many, many years. In fact, they wanted nothing to do with him because he was just a homeless bum. Yeah, you can't put a price on that (Small group 03)

She's done – reconnected with her child. She keeps in constant contact. Starting to have regular visits – unsupervised by the carer. It's – you can just see, every month, it's more motivation. (Small group 07)

The art of practice: What skills, resources and strategies made a difference?

Interview and discussion group participants reflected on the ways that the Together Home program enabled and, in a few instances constrained, effective and meaningful practice. They explored how they worked and what this meant for Together Home participants.

Time and space to build trust and relationships

The complexity of Together Home participants' lives and circumstances was a recurring theme throughout all aspects of all interviews and focus groups. This was not something new to practitioners – they were very accustomed to working with

people with such complex concerns. What they reported as significant was the way in which the structure and resources of the Together Home program enabled them to build meaningful relationships in ways that they hadn't been able to in their previous work. Practitioners saw that the relationships and the priorities for change were led by the participant and that it was the participant's choice whether, when and how to engage (and indeed not to participate). They recognised that relational practice was fundamental to facilitating meaningful change with people who had experienced long term homelessness. They described building rapport and connection as the first steps in their work with participants – nothing else could happen until trusting, respectful and safe relationships were established.

This is human. You are working with a human being, and you have developed a real relationship and rapport... (Small group 10)

Building relationships with participants who had experienced years of homelessness and who had often experienced trauma took time. Practitioners felt that the duration of Together Home and the security of housing allowed for relationships to be built at the right pace for each person.

...he lived in his car for I think at least four years that we know of. He took us probably six months to get him to open up. Now, he's been in a Together Home property for pretty much that whole time, maybe 18 months plus. He had that support. (Small group 03)

You get to know the ins and outs, the traumas, the strengths, the family, the good things, the memories that they have, the bad memories. Then you see their achievements, the pride that we have in them and the trust that they have in us. It's a very two-way street. (Small group 01)

It took time for practitioners to demonstrate to participants that they were reliable and there to provide support in the long term.

... I've had a client where I've sat there for months and months and months in a majority of non-engagement, but I've had the time and resources to be able to sit there and keep trying, keep trying. Turn up. Text, message, call. Turn up to their house – keep trying, keep working with them... (Small group 01)

Relationship building was identified as the foundation to effectively working with people who have experienced long-term homelessness and practicing within Together Home was viewed as an exceptional opportunity for relational practice.

Wraparound support

The research participants were knowledgeable about Housing First and wraparound, holistic support as evidence-based models of practice. They recognised Together Home as a rare opportunity to enact the principles of these models in ways that hadn't been possible in previous roles. The structure of the Together Home program facilitated this type of practice, for example via flexible use in when and how support hours and funding could be utilised for a particular participant.

...we've always worked in line with the Housing First principles where we've been able to. So I guess the difference with the Together Home is we've had access to immediate housing, long term housing for the individuals. So we've really been able to I guess try and move away from more sort of that crisis case management into a holistic Housing First case management space. (Small group 11)

They were able to adapt their work and the support they provided to Together Home participants, which they regarded as different to other programs that had less flexibility. Building on their emphasis on relational practice, the practitioners recognised that

Together Home participants needed to engage with the 'right worker' and the 'right services' relevant to their particular needs and goals.

They pick the support worker depending on the client's needs and that's exactly what they need. They need that wholistic wrap around care and not just cookie cutter. (Small group 03)

Again, the complexity of people's lives was front of mind for the research participants. They knew from their previous practice experience and from the evidence, that sustaining housing with a person who had experienced long term homelessness required support relevant to the person's complex intersecting issues.

Getting somebody straight off the street that has got such entrenched mental health, behavioural and minimal living skills and putting them in a house expecting them to succeed is not a very likely positive situation, so having that wraparound support it was essential. (Interview 04)

The model of the program allowed practitioners to tailor their work with participants through non-linear journeys. Funding and support could be increased during periods of crisis or where the participant wanted to work intensively, or decreased where the participant was stable, independent or not wanting such intensive support.

Advocacy

Together Home practitioners viewed themselves as advocates for people who were among the most marginalised in society. They described fighting for, and alongside people to access support and resources.

It's queue jumping but it's for the right reason. It's for the person who needs to be fought for the hardest and with Together Home, [name of Together Home participant] the alcoholic

fellow, it took us a very long time. (Small group 03)

The practitioners described the importance of persistence and understanding when it was the right time to push the hardest to connect participants with support. Their advocacy was thoughtful and strategic.

...the best time to get a person that's going to go on the streets is coming out of jail, coming out of rehab. That's their biggest chance. (Workshop participant)

All members of the Together Home partnership advocated strongly for individuals, and also at systems and structural levels to promote the importance of this type of collaborative support coordination model and for the need for continuation of the program.

Understanding needs and strengths

The practitioners described their preferred ways of assessing the needs of participants. They recognised that the first steps to assessing needs and goals and establishing case plans were about understanding the person and their unique context, more so than using standardised assessment tools. This reflected their relational approach to practice.

I think we need to understand that we need to work where people are at. We can't have expectations where we think people should go. The expectations should come from the client at the start of the first interview. (Interview 04)

One practitioner discussed the importance of providing opportunities for people to demonstrate their full capacity. They observed that there was limited capacity to fully assess someone's living skills when people were living in residential and supported accommodation facilities and 'observed' rather than 'understood'. A Housing First model such as that used in Together Home, where someone was placed in their own home with

support wrapped around them, was viewed as a more useful model for understanding someone's strengths and capacities.

We were taking people out of this environment, putting them in their own home essentially and gentlemen that were living here, the professional observations that were made of them around their capacity couldn't have been further from the truth. So because we were doing everything for them you don't get - you can't make an accurate observation or an assessment on their capabilities, but you put them in their own home with those resources and they thrive, which is phenomenal. (Small group 11)

Dignity of risk

Together Home practitioners often described a facilitatory role for themselves, where the decisions and goals rested with the participant.

A lot of these clients are told what they have to do, and what we think they should do, but the way that this program works – I guess the case plans are set out – is it's all on them. What do you want to do? What do you want to work on? What are things that you find that are stopping you from moving forward? (Small group 01)

Many of the practitioners emphasised that the Together Home program was not, in and of itself, going to solve participants' issues. Rather, they were there to guide participants through a process by which they could offer information, resources and support. Ultimately it was up to the participants whether, and how, they took up these opportunities. However, it wasn't about judging whether or not participants had made 'poor decisions' and blaming them when things didn't work out, it was about empowering and recognising that change takes time and is not linear or neat.

We can't save people, but we can give people every option possible to make an informed choice. We don't know what's going on in their own lives to make a decision for them... (Interview 09)

For these reasons, practitioners were fairly pragmatic about situations where participants had not sustained housing or had withdrawn from the program.

I think Housing First it is about giving chances. That one house, one opportunity is not necessarily going to be realistic for that individual and sometimes people need to fail to be able to learn from those choices that they've made. (Small group 11)

The opportunity for participants to build meaningful relationships, be believed in and have a house were part of a learning journey where the participants made choices about what was important and the risks they would take. While not all participants were able to sustain tenancy in the long term, due to the major complications in their lives, people sometimes kept in touch with workers and were always referred to other services that might have been more appropriate at that time.

Collaboration: How did Together Home partners work together?

The formal mechanism for joint decision making about participants and service delivery was the Client Referral Assessment Group (CRAG). The CRAG included 10 regular participants from the partner organisations and additional workers attended where they needed to discuss specific details about a particular person. Pacific Link convened regular CRAG meetings to discuss, coordinate, and review support options for program participants. Numerous interview and discussion group participants commented on the importance of this group in bringing the right organisations together.

... one of the good things about Together Home, is ... the case managers if you will, are from other organisations and they're from a good array of organisations. (Interview 02)

Because we had these what were weekly, they became monthly once you housed everybody, referral group meetings - which was a good touchpoint. You also had your program delivery group meetings, which was more of your management teams coming together looking at any structural issues in the program or real hard cases that maybe weren't going to be successful and what to do. (Small group 05)

Interview and group discussion participants indicated that the CRAG meetings enabled a collaborative network to be built across organisations, which is now being drawn upon outside the formal CRAG meetings. The structured model of collaboration implemented through Together Home, as well as the relationships and knowledge developed organically through this process had ripple effects beyond this specific program. It involved uniquely rich connections:

I think really one of the big things that Together Home has brought and if you look at all other services you've got collaboration but it's collaboration at a distance. This is really intertwined, like real connection, real relationships, real understanding. (Small group 11)

The CRAG also gave partner organisations the opportunity to consider what supports could be mobilised and coordinated to meet the needs of each program participant, and to ensure there is timely action:

I think when you've got a group of people in the room... who all have a common cause which is around supporting this client, it really promotes that sense of everybody having input and giving advice and giving feedback on what we could do as a group and also within our

individual departments or spaces, but having something like the CRAG has been a really beneficial part of the program because that's where that information sharing is a part of, that's what it's about. (Small group 05)

It makes for more prompt and positive outcomes that have longevity. (Interview 8)

The broad network offered by the CRAG was also seen to be a mechanism for enacting a “no wrong door” policy where, even if Together Home was not the right fit for a person. Where the CRAG received a referral for a person who was not deemed eligible, or where a person's tenancy was no longer sustainable, the CRAG identified and offered alternative support options based on members' diverse knowledge of the sector.

No one gets exited from the program without taking it to the CRAG...So I really liked it because it also helped us to hear what other resources and supports are available as well because sometimes when you're working with a participant the allocated service provider might not be able to do everything...it just helped to come up with so many good ideas to make it smooth. (Interview 06)

The CRAG – and the decisions and actions of the partners – were key to authentically implementing a Housing First model, as per the guidelines and framework for the NSW Together Home program. For some partners, they viewed their role in the CRAG as upholding these principles and guidelines. CRAG members recognised that issues such as substance use or histories of failed tenancies were not reasons for exclusion from the program (in fact they were the types of reasons that made this the 'right' program for people). However, this needed to be managed alongside ensuring the safety of staff and other people living in communities.

If they're eligible for priority housing and they have a history of homelessness, that's it. It should not come down to being dependent on

if they're abstaining from alcohol and other drugs, if they're receiving mental health support, if they have previous failed tenancies because that goes against the guidelines. (Small group 11)

There was a few that we probably took six to eight weeks perhaps to eventually house because of the level of complexity. Then trying to make sure - and these are people that services would often shy away from because of the level of risk of violence and things there, is real. It's just being able to be understanding of that and then trying to look at it with the level of honesty. (Interview 09)

The partnership model of Together Home was key to offering multi-faceted support to people experiencing the complex issues associated with long term homelessness. Collaborative decision making via the CRAG was an important part of the structure to advocate for individuals and to develop organisational connections that have now extended beyond this specific program.

Connections to the broader service system

Practitioners shared their experiences of navigating systems such as Centrelink and the National Disability Insurance Scheme (NDIS), highlighting the ways in which service systems that are in place to help people can both facilitate and frustrate efforts towards meaningful change. There was a particular emphasis on successfully connecting Together Home participants with financial support, such as the Disability Support Pension (DSP), prior to exiting Together Home.

Together Home participants' experiences with broader services

The complicated delivery of services was viewed as possibly excluding people from meaningful change and as such practitioners prioritised ensuring that participants were connected to an ongoing service

and able to navigate the service system when exiting Together Home. It was viewed as an opportunity to redress participants' histories of stigmatisation and distrust of services and, accordingly, the importance of trauma informed approaches was highlighted. Practitioners shared their views on the disconnection between service workers and service users, with an emphasis on over-the-phone experiences given that online/phone service delivery has increased since the COVID-19 pandemic. This practitioner described:

...one of the clients that was troubled with his mental health. He was speaking to his job agency worker and they actually antagonised the situation as well. The lack of being trauma-informed from these over-the-phone workers has so much impact for these clients and the workers that are on the ground with them. It's like a ripple effect. But these fellows up here over the phone don't understand how much it actually is affecting them... I think a lot of work needs to be done in that in itself. (Small group 01)

Together Home practitioners described the ways that they had mediated between service systems and participants. This was particularly important where program participants had experienced historical exclusion and even harm in the service system and various institutions. Because of the experiences of trauma, and the barriers to help seeking for many participants, support coordination was crucial to negotiating with services (such as health services) where participants, for example, didn't show up for appointments.

I think as workers, we would act as a little bit of a buffer with services. Particularly people who have some mental health challenges, or they might have some trauma in their background and things like that. They just find it really hard to regulate in challenging conditions, and so they might have a bit of a blow-up in the [name of service] office, for instance, and that then leads to them – [name of service] sometimes is

like, oh well that's it, you're banned from here. So, that becomes a barrier, they can't access the service anymore. (Interview 08)

Practitioners viewed that advocating for participants for better treatment and support from service providers was an important part of their role.

In regards to the service workers... it's changing that environment of thinking. They're just – the thought of, they're just bums, or they stink, get them out kind of thing. It's actually, what can we do to help? We can actually help because a lot of the time the services, such [names of services] ... they do the bare minimum, when they can do so much more. (Small group 01)

... we've had multiple clients have issues around reporting or rent assistance and things like that. Just knowing that we can go bang, this is happening, this client's having issues and have it sorted straight away, or get advice straight away instead of sitting on the phone waiting all day. (Small group 01)

Because people's lives are complex and their issues multi-faceted, practitioners reported that it could be difficult to collate accurate information in order to assess someone's complete needs. The disparate nature of the health and human services system means that pulling together a person's history can be time consuming and resource intensive. Because people referred to the CRAG for consideration as Together Home participants were often completely disconnected from services, there was generally very little background information available.

My wish list is that we have a place to take this person and have psych review, medical review, we gather all that information at the start. Because all we do is become investigators of trying to track that information down. (Workshop participant)

Practitioners sought a balance between not re-traumatising participants by asking them to retell

their stories and gathering as much information as possible to support referrals to intensive support services. This was particularly important where a participant was applying for access to the NDIS which requires substantial documentation and evidence.

Assisting participants in navigating systems, particularly government-provided services, is a role that Together Home practitioners have embraced as key to facilitating long-term positive outcomes for participants. They have supported participants through difficult conversations with service providers, including retelling of personal stories that could be exhausting and challenging for participants.

Facilitating service engagement

Many of the practitioners recognised that employment is not a reasonable goal for some participants due to complex health, trauma and socio-economic issues. Interview and group discussion participants reflected that meaningful change was about setting someone up with supports to live a better life through empowerment and independence. The DSP was seen as an important means for those Together Home participants for whom employment was not a feasible goal to have secure income. Being able to access funding and support through Together Home provided opportunities for participants to work through the stringent DSP and NDIS eligibility requirements and applications processes that were otherwise barriers.

If you look at them [Together Home participants], they've got no capacity to work. Never...So, basically, to get the DSP, we needed to be able to get them in to see a clinical psychologist, to try and get a clinical psychologist, you need dosh [money], and that's what Together Home program gave us. That opportunity to get them into clinical psychologist that could help to make this person's life a lot better. Because what comes

with that DSP package is a lot more resources. (Small group 07)

While it was often not the case, practitioners from one organisation reported some success in connecting participants with NDIS plans where they were eligible. They saw this as key to exit strategies due to the ongoing nature of the NDIS.

So in those two years, even by the time we step back, most of our participants will be on quite healthy NDIS packages. So it will be, there is a period in Together Home when we are starting our exits, we were working closely with the NDIS. (Small group 10)

Discussions during the workshop concluded that the ambiguity and fragmentation of the health and human services system can frustrate efforts towards meaningful change. Systems requirements can be confusing for people seeking support and for the practitioner assisting this access. It is a time-demanding activity to draw together the documents required to receive support, particularly repeating this process while support systems are separate from each other.

Well, the services that you want are actually there, they're government services. It's a one stop shop. Why can't they just be all on the same line. (Workshop participant)

Practitioners discussed the significance of participants having long term supports established prior to exiting Together Home. Their roles in facilitating this long term support were seen as vital aspects of Together Home.

Funding and the future

Practitioners described the many times during their careers when they had seen short-term, inconsistent and inefficient allocations of government funding. They had seen short-term approaches to the funding of complex, long-term issues and considered that funding instability

impacted their ability to create change. It can be an impossible task to facilitate long-term change for people using a time limited model. Some practitioners reflected on the ways that Together Home was different to other programs they'd been involved with. Interview and group discussion participants described that they'd seen a tendency towards program funding that was conditional on meeting bureaucratic or administrative outcomes and how this can shift the focus away from participants. They saw that it was important that Together Home take a more nuanced and humanised approach to measuring outcomes.

I'll be honest, I get worried when government provides funding for programs because they tend to put too many requirements in there which can blur the outcome possibilities. Because people would just need to tick the boxes to meet the KPIs or whatever so that the funding will continue rather than maintaining a focus on the person... ..a lot of the [Together Home] program outcomes were human outcomes, which was great. (Interview 09)

The practitioners reflected on the importance of outcomes such as health, wellbeing, trust and dignity, but wondered how this might be adequately captured in the formal, standardised reporting processes for Together Home.

It was hard to quantify just how much we do. Yes, we can give them [funding body] a bunch of stats and everything but I wouldn't even know how to work out the dollars that they've actually saved for our guys. You know what I mean, with the health system, the prison system, the family network system breakdown. (Small group 03)

Ultimately, all of the interview, group discussion and workshop participants wanted to see Together Home funding to continue and be expanded.

Together Home is for the people who fall between the cracks and that's our clients. I just wish they had more packages. (Small group 03)

So I think moving forward there could be value in maybe offering the program for certain other community groups. So if you wanted to maybe functionalise it to certain demographics. So if you're looking at maybe elderly clients that having an elderly provider like [name of aged care service provider] on the program. So I think more broadly there's scope there to look at more specific groups. (Small group 05)

Housing opportunities

Throughout the interviews, group discussions and workshop, people contemplated how the experiences of Together Home participants, and the program itself, fit within broader structural factors that shape homelessness. They considered the ways in which housing instability impacts the ability to create change and what homelessness tells us about socio-economic inequalities. Practitioners discussed problems accessing housing, with significant findings comparing Together Home participant's likelihood of securing a rental property without the program.

Housing stock

Together Home was considered a rare and valuable opportunity to access housing that would otherwise be impossible for people experiencing long-term homelessness. Practitioners recognised that in the unlikely event that people who'd been homeless long term did get a house, they would be highly unlikely to sustain tenancy without wraparound, intensive support. Within the Together Home program, eligible participants were provided quick access to housing through the stock that was able to be secured by Pacific Link. It exemplified the value of a collaborative model, where the community housing provider, in this case Pacific Link, used its resources and specialised skills to secure housing in a very competitive and challenging rental market,

alongside the intensive support provided by skilled coordination services. Effects associated with issues such as trauma, poor health, mental illness, drug and alcohol use and poverty were likely to make tenancy in mainstream public and private housing unviable in any other context.

Long term housing, these folks would've never have made it that far - ever... if they were a tenant, they wouldn't have been a tenant for very long. (Interview 09)

Practitioners worried about ongoing socio-economic issues that were continuing to impact on experiences of homelessness and inequality in new ways, such as the increases in older women experiencing homelessness. The emphasis here is that rough sleeping is an increasing issue which is now impacting people who have lived securely throughout their life.

It's the next generation coming...It's the wave of older women. We've got women in motels at the moment that are using their super[annuation] to be able to stay there, you know, it's just horrendous. (Workshop)

In every interview and group discussion issues about housing shortages were discussed. Resolving homelessness was considered an intractable problem without increased availability of more private and public housing stock. Together Home had been a powerful and important opportunity to house those least likely to otherwise access housing, but there was a larger, ongoing issue to consider.

...in regards to housing stock. It's just not out there. DCJ [NSW Department of Communities and Justice] just doesn't have the stock to meet the demand, either. They never will. If someone puts their housing application in today, they're never going to be housed, for the fact is that there's most probably another 40,000 people in front of them. (Small group 01)

Tenancy and social issues

The Together Home program provided an alternative to housing access without the barriers that arise within the private rental market, including stigma, distrust and poverty. In a highly competitive private rental market, where there is high demand and undersupply of housing, low incomes and stigma associated with social security payments are barriers.

There's still a lot of stereotypical thoughts around real estates and things like that. Even that hurdle, in itself, and the competition with people applying for rentals and things like ...the majority of the people that I referred into [Together Home partner service] are people receiving Centrelink payments... (Small group 01)

For people who have been homeless for a long time, who don't have evidence of a stable rental history and who may have poor credit/finance ratings, private rentals are unattainable, reiterating the importance of the Housing First model of Together Home.

They would have had to repay their debt or shown a rental history in the open market or things like that, which are impossible. (Interview 08)

Once participants were housed, practitioners were constantly mediating the support needs and complexities of participants' lives and the expectations of community members, particularly neighbours. The wraparound support provided by the Together Home team – tenancy and support services – was crucial in navigating the realities for people adjusting to life in a community environment. Together Home participants were not immune to the judgements or complaints of neighbours, but there was support available to work through these concerns, unlike a typical housing arrangement.

... the person's meant not to go into capital stock originally so they've got to be a head lease property. So that comes with an owner and a real estate agent so that can be tricky, and neighbours that have probably never seen a homeless person move into a house before. So that can be a little bit tricky. (Interview 06)

CHALLENGES AND LESSONS FOR THE FUTURE

Not always the right place at the right time

The practitioners acknowledged that sometimes there were gaps or things to be learned, and at other times the program did not work for some people. One important learning appeared to be about not disconnecting people from their communities. As the program progressed the criterion of housing people so that they remained connected to their communities became prioritised and, in some cases participants were transferred to a new property accordingly. One practitioner recalled what a participant had told them when placed in housing in a new location:

"You removed me from my real community. I just wanted a home you offered me and I took it. I just wanted a home. This is not home. If you move me to that area, that's home for me. Grew up there. Lived there. That's my connection, that's my place, that's my people". (Small group 10)

On other occasions, the requirements of the program were not what someone was willing to choose to live with or it wasn't the right time in someone's life to engage in this type of program.

In some instances and no matter how well designed a model is ... [it] isn't what a client wants, the responsibilities that come along with that. (Small group 05)

Through all the conversations with Together Home practitioners the program participants were talked about with respect, consideration and appreciation for who they were and the lives they had lived. Even in cases where practitioners were challenged in forming connections and offering support, program participants were not talked about negatively or pathologised. This seemed an important foundation for working relationships that developed through the program.

Assessment versus understanding

The practitioners described some challenges and issues with assessment. In particular, some practitioners found the Together Home assessment tools problematic. These were assessment tools prescribed by the Together Home guidelines. Practitioners questioned whether these assessment tools were culturally safe and trauma-informed. Rather than being tools for understanding people, the assessment tools were often viewed as tests that could determine a person's future and which conflicted with their own emphasis on relational, person-centred practice.

I know a lot of participants have described that as being a test. They felt tested and if they didn't pass they wouldn't be housed. So that was a bit challenging. Then we do a three monthly SLK [outcomes reporting], which is very straight forward, are they able to sustain tenancy? ... and it's just a tick. But that's pretty straight forward and that's not done with the participant and then you've got the wellbeing index, which a lot of my participants feel like a child when they do them. (Small group 11)

One way that the Pacific Link team minimised these impacts was by only doing assessments where there was a likelihood of someone meeting criteria for acceptance on the program and taking the time needed to patiently work through assessments in a trauma-informed way where needed.

Maintaining connections to community

Feeling more connected to community – as a neighbour, friend, worker, volunteer and family member – was a powerful outcome for Together Home participants. However, while people who had been sleeping rough for many years may have been disconnected from family and support services, it didn't mean that they were completely socially isolated. Many people came to the program with pre-existing community connections, particularly the community of peers who also slept rough. Often these were important friendships that made people feel safe and not alone. There were discussions about the ways in which people would seek to remain connected to their communities. This was particularly impactful where housing was provided outside of a person's usual community area and could even mean someone not always staying in the house they had been allocated.

One of my consumers, he had a place there, but chose to remain on the street, and just use that as storage. Partly, that was due to that social disconnect. He didn't want to be in that area. He didn't know anyone there (Small Group 07)

Together Home practitioners learned the importance of providing housing that retained people's connections to their friends. In some instances, such as described in the quote above, the participant was rehoused to an area closer to his social networks. The Together Home team, through relational practice, got to know the circumstances that influenced whether and how participants used their housing. This could take time to build relationships of trust where participants felt safe to say that it wasn't the right house for them, bearing in mind that in participants' past experiences rejecting a property would likely have deemed them ineligible for future housing offers.

It was also important to get to know what participants' relationships meant to them and what they might mean to their housing stability and

wellbeing. Community connections could also be complicated relationships.

People in Together Home have a much stronger network like personal networks and community and friends, although it might not necessarily be a helpful one, it might be a harmful kind of network. (Interview 06)

Again, these were lessons about relational practice, deep understanding of participants', coordination of tenancy and support services and dignity of choice and risk for participants.

Collaboration takes time and communication

There were generally favourable accounts of the CRAG, but it was also noted that there were tensions in some aspects of the work. Interview, group discussion and workshop participants considered that CRAG members gained skills and developed stronger processes to make informed decisions as the program evolved. It was very much viewed as a learning process, where robust discussion and challenges to each other had led, ultimately, to productive outcomes.

...sometimes when we say to other parties, look, just settle down here, we'll just – let us work through this, that's not the response that they're looking for. So there's a lot more – it's a lot stronger, it's a lot more trust around it. I think we've learnt a lot from one another. (Interview 06)

CRAG members advocated strongly for the people they referred to the program and there could be passionate discussions where there was disagreement about whether a person should be accepted as a participant. There were different levels of involvement in CRAG meetings and different levels of knowledge about the guidelines and mechanisms of the program. This meant that sometimes attendees at CRAG meetings might not always have shared understandings of the processes. There were some concerns expressed

during interviews and group discussions about the extent – sometimes too much, sometimes too little – of information shared about program participants. Some practitioners also reflected on early stages of the CRAG where they'd felt the need to hold other partners to account to ensure that they were using person-centred, respectful language when talking about program participants and referrals.

There's been times where that's, not been contentious, but where I think we've grown a little bit. (Interview 04)

Given the collaborative model, where partners were delivering different aspects of support, it was noted that it could sometimes be difficult to differentiate responsibilities to participants. Participants just wanted the right support at the right time – role delineation was a responsibility for the partners to work through. Some of the practitioners involved in casework discussed the importance of clarifying to participants that they were not responsible for their tenancy, as there were particular power dynamics associated with the tenancy aspects of support that may have been unhelpful for individualised casework.

So trying to establish that we're the support and not the housing provider can be tricky and that's a really tough one to navigate. (Interview 06)

Despite the efforts of CRAG members, there was still some lack of clarity around the broader Together Home guidelines and an identified need for future iterations of the program to better establish what happens in cases of exits or rehousing. The intent of the program was that a person's housing would continue beyond their time as a Together Home participant (transferring into the 'mainstream' social housing system) and that where a tenancy failed the person would be referred to other housing and support options. However, this was not always well understood by some practitioners, who expressed concerns about

what would happen to participants when they finished the program.

I think that has also I guess been one of the challenges within the Together Home guidelines itself, is it's not very clear around exit planning or rehousing people that may have experienced a failed tenancy. (Small Group 11)

I was supporting one person and I guess their main issue was not knowing what was next after the program finished. (Small group 11)

Funding

Practitioners were excited about the opportunities that Together Home funding had offered, and also concerned about the ways in which this program fits within the bigger picture of health and human services funding. They worried about what this might mean to the future of the Together Home program and ongoing, effective provision of support to the many people experiencing and at risk of homelessness.

The two years of funding and the flexibility of that funding were considered strengths of the program, certainly in comparison to other programs practitioners had worked in that were shorter term. However, the types of relational practice described by practitioners take substantial time to develop – it takes time to build trust, work through trauma and really understand a person's strengths and needs. The limitations of a two year timeframe were exemplified when supporting participants to apply for the NDIS. Given the extensive assessment and documentation required for an NDIS application, it was difficult to fit this within the two years of Together Home casework support.

...spending all of that time trying to find particulars and health information to advocate for NDIS... And that's why we don't see, I guess, big outcomes until towards the end of the two years because it takes so long to get that

rapport but also get the evidence to get the support what they need. (Workshop participant)

The amount of funding allocated to a particular participant for their two year time with Together Home was outlined in service agreements with the various providers. However, at times some practitioners working directly with participants didn't feel that they had sufficient information about the future availability of funding, and this had consequences for planning and tailoring support. This was particularly pertinent in relation to supplementary funding that was made available in addition to the amounts outlined in the initial service agreements.

... I guess ideally more notice from DCJ if they are providing the supplementary funding because that caused so much distress with individuals this year... there was so much uncertainty, which caused frustrations, anxiety. (Small group 11)

Look, I would like to know whether there's going to be another round of funding for this program. I'm eager to continue Together Home but nobody has got an answer, which is the most frustrating part. (Interview 04)

Having seen the enormous potential of Together Home, practitioners worried about the uncertainty for sustaining and supporting stability for Together Home participants without knowing whether the program might be extended and what future funding might look like.

Understanding how the tenancy and housing processes work

Throughout the Together Home program, tenancy and service support practitioners built their knowledge of the specific housing needs of each individual participant. As a team they developed insights for housing a participant appropriately, with consideration to the environment and context in

which housing is located. However, where a community housing provider such as Pacific Link needs to access private rentals as part of their housing stock, they are not immune to the issues of the private market, as described in the following example.

There's limitations within private stock because it's reliant on real estates and landlords and other factors that the community housing provider doesn't necessarily have ability to change. But just being able to - we're setting people up in long term housing, but at the same time they could still have that private rental taken away from them at any time. So there's still those elements of uncertainty there. (Small group 11)

Again, the flexibility and intensive support available through the Together Home program meant that where an owner gave notice, participants were able to be rehoused elsewhere. The challenge of doing so, however, should not be underestimated, particularly within such a volatile and difficult housing sector.

The instability of, and tensions within housing can impact people's ability to feel secure in a home, particularly given that many of the Together Home participants had experiences of trauma. Throughout the Together Home program, practitioners worked with participants to build the skills and resilience to sustain their housing and potentially navigate the rental market independently in the future. However, some practitioners were uncertain how it might work for participants if their lease fell through at the end of the Together Home program.

Hypothetically... They have to transition to another property. Is that a different location, do their supports now need to be relinked into a location specific where their new property is? Again, it can be a very traumatising process for individuals. (Small group 11)

There wasn't any expectation that participants would seek their own private rental after the two year Together Home period – leases would continue after the two years in accordance with a long-term Housing First approach. Nonetheless, the concerns expressed by a couple of the interview and group discussion participants indicate the challenges in ensuring that all workers involved with all partner organisations have a comprehensive understanding of matters such as tenancy arrangements.

DISCUSSION

The Together Home program has offered opportunities to deliver an authentic model of wraparound support for people with complex and significant health, social and economic challenges. Representatives of various organisations involved in the delivery of Together Home reflected on this program as a unique opportunity that should continue to be offered and refined.

Outcomes for people vary greatly and therefore what “success” looks like varies greatly. For some people this means stable tenancy and might also include employment or formal training and education. For other people the changes in their lives are not linear and reflect the complexities of their lives. Access to otherwise unaffordable health care, a dignified death, reconnections with families, reductions (even small and temporary) in drug and alcohol use, feeling like a part of society, and communicating more are examples of sometimes intangible, but crucial individualised changes that can emerge from individualised support models.

Lessons for practice demonstrate that this wraparound model of support allowed practitioners the time, resources and space to implement good practice. The resources (such as brokerage funds and housing) and structures (such as multi-organisation collaboration) of Together Home meant that practitioners from the various partner organisations could recognise and work with the strengths and goals of individual program participants. Ultimately, practitioners already knew

what good practice looked like but had, in other roles, been constrained in their capacity to enact long-term, multi-faceted, well-funded support or to be able to offer people the security of housing. It was viewed as an authentically holistic practice model. However, practitioners identified that there was more work to be done to ensure that tools used for assessment and resource allocation were relevant, safe and culturally appropriate for understanding the complex and diverse needs of people. They also emphasised that this type of multi-partner model requires transparent and consistent communication, information sharing and decision making.

Lessons for service systems and structures

emphasise the challenges of navigating a fragmented service system, particularly for people with multiple, complex needs. Together Home practitioners played an important role in facilitating connections to the types of services that would sustain people's wellbeing after their time with the program, such as the NDIS. The intensity of the practitioners' work to connect people with relevant services indicates the structural weaknesses in a health and welfare system that can, at times, hinder rather than help the people most in need. The findings also offer a reminder of the impacts of short-term government funding cycles – uncertain, unsustained funding has very real impacts on people's lives (workers and people experiencing homelessness themselves). Further, the funding required for an intense program such Together Home should not mean that funds are diverted from supporting the many other people who experience forms of homelessness other than long-term street sleeping.

RECOMMENDATIONS

We recommend that:

1. The Together Home program continues to be funded and that funding is expanded. It is important that the outcomes achieved to date are not discarded (not a cycle of pilot programs, especially given the substantial ground work). It is important that security of funding is provided to sustain the work achieved to date and to retain the skilled practitioners who have been involved in the program (which is difficult where staff can only be offered short-term contracts). There needs to be a sustainable business model for the program including a long term quota of allocations which means as one Participant exits the program, another Participant can then be supported and housed avoiding the ad hoc tranche by tranche announcement. This will create a more streamlined and manageable program, in a volatile and worsening housing market, support CHPs in managing their leasehold quota and in participant assessments. Flexible brokerage funding and support provision continues to be part of this type of program.
2. This type of consortium model that brings together housing providers and specialist support services be applied as a standard service delivery framework. The strong, collaborative linkages between the many organisations who contributed to Together Home be sustained. Substantial organisational systems, and individual knowledge has been gained during the program and this needs to be retained.
3. The assessment and measurement of 'outcomes' be designed in a way that reflects the complex, individualised outcomes that are significant for people who have experiences of trauma, long-term homelessness, extreme marginalisation and institutional harm. Quantitative indicators such as numbers of participants employed are important, but only tell part of the story.
4. Assessment tools reflect trauma-informed, cultural safe principles, in line with the individualised, person-centred principles of service support.
5. Future iterations of the Together Home program include designated contact points to facilitate connections to support systems such as the NDIS and My Aged Care. Support for participants to develop the documentation and evidence (such as allied health assessment reports) needs to be formally embedded in the Together Home support process.
6. Practitioners working in services such as mental health, disability, drug and alcohol, domestic violence, housing, child protection and hospitals continue to have opportunities to work in this type of holistic, wraparound model where they can implement evidence-based practices. Ultimately, when practitioners have the opportunity to work in these ways, people with experiences of homelessness can be supported towards meaningful changes in their lives.

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