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Evaluation of the Supported Transition and Engagement Program

Evaluation of the Supported Transition and Engagement Program: Final Report

Interim Report

For the Department of Communities and Justice

Centre for Evidence and Implementation

MONASH University

circa Cultural & Indigenous Research Centre Australia

Authors

Jonathan Ng, Advisor, Centre for Evidence and Implementation // David Taylor, Senior Advisor, Centre for Evidence and Implementation // Vanessa Rose PhD, Director, Centre for Evidence and Implementation

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Team members

Jonathan Ng, Advisor, Centre for Evidence and Implementation // David Taylor, Senior Advisor, Centre for Evidence and Implementation // Vanessa Rose PhD, Director, Centre for Evidence and Implementation // Jessica Roberts PhD, Research Fellow, Department of Social Work, Monash University // Aron Shlonsky PhD, Professor & Head of Department, Department of Social Work, Monash University // Lena Etuk, Research & Evaluation Manager, Cultural & Indigenous Research Centre Australia

About CEI

The Centre for Evidence and Implementation (CEI) is a global, not-for-profit evidence intermediary dedicated to using the best evidence in practice and policy to improve the lives of children, families, and communities facing adversity. Established in Australia in late 2015, CEI is a multi-disciplinary team across four offices in Sydney, Melbourne, Singapore, and London. We work with our clients, including policymakers, governments, practitioners, program providers, organization leaders, philanthropists, and funders in three key areas of work:

- Understand the evidence base
- Develop methods and processes to put the evidence into practice
- Trial, test and evaluate policies and programs to drive more effective decisions and deliver better outcomes

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Introduction

The Supported Transition and Engagement Program (STEP) is an initiative of the NSW Department of Communities and Justice (DCJ). STEP was initially conceptualised in 2018 as a rapid rehousing response based on a Housing First philosophy to provide services to people experiencing primary or secondary homelessness in Sydney and south-eastern Sydney. The scope of the program was subsequently expanded to cover two additional cohorts. It is current state STEP comprises of three streams:

- STEP A, or STEP to Home — funds 90 long-term housing and wraparound support spots for people sleeping rough or experiencing secondary homelessness in inner Sydney (STEP to Home Community Housing). In addition to this, 98 wraparound support-only packages will be provided for people housed in other arrangements (STEP to Home).
- STEP B, or short-term, Post Crisis Support — funds 250 wraparound support spots (at any one time) for people who are already housed or who will be housed in the future through referrals from the Homelessness Outreach Support Program (HOST) and intensive outreach events. This stream was developed to provide a housing pathway for clients who would not have the capacity to sustain a lease outside of social housing.
- STEP C, or Regional STEP— is identical to STEP A, except that it provides 20 long-term housing and wraparound support packages in the Mid North Coast and Western NSW regions. This stream underwent several iterations (following lengthy discussions

between DCJ Central and local teams) before it was finalised and signed off in March 2020.

STEP clients receive services from two separate agencies. Neami National provides support services for all STEP streams. Five Community Housing Providers (CHPs) provide housing services in different locations: Bridge Housing Limited, Metro Housing, Women's Housing Company, Community Housing Limited and Housing Plus.

The evaluation of STEP

DCJ commissioned the Centre for Evidence and Implementation (CEI) in 2018 to undertake a comprehensive evaluation of STEP. CEI has partnered with the Cultural and Indigenous Research Centre Australia (CIRCA) and Monash University to deliver implementation, outcome and economic evaluation components from 2018-2021. The evaluation includes an assessment of STEP:

- Implementation process, using a combination of program data and primary research including qualitative interviews with tenants and providers
- Effectiveness, using a quasi-experimental design that utilises regularly collected administrative data to assess outcomes for both STEP clients and an appropriate comparison group of non-STEP clients
- Economic benefit, that utilises the findings of implementation and outcome evaluations as inputs into a cost-benefit analysis model.

This report is limited to interim findings for the implementation evaluation of STEP drawn from an analysis of Client Information Management System (CIMS) data and focus groups with STEP providers – CHPs and NEAMI – across all STEP streams, A, B and C. We have focused this report on an assessment of STEP implementation to date because there is a strong evidence that when programs are implemented well, they are more likely to succeed and achieve the desired outcomes.

Key findings

The findings from this interim evaluation have several implications for DCJ in continued implementation of STEP in the homelessness sector. Key findings relate to both the STEP model and system level influences on service provision and include information on how DCJ can support providers and remove implementation barriers.

Key finding 1: People experiencing homelessness are gaining access to, and receiving, STEP services, although there is substantial unmet need for housing services

Analysis of the CIMS data showed that 636 clients received STEP services during the period between July 2018 and March 2020 (STEP A 134 clients; STEP B 482 clients; and STEP C 20 clients). Clients in STEP A spent longer in STEP than clients in STEP B (~360 days vs ~270 days), which is to be expected from the design of the stream and longer period of support. Across all STEP streams, the provision of both counselling and relationship services (9 per cent to 11 percent) and housing services (3 per cent to 9 per cent) was dwarfed by the provision of other services (80 per cent to 87 per cent), the largest components of which are 'advice/information' and 'basic assistance'.

In our analysis of identified needs and services that were providers and/or referred we identified substantial unmet need for housing services, with the highest services gaps identified for long term housing (18 per cent) and short term or emergency

accommodation (12 per cent). This need was identified more often by clients receiving STEP B services, the stream within STEP that focuses on the provision of wraparound services and temporary or transitional accommodation.

Key finding 2: People experiencing homelessness are presenting to STEP services with complex needs, and providers feel ill-equipped to deal with this complexity

STEP providers across sites and streams reported that the homeless populations they were providing services to had very complex needs, including long histories of poor physical and mental health. These insights are supported by the CIMS analysis, which identified that almost 20 per cent of STEP clients presented with a need for assistance with challenging social / behavioural problems, 19 per cent required health or medical services, 12.5 per cent had a need for mental health services and 8.5 per cent presented with family and relationship assistance.

Feedback from service providers indicated that they were often only able to support clients with basic needs. This was also supported by CIMS data where the most common category of other support both identified and/or referred or provided was 'basic assistance or advice' (94 per cent), or 'advocacy' (72 per cent). Providers felt that many clients had unmet needs, particularly when external referrals for services were unsuccessful or delayed, and this affected their ability to provide necessary wraparound support to clients.

Key finding 3: There have been challenges implementing the STEP service guidelines, and STEP C has experienced unique challenges to implementation

STEP providers reported that the STEP service guidelines were not clear, consistent or aligned with their service response. This has led to a situation where each STEP stream site is operationalising the program differently and following their own organisational guidelines. Some of this variation is to be expected as sites implement local adaptations, although other variation is more concerning.

STEP C in particular, the stream being implemented in regional areas, has experienced unique challenges related to delays in contracting arrangements, the specifications of the STEP C stream, and inclusion of a CHP partner. This last barrier has meant that NEAMI is reliant on DCJ housing, and providers were concerned that some of this accommodation was inappropriate or potentially placed people with complex needs 'at-risk'.

Key finding 4: There are data inconsistencies and issues that need to be addressed before completion of the final evaluation report in October 2021

The Evaluation Team is conscious of several anomalies in the CIMS data that require further investigation before outcomes modelling is undertaken to determine the effectiveness of STEP in achieving housing for clients in the final evaluation report. We note that the largest group response to 'main presenting reasons' for STEP clients was not enough information (37 per cent), but do not know if this reflects a data entry issue or an implementation issue with the quality of data transferred from the referring service to STEP providers.

We will undertake a series of consultations with relevant DCJ and NEAMI staff in the early months of 2021 to ensure data is as accurate and reliable as possible for outcome modelling, and is interpreted appropriately for the final evaluation report in October 2021.

1. Introduction

1.1. The extent of homelessness in NSW

While service data can significantly undercount the numbers of people experiencing primary[1] or secondary[2] homelessness – because many people do not identify as homeless – it is a useful gauge in understanding the extent of homelessness in NSW.

In 2019-20, 70,400 clients received support from Specialist Homelessness Services (SHS) in NSW. Of those clients who received services:

- 46 per cent (~32,400) were homeless at their first presentation at SHS,
- 92 per cent of those clients who were at risk of homelessness were subsequently assisted to maintain housing, and
- 42 per cent were homeless and assisted into housing (Australian Institute of Health and Welfare, 2020).

Male clients, remote clients, clients living alone, single parents with children, unemployed clients, and clients currently receiving education/training were among the client groups that were above the national average, in homelessness rates.

While there was an overall drop from 2018-19 figures (72,500 clients), the same priority groups were represented, including: Aboriginal and Torres Strait Islander, young people

[1] The Australian Bureau of Statistics (ABS) describes people who experience primary homelessness as those who are do not reside in "conventional accommodation", such as rough sleeping or living on the streets, in deserted buildings, improvised dwellings, in parks, or under bridges.

[2] Again according to the ABS, secondary homelessness refers to people who move between various types of temporary accommodation including friends' (homes), refuges, emergency housing, or boarding houses and hostels

presenting alone, older people, people experiencing family and domestic violence, people with a disability, people with mental health issues, people exiting custodial arrangements, children and young people leaving care, children on protection orders, and drug/alcohol use.

The top three main reasons cited by individuals for seeking assistance at SHS involved:

- financial difficulties (40 per cent),
- housing crisis (36 per cent) and
- family and domestic violence (35 per cent).

1.1.1. Homelessness in the City of Sydney

One of the STEP streams — STEP B — was established to support people sleeping rough in inner Sydney. The population of people sleeping rough in inner Sydney is different that in other areas of the state. The City of Sydney estimates that there were approximately 5,000 people who experienced homelessness within its local government area in 2016. Since 2008, the City of Sydney has undertaken biannual street counts of people sleeping rough during winter and summer periods. These point in time estimates have fluctuated over time, with ten-year high points observed in 2016 (n=486 in summer; b=394 in winter) which have fallen in the period since then. The most recent available data showed 334 people sleeping rough in summer 2020, and 254 in winter 2019 (City of Sydney, 2020)

1.1.2. Impact of the COVID-19 pandemic on homelessness in NSW

In October 2020, the New South Wales Council of Social Service (NCOSS) commissioned a report that described how the COVID-19 pandemic drove an increase in the demand for homeless services (which includes emergency housing). Fifty-one per cent of SHS providers described an increase in demand for critical interventions between March and June 2020 and 57 per cent of organisations reported an increase in the number of clients that sought assistance to sustain tenancies or prevent evictions from March to June 2020, compared to the same time period in 2019. This is consistent with data from FACSIAR which indicates that priority applications to the NSW Housing Register were 20 per cent higher in October 2020 than they were a year earlier (although there has been consistent growth in applications over time). After increasing sharply between March and April 2020, the number of households supported with temporary accommodation had decreased to the lowest level in the calendar year (although they were still higher that the corresponding period for the previous year) (Department of Communities and Justice, 2020).

In response to the challenges emerging from the pandemic, the NSW Government created the *Together Home* program, which is a $36 million package providing 400 private leases to support people who have been assisted with temporary accommodation move into longer-term secure housing (Department of Communities and Justice, 2020).

1.2. The Supported Transition and Engagement Program

1.2.1. What is STEP?

The Supported Transition and Engagement Program (STEP) is an initiative of the NSW Department of Communities and Justice (DCJ). STEP was initially conceptualised in 2018 as a rapid rehousing response based on a Housing First philosophy to provide services to people experiencing primary or secondary homelessness in Sydney and south-eastern

Sydney. The scope of the program was subsequently expanded to cover two additional cohorts.

1.2.2. How does STEP differ from Housing First?

The main components of Housing First include: housing choices and structure, separation of housing and services, service philosophy, service array and program structure (Rog, 2004; Tabol et al., 2010; Wong et al., 2007). In this model, safe and permanent housing should be the top priority for anyone experiencing homelessness, and it is only once this is secured should a multi-disciplinary team be deployed to work with the person to address complex needs such as drug and alcohol counselling, or mental health. With a significant evidence base, Housing First has been trialled internationally and in Australia[3] (Gilmer et al., 2013; Gilmer et al., 2015; Keller et al., 2013; Verdouw & Habibis, 2018). While there are several similar components in STEP — i.e. no sobriety or treatment preconditions, supportive services, a modern recovery philosophy, and stabilisation and sustainability — there are also two key differences:

- Services that support clients transition into long-term housing are provided at different lengths of time with support for up to three years in STEP A and C, and up to 9 months for STEP B; and
- Continuity of care up to funding limits, where providers work with clients to ensure that the necessary supports are available until clients can be "weaned off" STEP services to live independently.

1.2.3. What are STEP streams?

STEP comprises of three separate streams: STEP A, B and C. While STEP A and C combine long-term accommodation and wraparound support for clients, the remaining stream of the program – STEP B – was a strategic response to support people sleeping rough in inner Sydney by providing them with social housing.

- STEP A, or *STEP to Home*[4]— provides 90 long-term housing and wraparound support packages for people sleeping rough or experiencing secondary homelessness in inner Sydney *(STEP to Home Community Housing*). In addition to this, 98 wraparound support-only packages will be provided for people housed in other arrangements (*STEP to Home*).
- STEP B, or short-term, *Post Crisis Support* — fund 250 wraparound support spots (at any one time) packages for people who are already housed or who will be housed in the future through referrals from the Homelessness Outreach Support Program (HOST) and intensive outreach events. This stream was developed to provide a housing pathway for clients who would not have the capacity to sustain a lease outside of social housing.
- STEP C, or *Regional STEP* — is identical to STEP A, except that it provides 24 long-term housing and wraparound support packages in the Mid North Coast and Western NSW regions. This stream underwent several iterations (following lengthy discussions

[3] Examples include Pathways Housing First in the United States, Chez Soi in Canada, Housing First in Europe, and Common Ground in Australia. Please refer to Appendix A of *Measuring fidelity: A rapid review and mapping of programs that adopt a Housing First approach* report for a full list of Housing First studies in Australia and internationally.

[4] *STEP to Home, Post Crisis Support* and *Regional STEP* are the names of various STEP streams or packages used by Neami National.

between DCJ Central and local teams) before it was finalised and signed off in March 2020.

Similarities and differences between these three streams are summarised in Table 1.1 below.

Table 1.1 STEP service streams

Service stream	Colloquial name	Funded spots available	Length of service	Housing / accommodation provider	Wraparound support service provider
STEP A	STEP to Home	90	18-36 months	CHP	Neami National
STEP A	STEP Support-only	98	18-36 months	-	Neami National
STEP B	Short-term post-crisis support	250	3-9 months	-	Neami National
STEP C	Regional STEP to home	24	18-36 months	CHP	Neami National

1.2.4. Who is providing STEP?

STEP clients receive services from two separate agencies:

- Neami National — provides case management and wraparound support services for all STEP streams. This support includes tenancy support, mental health support, physical health support, socialisation and reconnection to community, employment support and support to apply for the National Disability Insurance Scheme.
- Five Community Housing Providers (CHPs) provide housing services in different locations: Bridge Housing Limited, Metro Housing, Women's Housing Company, Community Housing Limited and Housing Plus. They provide the accommodation and tenancy support/management component in STEP.

The CHPs and Neami National had separate responsibilities to different client outcomes: CHPs were tasked to match STEP clients to appropriate, secure properties and ensuring that tenants maintained their tenancies; Neami National was tasked to improve clients' physical and mental health, help them build stronger connections to culture or community, and improve their educational and employment outcomes.

The following table illustrates the providers by location.

Table 1.2 STEP providers by location

Location	Service type	STEP A	STEP B	STEP C
Metropolitan Sydney	Housing provider	Bridge Housing Metro Housing Women's Housing Company	-	-
	Support services provider	Neami National	Neami National	-
Mid North Coast	Housing provider	-	-	Community Housing Limited
	Support services provider	-	-	Neami National
Western NSW	Housing provider	-	-	DCJ / Housing Plus[5]
	Support services provider	-	-	Neami National

[5] As of November 2020, STEP housing is provided by DCJ in Western NSW as Housing Plus is still in the midst of procuring suitable properties for accommodating STEP clients.

2. The Evaluation

2.1. Evaluation context

In 2018, DCJ commissioned the Centre for Evidence and Implementation (CEI) to undertake an evaluation of STEP, to provide timely feedback on implementation and to measure outcomes at the client-, program- and system-level. CEI has partnered with Cultural and Indigenous Research Centre Australia (CIRCA) and Monash University to undertake an evaluation with implementation, outcome and economic components between 2018-2021. The Evaluation Team has also had access at different times to the expertise of independent advisors, Professor David Dunt, Cal Andrews and Felicity Reynolds.

2.2. Evaluation overview

The STEP evaluation comprises of:

- an implementation component — using a combination of program data and primary research (focus group discussions with STEP providers and interviews with STEP clients);
- an outcome evaluation component — using a quasi-experimental design that examines routinely collected administrative data for the assessment of outcomes of a STEP and a non-STEP group of clients; and
- an economic evaluation component — that determines the economic benefit of STEP through analysing implementation and outcome data (i.e. unit costs of delivering the various STEP packages to clients).

Through these three components, the Evaluation Team hopes to give DCJ increased information about STEP to inform evidence-informed decisions on continuing the program

and, if required, making appropriate adjustments to ensure the program meets client needs.

Broadly, this evaluation intends to assess if STEP has assisted clients to:

- experience an improvement in subjective wellbeing;
- obtain safer, more sustainable and secure housing;
- feel more empowered and confident at managing their mental health;
- feel more connected to supportive family, cultural and community networks;
- develop daily living skills that enable long-term accommodation and self-management; and
- positively engage with structured activities, such as support groups, community groups and recreation, volunteering, education and employment.

More critically, the Evaluation Team will examine the benefits of STEP services for clients, and the barriers and facilitators of implementing this housing program.

2.3. Evaluation activities

A summary of major evaluation activities and their current status is shown in Table 2.1 below. In summary, to date, the Evaluation Team has undertaken focus groups with service providers and as secured access to the administrative data required to complete the outcome analysis. The following tasks have not been completed but will be done to inform the final report, client interviews to obtain the perspective of STEP clients, focus groups with representatives from DCJ and costing survey to estimate the cost of providing STEP.

Table 2.1 Evaluation activities

Evaluation component	Evaluation activity	Delivery time frame	Status
Implementation	Developing an evaluation plan	2019	Completed
	Consultations with STEP providers and HOST	2019	Completed
	Review program logic	2019	Completed
	Submit ethics application to Monash University's ethics committee and obtain approval	2020	Completed
	Submit ethics application to NSW Aboriginal Health and Medical Research Council's ethics committee and obtain approval	2020	Awaiting approval
	Conduct a rapid review of Housing First programs	2020	Completed
	Explore demographic and service use patterns	2020	Completed
	Conduct provider focus groups	2020	Completed
	Conduct STEP client interviews	Early 2021[6]	In progress
	Develop a STEP fidelity assessment tool	2021	In progress
	Consultations with representatives from DCJ	2021	Scheduled
Outcome	Identify a comparison group	2021	In progress
	Assess impact of STEP on client outcomes	2021	Scheduled
Economic	Undertake costing survey to inform estimate of unit cost	2021	Scheduled
	Build CBA model to estimate return on investment for STEP	2021	Scheduled

2.4. Interim Evaluation Report

The focus of this report is to examine the implementation of STEP using information and data that has been collected by the Evaluation Team to date. This limits our perspective to

[6] As a commitment to conducting culturally respectful research, the Evaluation Team decided to undergo two rounds of ethical approval, the first, with Monash University's Human Research Ethics Committee, and a second, with the NSW Aboriginal Health & Medical Research Council's Ethics Committee. While this has lengthened the ethical approval process and delayed original time frames of data collection, it allows for maximum rigor in our methods.

that of STEP providers for this report, however this will be expanded to include representatives from DCJ and other stakeholders in the final report. This involved us examining facilitators and barriers experienced by the various STEP providers in implementing the model.

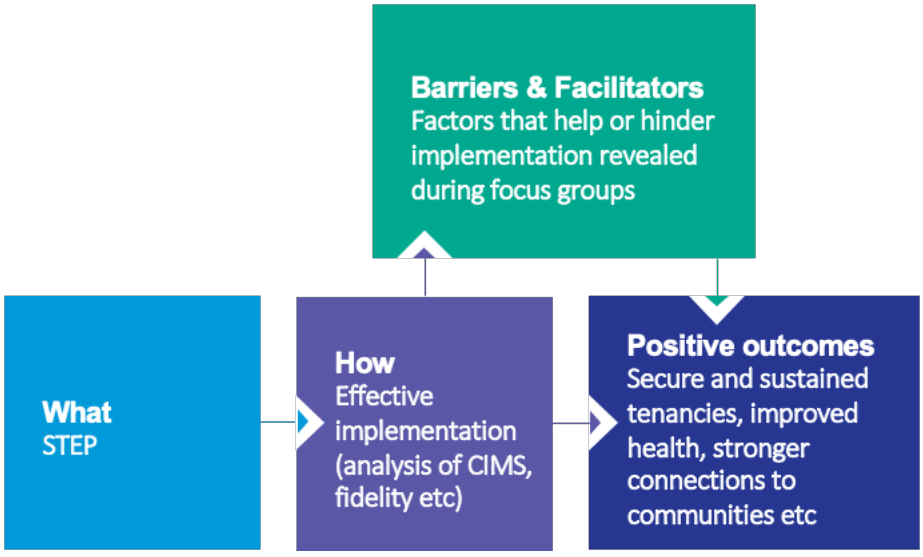
Additionally, through analysis of administrative data, we aim to create a clearer picture of a client's 'start position' and their needs at this point in time (i.e. the reason for their referral to STEP) and understanding of the various supports/services that support a client's journey to achieving various outcomes.

2.4.1. A focus on STEP implementation

We have focused this report on an assessment of STEP implementation to date because there is a strong evidence that when programs are implemented well, they are more likely to succeed and achieve the desired outcomes. For example, variations in fidelity to the delivery of housing programs has been associated with intervention effectiveness and outcomes (Gilmer et al., 2013). In Figure 2.1 below, we illustrate how effective implementation of STEP can lead to the achievement of positive outcomes for clients, and that this is influenced by the experience of implementation facilitators or barriers.

It is important to take advantage of this stage of the program – when we can "take stock" and analyse how STEP is being implemented – to find out what is helping or hindering implementation of this program. This is so we can see the impact of changes to the program in a year from now, and more.

Figure 2.1 Factors to consider when improving client outcomes



2.4.2. Scope of this report

This report is informed by the following information sources:

- Consultations with STEP providers throughout the evaluation
- Focus groups with STEP providers
- Analysis of CIMS data

- Desktop review of documentation provided by DCJ and STEP providers
- Consultations with DCJ teams involved in STEP

The scope of this report is limited to interim findings for the implementation evaluation of STEP.

2.5. Structure

The remaining chapters of this report are as follows:

- Chapter 3 outlines the methodology used by the Evaluation Team to inform this report
- Chapter 4 details the results from our interim quantitative analysis of administrative data
- Chapter 5 details the results from our qualitative analysis of insights from focus groups.

3. Evaluation Methodology

This section details the methodology used to inform this report, and it includes:

- The conceptual framework we used to guide our analysis;
- The ethical approval received and the processes put in place to ensure we meet our obligations;
- Details of the focus groups we undertook with STEP providers;
- The methods we used for the quantitative analysis we undertook;
- How the information was analysed; and
- Benefits and limitations to our approach.

3.1. Conceptual framework

Our approach to this evaluation has been grounded in our knowledge and expertise in implementation science. This section explains how we used it to inform our approach, namely:

- A brief introduction to implementation science
- How it informed our approach
- How it has been applied in the STEP context.

3.1.1. What is implementation science?

Implementation science is the study of methods and strategies to promote the uptake of evidence-informed programs and practices into 'business as usual', with the aim of improving service quality (Eccles & Mittman, 2006). Evidence-informed programs and

practices are incorporated into 'business as usual' at very different speeds and there is often a gap between what works and what is being done in practice. There are many reasons for this including:

- Research can be difficult to access and translate into a real-world environment
- While evidence-informed, the program or practice may not be a good fit for the local context
- Service providers and/or staff are not interested in making changes to how they work
- Barriers related to the broader operating context (e.g. funding, geographical location, or availability of resources, etc.)

The field of implementation science aims to close this gap between research and practice.

3.1.2. An approach informed by implementation science

Implementation focuses on 'how' a program or practice will fit into and improve a service (Burke, Morris, & McGarrigle, 2012). Implementation evaluation focuses on understanding what has been implemented and how well the program has been implemented in the context of an organisation and service system. The notion that good implementation outcomes are a precursor to positive intervention effects is captured by Proctor et al.'s conceptual model of implementation research (Proctor et al., 2009, 2011).

The basic assumption reflected in this model is that in order to achieve positive outcomes, services need to be delivered with high quality for them to be accessible, timely and effective. Such service quality will only be achieved if considerable effort is put into their implementation – a process that can be measured in different ways and with a focus on different aspects.

3.1.3. Evaluating the implementation of STEP

Our approach to evaluating the implementation if STEP in this report involves understanding what is being implemented, and the barriers and facilitators of implementation experienced at each site from the perspectives of service providers. We have analysed CIMS data to understand what is being implemented, and drawn on consultation findings to provide context to our focus group discussions where necessary.

3.1.4. Measuring barriers and facilitators

Research on the implementation of Housing First styled programs has demonstrated that sufficient, adequate support and collaboration among teams and a strong social network are factors that contribute to implementation success (Fleury, Grenier & Vallee, 2014). With this in mind, we were guided by the Consolidated Framework for Implementation Research (CFIR) in examining the range of service systems, support system, participant and organisation factors in determining the effectiveness of STEP implementation — see Table 3.1.

CFIR was developed to give program administrators and developers a better understanding of the factors that influence the implementation of evidence-informed practices, which provide a high level of structure and clear definition in terms of what the programs entail. We have focused on system- and program-level differences in implementation to guide discussion.

Table 3.1 Adaptation of CFIR for use in this analysis

Consolidated Framework for Implementation Research	Supported Transition and Engagement Program: Program-level	Supported Transition and Engagement Program: System-level
Barriers	Factors related to the design or implementation of STEP that prevent it from operating as intended	System and contextual factors that are independent of the design or implementation of STEP, that prevent it from operating as intended
Facilitators	Factors related to the design or implementation of STEP that support it to operate as intended	System and contextual factors that are independent of the design or implementation of STEP, that support it to operate as intended

3.2. Ethical approval and processes

As part of this evaluation contract, DCJ specified that the Evaluation Team secure ethical approval through a National Health and Medical Research Council (NHMRC)-approved Human Research Ethics Committee (HREC). Accordingly, ethical approval for conducting the STEP evaluation was secured through the Monash University Human Research Ethics Committee (MUHREC), with ethics identification number 22880.

Due to the high proportion of STEP clients who are Aboriginal or Torres Strait Islander, DCJ and the Evaluation Team decided to seek an additional level of ethics approval from the Aboriginal Heath & Medical Research Council. This approval pertains to client interviews that are planned with Aboriginal and Torres Strait Islander communities.

Feedback from the MUHREC during the review process influenced decisions in providing sufficient information about the project to participants, identifying key personnel within the Evaluation Team that participants could contact for clarification of the evaluation during the data collection phase, securing informed consent, detailing the information we sought from participants, and specifying how we store data.

3.3. COVID-19 contingency planning

To account for the impact of the ongoing COVID pandemic, we included contingency plans for data collection, specifically with regards to how the Evaluation Team intended to conduct focus groups and interviews online, in lieu of in-person collection.[7]

[7] After consultations with both DCJ as well as STEP providers on the preferred mode of engagement with participants (clients and provider staff), in acknowledgement of NSW Government's restrictions and recommendations during the COVID-19 pandemic, it was decided that the Evaluation Team would a) conduct focus groups with providers via Microsoft Teams, given that it was an existing communications platform used between providers and DCJ teams, and b) provide options for clients to participate in interviews over the phone or socially distanced in-person, depending on their comfort level and preference.

As it pertains to the implementation component of this evaluation, our ethical approval is conditional to:

- Providing participants with an explanatory statement detailing information on what we seek to do, and what we intend to do with information provided to us;
- Obtaining informed consent from participants prior to participation, either via a consent form or a recorded verbal consent process;
- Protecting the confidentiality of participants by deidentifying information collected in focus group discussions or one-on-one interviews, and reporting these in aggregate so that individuals or organisations cannot be identified; and
- Respecting the time and interests of participants by limiting the time commitment requested of them, and providing a small monetary incentive to STEP clients who participate in client interviews.

3.4. Focus groups with STEP providers

Between October and November 2020, we conducted focus group discussions with staff from Neami National, Bridge Housing, Metro Community Housing, Women's Housing Services, and Community Housing Limited. A wide range of staff participated.[8]

In addition to the focus groups undertaken with providers, the Evaluation Team consulted with a range of other stakeholders including: director of DCJ's Homelessness Outreach Support Team (HOST), DCJ's STEP program team, and staff in DCJ District Commissioning and Planning teams. These consultations contributed significantly to developing a deeper structural understanding of the barriers and facilitators to implementing STEP across all sites.

3.4.1. Details of focus groups with STEP providers

The focus groups with STEP providers were all conducted via Microsoft Teams. The discussion sessions were facilitated by one to two experienced qualitative researchers from CEI, who shared the roles of facilitator, moderator and scribe. This was the process taken by each focus group:

- A list of primary contacts of STEP program managers within each service provider organisation was sourced from DCJ
- Each STEP provider was contacted by phone and email and informed about the purpose of the focus group. The email contained copies of the explanatory statement, discussion guide and the consent form for participation in the focus group discussion. These documents outlined the aims of the focus group and the content to be covered
- Providers were then asked to identify suitable and available individuals within the teams at each site best-placed to provide input. As one of the aims of the evaluation was to present a range of perspectives from staff that worked on various aspects of STEP delivery, CEI advised that staff from various levels and roles in STEP be recruited

[8] Participants in these focus group included: An Aboriginal Liaison Officer; Community Rehabilitation and Support Workers; A Housing Services Manager; Housing Options and Support Coordinators/Managers; An Operations Administration Coordinator; Partnerships and support coordinators; Program Managers; Service Managers; Regional Managers; A Housing Director; A Team Leader and a Tenancy Manager.

– administrative workers, practitioners, and management – to increase a diversity in perspective.

- Providers were told that in light of the COVID-19 pandemic, the focus groups would be conducted via teleconferencing, to which they agreed was the safest and most accessible platform.
- Prior to starting the focus group, the facilitator(s) ensured that all consent forms had been collected from participants, and that there were no further questions.
- Respondent feedback was audio-recorded by facilitators using Microsoft Teams, and later exported and saved on a passcode-protected, encrypted external hard drive.

During the period in which the Evaluation Team was conducting focus groups with STEP providers, one of the CHPs, Housing Plus, had not commenced provision of their STEP services. As a result, the Evaluation Team, in concert with DCJ, decided to conduct a focus group with this provider at a later date to ensure that the experiences and feedback from their staff would be included in the final report.

All STEP providers except for Housing Plus participated in focus groups, as captured in Table 3.2 below.

Table 3.2 Details of focus groups with STEP providers

Provider	Service coverage	Number of focus group participants	Date held
Neami National	Metropolitan Sydney	5	October 2020
Neami National & Community Housing Limited	Mid North Coast	6	October 2020
Neami National	Western NSW	3	October 2020
Bridge Housing, Metro Community Housing & Women's Housing Company	Metropolitan Sydney	7	November 2020

3.5. Thematic analysis of focus group insights

Focus group findings were subject to a modified framework thematic analysis which provides a systematic way to analyse large amounts of qualitative data according to an existing framework (in this case, the STEP implementation conceptual framework). This approach enabled the rapid identification of barriers and facilitators to STEP implementation – at each step of service implementation - from the perspective of providers. The analytic process involved:

- reviewing the focus group data (STEP provider recordings and scribe notes) using a direct analysis approach to ensure familiarity with the data (Greenwood, Kendrick, Davies, & Gill, 2017); and
- categorising findings into themes of STEP implementation barriers and facilitators.

3.6. Quantitative analysis of administrative data

To establish whether the type (i.e. STEP stream) and length of time spent in STEP (i.e. the 'dose' of services) is associated with a change in outcomes of interest longitudinal information about the type, frequency, duration, and timing of services that each person receives is required. The source for this is the Client Information Management Sydney (CIMS), a database originally built to house data for Specialist Homelessness Services (SHS) and to provide monthly reports for DCJ and the Australian Institute of Health and Welfare (AIHW). From prior evaluations, the Evaluation Team has extensive experience working with CIMS and has leverage this knowledge to inform the analysis for this evaluation.

3.6.1. Scope

For the purposes of this report, the aim of the quantitative analysis is to:

- Demonstrate the viability of using administrative data from the Client Information Management System (CIMS) to assess service delivery;
- obtain feedback about any concerns DCJ has about which entities or attributes are being used; and
- provide an overview of characteristics of clients as they enter STEP services.

An analysis of the impact of STEP on client outcomes is outside the scope of this report and will be presented in the final report.

3.6.2. Methods

The Evaluation Team summarised a client's history and presented descriptive statistics on the characteristics of clients and the types of services that they accessed when they first presented at STEP.

3.7. Benefits and limitations of our approach

We have adopted a pragmatic approach to the evaluation of STEP implementation by balancing the available budget, resources, and program information with a design that:

- Provides insight into how STEP has been adapted by different providers and implemented at different sites;
- Identifies system, context or process blocks aligned to the various steps within STEP delivery;
- Presents potential improvements to the current model and implementation of STEP; and
- Provides a reference for the development of a fidelity assessment tool to be conducted with providers in 2021.

While this approach has the benefit of producing highly relevant and actionable findings for the continuation of STEP service provision, it also has some limitations.

- We have only had access to CIMS data for this interim report and supplementary data from Neami – to be included in the final report – may give us more detail on implementation; and
- The interim report is presented from the perspective of the STEP providers only – both in terms of what they have entered into CIMS and what information they have

shared during focus group discussions. The perspective of representatives from DCJ and clients will be included in the final report.

4. Quantitative insights

Key takeaways

Prior to commencing their first STEP support period, clients in STEP A had spent the most days in SHS — in either crisis or transitional housing — (~611 days), relative to other STEP cohorts

A substantial volume of missing or incomplete data lead to the largest main reason for presentation at STEP to be *Not enough information* (37 per cent), this was followed by *Housing* (35 per cent).

There is a substantial unmet need for housing services, with the highest service gaps identified for long-term housing (18 per cent), short term or emergency accommodation (12 per cent) and assistance to sustain tenancy (6.6 per cent)

4.1. Outline

The quantitative analysis presented in this report involved exploring demographic and service use patterns for STEP clients as they are recorded in extracts from the Client Information Management System (CIMS) and Specialist Homelessness Services (SHS) databases.

The analysis focuses on a client's *first* presentation at STEP and captures those who accessed STEP services between July 2018 and March 2020.

The Evaluation Team identified several questions to test insights that were gleaned from qualitative methods from STEP providers, they included:

- What are the key characteristics of clients that present at STEP?
- How many clients have accessed STEP?
- How long have clients accessed STEP for?
- What are the homelessness histories of clients that present at STEP?
- What are the main presenting reasons that clients present with at the start of their first STEP support period?
- What type of services are clients being referred to?
- What type of tenancies are clients using?

4.1.1. Benefits

The major benefit of the analysis presented in this report is that it validates the Evaluation Team's analysis plan for the final report, by establishing that it is possible to:

- Positively identify STEP clients in CIMS/SHS databases
- Identify demographic characteristics of STEP clients
- Establish when clients first accessed STEP services
- Isolate the use of SHS prior to accessing STEP
- Track a client's SHS use since first accessing STEP
- Obtain a high-level understanding of the type of services they were provided with

4.1.2. Limitations

There are a few limitations present in this analysis:

- *It is descriptive* — it does not seek to assess any causal relationships between receipt of services and/or client characteristics and subsequent homelessness outcomes. This will be provided in the final report.
- *Its scope is limited* — the analysis is limited to data that is available in CIMS/SHS. The Evaluation Team understands that supplementary data is collected by providers that includes tenancy information, however this has not yet been provided. The Evaluation Team reiterates that it would like to access this data as it will support a more detailed analysis of what parts of STEP work for which client groups.
- *It is time-limited* — the analysis examines clients who presented at STEP between July 2018 and March 2020. The final report will utilise a more recent extract that should be able to provide 12 additional months of data.
- *It is limited to the first presentation at STEP* — the analysis only examines demographic indicators and patterns of service use for clients when they first present to STEP. Patterns of service use and how a client's needs are or are not met will be explored in the final report.

4.2. What are the key characteristics of clients that present at STEP?

Key demographic characteristics of STEP clients are presented in Table 4.1 below:

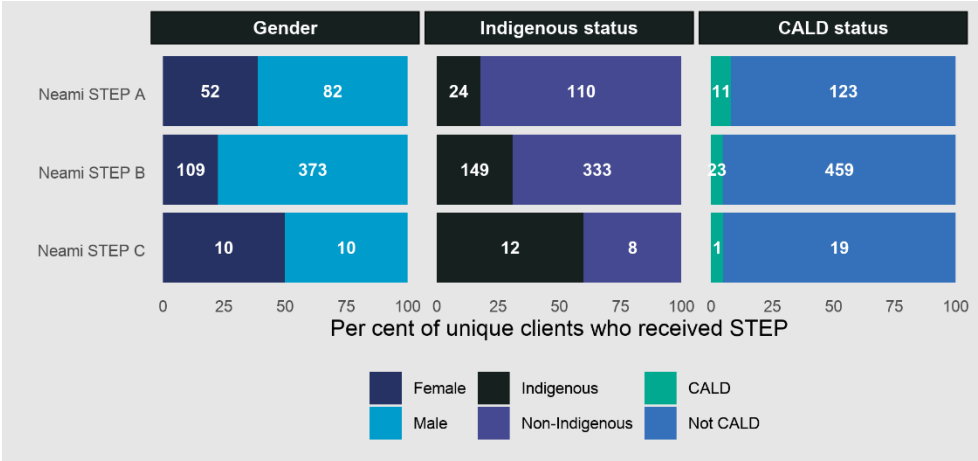
- Almost three quarters (73.1 per cent) of clients receiving STEP are male,
- Indigenous clients (29.1 per cent) are overrepresented relative to their proportion of the state population.

Table 4.1 Demographic characteristics of clients presenting at STEP by gender, Indigenous status and CALD status (July 2018 – March 2020)

	Gender		Indigenous status		CALD status		Total
	Male	Female	Indigenous	Non-Indigenous	CALD	Not CALD	
#	465	171	185	451	35	601	636
%	73.1 per cent	26.9 per cent	29.1 per cent	70.9 per cent	5.5 per cent	94.5 per cent	

When considered by STEP stream, there are some observable differences seen between gender and Indigenous status — Figure 4.1. However, caution should be shown interpreting STEP C results due to the small number of clients (n=20).

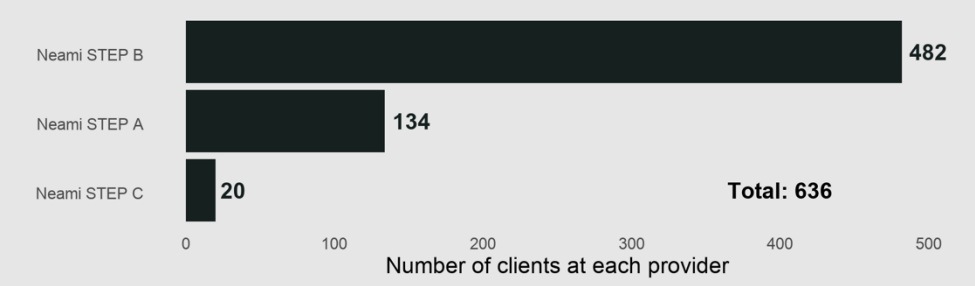
Figure 4.1 Breakdown of clients who received STEP by gender, Indigenous status and CALD status



4.3. How many clients have accessed STEP?

During the period between July 2018 and March 2020, 636 clients received STEP services. A breakdown of this count by the STEP stream they first presented at is shown in Figure 4.2 below.

Figure 4.2 Count of clients receiving STEP by stream



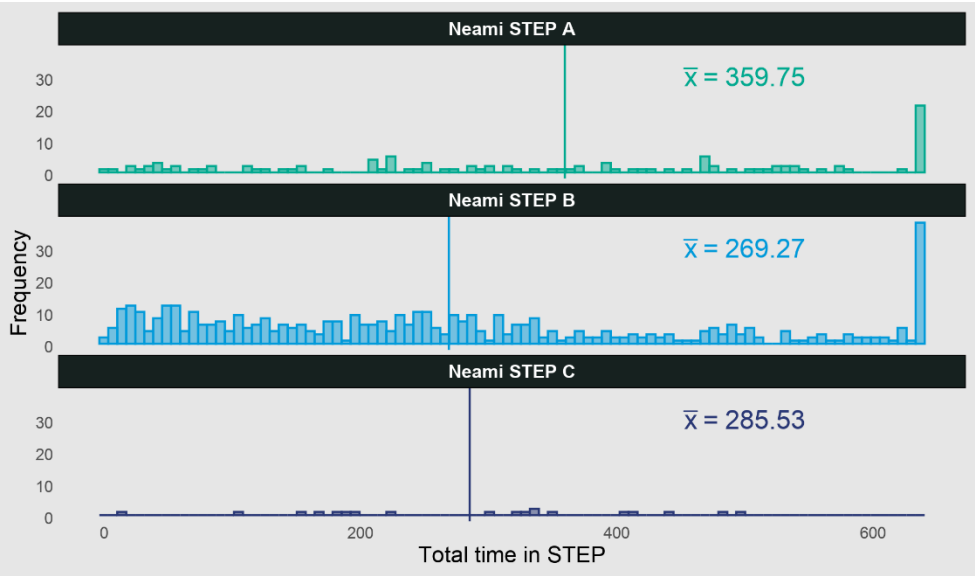
4.4. How long have clients accessed STEP for?

The Evaluation Team examined how long clients have been in STEP by calculating the total length of time that they received services since they first presented at STEP. Many of the clients entered STEP from existing SHS support periods. For those clients, the Evaluation Team needed to isolate their time in STEP from these ongoing support periods, this was done by taking 1 July 2018 as the date that STEP started. This is why in Figure 4.3 below the highest frequency is for 636 days (which is the time that elapsed between 1 July 2018 and 31 March 2020) and would represent a client who was in STEP on the day it began (01 July 2018) and was still in the same service period when the data were extracted (31 March 2020).

The results of this analysis are presented in Figure 4.3 — where they are stratified by service type and collated in 1-week increments. Key insights include:

- The mean length of time in STEP A is ~360 days,
- The mean length of time in STEP B is ~270 days,
- The rate at which clients enter STEP B appears to be consistent with STEP A — where there appear to be stretches of multiple weeks where no clients enter the stream.

Figure 4.3 Days spent in STEP, stratified by stream

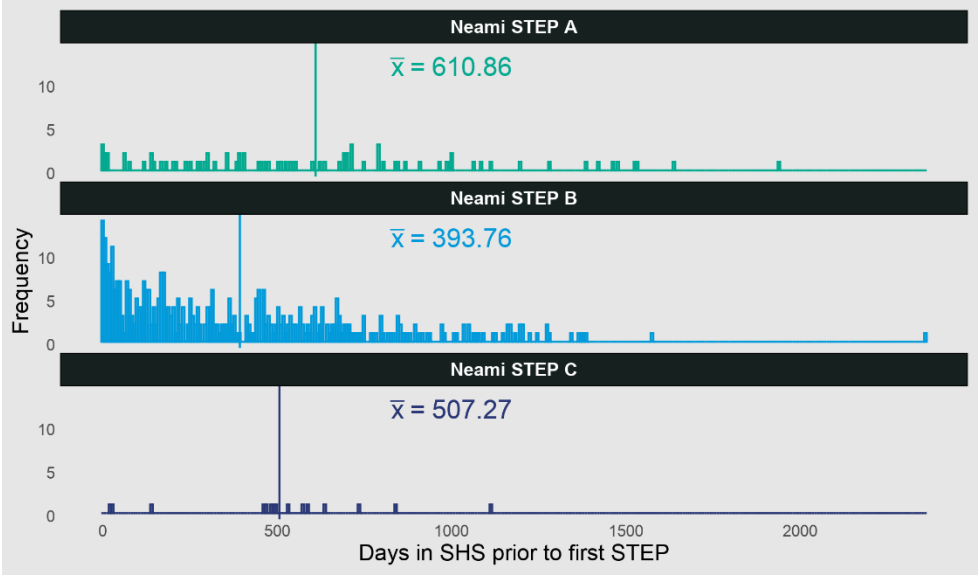


4.5. What are the homelessness histories of clients that present at STEP?

A client's prior experience of homelessness was estimated by summing up the days they spent in SHS prior to their first appearance at STEP. This is likely to be an underestimate of their 'actual homelessness' as it only counts active support from SHS providers and does not, for example, include information from clients themselves. The results of this analysis stratified by STEP stream are depicted in Figure 4.4 below. Key insights include:

- Prior to their commencement of their STEP A support periods, STEP A clients had the highest average number of days spent in SHS (~611 days), relative to the other STEP cohorts;
- There are many STEP B clients who had limited prior use of SHS services, relative to other individuals in their cohort; and
- All bar two STEP C clients had been homeless for more than 1 year.[9]

Figure 4.4 Days in SHS prior to first STEP, stratified by service type



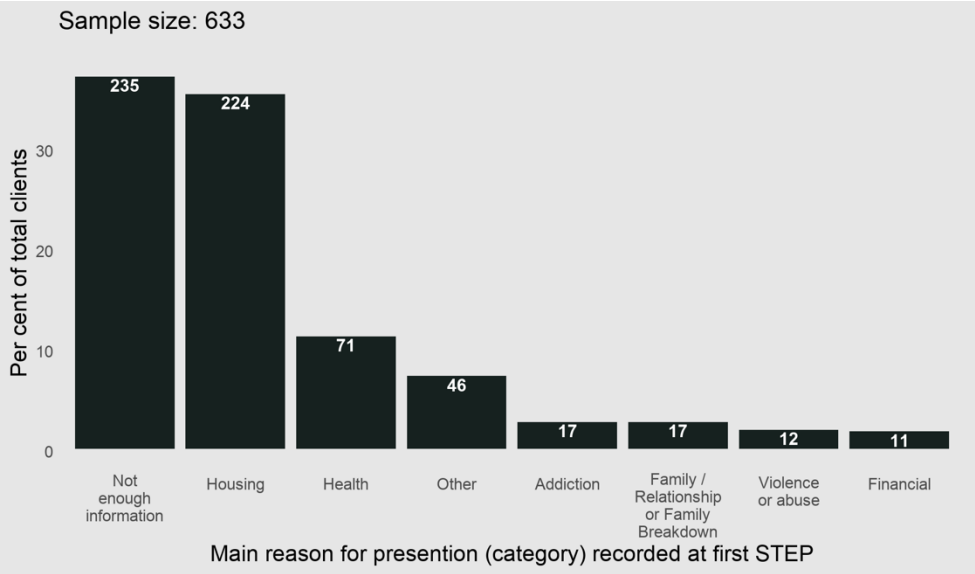
4.6. What are the main presenting reasons that clients present with at the start of their first STEP support period?

The main reason reported by clients at their first STEP support period — as recorded in CIMS — was difficult to ascertain due to missing data and the relatively small numbers of respondents in some categories. As a result, the Evaluation Team aggregated figures across all streams and examined the overarching categories — as used by AIHW — in which the 'main presenting reasons' sit within. As shown in Figure 4.5, the largest group was *Not enough information* (37 per cent), followed by *Housing* (35 per cent). Noting the limitations of the missing data, STEP clients are less likely to cite financial difficulties or

[9] Please note that there are only twenty (n=20) clients that have received STEP C.

domestic violence as their main presenting reason, compared to all people who present at SHS, however they report housing issues at a similar rates.

Figure 4.5 Main presenting reason (category) that clients presented with at their first STEP appearance



4.7. What type of services are clients being referred to?

This analysis explored the needs that clients cited at the commencement of their first STEP support period, what types of services they were provided or were referred to and how or if this varied by STEP stream. The analysis is presented in two parts:

- High-level results — these explore patterns of high-level service delivery at the service type level
- Detailed results — these examine needs identified and services provided or referred at an aggregate level.

4.7.1. High-level results

There are a wide range of services that clients can be assessed as needing. To aid comparisons between STEP streams, the Evaluation Team has summarised these services into three high-level groups based on the type of service provided:[10]

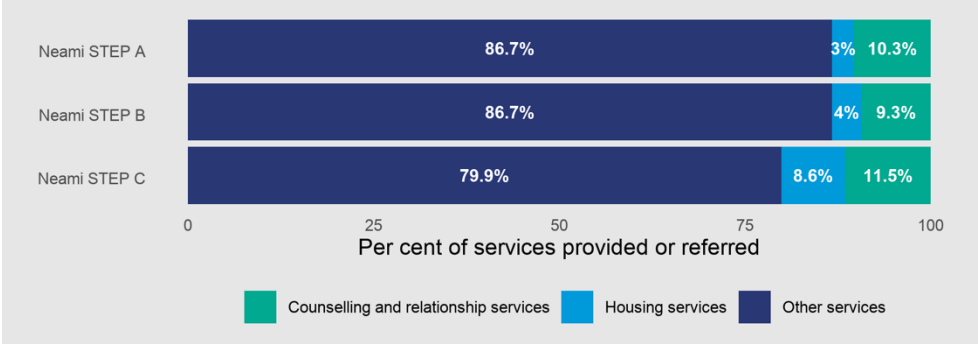
- Counselling and relationship services,
- Housing services, and
- Other services.

A breakdown of these categories is provided in Table A.1 in Appendix B.

[10] These categories have been applied in two previous evaluations of DCJ homelessness evaluations: Evaluation of the Premier's Youth Initiative and Evaluation of the Homeless Youth Assistance Program.

The Evaluation Team examined the extent to which these needs are either 'provided' for or 'referred' to and if this varies by service type. The results — shown in Figure 4.6 below — suggest that the provision of both *counselling and relationship services* and *housing services* is dwarfed by the provision of *other services*, which mostly entails advice/information and basic assistance. This is consistent across all three service types.

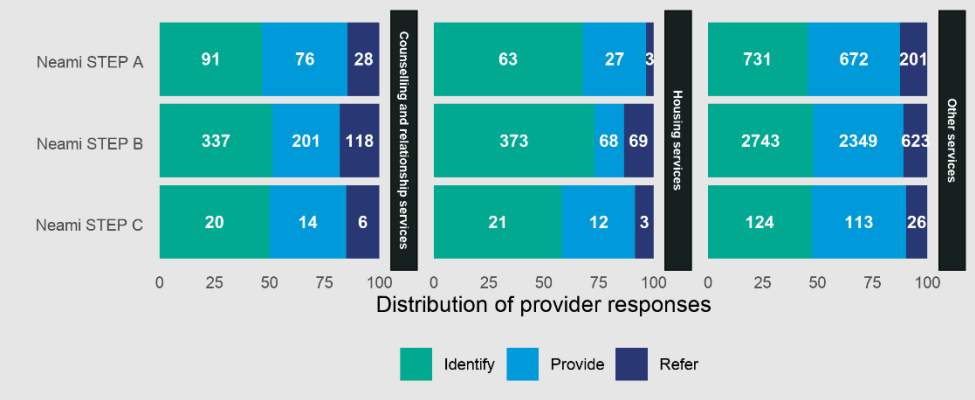
Figure 4.6 Service types referred or delivered by each service type for a client's first presentation at STEP



The extent to which service types are able to meet client needs was examined by exploring the breakdown of needs identified compared to services provided or referred by category of service type at the beginning of a STEP clients first support period. The results — depicted in Figure 4.7 below — suggest that:

- Many clients with housing needs are not being provided or referred to *housing services* — this issue is prevalent across all groups, but it appears to be particularly problematic amongst STEP B clients — the stream that focuses on the provision of wraparound services or temporary or transitional housing. It is possible that one of the reasons for this is that many STEP B clients enter the program from HOST referral and engagement, who may have referred or provided clients with housing assistance at the commencement of that support period.
- Almost all clients who were identified as having *counselling or relationship needs* were either provided a service or referred to a service to meet their needs — proportions are fairly consistent across service types.
- Almost all clients who were identified as having needs for *other services* were either provided a service or referred to a service to meet their needs — proportions are consistent across service types.

Figure 4.7 Proportion and count of service types delivered by each service type for a clients first presentation at STEP[11]



4.7.2. Detailed results

The types of services that clients were identified as requiring, provided, or referred to during their first STEP presentation was explored at an aggregate level — i.e. across all STEP streams.

The Evaluation Team explored the extent to which STEP was able to support the needs of these clients by looking at their 'unmet need' — which arises when a client presents with an issue that cannot be met by a service provider or their referral network. It is estimated using a crude measure that takes the difference between identified need and services provided or referred. This means that it can also be positive — suggesting that needs are met — if the number of services provided and/or referred to is greater than those that are identified. Considering this, the measure of 'unmet need' is likely to be an undercount as clients can be referred to, and provided, a service simultaneously. Additionally, a service referred to is not necessarily a service received.[12] The results of this analysis are presented in the figures below, key findings suggest:

- There is a substantial unmet need for **accommodation services**, with the highest services gaps identified for *long term housing* (18 per cent) and *short term or emergency accommodation* (12 per cent) — see Figure 4.8.
- Amongst **counselling and relationship services**, almost 20 per cent of STEP clients presented with a need for *assistance with challenging social / behavioural problems,* encouragingly there was no 'unmet need' amongst this group. Where 'unmet need' was identified the number of clients with it were small (less than 10) — see Figure 4.9.
- For **other services,** the highest needs were for *other basic assistance*[13] (93.8 per cent) and *advice / information*[14] (77.1 per cent), 'unmet need' was not an issue amongst this groups of services — see Figure B.1.

[11] Please note that: a) clients can present with multiple issues and be provided with multiple services, and b) there are only twenty (n=20) clients that have received STEP C.

[12] It is not possible to tell using data extracted from CIMS if a referral resulted in a service actually being provided, though there is potential to ascertain whether a non-STEP SHS provider engaged the client in another service.

[13] Other basic assistance refers to other support that is not specialised that is not included in other distinct categories (Australian Institute of Health and Welfare, 2018).

[14] Advice/information refers to advice or information for the client relating to their needs as identified by the worker. Includes information about other services where it is left to the client to follow up the

Figure 4.8 Accommodation services identified, provided and referred to clients during their first presentation in STEP

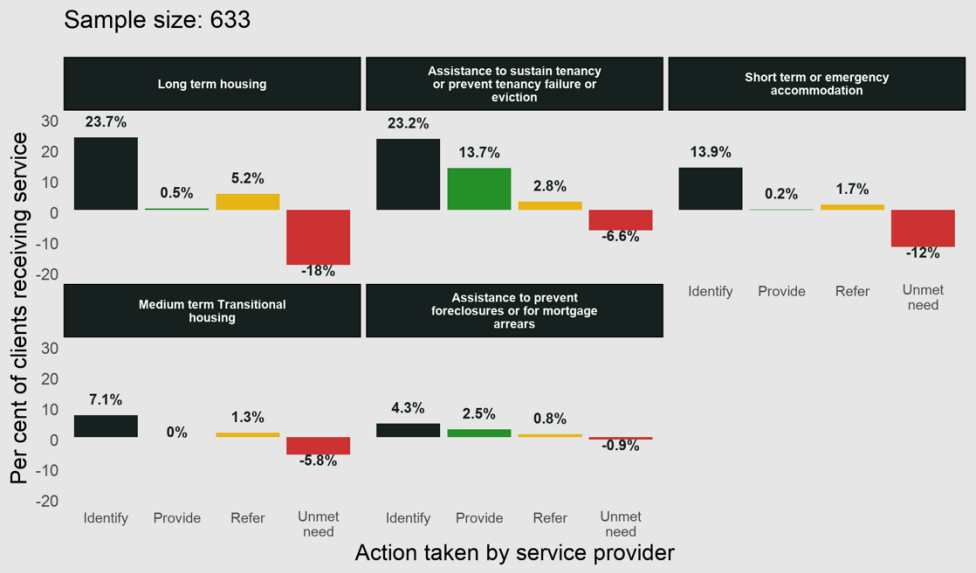
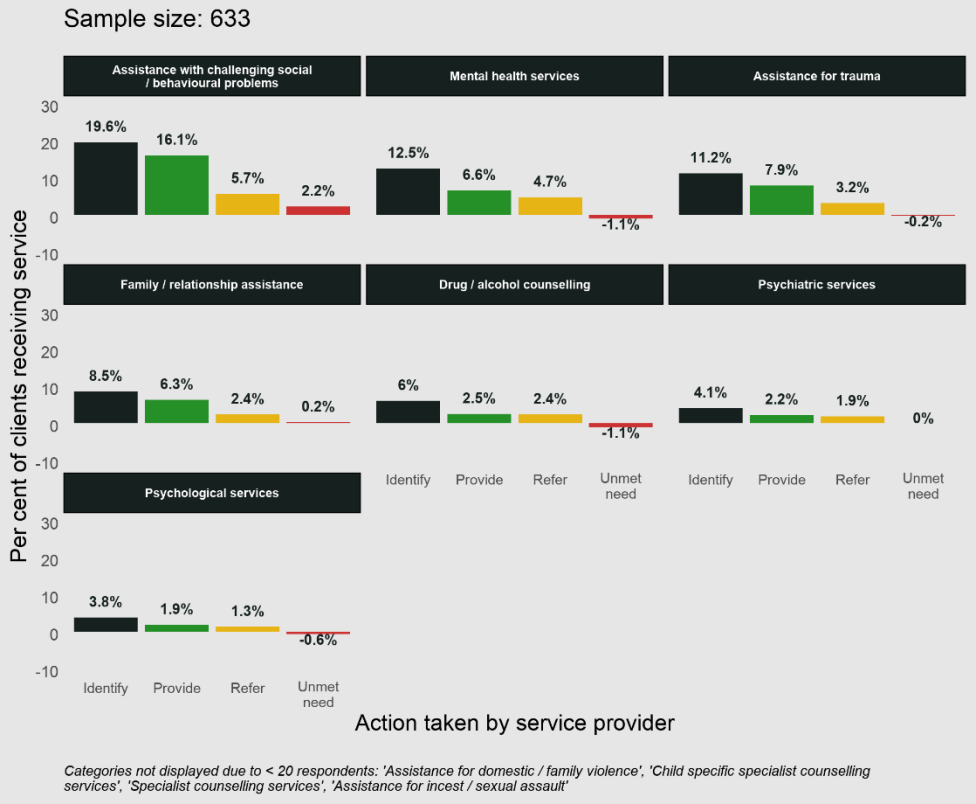


Figure 4.9 Counselling and relationship services identified, provided and referred to clients during their first presentation in STEP



Categories not displayed due to < 20 respondents: 'Assistance for domestic / family violence', 'Child specific specialist counselling services', 'Specialist counselling services', 'Assistance for incest / sexual assault'

information. For example, where a client is given the names of three counselling services to contact (Australian Institute of Health and Welfare, 2018).

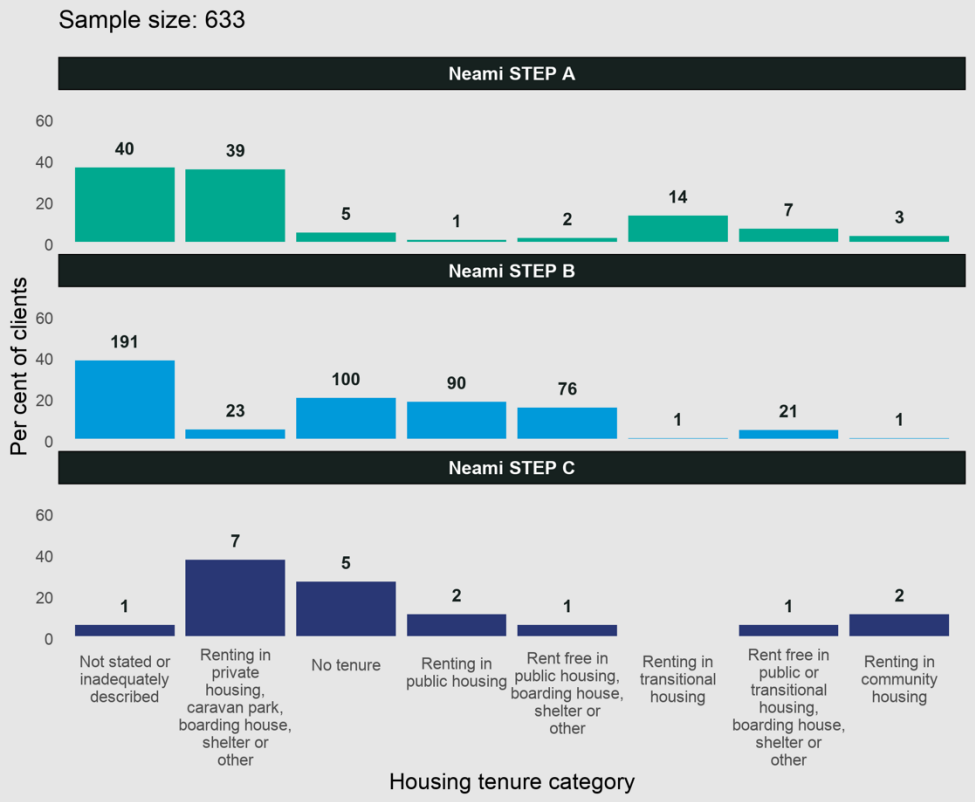
4.8. What type of tenancies are clients using?

The Evaluation Team was interested in exploring the type of tenancy that STEP clients were in at the time of their first presentation, and if this varied by service type. To investigate this, the variable 'tenure type' was aggregated into higher-order categories to account for the low number of responses in some categories. The results, shown in Figure 4.10 below, show that:

- Across all three service types, the most frequent response is *Not stated or inadequately described*,
- Almost 20 per cent of STEP B clients had *no tenure*[15] which includes sleeping rough,
- The proportion of STEP A and C clients that reside in rented accommodation is higher than STEP B clients,
- More STEP A clients rented transitional housing compared to STEP B & C, and
- STEP B clients were more likely to both rent in public housing or live rent free in public housing, boarding or other arrangements than clients in STEP A or C.

[15] The AIHW defines 'no tenure' as: *The person is sleeping rough or does not have a legal right to occupy a dwelling and can be asked to leave at any time. Includes couch surfing, living on the streets, sleeping in parks, squatting, using cars or railway carriages, improvised dwellings, or living in the long grass. It also includes living in an institutional setting, such as a hospital, psychiatric hospital/unit, disability support unit, rehabilitation facility, adult correctional facility, youth / juvenile justice detention centre, boarding school / residential college, aged care facility or immigration detention centre.*

Figure 4.10 Tenancy type during first support period, stratified by STEP stream[16]



[16] Please note that there are only twenty (n=20) clients that have received STEP C.

5. Qualitative Insights

Key takeaways

Providers reported that STEP clients have complex needs and comorbidities, and they feel ill-equipped to respond to this complexity

Open communication channels with service partners (e.g. outreach teams, cultural partners) and existing positive partnerships was a major facilitator to STEP implementation

Providers reported some challenges implementing the STEP services guidelines, and the STEP C stream experienced a unique set of challenges that differentiated this stream from STEP A and B

5.1. Introduction

The qualitative analysis presented in this chapter captures the focus group discussions the Evaluation Team had with CHPs and Neami National teams to understand the challenges and facilitators to implementing STEP at the program and system level. This is further supplemented by consultations more broadly to provide context on program rollout and implementation.

We found there was a general agreement in the way STEP providers described their service provision components, in that it was a housing initiative for people experiencing primary or secondary homelessness. However, there were some differences in the delivery

of STEP by stream and site. To account for this, we have highlighted which STEP streams are affected by each barrier and/or facilitator that we have identified.

5.2. Program-level implementation facilitators

Focus group participants identified a number of program-facilitators. These enablers, and the extent to which they have affected the different STEP streams is summarised in Table 5.1.

Table 5.1 Program-level implementation facilitators by STEP stream

Facilitators	STEP A	STEP B	STEP C
Staff with lived experience of homelessness bring a unique perspective to service delivery	✓	✓	✓
Staff skills and cultural competency increase client access and inclusivity	✓	✓	✓
Providers undertaking critically reflective practice have an improved capacity for delivering trauma-informed services	✓	✓	✓
Providers are able to build rapport and a trusting relationship with clients	✓		✓

5.2.1. Staff with lived experience of homelessness bring a unique perspective to service delivery

Providers reported how they had a strong focus on diversity and inclusion in their workforce. They felt that having staff from diverse backgrounds — including those with lived experience of homelessness — was considered to be an important factor in building rapport and creating better outcomes for clients. In recognition of this, providers — where possible — encouraged job applications from people with lived experience, or as a participant shared, “lived expertise” in homelessness.

Providers also felt that staff with lived experience helped with the delivery of appropriate services. They were able do to this through their knowledge of the service delivery landscape and their own personal experience.

5.2.2. Staff skills and cultural competency increase client access and inclusivity

Having a culturally and linguistically diverse team allowed the STEP provider to — at the client’s request and where appropriate – match clients to a worker to increase their feelings of safety and trust. One focus group participant identified herself as an Aboriginal Liaison Worker, and described how her role had also opened up conversations with other stakeholders and opportunities for advocacy for clients and peer education.

Team diversity extended to the range of professional backgrounds that were not traditionally found in non-health settings. One focus group noted that, for example, having

a staff member who had a background in occupational therapy gave the team a good understanding of the functional capacity of a client, where needed. More importantly, this had to be fostered through managers and down to the teams to ensure that it was a genuine respect for diversity.

5.2.3. Providers undertaking critically reflective practice have an improved capacity for delivering trauma-informed services

Critically reflection is an important ingredient in trauma-informed practice, and providers who engaged in critically reflective practice felt that it allowed them to:

- Increase sensitivity to or understand of a client's traumas,
- Identify their own personal traumas or biases they have, and
- Ground their practice in a client-centred approach.

5.2.4. Providers are able to build rapport and a trusting relationship with clients

Providers felt that their ability to develop rapport with clients allowed them to:

- Engage with the program and how it could help — by explaining the benefits of STEP to clients, and subsequently inviting them to make significant changes in their lives, exercising practices outside of their routine and comfort zones.
- Rebuild faith in service delivery — clients that have faced long-term homelessness or have felt abandoned by the system often have significant resistance or distrust in services.

Providers were able to achieve this by:

- Opening up their office to clients that wish to drop by – this fostered a greater sense of trust and openness, with one reporting how developing trust and rapport with clients was paramount — "the relations and rapport is everything".

Accompanying clients to appointments and meetings (with health, employment, courts, etc.) to help foster a trusting connection.

Some representatives from STEP B providers indicated that their ability to build rapport was negatively affected by the administrative burden required to access DCJ housing — this is explained further in section 5.5.1.

5.3. System-level implementation facilitators

Focus group participants identified a number of system-level facilitators. These enablers, and the extent to which they have affected the different STEP streams is summarised in

Table 5.2.

Table 5.2 System-level implementation facilitators by STEP stream

Facilitators	STEP A	STEP B	STEP C
Strong relationships with other service providers	✓	✓	✓
System-wide flexibility allowed for the continuation of services during COVID pandemic	✓	✓	✓

5.3.1. Strong relationships with other service providers

Both inner city Sydney and regional providers shared that having "good support from all agencies within the region" and "[gaining] a reputation in the community [with] people referring more and more" has enabled them to provide education about STEP to these partner agencies, and accept appropriate STEP referrals. This impacted the providers' (outgoing) referral pathways in a positive way, strengthening and broadening their network of known and trusted service partners. Inner city Sydney STEP providers have a strong rapport from working together on a prior housing program for people sleeping rough in Sydney.

5.3.2. System-wide flexibility allowed for the continuation of services during COVID pandemic

Providers felt that the entire homelessness sector — including DCJ — were able to flexibly pivot and support the continuation of services during the COVID pandemic. They noted that when the pandemic first began, there was increased phone support and a temporary suspension in face-to-face meetings. However, complete service suspension was never put in place, and workers made extensive efforts to explain the reduction in in-person contact time in terms of wanting to ensure the health and safety of clients and staff. Providers explicitly described the steps that staff took to find alternative ways to transport clients, for example, arranging for them to ride in the back seat or where it was not possible, to arrange for taxis to pick clients up.

Providers demonstrated a clear understanding of the impact that this shift in the mode of service delivery required a delicate articulation from staff, as STEP clients struggled with issues of isolation and abandonment, and the state-wide COVID-19 restrictions exacerbated feelings of being alienated or shunned. While the pandemic created certain barriers to service access, providers felt that it was important to continue STEP delivery, and opted for meetings by appointment, if clients felt that phone contact was insufficient. Finally, where they still felt uncertain, providers fell back on their organisational directives for service delivery during COVID-19.

5.4. Program-level barriers to implementation

Focus group participants identified a number of program-level barriers. These barriers, and the extent to which they have affected the different STEP streams is summarised in Table 5.3.

Table 5.3 Program-level barriers to implementation by STEP stream

Barriers	STEP A	STEP B	STEP C
It can be difficult to find appropriate services for STEP clients with complex needs, particularly in regional areas	✓	✓	✓
STEP guidelines are unclear	✓	✓	✓
Delays in the specification of STEP C have caused significant delays to the start of the service			✓
Delays in contracting arrangements for STEP C have negatively affected service delivery			✓
Clients are staying in unsafe accommodation at one STEP C site			✓

5.4.1. It can be difficult to find appropriate services for STEP clients with complex needs, particularly in regional areas

During consultations with providers, the Evaluation Team received strong feedback that the homelessness populations they were providing services to had very complex needs, including long histories of poor physical and mental health.[17] Providers noted that they were aware of the complexity of their clients, however some observed that they experienced difficulty in attaining referrals to some specialist services — e.g. for mental health needs and AOD use, etc. — particularly in regional areas.

Most providers across STEP streams noted that the clients presented with needs that they broadly expected, however one provider in a regional location felt that the clients presented with complex needs that were beyond their ability to provide appropriate support for. In this particular location, there were limited opportunities to refer clients to services and housing was difficult to obtain — and when it was, it was often unsuitable. These two factors contributed to a perception that providers were unable to meet client needs — see sections 5.4.3 and 5.4.4 for more information.

Providers felt that many clients had unmet needs, particularly when external referrals for services were unsuccessful or delayed. This created a perception that providers of support services were often only able to support clients with basic needs. This is also supported by the Evaluation Team's analysis of CIMS — see Appendix B. Figure B.1 shows that the most

[17] These insights are supported by the Evaluation Team's analysis of CIMS, which identified that almost 20 per cent of STEP clients presented with a need for *assistance with challenging social / behavioural problems,* 12.5 per cent had a need for *mental health services* and 8.5 per cent presented with *family and relationship assistance* — see Figure 4.9.

common category of other support both identified and/or referred or provided was *basic assistance or advice*[18] (94 per cent), or *advocacy*[19] (72 per cent).

5.4.2. STEP guidelines are unclear

Providers reported that STEP guidelines are unclear and sometimes inconsistent and this has meant that each STEP stream site is operationalising the program differently, and following their respective organisational guidelines. Some of this variation is to be expected as sites implement local adaptations, while other variation is more concerning.

Wraparound service providers felt that CHPs did not always follow the spirit of client-centred practice that underpins the STEP program, describing instances where CHPs "took the side" of the real estate agent or the property owner instead of the client. Counter to this point, CHPs feel that it is not possible to implement client-centred practices in all instances, with the need to prioritise housing clients as quickly as possible, over other support needs that surface during case planning by wraparound service providers.

5.4.3. Delays in the specification of STEP C have caused significant delays to service commencement

The Evaluation Team understands that DCJ decided to implement a 'regional STEP' in Western NSW and Mid-North Coast in 2018. However, the original scope of services was varied and only finalised in 2020.

The original objective — from 2018 — of STEP C was to relocate STEP clients within inner Sydney wishing to return to regional areas (or vice versa) was reoriented so that STEP clients in these regions were to be accommodated and receive wraparound supports locally. In the time between DCJ's original specification in 2018 and amended specification in 2020, STEP C did not have access to a CHP and had to rely on DCJ housing for accommodation. Providers felt that his outcome was sub-optimal, see section 5.4.5.

As it currently stands, one STEP C site now has a CHP and is able to deliver STEP C as intended. However, the CHP provider for the other STEP C site is not able to access suitable accommodation for STEP clients. As a result, they still rely on DCJ housing for accommodation.

5.4.4. Delays in contracting arrangements for STEP C have negatively affected service delivery

The Evaluation Team understands that DCJ has contracted community housing providers and wraparound services under separate agreements. Providers are supposed to outline their responsibilities to each other through a Memorandum of Understanding (MOU). In one stream site, there has been a delay in the development and execution of the MOU between the providers. One of the providers suggested that this was in part due to the absence of a prior working relationship.

[18] Advice/information refers to advice or information for the client relating to their needs as identified by the worker. Includes information about other services where it is left to the client to follow up the information. For example, where a client is given the names of three counselling services to contact (Australian Institute of Health and Welfare, 2018).

[19] Advocacy/liaison on behalf of client involves work on behalf of a client to ensure the client has proper representation and access to services. Includes liaison with police, probation officers, legal services, Centrelink, housing agencies and so forth. Excludes liaison with schools on behalf of a child—include this in School liaison (Australian Institute of Health and Welfare, 2018).

The lengthy communications between DCJ and STEP providers subsequently delayed the formalisation of operational agreements between parties. Over time this has escalated to the point where communication between the parties has been described as 'sparse', with a level of mistrust between providers. The STEP C team involved feels this has negatively affected their ability to provide effective services to clients.

STEP was established under the philosophy of adopting a collaborative approach to client recovery. The absence of a single accountable party (i.e. head contractor) has led to situation where, according to one focus group member, providers are 'pointing fingers at each other' rather that collaborating and solving problems for clients.

5.4.5. Clients are staying in unsafe accommodation at one STEP C site

One provider reported that — due to their local CHP's lack of capital property stock — they had to rely on units within a housing block provided by DCJ to accommodate their clients. This housing block accommodated both STEP and non-STEP clients, with the latter being the majority.

Providers noted that residents within this housing block frequently received visits from police in response to reports of physical and verbal violence, criminal behaviour, and trauma. The provider felt that this environment was considered to be 'unsafe surroundings' and constituted a major source of stress for STEP clients and was disruptive to their recovery process.

5.5. System-level barriers to implementation

Focus group participants identified a number of system-level barriers. These barriers, and the extent to which they have affected the different STEP streams is summarised in Table 5.4.

Table 5.4 System-level barriers to implementation by STEP stream

Barriers	STEP A	STEP B	STEP C
Administrative burden affects client intake and service delivery in STEP B		✓	
Absence of a uniform trauma-informed approach to working with clients across STEP providers			✓

5.5.1. Administrative burden affects client intake and service delivery

There was a perception amongst some representatives whose role was to engage STEP B clients, that the engagement and onboarding process required to access DCJ housing was administratively burdensome. They felt that pressure from the HOST team to complete this process quickly negatively affected their ability to build rapport with their clients and engage them with the program in three distinct ways:

- It affects the willingness of clients to engage with STEP services,

- It negatively affects a providers' ability to build rapport with clients, and
- It reduced the amount of time providers have to work with clients to provide wraparound services.

This is an important barrier for addressing, as STEP B is time-limited, and their clients make up 75.8 per cent of the whole STEP population.

5.5.2. Absence of a uniform trauma-informed approach to working with clients across STEP providers

Providers felt that there was a lack of trauma-informed, person-centred care from other STEP stakeholders who had different service priorities e.g. police. They felt this contributed to a risk averse system which included a resistance towards efforts to collaborate.

The absence of a trauma-informed approach by these stakeholders prevented clients from receiving the same level and type of support that STEP providers were giving to clients. This is important because, without this trauma-informed approach, clients' traumas may be re-triggered, or they may relapse into self-harming habits such as harmful drug and alcohol use. The absence of a holistic approach by all service providers, can prevent the development of trusting relationships between clients and providers. Since STEP only works when there is a holistic recovery approach, this impedes the effectiveness of STEP services.

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Appendix A Focus group discussion guide

An evaluation consortium comprised of the Centre for Evidence and Implementation (CEI), Monash University and the Cultural & Indigenous Research Centre Australia (CIRCA) is conducting an evaluation of the Department of Communities and Justice's Supported Transition & Engagement Program (STEP). We would like to know if STEP has been implemented as intended, and we would like to have an exploratory discussion with you, through the following questions:

- What is STEP?
- What is your role/responsibilities in STEP?
- Do you think STEP services are being implemented as planned, according to existing program guidelines?
- How do you think STEP is meeting or not meeting the needs of clients from Aboriginal and Torres Strait Islander backgrounds?
- How do you think STEP is meeting or not meeting the needs of clients who identify as LGBTQIA+?
- What do you think are the barriers to delivering STEP services?
- What do you think are the facilitators of delivering STEP services?
- In your opinion and/or experience, how has the service system supported or hindered:
    - Program implementation?
    - Program outcomes?
- How well do you think your colleagues/organisation as a whole are working together to achieve client outcomes?
    - What is working well?
    - Who does is it work well for?
    - What is not working well?
    - What types of platforms are available for feedback on service improvement?
- What are some of your insights into STEP clients'/tenants' satisfaction with and experience of STEP?

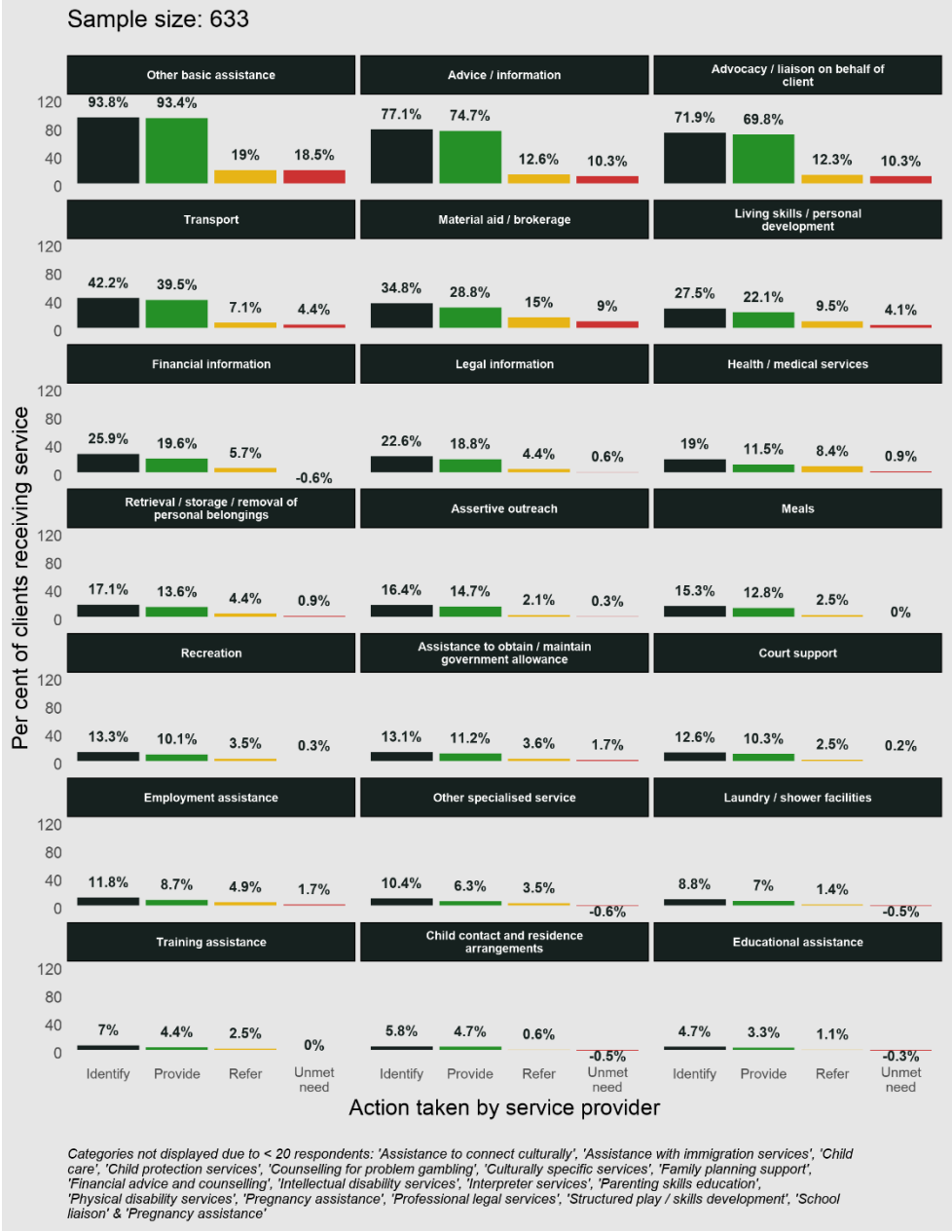
If you have any additional feedback that has not been covered by the discussion questions above, please feel free to provide them before we conclude the focus group discussion. If you have concerns about sharing your experiences/feedback on STEP in a group setting, and prefer to do it separately or in addition to this focus group discussion, please reach Vanessa Rose or Jonathan Ng at the details below, and we will contact you regarding possible alternatives.
Vanessa Rose: vanessa.rose@ceiglobal.org // Jonathan Ng: jonathan.ng@ceiglobal.org

Appendix B Supplementary information

Table B.1 Cluster of services delivered using in analysis by the Evaluation Team

Service Grouping	CIMS variables
Accommodation services	Assistance to prevent foreclosures or for mortgage arrears; Assistance to sustain tenancy or prevent tenancy failure or eviction; Long term housing; Medium term Transitional housing; Short term or emergency accommodation
Counselling and relationship services	Assistance for domestic/family violence; Assistance for incest/sexual assault; Assistance for trauma; Assistance with challenging social/behavioural problems; Child specific specialist counselling services; Drug/alcohol counselling; Family/relationship assistance; Mental health services; Psychiatric services; Psychological services; Specialist counselling services
Other	Advice/information; Advocacy/liaison on behalf of client; Assertive outreach; Assistance to connect culturally; Assistance to obtain/maintain government allowance; Assistance with immigration services; Child care; Child contact and residence arrangements; Child protection services; Counselling for problem gambling; Court support; Culturally specific services; Educational assistance; Employment assistance; Family planning support: Financial advice and counselling; Financial information; Health/medical services; Intellectual disability services; Interpreter services; Laundry/shower facilities; Legal information; Living skills/personal development: Material aid/brokerage; Meals; Other basic assistance; Other specialised service; Parenting skills education; Physical disability services; Pregnancy assistance; Professional legal services; Recreation; Retrieval/storage/removal of personal belongings; School liaison; Structured play/skills development; Training assistance; Transport

Figure B.1 Other services identified, provided and referred to clients during their first presentation at STEP



Categories not displayed due to < 20 respondents: 'Assistance to connect culturally', 'Assistance with immigration services', 'Child care', 'Child protection services', 'Counselling for problem gambling', 'Culturally specific services', 'Family planning support', 'Financial advice and counselling', 'Intellectual disability services', 'Interpreter services', 'Parenting skills education', 'Physical disability services', 'Pregnancy assistance', 'Professional legal services', 'Structured play / skills development', 'School liaison' & 'Pregnancy assistance'

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