



BREAKING
SOCIAL ISOLATION

BUILDING
COMMUNITY

A **Housing First** approach to homelessness
in Brisbane: Sustaining tenancies and the
cost effectiveness of support services

Carolyn Mason & Dr Peter Grimbeek
November 2013



MICAH PROJECTS INC

Breaking Social Isolation
Building Community



Table of contents.....	..i
Figures	iii
Tables	iv
Executive summary	v
Chapter 1: General introduction	1
Overview	1
Study objectives	2
Housing First approach	3
Housing First approach in Brisbane.....	5
Service provision by Micah Projects.....	6
Tenant selection and housing allocation.....	10
Participatory research.....	11
Cost effectiveness research.....	12
Chapter 2: Methodology.....	13
Participant selection.....	13
Participatory method	13
Pathways analysis.....	14
Cost effectiveness analysis.....	15
Service events	15
Time periods and frequency	16
Costing service events.....	16
Chapter 3: Outcomes for the formerly homeless	17
Baseline situation	17
Demographic profile.....	17
Physical and mental health	18
Substance use.....	20
Assessment of Quality of Life	21
Pathways in Housing First programs	22
Likert scale outcomes for participants	23
Health and substance use	23
Housing satisfaction	24
Safety.....	25
Managing finances	26
Owing money	27
Participant well-being	28
Chapter 4: Supporting tenants in scattered vs. single site housing	32
Basis for differentiation.....	32
Applying practical implementation knowledge.....	32
Design.....	33
Permanency and affordability.....	33

Tenancy mix	34
Safety.....	35
Support services	35
Social inclusion	36
Brisbane Common Ground single site	37
Scattered sites in the community	37
Distilling success factors.....	38
Chapter 5: Cost effectiveness analysis for Housing First approach	40
Reporting cost effectiveness for housing first approach to sustaining tenancies.....	40
Analysis of frequency and cost.....	43
Frequency of general health care service events.....	43
Frequency of drug and alcohol service events.....	44
Frequency of mental health service events	45
Frequency of legal service events	46
Service events reported in terms of average annual cost.....	46
Average annual cost of general health care service events	47
Average annual cost of drug and alcohol service events	48
Average annual cost of mental health service events.....	49
Annual average cost of legal service events.....	50
Chapter 6: Discussion, recommendations and conclusions	51
Outcomes for participants in Housing First.....	51
Success factors in relation to a single site model: Brisbane Common Ground	51
Success factors in relation to services to scattered site housing	51
Level of support services offered by Micah Projects	52
Issues related to development of a database that tracks service events	52
Acknowledgements	54
References	55
Appendix.....	58
Initial list of service events compiled from a range of sources	58
Final cost schedule for items included in average annual cost figures and overall costs figure	59

Figures

Figure 1: Brisbane Common Ground, 15 Hope Street, South Brisbane	6
Figure 2: Studio Unit Brisbane Common Ground	7
Figure 3: Examples of Scattered site housing	8
Figure 4: Health conditions of participants at first interview	18
Figure 5: Intellectual or physical disabilities of participants	19
Figure 6: Previous use of each of nine substances and use at first interview	20
Figure 7: Assessment of Quality of Life (AQoL) 8D scores comparing Ian Potter (N=9), Housing support (N=51) against population mean scores, with super dimensions expressed as the mean of component scores	21
Figure 8: Participant satisfaction with housing over time	24
Figure 9: Participant extent of feeling safe	25
Figure 10: Participant difficulty in handling finances	26
Figure 11: Extent of money owed by participants.....	27
Figure 12: Extent of sense of control.....	28
Figure 13: Extent of sense of progress	29
Figure 14: Extent of peace of mind	30
Figure 15: Average costs per housing unit prior to and subsequent to providing housing to Project 50 study participants.....	39
Figure 16: Average costs prior to and subsequent to participants accessing housing	42
Figure 17: Average annual frequency of general health service events.....	43
Figure 18: Average annual frequency of drug and alcohol service events	44
Figure 19: Average annual frequency of mental health service events	45
Figure 20: Average annual frequency of legal service events	46
Figure 21: Average annual cost of general health service events	47
Figure 22: Average annual cost of drug and alcohol events	47
Figure 23: Average annual cost of mental health service events.....	49
Figure 24: Average annual cost of legal service events.....	49

Tables

Table 1: Micah Projects Housing First programs for sustaining tenancies	9
Table 2: Participant movement in and out of supportive housing programs.....	23
Table 3: Designing or renovating buildings thoughtfully to create a dignified and positive home environment and including in the design community spaces that can be utilised by tenants and the wider community	33
Table 4: Housing is permanent, affordable, and self-contained with rent less than 30% of income.	33
Table 5: There is a mix of tenants with half being people who have experienced homelessness and half people who have never been homeless. This mix helps ensure a vibrant community and a diversity of tenants.	34
Table 6: A concierge service is provided 24/7 to ensure a welcoming but controlled access to the building at all times.	35
Table 7: On site supports including holistic case management, mental health, primary healthcare, recreation and other specialist services to prevent people becoming homeless again and to support people to achieve their goals and aspirations.	35
Table 8: Each element of supportive housing from building to support service design aims to create the greatest degree of empowerment and independence for people, as well as a thriving community for tenants and neighbours.	36
Table 9: Success factors for sustaining tenancies in single site and scattered site housing based on practical implementation knowledge	39

Executive summary

This report is the culmination of a three year research project funded by The Ian Potter Foundation to examine a Housing First approach to addressing homelessness in Brisbane.

Micah Projects is a strong advocate for the 'housing first' approach – that people experiencing homelessness need housing first and foremost, rather than 'getting better' or moving through a range of transitional short-term housing before they have long-term housing. There is strong evidence internationally that housing first works, demonstrating that people thought to be 'complex' and 'challenging to house' can indeed successfully sustain a tenancy.

In Australia, there is much less evidence about Housing First approaches, in terms of their social, health and economic outcomes for individuals and communities.

The 2009 commitment by the Australian Government to reducing homelessness and subsequent Commonwealth/State National Partnership Agreement on Homelessness saw a new focus on Housing First approaches, including housing responses such as the Common Ground model of supportive housing.

Locally, the culmination of this work was the Brisbane Common Ground initiative based on the US Common Ground model. It was a partnership of the Australian and Queensland governments, Grocon Constructors, Common Ground Queensland and Micah Projects.

This research project was in a unique position, being funded when Brisbane Common Ground had first been announced, and completing 12 months after the first tenants moved in. As the first single site supportive housing model in Queensland, Brisbane Common Ground provided researchers the opportunity for comparisons between this single site model and the support delivered by Micah Projects to people in scattered site public and community housing.

The work reported here addresses the three goals set for the project as follows:

1. It identifies the outcomes for a case study group of rough sleepers from a Housing First approach based on scattered site housing in the community and a single site (Brisbane Common Ground) supportive housing model, over an eighteen-month period.
2. It establishes indicators of success in terms of both individual needs and elements of the service delivery for the Housing First approach to sustaining a tenancy for people moving from rough sleeping to permanent housing.
3. It considers the cost effectiveness of the Housing First approach as a long-term response to homelessness.

Researchers Carolyn Mason and Dr Peter Grimbeek worked with Micah Projects to collect qualitative and quantitative data from interviews, focus groups, case records and utilisation of public services.

Important findings were:

- 1. The Housing First approach in Brisbane is working – all of the 12 formerly homeless individuals followed through the study, stayed housed.** These individuals had substantial homelessness histories, health and behavioural needs and would be considered by some as ‘hard to house’. Participants reported satisfaction with housing, feeling safe and a sense of control over their lives as well as a sense of progress in their lives since being homeless; and peace of mind. By contrast, participants reported a high to very high degree of difficulty in managing finances.
- 2. Support services aiming to sustain tenancies in public and community housing have shortcomings when they are not framed as part of a formal supportive housing program.** When success factors in sustaining tenancies are summarised in terms of the six principles of supportive housing (design, permanency and affordability, tenancy mix, safety, support services, social inclusion), the formal single site housing model of Brisbane Common Ground lives up to these principles. However, considered against these principles, programs providing services to people in public and community housing at scattered sites to sustain tenancies have shortcomings due to not being framed as part of a formal supportive housing program, even though in practice they are also provided under a Housing First approach.
- 3. Initial investigations indicate that housing people with support costs less than keeping a person homeless.** Cost-effectiveness analyses based on the frequency and costs of health, legal and allied health service events have identified a decrease in overall cost as participants moved from homelessness through an initial year of support to longer-term support, based on the decreasing frequency of legal, drug and alcohol service events, and the lower use of brokerage funds across these three periods. That is, the overall cost of service events decreased even though the frequency of events related to general health, mental health, and case workers remained at about the same or at a slightly increased level.

Overall, the implications for policy settings and resource allocation decisions are that Housing First approaches should continue to be supported and resourced as a cost-effective and sustainable approach to reducing homelessness.

Governments should continue to develop Supportive Housing models at the policy and program level, ensuring that support services, housing allocation and tenancy management are aligned to achieve the best outcomes for people. In Queensland, there is a need for a formal scattered site supportive housing model that complements the current single site model for Brisbane Common Ground. This extension to the model would take account of the need for choice and the success factors identified for scattered site housing compared to those for the single site housing model. It would also account for the fact that while all participants reported they needed the services provided by Micah Projects now to sustain their tenancy, many were definite they would always need some level of support, however basic, to sustain their tenancy in permanent housing.

Chapter 1: General Introduction

Overview

This report provides an examination of a Housing First approach to addressing homelessness in Brisbane delivered by Micah Projects. The Ian Potter Foundation has funded this project. Programs funded by the Commonwealth and State governments through the 2008 National Partnership Agreement on Homelessness were developed to enable people who are homeless or at risk of homelessness to achieve sustainable housing and social inclusion. While other larger-scale research projects have evaluated the outcomes of these programs, this small-scale project positions itself as follows:

- participatory methodology that gives voice to the knowledge and experience of formerly homeless participants and the workers delivering support programs
- differentiating between a Housing First approach as delivered through support services to individuals in public and community housing in scattered sites and in a single site supportive housing model in Brisbane Common Ground by the same provider
- applying a cost-effectiveness analysis at a small-scale that identifies the frequency and associated costs of service event usage while homeless as a basis, and compares it to the frequencies and associated costs in the first 12 months of support, and support subsequent to that first year.

It became feasible to differentiate between Housing First support services to people supported by Micah Projects in scattered sites in public and community housing and a single site supportive housing program with the opening of the first Queensland single site supportive housing initiative in July 2012, Brisbane Common Ground. This research project commenced its longitudinal research in November 2011 with a cohort of 12 formerly homeless participants, and support workers and tenancy management teams. Forty-two interviews with participants and team members over a 22 month period tested expectations regarding key issues and success factors in sustaining tenancies and social inclusion in both single site supportive housing (Brisbane Common Ground) and in scattered site public and community housing. .

This report presents evidence that:

- outlines the strength of the methodology used in this small-scale project to support its findings
- identifies the components of the different support programs operated by Micah Projects in Brisbane
- follows the participants' housing pathways and housing changes, providing a voice for their insights and experiences
- identifies the key success factors and issues in sustaining tenancies through the Housing First programs delivered in scattered sites in the community and the single site supportive housing model implemented at Brisbane Common Ground.
- develops a methodology to capture the service events and their frequency and costs in people's journey from homelessness to sustaining their tenancies over time
- identifies productivity issues that influence the cost-effectiveness of resource utilisation delivered to support people to maintain tenancies in scattered site housing and in single site supportive housing.

- contributes to the evidence base about current and proposed homelessness policy settings by reporting findings that identify the need for scattered site supportive housing in addition to the current single site model.

The work reported here addresses the three goals set for the project as follows:

1. It identifies for a case study group of rough sleepers the outcomes over an eighteen month period of a Housing First approach based on housing in scattered sites in the community and a single site (Brisbane Common Ground) supportive housing model.
2. It establishes indicators of success in terms of both individual needs and service delivery elements for the Housing First approach in the transition from rough sleeping to sustaining a tenancy in permanent housing.
3. It considers the cost effectiveness of the Housing First approach as a long-term response to homelessness.

Study objectives

The project's five specific objectives are addressed by presenting them as key themes within the structure of the report.

The first objective was to specify the core features of a Housing First approach by an investigation of programs to support people in scattered sites in the community and a single site supportive housing model (Brisbane Common Ground), including the tenant selection processes. This objective is largely covered in this general introduction chapter.

The second objective was to map pathways for a group of 12 rough sleeper participants in the course of their transition into and experience of support services delivered by Micah Projects in public and community housing in scattered sites and in a single site supportive housing model. An advantage of the longitudinal design, with the project being conducted over 22 months, is that these pathways and transitions could be mapped both into and out of the support programs. The emphasis is on the outcomes achieved by participants in sustaining their tenancies, highlighting the key factors identified via qualitative and statistical analyses, and clearly supports the literature that formerly homeless people who are 'complex' and 'challenging' to house can indeed successfully sustain a tenancy.

The third objective was to generate practical implementation knowledge in relation to the success factors to sustaining tenancies in scattered site housing and a single site model. Outcomes reported here have taken the existing further by use of this detailed knowledge.

The fourth objective was to undertake a cost effectiveness analysis of Housing First programs with measures of service events across the housing, health and allied services fields used by participants when homeless and when in supportive housing. The findings highlight issues related to collecting historical data for a formerly homeless participant group and the issues around service event costing.

The fifth objective was to consider the cost effectiveness of a Housing First approach in comparison with other responses to addressing homelessness and the implications for policy settings and resource allocation decisions on homelessness. As a small-scale study, the cost-effectiveness focus was on frequency of service events and their costing under a Housing First approach, and demonstrates its cost effectiveness overall for people moving

from homelessness into sustainable tenancies. The existing literature is sufficient to demonstrate service system cost effectiveness of a Housing First approach for the homeless in comparison to other approaches.

Housing First approach

Micah Projects is a strong advocate for the Housing First approach – that people experiencing homelessness need housing first and foremost. This comes from its understanding of empirical research identifying the positive outcomes achieved by Housing First programs.

Research done in a North American context has demonstrated that Housing First programs are successfully able to assist people exit chronic homelessness and sustain permanent tenancy (Gulcur et al., 2003; Stefancic & Tsemberis, 2007; Tsemberis, 1999; Tsemberis & Eisenberg, 2000; Tsemberis et al., 2004). While the significant level of alcohol and illicit substance addictions of people assisted to exit homelessness is an issue (Kertesz et al., 2009), the literature is unambiguous inasmuch as people with psychiatric illnesses, often with co-occurring addictions, are able to live independently in permanent housing. The successes achieved by Housing First programs undermine the assumption that people with complex and or challenging support needs cannot successfully sustain a tenancy.

The positive housing outcomes achieved by Housing First programs are often compared with outcomes achieved by ‘continuum of care’ or ‘housing readiness’ models. While the latter represents a broad collective of approaches, they can be categorised as interventions that provide people who are homeless with a progressive range of supports and services prior to the delivery of a permanent tenancy. Criticisms of this continuum of care process include that homeless people must often be willing to address certain issues in order to gain access to permanent housing (Please & Bretherton, 2012) and that housing is positioned as a reward they must prove themselves worthy of (Sahlin, 2005).

In contrast, Housing First requires suitable, long-term housing to be rapidly identified and provided, together with the services that individuals and families require to continue on in this housing. Services are accessed on a voluntary basis, and the only obligation is to meet the obligations of a standard lease agreement (National Agreement to End Homelessness 2006). A central philosophy underpinning the approach is that support services are more effective when people are provided with the security, privacy and control over their own lives that comes with permanent housing (Reynolds 2009, pp.48-49).

Under the Housing First approach delivered by New York City’s Pathways to Housing program (the architect of the Housing First approach), housing stock is usually head leased from private landlords, with no more than 15 per cent of units within the one apartment block rented by Housing First service users (Tsemberis & Eisenberg, 2000). Stefancic and Tsemberis (2007: p.267) point out that the focus on scattered site dwellings instead of high density living is fundamental to “afford people with psychiatric disabilities the opportunity to live in the community virtually indistinguishable from other residents”.

The Housing First approach to supportive housing known as Common Ground (established in New York by Rosanne Haggerty in 1990) originally developed its model around restoration projects converting rundown buildings into housing for a mixed

population of the chronically homeless and low income people. It combines affordable housing with supportive on-site services including counselling, job training and placement and health services at a single site. It has also demonstrated significant success as a model.

The literature does differentiate between single and scattered sites to some extent, with clear definitions of scattered and single sites available. The Corporation for Supportive Housing gives the following definitions of scattered and single site models:

- **Scattered site:** This is generally an apartment building, townhouse or single family home that exclusively provides housing to formerly homeless families or individuals.
- **Single-site Housing:** A housing program in which all living units are located in a single building or complex (CSH 2006).

The Australian based housing organisation, HomeGround, defines scattered and single-site housing as follows:

- **Scattered sites** - The 'scatter site' approach to Supportive Housing, is to secure a dwelling for a homeless person in a private rental building, or through public housing or a community housing provider, and arrange for support staff to visit as often as necessary to see that the person learns to manage independently.
- **Single site (congregate) housing** - The accommodation of formerly homeless people is in self-contained units on a single site, with common spaces available in which tenants can come together. (HomeGround Services, 2010)

Regardless of whether the sites are scattered or single, a Housing First approach includes certain key elements that emanate from the National Alliance to End Homelessness in the United States (National Agreement to End Homelessness, 2006), supported in an Australian context by Gordon (2008). They are:

- The provision of long term stable housing as a first step as quickly as possible
- Housing is not time-limited
- The coordinated provision of services needed by each individual/family to sustain that housing and manage complex needs
- Services are time-limited or long-term depending upon individual need
- Housing is not contingent on compliance with support services or abstaining from drugs or alcohol, instead compliance is with the conditions of a standard lease with supports provided to enable this.

Gordon (2008) goes on to identify the following key elements of a Housing First approach:

1. **Assessment and targeting** – services need to conduct a comprehensive assessment to ensure that Housing First services are the most appropriate intervention.
2. **Permanent Housing** – a variety of models can be used to provide permanent housing, including public or community housing, rental market leasing, sub-leasing and subsidies, purpose built or purpose modified housing, which may include a mix of tenants or be solely for high needs tenants.
3. **Low, Moderate or High Intensity Support Services** – support services that match the level and type of need of tenants must be provided.

These elements also constitute Housing First supportive housing models. Permanent supportive housing is understood within the Housing First literature as a distinct housing

model that involves the intentional and long-term connection of secure and affordable housing with the support services people need to break the cycle of homelessness. There is a core commitment to providing people with permanent housing, coupled with the support services required to maintain this housing. Crucially, in a Housing First supportive housing model the housing is managed through an effective partnership among representatives of the project owner and/or sponsor, the property management agent, the supportive services providers, the relevant public agencies, and the tenants (CSH 2011).

Housing First approach in Brisbane

In April 2010, the Queensland and Australian governments announced the site for the development of the Brisbane Common Ground Initiative at Hope Street, South Brisbane, which included the official endorsement of Micah Projects as the provider of the onsite support services. The tenancy and property manager is the community organisation Common Ground Queensland.

Micah Projects and supporters engaged in years of research and advocacy for a state government policy and program on Supportive Housing, and for a housing initiative based on the six Principles of Supportive Housing:

- **Design:** Designing or renovating buildings thoughtfully to create a dignified and positive home environment and including in the design community spaces that can be utilised by tenants and the wider community
- **Permanency and Affordability:** Housing is permanent, affordable, and self-contained with rent less than 30% of income.
- **Tenancy Mix:** There is a mix of tenants with half being people who have experienced homelessness and half people who have never been homeless. This mix helps ensure a vibrant community and a diversity of tenants.
- **Safety:** A concierge service is provided 24/7 to ensure a welcoming but controlled access to the building at all times.
- **Support Services:** On site supports including holistic case management, mental health, primary healthcare, recreation and other specialist services to prevent people becoming homeless again and to support people to achieve their goals and aspirations.
- **Social inclusion:** Each element of supportive housing from building to support service design aims to create the greatest degree of empowerment and independence for people, as well as a thriving community for tenants and neighbours. (Micah Projects n.d.)

The culmination of this work was the Brisbane Common Ground initiative based on the US Common Ground model. It was a partnership of the Australian and Queensland governments, Grocon Constructors, Common Ground Queensland and Micah Projects. The Brisbane Common Ground initiative provides the first single site Housing First supportive housing model in Queensland, and so provides the opportunity for comparisons between this single site model and the housing focused support delivered by Micah Projects to individuals in scattered site public and community housing.

Service provision by Micah Projects

Micah Projects was incorporated in 1997 and for over 13 years has provided services for people and families experiencing homelessness. In 2010 Micah Projects successfully tendered for National Partnership Agreement for Homeless funding for an assertive outreach service (Street to Home) and a supportive housing service (Brisbane Common Ground). Micah Projects also operates the Homefront program, working with individuals and families living with disabilities. These services are two key components of a Housing First approach to rough sleeping and chronic homelessness.

Street to Home engages with people sleeping rough with the objective of supporting them as quickly as possible into long-term stable housing. After the person is housed, Street to Home would normally continue to support them for an interim period while they transition to an ongoing supportive housing support provider. Due to the lack of available ongoing support services, Brisbane Street to Home has had to extend their support for some people past this interim period.

Brisbane Common Ground supportive housing provides stable and affordable housing (managed by Common Ground Queensland Ltd), linked to flexible and individualised support services (provided by on site by Micah Projects). The support service is focussed on stabilising the person in housing and sustaining the tenancy, and improving health and quality of life. Until the purpose-built Brisbane Common Ground apartment complex was completed in mid-2012, the Micah Projects Supportive Housing Outreach Team delivered the supportive service on an outreach basis to eligible people housed in a range of alternative housing.

The Micah Projects Homefront program has operated for five years and provides support to individuals and families with disabilities living in the Brisbane area. All of the people accessing services have mental illness or permanent disabilities and have struggled with housing stability. The program is resourced through block funding as well as individual support packages from Disability and Community Care Services in the Department of Communities, Child Safety and Disability Services. These services are further outlined in Table 1.



Figure 1: Brisbane Common Ground, 15 Hope Street, South Brisbane



Figure 2: Brisbane Common Ground studio unit

Brisbane Common Ground, (Figures 1 and 2) is located in the Brisbane inner city suburb of South Brisbane on the south side of the river. It is a 13-story block of 146 units for people on low incomes, including people who work in the area, and people who were formerly homeless. The design is for social inclusion and tenants have direct access to a local 'neighbourhood' of 26 units across 2 floors with 6 or 7 directly adjacent units. Tenants commenced occupancy in July 2013. Of the 146 units, 102 are regular studio units, 33 are largely fully accessible studio units, and 11 are 1-bedroom units. The Micah Projects Brisbane Common Ground Support Team is located on site, as is the Common Ground Queensland Property and Tenancy Management Team.

The support services delivered by Micah Projects to sustain tenancies in the scattered site housing are not framed as part of a formal supportive housing program, although they are operate under the Housing First approach. Street to Home and Homefront rely heavily on supporting individuals to access public and community housing tenancies. The housing stock available varies quite considerably, as the following examples in Figure 3 show, from the traditional 'six-pack' to a modern block that blends into its neighbourhood. Street to Home and Homefront support people in such scattered site complexes, and the Support Housing Outreach team also did so prior to becoming the Brisbane Common Ground Tenant Support Team.



Figure 3: Examples of Scattered site housing

The Street to Home Team uses a practice strategy called assertive outreach developed in response to the difficulties inherent in engaging with people experiencing primary homelessness (also known as rough sleeping), developed and promoted by and through ‘Street to Home’ programs (Phillips *et al.*, 2011). However, as Phillips *et al.* recognise, assertive outreach can work with people over the medium and long-term not only to assist people into housing, but also to support them to maintain their tenancies and develop sustainable support networks. This long-term support is the experience of the Street to Home team with participants in this study where there is an absence of places in other programs and with no funded scattered site supportive housing model.

Assertive outreach must be part of a broader policy response that allocates sufficient housing resources in order to be effective, so outreach workers can place people in funded permanent supportive housing. With Brisbane Common Ground opening, over 30 people supported by the Street to Home program were successful in being tenanted in the available 73 units allocated to the formerly homeless. This issue of appropriate housing stock supply and no funded Housing First scattered site supportive housing model applies to the Homefront Team.

These Micah Projects’ programs are briefly outlined in Table 1 under key elements that reflect the journey made by a person from ‘homelessness to home’.

Table 1: Micah Projects Housing First programs for sustaining tenancies

Housing First Programs				
Name	<i>Street to Home (STH)</i>	<i>Supportive Housing Outreach</i>	<i>Homefront</i>	<i>Brisbane Common Ground (BCG) Tenant Support Team</i>
Target population	Rough sleepers	Rough sleepers, people in temporary housing	People with disabilities on Disability Needs Register	Formerly homeless and low income earners
Individuals supported 2012-13	216 individuals supported: 140 in outreach situations and 76 in supportive housing; 40% indigenous	Not applicable, service operated on an interim basis until the opening of Brisbane Common Ground	63 people supported	178 tenants received onsite support, 89 previously experienced chronic homelessness
Elements	To provide assertive outreach and support services to sustain tenancies	To provide supportive housing on interim basis	To sustain tenancies and provide quality of life in housing	To provide permanent supportive housing
Key features	Engage with people in situ, either public places or temporary housing to build relationships and trust. Prioritises the most vulnerable. Works in partnership on street with other services, particularly with health services, including indigenous health service. Intense support period upfront with a view to referral to other Micah Projects' programs or other community support agencies and contacts. Team responsibility for individuals.	Established as interim outreach team until Brisbane Common Ground came on line. Hot spot response for specific location and individuals potentially suitable for single site supportive housing.	Referrals in-house Majority of work in people's homes and also accompany people to appointments to services and treatment and on outings in the community. Develop close working relationships with agencies to meet the needs of the individuals supported Case management approach with regular monitoring Team approach to support Build neighbour relationships while maintaining confidentiality.	24/7 access to onsite support services. Safety and security with 24/7 concierge service. Building includes communal facilities. Works with the tenancy management and concierge service roles within the building as a team approach.
Frontline workforce	Team Leader 1, Senior Practitioner 1, and 10 Support and Advocacy Workers across shifts 6am to 2am	Ceased to exist as a program and transitioned to BCG Tenant Support Team by June 2012	Team Leader 1, Senior Practitioner 1, and Support and Advocacy Workers 8 (5 FTEs) over 7 days, emergency coverage in evenings	Team Leader 1, Senior Practitioner 1, Support and Advocacy Worker 1, support workers 24/7 on front desk 6 P/T

Tenant selection and housing allocation

Leading up to the opening of Brisbane Common Ground in July 2012, the first of the three key elements of supportive housing identified by Gordon (2008), namely Assessment and Targeting, became significant. As the first Housing First single site supportive housing model funded under a Queensland Government program, the partners of Brisbane Common Ground – the State Government, Common Ground Queensland as the building and tenancy managers, and Micah Projects as the support service - developed an allocation process to provide housing to those most in need of this particular type of housing.

Assessment and Targeting has three distinct and linear stages each with a particular objective:

1. **Eligibility:** ensuring the government-subsidised housing delivered in Brisbane Common Ground is offered only to people who meet the Queensland Government eligibility criteria for housing assistance, that is, citizenship, residency, income, assets)
2. **Targeting:** ensuring that eligible people being considered for housing in Brisbane Common Ground fit the criteria of the defined target groups for the building, that is, people earning low incomes, people who have experienced chronic homelessness and have barriers to sustaining housing
3. **Matching:** ensuring that tenant need, preference and characteristics match with the type of housing, the available capacity of tenancy management and support services, and fit with the overall tenant mix.

Targeting and matching are currently guided by a screening tool that covers a wide range of dimensions, including housing status and history, income and employment, education, relationships, disabilities and special needs, health issues, substance use, mental health, suicide attempts, offending history, correctional history, vulnerability and independent living skills. This provides information used for targeting and matching.

The Street to Home assertive outreach team uses the Vulnerability Index (VI) tool, which identifies an individual's mortality risk based on a number of factors. The tool is rooted in extensive research demonstrating the link between homelessness, poor health and mortality (Cronly, Petrovich, Spence-Amaguer & Preble, 2013). Using the VI, individuals are identified as vulnerable or not vulnerable. Individuals are identified as vulnerable if they have been homeless for more than 6 months and have one or more of the following risk factors:

- End Stage Renal Disease
- History of Cold Weather Injuries
- Liver Disease or Cirrhosis
- HIV+/AIDS
- Over 60 years old
- Three or more emergency room visits in prior three months
- Three or more ER visits or hospitalisations in prior year
- Tri-morbidity (mentally ill plus abusing substances plus medical problem).

Using the above as a guide, the team then works intensively with the person to obtain suitable long-term housing as quickly as possible. A key strategy used by the team is partnerships and collaboration. The Rough Sleepers Service Coordination Group brings together agencies to line up housing and services for people on the Vulnerability Index

Register. Lack of available housing stock might mean people are placed in temporary housing or housing provided through public and community housing organisations that is less than suitable for the individual's needs. Availability of long-term housing appropriate to the tenant's needs is a fundamental issue (Parsell and Jones, 2012).

The issue of limited supply of appropriate housing is also experienced by Homefront, whose supported individuals' disabilities may place additional requirements on what is *appropriate*. Housing allocated to individuals supported by Homefront through the Queensland One Social Housing Register is not always appropriate to their needs and, at times the team identifies upgrading of the housing as a key strategy in improving quality of life. Finding appropriate vs available housing stock that works for individuals in terms of their needs and preferences, and for linking them to required services and the community, is an ongoing issue.

Participatory research

in human services research, the combination of participatory and mixed research methods is recognised as a way to engage marginalised stakeholders, and to increase the relevance of research by obtaining data that would otherwise be left out of the policy, social and economic analysis (Fisher & Robinson, 2010; Whyte, 1989; Tregaskis & Goodley, 2006). Participatory methodologies in disability research give voice to people with disability in the policy process and extend program evaluations beyond the traditional input from managers, practitioners and families. While the voice of formerly homeless people has been heard in research and publications by Micah Projects, most recently in the *Creating Homes: Changing Lives* (Micah Projects, 2013), in this study it is used here to address gaps in the field of homelessness research. The participatory method aims to empower people who use supportive housing programs by recognising and respecting their lived experience and knowledge – and in doing so, to increase the relevance of the research (Balcazar et al., 1998; Sample, 1996).

The participatory research method comes into play when making linkages between research and effective policy responses to major social issues. Reference is made in government and academia to 'evidence-based policy' to support the public sector's concern for efficiency and effectiveness in resource allocation. Head (2008) proposes that the evidence used for addressing complex policy issues must be critically examined and that 'evidence' can be constructed through three quite different 'lenses', each working in their different ways with different constraints and leading to different conclusions. They are:

- Political knowledge
- Scientific (research-based) knowledge
- Practical implementation knowledge.

Head argues that significant challenges come from the *large difference between a technical problem-solving approach to knowledge, and a broader relational and systemic approach to knowledge that is located in multi-stakeholder networks*. These challenges include:

- the political and values-based nature of policy debate and decision-making
- the fact that information is perceived and used in different ways depending on the 'lens' being used, with shared perspectives difficult to attain

- the complexity of the networks, partnerships and collaborative governance arrangements involved in policy and program development, and their diversity of lived experience and evidence (Head, 2008).

This project purposefully adopted a participatory research methodology that generated practical implementation knowledge from marginalised stakeholders and the support organisations that work with them day-to-day. This is an important part of the engagement process in longitudinal research and provides evidence for re-framing policy and program responses.

Cost effectiveness research

The policy settings on responses to homelessness direct decisions on the selection and allocation of investments. This is in the context of community expectations about cost effective service delivery for people who are homeless or have low-incomes. In the context of social services and human service delivery, preferred techniques for analysis of resource allocation decisions are cost-benefit analysis (CBA) and cost-effectiveness analysis (CEA) (Commonwealth of Australia, 2006).

CBA is used where all benefits can be ascribed a dollar cost, and as such requires considerable data collection effort over time relating to a broad cohort of the population under consideration. CEA is preferred where the relative benefits of human services are hard to quantify. It is useful when comparing the costs of alternative strategies for service delivery, particularly when considering if they are approximately equally effective or at least as effective in delivering outcomes.

Previous cost effectiveness analyses have compared the relative cost of differing types of housing (e.g., Permanent Supportive Housing: An Operating Cost Analysis, 2011) or charted the progressive cost of homelessness to the community (e.g., Life course institutional costs of homelessness for vulnerable groups, School of Social Sciences, University of New South Wales, 2009-13). In both cases, the cost effectiveness analysis is at the institutional level, primarily focusing on the relative costs to the community of option A vs. option B.

Other key studies on cost-effectiveness have considered homeless programs generally (Zaretzky *et al.*, 2013; Flatau *et al.*, 2008; Berry *et al.*, 2003). The most recent study reports on the comparison of the non-homelessness service use of people receiving homelessness services, and the potential cost-offset to government of these homelessness services (Zaretzky *et al.*, 2013). This report details the findings from the client baseline study (Flatau *et al.*, 2008) outlining higher health and justice service system usage by people at risk of or experiencing homelessness, and substantial potential cost offsets to government through the provision of effective services.

While there are a number of key international cost-effectiveness studies of a housing-first response to homelessness, the US Project 50 (Toros, Stevens & Moreno, 2012) is especially notable. This longitudinal study followed 50 participants in a supportive housing model in Los Angeles County. It compared the cost to the community of letting people remain homeless, compared to the cost of housing and integrated services to some of the most vulnerable, chronically homeless adults living in the Skid Row section of Los Angeles. The cost effectiveness analysis reported in Chapter 5 was inspired to a great extent by the Project 50 study.

Chapter 2: Methodology

Participant selection

The 12 participants in this study had all experienced abuse, neglect and dysfunction in their family of origin with 50% having a history of institutional care or out of home care as children. All the women (5 out of 12) experienced sexual abuse in the home/foster care and 5 out of the 7 men came from highly abusive households. This has left a legacy of drug taking and dealing, violent relationships, prison and homelessness, and reported periods of 2-20 years living on the streets (average of 8 years) and alternating between housing and homelessness between 1 and 5 times in the last 3 years (average of 2.6 times).

At the time of the first interview undertaken between November 2011 and February 2012, Street to Home and Supportive Housing Outreach teams were supporting the 12 participants recruited for this study. Their pathway to support by Micah Projects was via assertive outreach when living on the streets or in their car (6), assistance from the Brisbane Homelessness Service Centre (3), on referral from Centrelink (1), attendance at a Forgotten Australians meeting (1) and referred by someone already supported through the Street to Home (1).

All participants expressed the view that they needed the support services provided by Micah Projects to sustain their tenancy. Views then varied about the level of need in the future; although many were definite they would always need some level of support, to sustain their tenancy in permanent housing, or at a minimum to know the support was able to be accessed.

Participatory method

This project generates practical implementation knowledge drawn from those housed under a Housing First approach and from the services providers supporting them under various programs. In research with people with impaired or potentially impaired capacity, a range of ethical concerns needs to be addressed to ensure that the use of participatory methods is in fact to their advantage, both individually and collectively (Clegg, 2004; Clapton, 2003).

These concerns were addressed in the process to recruit the 12 participants for this research who were formerly homeless. The appropriate Team Leaders and senior support workers in Micah Projects were informed about the project. Micah Projects' workers were in the best position to understand the situations of individuals and to approach people whose health and well-being were not likely to be compromised by the requirements of the longitudinal process, that is:

- Participants understood it was a longitudinal study requiring 3 interviews over a period of at least twelve months
- Micah Projects' workers were willing to provide support to individuals supported if required during the process
- Thought was given to the distribution of gender and age within the 12 participants
- Participants would include people likely to be eligible for, and wanting to be housed in, Brisbane Common Ground.

An information sheet and a consent form were prepared in line with ethical standards. Twelve (12) participants were signed to participate and 31 interviews conducted between

November 2011 and April 2013. An important part of the consent process was consent to access information about the participants from their support workers at Micah Projects. This information assisted crosschecking of data required for the cost effectiveness database.

In terms of the supportive housing and tenancy management teams and their respective organizations, 11 interviews were conducted to generate practical implementation knowledge for the study:

- Six interviews with workers from Street to Home, the Supportive Housing Outreach Team/Brisbane Common Ground Tenancy Support Team and Homefront between March 2012 and August 2013
- Two interviews with the Common Ground Queensland tenancy management team at Brisbane Common Ground, 13 months apart
- One interview with the concierge service for Brisbane Common Ground 10 months after the building had opened
- One interview with the support organization, Micah Projects prior to Brisbane Common Ground opening
- One interview with the Brisbane Common Ground Building Manager, Common Ground Queensland, prior to opening.

One workshop was also conducted with Micah Projects' team leaders on the tenant assessment and selection process for Brisbane Common Ground.

These 42 interviews provide a strong basis for presenting the pathways to housing of people who were homeless and for the findings on success factors for sustaining tenancies in scattered site housing in the community and the single site supportive housing program of Brisbane Common Ground. They provide another source of data for the crosschecks required to build the database on the frequency of service events for the formerly homeless and the pathways analysis.

Pathways analysis

The pathways analysis links individual level data with key themes and/or costs, maps changes in these key themes, and traces the accumulation of costs over time. This is done through some level of case study analysis, here provided by the participatory method, and associated data sources pertaining to the participant. In this study, the pathway analysis:

- maps outcomes for participants around key themes associated with housing satisfaction and quality of life as measured through the self-reporting of the formerly homeless participants for four points in time: one at each of the three interviews, and one for their most recent period of homelessness prior to the first interview; and
- identifies instances of cost for participants for service system events that "represent a one-on-one linking of real people with real instances of cost" (Pinkney and Ewing 2006) for the cost effectiveness analysis for three time periods: homelessness preceding housing, 12 months support from Micah Projects and post 12 months support from Micah Projects.

Using the pathways analysis takes some account of what Pinkney and Ewing (2006) highlighted about the gaps in existing cost information in Australia. They identified the necessity to develop a more empirically grounded costing in collaboration with key

agencies in a longitudinal approach that uses dynamic analysis to understand the causes, consequences, prevention and reduction of social problems.

Cost effectiveness analysis

Service events

While the differentiation of scattered site housing support and the single site support model of Brisbane Common Ground as delivered by Micah Projects is a focus for this project, due to the small number of formerly homeless participants, it was not deemed feasible to extend this differentiation to the cost effectiveness analysis. The current analysis was based on records from seven participants who had continued to receive support from Micah Projects. The records were drawn from three sources to enable crosschecking between these three sources and to augment the data provided by any one source to maximise the reliability of counts of service events involving the participants.

- Participant interviews were conducted using the participatory method described above. These provided some information on service events from the recollection of the participant, with the information mainly used to provide additional information on events not covered by the next source;
- The database of individual's supported held by Micah Projects was interrogated, with the written consent of each participant, to obtain additional data after interviews on service events. As the purpose of this database is to record the support provided by members of a supportive housing team, events are about the assistance with tenancy matters and/or appointments with other service providers.
- Requests for information were submitted to relevant Queensland Government organisations on behalf of five of the seven participants. The requests were made under the Information Privacy Act, and were submitted to:
 - The Department of Justice and Attorney General
 - The Department of Community Safety – Queensland Ambulance Service
 - The Queensland Police Service
 - All public hospitals located within the Metro North and Metro South Hospital and Health Service. Where participants were living outside of these areas during the time period under consideration, requests were submitted to the relevant public hospitals.

The distinct data points provided by each of these three sources, as well as corroborating or refining data for events, demonstrated the importance of incorporating crosschecks when gathering information about formerly homeless people. The overall result is that the data sources on service events most probably underestimate the extent of service events during the period of homelessness. First, there were references by participants to events that were too vague to numerate. Second, there was incomplete data around some events that would have required more service events than recorded, such as the court and legal costs associated with civil and criminal charges and probation, and call-outs to the ambulance service associated with health incidents.

Time periods and frequency

The time periods used were as follows:

- **Homelessness:** The period of homelessness for the participants varied, partly depending on how far back the service event data went, with a default period of 12 months
- **Year 1 support:** Set at a 12-month period from when a participant first entered a support program to sustain their tenancy delivered by Micah Projects, most frequently the Street to Home assertive outreach program
- **Post Year 1 support:** This period varies for participants, as it is the period from the end of the above 12-month period until 30 June 2013 receiving support through a Housing First approach from Micah Projects.

For the seven individuals, their documented period of homelessness varied from a minimum of 4 months to a maximum of 38 months. Likewise, the period of ongoing housing support services varied from a minimum of 8 months to a maximum of 51 months. Based on crosschecks of service events, the frequency of specific service events across four categories (general health service events, mental health service events, legal service events and other health professional service events) were computed in terms of average frequency per month and then transformed to obtain the average frequency per year. Average frequencies for a range of service events across four categories were computed separately for the homeless period, the 12-month initial period of support and an ongoing period of support provided by Micah Projects to people whether in scattered sites in the community or in Brisbane Common Ground.

Costing service events

In terms of service events, these needed to be of a kind able to be quantified and also of a kind to which a cost can be attached. Monetary values attached to service events were initially derived from two sources:

- Cost menu produced as part of the Micah Projects document, *Journeys through Homelessness* (2008)
- AHURI (2013), *The cost of homelessness and the net benefit of homelessness programs: A national study*.

A spreadsheet format was developed that summarized service events in each of the time periods, first across the period, then as an average per month, in turn transformed into an average amount per year. Given the range of service events supplied via personal recollection and service records, the cost estimates outlined above were supplemented by a number of other sources (see Appendix for additional information).

Also, given the computational difficulty in assigning differing cost estimates to the small sample currently in use, the cost-analysis made the simplifying assumption that these costs were to be applied as if all seven participants were male. The effect of this was to make some service events more expensive. However, this added expense does not necessarily bias emerging trends in favour of homelessness or Housing First as a result. Finally, given that the initial cost menu (see Appendix) listed a range of cost estimates, the lowest cost was preferred in all cases. Again, this simplifying assumption does not necessarily bias outcomes in any particular direction.

Chapter 3: Outcomes for the formerly homeless

This chapter considers the pathways of participants to the point of sustaining their tenancy. It demonstrates the outcomes achieved by participants in sustaining their tenancies, highlighting the key factors identified via qualitative and statistical analyses. It clearly demonstrates that people who have experienced homelessness and have complex and challenging support needs can successfully sustain a tenancy.

Baseline situation

As individuals supported by Micah Projects', participants had been included in a Housing Support Needs Survey designed and conducted by Micah Projects in late 2011 to early 2012, the same time this study. This one-off survey was to help Micah Projects capture information about the current housing, health and wellbeing of recently housed people with a history of homelessness and their likely ongoing support needs. The following baseline information on participants comes from data from this survey.

Demographic profile

The participants ranged from 29-59 years of age, with 42 as the mean age in years, with 58% male. Indigenous people are over-represented in the homeless population and 33% of the research participants identified as Aboriginal, Torres Strait Islander or both. This is much higher than the overall proportion of indigenous people living in the Brisbane region, 1.4% in the 2011 Census. The primary source of income for the majority of people was the Disability Support Pension (75%), with Newstart Allowance the other source of income (25%). Of the twelve participants, 2 were siblings and lived together, and 2 were in a partnership and were housed together.

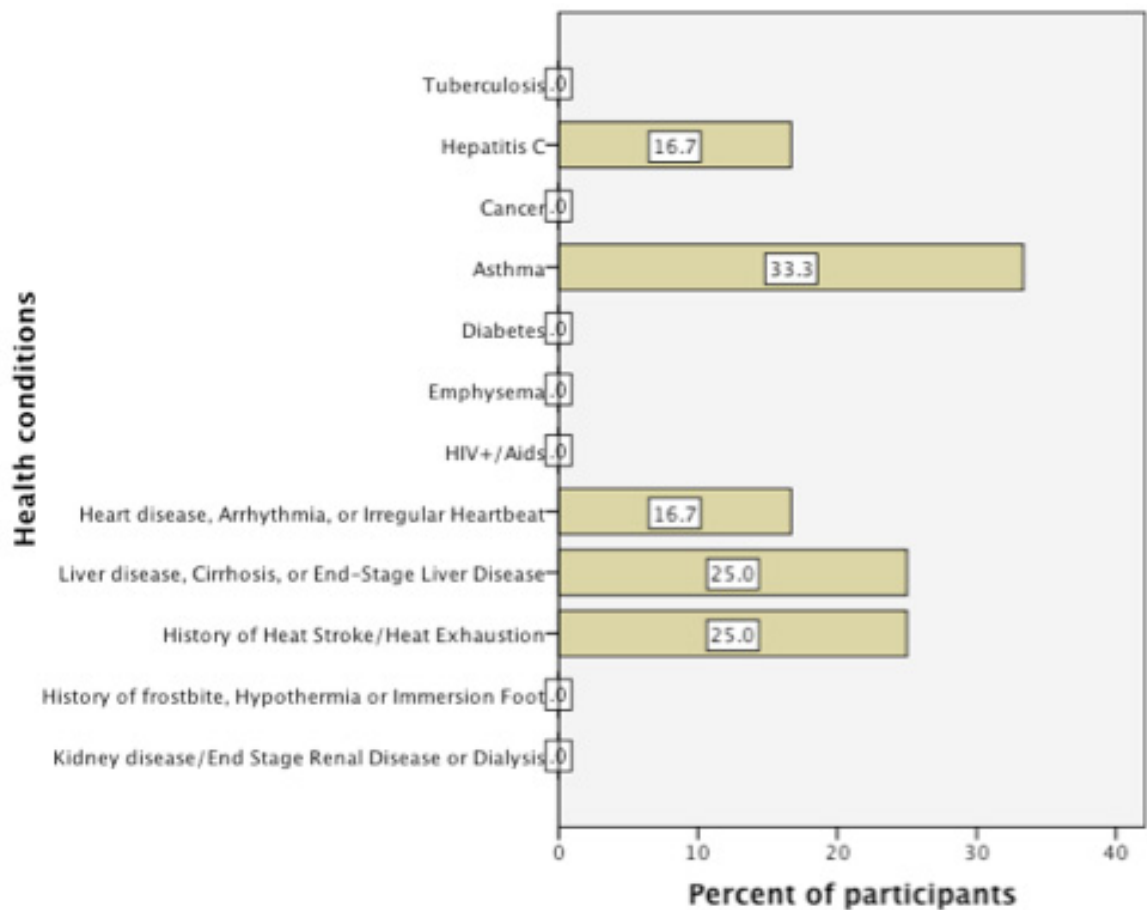


Figure 4: Health conditions of participants at first interview

Physical and mental health

Participants reported on their physical health. As illustrated in figure 4, participants were most likely to report having asthma (33%), liver disease (25%) or heat stroke (25%). They did not report tuberculosis, cancer, diabetes, emphysema, and HIV+/AIDS, frostbite or kidney disease.

All of those who indicated one of the three most common health conditions also indicated that they were currently or had previously received treatment for those health conditions. From the survey, their reporting of the three most common health conditions was not significantly associated with demographic variables or time on the street, or number of times housed/homeless. However, at interview, participants commonly reported that conditions on the street were to their mind a significant contributor to health conditions, particularly the level of drinking and liver disease.

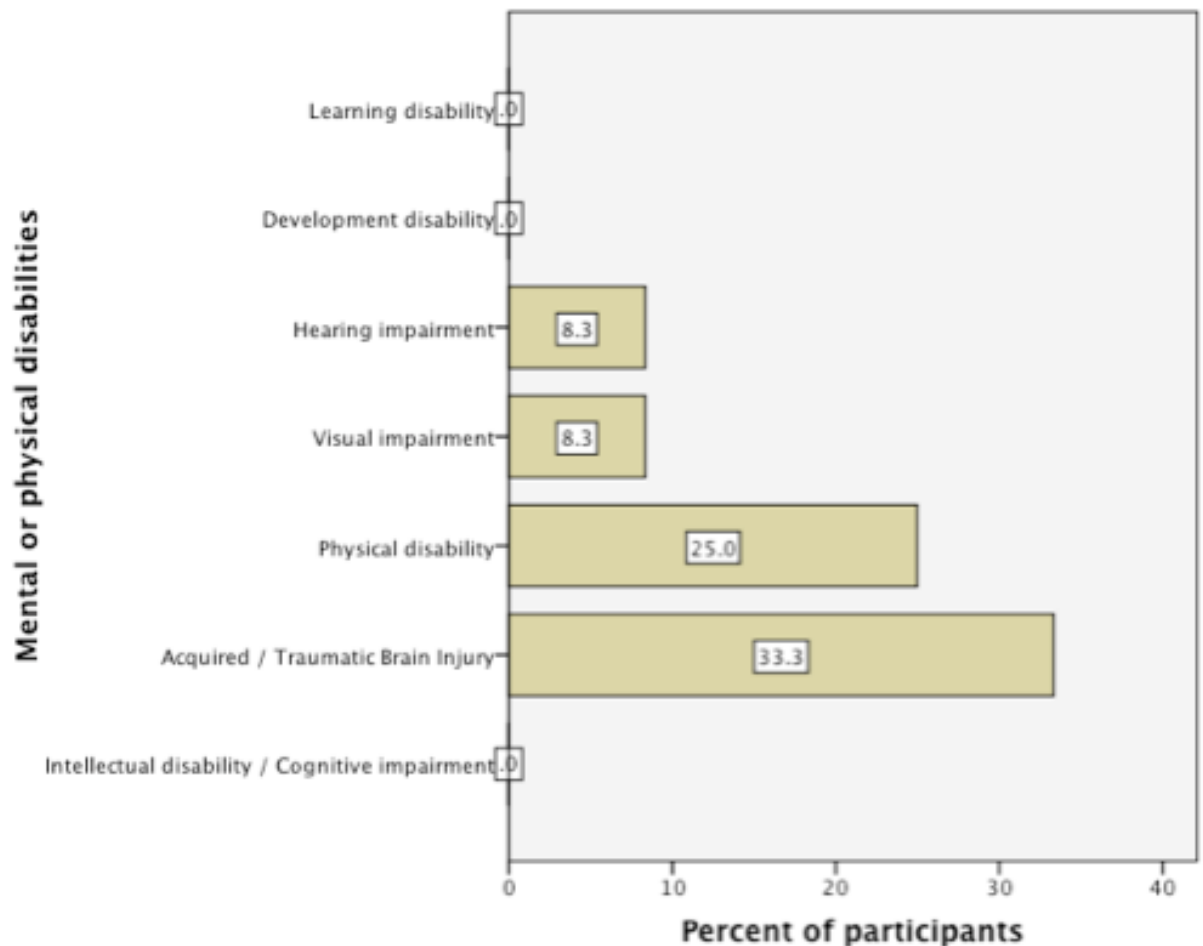


Figure 5: Intellectual or physical disabilities of participants

The survey reported whether a healthcare provider had told them that they had one of seven physical or intellectual disabilities.

As illustrated in Figure 5, these participants were most likely to report acquired or traumatic brain injury (33%) or physical disabilities (25%). They did not report learning disabilities, developmental disabilities, or intellectual or cognitive disabilities as such. Also, less than 10% reported hearing or visual impairment. However, three of the 12 (25%) did report a diagnosis of mental illness. Older participants were more likely to report physical disabilities.

Participant reported using hospital emergency departments 0 to 5 times in the past three months, with an average of about one visit in three months. Likewise, participants reported on their rate of hospitalisation in the past year, with an average of about one hospital stay in one year. While neither of these was significantly correlated with demographic variables, they were positively correlated with one another. That is, participants who reported having been to the emergency room more frequently in the past three months were also more likely to report having been hospitalised more frequently in the past year.

Substance use

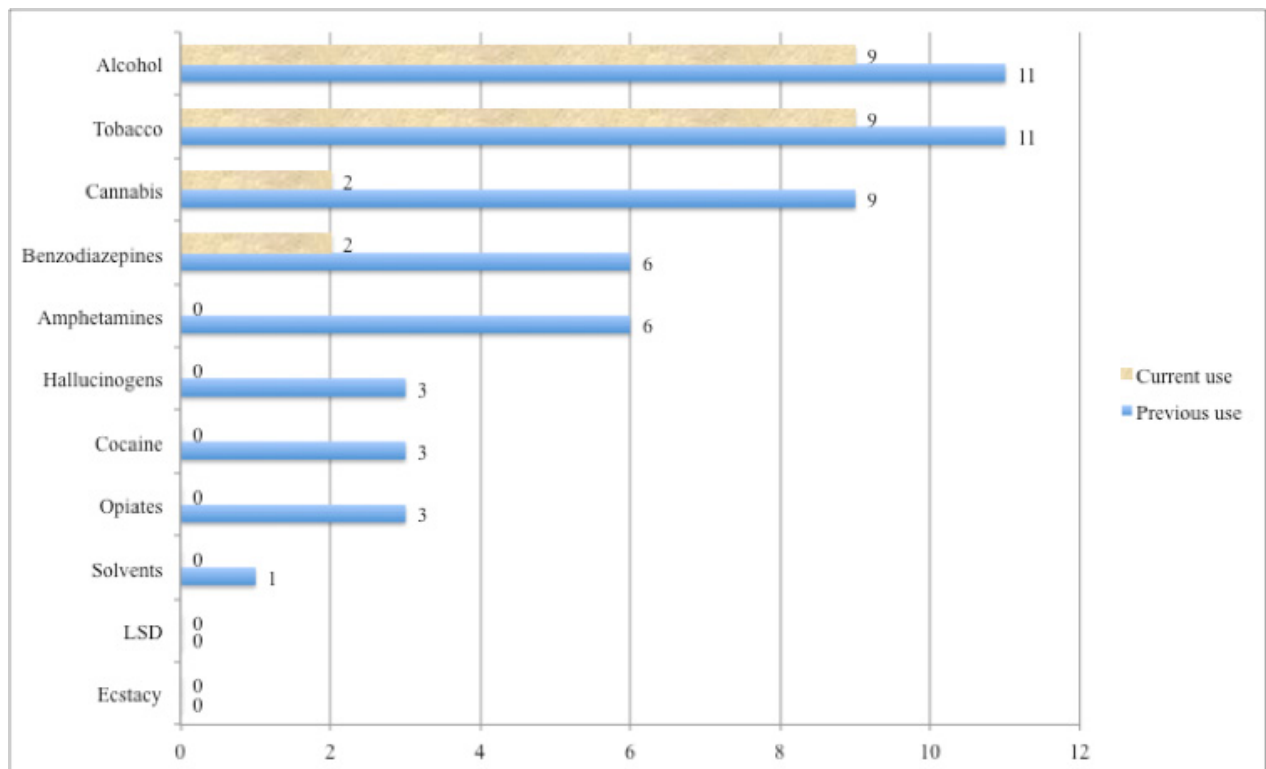


Figure 6: Previous use of each of nine substances and use at first interview

Participants reported their use of nine substances, either previously or at present. As illustrated in Figure 6, participants were most likely to report using cannabis, tobacco or alcohol previously and were most likely to report using tobacco or alcohol in the present. While some participants reported using solvents, opiates, cocaine, hallucinogens or amphetamines previously, none reported using these substances in the present. However, half of the 12 did report using amphetamines or benzodiazepines previously even if not in the present.

Participants reported their use of tobacco, alcohol or cannabis in the past seven days and again in the past four weeks. Nine (75%) of the 12 reported using tobacco on each day in the past seven days and on each day in the past four weeks. The reported average use of alcohol was 2-3 times in a week and 9-10 times in four weeks. The reported average use of cannabis was less than once in a week and 2-3 times in four weeks.

Assessment of Quality of Life

The Micah Projects Housing Support Needs Survey included a set of quality of life scales, the Assessment of Quality of Life (AQoL) 8D Utility Instrument.¹ Of the 86 participants, 51 completed the Quality of Life part of the survey, and of the 12 Ian Potter study members, nine completed this part of the survey. As indicated in Figure 7, mean scores for participants in the Ian Potter study and also in the larger housing survey group were somewhat lower than those for the population group in every measure, consistent with participants that are homeless or in supported housing being less "healthy" than others across a range of dimensions.

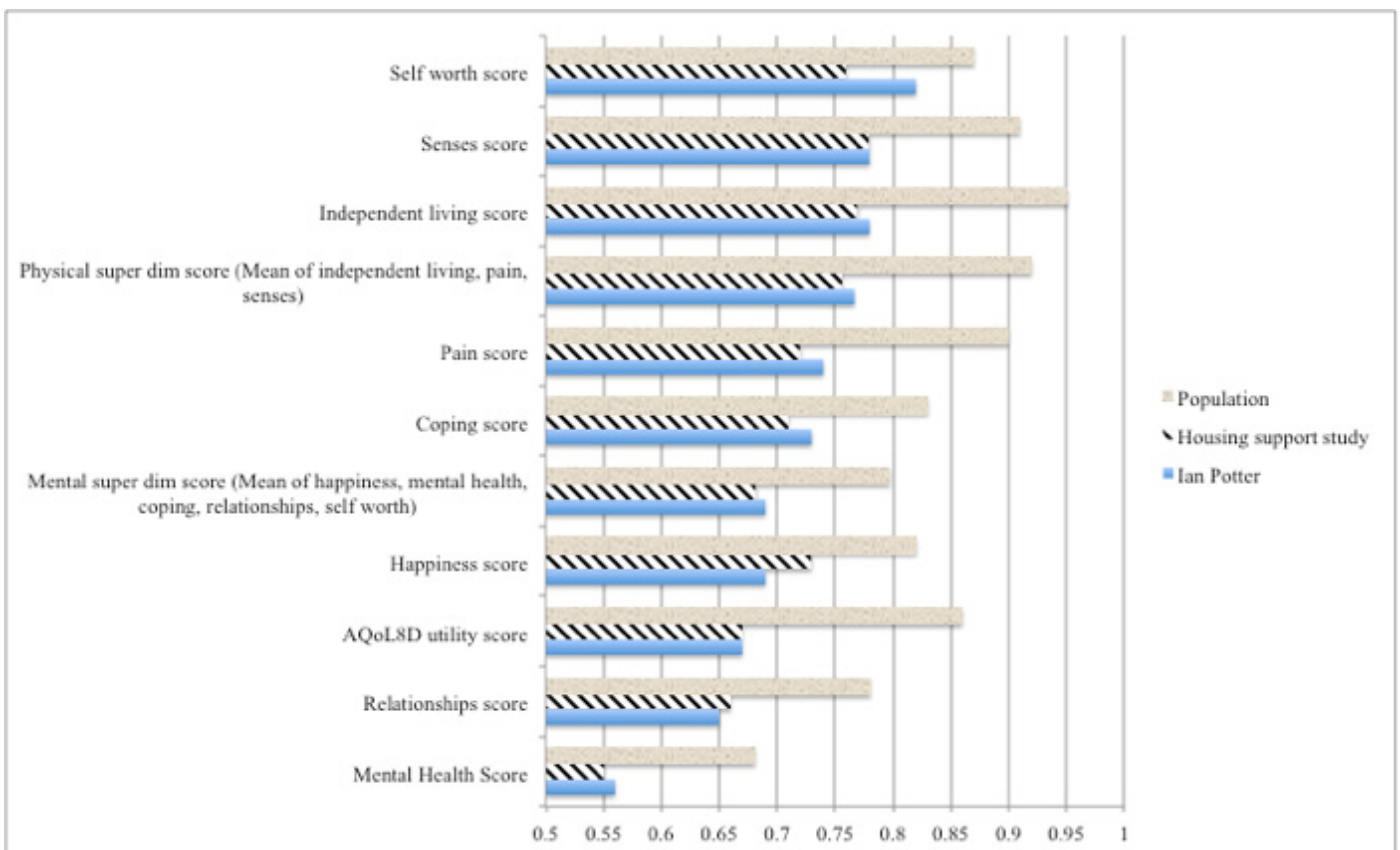


Figure 7: Assessment of Quality of Life (AQoL) 8D scores comparing Ian Potter (N=9), Housing support (N=51) against population mean scores, with super dimensions expressed as the mean of component scores

¹ The AQoL-8D was developed as the fourth and most comprehensive of the AQoL instruments at the Centre for Health Economics (CHE) at Monash University (see Richardson et al., 2012). As stated by them, the instrument is comprised of 35 items from which 8 dimensions and 2 'super-dimensions' are derived. The 35 items may be reduced to a single utility score using the AQoL-8D algorithm. In addition the algorithm produces an index number for each of the 8 dimensions and for the two 'super-dimensions', 'Physical super-dimension' (PSD: independent living, pain, senses) and 'Mental super-dimension' (MSD: mental health, happiness, coping, relationships, self-worth).

The indices for each dimension are on a (0.00 – 1.00) scale but these scales cannot be compared with each other directly. For example, 0.8 on the pain scale cannot be equated directly with 0.8 on the coping or senses scale. The index numbers allow comparison of individuals or groups of individuals when they are measured on the same scale. In essence, the closer the score to 1, the better the state of health.

Mean scores for study participants were roughly comparable with those for the larger survey group, and on every measure, both of these mean scores were smaller by 1/3 to 2/3 than the comparable population mean score.

Pathways in Housing First programs

At the time of their first interview, the participants in the study were all in scattered site public and community housing as it was prior to Brisbane Common Ground opening. At the first interview, they were asked whether they would consider moving into Brisbane Common Ground. The responses were as follows:

- Three were very keen to move to Brisbane Common Ground, had been active in this with their support team, and achieved their goal
- Four would have liked to have been considered but were ineligible due to their requirement to be housed together - in one case as sisters, and in the other as partners
- Four preferred their autonomy and living in a small complex, with one expressing it as "Six neighbour units is enough community for me"
- One was noncommittal.

Despite this being a small scale study, the participant experience reflects to some extent the findings of Kresky-Wolff, Larson, O'Brien & McGraw (2010) that housing in both "scattered sites" and single site were effective in supporting people who have experienced chronic homelessness. The attributes of housing in scattered sites provided more appropriate support for those who desired greater independence, while the single-site housing model maximised people's access to resources and were perhaps more effective for those with high levels of support needs (Kresky-Wolff et al 2010). The design of Brisbane Common Ground with studio apartments meant that it was not the most suitable housing option for all participants. As the literature emphasises overall, targeting and matching is required to find the most suitable options for housing and support for the vulnerable. This may require movement in both the housing and in the housing program providing the service as shown in Table 2 across the three interviews, with the time for the interviews as follows:

- Interview 1 was held between November 2011 to February 2012
- Interview 2 was held between July to September 2012
- Interview 3 was held in the February to April 2013 time frame.

The level of housing stability and movement for participants as indicated in Table 2 in the interval from interview 1 to interview 2 was as follows:

- Three participants supported by Street to Home remained in the same housing
- Three moved into Brisbane Common Ground after it opened in July 2012, achieving the match of vulnerable person to most appropriate housing and support option.
- Three were transferred to Homefront, with one exercising choice to remain in the same housing with their domestic animal, and the siblings being transferred to more suitable accommodation to meet health and disability needs
- Two (the couple) moved out of the area and were supported into public housing, exiting support shortly afterwards, after experiencing a period of homelessness
- One returned to family for housing.

From interview 2 to interview 3, there was considerable housing stability with:

- Seven remaining in the same housing continuing to be supported by the same team: Street to Home, Homefront and the Micah Brisbane Common Ground Supportive Housing Team
- Two (the partners) remained in their public housing with no support services
- Three participants had moved to family or friends for housing, with 2 moving in this period.

Table 2: Participant movement in and out of housing programs

Participants							Non Micah Projects Program/s	Sub total	Out of study: Family or friends	Total
	Assertive Outreach Street to Home (STH)					Sub total				
			Supportive Housing Outreach	Homefront	Brisbane Common Ground					
	Housed	Homeless								
1 st interview	4	1	7		n/a	12		12	-	12
2 nd interview	3	-	-	3	3	9	2	11	1	12
3 rd interview	2	-		3	2	7	2	9	3	12

Likert scale outcomes for participants

In each of the interviews conducted, the nine participants were asked questions in a semi-structured interview format. Participants' attention and areas of interest varied in the interviews, often reflecting current issues.

Outcomes were reported for particular participants in terms of health and substance use. In other cases, all nine participants responded and often elaborated to the point that key outcomes could be identified and coded using various types of ordinal Likert scale responses. These responses were analysed in SPSS, with analysis outcomes exported into Excel for figural representation.

Health and substance use

A number of participants reported having significant health issues, including those related to drinking levels while homeless. Outcomes included:

- One participant who had 'fluid on the brain' had been told there was no longer any sign of his condition. They also had improved liver function to the extent that medication was not required
- Two said they would have been dead in they had stayed on the streets
- Two reduced their alcohol consumption by over 50%
- Two had stayed 'clean' overall

- One participant was accepted into a public mental health clinic because of permanent supportive housing
- One participant was accepted into a pain management clinic
- No one reduced their smoking to any extent from the first interview.

Housing satisfaction

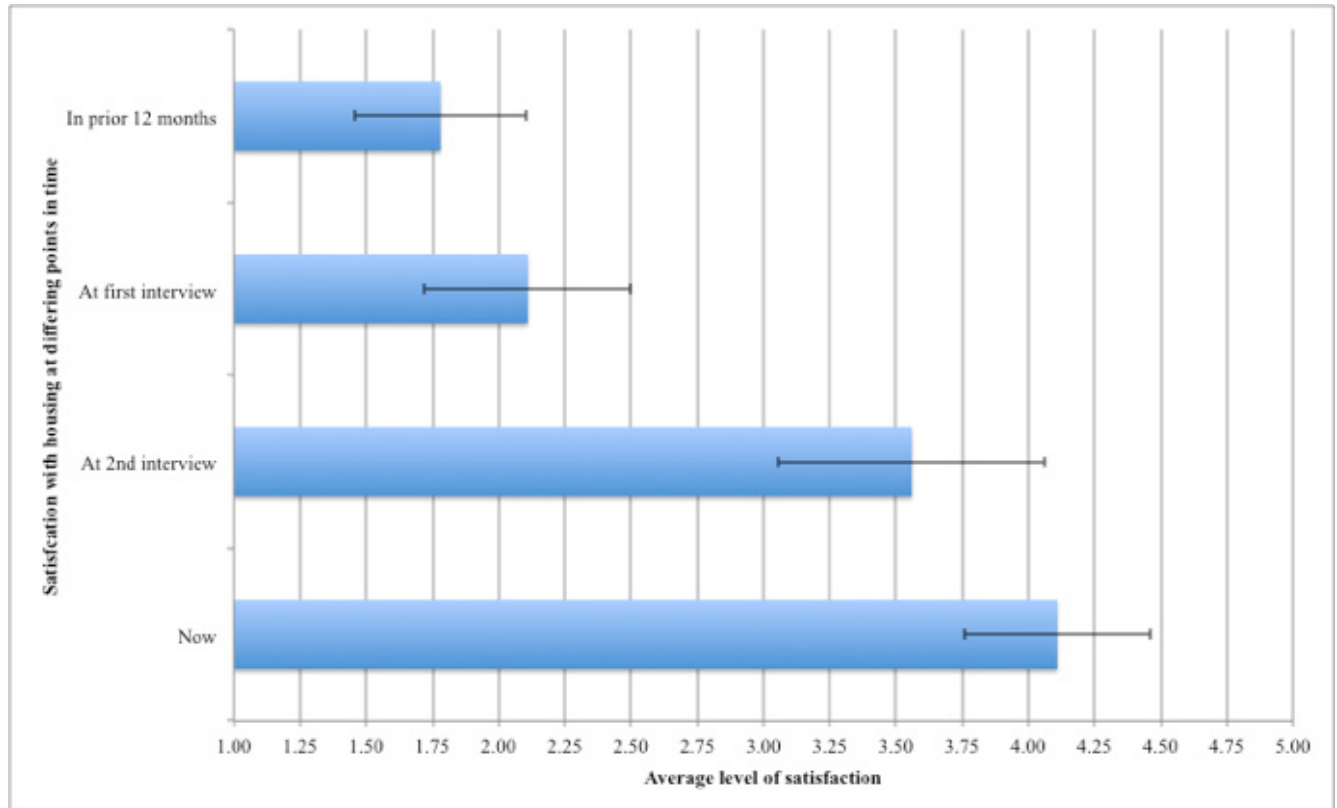


Figure 8: Participant satisfaction with housing over time

Participant satisfaction with their housing conditions increased over time, on average, as shown in Figure 8, with satisfaction about housing significantly higher at present than at first interview or in the prior 12 months. Given that these mean scores are derived from ratings on a 5-point Likert scale (Very unsatisfied [1], unsatisfied [2], neutral [3], satisfied [4], very satisfied [5]) with 3 as the mid-point, mean scores for satisfaction in the prior 12 months and at first interview are consistent, with participants on average less than satisfied in relation to housing. In contrast, participant scores at 2nd interview and at present are consistent with these participants being satisfied with their housing.

Safety

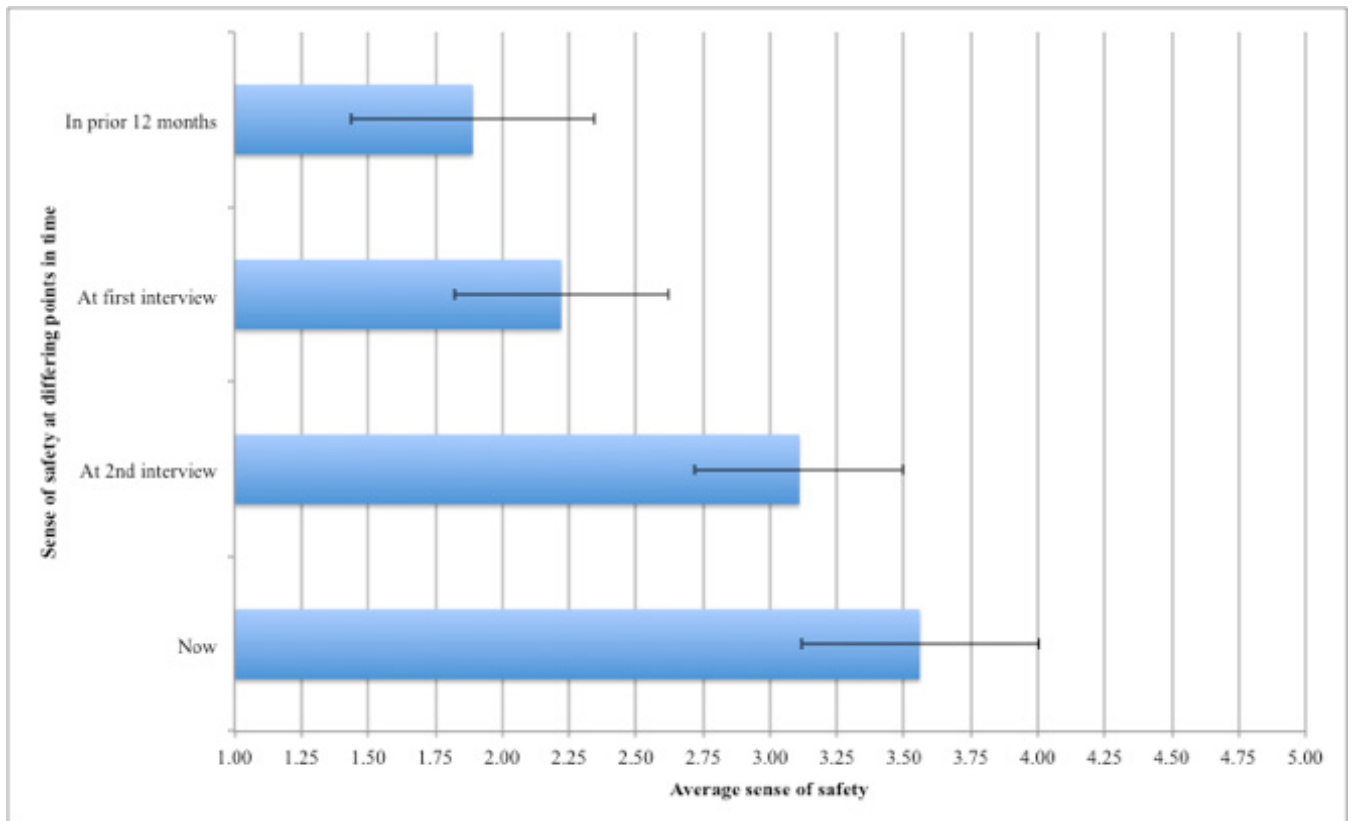


Figure 9: Participant extent of feeling safe

On average, there was an increase over time in the extent to which participants felt a sense of safety, with their sense of safety at present significantly higher than in the prior 12 months or at the time of first interview. This is illustrated in Figure 9. The sense of safety was a key outcome sought by participants from their housing. Mean scores in the prior 12 months and at first interview are consistent with participants on average feeling somewhat unsafe. In contrast, participant scores at 2nd interview and at present are consistent with these participants having some sense of safety.

Managing finances

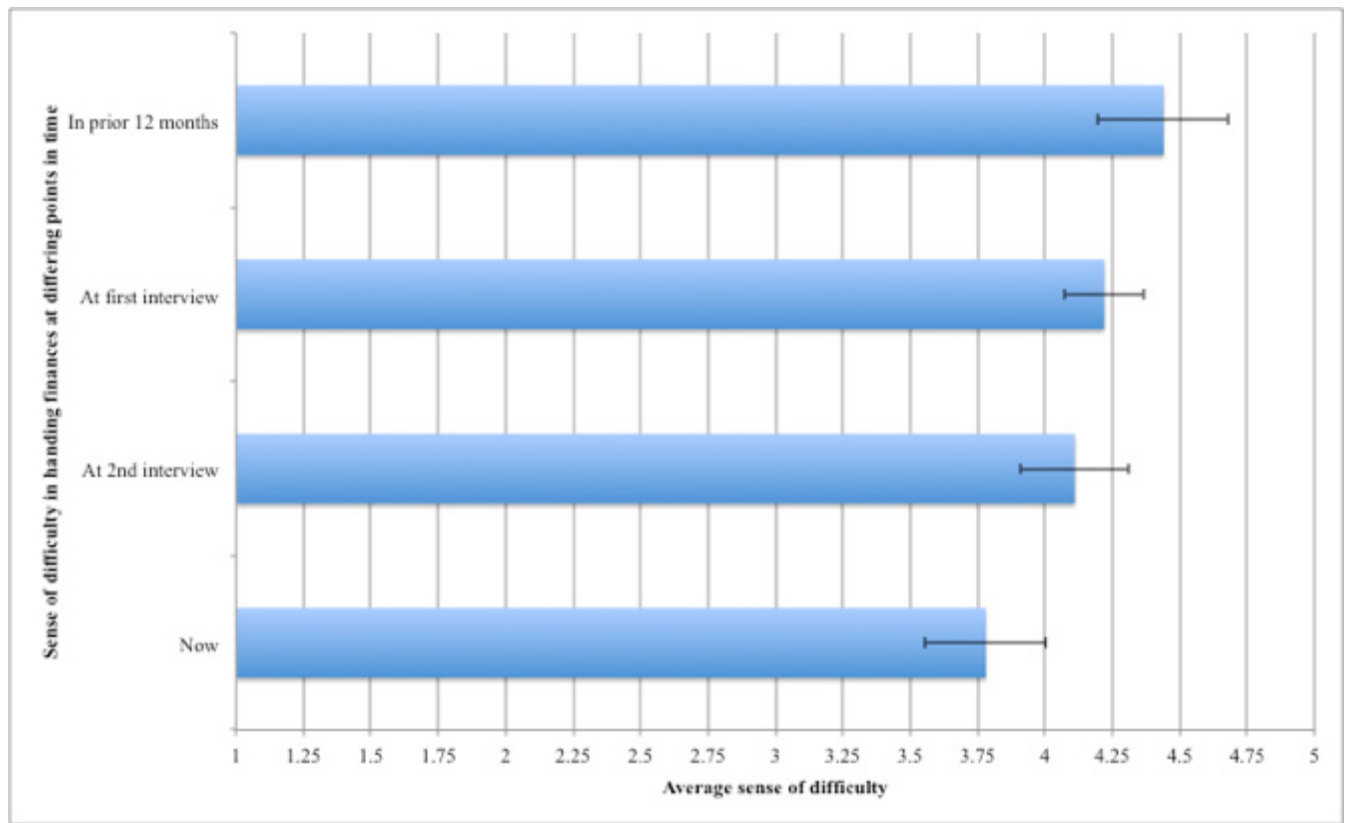


Figure 10: Participant difficulty in handling finances

As illustrated in Figure 10, on average, participants found it less difficult to manage their finances over time, with the level of difficulty at present significantly less than at the time of the first interview or in the prior 12 months. However, with the mean scores derived from ratings on a 5-point Likert scale, despite the gains in terms of decreasing difficulty, in terms of mean scores participant scores remained in the range of very difficult (in prior 12 months, at first interview, at second interview), and remained difficult in the present. The primary underlying cause for respondents reporting financial difficulties resulted from not having enough money left after paying rent, as well as repayments on debt; lack of budgetary skills and paying increasing utility bills. As a result, all nine participants reported having problems with paying for food. Many reported needing to rely on charities and food kitchen facilities to survive or go without. Those participants who were smokers did acknowledge the impact of the cost of tobacco on their budget.

Owing money

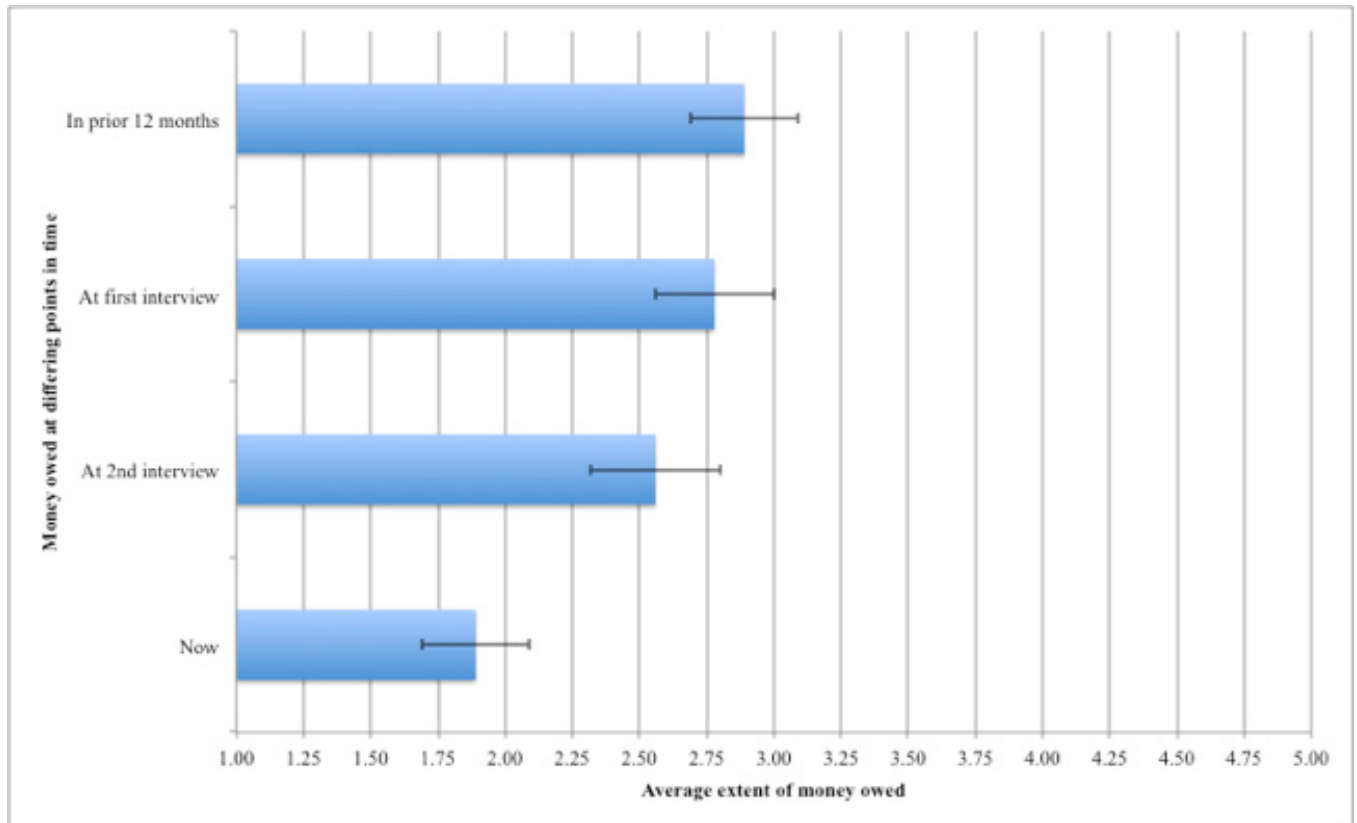


Figure 11: Extent of money owed by participants

As illustrated in Figure 11, on average, the extent to which participants owed money to others decreased over time, with significantly less money owed at present than at second or first interview or in previous 12 months. Given that these mean scores are derived from ratings on a 5-point Likert scale, regardless of the gains in terms of mean scores, participant scores remained in the range of none to a little through to the present.

Participant well-being

Participants were asked questions to indicate their sense of well-being. From these questions, what resonated most with the nine participants were the areas of:

- Sense of control over their life
- Sense of progress in their lives, with some ability to imagine their future
- Peace of mind.

Sense of control

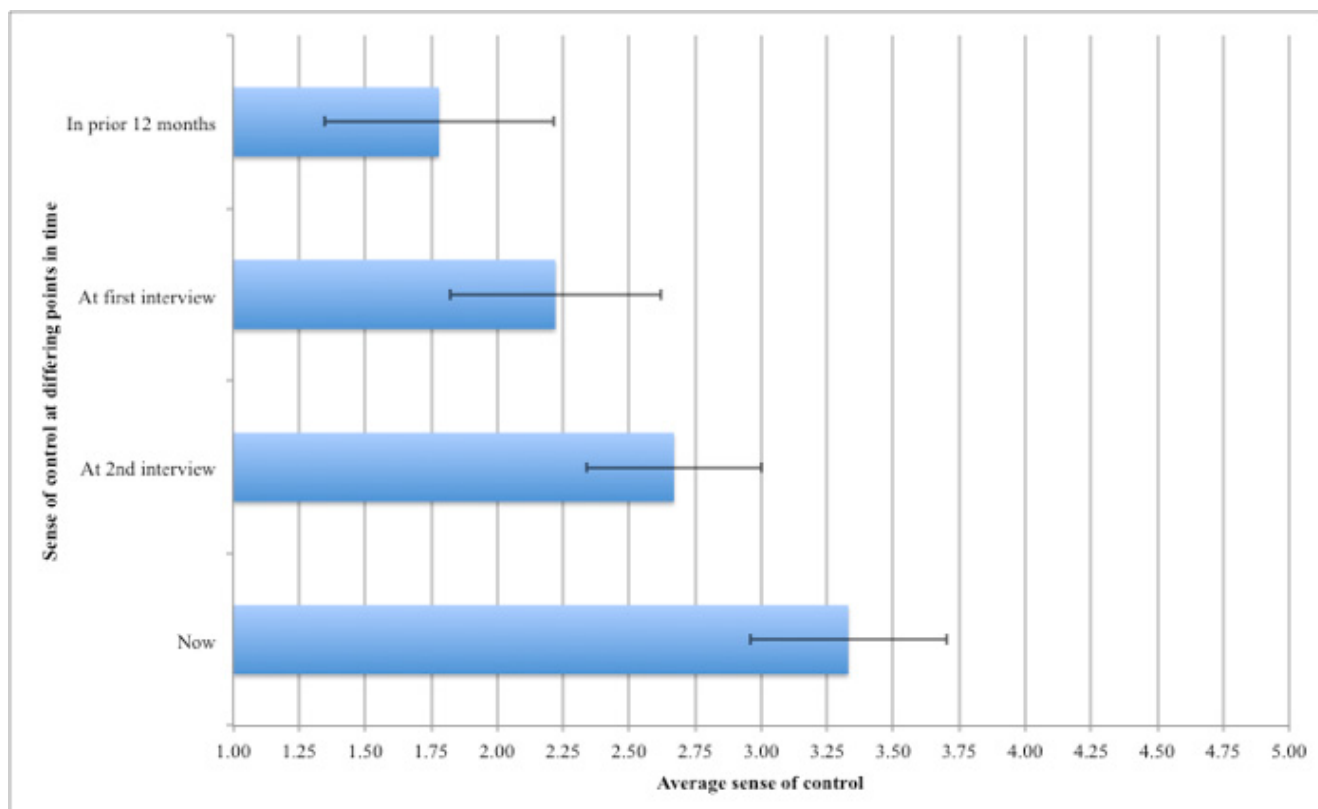


Figure 12: Extent of sense of control

As illustrated in Figure 12, on average, the extent to which participants felt a sense of control increased over time, with their sense of control at present significantly higher than at the first interview or in the prior 12 months. Given that these mean scores are derived from ratings on a 5-point Likert scale (None [1], a little [2], more than a little [3], a lot [4], a great deal [5]) with 3 as the mid-point, mean scores in prior 12 months, at first interview and at second interview are consistent with participants on average feeling that they had only a little control. In contrast, participant scores at present are consistent with these participants having more than a little control.

Sense of progress

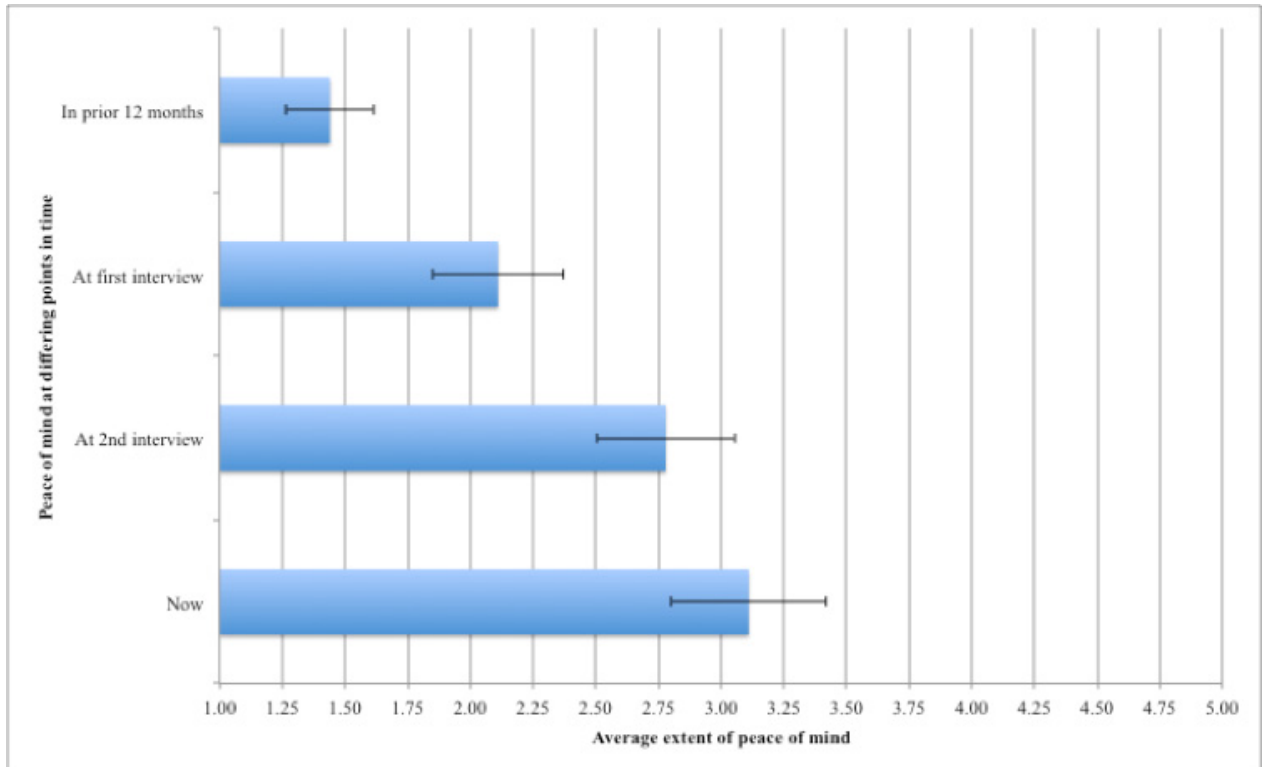


Figure 13: Extent of sense of progress

As illustrated in Figure 13, on average, the extent to which participants experienced a sense of progress increased over time, with sense of progress at present significantly higher than in the prior 12 months. Given that these mean scores are derived from ratings on a 5-point Likert scale (None [1], a little [2], more than a little [3], a lot [4], a great deal [5]) with 3 as the mid-point, despite the gains in terms of mean scores participant scores remained in the range of none (in prior 12 months) to only a little sense of progress even in the present.

Peace of mind

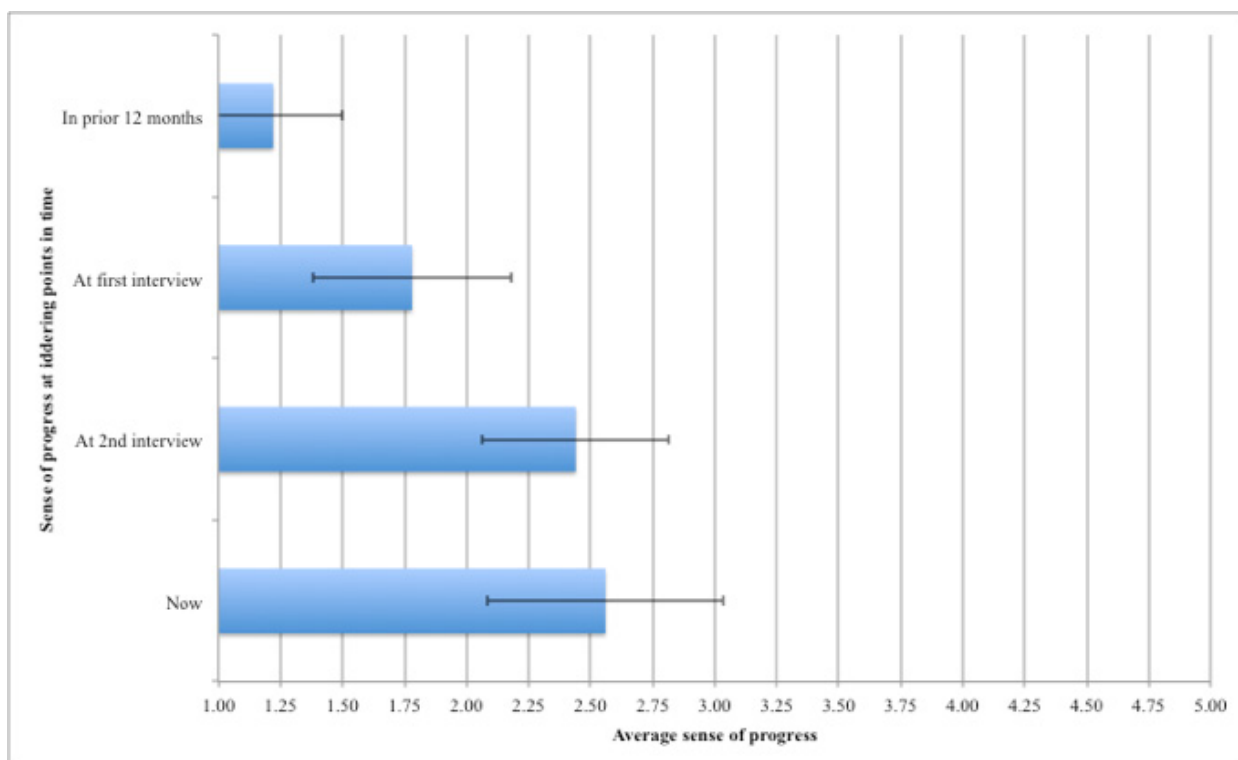


Figure 14: Extent of peace of mind

As illustrated in Figure 14, on average, peace of mind increased over time, with peace of mind at present significantly higher than at first interview or in the prior 12 months. Given that these mean scores are derived from ratings on a 5-point Likert scale (None [1], a little [2], more than a little [3], a lot [4], a great deal [5]) with 3 as the mid-point, despite the gains in terms of mean scores participant scores remained in the range of none (in prior 12 months) to only a little peace of mind through to the second interview, finally moving up to feeling more than a little peace of mind in the present.

Summary

The results reported in this chapter indicate tenants were successful in sustaining their tenancies under a Housing First approach. In summary, improvements were achieved in:

- Average satisfaction with housing
- The extent of feeling safe in their housing
- The sense of control they had over their lives
- The overall sense of progress in their lives since being homeless
- The peace of mind they experienced.

By contrast, there was still a high to very high degree of difficulty in managing finances reported by participants. This was the area commented upon by participants that made it hard for people to leave the streets where “they have no rent or bills to pay”.

The next chapter considers the specific differentiation in a Housing First approach between supporting individuals to sustain tenancies in scattered site public and community housing and the single site supportive housing model of Brisbane Common Ground.

Chapter 4: Supporting tenants in scattered vs. single site housing

Basis for differentiation

The literature unambiguously demonstrates the more successful housing outcomes achieved by Housing First approaches to homelessness over those achieved by continuum of care models. In the literature, success in Housing First and Permanent Supportive Housing is generally identified as maintenance of tenancies (Lipton, Siegel, Hannigan, Samuels & Baker, 2000). There is good evidence that the core elements of Housing First and Permanent Supportive Housing are responsible for sustaining tenancies (Pleace & Betterton, 2012). They argue the elements that underpin the success of Housing First approaches are:

- the separating of housing and support
- the maximisation of choice and control
- the use of harm reduction strategies
- the provision of independent or self-contained accommodation.

There is no clear literature, either internationally or Australian, which differentiates outcomes achieved by housing people in scattered sites from housing them in single site, or high density living. Consistent with the assertion that scattered site housing is in accordance with people's wishes (Stefancic & Tsemberis, 2007), the research of Siegel et al. (2006) found that people residing in supported housing in the US that was independent reported higher levels of housing satisfaction than did individuals residing in congregate or community settings (Siegel et al., 2006). Tsai et al. (2010) likewise found that people (with mental illnesses and co-occurring substance user disorders) preferred independent housing. Nevertheless, this research also indicates that people's preference for scattered site housing over high density supported housing is contingent upon their engagement in the recovery process. As such, some people preferred the onsite supported housing model in the initial phase of their recovery process, but later preferred the scattered site housing (Tsai et al., 2010).

However, studies that focus simply on tenure in supportive housing may not capture the full picture. The 2006 study by the University of Pennsylvania found that people leave permanent supportive housing due to a complex array of reasons. Some people leave voluntarily and with positive outcomes, for example to move to housing that better meets their needs for independence. Others may exit, voluntarily or involuntarily, into worse housing outcomes (Wong *et al*, 2006). It is the appropriateness of the housing to a person's individual needs at a point in time that may be the most salient factor.

Applying practical implementation knowledge

The literature, particularly in manuals developed to guide organisation aiming to develop Permanent Supportive Housing, does discuss the merits of each approach (Hannigan & Wagner, 2003). However, it is based on sufficient funding being provided to enable the six principles for Supportive Housing to be met. The funding provided to both Micah Projects and to Common Ground Queensland reflects the nature of support and tenancy management in single site supportive housing for this tenant group. However, this is not the case where people are being supported in the scattered sites, for either the tenancy

manager or the support provider. While Micah supports individuals in scattered sites under a Housing First approach, the support is funded through existing funding.

To highlight the implications of this, a comparison is made of the programs delivered to public and community housing in scattered sites in the community and to the single site model of Brisbane Common Ground using the practical implementation knowledge of participants in all 42 interviews. The results are presented in Tables 3-8.

Design

Table 3: Designing or renovating buildings thoughtfully to create a dignified and positive home environment and including in the design community spaces that can be utilised by tenants and the wider community

Supportive Housing in single site: BCG	Sustaining tenancies in public/community housing
Purpose build based on well-considered design from best practice in Common Ground program, incorporating sustainability parameters.	Design of the housing capacity of scattered sites varies, and is whatever is available in the stock of public and community housing. Depending on its age, housing covers the six-pack brick box to well landscaped complexes that blend into suburbia.
Potential for social interaction and support among tenants to occur readily with the variety of common spaces where people can gather.	No community spaces and some complexes have turned unused car parking spaces into communal gathering areas.
Support workers and tenants may have scheduled meetings and/or interact more casually, such as in common areas of the building.	Support worker time for travelling between sites means casual interactions with individuals or other tenants unlikely to occur.
Potential to create an institutional environment in a 14 storey building with ongoing presence of support workers throughout and 24 hour monitoring cameras has not happened with design and layout of building and approach of workers.	Lack of workers presence on-site makes it harder to evaluate, monitor, and respond early to defuse difficult situations around safety and unruly and unwanted visitors.

Permanency and affordability

Table 4: Housing is permanent, affordable, and self-contained with rent less than 30% of income.

Supportive Housing in single site: BCG	Sustaining tenancies in public/community housing
BCG requires an operational subsidy. This has resulted in some tension between having a range of affordable units, based on % of income level, for tenancy mix, and increasing the number rented at the higher end of 30% of income to a maximum of 74.9% market rent.	Housing stock for individuals in complexes are provided by public and community housing organizations that do not operate under a supportive housing framework, but under a business model about maximizing the % of income for rent that can be charged from tenants.
A Deed of Co-operation between Micah Projects and Common Ground Queensland formalizes the shared commitment to providing affordable supportive housing and the framework for the	Workers have to coordinate with multiple landlords/property managers, with some housing providers having Memorandums of Understanding, with Micah Projects, that are often "more on paper

formal coordination of supportive housing services and property management functions.

The tenancy agreement for requires ongoing compliance with what is a wider range of special conditions to reflect the nature of the building.

There is awareness of the need to get the balance right between working towards compliance with tenancy conditions and remaining sensitive to individual need, while people are adjusting to living in the building.

than in practice". Little time available to allocate to coordination or partnership development.

Compliance with general tenancy conditions is required to maintain housing, with no specific timeframes. Public housing now has a 'three strikes' rule and time periods may be introduced as well, that will have the effect of diminishing permanence for some vulnerable people not in supportive housing programs.

Tenancy mix

Table 5: There is a mix of tenants with half being people who have experienced homelessness and half people who have never been homeless. This mix helps ensure a vibrant community and a diversity of tenants.

Supportive Housing in single site: BCG	Sustaining tenancies in public/community housing
<p>The tenant mix was for formerly homeless and low-income individuals. The selection process was 3-staged and did not strictly adhere to allocations from the One Social Housing Register. Rather matching was the final important stage. This was adopted due to clear lessons from other Common Ground developments that problems are created without a multi-step selection process. The allocation of units within the building according to resident's choice, characteristics and habits (smoker or not) for tenancy mix in the building was also critical.</p> <p>Shared commitment to tenancy mix requires shared culture and understanding about the model of supportive housing being implemented. It requires the shared creation of a different atmosphere for residents and how tenancy management will be undertaken.</p> <p>The issue of rental income from the tenant mix is an issue. The mix among the low income tenants was more difficult with the desired proportion in the higher 'low' income range (to generate higher rental revenue) not achieved in the first round.</p> <p>As 133 of the 146 units are studio units, tenants are usually single. A limited number of couples can be accommodated. The building does not cater for families with children.</p>	<p>Allocation from the One Social Housing Register results in the tenant mix being all tenants with multiple issues being housed within the same community or public housing complex. Low-income people/ people who have never been homeless do not get housing if they are not assessed as high need and vulnerable. With limited stock for scattered site housing, there is reduced capacity to do tenant matching and even within this constraint, and "there is an element of guess" with inevitable strains in tenant relationships and conflicts.</p> <p>With a spread of providers who are tenancy managers for people in supportive housing programs, there is no shared policy around tenancy mix.</p> <p>The business model for public and community housing is more about the ability to maximize rental income.</p> <p>The housing complexes accommodate a mix of couples, families and children.</p>

Safety

Table 6: A concierge service is provided 24/7 to ensure a welcoming but controlled access to the building at all times.

Supportive Housing in single site: BCG	Sustaining tenancies in public/community housing
<p>There is a 24/7 front desk concierge service that controls all entries into the building, applying the requirements of the Visitor policy where visitors have to sign in and show ID, and with an application process to have a visitor overnight.</p> <p>There is around-the-clock front desk coverage, ongoing 'rounds' of the building undertaken by staff and supported by security cameras through the building. Compliance with policy and procedures around behaviours is required of tenants and visitors alike.</p> <p>Micah Projects has the financial responsibility for concierge and Common Ground Queensland as building manager delegates sufficient rights to Micah Projects to allow the concierge service to fulfill the safety and security obligations required to manage the building in the best interests of the project and the persons involved.</p>	<p>There is no control over visitors into most of the complexes, and where swipe card front gate security operates experience shows some tenants ensure it is circumnavigated in various ways. Security is one of the biggest issues when no concierge service.</p> <p>With no on-site service, there is no ability to ensure the safety of tenants in the scattered site complexes. Experience shows this results in a law and order response to safety issues.</p> <p>No such relationship between support provider and housing manager in place in scattered site housing.</p>

Support services

Table 7: On site supports including holistic case management, mental health, primary healthcare, recreation and other specialist services to prevent people becoming homeless again and to support people to achieve their goals and aspirations.

Supportive Housing in single site: BCG	Sustaining tenancies in public/community housing
<p>BCG is appropriate for individuals who need and want onsite support services and require assistance in managing their safety and security.</p> <p>A shared vision and charter between Micah Projects, and the building and tenancy manager so there is role clarity between support service, concierge service and tenancy management. The workers co-ordinate effort with weekly meetings, and this includes managing the process of sustaining tenancies at risk, according to the respective roles of the team members.</p> <p>Supportive housing services are on-site with 24/7 coverage with the concierge service, so early intervention defuses and de-escalates problems</p>	<p>People need choice, so always scattered site will be required to meet consumer needs, such as individuals who want maximum autonomy, few neighbours and who have some confidence in managing their visitors.</p> <p>Under MOUs, there may be some shared vision and charter with housing managers with procedures for managing as tenancy. This would include managing tensions between the tenancy manager and the support worker in how to manage and maintain a tenancy and their respective roles. Often relies on good will of individuals and personal relationships more than organisational commitment</p> <p>Services are not stationed on-site and contact between the service staff and tenants must be arranged. However, some tenants only need to</p>

before they escalate. Residents also exercise some choice in the engagement process knowing it is flexible and can be opportunistic or planned.

Increased success rate of residents keeping appointments with health and allied services with shared location of resident and support worker. This increases productivity of support workers.

know support is just a phone call away, and don't need much more to sustain their tenancy; and some prefer the less 'intense' experience of a phone call to a face-to-face visit. Experience has shown that when a situation escalates on-site presence is required to establish control and resolve the situation.

There is more coordinated effort required to deliver support services and to ensure people attend their health and related appointments. Productivity issues around 'no shows' of residents.

Social inclusion

Table 8: Each element of supportive housing from building to support service design aims to create the greatest degree of empowerment and independence for people, as well as a thriving community for tenants and neighbours.

Supportive Housing in single site: BCG	Sustaining tenancies in public/community housing
<p>The design is for social inclusion with tenants having direct access to a local 'neighbourhood' of 26 units across 2 floors with 13 units a floor and 6 or 7 directly adjacent units with a mix of tenant category.</p> <p>Expectation residents have an interest in community activities within and outside the building works against institutionalisation as high density living.</p>	<p>Some individuals with long history of homelessness will not be successful in a multi-storey building of 146 units and the expectations around social inclusion in that context. They prefer to build it in their own way</p> <p>In scattered sites, building relationships with neighbours while balancing privacy of tenant in scattered site is required.</p>

The voice of staff and tenants supported in both types of housing provides further nuances in relation to this differentiation.

Brisbane Common Ground single site

There were loud disturbances in the first few months, but most people have settled down now after a period of adjustment and some turnover in residents. The mixture was not right at first, but now it is, but there will always be some dramas with this mix of people. Splitting people up by floors works well, you can hear people but they cannot come up. I tell myself...it is not the people, it's the alcohol talking.

Yes, there are a lot of rules and you need to work out any Breach Notices, but it makes you wake up to yourself and realise what you have here...being here means that no one just knocks on your door, all you have to do is tell the concierge you do not want visitors.

The way the floors work is good and helps to build the sense of community among people and to feel less isolated and not stand out as the 'odd' one. You meet more people here and they are more accepting as we are all on a more or less equal basis. I feel every time I walk out my door I can contribute a bit to someone else's day.

Scattered sites in the community

Why on earth would I want to live with 140 odd other people, 6 other units are as much community as I want. I can deal with people wanting to stay over, I tell them this is my home it is not a boarding house or a squat, so feel privileged if you get through the front door.

There is an issue about the suitability of accommodation to meet the needs of people in a context of shortage of housing, so they feel forced into accepting housing and making compromises when they know the housing options are limited. So Micah is in a catch-22 situation. And then you get the letter from housing about the policy change if a single living in a 2-bedroom place. It makes you wonder what certainty you have.

Allocating people to a complex where there are multi-problems, including domestic violence, child protection, disability and no support for the residents generally is a problem. There is no real tenancy management and a lack of maintenance of property...all these issues have an impact on sustaining your tenancy, but problem is there is a lack of choice.

On an ongoing basis to support my tenancy, it will mean being in contact with a Micah service, knowing they are there and I can ring at any time whatever the issue, it is a back up, a safety net.

Distilling success factors

Table 9 presents the potential success factors emerging from this analysis and their application to programs to sustain tenancies. It is evident that a formal and funded Housing First supportive housing model for scattered sites needs to be considered that takes account of the principles of Supportive Housing, with the following as a start:

- security as a design feature in scattered site complexes, including consideration of a version of a concierge service in larger complexes, particularly in future builds of public and community housing
- coordination between support services and tenancy management to provide an early response or rapid response capacity to scattered site housing as a joint effort to deal in a timely manner with identified complexes rather than relying on a law and order response as seems to be the current method
- MOUs to be required between tenancy managers and support services to achieve an understanding and acceptance of the relative roles and responsibilities of support services and property management
- Affordable housing considerations are taken into account as well as client mix when developing MOUs
- Relationships building between the workers and tenants and the property management and neighbours to provide social integration.

These factors have initial financial implications but the longer term potential for cost saving across different service systems. The business model underpinning Brisbane Common Ground property and tenancy management of a single site supportive housing model indicates there are financial implications that are likely to require some level of ongoing subsidy beyond rental income. This issue needs to be explored further in terms of both the building manager role and the role of support service organisations to inform development of a supportive housing scattered site model.

Table 9: Success factors for sustaining tenancies in single site and scattered site housing based on practical implementation knowledge

SUCCESS FACTORS for SUSTAINING TENANCIES	
Brisbane Common Ground single site supportive housing model	Housing support delivered to scattered site housing
<p>Safety: confirmed as a significant success factor for the most vulnerable</p> <p>Control of visitors: provides tenants with the capacity to exercise control over visitors and know who is knocking on their front door</p> <p>Access to assistance and support: increases attendance at support service appointments and other required services</p> <p>On-site health and related services: partnerships with service providers are on-site</p> <p>Permanent (i.e. long term and stable) nature of the tenancy has had a significant and positive aspect, including in access to services where this is a predictive indicator of service outcome</p> <p>Standard of Premises: has an influence on many residents' behaviour and sense of pride and influences progress in other areas</p> <p>Relationships: model of relationships for tenants provided by relationship between tenancy manager and tenant support teams</p> <p>Community relationships are being built up among the residents who are in the floors that connect, with micro communities "like a street"</p> <p>Tenant mix where residents are giving time to others, to share skills and knowledge</p> <p>Gender mix of 53:47 male: female ratio has an influence on the social dynamics of the building</p> <p>Community based activity: activities in the building provide integration, e.g., weekly community meal</p> <p>Design: The thought in the design has paid off as open spaces reduce the triggers for people's behaviours and people are generally treating each other better</p> <p>Staff productivity: with co-location with individuals in service provision</p> <p>Call out responses:</p> <ul style="list-style-type: none"> • Decrease in police calls into building • Decrease in call out to emergency services 	<p>Individual Choice: People do need choice, high density living does not suit some people with long histories of being on the street or in institutions</p> <p>Extended tenant mix: Provides for greater range of tenants in all family formations outside of 'singles'</p> <p>Choice of housing type: high density properties can be more fully developed for access for individuals with disability</p> <p>Community living: Providing tenants with access to other services in the broader community</p> <p>Doing what it takes: commitment to do what is required for the individual with staff "doing what is required when they open the door when other providers would leave"</p> <p>Partnerships: work with services to present 'wrap around' services taken to where the tenant is.</p> <p>Telephone contact: the knowledge that support is only a phone call away and not the intensity of face-to-face contact.</p>

In the next chapter, the cost effectiveness of a Housing First approach overall, and the implications for other service systems are considered.

Chapter 5: Cost effectiveness analysis for Housing First approach

Reporting cost effectiveness for housing first approach to sustaining tenancies

As stated previously, the current cost effectiveness analysis was inspired in part by Project 50, a longitudinal study that followed 50 participants in a supportive housing model in Los Angeles County.

Project 50 examined the relative cost of the homeless life vs. the more structured life experienced within the framework of assisted housing (Toros, H., Stevens, M. & Moreno, M., 2012). Project 50 found substantial cost offsets, totalling 108% of the cost of the supportive housing program itself. Overall, incarceration costs and medical costs declined after participants entered into the program. Mental health treatment and substance abuse treatment increased after entry, attributed by the authors to participants receiving treatment for problems that were previously unaddressed.

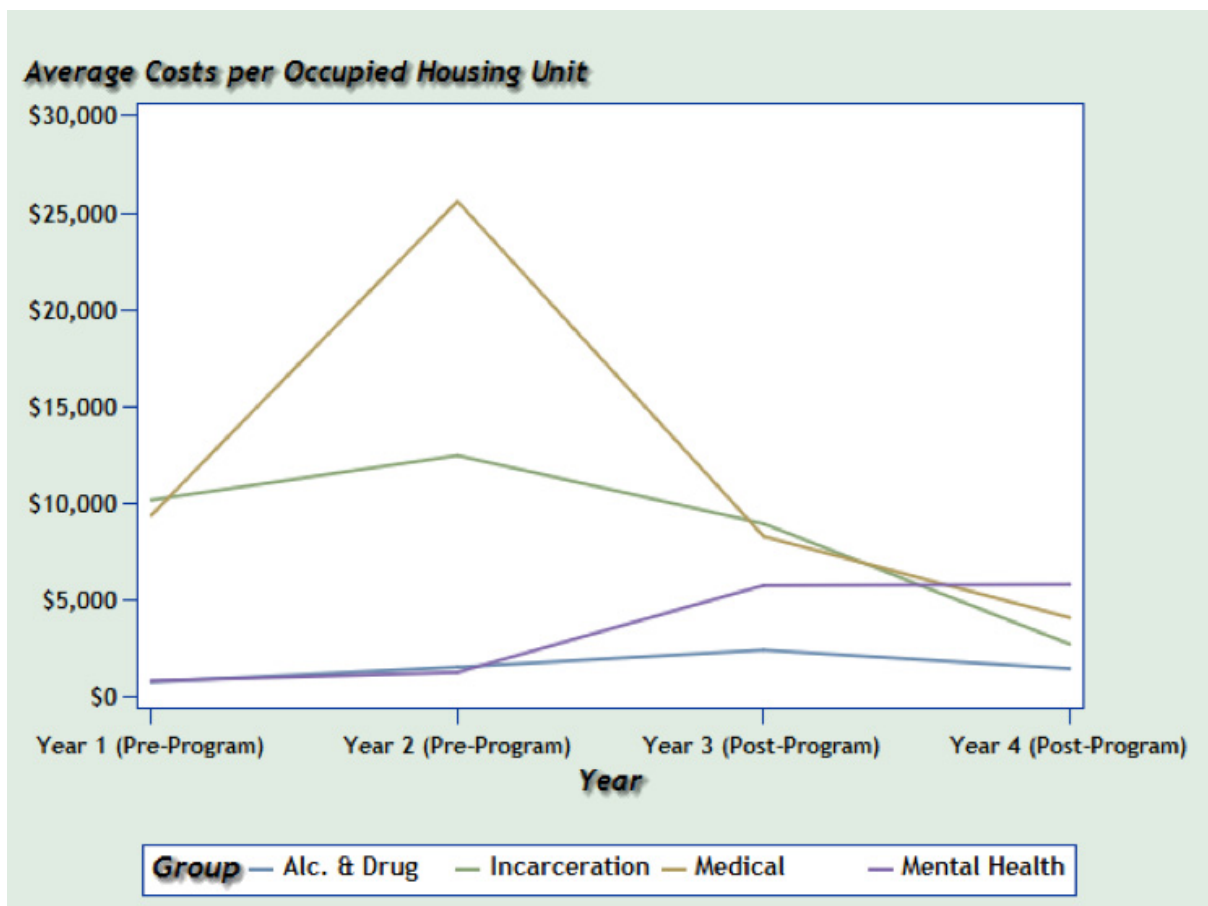


Figure 15: Average costs per housing unit prior to and subsequent to providing housing to Project 50 study participants

Figure 15 illustrates a range of Project outcomes. Average medical costs per occupied housing unit increased in Year 2 and then declined in Years 3 and 4. Likewise,

incarceration costs increased in Year 2 and then declined in Years 3 and 4. In contrast mental health costs increased from Year 2 through to Year 4. Finally, alcohol and drug related costs were relatively flat across the four-year period.

Project 50 cost in order of three million dollars (US), employed a team with excellent access to relevant County records, used these records to select the most vulnerable and chronically homeless adults, and then tracked this group systematically in a four year period where they were still homeless in the first two years and then lived for a further two years in supported housing.

While the current study is a partial replication of Project 50, there are some important differences:

- **Participant numbers:** Project 50 included 50 participants whereas the current analysis focused on a total of seven participants.
- **Time periods:** Project 50 participants were tracked over four years (two years pre-program, and two years post-program) whereas this cost-effectiveness analysis compares costs across three life conditions:
 - **Homelessness:** this period included time spent homeless prior to moving in to housing.
 - **Year 1 support:** this 12 month period started the month participants moved into housing, all of them supported by either Street to Home or Supportive Housing Outreach case workers.
 - **Post Year 1 support:** this period starts after the above 12 month period until 30 June 2013.
- **Service events and cost categories:** Project 50 considered costs in terms of the four categories of incarceration, alcohol and drugs, mental health and medical costs, whereas the current analysis divides up costs in terms of five categories that include costs associated with general health care, drug & alcohol, mental health, a range of legal service events that included incarceration, case work and brokerage costs.
- **Data sources:** Project 50 had access to a wider range of data sources, particularly county records. This study obtained data from 3 sources (see below) although only 5 of the 7 participants had Information Privacy requests submitted.
- **Cost reporting:** Project 50 summarised costs per occupied housing unit, the current analysis summarised costs per individual.

To be more specific, and as stated previously in the methodology chapter, the current analysis was based on records from seven participants that had remained in a Housing First program delivered by Micah Projects. The records were drawn from three sources with the aim of being able to crosscheck between these three sources and to augment the data provided by any one source to maximise the reliability of counts of service events involving the participants.

- Interviews were conducted through the participatory method described in the methodology, and these provided some information on service events from the recollection of the participant, and was mainly used to provided additional information on events not covered by the next source/s;
- The database for people supported held by Micah Projects was interrogated, having the written consent of each participant, to obtain additional data after interviews on service events.

- Requests under the Privacy Act 2009 were submitted on behalf of five of the seven participants and information received for those five people. Requests were submitted to the following Queensland Government organisations:
 - The Department of Justice and Attorney General
 - The Department of Community Safety – Queensland Ambulance Service
 - The Queensland Police Service
 - All public hospitals located within the Metro North and Metro South Hospital and Health Service. Where participants were living outside of these areas during the time period under consideration, requests were submitted to the relevant public hospitals.

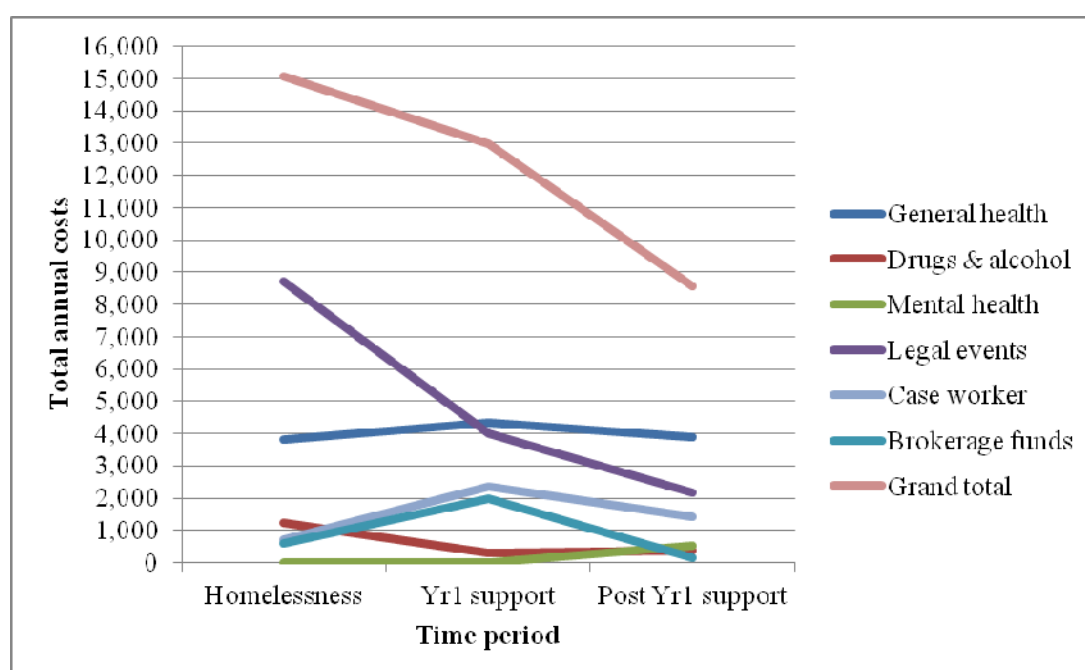


Figure 16: Changes to total average annual costs of homelessness over time

As illustrated in Figure 16, the overall cost dropped across the three time periods, mainly based on the decreasing cost of legal, drug and alcohol related service events and brokerage funds across these three periods. In contrast, cost categories such as general health, mental health, and case workers either remained about the same or increased slightly.

Given the constraints in parameters used, outcomes reported in the current analysis are tentative in scope and reliability. Nonetheless, it is clear that current outcomes provide evidence in favour of the cost-effectiveness of placing previously homeless individuals in Housing First programs to sustain their tenancies. That is, the pattern of outcomes illustrated in Figure 16 support the cost-effectiveness of moving homeless individuals into housing with support. More generally, the current analysis supports a conclusion that the provision of supportive housing in Australian settings lowers the cost to the community, an outcome that could ease pathways to the provision of public funding in the future.

Analysis of frequency and cost

Separate repeated measure graphs have been produced to illustrate the possibilities of this methodology, despite the qualifications in the data sets used. These graphs display trends across the three periods of interest for four categories of service events:

- general health care
- drug and alcohol
- mental health,
- legal

The default was to present graphs with vertical bars. However, for service categories with greater numbers of service events, figures were presented with bars rotated to the right.

Frequency of general health care service events

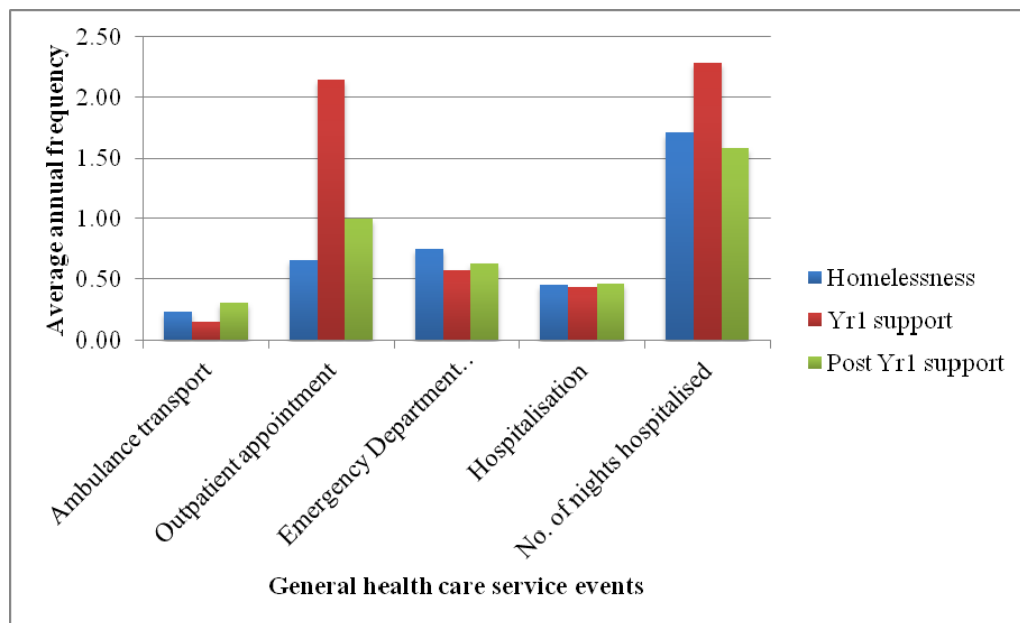


Figure 17: Average annual frequency of general health service events

As illustrated in Figure 17, the pattern of usage by the seven participants of these general health services varied to some extent. In terms of a comparison between homelessness and post Yr1 support, they were more likely to attend at emergency departments, spend more than one night in hospital, and about as likely to be hospitalised while homeless. However, the seven participants were more likely to request ambulance transport, go to outpatient appointments, go to GP appointments or go to specialist appointments while enjoying post Yr1 support.

Frequency of drug and alcohol service events

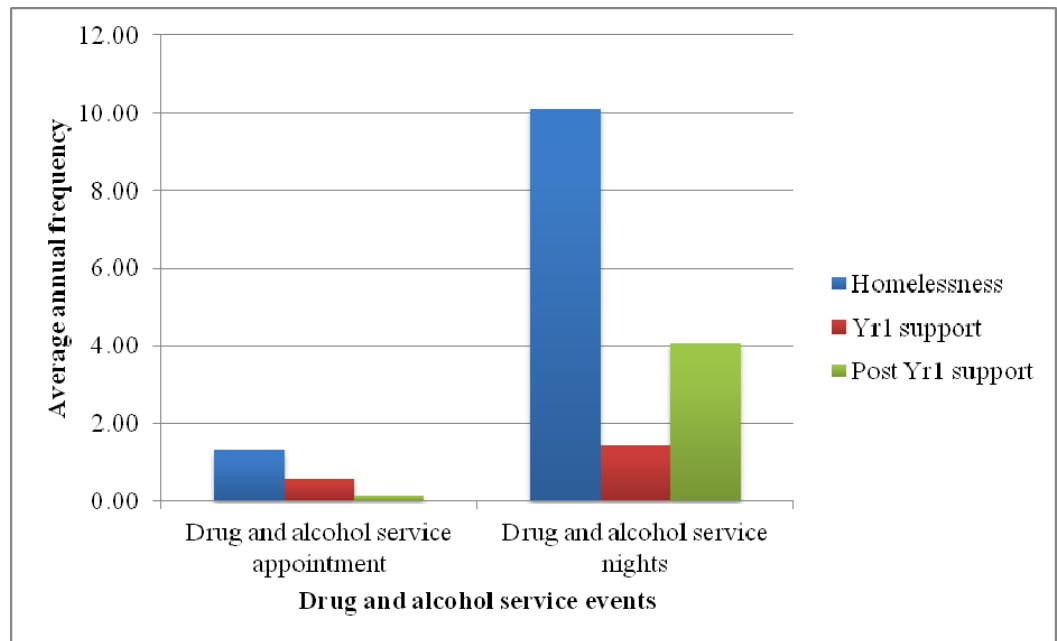


Figure 18: Average annual frequency of drug and alcohol service events

As illustrated in Figure 18, the number of drug and alcohol service appointments decreased across the interval between homelessness and post Yr1 support, as did the number of nights spent in a drug and alcohol treatment facility.

Frequency of mental health service events

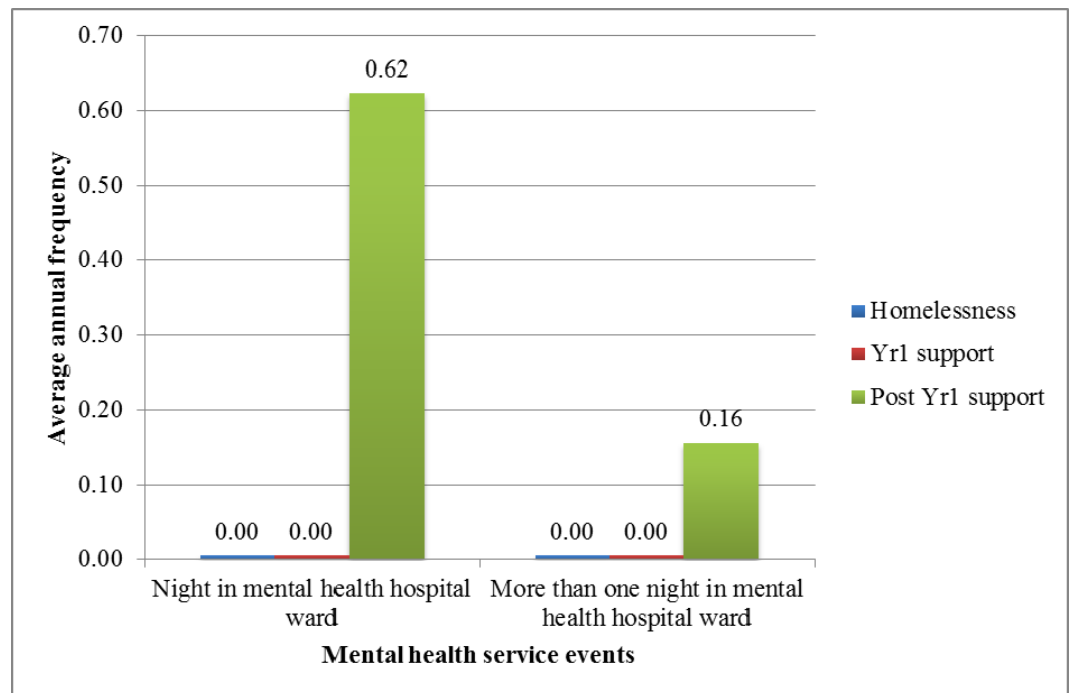


Figure19: Average annual frequency of mental health service events

As illustrated in Figure 19, the frequency of participants accessing mental health services increased Post Yr1 support, although the frequency was still low. It is possible that this reflects an increased access to mental health services once housing stability is achieved.

Frequency of legal service events

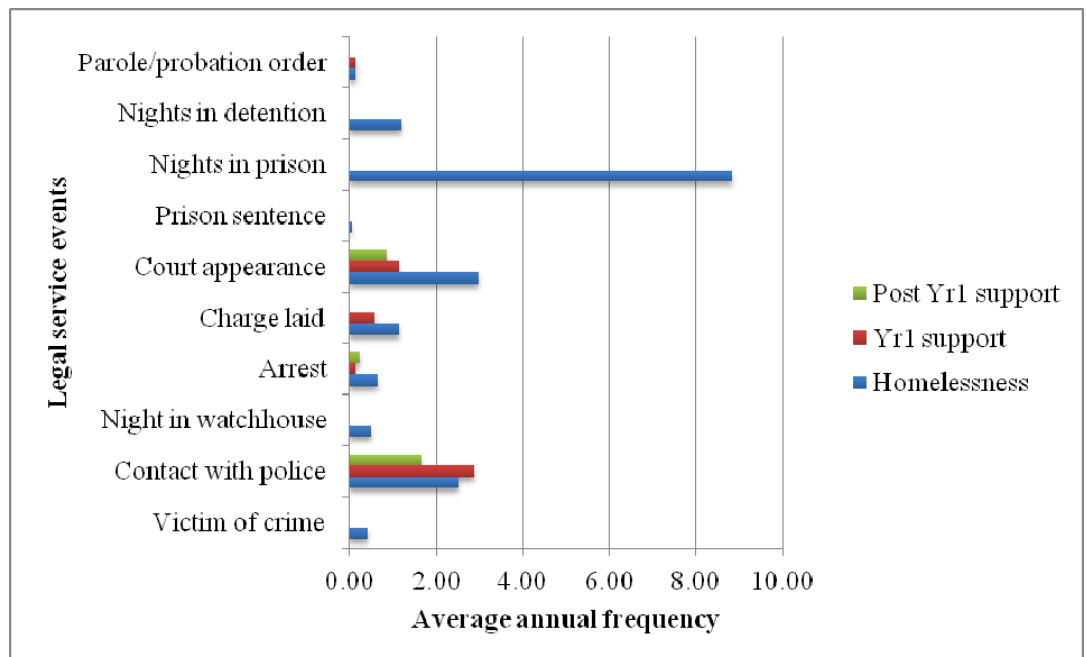


Figure 20: Average annual frequency of legal service events

As illustrated in Figure 20, what stands out is the number of service events experienced while homeless, relative to during Yr1 or Post Yr1 support. These include being a victim of crime, spending a night in the watch house, a prison sentence, spending a night in prison, nights in detention or remand or a correctional facility and being given a parole or probation order.

Importantly, all legal service events decrease in frequency between when participants were homeless compared to post Yr1 support.

Service events reported in terms of average annual cost

As indicated previously, the average annual frequency of various types of service events was transformed into cost estimates by assigning costs on the basis of publically available information.

Average annual cost of general health care service events

Figure 21 complements the previous representation of average annual frequency by including separate cost estimates for each of the types of general medical care considered here.

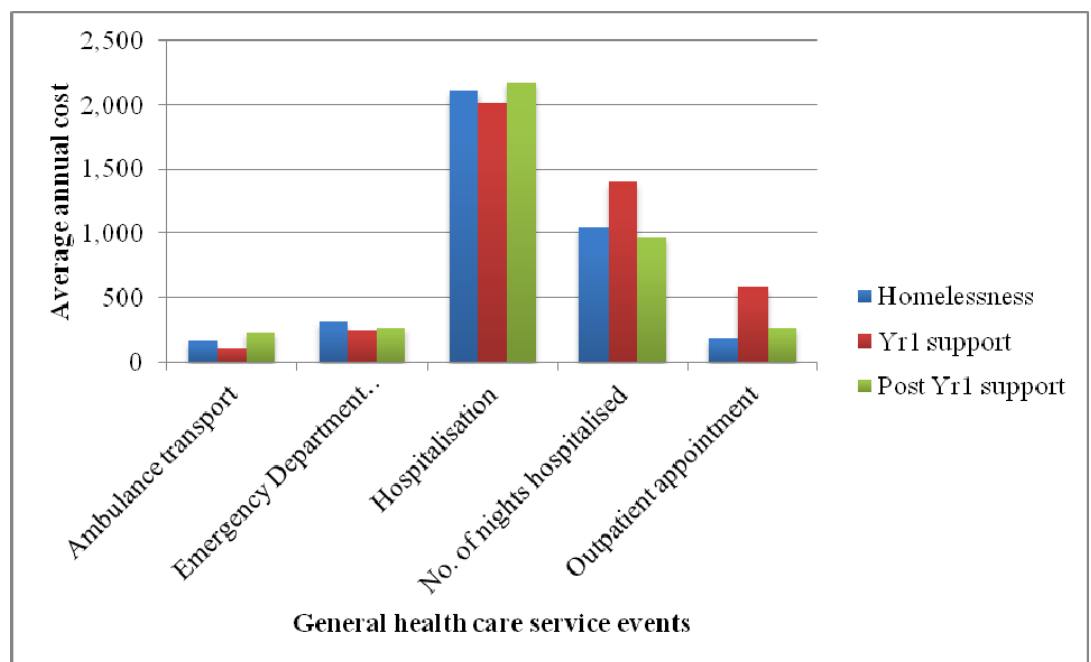


Figure 21: Average annual cost of general health service events

As previously illustrated in Figure 17, the pattern of usage by the seven participants of these general health services varied to some extent. In terms of a comparison between homelessness and post Yr1 support, they were more likely to attend at emergency departments, spend more than one night in hospital, and about as likely to be hospitalised while homeless. However, the seven participants were more slightly more likely to request ambulance transport and go to outpatient appointments.

As further illustrated in Figure 21, the greatest average annual cost was for staying overnight in hospital.

Average annual cost of drug and alcohol service events

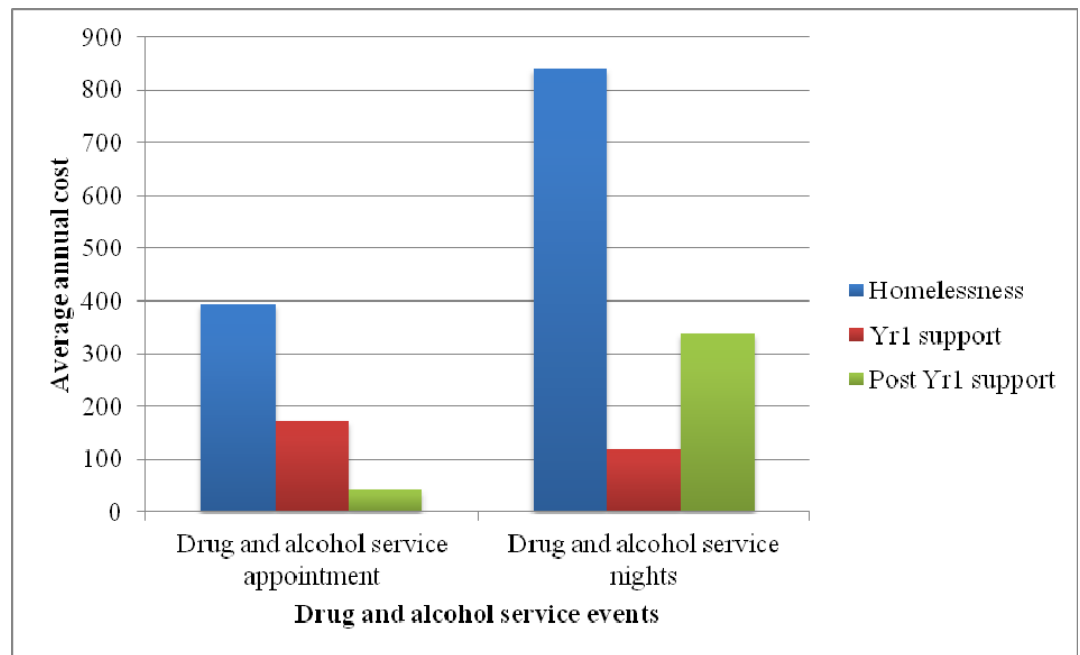


Figure 22: Average annual cost of drug and alcohol service events

As previously illustrated in Figure 18, the number of drug and alcohol service appointments decreased across the interval between homelessness and post Yr1 support, as did the number of nights spent in the drug and alcohol treatment facility.

As illustrated in Figure 22, the greatest average annual cost was for overnight stays at the drug and alcohol facilities.

Average annual cost of mental health service events

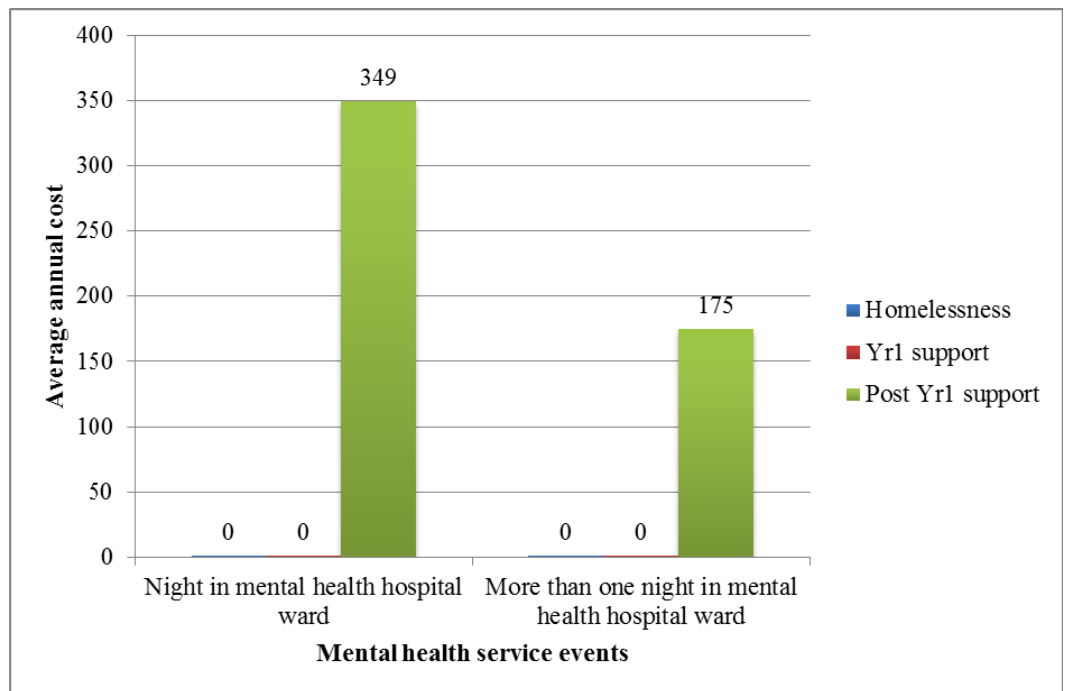


Figure 23: Average annual cost of mental health service events

As illustrated in Figure 19, in four of the six mental health service events under consideration, the average annual frequency of service events were at a maximum during Post Yr1 support, and this correlates with costs seen here in Figure 23.

Annual average cost of legal service events

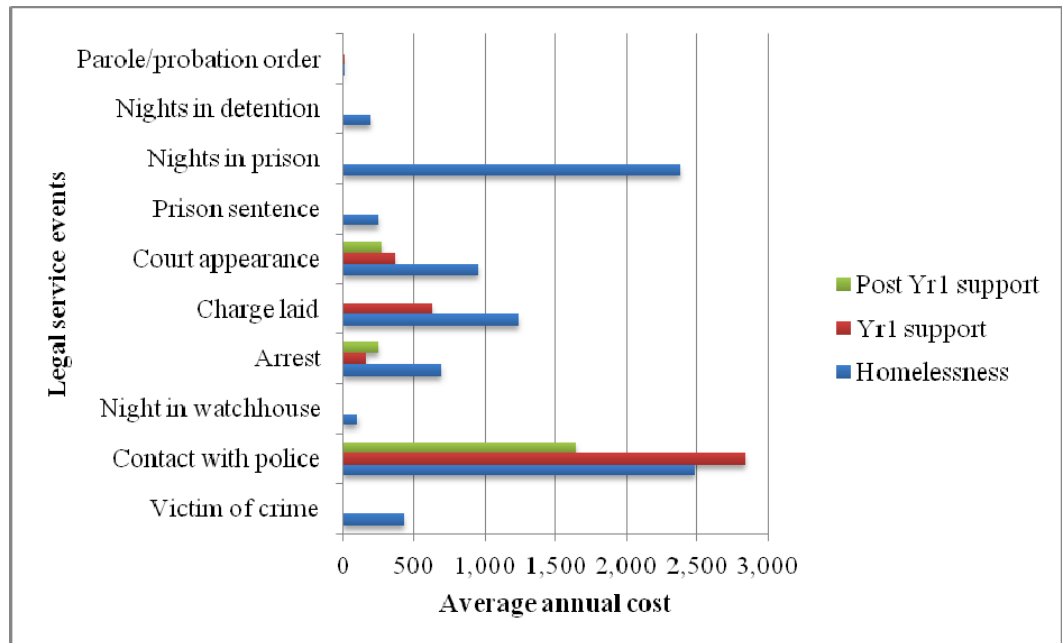


Figure 24: Average annual cost of legal service events

As illustrated in Figure 20, what stands out is the number of service events experienced while homeless relative to during Yr1 or Post Yr1 support.

As further illustrated by Figure 24, the greatest average annual cost was for contacts with police, charges being laid, and nights in prison.

Chapter 6: Discussion, recommendations and conclusions

This project's consumer focused participatory methodology has produced a number of specific outcomes. These are detailed and discussed below.

Outcomes for participants in Housing First

The participants were able to sustain their tenancies with varying degrees of support from Micah Projects through its various programs. They also demonstrated improvements in key factors, including:

- Average satisfaction with housing
- The extent of feeling safe in their housing
- The sense of control they had over their lives
- The overall sense of progress in their lives since being homeless
- The peace of mind they experienced.

While the numbers were too small to definitively differentiate the two tenant groups, the data indicates that the average levels of improvement were higher in the single site supportive housing model. By contrast, there was still a high to very high degree of difficulty in managing finances reported by participants. This was the area commented upon by participants that could make it hard for some people to leave the streets where "they have no rent or bills to pay".

Success factors in relation to a single site model: Brisbane Common Ground

Key success factors in sustaining tenancies are evidenced for a Housing First approach in a single site supportive housing model around the six principles for supportive housing. All six principles support sustaining tenancies, and address key participant issues. The design principles of a single site supportive housing model address safety and the control of visitors. These principles are key success factors for sustaining tenancies and for the level of satisfaction with housing.

The efficiency with which resources are used in the single site supportive housing model influences the cost-effectiveness of permanent supportive housing models as opposed to ongoing homelessness.

Success factors in relation to services to scattered site housing

To realise achievement of sustainable tenancies, there is a place for design considerations in scattered site complexes, and a 'rapid response' aspect to the delivery of supportive housing to address safety aspects and the control of visitors. This is important where there is limited supply of single site supportive housing for homeless people assessed as high need and vulnerable, a key target group for supportive housing.

It is evident that funding needs to be considered for scattered site supportive housing in a Housing First approach. Safety considerations in such a model are best addressed as a joint effort between tenancy managers and supporting housing staff rather than over reliance on a law and order response. MOUs need to be strengthened and relationship

building with tenancy managers undertaken to foster understanding and accepting the relative roles of support team and property management. It is important to develop relationships between the workers and individuals and the property management and neighbours. Finally, fundamental to all is housing capacity – having appropriate long-term housing stock available for supportive housing to meet tenants' needs.

Level of support services offered by Micah Projects

The Micah Projects teams provided low, moderate or high intensity support services to assist tenants sustain their tenancy and coordinated other services as needed. The level of support can be measured by the time the worker spent with the individual and the brokerage dollars provided.

One generalisation is that support time for the two participants after they moved to Brisbane Common Ground reduced, while their self-reported levels of satisfaction were the highest at both interview 2, just after they moved in, and at interview 3. The level of brokerage dollars provided was related to the needs of participants when they moved into or transferred within scattered site housing> Brokerage for moving house was more likely to be required for scattered sites, as the Brisbane Common Ground units were provided fully furnished.

The housing stability of nine of the participants between interview 2 and 3 is consistent with achievement of the objective of sustaining tenancies. It is also clear that the nine participants felt more at ease in their current housing situation as measured by participant satisfaction across a number of outcomes under statistical analysis.

The housing stability achieved by the couple with no formal support in scattered housing can be understood in terms of their self-reporting of the support from their relationship. Their support came from within the relationship as a result of their work on communication skills and commitment to the relationship.

It seems that both types of supportive housing are required to meet consumer needs and achieve sustainable housing. It would also account for the fact that, while all participants reported they needed the services provided by Micah Projects now to sustain their tenancy, many were definite they would always need some level of support, however basic, to sustain their tenancy in permanent housing.

The relationships between support services and the various tenancy managers of scattered site public and community housing need to be prioritised in practice and addressed consistently over time to sustain tenancies. This is a function that requires specific resourcing under a formal Supportive Housing Program.

Issues related to development of a database that tracks service events

The cost-effectiveness analysis based on service usage reported here fills a gap in Australian research.

It is clear that the development of a valid and reliable database for service usage along the pathway of formerly homeless people requires crosschecks that utilise differing sources of information about service events. In the cost-effectiveness analysis reported here, while the grouped outcomes paint a clear picture of declining use of health and other services as the seven individuals whose data was used for the analysis moved from

being homeless to the first 12 month of support services to the post 12 month period, it is clear that the present outcomes actually under-estimate the extent of that downward shift.

One of the limitations of this cost effective analysis is the reliance on people's recall and administrative records not compiled with this kind of data use in mind.

It follows from the above that it would be fruitful to commence tracking a select group of individuals from homelessness to housing, gathering data about service use as it occurs.

This project could be built upon through a more detailed and robust analysis of cost effectiveness of a Housing First approach. This would compare homelessness and responses such as a continuum of care approach, involving a larger sample size, tracking participants from homelessness and their use of a range of services as they move into housing and support. A key outcome for a larger scale cost effectiveness analysis could be the determination of current Queensland unit costs for service events.

Recommendations and Conclusion

The important findings of this report are:

- The Housing First approach in Brisbane is working – 100% of the individuals followed through the study, stayed housed.
- Support services aiming to sustain tenancies in public and community housing have shortcomings when they are not framed as part of a formal supportive housing program.
- Initial investigations indicate that housing people with supports costs less than keeping a person homeless.

Overall, the implications for policy settings and resource allocation decisions are that Housing First approaches should continue to be supported and resourced as a cost-effective and sustainable approach to reduce homelessness.

Governments should continue to develop Supportive Housing models at the policy and program level, aligning support services, housing allocation and tenancy management to achieve the best outcomes for people. In Queensland, there is a need for a formal scattered site supportive housing model that complements the current single site model for Brisbane Common Ground. Supportive housing needs to be broadened beyond the single site model provided at Brisbane Common Ground, by resourcing tenancy-targeted support for either scattered site or single-site supportive housing.

This extension to the model would take account of the need for choice and the success factors identified for scattered site housing compared to those for the single site housing model. It would also account for the fact that while all participants reported they needed the services provided by Micah Projects now to sustain their tenancy, many were definite they would always need some level of support, however basic, to sustain their tenancy in permanent housing. Successful Housing First responses require access to ongoing support after people have been housed.

Acknowledgements

The authors would like to thank Karyn Walsh, Coordinator of Micah Projects and the members of the Innovation, Research and Evaluation Team at Micah Projects for the contribution to this final report. We would also like to thank Katherine Hopkins, Research Assistant at Micah Projects, and Dr Cameron Parsell, senior researcher with the Institute for Social Science Research (ISSR), for the preparation of literature reviews that have been adapted for use in this report. The authors also thank Ms Hopkins for the information required in the preparation of the database for the cost effectiveness analysis. The contributions, support and involvement of all the people from Micah Projects who were interviewed for the participatory methodology over a period of 22 months is very much appreciated and acknowledged.

Finally, the authors express their thanks to the 12 participants who shared their experiences and ideas, at times with disarming intensity and clarity.

References

- Australian Bureau of Statistics 2013, 2011 Census QuickStats – Brisbane Local Government Area, viewed 8 September 2013, available at: http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/LGA31000?opendocument&navpos=220
- Authoritative information and statistics to promote better health and well-being (AIHW), <http://www.aihw.gov.au/publication-detail/?id=6442467720>
- Balcazar, F. E., Keys, C. B., Kaplan, D. L. and Suarez-Balcazar, Y. (1998), Participatory action research and people with disabilities: principles and challenges. *Canadian Journal of Rehabilitation*, 12: 105–12.
- Berry, M., Chamberlain, C., Dalton, T., Horn, M. and Berman, G. (2003), *Counting the Cost of Homelessness: A Systematic Review of Cost Effectiveness and Cost Benefit Studies of Homelessness*, Australian Housing and Urban Research Institute, Melbourne.
- Carr, V., Neil, A., Halpin, S. and Holmes, S. (2002). Costs of psychosis in urban Australia, *National Survey of Mental Health and Wellbeing*, Bulletin 2.
- Coalition Homes and Corporation for Supportive Housing (2009), *Best practices manual - Integrating property management and services in supportive housing*, Corporation for Supportive Housing, New York.
- Commonwealth of Australia, (2006), *Handbook of Cost Benefit Analysis*, The Financial Management, Reference Material No. 6, Department of Finance and Administration, Canberra.
- Community Prevention, Treatment & Recovery Team Proposal (2011), *Integrated Healthcare: Homeless to home, Micah Project Incorporated*.
- Corporation for Supportive Housing (2006), *Glossary of terms related to the provision of supportive services*, Corporation for Supportive Housing, New York.
- Corporation for Supportive Housing (2011), *Silos to Systems: Preserving and Strengthening Families and Children Experiencing Recurring Child Welfare System Encounters and Housing Crises*, Corporation for Supportive Housing, New York.
- Corporation for Supportive Housing (2011), *Permanent Supportive housing: An Operating Cost Analysis*, Corporation for Supportive Housing, New York.
- Corporation for Supportive Housing (2012), *The State of the Supportive Housing Industry: The CSH Supportive Housing Survey*, Corporation for Supportive Housing, New York.
- Cronly, C., Petrovich, J., Spence-Almaguer and Preble, K. (2013), 'Do official hospitalizations predict medical vulnerability among the homeless? A postdictive validity study of the Vulnerability Index', *Journal of Health Care for the Poor and Underserved*, vol. 24, pp.469-486.
- Culhane, D., and Metraux, S. (2008), 'Rearranging the Deck Chairs or Reallocating the Lifeboats? Homelessness Assistance and its Alternatives', *Journal of the American Planning Association*, vol.74, no. 1.
- Downtown Emergency Services Center (2012), *Vulnerability Assessment Tool: for determining eligibility and allocating services and housing for homeless adults*, viewed 21 August 2013, [http://www.desc.org/documents/09.11.2012.DESC.Intro to Vulnerability Assessment Tool.pdf](http://www.desc.org/documents/09.11.2012.DESC.Intro%20to%20Vulnerability%20Assessment%20Tool.pdf)
- Economic analysis of hospital in the home (HITH: 2011), Deloitte Access Economics. http://www.deloitte.com/view/en_AU/au/industries/publicsector/55b9f427ac172310VgnVCM2000001b56f00aRCRD.htm
- Farrell, A., Britner, P., Guzzardo, M., Goodrich, S. (2010), 'Supportive housing for families in child welfare: Client characteristics and their outcomes at discharge', *Children and Youth Services Review*, vol. 32, no.2, pp.145–154.
- Fees and charges for acute health services in Victoria (2013), Victorian Government health information, <http://www.health.vic.gov.au/feesman/fees1.htm#private>
- Fisher, K. & Robinson, S. (2010), Will policy makers hear my disability experience? How participatory research contributes to managing interest conflict in policy implementation. *Social Policy and Society*, 9(2): 207 – 220

- Ginzler, J.A. and Monro-DeVita, M. (2010), *Downtown Emergency Service Center's Vulnerability Assessment Tool for Individuals Coping with Chronic Homelessness: A Psychometric Analysis*, The University of Washington, Washington.
- Gordon, R (2008), *What is Housing First and Supportive Housing?* Council to Homeless Persons, viewed 3 January 2012, <http://www.chp.org.au/parity/items/2008/04/00315-upload-00001.doc>.
- Gulcur, L., Stefancic, A., Shinn, M., Tsemberis, S. and Fischer, S. (2003), Housing, hospitalisation, and cost outcomes for homeless individuals with psychiatric disabilities participating in continuum of care and Housing First programmes. *Journal of Community and Applied Social Psychology* 12(2): 171-186.
- Toros, H., Stevens, M. and Moreno, M. (2012), Project 50: The Cost Effectiveness of the Permanent Supportive Housing Model in the Skid Row Section of Los Angeles County, Research and Evaluation services, Los Angeles County.
- Hannigan, T. and Wagner, S. (2003), *Developing the "Support" in Supportive Housing*, Centre for Urban Community Services, New York.
- Head, B. (2008), Lenses of Evidence-Based Policy. *The Australian Journal of Public Administration*, 67 (1): 1-11.
- HomeGround Services (2010), *Supportive Housing Partnership Solutions: An Integrated Housing Development Model*, report prepared by Sally Jope, HomeGround Services, Melbourne.
- Kertesz, S., Crouch, K., Milby, J., Cusimano, R. and Schumacher, J. (2009), Housing First for homeless persons with active addiction: Are we overreaching? *The Milbank Quarterly* 87(2): 495-534.
- Kresky-Wolff, M., Larson, M.J., O'Brien, R.W. and McGraw, S.A. (2010), 'Supportive Housing Approaches in the Collaborative Initiative to Help End Chronic Homelessness', *Journal of Behavioral Health Services and Research*, vol. 37, no.2, pp.213-225.
- Lee, B.A., Tyler, K.A., and Wright, J.D. (2010), The new homelessness revisited, *Annual Review of Sociology*. 36: 501-21
- Lipton, F., Siegel, C., Hannigan, A., Samuels, J. and Baker, S. (2000), 'Tenure in Supportive Housing for Homeless Persons With Severe Mental Illness', *Psychiatric Services*, vol.51, no.4, pp.479-486.
- Mason, C., and Robb, W. (2008), Journeys through homelessness: Whose evidence? *Micah Projects Inc.*
- Mason, C., and Robb, W. (2010), Preparing pathways to justice, *A report for Queensland Advocacy Incorporated.*
- Micah Projects, Creating Homes, Changing Lives, http://www.micahprojects.org.au/resource_files/micah/Creating-Homes-low-res.pdf
- Micah Projects n.d., 'Supportive Housing factsheet', http://www.micahprojects.org.au/resource_files/micah/20110415-Support-House-fs.pdf
- Morris, A., Judd, B., and Kavanagh, K. (2005), Marginality amidst plenty: Pathways into homelessness for older Australians, *Australian Journal of Social Issues*. 40(2): 241
- National Alliance to End Homelessness 2006, *What is Housing First?* National Alliance to End Homelessness, viewed 3 January 2012, <http://www.endhomelessness.org/content/article/detail/1425>.
- Parsell, C. and Jones, A. (2012), Street to Home in Australia: New Approaches to Ending Rough Sleeping in Brisbane and Sydney, *Institute for Social Science Research The University of Queensland*.
- Parole: An overview (1999), Briefing paper No.20/29, NSW Parliamentary Library Service, [http://www.parliament.nsw.gov.au/prod/parlment/publications.nsf/0/d0c3c3b8863060feca256ecf0009ee4c/\\$FILE/20-99.pdf](http://www.parliament.nsw.gov.au/prod/parlment/publications.nsf/0/d0c3c3b8863060feca256ecf0009ee4c/$FILE/20-99.pdf)
- Phillips, R., Parsell, C., Seage, N. and Memmott, P. (2011), *Assertive Outreach*, Australian Housing and Urban Research Institute, Australia.
- Pinkney, S. & Ewing, S. (2006), The costs and pathways of homelessness: Developing policy-relevant economic analyses for the Australian homelessness service system, *Dept. of Families, Community Services & Indigenous Affairs*.

- Pleace, N. and Bretherton, J. (2012), 'What do we Mean by Housing First? Categorising and Critically Assessing the Housing First Movement from a European Perspective', Paper presented at the *European Network for Housing Research Conference*, June 2012, viewed 28 August, https://pure.york.ac.uk/portal/files/15534560/ENHR_HF_paper_Nicholas_Pleace.pdf
- Queensland Treasury. (2006), *Cost-Benefit Analysis Guidelines: Achieving Value for Money In Public Infrastructure & Service Delivery*. Brisbane, Queensland Government
- Reynolds, F. (2009), 'Houselessness Actually: Evidence for Housing First', *Parity*, vol.22, no.9, pp.48-49.
- Sahlin, I. (2005), The staircase of transition: Survival through failure. *Innovation* 18(2): 115-135.
- Shlay, A.B., and Rossi, P.H. (1992), Social science research and contemporary studies of homelessness, *Annual Review of Sociology*. 18: 129-60
- Siegel, C., Samuels, J., Tang, D., Berg, I., Jones, K., and Hopper, K. (2006), Tenant outcomes in supported housing and community residences in New York City. *Psychiatric Services* 57(7): 982-991.
- Stefancic, A. and Tsemberis, S. (2007), Housing First for long-term shelter dwellers with psychiatric disabilities in a suburban county: A four year study of housing access and retention. *Journal of Primary Prevention* 28(3/4): 265-279.
- Substance Abuse and Mental Health Services Administration (2010a), *Building Your Program: Permanent Supportive Housing*, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Rockville.
- Toros, H., Stevens, M. and Moreno, M. (2012), *Project 50: The Cost Effectiveness of the Permanent Supportive Housing Model in the Skid Row Section of Los Angeles County*, County of Los Angeles, Chief Executive Office, Service Integration Branch, United States.
- Tregaskis, C. and Goodley, D. A. (2006), Disability research with non-disabled people: Towards a relational methodology of research production, *International Journal of Social Research Methodology* 8(5): 363–74.
- Tsai, J., Bond, G., Salyers, P., Godfrey, J. and Davis, K. (2010), Housing preferences and choices among adults with mental illness and substance use disorder: A qualitative study. *Community Mental Health Journal* 46: 381-388.
- Tsemberis, S. (1999), From streets to homes: An innovative approach to supported housing for homeless adults with psychiatric disabilities. *Journal of Community Psychology* 27(2): 225-241.
- Tsemberis, S. and Eisenberg, R. (2000), Pathways to Housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities. *Psychiatric Services* 51(4):487-493.
- Tsemberis, S., Gulcur, L. and Nakae, M. (2004), Housing First, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American Journal of Public Health* 94(4): 651-656.
- Watson, D., Orwat, J., Wagner, D., Shuman, V., Tolliver, R. (2013), 'The housing first model (HFM) fidelity index: designing and testing a tool for measuring integrity of housing programs that serve active substance users', *Substance Abuse Treatment, Prevention and Policy*, vol.8, no.16, pp.1-16.
- What does treatment cost (GPs, Psychiatrists), [http://www.health.gov.au/internet/main/publishing.nsf/Content/88FB535B0456C66FCA257BF0001CFB7E/\\$File/copecost.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/88FB535B0456C66FCA257BF0001CFB7E/$File/copecost.pdf)
- Whyte, W.F. (1989), Advancing scientific knowledge through participatory action research. *Sociological Forum*. 4(3): 367 - 385
- Wong, Y., Hadley, T., Culhane, D., Poulin, S. and Davis, M. (2006), *Predicting Staying In or Leaving Permanent Supportive Housing That Serves Homeless People with Serious Mental Illness*, Department of Housing and Urban Development, United States.
- Zaretzky, K., Flatau, P., and Brady, M. (2008), What is the (Net) Cost to Government of Homelessness Programs? *Australian Journal of Social Issues*, 43: 2.
- Zaretzky, K., Flatau, P., Clear, A., Conroy, E., Burns, L. and Spicer, B. (2013), *The cost of homelessness and the net benefit of homelessness programs: a national study – Findings from the Baseline Client Survey*, Australian Housing and Urban Research Institute, Melbourne.

Appendix

Initial list of service events compiled from a range of sources

Category	Date	Service event	Other	Annual men*	Annual women*
Legal issues	2013	Victim of assault or theft		1065	2347
	2013	Contact with police (stopped in vehicle)		994	149
	2013	Contact with police (stopped in street)		26	30
	2008	Call out to incident (av)	570		
	2008	Police arrest	1100	486	86
	2013	Held overnight		200	37
	2008	Night in remand or detention	160	2177	
	2008	Prosecution preparation	5500		
	2008	Legal aid (av)	2875		
	2008	Court room visit (av)	320	1123	450
	2010	Correctional facility time (National)	269	5190	
	2008	Community service orders	10		
General health issues	2008	Contact with GP	100	468	396
	2013	Contact with medical specialists		269	137
	2008	Contact with nurse or allied health professional	100	166	235
	2008	Ambulance	730	1077	644
	2008	Emergency room visit	420	681	410
	2008	Admission to hospital	3700		
	2010	Acute hospital bed (service event)	4172		
	2013	Night in hospital		16768	4881
	2008	Drug & alcohol visit	300		
	2008	Rehab in drug & alcohol facility (annual)	34100		
	2005	Night in drug & alcohol Centre (NSW)	83	2610	2628
Mental health issues	2008	Mental health care assessment (GP)	300		
	2008	Psychologist visit	75	645	395
	2008	Mental health clinic visit	300		
	2007	Night in mental health facility (National)	560	1959	4346

*Based on 2013 AHURI publication (see text)

Final cost schedule for items included in average annual cost figures and overall costs figure

General health service events

Label	Cost	Source
Hospitalisation	4706	2009-10 AIHW: Hospital performance: cost per casemix-adj. sep.
No. of nights hospitalised	612	2013 Fees & charges for acute hlth services in Victoria (see Ref.)
Outpatient appointment	269	2013 AHURI: Contact with medical specialists
Emergency Det. presentation	420	2008 QLD: Emergency room visit
Ambulance transport	730	2008 QLD: Ambulance transport

Drug and alcohol service events

Label	Cost	Source
Drug and alcohol service appointment	300	2008 QLD: Drug and Alcohol visit
Drug and alcohol service nights	83	2005 QLD: Night in D & A Centre (NSW)

Mental health service events

Label	Cost	Source
Night in mental health hospital ward	560	2007 QLD: Night in mental health facility (National)
More than one night in mental health hospital ward	560	2007 QLD: Night in mental health facility (National)

Legal service events

Label	Cost	Source
Victim of crime	1065	2013 AHURI: Victim of assault or theft (male average)
Contact with police	994	2013 AHURI: Contact with police in vehicle (male average)
Night in watch house	200	2013 AHURI: Held overnight (male average)
Arrest	1100	2008 QLD: Police arrest
Charge laid	1100	2008 QLD: Held overnight
Court appearance	320	2008 QLD: Courtroom visit
Prison sentence	5500	2008 QLD: Prosecution preparation
Nights in prison	269	2010 QLD: Correctional facility time (National)
Nights in detention	160	2008 QLD: Night in remand or detention
Parole/probation order	5.34	1999 NSW: Parole officer vs. other costs (see References)
Legal events		Not included in cost estimates

Micah Projects service events

Label	Cost	Source
Case worker support	24	Micah Projects example hourly rate. As wages vary between team and between roles within teams, Level 2 pay point 2 of the Social, Community, Home Care and Disability Services Industry Award (full-time) was selected as a representative wage rate (\$23.7297 per hour)
Brokerage funding		Provided by Micah Projects on case-by-case basis



MICAH PROJECTS INC 

**Breaking Social Isolation
Building Community**

MICAH PROJECTS INC

Phone (07) 3029 7000 | Fax (07) 3029 7029

Ground Floor, 162 Boundary St, West End Q 4101

PO Box 3449 South Brisbane Q 4101

info@micahprojects.org.au | www.micahprojects.org.au

www.facebook.com/micahprojects | twitter: @micahprojects

Funded by

