Axial Housing First Program Evaluation

Community Services Directorate, Housing ACT

Final Report

9 December 2022

Building a better working world

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9 December 2022

Ms Elizabeth (Libby) Hay
Assistant Director, Housing Assistance Policy
Community Services Directorate
Housing ACT

Axial Housing First Pilot Program Evaluation

Dear Libby,

In accordance with our Engagement Agreement dated 9 September 2022 ("Agreement"), Ernst & Young ("we" or "EY") has been engaged by the Community Services Directorate, Housing ACT ("you" or the "Client") to undertake an evaluation of the Axial Housing First pilot program (the "Evaluation").

The enclosed report (the "Report") sets out the outcomes of our work. You should read the Report in its entirety. A reference to the report includes any part of the Report.

Purpose of our Report and restrictions on its use

Please refer to a copy of the Agreement for the restrictions relating to the use of our Report. We understand that the deliverable by EY will be used, amongst other sources of information, for the purpose of informing the expansion of the Axial program and Housing First model in the ACT (the "Purpose"). This Report was prepared solely for this purpose and should not be used or relied upon for any other purpose.

This Report and its contents may not be quoted, referred to or shown to any other parties except as provided in the Agreement. We accept no responsibility or liability to any person other than the Community Services Directorate, Housing ACT and accordingly if such other persons choose to rely upon any of the contents of this Report they do so at their own risk.

Nature and scope of our work

The scope of our work, including the basis and limitations, are detailed in our Agreement and in this Report.

Our work commenced on 9 September 2022 and was completed on 9 December 2022. Therefore, our Report does not take account of events or circumstances arising after 9 December 2022 and we have no responsibility to update the Report for such events or circumstances.

In preparing this Report we have considered and relied upon information from a range of sources believed after due enquiry to be reliable and accurate. We have no reason to believe that any information supplied to us, or obtained from public sources, was false or that any material information has been withheld from us.

We do not imply, and it should not be construed, that we have verified any of the information provided to us, or that our enquiries could have identified any matter that a more extensive examination might disclose. However, we have evaluated the information provided to us by the Community Services Directorate, Housing ACT, as well as other parties through enquiry, analysis and review and nothing has come to our attention to indicate the information provided was materially mis-stated or would not afford reasonable grounds upon which to base our Report.

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The work performed as part of our scope considers information available to us provided to us by the Community Services Directorate, Housing ACT. Our conclusions are based, in part, on this information. It should not be construed that we have verified any of the information provided, or that we could have identified matters that a more extensive examination might disclose.

Neither EY nor any member or employee thereof undertakes responsibility in any way whatsoever to any person in respect of errors in this Report arising from incorrect information provided by the Community Services Directorate, Housing ACT, or other information sources used.

This letter should be read in conjunction with our Report, which is attached.

Thank you for the opportunity to work on this project for you. Should you wish to discuss any aspect of this Report, please do not hesitate to contact me on +61 422 009 718.

Yours sincerely

Mark Galvin
Partner, Government and Public Sector Practice
Oceania Program Evaluation Lead

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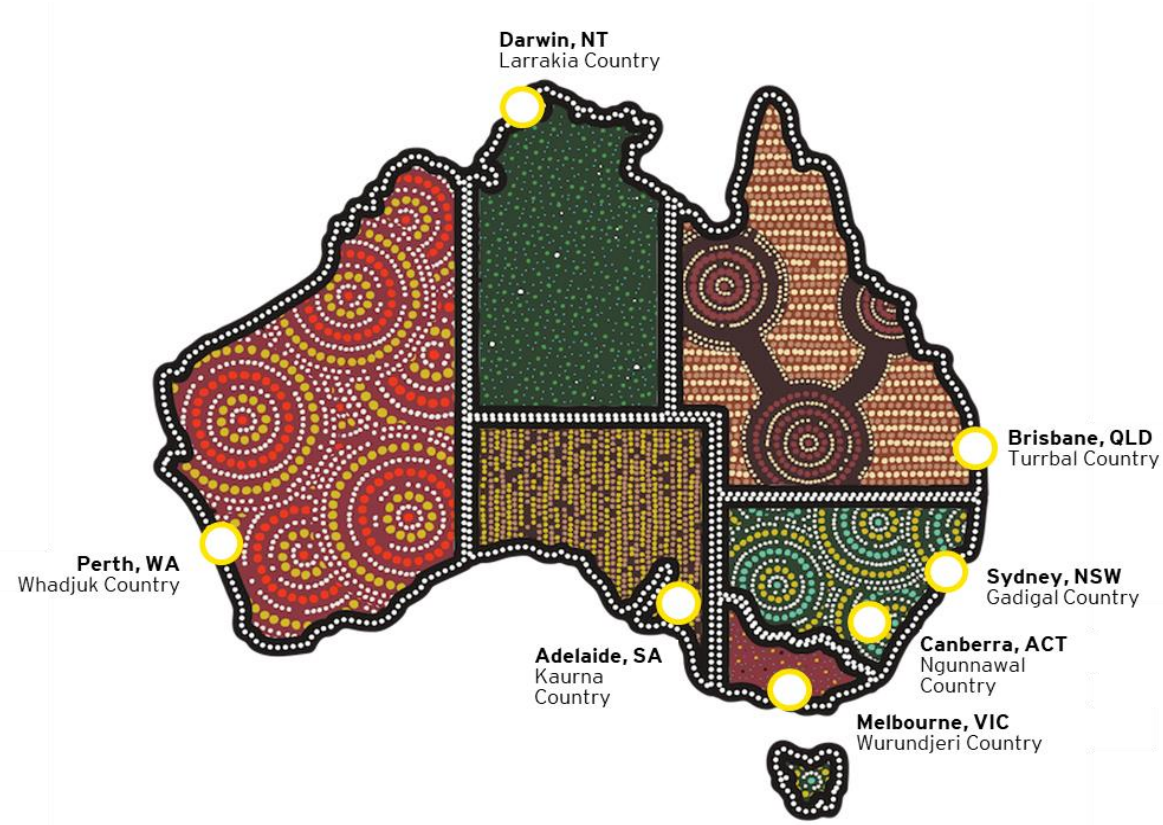
Acknowledgment of Country



EY acknowledges Aboriginal and Torres Strait Islander people as the first peoples of Australia and Traditional Custodians of this land and its waters. We pay our respects to Elders, knowledge holders and leaders past, present and emerging.

We respectfully acknowledge the Traditional Owners of country on which EY's offices are located, including Turrbal, Gadigal, Ngunnawal, Wurundjeri, Kaurna, Whadjuk, and Larrakia Nations.

We respect Traditional Owners' relationship, connection and association to "country" and that it is an integral part of their identity and cultural expression.

We understand and respect that Country is sacred, and we will work diligently and culturally responsively in partnership to build a strong future for the People and Country.

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Glossary of Acronyms

The table below presents a list of acronyms used throughout this report:

Acronym	Meaning
ACT	Australian Capital Territory
AES	Australian Evaluation Society
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other Drugs
BCR	Benefit Cost Ratio
CALD	Culturally and Linguistically Diverse
CBA	Cost Benefit Analysis
CASP	Community Assistance & Support Program
CPI	Consumer Price Index
HAA	Housing Assistance Act
HAAP	Housing Asset and Assistance Program
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NHHA	National Homelessness and Housing Agreement
NPV	Net Present Value
NSW	New South Wales
PV	Present Value
SHS	Specialist Homelessness Services
SPDAT	Service Prioritisation Decision Assistance Tool
VI-SPDAT	Vulnerability Index – Service Prioritisation Decision Assistance Tool

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1. Executive Summary

1.1 Introduction

The Australian Capital Territory (ACT) Community Services Directorate engaged EY to undertake an evaluation of the Axial Housing First pilot program (the "Evaluation") to build a local evidence base that can inform the further expansion of the Housing First model in the region.

Consistent with best practice evaluation methodology, the Evaluation focussed on three interrelated components of the Axial Housing First pilot program (herein referred to as "Axial" or the "Axial program"):

1. The implementation of the program;
2. The individual-level and community-level outcomes achieved through the pilot so far; and
3. The cost-effectiveness of the pilot in comparison to similar programs.

1.2 Axial Housing First pilot program

Axial targets those in the community experiencing chronic homelessness, requiring urgent assistance and unable to sustain a tenancy without significant assistance.

As a Housing First program, Axial's primary scope is to provide pathways and opportunities for people experiencing chronic homelessness, give access to stable housing, and provide support structures and ongoing intensive wrap around supports to assist in overcoming existing barriers that prevented them from maintaining stable housing in the past.

Axial was first piloted in the ACT in November 2019. The pilot has been delivered through a partnership between CatholicCare Canberra & Goulburn (CatholicCare) and Housing ACT and was overseen during the establishment and implementation phases by the Axial Housing First Steering Committee, which provided high-level strategic advice on the delivery of the pilot.

1.3 Evaluation questions

To provide a comprehensive and robust appraisal of Axial, the Evaluation addressed a range of process, outcomes and economic considerations.

The Evaluation was delivered in alignment with the Axial Evaluation Framework (March 2021), which provides guidance on the economic and outcome evaluation approach, as well as the Homelessness Sector Outcomes Framework (August 2022), which outlines a broad suite of measurable outcomes for ACT homelessness services to adapt to their circumstances.

The process, outcomes and economic considerations for the Evaluation included, but are not limited to:

1. Process evaluation

- How well was the overall program designed and structured?
- Was the program implemented and delivered as intended?
- Has the program reached its intended recipients?

- What factors should be considered in the scaling up or expansion of the program?

2. Outcomes evaluation

- How successful was the program in achieving its intended outcomes?
- What elements have been least and most effective in driving emerging outcomes?
- What unintended outcomes – positive and negative – have emerged from the program?

3. Economic evaluation

- How cost-effective was the program compared to similar programs?

The Evaluation applied a mixed-methods approach to address these evaluation questions. It was underpinned by co-design with key program stakeholders, including stakeholders from various units within Housing ACT and CatholicCare.

1.4 Key Limitations

During the Evaluation, there were several limitations which impacted data collection and analysis, namely:

- Data availability: The scope of the quantitative analysis was impacted by limited availability of current data, noting that the quantity of administrative data is limited as the program is currently in a pilot phase. Additionally, Service Prioritisation Decision Assistance Tool[1] (SPDAT) scores broken down by domain e.g., 'substance use', 'Experience of abuse and/or trauma' 'risk of harm to self or others', was not provided for the purposes of this Evaluation which restricted the depth of the outcomes analysis.
- Response bias: Consultation was undertaken with convenience samples, including individuals who have a strong sense of ownership over the program, through their involvement in its delivery or in its design, alongside clients who were selected by the program team. It is possible that this may result in a positive bias toward the program.

As such, the findings contained within this report largely represent the perspectives of stakeholders consulted with for the purpose of the Evaluation, including Axial clients, Housing ACT, CatholicCare, referral agencies and grant providers.

1.5 Findings

1.5.1 Process Findings

The key process evaluation findings are as follows:

Evaluation question	Key Findings
How well was the overall program	▸ Whilst not typical of a Housing First model, the integration of tenancy support and case management responsibilities within

[1] The SPDAT tool was developed by OrgCode Consulting as an assessment tool for frontline workers at agencies that work with homeless clients to prioritise which of those clients should receive assistance first. It was first released to the public in 2010. Training is required to use this tool, which can be provided by OrgCode Consulting, Inc. or an OrgCode certified trainer. Further information on this tool can be found at: https://www.orgcode.com/

Evaluation question	Key Findings
designed and structured?	CatholicCare facilitated a flexible, agile and client-centred program delivery model. ▸ CatholicCare's presence as an established service provider in the ACT homelessness sector contributed to their risk tolerance to house and support clients with high and complex needs, and their ability to effectively facilitate collaboration amongst the sector.
Was the program implemented and delivered as intended?	▸ The COVID-19-driven rapid escalation in client uptake during 2020 did have consequences for program delivery but it is acknowledged that frontline CatholicCare staff worked tirelessly to provide the much-needed and life-changing support for Axial clients throughout this period. ▸ CatholicCare's existing relationships within the ACT community, as well as a broader suite of internal support programs, filled in a critical support gap for Axial clients who were otherwise unable to navigate the mainstream health system. ▸ Opportunities for improved data collection for Housing ACT housing stock should be explored to ensure properties are allocated efficiently when available, noting that Housing ACT and CatholicCare are currently collaborating effectively to ensure properties best meet the needs of Axial clients despite supply constraints.
Has the program reached its intended recipients?	▸ Through effective referral and assessment mechanisms, the program has largely reached its intended recipients of chronically rough sleepers in the ACT with high and complex needs, noting that the current Axial client cohort is not a representative sample of this full cohort. ▸ Referral partner stakeholders identified opportunities for improvement with respect to referral pathways into the Axial program, including ensuring transparency in the assessment process and closing feedback loops with referring agencies. ▸ A cohort of clients unable to maintain housing and with support needs beyond the supports able to be provided by the Axial program exist, specifically those with co-morbidities or co-occurring illnesses including complex mental health and substance use issues.
What factors should be considered in the scaling up or expansion of the program?	▸ The human-centred approach to client support taken by Axial case managers was instrumental in developing trusted relationships and maintaining client engagement with the program. ▸ Increased access to mental health specialist services and intervention supports will be required to address the complex mental health needs of clients.

Evaluation question	Key Findings
	▸ As the program scales, an increased focus on resource and capacity considerations will be required, including case manager caseloads and program throughput, to ensure the program is best able to meet the needs of a broader cohort of clients.

1.5.2 Outcomes Findings

The key outcomes evaluation findings are as follows:

Evaluation question	Key Findings
How successful was the program in achieving its intended outcomes?	▸ The Axial program was highly effective in meeting the immediate physiological and safety needs of people experiencing chronic homelessness. ▸ Accessing housing and wrap around support through Axial was the foundational first step for many clients to then go on to address their complex health needs, which had not received the appropriate attention for many years. ▸ Axial clients and frontline stakeholders were unanimously positive about their experiences with the program, with some clients labelling the program and the support it provided as lifesaving. ▸ Areas where the program had a more limited impact for clients included fostering connection to community and a sense of personal purpose, as well as connecting clients to employment opportunities.
What elements have been least and most effective in driving emerging outcomes?	▸ The dedication, experience and care of the Axial case managers enabled clients to build trust and a positive relationship with CatholicCare and was uniformly described as a real strength of the program. ▸ This client-centred approach was supported by the integrated program delivery model within the one provider and CatholicCare's commitment to providing client support that is not time-bound. ▸ Pressures on the ACT social housing market created challenges in finding suitable properties for Axial clients however this dynamic was experienced across the broader homelessness sector.
What unintended outcomes – positive and negative – have emerged from the program?	▸ Stakeholders commented that there had been less issues with antisocial behaviour and property maintenance than anticipated. ▸ Axial clients with co-morbidities, particularly chronic mental health and substance use issues, were identified as significantly more vulnerable to losing their tenancy within the program.

1.5.3 Economics Findings

The key economics evaluation findings are as follows:

Evaluation question	Key Findings
How cost-effective was the program compared to similar programs?	▸ The economic analysis undertaken, considered the benefits (avoided costs) of reduced crisis support required by Axial clients, conservatively yielded a benefit cost ratio (BCR) of 1.54. This means that for every $1 invested in the Axial program, at least $1.54 in avoided crisis support costs are returned. ▸ These benefits are limited only to clients who had spent two years in the program and did not consider future costs and benefits. It could be expected that as benefits increase relative to costs over time, the BCR would be higher, and the Axial program would demonstrate even greater value for money. ▸ There are challenges in making direct comparisons between the Axial program and other similar street-to-home and supported accommodation programs which aim to address chronic homelessness. Nevertheless, the Axial program compares favourably on a cost per client basis at $12,828 (in 2022 AUD) per client when compared with four similar programs.

1.6 Recommendations

Recommendations arising from this Evaluation relate to resource management, client eligibility criteria, supporting clients with increasingly complex needs, and sustainability of funding streams. They include:

1. It is recommended that CatholicCare provide additional rationale and feedback to referral agencies when clients referred are deemed unsuitable for Axial, to improve the appropriateness of future referrals to the Axial program, and to aid referral agencies in referring their clients to other more appropriate services.

2. It is recommended that the Axial delivery team - in collaboration with referral agencies - review any potential barriers to program participation for cohorts with high and complex needs that are under-represented in the program, as well as develop strategies to overcome barriers.

3. It is recommended that the mental health and wellbeing outcomes of current Axial clients are monitored closely beyond the recruitment of a clinical support worker to examine if this process is supporting clients with complex needs as intended. This data collection would also serve to support future investment decisions regarding resourcing of the Axial program.

4. It is recommended that Axial case managers continue their ongoing work with referral agencies to ensure sufficient supports are provided to clients with complex intersecting needs to ensure that, between Axial and other services, they are receiving adequate supports.

5. It is recommended that CatholicCare continue to work towards optimising caseloads and continue to account for variation in the complexity of need, so that Axial clients receive a consistent level of support that matches their unique needs. This process may be partially alleviated by the recent recruitment of the Axial clinical support worker, but it also may be supported by further investment in caseload optimisation.

6. It is recommended that the current level of support provided to Axial staff members is maintained to enable them to continue delivering exceptional service quality and improvement in client outcomes.

7. It is recommended that Axial case managers continue to work closely with their clients to define strategies and plans that match their clients' long-term goals and expectations for a secure and optimistic future, and the supports that will be required to help them realise them.

8. It would be beneficial for the Axial program to explore options for increased consistency and sustainability in dedicated funding streams.

Further detail on these recommendations arising from the evaluation are presented within the recommendations section of this report.

1.7 Report Structure

The following sections of this report detail the Evaluation activities and findings, including:

- Context and background of the Axial Housing First pilot program alongside the Evaluation scope and objectives;
- Evaluation methodology including the literature review, data collection and analysis, and stakeholder engagement;
- Best practice findings from the literature review;
- Key findings from the qualitative and quantitative analysis aligned to the Evaluation questions; and
- Conclusions and key recommendations to support Housing ACT and CatholicCare's considerations for the future expansion of the Axial Housing First program in the region.

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2. Introduction

2.1 Homelessness in the ACT

Homelessness is a complex and multi-faceted issue in Australia. Two common definitions are often used to frame the issue. From a statistical perspective, homelessness is frequently conceptualised in terms of the inappropriateness of someone's current living arrangements. A 'cultural' definition is also used, referring to instances where someone's accommodation falls short of minimum community standards, such as living in a cramped caravan park.[1]

Under either framework, homelessness is the product of a complex interplay between numerous individual factors and broader structural issues. For men in the ACT, a lack of affordable housing and inadequate dwelling conditions are the most common reasons for experiencing homelessness.[2] For women in the ACT, domestic and family violence is reported as the primary driver of homelessness, followed by systematic housing unaffordability.[3]

On Census night in 2016, 1,738 people were estimated to be experiencing homelessness in the ACT.[4] This represented an overall 8.2% drop between the 2011 and 2016 Census date figures.[5] However, this was accompanied by an 86% increase in the number of rough sleepers in the ACT over the same period – from 29 to 54 individuals.[6] This suggests that while Specialist Homelessness Services (SHS) have improved in their ability to intervene early and prevent homelessness for some, there are still gaps in the system. For example, Aboriginal and Torres Strait Islander people continue to be over-represented, making up 17% of those seeking support despite forming only 1.3% of the ACT population.[7]

Furthermore, the number of homelessness service clients with high levels of vulnerability and complexities, such as clients with mental health issues, clients with disability, and clients with alcohol and other drug issues, has continued to increase between 2018 and 2021. The client group that has experienced the largest increase has been women experiencing domestic and family violence.[8]

2.2 ACT policy context

Over the last decade, the ACT Government has demonstrated an ongoing policy commitment to addressing homelessness in the local community, improving homelessness service delivery for the benefit of all Canberrans, and identifying gaps as they emerge in the system. Following an extensive 18-month community consultation period, the ACT Government released its 10-year Housing Strategy in October 2018, which had reducing homelessness as a focus goal.[9] This plan superseded the foundational 2007 Affordable Housing Action Plan.

Improving pathways out of homelessness was also identified as a key objective of the Housing Strategy. As a supporting action, the ACT Government committed itself to establishing a range of housing models in the ACT to meet the needs of people who require permanent supportive accommodation to remain housed. This included providing ongoing support for the Common Ground Housing First model, which was first established in 2015 through Common Ground Gungahlin.[10] Construction for a second site, Common Ground Dickson, commenced in October 2020.[11]

In 2018, a targeted research study, the *Cohort Study*, was also commissioned by the ACT Government to identify a range of service and accommodation options to better support people with high and complex needs. The report found that about 10% of people, or around 380 individuals per year, accessing homelessness services in the ACT have high and complex support needs however, amongst this cohort, there was a high unmet need for long-term accommodation.[12]

The *Cohort Study* recommended that a diverse suite of supportive housing models should be trialled to meet the current gap in permanent housing options for individuals with high and complex needs,

particularly for those experiencing chronic homelessness. From a program design perspective, five fundamental principles were also outlined to underpin future permanent supportive housing approaches:[13]

- Housing affordability;
- Tenant control;
- Choice;
- Separation between tenancy manager and support provider; and
- Normality.

The need to expand accommodation options for individuals with high and complex needs has been reflected in ACT Government funding commitments following this study. ACT homelessness services are currently funded through a mixture of Commonwealth National Homelessness and Housing Agreement (NHHA) and ACT Government funding. In November 2020, the ACT Government announced that it would invest $18 million over four years to expand the overall capacity of the sector.[14]

The first tranche of this investment was released in the 2020-21 budget, which included $1.2 million over two years for select housing initiatives, including Axial, amongst other programs. Furthermore, the contracts of current ACT homelessness service providers are due for renewal at the end of June 2023 and the ACT Government is working closely with the sector to explore the possibility of 10-year contractual arrangements beyond this point to provide greater funding certainty.[15]

The ACT Government is also committed to expanding the social housing stock through its Growing and Renewing Public Housing program, which has invested over $1.2 billion in developing new dwellings and refurbishing existing ones since 2015.[16] This is anticipated to grow the public housing portfolio by at least 400 properties by 2025.[17]

2.3 Groups at risk of chronic homelessness

The Australian Institute of Health and Welfare (AIHW) does not provide a standardised definition for chronic homelessness however, it has been associated with older adults with poor physical and mental health, and histories of substance use and institutionalisation.[18] As a result, chronic homelessness is often experienced by individuals who regularly cycle in and out of homelessness for long periods of their life.

The *Cohort Study* closely linked chronic homelessness with people with high and complex service needs and by extension, a group of service users who could benefit the most from permanent supportive housing. For these already vulnerable individuals, the research also identified a number of cohorts who were more susceptible to the growing gaps in homelessness accommodation within the ACT:[19]

- Pet owners;
- People with criminal histories;
- Aboriginal and Torres Strait Islander people;
- People with a physical disability;
- Women and families experiencing domestic violence;

- Single fathers; and
- People with a psychosocial disability.

2.4 Axial Housing First pilot program

Axial targets those in the community experiencing chronic homelessness, requiring urgent assistance and unable to sustain a tenancy without significant assistance. The program provides this cohort of Canberrans with rapid access to stable housing and ongoing intensive wrap around support that may not have been accessible to them otherwise.

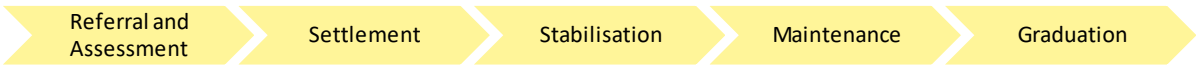
The underlying premises of the Axial program include the following:

- Helping individuals access and sustain rental housing as quickly as possible in housing that is not time-limited and based on client choice;
- Following a housing placement, a variety of supports are provided to assist with housing stability and resident well-being, noting that engagement with these supports is not a requisite for housing; and
- Supports can be time-limited or permanent depending on resident need.

The Axial pilot program was first announced in November 2019 in partnership between Housing ACT and CatholicCare and has been overseen by the Axial Steering Committee for most of its duration. The Steering Committee has consisted of representatives from Housing ACT, CatholicCare, St Vincent De Paul, Hands Across Canberra, Woden Community Service, OneLink and the ACT Council of Social Services at various times between November 2019 and November 2022.

Clients were initially expected to 'graduate' through the pilot, transitioning to a tenancy managed by Housing ACT after a period of 18-24 months in the program. The key pilot phases are outlined below. It is notable that since this design, due to the high and complex needs of Axial clients, the end goal of graduation has been suggested to be unlikely in the timeframe initially determined for the pilot. Graduation remains an objective of the pilot however, and as such the Evaluation has been undertaken in this context.

Figure 1: Key Axial pilot phases



To deliver Axial, CatholicCare has re-modelled its SHS. The program originally aimed to move 20 Canberrans experiencing chronic homelessness off the streets and into permanent and supportive housing. The program successfully achieved this target in June 2020 and was provided with $100,000 in increased funding by the ACT Government as a part of its COVID-19 pandemic support, accelerating its number of housed clients to 26 by August 2020. As of November 2022, there are currently 27 individuals receiving support from the program.

2.5 Scope and objective of this Evaluation

The Community Services Directorate engaged EY to undertake an evaluation of the Axial Housing First pilot program to build a local evidence base that can inform the further expansion of the Housing First model in the region. It is understood that the evidence base for Housing First approaches is limited, both in Australia and abroad, and the Evaluation aimed to build this evidence base as a guide for future investment decisions.

The Evaluation focussed on three interrelated components of the program: its implementation; the individual-level and community-level outcomes achieved through the pilot so far; and the cost-effectiveness of the pilot in comparison to similar programs.

Overall, the Evaluation aimed to provide reliable evidence of:

- The effectiveness of the program in achieving its vision and objectives, including critical success factors and barriers to achieving positive client outcomes;
- The implications for the future design and delivery of Housing First programs in the ACT; and
- The cost effectiveness of Axial in terms of resources used and the outcomes achieved so far.

2.6 Evaluation questions

The Evaluation questions and sub-questions were designed by EY in consultation with Housing ACT and CatholicCare and cover process, outcomes and economic evaluation components. The questions and sub-questions, as well as the section of the report that addresses them, are provided in Table 1.

Table 1: Evaluation Questions and sub-questions

Evaluation type	Evaluation questions	Measures	Data source
1: Process	How well was the overall program designed and structured?	▸ How was the program designed and structured? And why? ▸ Does the program design and structure adhere to Housing First principles? ▸ How effective have staffing, policies and procedures been in supporting the delivery of the program? ▸ What could have been done differently? And why?	5.1
	Was the program implemented and delivered as intended?	▸ Was the program implemented in accordance with the program guidelines? ▸ How effective was collaboration with relevant stakeholders? ▸ What worked well in program delivery? And for whom? ▸ What did not work well in program delivery? And for whom?	
	Has the program reached its intended recipients?	▸ Who received support from this program? ▸ How were participants identified? ▸ What are the current referral pathways to access the program and have they been effective?	
	What factors should be considered in the scaling up or expansion of the program?	▸ What were the barriers to program delivery, and how were they addressed? ▸ What were the facilitators of program delivery, and how were they leveraged? ▸ What future actions need to be taken to strengthen the facilitators and weaken the barriers to improve program delivery?	
2: Outcomes	How successful was the program in achieving its intended outcomes?	▸ Did the program meet the needs of clients? ▸ To what extent has the program resulted in or contributed to the achievement of short- and medium- (and long-) term outcomes? ▸ To what extent have controlled, uncontrolled and contextual factors affected outcomes? E.g. Housing supply, COVID -19	5.2

Evaluation type	Evaluation questions	Measures	Data source
	What elements have been least and most effective in driving emerging outcomes?	▸ What elements were most effective in driving outcomes and how can they be leveraged? ▸ What barriers prevented participants from achieving outcomes, and how can they be overcome?	
	What unintended outcomes – positive and negative – have emerged from the program?	▸ What were the unintended impacts resulting from the program? ▸ How did the unintended impacts vary between participants and for other stakeholders?	
3: Economic	How cost-effective was the program compared to similar programs?	▸ What were the identifiable costs of the program? ▸ What are the identifiable and attributable improvements in outcomes for participants of the program? ▸ How do the costs and outcomes of this program compare to other programs designed to address chronic homelessness?	5.3

3. Methodology

3.1 Co-design of the Evaluation

The development of the Evaluation methodology utilised a co-design approach between EY, Housing ACT and CatholicCare. It was also developed in alignment with the Axial Evaluation Framework,[20] which provided the foundational thinking for the Evaluation Plan, and the Homelessness Sector Outcomes Framework.[21]

EY's Evaluation Team led a co-design workshop with a range of Housing ACT and CatholicCare stakeholders in September 2022. During this workshop, the Evaluation Team tested and received feedback on a draft Program Logic and a proposed set of evaluation questions, to ensure that relevant stakeholders were empowered to shape the evaluation design. A Program Logic is a visual map of the pathways of change for any given program, depicting the relationship between inputs, activities, outputs, and outcomes.

The feedback received from this session was then used to develop a refined Program Logic, and a draft Evaluation Plan. The endorsed Program Logic for the Axial program can be found in Appendix A.

Alongside this collaborative design process, weekly progress meetings were used as a regular forum for Housing ACT and CatholicCare to provide ongoing feedback on the methodological direction, including the economic appraisal approach and stakeholder engagement strategy. The key elements of the final Evaluation Plan are outlined below.

3.2 Literature review

A literature search was undertaken to identify publicly available grey and peer reviewed material relevant to best practice principles associated with the Housing First model, as well as the emerging evidence base on the model's ability to delivery on a variety of individual- and community-level outcomes. "Best practice" can be defined as an intervention, method or technique that has consistently been demonstrated as effective through the most rigorous scientific research and which has been replicated across several cases or examples.

The search drew on a range of databases to identify literature of relevance, as well as the search terms contained in Table 2.

Table 2: Key literature review search terms

Key search terms:	Combined with:
▸ Homelessness/homelessness programs ▸ Housing First ▸ Chronic homelessness ▸ Cost effectiveness ▸ Cost offsets ▸ Design principles ▸ Best practices	▸ Housing affordability ▸ Housing stability ▸ Mental illness ▸ Substance abuse ▸ Incarceration ▸ Justice ▸ Street sleeping ▸ Aboriginal and Torres Strait Islander

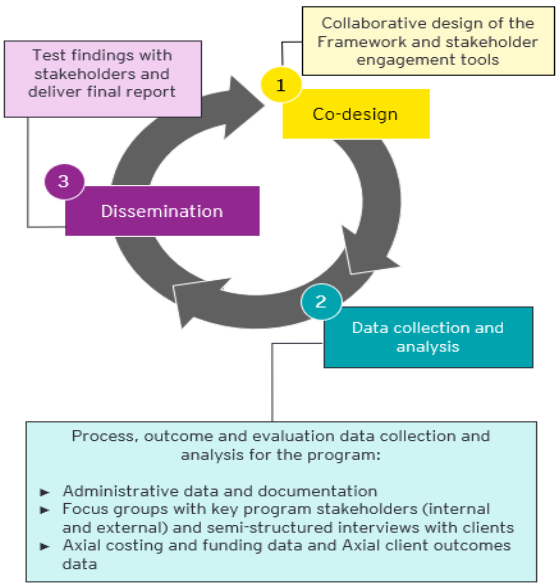
This literature review provided a high-level analysis focused on similar programs to understand:

- The policy context and landscape of chronic homelessness in the ACT;
- Housing first principles, delivery models and critical success factors; and
- Key individual and community-level outcomes associated with Housing First models.

3.3 Evaluation approach

The Evaluation applied a mixed-methods approach to undertake a process, outcomes, and economic evaluation of Axial. This involved concurrent data collection and analysis across three inter-related areas, as per Figure 2 below.

Figure 2: Mixed-methods evaluation approach



The analytical component of the Evaluation was separated into two separate workstreams: qualitative and quantitative data analysis. More details on the approach have been provided below in Sections 3.4 and 3.6 respectively. The key findings across the two streams have been synthesised into this final evaluation report, which incorporated feedback from Housing ACT, CatholicCare and the Axial Steering Committee throughout November 2022.

3.4 Qualitative Analysis: Stakeholder Engagement

A number of primary data collection activities were undertaken to inform the qualitative analysis, including consultations with a diverse range of stakeholders to ensure various perspectives were represented in the findings.

The following stakeholder groups were consulted as part of the Evaluation's qualitative data collection activities:

- Housing ACT;
- CatholicCare;
- Referral agencies;

- Axial clients with lived experience of chronic homelessness; and
- Grant providers.

In total, 4 focus groups of between 6 and 12 participants were undertaken virtually with stakeholders from Housing ACT, CatholicCare and referral agencies, covering the following aspects of Axial program design and delivery:

1. Program design and structure
2. Client referral and assessment
3. Case management and client support
4. Property allocation

In addition, seven semi-structured interviews were conducted with current Axial clients, six of which took place in-person and one via telephone. Best practice ethical conduct was adhered to throughout this consultation process, a more detailed outline of which can be found below in Section 3.5.

Finally, additional semi-structured interviews were conducted with the Axial program grant providers, as well as with those stakeholders who were unable to attend the scheduled focus groups.

During consultations, de-identified notes were taken, which were consolidated and grouped into emerging themes in relation to the relevant Evaluation questions. Using a process of inductive analysis, emerging themes from earlier consultations were used to inform the questions asking in subsequent consultations with key stakeholder groups.

3.5 Ethical Considerations

To understand client experiences, the Evaluation was supported by semi-structured interviews with Axial clients, which enabled the exploration of client experiences of engagement with the program and how effectively the program has improved client outcomes. Interviews were conducted in adherence to Australian Evaluation Society (AES) Guidelines for Ethical Conduct of Evaluations.

A comprehensive, client-centred and ethically robust interview procedure was established in close consultation with CatholicCare. Axial case managers managed the interview screening process to screen out any clients who were not suitable for an interview. Those clients who were included in the interview recruitment were then provided with detailed information about the interview process and content through their case managers, who were provided with an information consent form by EY to be discussed with their clients, providing clients with the opportunity to provide informed consent to participate. The consent forms contained information regarding the purpose of the Evaluation, interview procedures, confidentiality, informed consent and the ability to withdraw consent at any time, including after publication of the report, and remuneration for interview participants. All clients were required to voluntarily consent to participate, and case managers were required to obtain consent from their clients, whether written or verbal.

Following receipt of this consent, a personalised invitation to participate in a voluntary interview was provided to the clients from EY via their case managers. The proposed interview questions were provided to the client and their case manager in advance of the interview, with sufficient time for the client and case manager to discuss the questions and prepare for the conversation. Case managers were present during the interviews for support, should this be required.

3.6 Quantitative Analysis: Data Review

Quantitative data analysed for the Evaluation included data points relating to the cost of delivering the program, referrals, clients participating in the program, their demographics and their outcomes, and tenancies maintained.

To comprehensively evaluate the program and its costs and benefits, outcomes across multiple domains were measured, using the VI-SPDAT and SPDAT tools.[22]

The VI-SPDAT tool is a pre-screening tool used to assess clients' eligibility for the Axial program. It is a self-reported survey, scored out of 17, and covers four domains, which are history of housing and homelessness, risks, socialisation and daily functions, and wellness. A score of at least 8 is considered to indicate the most vulnerable cohort, who require permanent housing with ongoing access to services and case management to remain stably housed.

The SPDAT tool is a standardised questionnaire administered by trained professionals at periodic intervals. In the Axial program, the SPDAT tool is used to measure progress towards improvement across 15 domains, including mental health and wellness, physical health, medication, substance use, experience of abuse and trauma, risk of harm to self or others, involvement in higher risk and/or exploitative situations, interaction with emergency services, legal, managing tenancy, personal administration and money management, social relationships and networks, self-care and daily living skills, meaningful daily activity, and history of homelessness and housing. The SDPAT is scored out of 60, with a decrease in scores indicating an improvement in outcomes, i.e., the lower the score, the better.

3.7 Economic Appraisal

The economic appraisal followed a Cost Benefit Analysis (CBA) approach to estimate the economic costs and benefits of the Axial program. A CBA attempts to analyse the financial, social, and economic costs and benefits that can be attributed to the Axial program by converting them into standard units of measurement (that is, dollar terms). It can be used as a performance benchmark for that can be refined and updated in the future.

When interpreting the CBA for Axial, it should be noted that many benefits cannot be valued in dollar terms. As a result, the CBA model can only include benefits that can be valued and does not capture the full range of benefits that may be applicable to the Axial program. In this way, the CBA should be considered conservative, and it is necessary to consider CBA findings alongside additional evaluation evidence in making an assessment of value for money. The metrics by which the options are assessed are:

- **Net Present Value (NPV),** which is the difference between the Present Value (PV) of economic benefits and the PV of economic costs over a period of time. PV refers to dollar values in different years adjusted by inflation so they can be expressed in 2022 values.

- **Benefit Cost Ratio (BCR)**, which is the ratio of the PV of economic benefits to PV of economic costs. A BCR greater than 1 indicates that the program benefits exceed the program costs and considerations of value for money are made on that basis and with reference to the CBA output, consideration should be given to potential costs and benefits that are not able to be captured by the chosen methodology. These include understanding changes in the individual domains that comprise the SPDAT score, which could only be assessed at the aggregate level (see limitations in Section 3.8 below).

For the purposes of EY's analysis, it was assumed that Axial would provide a discrete economic benefit for each client that used the program. This was based on SPDAT scores and validated as part of Axial client and other stakeholder interviews which explored whether these benefits were accruing to clients, and the extent to which the benefits resulted from their participation in the program.

Leveraging research undertaken by the Australian Housing and Urban Research Institute (AHURI), this benefit was defined as the cost savings to government from non-homelessness services use by single men; alternatively, the avoided costs, that could be realised by government per year if homelessness service utilisation was to decrease by one client (single men). This benefit figure was

valued at $44,137 per individual.[23] It was then escalated to 2022-dollar terms using the historical Consumer Price Index (CPI) to account for inflation.

The benefit amount was distributed evenly between 0 and 30 (with 30 being the highest possible change in SPDAT score), and provision was made to account for those with no change in SPDAT score to receive at least 30% of the benefit. The benefit was then attributed to each Axial client based on their individual change in SPDAT score over the course of 12 months.

A monthly benefit amount was then derived to approximate the average monthly change in score, with the benefit amount then applied from the subsequent month after the client entered the Axial program for a period of 12 months. This was performed for years 1 and 2 of the client's participation in the program, allowing for the fact that clients started in the program at different times during the Evaluation and cost period.

For any clients who completed two years in Axial before the end of FY22, the monthly benefit in year 2 was extrapolated to the end of the financial year.

Clients who experienced a stronger decrease (improvement) in SPDAT score, corresponding with a sharper reduction in vulnerability according to the tool, ordinarily yielded a larger economic benefit, or cost avoidance to government. To maximise the robustness of this process, clients who had completed less than one year in the program were excluded from the analysis.

Therefore, the cumulative economic benefits of all clients who had completed at least one year in the Axial program were compared with the associated costs of supporting those individuals. The costs included in this model were based on annual funding amounts reported by CatholicCare, which were then adjusted to 2022-dollar terms. These costs included grants received from various sources, and internal CatholicCare funds repurposed for Axial from the CatholicCare 'ASSIST' program. However, the costs associated with the provision of the physical Axial housing assets are not included.

The inflation-adjusted economic benefits of the program were compared with the inflation-adjusted costs to yield both the NPV and BCR. The cost per client was also determined by adjusting the total cost of Axial for each year to account for the number of clients who had reached the two-year milestone during that 12-month period. These figures were then compared against similar housing programs designed to address chronic homelessness in Australia, to provide an understanding of where the Axial program sits in terms of cost-effectiveness with its comparable peers.

3.8 Limitations

There were several limitations to the economic analysis as follows:

- **Data availability**: The scope of the quantitative analysis was impacted by limited availability of current data, noting that the quantity of administrative data is limited as the program is currently in a pilot phase. Additionally, SPDAT scores broken down by domain e.g., 'substance use', 'Experience of abuse and/or trauma' 'risk of harm to self or others', were not provided for the purposes of this Evaluation. As such, it was not possible to explore client improvement in outcomes across specific domains.

- **Representation of population**: In undertaking the stakeholder engagement, EY attempted to capture a wide variety of different voices and perspectives. However, representation is limited to the specific stakeholder groups consulted, increasing the risk of selection bias (see below).

- **Selection bias:** Consultation for exploring the program's implementation was based on ethical guidelines provided by EY and largely undertaken with subjects who have a strong sense of ownership over the Axial program, through their involvement in its delivery or in its

design. Likewise, clients consulted were selected by the program team with a view for diversity in voices, as well as their willingness and capacity to participate. It is possible that this selection process may have resulted in a positive bias toward the program.

- **Comparability of results**: Comparison of CBA results are limited by a number of factors, including the comparability of the programs being referenced, the range of costs and benefits included in the analysis, and variations in other modelling parameters and underlying assumptions.

Building a better working world

4. Literature Review

4.1 Housing First model

4.1.1 Principles

Housing First can be understood as the rapid rehousing of people experiencing homelessness into long-term accommodation that is integrated with 'wrap around services'. Under the Housing First model, there is no requirement for individuals to demonstrate that they are 'housing ready', such as having independent living skills or an abstinence from drugs and alcohol.[24]

The rapid access to long-term accommodation sets the Housing First model apart from more traditional housing responses to homelessness, which have been premised on individuals engaging with support services before being offered accommodation such as the 'staircase' or 'conditional' housing approach. The requirement to demonstrate 'housing readiness' puts individuals with high and complex needs at a significant disadvantage as there may be perfectly valid reasons why they cannot engage with support services, which would deny them access to potentially life-saving accommodation.

Housing First programs have been developed and embraced by policymakers worldwide. While there is some variety in the way that the model has been adopted in different countries, there are some guiding principles that underpin Housing First thinking:[25]

1. *Safe and secure housing should be quickly provided prior to, and not conditional upon, addressing other health and wellbeing issues (the view that housing is a human right);*

2. *A separate service system response where services are committed to providing long-term support to tenants even if the individual moves to a different property;*

3. *Consumer choice (see below); and*

4. *Recovery is viewed as an ongoing process to support community integration*.

These support services are provided to help tenants sustain their tenancy and ultimately work towards reintegrating the person into the community. Whilst encouraged, engagement with these support services is not a condition to maintain the tenancy.

In its purest form, Housing First tenants are also able to exercise a high degree of control and choice over the housing, support and treatment they receive (including who provides it). The underlying logic is that individuals are capable and competent decision-makers however, there are limits to this assumption in practice. For example, individuals may need professional intervention to avoid making repeated 'wrong' choices. The facilitation of tenant choice has been described as an area of tension and future improvement from a Housing First provider's perspective.

4.1.2 Delivery

The delivery of Housing First has varied from program to program. However, programs often take one of two common forms:[26]

1. **Scattered-site housing**: individual properties are dispersed through the community (including different neighbourhoods) with the aim of offering people a choice of either housing location and type; support services (e.g. case management, health and mental health services, alcohol and other drugs support, employment and training support) are often

provided 'off-site' in this model or through 'floating' arrangements where support service staff regularly check-in with the tenants.

2. **Congregate housing:** a more compact delivery model where individual apartments are provided within the same or connected buildings and support services are often delivered to tenants onsite.

Hybrid models can also exist, incorporating both scattered-site and congregate housing in the same program. It is acknowledged that a 'one size fits all' approach is not effective. Ultimately, the delivery model should be chosen to best match appropriate housing to the needs of individual tenants and the surrounding context (e.g., physical geography of the community).

4.1.3 Individual-level outcomes

The below analysis on individual-level outcomes from Housing First has largely been derived from a recent study published by AHURI, which systematically looked at a number of Housing First evaluations from the last two decades across Australia, Canada, USA and Finland, amongst other jurisdictions.[27]

Domain	Outcome	Key indicators of success
Housing	The evidence base is relatively unanimous in Housing First's ability to deliver secure and stable housing for clients. In other words, this means that Housing First can prevent an individual from returning to homelessness. Housing outcomes have been typically measured at different intervals after a program's commencement, ranging from the six-month mark to the two-year mark. Evaluations have, on occasion, looked at housing outcomes after two years (e.g., at the four-year mark) however, this is relatively rare. Despite its evidenced ability to improve housing outcomes on average for clients, this is largely contingent upon the right mix of support and housing offered to clients. For example, cohorts with severe alcohol and drug addictions are less likely to sustain their tenancies and may need more structure and services in the program's response towards them.	▸ Housing retention rate (relative to 'treatment as usual'/without Housing First comparison groups) ▸ Continuity of tenure (housed % of the time) ▸ Number of days stably housed

Domain	Outcome	Key indicators of success
Health	Before describing the common health-related outcomes, two important points need to be made. First, it is important to acknowledge that any assessment of health outcomes needs to account for the pre-existing chronic ill-health and entrenched poverty that are often a reality for Housing First clients. Second, engagement in support services is not a prerequisite for tenants to receive accommodation under this model and therefore, non-housing outcomes may also depend on a tenant's choice to participate (alongside the actual quality of support provided). Therefore, the health outcomes of clients might be constrained by these broader factors. That said, Housing First programs ordinarily provide formerly homeless individuals with the foundation of housing and from this base, access to services that can address their significant medical needs. While the (largely qualitative) evidence is not as conclusive or persuasive as the impact of Housing First in improving housing outcomes, programs have demonstrated some improvement in physical and mental health outcomes for clients (including a decrease in the prevalence and severity of associated symptoms).	▸ Reported improvement in physical and mental health over time ▸ Reported decrease in psychiatric symptoms ▸ Reported alcohol and other drugs usage ▸ Evidence of clients building relationships with support services to treat their problems (e.g., addiction)
Social and community	Outcomes in this domain have largely depended on self-reports of clients on changes in the various 'social' and 'community' aspects of their lives. The provision of stable housing has largely improved client's sense of personal dignity, security, and sense of social inclusion. In turn, this has helped clients overcome barriers to accessing services that may have been very difficult to overcome when they were previously homeless. These benefits have also extended to an improved ability to strengthen and/or re-build relationships with friends and family. However, issues of social isolation and loneliness may be unintentionally compounded by the provision of scattered-site housing in the program delivery model.	▸ Self-reported improvements
Education, training and employment	The evidence of Housing First as a foundation for clients having better access to education, training and employment opportunities is variable. This may be because the prospect of finding employment after experiencing chronic homelessness (the target cohort of Housing First) is relatively slim due to the prevalence of chronic ill-health, injury or disability.	▸ Increase in education/training /employment rates and people looking for opportunities in these areas

Domain	Outcome	Key indicators of success
	Therefore, while it is not a common expected outcome of Housing First programs, this outcome may be better measured by the number of clients looking for work or stating that they have participated in education/training/employment since their involvement in the program.	

4.1.4 Critical success factors

Rapid access to secure, affordable housing

A key principle underlying the Housing First approach is quick provision of safe and secure housing. Access to secure and affordable housing that adequately meets the needs of tenants is a persistent barrier to the expansion of the Housing First model.[28] In the Australian context, key factors driving the inadequate supply of secure and affordable housing include the limited supply of social and affordable housing, the high cost of private rental housing and insufficient housing subsidies.[29] Given constraints on the availability of long-term affordable housing, Housing First programs must be embedded in a systematic response to housing and homelessness that facilitates transitions to permanent/social housing where appropriate and feasible for the client.[30]

Consumer choice

One of the underlying principles of the Housing First model is that clients have choice and control over the type and location of housing, as well as supports received.[31] Given the complex needs of people exiting homelessness, it is important that housing provided to Housing First clients meets the person's needs adequately and appropriately through carefully planned and designed housing options and allocations. To ensure appropriate housing allocations to Housing First clients, it is important that clients are invited to participate in the allocation process.[32] Once housed, Housing First clients should retain choice and control, by determining the type, intensity and frequency of support services they receive.[33]

Ongoing wrap around supports

Achievement of client outcomes using a Housing First model requires the ongoing provision of wrap around supports. The Housing First model demonstrates that some clients will always require intensive clinical support to maintain housing and achieve stability. In contrast to the Housing First model, SHS are frequently time limited and underpinned by an assumption that people can live independently. To facilitate successful outcomes for the maximum number of clients using a Housing First model, provision of supports must be flexible, not be time-limited and supports must be able to be scaled up or down depending on support needs.[34]

Separation of Housing and Support Services

Achievement of successful outcomes using a Housing First model requires achieving a balance with respect to coordination yet separation of housing and support services. To maximise the achievement of successful outcomes for Housing First clients, it is important that housing and support are not co-dependent, and that participation in treatment and acceptance of support is not a condition to remain housed.[35] In noting this, ongoing communication and effective collaboration between housing and service providers is required to ensure clients are supported to sustain tenancies and navigate the service system.[36]

4.1.5 Community-level outcomes

Domain	Outcome	Key indicators of success
Housing	There is emerging evidence to suggest that the Housing First model, by supporting formerly homeless people to sustain their tenancies over the long-term, can reduce rates of chronic homelessness. This was particularly the case in Finland, where chronic homelessness has decreased almost every year since 2008 following the implementation of a national homelessness strategy incorporating Housing First principles and moving away from staircase treatment models.[37] Given that many people sleeping rough are likely to have experienced (or are currently experiencing) chronic homelessness, this broader outcome may be best measured through the number of rough sleepers at any given time.	▸ Number of people experiencing chronic homelessness (if available) ▸ Number of people sleeping rough
Health	Community-level health outcomes are largely captured through an observed reduction in individual health service usage. This is because support services offered through Housing First programs may prevent admissions to the mainstream healthcare system (e.g., via the emergency department). As a result, Housing First clients often experience fewer hospitalisations and are admitted less often to emergency departments. However, higher healthcare service usage may also reflect an individual's improved motivation to engage with support services more generally to treat previously unmet needs. Therefore, healthcare service utilisation as a community-level outcome needs to be considered with respect to the client's individual circumstances.	▸ Number of hospitalisations during the program ▸ Number of emergency department visits during the program
Justice	The stability of housing and support offered through Housing First programs can also reduce the likelihood of an individual interacting with the criminal justice.	▸ Incarceration rates (number of times in prison) ▸ Number of arrests and court appearances

4.1.6 Cost effectiveness of the Housing First model

Housing First is a resource-intensive intervention requiring tenancy management integrated with wrap around services to meet the needs of clients. Economic analyses of Housing First programs demonstrate that avoided costs may result from a reduction in use of services by Housing First tenants, including the following:

- reduction in use of emergency or acute health services;
- decrease in usage of mainstream welfare services;
- reduced involvement with the justice system, in those instances where long-term and repeated homelessness is associated with repeat offending;
- less demand on crisis accommodation and other forms of transitional housing; and
- flow-on benefits, such as potentially improved family relationships, caring responsibilities and social participation and other broader benefits that could be attributed to improved health, well-being, labour market participation.[38]

Evidence on the cost benefits and cost-effectiveness of Housing First programs is inconsistent. Inconsistencies in evidence can be attributed in part to variation across geographies in the cost of social housing, affordability of private rental stocks, caseworker wages and the cost of social services including justice and healthcare.[39] Variation in the intensity of wrap around supports/services required by tenants also impacts the cost-effectiveness of Housing First programs.[40]

Economic evaluations of Australian Housing First programs are limited. Although the program 'Journey to Social Inclusion' was not explicitly labelled as a Housing First program, the program shares similarities with a Housing First approach. An economic evaluation of this program revealed that for every A$1 invested in the program, $0.52 is returned to the community in avoided costs to government health and justice services over the three years of the program.[41] An evaluation of Brisbane's Common Ground determined that the program achieves a cost offset of $13,100 per tenant per year through a reduction in their annual use of health, criminal justice and homelessness services.[42]

For people with less intensive service needs, other service responses may be more cost effective.[43] This can include people who primarily require access to appropriate and affordable housing without long-term wrap around supports.[44] Additionally, evidence shows that costs for Housing First services generally decrease over time, with Housing First programs reporting that the level of support provided to clients in the first month would be twice the level provided after 12 months as a program participant.[45]

Despite the inconsistent findings of economic analyses of Housing First programs, it is important to recognise the non-financial benefits of reducing homelessness may not be fully captured in such economic appraisals. Focusing solely on cost avoidance can neglect broader considerations regarding the 'human costs' of homelessness.[46] Evidence demonstrates that Housing First programs are successful in increasing housing stability and improving the quality of life of people experiencing chronic homelessness.[47]

5. Evaluation Findings

The eight evaluation questions were designed by EY in close consultation with Housing ACT and CatholicCare. Collectively, they cover process, outcomes, and economic aspects of the Axial program. To answer each evaluation question, sub-evaluation questions were used to frame the analysis. These sub-evaluation questions have been adapted as sub-headings throughout this chapter.

The evaluation questions were answered using a combination of qualitative and quantitative analysis, allowing for a nuanced understanding of the critical success factors and areas of opportunity for the Axial program. Some evaluation questions lent themselves better than others to quantitative analysis (mostly those regarding outcomes and cost effectiveness), and some questions have been addressed using solely insights from the stakeholder consultation (mostly process-related questions).

5.1 Process

The following process evaluation questions were considered during the evaluation:

Evaluation question	Key Findings
How well was the overall program designed and structured?	▸ Whilst not typical of a Housing First model, the integration of tenancy support and case management responsibilities within CatholicCare facilitated a flexible, agile and client-centred program delivery model. ▸ CatholicCare's presence as an established service provider in the ACT homelessness sector contributed to their risk tolerance to house and support clients with high and complex needs, and their ability to effectively facilitate collaboration amongst the sector.
Was the program implemented and delivered as intended?	▸ The COVID-19-driven rapid escalation in client uptake during 2020 did have consequences for program delivery but it is acknowledged that frontline CatholicCare staff worked to provide the much-needed and life-changing support for Axial clients throughout this period. ▸ CatholicCare's existing relationships within the ACT community, as well as a broader suite of internal support programs, filled in a critical support gap for Axial clients who were otherwise unable to navigate the mainstream health system. ▸ Opportunities for improved data collection for Housing ACT housing stock should be explored to ensure properties are allocated efficiently when available, noting that Housing ACT and CatholicCare are currently collaborating effectively to ensure properties best meet the needs of Axial clients despite supply constraints.
Has the program reached its intended recipients?	▸ Through effective referral and assessment mechanisms, the program has largely reached its intended recipients of chronically rough sleepers in the ACT with high and complex needs, noting that the current Axial client cohort is not a representative sample of this full cohort.

Evaluation question	Key Findings
	▸ Opportunities for improvement exist with respect to referral pathways into the Axial program, including ensuring transparency in the assessment process and closing feedback loops with referring agencies. ▸ A cohort of clients with support needs beyond the supports able to be provided by the Axial program exist, specifically those with co-morbidities or co-occurring illnesses including complex mental health and substance use issues.
What factors should be considered in the scaling up or expansion of the program?	▸ The human-centred approach to client support taken by Axial case managers was instrumental in developing trusted relationships and maintaining client engagement with the program. ▸ Increased access to mental health specialist services and intervention supports will be required to address the complex mental health needs of clients. ▸ As the program scales, an increased focus on resource and capacity considerations will be required, including case manager caseloads and program throughput, to ensure the program is best able to meet the needs of a broader cohort of clients.

1. How well was the overall program designed and structured?

The design and structure of the Axial Housing First program is largely consistent with Housing First principles, with two key differentiating features: the integration of case and tenancy management, and limited choice and control of clients over property allocation due to supply issues. Despite these differentiating features, the success of the program has been attributed to this integrated structure, effective collaboration between Housing ACT and CatholicCare and the strong organisational capabilities of CatholicCare.

Program design and structure

The Axial program is a partnership between Housing ACT and CatholicCare. Housing ACT is responsible for releasing and allocating properties to Axial upon request, should there be properties available that meet client needs and should it be deemed that an Axial client is prioritised for property allocation amongst other priority housing cohorts.

CatholicCare is the sole provider of client intake and assessment services, tenancy management support and intensive case management support. This also includes assertive outreach activities into the local community by CatholicCare, engaging and building trust with rough sleepers to grow awareness of the Axial program.

Property Allocation

The property allocation element of the Axial program requires collaboration between Housing ACT and CatholicCare, to quickly allocate a client to a property once they have been determined as eligible for the program. The allocation of properties under the Axial program is achieved through Housing ACT's Housing Asset and Assistance Program (HAAP), whereby community agencies eligible under the HAAP are entitled to property allocations.[48] Entitlements under the HAAP are considered in conjunction with needs assessments, wait lists and the ACT's Growing and Renewing Public Housing Program.

Under the Housing Assistance Act 2017 (HAA) Axial clients are deemed to be 'priority' housing applicants due to the criticality of their needs when seeking housing assistance.[49] At a high level, as and when Housing ACT social housing stocks become available, Housing ACT assesses the allocation by reviewing urgent health and safety situations in addition to the priority housing waitlist and HAAP needs.[50]

Stakeholders suggested that the allocation process worked well overall, with the occasional lag in allocation, which would have likely been related to lack of housing stock availability, rather than the process itself. Stakeholders also noted tensions balancing the property allocation process for waitlisted applicants, particularly due to the volume of waitlisted applicants with critical needs. One stakeholder also suggested that there is a significant number of vacant properties around Canberra which had been vacant for some time, and which could be filled more efficiently.

Case Management

Case management for Axial clients is provided by two case managers from CatholicCare with deep homelessness sector experience. Stakeholders observed that Axial case managers collaborate 'seamlessly' to provide Axial clients with wrap around supports, including connecting clients with supports provided internally at CatholicCare, such as a psychologist, alcohol and other drugs (AOD) counselling, CatholicCare's Community Assistance and Support Program (CASP), and gardening programs, as well as external programs such as those to facilitate social inclusion and manage physical and emotional health needs.

In addition to providing case management support, Axial case managers conduct assertive outreach in Canberra, seeking to build rapport with chronically homeless people in the ACT to engage them in the program. Stakeholders highlighted the effectiveness of this mechanism in engaging people in the program, specifically due to the perseverance and flexibility of the case managers when engaging with this cohort of people who have often been reluctant to engage.

"The most important thing is our staff – [Referring to case managers] they are people that can meet people with substance use issues, mental health issues, histories of incarceration who may be difficult to be around. This requires particular skills and maturity from our staff and it requires being very careful with choosing people to put in these roles."

- CatholicCare staff, October 2022

Property and Tenancy Management

Property and tenancy management for the Axial program are provided by a team of staff at CatholicCare who work collaboratively with the Axial case management team to manage the tenancies and property maintenance for Axial clients, including the management of rental arrears and squatters at Axial properties.

In contrast to property allocation, client intake and assessment, tenancy management and case management services are provided by CatholicCare as a holistic service package. CatholicCare stakeholders emphasised the importance of integrating tenancy support and case management within the one organisational structure for Axial.

The *Cohort Study* recommended five fundamental program design principles, including separation between tenancy manager and support provider, however for Axial, this integrated approach was identified as a successful element of Axial's program design. For example, it allowed CatholicCare to quickly release tenancy management resources to the property if case managers identified a physical defect. It also reduced information asymmetry for CatholicCare as a key decision-maker, enabling it to consider the different aspects of support needs for a client without a dependency on information provided by an external party.

The ability of Axial to connect clients to case managers and tenancy management staff within the one site location was suggested to enable clients to regularly seek out assistance as required, reducing their dependence on home visits by CatholicCare staff.

Adherence to Housing First principles

Prior to program implementation, CatholicCare consulted with various Housing First program providers across the country to understand their respective models. For the most part, Axial adheres to Housing First principles. Clients are rapidly moved off the streets of Canberra into housing and provided with intensive, ongoing, wrap around support. As with most Housing First models, there is no evidence to suggest that engagement with these supports is a pre-condition to receiving housing under Axial.

However, Axial does differ from traditional Housing First models in two aspects:

1. Integration of tenancy and case management

The integration of tenancy and case management at the operational-level separates Axial from most models where the two streams are often treated as distinct, and subsequently delivered by different arms-length organisations. This integration of tenancy and case management distinguishes the Axial program from other programs seeking to address homelessness in the region using a Housing First model, including Common Ground Canberra, whereby support services are delivered by Northside

Community Service in close partnership with tenancy management by Argyle Housing. Separation of case and tenancy management is also particularly relevant and prevalent in the case of the National Disability Insurance Scheme (NDIS), where separating housing from support is seen to provide clients with more control, freedom and empowerment to make their own choices.[51] It also increases accountability, allowing clients to switch providers if they think they are not receiving a good service, as well as clarity in terms of roles in service delivery.[52] It is also argued that this separation of portfolios increases the responsivity of service providers.[53]

In noting this, tenancy and case management *are* delivered by separate portfolios within CatholicCare to minimise the potential for tenancy management issues to impact case management and vice versa. This delivery structure was deemed to be critical to CatholicCare's ability to rapidly respond to clients.

"If the property team goes out to inspect and sees something, they will alert support to go and provide assistance to more rapidly address the issue. It is very flexible. Everyone is clear on what they are funded to deliver which is a sustained tenancy for the client"

- CatholicCare staff, October 2022

2. Control and choice over housing allocation

Second, Housing First tenants are theoretically able to exercise a high degree of control and choice over the housing, support and treatment they receive (including who provides it). Due to the limited supply of available social housing within the ACT and the rapid escalation of COVID-19 during the program delivery period, it was suggested that some clients were not placed in accommodation that best met their unique needs with respect to location, density, health issues and surrounding support systems.

Due to their high and complex needs, Axial clients are significantly vulnerable, and it is critical that properties are safe and secure for the individual tenant. It is not suggested here that the property allocation process was not effective, and in fact the evidence suggests that it did work for most Axial clients. There have only been three tenancy movements throughout the pilot, with one of these clients moving to another property then exiting the program, which suggests that overall, Axial clients have been placed in suitable properties for their needs.

Policies and procedures to support delivery

As an existing homelessness service provider with an established presence in the ACT, CatholicCare had the organisational infrastructure to deliver the Axial program without having to overhaul its existing policies and procedures. Stakeholders highlighted that CatholicCare's established presence as a service provider in the region contributed to its willingness and ability to take on risks associated with providing support for high and complex need clients, where smaller, less established organisations may not be able to. Stakeholders also commented positively on the organisational flexibility of CatholicCare to re-direct its pre-existing assertive outreach service for Axial.

Of note was CatholicCare's flexible approach to rent arrears for clients. Since many Axial clients do not have any reserve funds, clients were placed on flexible repayment plans that aligned with their economic circumstances. This was identified as an important protective factor for clients and a strength of the program design.

Additionally, stakeholders reported that CatholicCare's strong relationships with government contributed to the establishment of the collaborative partnership with Housing ACT, allowing for pooling of resources. Many stakeholders also noted the support and commitment of CatholicCare

executives and ACT government stakeholders as being a key factor contributing to the success of the program.

2. Was the program implemented and delivered as intended?

As a result of a shift in contextual factors, the Axial Housing First pilot program mobilised and scaled much more rapidly than initially intended. The program's rapid mobilisation can be attributed to effective collaboration amongst key stakeholders in the ACT homelessness sector.

Program guidelines

The Axial program was announced in November 2019 with the intention to implement a staged approach to 20 properties over the next 12 months, gradually expanding the number of clients involved with the program. However, COVID-19 accelerated this process due to increasing concerns for the health and welfare of people sleeping rough in the ACT.

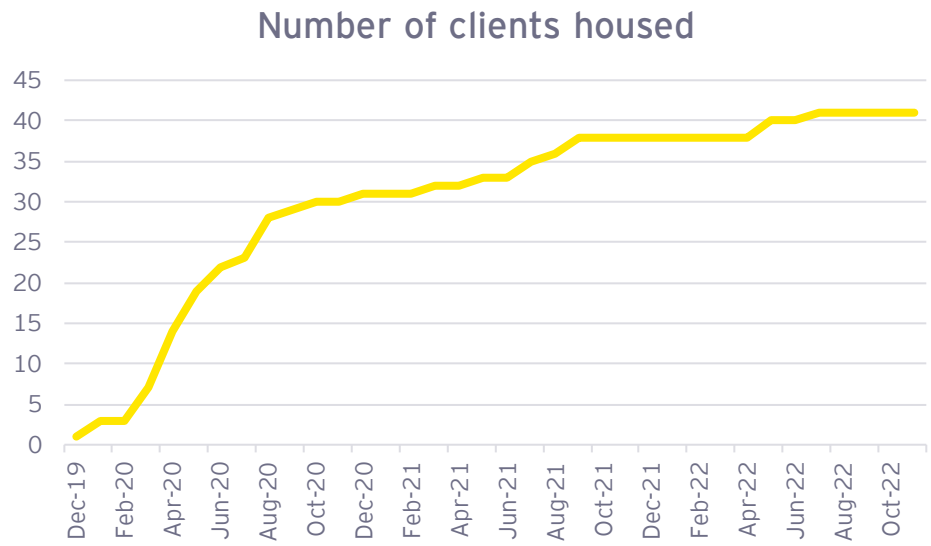
The focus for CatholicCare subsequently shifted to supporting as many rough sleepers off the street as possible and into housing. As a result, the program scaled much more rapidly than originally anticipated and by July 2020, all available properties were filled. Stakeholders highlighted that the number of people seeking assistance from Axial did not decrease during 2021, sustaining the pressure on Axial to move people from the streets into permanent homes. Despite this, stakeholders were full of praise for frontline CatholicCare staff in their ongoing commitment to delivering the program in very challenging circumstances.

"Setting up and furnishing properties during the peak of Covid-19 was very resource-intensive, but due to our size we were able to do this very rapidly once Housing ACT released the property"

– CatholicCare staff, October 2022

Figure 3 below plots the total number of clients housed by the Axial program from program implementation to November 2022, including participants that have left the program.

Figure 3: Number of clients housed (December 2019 – November 2022)



This rapid mobilisation throughout the pandemic period contributed to three unintended consequences for program delivery. First, there was the concern that clients were being allocated to properties that were not appropriate for their individual needs.

Second, the sharp escalation of the Axial intake process contributed to variances in the Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT) scores used to assess client eligibility. The VI-SPDAT assesses overall client vulnerability across four domains including history of housing and homelessness, risks, socialisation and daily functions, and wellness.

Between March and June 2020, the average VI-SPDAT score for accepted clients dropped from 10.7 out of 17 to nine, indicating that Axial began to take on clients with more moderate vulnerability scores during the initial COVID-19 period. However, a VI-SPDAT score of above eight is considered sufficient to warrant inclusion in the most vulnerable cohort of people experiencing homelessness and justify their need for permanent housing and ongoing wrap around support.

Therefore, it is not suggested that the COVID-19-driven surge in client intake caused Axial to shift its focus away from supporting Canberrans with high and complex needs. Rather, this decrease in average VI-SPDAT scores appears to be a natural consequence of the program mobilising to house a larger number of rough sleepers, since it can be reasonably expected that there will be more variation amongst a larger subset of this population, as was observed during this period. After this initial rapid expansion of the program, the average VI-SPDAT score for accepted clients gradually stabilised.

Finally, stakeholders highlighted that the rapid program expansion meant that, due to funding limitations and high caseloads, the case managers could not be as responsive as initially intended during the early COVID-19 period. It was observed that some clients were able to develop a form of greater independence because of this. However, it is not recommended that this be viewed as an unintended benefit of the rapid program escalation because intensive case management, which often involves frequent client-caseworker touchpoints, is an essential component of the success of Housing First models.

Collaboration between relevant stakeholders

Stakeholders identified that the firm level of trust between the ACT Government, Housing ACT and CatholicCare was very important in moving the program forward, particularly during a difficult period for the broader homelessness sector. The mutual level of conviction in the program shared between these key parties was affirmed from the outset of this Evaluation and remained a consistent theme throughout stakeholder consultation.

Stakeholders also identified CatholicCare's pre-existing relationships within the sector, as well as the broader suite of support services available within the organisation itself, as key strengths of the program's implementation. For example, CatholicCare's relationships with some retail outlets allowed properties to be set up for clients expediently. These linkages were informal and greatly supported by CatholicCare's established presence within the local service provider environment.

Referral agencies also emphasised that the more that they were able to meet with CatholicCare, the better they were able to establish program-level connections and offer more appropriate referrals. CatholicCare is encouraged to continue its ongoing engagement with services within the community as this proved to be an invaluable asset in program delivery.

CatholicCare was also able to connect some clients with a range of support services within the organisation. These included access to a psychologist, alcohol and drug counselling, and CatholicCare's CASP, which provided help for clients with gardening, social support, transport, and shopping. This was at the cost of CatholicCare but given the complex medical needs of Axial clients, being able to fill this support gap internally for clients who would have otherwise been unable to navigate the mainstream system, was critical in achieving more successful outcomes.

Based on evidence collated during this evaluation, the ability of the CatholicCare case management and tenancy management portfolios to work together has already been noted in the context of Axial's successful integrated program delivery model for supporting clients. It is of benefit that this collaborative approach continues, to ultimately ensure that the Axial client is at the centre of the relationship. However, two key opportunities for improvement in collaboration between Axial stakeholders were identified throughout the Evaluation.

1. In the early phases of pilot implementation (September 2020), the Axial Steering Committee raised property maintenance issues that were escalated by CatholicCare to Housing ACT as a point of contention. It is important that these issues are resolved as quickly as possible since maintenance issues can cause significant distress for Axial tenants. In noting this, it is important to highlight that the responsibility for maintenance of Axial clients' properties has now transitioned to CatholicCare, and timeliness of repairs and maintenance of properties is not an issue that has recently been raised by stakeholders.

2. One stakeholder highlighted the importance of data collection for the pre-allocation of public housing tenants, as missing data can delay the allocation process or result in a sub-optimal allocation of a property to the applicant. To ensure Housing ACT properties can be allocated to social housing applicants (including Axial clients) efficiently and effectively, it is important that data collected on the features of each property, such as presence of stairs, is complete and accurate to ensure allocated properties best meet the needs of clients.

3. Has the program reached its intended recipients?

Program participants

The Axial program was developed to support Canberrans experiencing chronic rough sleeping with high and complex needs, including substance use, mental health issues, chronic health issues and/or a history of trauma or incarceration. Through effective referral and assessment mechanisms, the program has largely reached its intended recipients of chronically rough sleepers, noting that there have been some challenges managing clients with complex mental health and substance misuse issues. Whilst the program has reached the intended recipients, demand for services remains high and there remains an ongoing need for support amongst this cohort of people. It was acknowledged by one stakeholder that there is a "massive gap" in the provision of permanent accommodation, particularly for those with complex needs, an issue which is compounded the longer they remain on the streets.

Table 3 below provides a summary of the demographic characteristics of Axial clients via a point-in-time analysis at November 2022, in addition to demographic characteristics of Axial clients over the duration of the pilot. The point-in-time analysis only includes current program participants at November 2022 (and excludes participants that left the program prior to November 2022). The statistics over the duration of the pilot include current program participants in addition to previous program participants that have since left the program.

Table 3: Demographic characteristics of Axial clients

Demographic Characteristic	Current Axial clients at November 2022		Duration of pilot	
	Number of Clients	Percentage of Clients	Number of Clients	Percentage of Clients
Gender				
Male	26	96.3%	37	90.2%
Female	0	0.0%	2	4.9%
Transgender	1	3.7%	2	4.9%
Aboriginality				
Aboriginal and/or Torres Strait Islander	3	11.1%	6	14.6%
Non-Indigenous	24	88.9%	35	85.4%
Culturally and Linguistically Diverse (CALD)				
CALD	2	7.4%	4	9.8%
Non-CALD	25	92.6%	37	90.2%

Demographic analysis of current Axial clients at November 2022

An analysis of the demographic characteristics of current Axial clients at November 2022 is provided below. This data is extracted from the 'Current Axial clients at November 2022' data in Table 3 above, and therefore excludes participants that left the program prior to November 2022. Findings from the point-in-time demographic analysis are presented in contrast to findings from the *Cohort Study* published in 2018 by the University of Queensland's Institute for Social Science Research, which analysed support requirements and accommodation options for people in the ACT with high and complex service needs. As the *Cohort Study* covered a six-year period from 2011/12 to 2016/17, the below analysis refers only to the 2016/17 data as the most current data.

Gender

Whilst the program is targeted at adults of any gender, as of November 2022, all 27 current Axial clients were male, including one individual identifying as transgender. Stakeholders noted that whilst there are currently no women in the program, there are likely to be 1-2 women to join the program shortly. The proportion of male to female Axial program participants peaked in the initial phases of program implementation, in March 2020, with 20% female program participants.

To contextualise this, the *Cohort Study* found that during 2016/17 financial year, women represented 45.2% of people that were homeless with high and complex service needs.[54] Furthermore, referral agencies consulted with for the purpose of this Evaluation highlighted that, in the past few years, they have seen increases in presentations of women and transgender or non-binary people experiencing homelessness. These statistics therefore suggest that women are under-represented in the Axial program.

"The complexity of presentations is increasing and becoming more diverse. We're seeing many more women, particularly young women, families, as well as people that are transgender or non-binary presenting. This is a bit of a gap in the sector at the moment and outside of the original intent of Axial"

– key referral partner, October 2022

Age

The average age of Axial clients at November 2022 is 52 years old, with the youngest client being 30 years old and the oldest client being 69 years old. Comparatively, the *Cohort Study* found that in the 2016/17 financial year, 59.9% of homeless people with high and complex service needs were aged between 25 and 44 years, with 15.6% of this cohort falling into the 45+ age bracket.[55] These statistics suggest that a younger cohort of homeless people with high and complex needs are under-represented in the Axial program. In noting this, it is important to recognise that the Axial program is targeted at people experiencing *chronic* rough sleeping with high and complex needs, and this cohort may therefore be more likely to fall into a higher age bracket.

Aboriginal or Torres Strait Islander Clients

As of November 2022, 11.1% of Axial clients are Aboriginal and/or Torres Strait Islander. Findings from the *Cohort Study* revealed that in 2016/17, Aboriginal and Torres Strait Islander people represented 20.8% of homeless people with high and complex service needs in the ACT, with non-Indigenous people representing 79.2% of this cohort.[56] These statistics reveal that Aboriginal and Torres Strait Islander peoples are under-represented in the program, and that the program may not currently be servicing the full cohort of Canberrans experiencing chronic homelessness,

Culturally and Linguistically Diverse Clients

At November 2022, 7.4% of Axial clients are from a CALD background. The *Cohort Study* showed that 24.3% of homeless people with high and complex service needs were born overseas.[57] Limited representation of people from CALD backgrounds with high and complex needs in the Axial program therefore highlights that the program may not currently be servicing the full cohort of Canberrans with high and complex needs experiencing chronic homelessness.

Clients with complex needs

The Axial program is targeted at people experiencing homelessness with high and complex needs, with Axial case managers highlighting the intersecting vulnerabilities of clients, including complex mental health issues, unaddressed physical health issues, mobility issues, drug/substance or alcohol

use and trauma relating to histories of incarceration. Axial clients are provided with wrap around supports to address these complex issues, including support to navigate the healthcare system, psychiatry services, medication access and management.

Stakeholders reported that alongside the steep increase in client numbers throughout the COVID-19 pandemic, there was an increase in the complexity and support needs of program participants, including mental and physical health needs. As outlined in the 'program guidelines' section above, there was a marginal reduction in the VI-SPDAT score of clients between the period March to June 2020, however after the initial rapid expansion, the average VI-SPDAT score gradually stabilised. Despite variances in average VI-SPDAT scores throughout program implementation, stakeholders highlighted that the intensity of supports required by clients with the most complex needs are significantly higher than the rest of the Axial cohort, and these clients occupy the vast majority of Axial case managers' time and resources.

"20% of the clients will give you 80% of the work, not often related to the number of clients, but workload"

– Axial case manager, October 2022

Four Axial clients were unable to sustain a tenancy due to substance use and mental health issues, indicating challenges exist with providing the necessary level of support to client with high and complex needs in a resource-constrained environment. Axial case managers identified that these individuals may benefit from daily engagement with a case manager or another support person, with oversight from a government funded health organisation.

In some cases, it was reported that a factor contributing to declined referrals into the Axial program was a perceived inability of the potential client to sustain a tenancy based on initial assessment including the VI-SPDAT. Stakeholders also reported that declined referrals were associated with resourcing limitations, such as the already large caseloads of case managers and insufficient support hours available to support clients with increasingly complex needs, within the existing funding envelope.

Identification of participants

Stakeholders outlined a number of mechanisms through which potential Axial clients are identified, including referrals from service providers, self-referrals and Assertive Outreach undertaken by Axial case managers. Once identified, the vulnerability of potential clients is assessed using the VI-SPDAT tool to determine eligibility and suitability for the Axial program.

Referral Agencies

Stakeholders reported that Axial staff and referral agencies worked together effectively to identify, refer and assess potential Axial clients. Partner referral agencies for the Axial program include CatholicCare's 'ASSIST' program, St Vincent De Paul's Assertive Outreach service 'Street to Home' and crisis accommodation program 'Samaritan House', the Early Morning Centre, City Mental Health and OneLink.

Assertive Outreach

In addition to identifying potential clients via referring agencies, stakeholders reported that Axial staff work with around 10 people sleeping rough in Canberra at any time, seeking to build rapport, undertake assessments and engage with them regarding their housing. Stakeholders highlighted the strong capabilities of Axial case managers in their Assertive Outreach activities, including in building trust and rapport with potential Axial clients.

"A police officer came to check on me and contacted CatholicCare. Then a lady came and left a business card where I was sleeping, saying feel free to contact us. I didn't... and then she left another business card another night and asked me to give them a call, and I did... I didn't think it would do any harm"

– Axial client, November 2022

Self-nomination and word-of-mouth

Stakeholders also reported that potential Axial clients are at times identified through existing Axial program participants, through relationships established whilst rough sleeping. Axial workers outlined that when one person is housed through the Axial program, often two people end up being housed, with the second person housed as a 'guest' of the primary Axial client.

The networks established by Axial clients prior to entering the program and the tendency for clients to house guests temporarily or long-term has both positive and negative implications. Stakeholders reported that the primary positive consequence of housing 'guests' of Axial clients is the opportunity this brings to engage with people from the homeless community that may have been resistant to Assertive Outreach activities or disengaged from services in the past. Stakeholders also highlighted that guests have, on occasion, negatively impacted the Axial clients' engagement in the program bringing additional complexities and problematic behaviours into the community including dealing drugs. Housing a guest has also created additional complexities for Axial case managers, as it requires them to manage the relationship between the Axial client and the guest.

Assessment

The ability of the program to identify suitable participants was attributed to its robust assessment process for potential and current clients, which involved utilising the evidence-based common assessment tools listed below. These tools were developed in the United States and use of the tools is widespread in the United States, Canada and Australia as a mechanism to facilitate collaborative decision-making and resource sharing across the housing and homelessness sectors.

1. VI-SPDAT

The VI-SPDAT is a pre-screening tool used by the Axial program to assess clients' eligibility for the program. The tool is a self-reported survey scored out of 17 covering four domains including history of housing and homelessness, risks, socialisation and daily functions and wellness.

When the Axial program was first implemented, the VI-SPDAT assessment was undertaken by clients with referring agencies, and this process has evolved overtime so that assessments are now undertaken by clients with the support of Axial case managers. Referral agencies consulted for this Evaluation recognised the value of using evidence-based common assessment methods, such as the VI-SPDAT tool, to ensure a consistent approach is applied when assessing potential Axial clients. However, in noting this, a referral agency highlighted that the assessment process and specific eligibility criteria for the Axial program lack a degree of transparency, and that referral agencies would benefit from greater insight into the decision-making process for acceptance of an Axial client on a more holistic level.

2. SPDAT

Once accepted into the program, Axial clients complete SPDAT assessments on an ongoing basis with support from their case manager to measure clients' progress and assess outcomes. The tool is a standardised questionnaire which is administered by trained professionals, in this case, the case managers, at periodic intervals. The tool is scored out of 60 and covers 15 domains including mental health and wellness, physical health, medication and substance use amongst other categories. Similar

to the VI-SPDAT tool, stakeholders highlighted that use of the SPDAT tool is effective in supporting the standardisation of assessment of client outcomes.

"CatholicCare is the only provider in the ACT to bring in the vulnerability index to improve the strength of the evaluation to support the most vulnerable people in the community, and the people at the highest risk of ill health, enduring homelessness and increased deterioration of time experiencing homelessness"

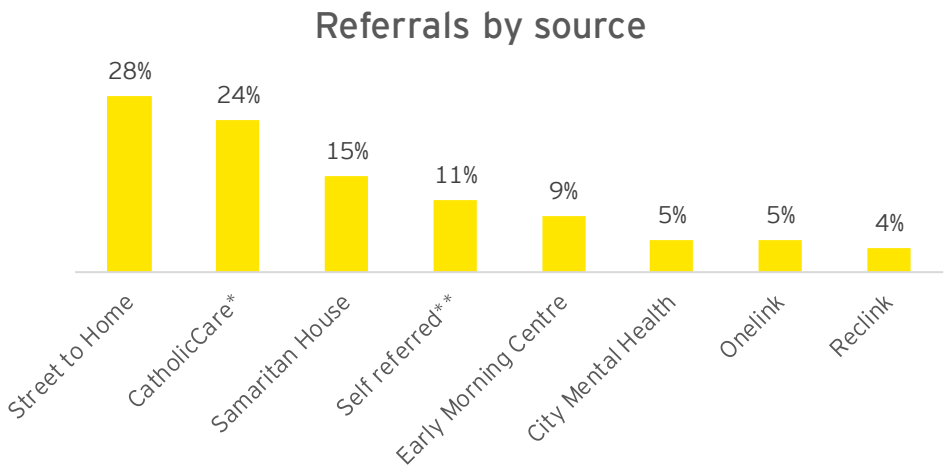
– CatholicCare staff, October 2022

Referral pathways

Referral agencies

The Axial program received client referrals from a diverse range of agencies, with the vast majority of referrals via agencies coming from Street to Home, St Vincent De Paul's Assertive Outreach and case management initiatives supporting people experiencing chronic homelessness in Canberra. As of August 2022, Street to Home referrals accounted for 28% of all referrals to the Axial program, with 22 referrals. The second and third most common referral sources for the Axial program were CatholicCare referrals and referrals from Samaritan House, comprising 24% and 15% of total referrals respectively. CatholicCare referrals include individuals who may have had an existing support connection through other CatholicCare services or were referred through Axial assertive outreach. A breakdown of referrals by source is available in Figure 4.

Figure 4: Referrals by source (August 2022)



Appropriate Referrals

Stakeholders reported an improvement in the suitability of referrals into the Axial program by referring agencies over the pilot period. In March 2020, in the early phases of pilot implementation, some stakeholders indicated a perceived misalignment between referrals received and the underlying objectives of the program. It was noted that people with high and complex needs were referred into the program, but due to their existing housing they were deemed to be not appropriate for the program. Stakeholders reported that this misalignment was due to a gap in the sector's understanding of the purpose of the Axial program. Efforts by the Axial team to raise awareness of eligibility criteria for the Axial program amongst the sector contributed to an improvement in the suitability of the referrals received.

Mental Health Referrals

In noting the perceived improvement in suitability of referrals over time, it is important to note that referrals received from City Mental Health were clients with particularly high and complex needs, including intersecting mental health and substance use issues. Stakeholders reported that when initially assessing referrals from City Mental Health, it was identified that this cohort of people may have support needs beyond supports able to be provided by the Axial program. Nonetheless, referrals from City Mental Health were accepted to enable the Axial team to assess whether provision of clinical support via the Axial program was sufficient to support the client to sustain a tenancy. Stakeholders highlighted the challenges encountered supporting this client cohort to sustain their tenancies through the Axial program, with two referrals both willingly vacating their Axial-provided accommodation due to their inability to manage the issues brought into their homes and community relating to their substance use and mental health issues, including unwanted house guests and violence.

Feedback loop with referral agencies

Referral agencies highlighted that the Axial client assessment process lacks a degree of transparency, particularly with regard to assessment criteria. Referral agencies communicated that the assessment process lacks clarity, and that when the pilot was first implemented, referral agencies completed the VI-SPDAT assessment, but this has now transitioned to the Axial case managers. Referral agencies outlined that when receiving a rejection for a client referral, the Axial team will often communicate that the person would be unable to sustain their tenancy, without outlining what has informed this decision. To improve the appropriateness of future referrals, referral agencies highlighted that they would benefit from receiving a more detailed rationale for the rejection of a referral.

"We don't get much information after referral, it's either accepted or declined and then there isn't a closed loop within the sector"

- key referral partner, October 2022

Non-eligible referrals

Referral agency stakeholders identified a cohort of people experiencing or at risk of homelessness in the ACT that sit beyond the current capacity of the program. For example, this included individuals exiting the Alexander Maconochie Centre (Canberra prison), as well as individuals with high and complex needs but existing housing. Referral agencies commented that this placed pressure on them to rapidly identify other forms of accommodation and services for these clients, which often led to them being placed or left in less suitable housing without wrap around supports.

While it may be outside of Axial's scope to directly respond to this systemic issue, it is recommended that homelessness and housing interventions in the ACT interface with each other through an overarching governance mechanism. This may relieve the pressure on referral services to rapidly housing options for individuals that are not eligible for a particular program

4. What factors should be considered in the scaling up or expansion of the program?

Facilitators of program delivery

Skills of case managers

The skill and experience of the two CatholicCare case managers involved in the Axial program was highlighted as essential in developing trusted relationships and maintaining client engagement with the program. Despite a higher than recommended caseload, the case managers were commended for their human-centered approach to client support. In client interviews, Axial was described as a 'community', with Axial clients praising the program and case managers for treating them like 'a real human' with genuine care. This was even just as simple as a regular phone call to check-in and see how clients were going.

"I've really connected with my case manager and now I ring him once a week for a chat!"

– Axial client, November 2022

The ability of case managers to build rapport and trust with Axial clients was attributed to the case managers' approach throughout multiples stages of the referral, assessment and acceptance processes, as well as ongoing support provided by the case managers.

The process through which case managers build rapport with people referred to the Axial program commences prior to assessment, with case managers meeting and engaging with potential clients-in person at referral agencies/existing support services. In addition to this, Axial case managers also undertake their own assertive outreach activities to build connections with those rough sleeping. One stakeholder for a key referral agency highlighted that the Axial case managers are very flexible and persistent in their assertive outreach approach, even when clients do not keep to their appointment times.

Once assessment is complete and clients are accepted into the program, Axial case managers continue to provide support to the future client, adopting a gentle approach and easing them into the program so that once accommodation becomes available, clients feel adequately prepared. For clients with particularly high and complex needs, some stakeholders reported that Axial case managers will continue to liaise with case managers from other service providers, likely the source of the client referral, to ensure their approach to engagement with the client is appropriate. When clients move into Axial-provided accommodation, clients report feeling very well-supported by case managers, with multiple clients explaining they feel they can call their case managers at any time and know that support will be available.

The Axial team seeks to minimise changes to the client allocations of case managers to facilitate rapport building between case managers and clients and ensure continuity of support. Some clients have attributed their strong relationships with their case managers to the nature of their ongoing relationship, for example in interviews with one client proclaiming their case manager is "awesome" and indicating that they have really connected with them in a way which is beneficial for their ongoing wellbeing.

Case Study

Client A was incarcerated for some time, an experience which caused him to develop a mental illness and exacerbated his existing physical and mental health issues.

Client A was referred into Axial and has had the same case manager almost the entire time he has been in the Axial program, providing a degree of continuous and consistent support.

Client A feels as if the two areas where he's seen the greatest change in outcomes are around security and his mental health. He really respects his Axial-provided property and considers it a real gift. He has even advocated for some upgrades to his property to increase his sense of security, which was supported by his case manager.

Client A's degree of independence has increased significantly since joining Axial. For a long time, due to his trauma and mental health issues, he was really paranoid and cautious, and he didn't go out much. Now, he is going out regularly and performing those essential everyday tasks, like grocery shopping. He started going to church, which has led to him taking on a volunteer opportunity and could potentially lead to training and paid employment in the future.

Client A has described Axial as absolutely astronomical in changing his life. He doesn't know where we would be without the program.

CatholicCare delivery structure and wrap around supports

Whilst the integration of tenancy/property management and case management under the Axial program differs from a traditional Housing First model, stakeholders have attributed the rapid expansion of the Axial program and positive client engagement to this integrated delivery structure.

CatholicCare offer a range of support services at their offices, including case managers, housing and tenancy managers, maintenance staff, psychological services as well as alcohol and drug (AOD) support. Centralising these support services has encouraged clients to seek out assistance as required and has reduced clients' dependence on home visits.

In addition to offering onsite support services to clients, Axial case managers provide extensive support to clients to access external/off-site services, including health services. Clients consistently highlighted how well-supported they felt and the wealth of support services they have access to through the program.

"Axial has the best support network… I feel like I'm treated as a human"

– Axial client, November 2022

Integrated delivery structures in Housing First models risk support and housing become contingent upon one another. Whilst the Axial program does have an integrated delivery structure, there is a clear distinction between case management and property management functions. Stakeholders highlighted that clients approach the housing manager directly for anything property-related, and that the case managers will be aware of these issues/problems, whilst remaining on the periphery. Stakeholders also highlighted the importance of open communication channels between property management teams and Axial case managers for the management of tenancies. Further to this, a CatholicCare tenancy officer commenced in early September 2021 to address the time and resource intensive nature of property management and maintenance. The addition of this team member and the provision of intensive tenancy support and tenancy management in a combined model may allow for faster response times and improved support to sustain a tenancy.

Barriers to program delivery

Staff-to-client ratio

Throughout pilot implementation, stakeholders consistently highlighted the case manager-to-client ratio as a challenge in delivering the Axial program, with Axial case managers supporting 14-16 clients at any one time, significantly exceeding the 1:8-10 ratio considered best practice in delivery of a Housing First model in literature. In addition to supporting caseloads exceeding Housing First best practice, Axial case managers are involved in assertive outreach activities on an ongoing basis, seeking to build rapport and engage with approximately 10 people sleeping rough in Canberra at any one time. As a result of resourcing challenges, staff reported difficulties in meeting the complex and evolving needs of Axial clients.

Despite this, it is important to note that Axial clients interviewed for the purpose of this Evaluation frequently reported being well-supported by their case managers, indicating they feel comfortable calling their case managers at any time being confident that support will be available. In addition to this, effective 1 July 2022, CatholicCare onboarded a clinical support worker to support with addressing the complex mental health needs of Axial clients, which may further support case managers to balance their caseload.

Lack of suitable housing

Stakeholders reported that the types of properties allocated to the Axial program by Housing ACT do not always necessarily best meet the needs of Axial clients and tend to be located in problematic communities.

"Another consideration specific to the Axial cohort is location of property and the community in the area – this is extremely important from the door management point of view. Surrounding communities may not help them to achieve outcomes in terms of lifestyle"

– Housing ACT staff, October 2022

It is important to highlight the significance of the allocation of suitable properties for this particular cohort with high and complex needs, as the provision of unsuitable housing has the potential to be highly detrimental to the client's engagement and participation in the Axial program. Stakeholders highlighted that the most effective property allocation model features housing selected based on each individual's unique needs including area, density, health issues and support systems.

Service provider stakeholders noted that for some clients with a history of AOD issues, it is important that properties allocated are in low-density areas to reduce exposure to drug activity and minimise the potential for Axial clients to become involved in such activities. Further, Axial clients particularly may encounter difficulties expressing or reporting issues. It was suggested that at times this resulted in Axial clients being taken advantage of in respect to accommodation, money, food and such outside of the program's span of influence. For example, stakeholders noted that during the course of the pilot, a property was returned to Housing ACT due to repeated break-ins and CatholicCare was required to evict people that had taken over the tenancy from an Axial client.

As noted above, the Axial team and Housing ACT collaborate within these constraints to best-match properties with clients, including collaboration between CatholicCare and Housing ACT to provide details of clients' requirements of properties in the allocation process, and the Axial teams' support of clients to make upgrades to their properties to better meet their needs, including the installation of security cameras to address a client's security concerns. Despite this, the housing stock available to the Axial program has, on occasion, posed a challenge to program delivery and achievement of client outcomes.

Access to NDIS

By virtue of belonging to a cohort of people with 'high and complex needs', Axial clients have inter-connected health, mental health, AOD and medical needs which require significant resources to be addressed effectively. Stakeholders highlighted the difficulties Axial clients encounter navigating the NDIS system, with clients deemed ineligible, lacking the ability to proceed with the assessment process, or willingness to engage with large bureaucracy. Stakeholders highlighted the extensive time spent by case managers assisting clients to navigate the NDIS application process. Case managers also observed challenges addressing the mental health needs of Axial clients who do not acknowledge that they suffer from a mental illness.

Despite some Axial clients not participating in the NDIS for these reasons, Axial clients often require wrap around supports to sustain their tenancies and as a result CatholicCare have adapted to provide supports via a number of internal programs. These supports provided by CatholicCare include psychological services, AOD counselling and CASP, for gardening, social support, transport and shopping. Non-participation in the NDIS for Axial clients therefore acts as a resource burden to CatholicCare.

Future actions required to improve delivery

Case manager training, learning and development

Stakeholders consistently highlighted the ability of case managers to build rapport and trust with Axial clients as critical to the success of the program, facilitated through the application of a collaborative, client-centred approach to case management to ensure the empowerment of Axial clients.

The ability of case managers to build these relationships is in part influenced by the soft skills of case managers, with many stakeholders noting that CatholicCare has "the right people in the roles". To address potential adjustments to client allocation as the program scales, it is important that CatholicCare continue to ensure continuity of care and effective transitions between case managers to minimise disruption to supports received by Axial clients.

In addition to this, to ensure case managers are able to continue to engage with Axial clients effectively as the program scales, it is important that CatholicCare continue to provide Case managers with access to training opportunities, resources and supports, including trauma-informed care training, access to a car to optimise responsiveness of Axial case managers, and provision of counselling services to case managers to ensure they are best equipped to support clients with challenging behaviours.

Program resourcing and capacity

The case load of Axial case managers may become an increasingly necessary consideration as the program is expanded, particularly given the level of support needs required for clients upon entering the program. As the program scales, it is important that CatholicCare and the Axial team continue to review the caseloads of case managers, assessing the specific support needs of each Axial client to ensure balance between Axial case managers and ensure they are best able to meet the support needs of their clients. If review of support needs of caseloads and the specific support needs of clients necessitates any changes to Axial clients' case managers, it is important that the transition is as seamless as possible, and clients receive continuity of care given the central importance of this care reported by clients throughout the current evaluation.

Additionally, it is important that the focus on exit pathways increases as the program scales. Whilst program expansion will enable the program to reach a broader cohort of people, without facilitating throughput for the program, the cohort of people the program can reach is limited. The creation of

exit pathways for clients deemed capable of sustaining a tenancy without the comprehensive wrap around supports provided by the Axial program should therefore be given further consideration in the context of discussions on scaling. Further analysis of exit pathways is available in *Section 6.2 Key Recommendations*.

Clinical/mental health worker

Stakeholders identified a gap in the Axial program as the ability of the program to meet the support needs of clients with particularly high and complex needs, including co-morbidities such as mental health and substance use issues. Stakeholders highlighted that a key barrier to program delivery was limited access to mental health specialist services and lack of support with intervention where there is a significant concern relating to welfare and risk.

Effective 1 July 2022, CatholicCare onboarded a specialist mental health worker via ACT government funding to support with addressing the mental health needs of Axial clients, including building rapport with clients, monitoring their mental health and advocating on behalf of the client to access interventions and supports when required.[2] Stakeholders highlighted challenges accessing psychosocial supports via the NDIS' individualised funding model, particularly for Axial clients who may not acknowledge their mental illnesses. In light of the onboarding of a mental health clinician, it is recommended that the progress of the Axial program with supporting clients to manage their mental health issues is monitored and assessed on an ongoing basis. This may require coordination with local mainstream health services.

[2] This ACT government funding has not been included in the economic appraisal section below which only considered funding sources from between 30 June 2020 and 30 June 2022. Funding received after this point has not been accounted for in the economic analysis.

5.2 Outcomes

The following outcomes evaluation questions were considered during the evaluation:

Evaluation question	Key findings
How successful was the program in achieving its intended outcomes?	▸ The Axial program appears highly effective in meeting the immediate physiological and safety needs of people experiencing chronic homelessness. ▸ Accessing housing and wrap around support through Axial was the foundational first step for many clients to go on to address their complex health needs, often for which they had not received the appropriate supports for many years. ▸ Axial clients and frontline stakeholders were unanimously positive about their experiences with the program, with some clients labelling the program and the support it provided as 'lifesaving'. ▸ Areas where the program appeared to have a more modest impact for clients included fostering connection to community and a sense of personal purpose, as well as connecting clients to employment opportunities.
What elements have been least and most effective in driving emerging outcomes?	▸ The dedication, experience and care of the Axial case managers was highlighted as enabling clients to build trust and a positive relationship with the program staff and was uniformly described as a strength of the program. ▸ This client-centred approach was supported by the integrated program delivery model within the one provider, and CatholicCare's commitment to providing client support that is not time-bound. ▸ Pressures on the ACT social housing market created challenges at times in identifying suitable properties for Axial clients, noting that this challenge is experienced across the broader homelessness sector.
What unintended outcomes – positive and negative – have emerged from the program?	▸ Stakeholders commented that there had been less issues with antisocial behaviour and property maintenance than anticipated. ▸ Axial clients with co-morbidities, particularly chronic mental health and substance use issues, were identified as significantly more vulnerable to losing their tenancy within the program.

5. How successful was the program in achieving its intended outcomes?

Based on the evidence reviewed throughout this evaluation, the Axial program was highly successful in supporting chronic rough sleepers into housing and meeting their immediate physiological and safety needs. However, stakeholders identified an opportunity for improvement in Axial's ability to create a greater sense of purpose and community belonging for clients.

Meeting client need

Clients who had received housing and wrap around support from Axial were unanimously and overwhelmingly positive about the program. They uniformly suggested that the program has changed their lives and that they did not know where they would be without Axial.

One client highlighted that the Axial program was "astronomical" in changing their life and that they had never seen or experienced support like this. Another client explained that they likely "wouldn't be here if it weren't for Axial".

"I'm not rich but I feel rich, I have my own little piece of the world"

– Axial client, November 2022

Many Axial clients presented with complex health needs that had not been addressed for many years. The provision of housing through Axial was cited as a critical foundational first step for many clients, as once housing had stabilised, they were able to then prioritise addressing these health issues with the support of CatholicCare staff. For example, some Axial clients were able to receive essential surgery, specialist appointments, psychiatry, medication, and chemotherapy since obtaining accommodation.

CatholicCare stakeholders commented that the program effectively addressed the more fundamental safety and psychological needs of clients. This was reinforced through the accounts of Axial clients, who reported feeling a sense of security and improved physical and mental health outcomes because of Axial. Some clients reported employment opportunities, although mostly on a volunteer or cash-in-hand basis which they attributed to the program's impact on their lives.

Case Study

Client B's relationship breakdown led to his homelessness. He had been sleeping in a venue in Canberra when a police officer came to check on him and contacted CatholicCare on Client B's behalf. In his own words, he had started to stop caring about the world, but after a couple of attempts to make contact with him, Client B responded to CatholicCare's assertive outreach and decided to give Axial a go. For Client B, just being able to 'put a roof over his head' led to a whole range of positive developments in his life. It took only two weeks for Client B to move into his new home, and he was amazed that all he had to do was make his bed – reporting that everything else was sorted out. Client B is currently in paid employment, which he enjoys, and he has also re-established a relationship with his family. He calls his case manager for a chat, just because, every week or so, and credits his connection with Axial as getting him "grounded".

Some clients also reported an increased sense of belonging through new friendships with neighbours and reconnections with family members. However, this was not experienced uniformly, and one client interviewed, in response to a request to describe areas of improvement, suggested that the program "could better support clients to use their existing skillsets to find a sense of purpose or meaning". By participating in the Axial program, some clients were leaving their existing community on the street,

which they may have had a strong relationship with for many years, making it difficult for them to manage the transition to a new environment.

Case managers commented that some clients did not look forward to the weekends as their interactions with services and support workers typically occurred during the week, creating a short-term lull in their routine. However, CatholicCare is aware of this opportunity and reported that discussions were underway to generate opportunities for client recreation and social activities to create connections and belonging as a productive member of the community.

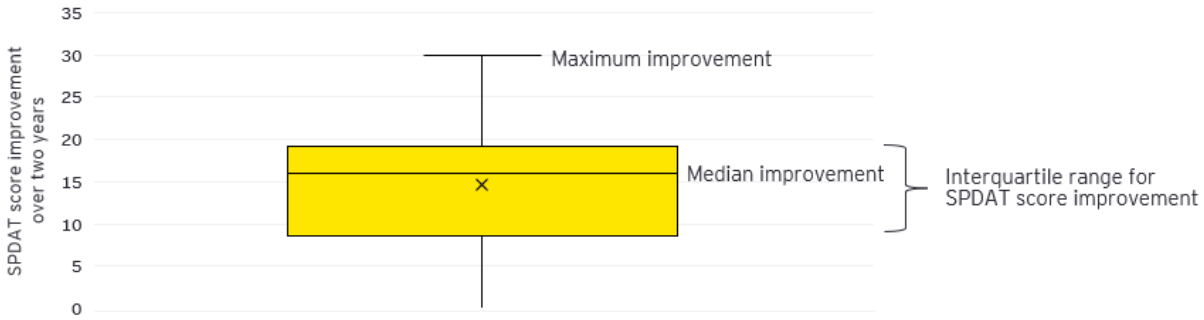
Furthermore, feelings of social isolation and disconnect were more pronounced in Axial clients living in areas of high-density housing, where antisocial behaviours are more common. Some clients experienced unwanted house guests, and, in these circumstances, it was difficult for Axial clients to have these individuals leave their properties due to their fear of getting the police involved. Drug use, trauma, paranoia, and past negative experiences with the police were cited amongst the reasons why Axial clients were often reluctant to contact the police in such instances, leaving them particularly vulnerable to being taken advantage of by others, and sometimes unable to report issues with their neighbourhood.

Finally, it was acknowledged that a one-size-fits-all approach to social inclusion amongst Axial clients would not be effective. Stakeholders observed that older clients were more resistant to exploring new opportunities and less likely to go anywhere without an accompanying support person. They felt that there was a firm need to advocate for social inclusion for every client but that community connection needed to occur in an environment that was safe and comfortable for the client.

Achievement of client outcomes

Of the 18 clients that completed at least two years in the Axial program, 95% experienced an improvement in their SPDAT score. The maximum improvement in SPDAT score was 30 out of 60, while the median uplift was 16. For the 30 clients that stayed in the program at least 180 days, 77% experienced an increase between their initial score and most recent score. The median improvement for this cohort was 11. The SPDAT score improvements of Axial clients that had been a program participant for at least two years is presented in Figure 5.

Figure 5: Axial client SPDAT score improvement for clients



Taken together, this indicates that the overall level of vulnerability for Axial clients decreased throughout their involvement in the program. However, SPDAT is a screening and assessment tool to determine housing priority and changes in a score should be interpreted cautiously when considering the holistic improvement in client outcomes. Moreover, these scores do not provide insight into the individual domains of the SPDAT score that were most improved for clients.

That said, and consistent with the observations made throughout qualitative evaluation data, Axial case managers and clients both emphasised anecdotally that the program improved outcomes for clients across several domains. One client was able to re-connect with his estranged family member,

who eventually moved into the property with the client, after being disconnected for years. Another client was supported by Axial to obtain a laptop, which allowed him to maintain connections with his family through Facebook and organise for them to stay with him occasionally.

Overall, the program provided multiple individual-level benefits and the clients interviewed were unanimously positive on the support received through the program. However, there were areas where the Axial program only had a limited impact for the individual. Instilling a stronger sense of purpose and community has already been mentioned above. It is acknowledged that these are longer-term program outcomes and may only be observed as clients continue to receive support from Axial into the future.

Finally, stakeholders noted that obtaining and maintaining employment is a challenge for Axial clients. This is due to multiple reasons, including criminal histories, the resistance of some employers to working with extremely vulnerable people, as well as difficulty in navigating the Centrelink system. The inaccessibility of mainstream welfare systems is discussed further below.

Case Study

Client C worked in a physically intensive role for most of his life, until a medical condition forced him to stop working and led to an extended period of homelessness.

Client C has a great place close to public transport, so he'll be able to retain his independence into the future, despite mobility challenges due to his medical condition, he was still able to get around on his own. He describes the support he receives through Axial as "back up" – he knows someone is there for him when he needs it, and he'll be able to receive the support he needs.

Through Axial, he has been able to access the pension six months earlier than he believed himself to be eligible, which has made a huge difference for him financially. His case manager also supported him to get a new laptop, and through this he is better connected to his family, who even stay with him every so often.

Client C credits Axial with all of the positive changes that have occurred in his life.

Impact of contextual factors

Overall, despite the immense challenges caused by COVID-19, both Housing ACT and CatholicCare were able to rapidly adapt and successfully deliver the program in difficult circumstances. For example, the escalation of client intake during the initial pandemic period drove Axial to meet the immediate housing needs of more Canberrans sleeping rough. In fact, the availability of Axial to support rough sleepers was described as a "godsend" from the perspective of ACT rough sleeper working groups formed by the government during the first phase of the pandemic. However, two environmental factors did persistently impact the ability of the program to deliver positive client outcomes.

Ongoing pressure on the ACT's social housing system created challenges when allocating properties that best met client needs. It was difficult for Housing ACT to access suitable accommodation that was not high density, with many Axial properties being only 1-bedroom or located in housing unit complexes with associated risks for vulnerable cohorts. For some clients, this compounded feelings of social isolation and frustration, leading to occasional property damage. Housing ACT is currently reviewing its Property Allocation Framework, which may reshape the practices used to meet the housing needs of the most vulnerable in the ACT.

The difficulty in navigating mainstream welfare systems was also identified as a key challenge for many Axial clients. For example, the inaccessibility of the NDIS for Axial clients, both in terms of its rigid assessment process and support structures for eligible recipients, placed pressure on CatholicCare to meet this support gap internally. However, internal CatholicCare programs were ultimately identified as successful in being able to provide the necessary support for clients who would have otherwise been unable to navigate the mainstream system.

6. What elements have been least and most effective in driving emerging outcomes?

The implementation of a client-centred approach and the trust built between Axial clients and their case managers were identified as the most effective factors in driving improved client outcomes. This was largely enabled by the highly skilled and experienced CatholicCare case managers at the centre of the program.

Critical success factors

The dedication, experience and care of the Axial case managers was consistently identified as a critical success factor. The importance of having the right people for supporting clients with high and complex needs was not understated by stakeholders and clients commented on the strong rapport and trust that they had with their "awesome" case managers, a testament to the client-centred approach of the CatholicCare staff involved in this program. About CatholicCare's ability to build relationships with clients, one referral partner exemplified this indicating that the program "definitely have the right people there".

Stakeholders noted the importance of case manager flexibility in the delivery of their support for clients. This included being guided by what was going on in the client's life at any given point in time, and being realistic when working with clients to develop, review and amend their case management goals. Clients often preferred to interact in a less formal environment and the information needed to develop the case management plan was often taken from unstructured conversations with the client. However, knowing when to take more of a formal role with the client, for example when a client wanted to address their alcohol and drug issues, and when to take a step back, was identified as a fine balance, the maintenance of which was attributed to the capability of the staff.

"Sometimes the truth is hard to hear but they know what is best. Listen to what they have to say"

– Axial client, November 2022

This client-centred approach was supplemented by the integration and coordination of CatholicCare case management and tenancy management teams within the one organisational structure, a factor that has already been emphasised above. Stakeholders commented on the need to sometimes bring a "softer" or more "gentle" approach to issues that would ordinarily warrant a tenancy cancellation, and work with the individual to understand their perspective and address the issue together. The use of flexible arrears repayment plans was an example of this. Having CatholicCare as the sole provider of both case management and tenancy support services was also said to have facilitated this higher tolerance and ability to absorb client risk.

Furthermore, the fact that case management support was not time-bound meant that clients were able to increase their independence gradually and without undue pressure. Many clients referred to their case manager as a "backstop" and a source of personal security, meaning that they could re-engage at periods when they most needed it. This is characteristic of most Housing First programs and is a critical success factor behind positive client outcomes for the Axial program.

Barriers to success

Overall, stakeholders identified the limited supply of housing and lengthy social housing waitlists with multiple completing priority cohorts as the greatest challenge to achieving positive client outcomes. However, this challenge has been experienced across the ACT homelessness sector more broadly and is not limited to the Axial program.

7. What unintended outcomes – positive and negative – have emerged from the program?

Stakeholders identified a significant challenge in providing the necessary support for clients with co-occurring medical conditions. This was observed at both the program-referral level, as well as for clients of the Axial program. However, overall, an improvement in outcomes looked different for each client and the stakeholders praised the ability of the program to support clients on their own individual recovery journeys.

Unintended outcomes

Stakeholders identified two key unintended outcomes from the Axial program. First, some observed that Axial clients often brought a guest from the homeless community when they first moved into the property. While Axial clients often acted as a source of program referrals later on, unintended guests may bring other complexities into the client's property, such as drug supply or use. However, overall, stakeholders said that there were less issues with property maintenance and managing antisocial behaviour amongst clients than initially anticipated.

Second, individuals with co-morbidities, particularly those with chronic mental health and substance use issues, were significantly less likely to sustain their tenancies and achieve successful long-term individual outcomes. Due to a shortfall in mental health specialist services in the ACT, and the inaccessibility of mainstream service systems for many Axial clients, at times this posed a barrier to clients receiving necessary psychosocial supports.

Stakeholders emphasised that, in their view, the Axial program is the key housing program for high and complex need individuals in the ACT however, further consideration should be given to how the program can best support individuals with co-occurring medical conditions. One referral partner stakeholder commented that "if Axial is saying no [because of the client's perceived inability to sustain a tenancy], then we are at a dead end", indicating that there may be opportunity for scoping of options for high and complex needs individuals in order for them to receive necessary support.

"There is a client cohort that seems to sit beyond its capacity, so we're often scrambling for other options and perhaps moving them into less suitable accommodation to have the housing outcome, but they don't get the wrap around support."

- key referral partner, October 2022

Variance between participants

Given that each client had their own unique desires and needs at presentation, improvement in individual outcomes was a unique process. For example, attending medical appointments independently and engaging in a Christian outreach group was considered a significant step forward for one client. For another, a client's aspirations were achieved through having a place to stay, after two years of resisting housing support and sleeping rough. Individual conceptualisations of success also took the form of reclaiming and living with a pet for one client, which had been unachievable whilst homeless.

Tailored personal support is a central tenet of the Housing First model and key to its success. Stakeholders praised the flexibility and responsiveness of CatholicCare to the circumstances of each

individual client. Practical, but nonetheless important, the provision of furniture, household items and food, and assisting a client to connect their property to electricity and gas utilities were cited as important elements of the program by clients. On the basis of client interviews, from the point of first contact, Axial staff treated clients with the respect, dignity and care that they felt they needed to succeed.

5.3 Economic

The following economic evaluation question was considered during the evaluation:

Evaluation question	Key Findings
How cost-effective was the program compared to similar programs?	▸ The economic analysis undertaken considered the benefits (avoided costs) of reduced crisis support required by Axial clients, and conservatively yielded a benefit cost ratio (BCR) of 1.54. This means that for every $1 invested in the Axial program, at least $1.54 in avoided crisis support costs are returned. ▸ These benefits are limited only to clients who had spent two years in the program and did not consider future costs and benefits. It could be expected that as benefits increase relative to costs over time, the BCR would be higher, and the Axial program would demonstrate even greater value for money. ▸ There are challenges in making direct comparisons between the Axial program and other similar street-to-home and supported accommodation programs which aim to address chronic homelessness. Nevertheless, the Axial program compares favourably on a cost per client basis at $12,828 (in 2022 AUD) per client when compared with four similar programs.

8. How cost effective was the program compared to similar programs?

Identifiable costs of the program

Cost information provided to EY covered the funding amount received by CatholicCare over FY20, FY21 and FY22 for the Axial program. This was examined by funding source, with Axial receiving funding from a variety of sources. The three primary funding sources included CatholicCare internal funds which were repurposed from their 'ASSIST' program for Axial, Housing ACT government funding and Commonwealth Rent Assistance, the latter of which was apportioned at the individual-client level. To kickstart inception in FY20, Axial also received grant funding from two philanthropic sources, the Mercy Foundation and Hands Across Canberra.

Total funding received for the program from these sources over the FY20 to FY22 period amounted to $960,700, however when considering only those clients with measured outcomes, as per the economic appraisal methodology, total costs amounted to $781,768 (in 2022 AUD).

The cost inputs to the CBA model do not incorporate the cost of accommodation. For supported accommodation services like the Axial program, the capital value per unit of accommodation can form a substantial share of the total cost of providing support. This cost of providing accommodation is sometimes referred to as the cost of government capital invested in the properties used for the program.[58] Given that such accommodation could be accessed by this client group regardless of their participation in Axial and that these costs were not considered program specific, said accommodation costs have not been incorporated into the output described below.

Identifiable and attributable outcomes of the program

Overall, Axial delivers value for money with a NPV of approximately $1.2 million (in 2022 AUD) over the three-year time horizon of FY20, FY21 and FY22. This was accompanied by a BCR of 1.54, meaning that every $1 invested in the program returned at least $1.54 in benefits.

These benefits were associated with an improvement in client SPDAT scores, which was equated with a corresponding decrease in reliance on homelessness services in the ACT. This was the foundational assumption of the CBA model for Axial.

Table 4: Economic Performance of Axial

Economic Performance of Axial	FY 2022	
Core Benefits ($)		
Avoided costs	1,200,556	
Project costs		
Program funding	**781,768**	
Economic Performance	**NPV**	**BCR**
Results	**418,766**	**1.54**

Comparison to other similar programs

The Axial program appears to have a lower cost per client compared to most other similar programs that address homelessness. There are differences in available program analyses which limit direct comparison, due to the differences in both services themselves and in the means utilised to capture benefits, with variation in wrap around services provided by different programs, difference in the level of client needs serviced and limited breakdown of costs in some publicly available figures.

Table 5 below highlights the costs of other comparable programs, noting the aforementioned challenges in making direct comparisons.

Table 5: Costs of programs comparable to Axial [3]

Program	Type of program	Average cost per client per year (in 2022 $)
South Australia Street-to-home program	Street-to-home	$11,686
Axial Housing First	Supported accommodation	$12,828
Way2Home, Sydney	Street-to-home	$22,429
Brisbane Common Ground	Supported accommodation	$39,769
NSW Housing Intervention Program – Housing Intervention Team (HIT) Initiative	Street-to-home	$35,743 (govt admin costs excluded) / $50,981

[3] The South Australia Street-to-home and NSW Housing Intervention program costs do not include accommodation provision. The Way2Home program costs include housing costs for approximately 37.5% of total Way2Home clients, and the Brisbane Common Ground program costs does include tenancy costs.

6. Conclusion and Key Recommendations

6.1 Conclusion

The Evaluation findings highlight that the Axial program is delivering positive outcomes to clients and delivers value for money. Stakeholders, including clients, were overwhelmingly positive in their feedback on the program, highlighting the core value of the program to achieving their aspirations for improved client health and wellbeing.

Program data suggests that the program is largely reaching its intended cohort of chronic rough sleepers, however increased resourcing for dedicated mental health support staff may facilitate extended reach and less program exits for reasons of complexity of needs. The recent recruitment of a dedicated clinical worker to the Axial program is a promising development and one that should continue to be monitored to determine change in outcomes for clients and support future investment decisions.

Axial case managers were frequently cited as the key critical success factors for the program, and additionally, collaboration between Housing ACT and CatholicCare, as well as high political interest and support from the executives of these two organisations were also major contributors. In light of this, ensuring ongoing quality of case management is likely to support continued program success.

One key barrier to program implementation and scaling is lack of available and suitable housing stock, which limits program expansion. We note that this is a systemic issue across the country, not specific to Axial, and one that will require intense political willpower and policy change to alleviate.

Axial clients reported experiencing increased independence, physical and mental health, social and wellbeing, and employment outcomes. Clients consistently described Axial as life-changing, and were grateful in particular to their case managers, but also other key CatholicCare and Housing ACT staff members who had contributed to this pivotal shift in outcomes for them.

There are areas of opportunity for Housing ACT to consider ensuring the continued success of the program if it is to experience a growth trajectory, and these are detailed below.

6.2 Key Recommendations

6.2.1 Close the loop on referrals

Referral agencies highlighted that the Axial client assessment process lacks a degree of transparency, particularly with respect to the rejection of a client referral. Stakeholders opined that often they do not receive much detail when being informed that a referral has not been accepted into the Axial program, which can leave them confused or even frustrated.

To improve the appropriateness of future referrals to the Axial program, referral agencies highlighted that they would benefit from receiving a more detailed justification for the rejection of a referral. This would also serve to aid referral agencies in referring their clients to other more appropriate services.

In March 2020, it was reported to the Axial Steering Committee that three referrals were not accepted due to one person not being homeless, and two people being in emergency accommodation and more suitable for transitional housing or rapid rehousing. It is acknowledged that appropriateness of referrals into the Axial Program has increased since that point in time, as referral agencies have a better understanding of the program eligibility criteria, however it would be

beneficial to provide the level of detail shared with the Axial Steering Committee with justification of rejection of referrals to the referral agencies themselves.

Recommendation:

1. It is recommended that CatholicCare provide additional rationale and feedback to referral agencies when clients referred are deemed not suitable for Axial, to improve the appropriateness of future referrals to the Axial program, and to aid referral agencies in referring their clients to other more appropriate services.

6.2.2 Barriers to program participation for under-represented groups

A comparative analysis of the demographics of Axial program participants with the demographics of the cohort of people identified as 'homeless with high and complex service needs' in the *Cohort Study* reveals that older men are over-represented in the Axial program. Further, comparison of Axial client demographics with the *Cohort Study* highlights that Aboriginal and Torres Strait Islander peoples and CALD people are under-represented in the program.

It is noted that there are external factors influencing the participation rate of various groups within the program. However, the statistics demonstrate that Axial clients may not accurately represent the full cohort of Canberrans with high and complex needs experiencing chronic homelessness, and a review should be undertaken to ensure the Axial program is capable of meeting the specific needs of each group within this cohort.

Recommendation:

2. It is recommended that the Axial team - in collaboration with referral agencies - review any potential barriers to program participation for cohorts with high and complex needs that are under-represented in the program, as well as develop strategies to overcome barriers.

6.2.3 Support for clients with complex needs

The Axial Housing First Evaluation Framework states that eligibility for the Axial Housing First pilot is adults of any gender, with high and complex support needs, including substance misuse, serious mental illness, chronic health issues, experience of chronic homelessness and/or a history of trauma and incarceration. Furthermore, housing as part of the pilot program was to be provided unconditionally, meaning that clients with pets, people with AOD addiction, criminal histories and people exhibiting complex behaviours were not excluded from participation.

In practice, stakeholders flagged that, in several cases, it was too challenging for clients with co-morbidities, particularly chronic mental health and substance use issues, to maintain their tenancies and they subsequently exited the program. The recruitment of a clinical worker in July 2022 may support case managers to support current clients with more complex mental health and substance use issues.

Recommendation:

3. It is recommended that the mental health and wellbeing outcomes of current Axial clients are monitored closely beyond the recruitment of a clinical support worker to examine if this process is supporting clients with complex needs as intended.

This data collection would also support future investment decisions with respect to Axial staff resourcing and the ability to accept additional clients with complex needs and co-morbidities into the Axial program.

Axial case managers highlighted that typically this client cohort would require "supported accommodation", rather than the independent accommodation provided as part of the Axial program, or a "staircase program", with someone who provides daily oversight of the accommodation and supports for clients, and they may be better suited to programs such as ARAMAC house, which is a Mental Health Supported Accommodation program for men. For those referrals or potential clients that the Axial program is unable to support, Axial staff should continue their ongoing work to ensure that clients are supported into more suitable housing and support options, which may include "supported accommodation" with daily check-ins.

Recommendation:

4. It is recommended that Axial case managers continue their ongoing work with referral agencies to ensure sufficient supports are provided to clients with complex intersecting needs to ensure that, between Axial and other services, they are receiving adequate supports.

Collaboration was typically described as one of the key factors in the success of the Axial Program, including the open communication channels between referral agencies and CatholicCare. It is understood that Axial case managers and referral agency staff do work together on an informal basis to support Axial clients to transition into the program. It is also understood that there are informal and formal meeting mechanisms amongst key service providers in the sector, whereby stakeholders come together on a regular basis to share information about developments in the sector, in the case of the informal meeting (Who's New on the Street, run by St Vincent de Paul), and discuss more systemic and policy-related issues and advocate for clients, in the case of the formal meeting (Joint Pathways).

6.2.4 Managing staff workload and wellbeing

Best practice in Housing First models suggests that the optimal case management ratio for clients with complex needs, such as those in the Axial program, is one case manager to 8-10 clients.
The Axial case managers currently have approximately 14 clients each. Despite a heavy caseload, there was no suggestion from clients or others involved in the program that case managers were not meeting the needs of clients; in fact, it was frequently cited that case managers go above and beyond for their own and each other's clients, balancing their caseload well and ensuring every client feels supported.

There is variety in the degree of support required per client, depending on the degree of complexity of needs when they entered the program, as well as how long they have been in the program and progress made towards achieving outcomes as per their case management plans. As such, despite current caseloads beings significantly higher than best practice benchmarks, Axial case managers are able to balance their caseloads of approximately 14 clients each due to this variation in complexity of needs and supports required across their clients.

Nevertheless, should the Axial program wish to eventually take on more clients, there will come a tipping point where Axial case managers will not be able to sufficiently manage their caseload and quality and responsivity of service delivery may suffer. As a key tenet of Housing First principles, this would not be ideal, but is likely given that new Axial clients are likely to have increased support needs in the earlier phases of their program acceptance, and potentially on an ongoing basis.

Recommendation:

5. It is recommended that CatholicCare continue to work towards optimising caseloads and continue to account for variation in the complexity of need, so that Axial clients receive a consistent level of support that matches their unique needs. This process may be partially alleviated by the recent recruitment of the Axial clinical support worker, but it also may be supported by further investment in caseload optimisation.

This process may utilise VI-SPDAT and SPDAT scores categorised into lower, medium and higher-intensity support needs to support with maintaining balance in quality of service provision to clients, as well as supporting case managers to balance their workloads.

In addition, the skills, experience and care of the Axial case managers was consistently raised in consultations as a critical element in driving outcomes for Axial clients, allowing them to build a strong rapport and high degree of trust in their case manager-client relationships. This quality of care and service delivery is enabled by access to opportunities for trauma-informed training, particularly with respect to property management issues where disputes can arise, resources such as motor vehicles and additional supervision, and the support, interest and genuine care of CatholicCare senior leadership.

Recommendation:

6. It is recommended that the current level of support provided to Axial staff members is maintained to enable them to continue delivering exceptional service quality and improvement in client outcomes.

6.2.5 Support clients to plan for the future

It is understood from the Axial Housing First Evaluation Framework that the original intention for Axial program participants was to have them "graduate" from the program into Housing ACT accommodation or other self-managed tenancies, at a time when they are able to demonstrate an ability to sustain maintenance support for a "reasonable" period of time. This was expected to be approximately 18-24 months after joining the program. This would enable throughput, however it is important to note that graduation would still include linkages to existing services to ensure continuity of care.

In reality, it became evident quite quickly that a significant number of clients would require support to sustain their tenancy on a much longer-term basis, and the transition of their support to external providers, such as the NDIA (National Disability Insurance Agency) and Aged Care, would take considerably longer than anticipated.

Given this, it now seems as if the graduation component of the program has shifted, with exiting the program now considered to be the exception rather than the expectation. This has implications for the program's ability to take on new clients within current resources, both in terms of staffing and properties.

Due to privacy and confidentiality requirements per best ethical practice, it is acknowledged that the Evaluation Team has not had visibility over the contents of the client's case management plans and their goals, but it is important to ensure that there are clear plans in place for each client with respect to their progress throughout the various phases of the Axial program, including graduation, for two key reasons:

1. Throughput, enabling the program to take on new clients
2. Provision of a goal and sense of purpose for the clients

As mentioned, there appears to be significant variation in the degree of support required across the entire Axial client cohort. For those who have been in the program longer, are meeting their case management goals, are living with a greater degree of independence, and perhaps are articulating ambition and plans for the future, the focus should be on developing and support their exit pathways from the Axial program, ensuring supports are still provided, but they may not be as intensive as those offered by the Axial program.

Recommendation:

7. It is recommended that Axial case managers continue to work closely with their clients to define strategies and plans that match their clients' long-term goals and expectations for a secure and optimistic future, and the supports that will be required to help them realise them.

Such strategies would involve clients staying in their properties, if desired, but would likely include a transfer of property from CatholicCare to Housing ACT tenancies, and reduction in requirement for wrap around and case management supports. It is thought that such strategies could also support clients to achieve greater esteem outcomes.

It is recognised that within the Axial client cohort there is a prevalence of mental health issues, which are often episodic, and can trigger a regression in progress even amongst clients who appear to have made great strides towards independence. For those clients for whom mental health issues are a chronic reality, it is recommended that their long-term planning includes ongoing support for their mental health concerns to prevent a relapse in homelessness. It is understood that a component of the role of the recently hired mental health worker is to connect Axial clients into appropriate services, noting that this cohort often faces challenges in engaging with these services

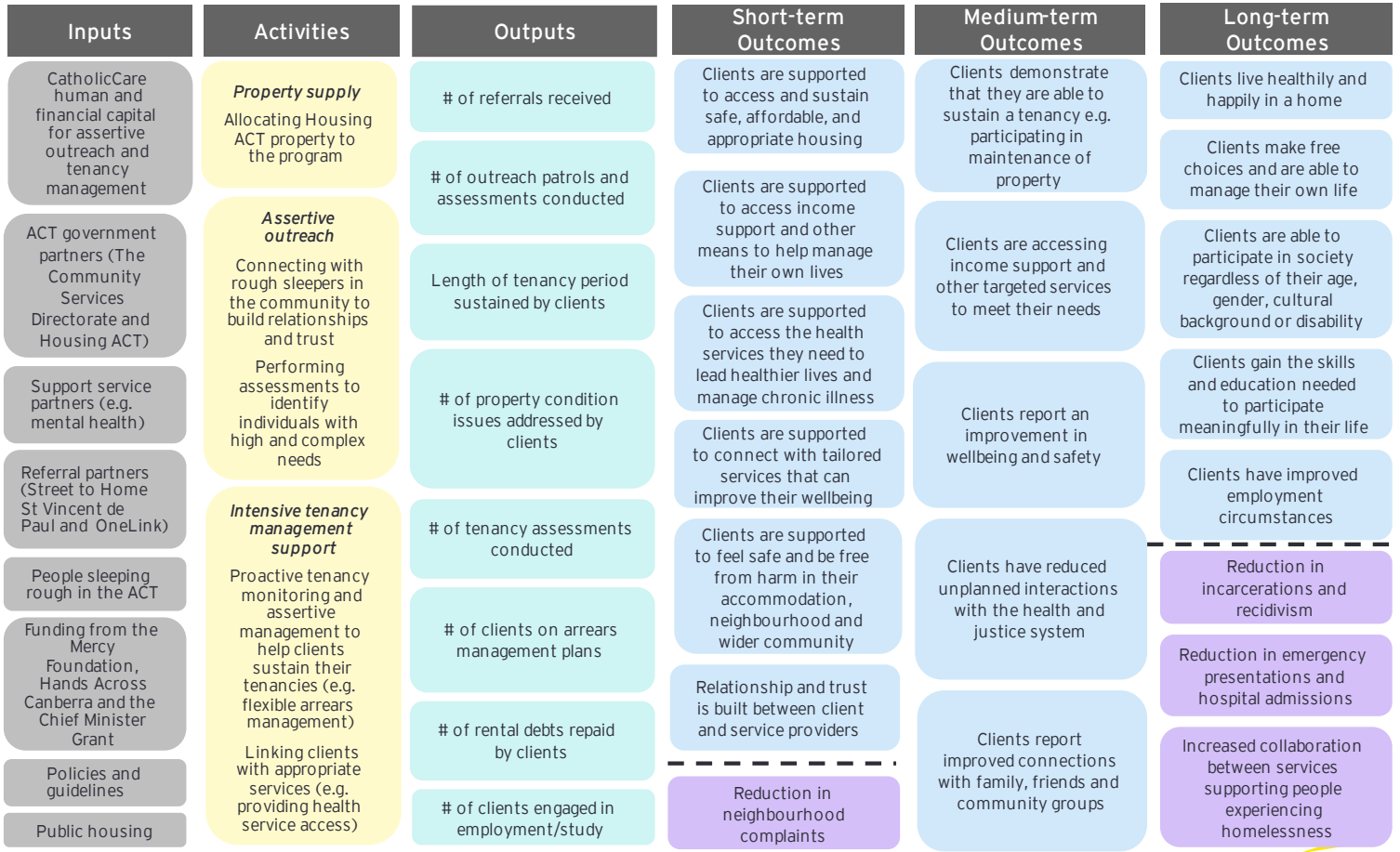
6.2.6 Ensure sustainability of funding

The Axial Program received two grants from not-for-profit funding sources in FY19-20 to support establishment of the pilot. Since that time, the program has relied on funds repurposed from the ASSIST program, as well as Commonwealth Rent Assistance to support the tenancy manager role, to support program operations. It appears as if the only consistent dedicated Axial funding source is from Housing ACT. The application for grants which are perhaps only provided annually, if that, whilst a welcome funding opportunity, takes time away from program management and delivery.

Recommendation:

8. It would be beneficial for the Axial program to explore options for increased consistency and sustainability in dedicated funding streams.

Appendix A Axial Program Logic



End notes

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