



Consolidating a Theory of Change and Outcomes Framework for Jewish House; and identifying opportunities for operational efficiency in its measurement approach

ENABLING IMPROVED VISIBILITY AND REPORTING OF HOMELESSNESS OUTCOMES.
OUTCOMES

Prepared for Jewish House
22 July 2022





Executive Summary

Sefa was contracted to:

- Develop a Theory of Change for Jewish House's homelessness programs
- Review and develop an outcomes measurement framework
- Develop an understanding of the processes that Jewish House undertakes and reflect on the organisation's position within the broader homelessness ecosystem in NSW; and provide recommendations for process improvements, particularly around data collection, aggregation and use

To undertake this work we reviewed organisational documentation and peer reviewed and grey literature. We also conducted interviews with key internal staff, Board members and external stakeholders.

We find that:

- There are a number of areas where Jewish House is 'punching above its weight' – it benefits from being a relatively small player amongst the homeless service providers and operates in a way that is agile and adaptive. It is recognised for being ahead of the curve in terms of recognising the multifaceted nature of homelessness and driving a person centred approach to working with clients for the longer term – embedding an integrated case management in its service delivery approach. Jewish House is acknowledged as being willing to take in people that are amongst the most 'challenging cases'; and recognised as an innovator in designing and tailoring services and programs that are most likely to work for the person based on an assessment of their individual risk factors.
- A consolidated Theory of Change has been developed comprising outcomes for Jewish House Homelessness programs and sector collaboration (see Section 3 of this report) and the proposed outcomes framework will be able to be populated with data that is readily collectible based on existing and new processes and systems. The benefit stems from having a few, meaningful outcomes confirmed and then a commitment from leaders at Jewish House to regularly consider whether the organisation is achieving those outcomes – making evidence-based decisions about areas requiring more or less focus based on performance data.
- This attention to outcomes measurement is useful when looking to secure additional funding and it will support Jewish House's advocacy and influencing in the ecosystem.

We have made several operational improvement recommendations based on our understanding of the different systems and datasets. It is an opportune time for Jewish House to review the processes and systems that underpin the operation of its Homelessness programs; and the data sets that contribute to its measurement framework. Service providers in the NSW Homelessness sector are collaborating around a joint approach for case managing clients in the local community, supported by a database that enables sharing of client data. Section 4 of this report outlines a series of recommendations for rationalising its systems and adopting the new collaborative tools including the By-Name List (BNL). Adopting the BNL has operational efficiency benefits for Jewish House, just as importantly, it will also enable the organisation to better track outcomes and demonstrate the achievements they are making with their Homelessness programs.

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1. Background

Jewish House operates in the eastern suburbs of Sydney primarily supporting people experiencing homelessness through a range of accommodation services including crisis, temporary and transitional housing. The organisation provides housing for 100 people a night. Jewish House has long recognised that people experiencing homelessness, specifically people sleeping rough, have complex needs and vulnerabilities and therefore offer a range of services to support their clients' physical and mental needs. Jewish House under the leadership of its CEO Rabbi Mendel Kastel have been very proactive in the homelessness sector, experimenting with new approaches and innovative projects; and collaborating with a wide range of stakeholders on multiple initiatives including the *Ending Street Sleeping Collaboration*.

Jewish House is funded by community donations and NSW government to provide homelessness services including temporary accommodation. The organisation attracts support from donations and philanthropists, some of this funding supports additional housing including longer term accommodation and is also used to pilot new approaches and programs. Jewish House typically provides clients with two weeks of supported accommodation – unlike other temporary accommodation models where clients stay for shorter periods. At the end of this period more than 75% of clients are likely to have attained stable accommodation – a significantly higher success rate in comparison to other specialist homelessness service providers.¹

Jewish House has a long tradition of employing psychologists and making counselling services available to young people, families and homeless people. They are collecting data across multiple homelessness programs and providing reports to Government. Data is also generated from their newer programs including the Mend app and Couch Surfer program however that data is not consistently integrated with other data sets. It can be difficult to track and identify results from the different programs – making it challenging to get a complete picture of the outcomes Jewish House is achieving. This limits the opportunity for Jewish House to make their impact visible – which is key to improving adoption of new practices and scaling their impact across the sector. They recognise the benefit of articulating how their many Homelessness programs integrate to deliver impact. The organisation is also interested in identifying gaps in their current measurement framework and identifying opportunities for streamlining the operating model that supports this system.

METHODOLOGICAL APPROACH

The analysis included in this report is the result of a combination of:

- a review (including a site visit) of Jewish House programs, data sets, systems and documentation including evaluation reports
- interviews with Jewish House staff, Board members and external stakeholders
- a review of Australian and international literature on the Homelessness sector; including data-driven solutions supporting change in the sector, and
- examining the Homelessness data measurement systems in play in the sector.

¹ UTS Institute for Public Policy and Governance, *Jewish House Crisis Accommodation Program Preliminary Results*, September 2017



2. Context

Homelessness is a complex challenge, there are multiple structural drivers and individual social, financial and health challenges that increase a person's risk of experiencing homelessness. Evidence suggests that for some people the journey to homelessness is unfortunately intergenerational. Other people experience homelessness as result of adverse life events that, combined with different drivers and risk factors, make them more vulnerable to becoming homeless. Over the past 10-15 years, homelessness in Australia has increasingly become a focus of social policy and discourse; the lack of affordable housing and the ever-increasing growth in housing prices has become a popular media narrative and it also contributes to the increasing number of people that find themselves homeless or at risk of homelessness. Increasing the supply of social and affordable housing is one of the major levers for addressing homelessness and supporting people who are or at risk of homelessness. Funding commitments by Government are a powerful contributor to success in addressing this complex challenge as has been evidenced in different countries.

The homelessness challenge is exceedingly complex, a *wicked problem*, partly because a range of solutions are required at the national, sectoral and local level. In the past ten years in Australia there has been growing momentum for a change in approach, reframing the problem and rethinking what is possible. The emerging evidence base demonstrates that addressing homelessness requires an integrated systems approach including²:

- identifying the drivers of homelessness and implementing preventative approaches at a systems, sector and local level,
- prioritising early interventions and integrated support program at a sector/policy level and local level ie for the individual
- supporting effective collaborations across the sector and other sectors enabling service providers and case workers to share data and learnings and deliver an integrated support program that can only be delivered by multiple partners
- adopting data-driven solutions to ensure that complex cases are identified, prioritised and managed by a collaborative network of case workers and service providers
- reframing the problem itself – to focus on reducing the number of people sleeping in the street and believing this is a possible end goal.

There is recognition that individuals experiencing homelessness typically have a range of complex needs and risk factors that, if managed through an integrated care model, is more likely to result in the client sustaining safe and appropriate housing accommodation. Jewish House has experimented with this integrated approach and it is now embedded in their programs.

Enabling effective collaboration across the sector to support an integrated service approach and share information and data on clients is being seen as an effective way to support clients at a local level and is the next step in enabling a systems view of trends and systems change. Shared, data-driven solutions are key to making it easier to collaborate and share case management of clients. Complex and multiple drivers of homelessness ultimately require a collaborative systems approach to improving outcomes³. Jewish House is an active driver of and contributor to a data driven approach to understanding and resolving homelessness.

2.1 HISTORICAL CONTEXT

The Rudd Government's 2008 white paper *The Road Home: A National Approach to Reducing Homelessness* (The Road Home; Commonwealth of Australia, 2008) set bold targets to provide supported accommodation to all rough sleepers and halve all types of homelessness by 2020. It also provided a framework for achieving the targets and kickstarted a

² Stakeholder Interviews with Graham West, Ben Gales and Paul Vevers

³ Flatau, P., Lester, L., Seivwright, A., Teal, R., Dobrovic, J., Vallesi, S., Hartley, C. and Callis, Z. (2021). Ending homelessness in Australia: An evidence and policy deep dive. Perth: Centre for Social Impact, The University of Western Australia and the University of New South Wales



range of new programs and trials using different methodologies and approaches between the period 2008-13. During that time, the body of Australian evidence began to build for how the homelessness challenge could be addressed differently⁴. Flatau et al state that the *Road Home* report created a shift in rhetoric within the Australian homelessness practice and policy space. Stakeholders were emboldened to believe that homelessness could be ended. The shift in rhetoric led to action, and collaboration across homelessness organisations and sectors to improve outcomes for people experiencing homelessness and particularly, to end homelessness⁵. Collaborations amongst homelessness service providers, peak bodies and state governments continued as did the focus on setting ambitious goals for reducing and ending homelessness.

Housing First model and Advance to Zero campaigns

International developments focused on alternative approaches to addressing homelessness also started to gain prominence in Australia. The Housing First model, developed in the 1990s in the United States to address homelessness, began to emerge in Australia in the 2000s. The key characteristics of the **Housing First** model include a focus on people experiencing chronic homelessness and rough sleepers: firstly securing permanent and stable housing; and then being supported with wraparound services so that they can attain and sustain their accommodation. Housing First programs demonstrated that providing housing at the beginning of a support period improved wellbeing and tenancy longevity and reduced returns to homelessness⁶.

Registry/Connection weeks, the precursor for the Advance to Zero campaigns, began in 2004 in the United States, and in Australia in 2010, with the goal of counting the number of homeless people to get better visibility of how the system operated at the local level i.e., understanding the system inflow points for particularly vulnerable forms of homelessness, chronic homelessness, and rough sleeping. During Registry weeks organisations collected information using standardised instruments to get detailed data on the individual circumstances, vulnerability, risk and service needs of those experiencing homelessness. The aim of collating this information was to help organisations better understand who was experiencing homelessness in a local community, so action could be directed to prioritising accommodation and services for specific people. Over time, the **Advance to Zero** campaigns were supported by community-owned and collectively-used databases including the **By-Name List (BNL)** (a tool for highlighting the most vulnerable people experiencing homelessness).

The Advance to Zero approach offers a different framework for understanding, measuring, and preventing homelessness. This methodology focuses on tracking and understanding the inflows, the number of people who are actively homeless within a community, and the outflows, to better understand overall changes to homelessness. Traditionally, tracking the number of exits from the homelessness system into the housing system has been a key performance indicator. The development of a collective community-owned database, with data inputted and available in real time enabled the measurement of inflow and outflow of people into the homelessness sector and assisting service providers to improve their understanding of any potential service patterns. The Advance to Zero methodology has been trialled across several regions and programs in Australia. A key tool in the Advance to Zero methodology is the By Name List database which uses the VI-SPDAT questionnaire⁷. More detail on these tools is below. The Institute of Global Homelessness and the Vanguard City program promulgate the Advance to Zero approach and methodology including the BNL database.

⁴ Flatau et al;2021

⁵ Flatau et al;2021; p xix

⁶ Baxter, A. J., Tweed, E. J., Katikireddi, S. V., & Thomson, H. (2019). Effects of Housing First approaches on health and well-being of adults who are homeless or at risk of homelessness: systematic review and meta-analysis of randomised controlled trials. *Journal of Epidemiology and Community Health*, 73(5), 379-387. <http://dx.doi.org/10.1136/jech-2018-21098>

⁷ Flatau et al, 2021



The **Institute of Global Homelessness (IGH)** was founded in 2014 and is a partnership between DePaul University (Chicago, USA) and DePaul International (London, UK). The IGH spearheads a global movement to end street homelessness, identifying itself as the first organisation to focus on homelessness as a global phenomenon with an emphasis on those who are living on the street or in emergency shelters. The IGH provides direct services for people experiencing homelessness across different countries by partnering with cities and states focused on solving the complex challenge of ending homelessness in the UK, Ireland, Ukraine, Slovakia, Croatia, USA, France, India and Australia. They launched the **Vanguard Program: A Global Movement to End Homelessness** in 2017 with global partners to begin pioneering work in 13 Vanguard Cities across 6 continents. Each city made a commitment to significantly reduce or end street homelessness in reflection of their local context⁸. **In 2019 the IGH and the City of Sydney, the NSW Government, and the sector's leading NGOs signed up to collaboration and set targets to end street sleeping. Jewish House was one of the original twelve signatory groups** that all signed up to the following goals: .

- reduce rough sleeping in the City of Sydney by 25% by 2020 (using City of Sydney's Street Count from February 2017 – February 2020)
- reduce rough sleeping in the City of Sydney and NSW by 50% by 2025
- work toward zero rough sleeping in the City of Sydney and NSW by 2030

The **End Street Sleeping Collaboration (ESSC)** is the backbone partner for this collaboration; and leads the collaborative approach, including the roll-out of the BNL database.

Collaboration and data-driven solutions

The End Street Sleeping Collaboration (ESSC) was founded on the belief that there are tangible benefits for those who are homeless or at high risk of homelessness that stem from effective collaboration amongst service providers using a sector-led and operated database (the BNL) that enables sharing of information and joint accountability for case managing individuals. Therefore, partnerships and collaboration are integral to scaling impact and reducing the numbers of people sleeping rough⁹. Specifically, shared systems or data sets are needed to:

- identify what is occurring at the person level
- ensure each person is being case managed and supported across multiple agencies
- provide visibility of what interventions are working, and
- provide transparency of short-term trends – to then enable policy responses¹⁰.

Graham West, CEO of ESSC highlights that traditionally, there has been little or no sharing of data across homelessness service providers or beyond that to providers of physical and mental health providers and others. The fragmentation of data and insights has meant that practices and interventions enacted by different service providers have often remained siloed.. Moreover, there is an ongoing significant commitment and manual effort required of case workers when they are striving to provide holistic support interventions to the client¹¹, but are doing that without having easy access to a 'whole picture' of the individual.

One of the characteristics of the sector is that there are chronic users cycling in and out of the system. When they present at different service providers, they have to repeat their story. The case worker has traditionally had to rely on the client to get a true picture of who is servicing the client. Data is not necessarily collected consistently across the sector. Fragmented data and the fragmentation of the sector has made it difficult to scale programs and interventions. These challenges can be addressed with a shared database that more easily enables sharing of insights and joint case management.

⁸ Institute of Global Homelessness; <https://ighomelessness.org/> accessed on 8/3/22

⁹ End Street Sleeping Collaboration, <https://endstreetsleeping.org/our-purpose>, accessed on 8/3/22

¹⁰ Stakeholder Interview with ESSC CEO Graham West

¹¹ Stakeholder Interview with ESSC CEO Graham West



From siloed data and approaches to shared data and shared responsibility for client case management – with the BNL

The BNL is the only system globally that captures a client's housing, social and health needs and history¹². The BNL approach is a client management system (based on the SIMS database used by many agencies in the sector). The VI-SPDAT questionnaire is the basis of the BNL – this questionnaire was developed as part of a trauma informed approach. The questionnaire can be completed at client in-take and enables a client risk assessment producing an acuity score. People with high scores reflect high acuity and a need for permanent housing and long-term support.

2.3 TRENDS IN HOMELESSNESS

The two main Australian data sets that provide evidence on homelessness in Australia are the:

1. Census of Population and Housing - an estimate of people who, on census night, are experiencing homelessness
2. Australian Institute of Health and Welfare (AIHW) Specialist Homelessness Services (SHS) data.

The second dataset provides information on people who accessed homelessness services and housing support from government funded SHS. From combining these two datasets the following macro trends were summarised in the *Ending Homelessness in Australia (2021)* report¹³:

- the number of people experiencing homelessness is growing nationally with an estimated national homelessness rate of 50 persons for every 10,000 people: Most of the growth in homelessness reflects an increase in the number of people living in severely overcrowded dwellings, who represent 44% of the estimated total homelessness population
- the demographics of people accessing services is changing
- Aboriginal and Torres Strait Islander peoples accounted for 20% of all persons who were homeless on Census night in 2016, yet for just 3% of the Australian population in 2016
- some cohorts such as people experiencing domestic violence and mental health are demonstrating heightened vulnerability
- there is a large demand for emergency services and housing.
- There are over 1,580 SHS currently providing support and accommodation services to people who are homeless or 'at risk' of homelessness in Australia with an estimated rate of 115 Australian persons for every 10,000 people accessing services in 2019/20, with the service user population predominantly female (AIHW, 2020a)
- the available supply of social and affordable housing is unable to meet the present need and demand, and
- the most common (housing status) exit from SHS is the same state of homelessness an individual entered the system in. People experiencing homelessness are receiving a median of 43 days of support, and presenting issues are increasing.

The Advance to Zero/BNL collective database has been operating in some communities in Australia since 2010. In the ten years since the database was created there have been 20,953 responses from those experiencing homelessness, collected across six states in Australia.

Some key insights from this database highlights a different perspective on the homelessness experience:

- over one-third (35%) of the clients who appear in the database as having completed the VI-SPDAT questionnaire (n=20,620) were sleeping rough, 36% were in temporary accommodation (e.g., couch surfing, staying with friends/family), 8% in short-term accommodation (e.g., boarding house, hostel, caravan) and 6% in crisis and emergency accommodation.

¹² Flatau et al 2021 and ESSC

¹³ Flatau et al



- of those sleeping rough, 57% were sleeping on the streets, 17% in a park, and 13% in a car.
- on average, the length of time people stated they experienced homelessness was 3.8 years. On a separate measure, Advance to Zero respondents reported being without permanent or stable housing for an average of 2.6 years. Families on average reported experiencing homelessness for an average of 1.9 years.
- over one-quarter (26%) of respondents reported they had been discriminated against by homelessness services or housing because of their age, race, appearance, disabilities, gender identity or sexual orientation.
- dental problems were the most prevalent health condition from lists of identified long-term chronic medical conditions and other physical health conditions (53.9%), followed by asthma (33%), liver disease (28%), dehydration (23.5%), hepatitis (21%), heart disease (18%) and diabetes (10%), with prevalence rates all higher than the general population.
- almost one-third (31%) of respondents have been taken to a hospital against their will for mental health reasons; 48% have spoken with a psychiatrist, psychologist, or mental health professional in the last six months; and 39% have gone to an emergency department due to feeling emotionally unwell or because of their nerves.
- twenty-one per cent report a serious brain injury or head trauma. Common self-reported diagnosed mental health conditions include depression (70%) and anxiety (67%).

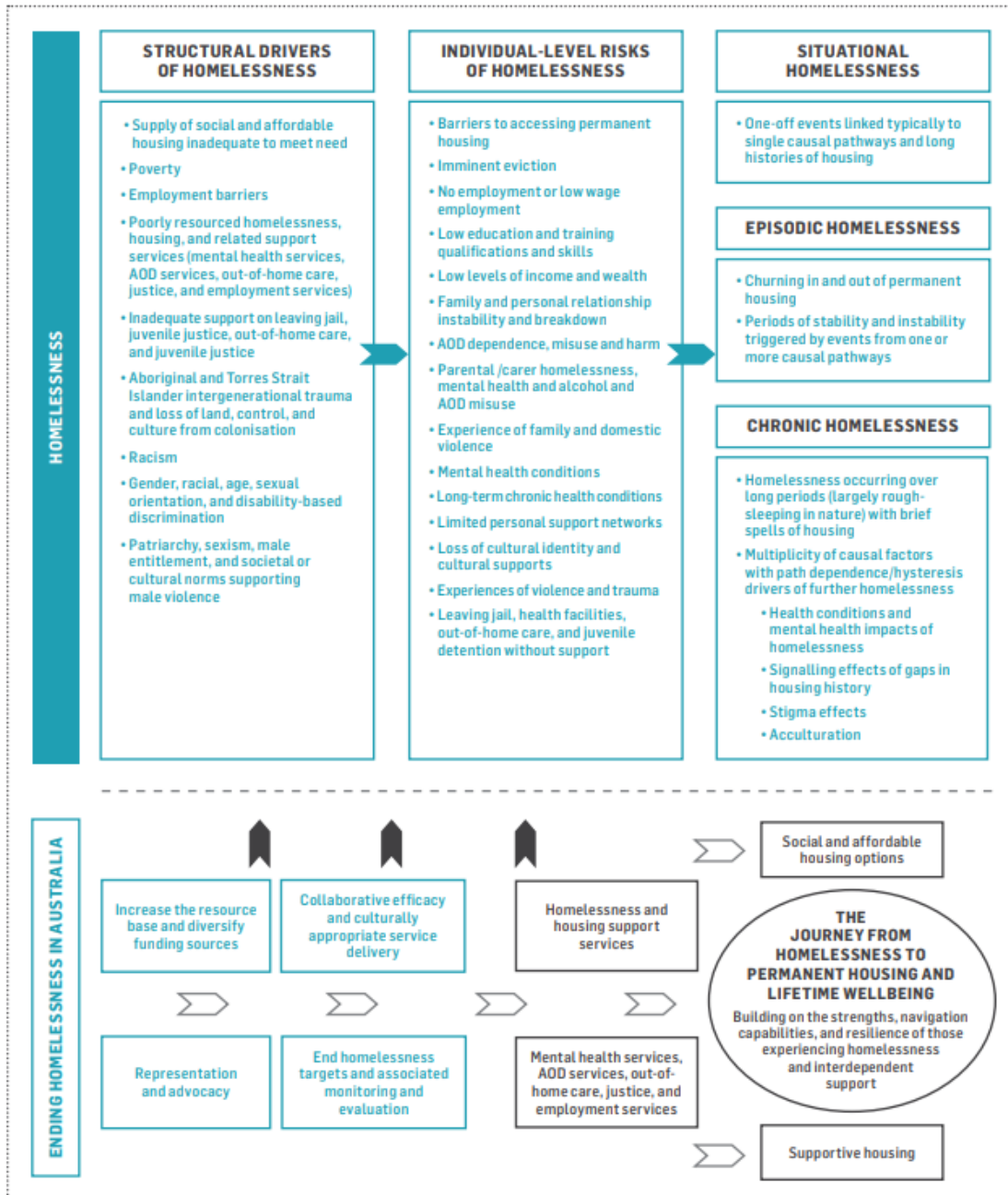
2.3 HOMELESSNESS MODELS

The team that authored the CSI Report *Ending Homelessness in Australia* developed a heuristic Ending Homelessness model to guide their empirical analysis and policy review¹⁴. As can be seen in Figure 1, the model has two key components: one identifies the underlying *structural and risk drivers* of homelessness including the system and macro level barriers including lack of affordable housing, housing supply, labour market barriers and the other focuses on the *individual* level taking into account impact of risk factors such as physical and mental health, family and domestic violence and other risks. The diagram highlights the multi-faceted drivers for why a person is more likely to experience homelessness; and the importance of a person-centred assessment and integrated case management.

¹⁴ Flatau et al, 2021



Figure 1 Ending Homelessness in Australia Model (Flatau et al; 2021)

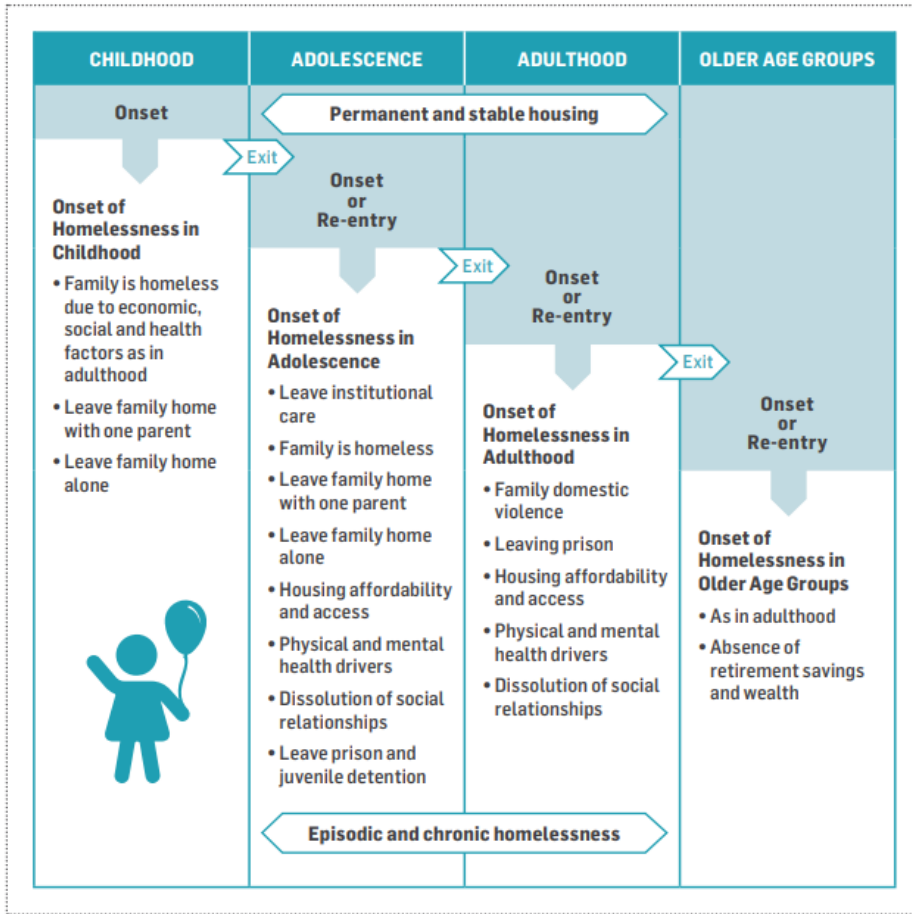


The team built on previous work of some of the authors and also developed a life journey depicting drivers of homelessness at different stages – see Figure 2 . One of the characteristics of the homeless population is the high level of intergenerational homelessness; and childhood and teenage homelessness amongst adults experiencing homelessness. Around half of all adults in Australian Homelessness Services reported experiencing homelessness as children and/or adolescents¹⁵. In contrast, half of all adults experience their first episode of homelessness in adulthood. While some of these experiences may-be affected by childhood and adolescent experiences they are also affected by drivers and risk factors in adulthood such as experiences of violence, poverty and housing precariousness, mental health conditions and long-term health conditions, loss of employment, and dissolution of family relationships.

¹⁵ Flatau, P., Conroy, E., Spooner, C., Edwards, R., Eardley, T., & Forbes, C. (2013). Lifetime and intergenerational experiences of homelessness in Australia (No. 200). Australian Institute of Family Studies. <https://aifs.gov.au/cfca/pacra/lifetime-andintergenerational-experiences-homelessness-australia>



Figure 2 Life journey and homelessness



Both models pinpoint the impact of risk factors such as long-term chronic health conditions – confirming these factors must be addressed as part of supporting individuals to attain and sustain more stable and secure housing. The BNL collective database highlights these risk factors. Interviews with Jewish House staff also highlighted that addictions including alcohol and drugs, and gambling as well as long delays with Family Court settlements (where assets are frozen for a period of time) also contribute to the onset or re-entry of people into Homelessness. A recent report from Taylor Fry (2021)¹⁶ for the Department of Communities and Justice supports these models – examining cross-sector usage of Governments services for people experiencing or at risk of homelessness. The report also identifies the economic impact of this interrelated sector challenge. More information about this impact evidence is in Appendix 2.

¹⁶ Taylor Fry; *Pathways to Homelessness Final Report* NSW Department of Communities and Justice, December 2021;



3. Theory of Change and Outcomes Framework

A sound contextual understanding of the homelessness sector, relevant policy settings and commitments, an understanding of the stakeholders and their approach to collaboration and a holistic service provision model that is person centered, and the experience of addressing homelessness at the local community level is important framing for the development of a Theory of Change.

Sefa spent time with key individuals working in Jewish House to understand the programs and activities that are undertaken (summarised in Appendix 1). We augmented the findings from our review of internal reports and literature review (see synthesis of key evidence in Appendix 2) into the development of Jewish House Theory of Change; and also drew on interviews with external stakeholders and Board members to gain insights on how sector partners and leaders viewed the impact that Jewish House homelessness programs have had on clients and the sector. The compilation of these insights informed the Theory of Change. The interviews generated some consistent insights on the strengths and positive impact Jewish House creates and a few risks were noted as well.

Key strengths

- Jewish House as a smaller organisation in a sector that is dominated by large service providers and Jewish House generally operates quite differently to those big players. Jewish House is *nimble and adaptive* is how one person described Jewish House. All interviewees identified agility as one of the keys strengths of the organisation. One stakeholder commented that in comparison to many of the much larger organisations operating in the sector – Jewish House has smaller overheads and the majority of staff are professionals providing a direct service to clients. Another commented that Jewish House’s experience as a small organisation in the sector implementing the ESSC approach provides very useful and practical ‘lived experience’ for the sector.
- Jewish House also differentiates itself by taking in/servicing all types of clients experiencing homelessness – including the more challenging clients eg chronic rough sleepers. *They do not shy away from supporting people that require significant support services because of the range of their needs* was one comment. Multiple interviewees indicated that Jewish House’s willingness to engage and support more challenging clients is very different to how other organisations in the sector operate (with Matthew Talbot House also being called out as having a history of supporting the more challenging clients too). This makes their services especially valuable in the sector.
- Jewish House has been ahead of many other homelessness service providers in its thinking about how to address the challenging drivers of homelessness. It has been open to different ideas and proactive at testing new programs and approaches and has also got some very good results and outcomes for their clients. One interviewee highlighted that Jewish House has learnt well from international experience and been adept at adopting practices from overseas into the Australian context; and achieved success with these implementations.
- All interviewees highlighted that a key strength of the Jewish House model is offering sophisticated and tailored support with a team of professionals, for example, using psychologists to support clients. Jewish House was identified as being one of the first service providers in the sector to understand the importance of addressing mental health challenges for people experiencing homelessness – particularly rough sleepers.

Key Risks

- External Interviewees were consistent in commenting that the organisation is very dependent on the CEO; for macro- level thinking, operational capacity, and the one person that probably knows everything that is happening with existing and new programs and approaches. While people were confident of the organisation’s viability, a few stakeholders questioned whether the current operating model is sustainable.
- One interviewee commented that Jewish House is at the stage, both in size and impact, where its operational capacity could start to limit its ability to remain agile and scale its impact. Another stakeholder expressed something similar and wondered whether Jewish House is potentially limiting its ability to make the outcomes of



its different programs visible (because of limitations in its operating capacity) - thus reducing the opportunity to influence the sector.

3.1 THEORY OF CHANGE

A Theory of Change (ToC) is a program logic model that helps an organisation articulate how they will deliver impact. It should tell the story of what the organisation does and the change it is seeking to create in the community. It is essentially a strategy on a page, providing a clear link between an organisation's day-to-day activities and their desired short term and long-term outcomes. Together with an outcomes framework it demonstrates how the organisation is tracking and measuring outcomes – demonstrating what is being achieved. Jewish House' Theory of Change has multiple layers extending from homelessness programs to also include community outreach and sector collaboration.

The comprehensive Theory of Change is outlined in Attachment 1 (separate document). This report contains the Problem Statement and Hypothesis statements; a succinct version for the standalone Theory of Change and a longer format for use in other reports and grant applications.

PROBLEM STATEMENT

Theory of Change

Homelessness is a complex social problem. There are a multiple underlying and often interconnected drivers of homelessness: some drivers reflect structural inequities in the system, some people are at greater risk of homelessness as a result of their specific health conditions and life experiences; for others the main trigger is a situational event and can be linked to leaving prison, out-of-home-care or juvenile detention. Supporting people who are experiencing or at risk of homelessness to attain and sustain stable and appropriate housing requires going beyond providing safe and secure accommodation. It requires understanding the risk factors and vulnerabilities of each individual and offering additional professional support and access to services through an integrated case management approach.

Longer Version – for use in grant applications and reports

Homelessness is a complex social problem. There are a multiple underlying and often interconnected drivers of homelessness: some drivers are structural and operate at the macro level eg poverty, employment barriers and intergenerational trauma; some people are at greater risk of homelessness due to long term physical and mental health conditions and experiences of violence and trauma; for others the main trigger is a situational event and can be linked to leaving prison, out-of-home-care and juvenile detention. Supporting people who are experiencing homelessness or at risk of homelessness to attain and sustain stable and appropriate housing requires going beyond providing safe and secure accommodation. It requires understanding the risk factors and vulnerabilities of each individual and offering additional professional support and access to services through an integrated case management approach. In NSW people who are or at risk of homelessness are defined by their housing status and include people who have no shelter and are sleeping rough (ie street sleeping); people living in short term temporary accommodation or couch surfing; and people living in social housing, private housing or institutions (eg custody and out of home care) who are at risk of homelessness. Jewish House supports people across these three spaces with Specialist Homelessness Services (SHS) and Temporary Accommodation (TA) and transitional accommodation¹⁷. Jewish House believes temporary accommodation provides as an opportunity to stabilise and triage clients; then determining and transferring them to the most appropriate housing, for example, crisis or transitional accommodation.

¹⁷ Jewish House is funded by NSW Government to provide specialist homelessness services including temporary accommodation. Specialist services can include programs that support people with physical and mental health vulnerabilities. In addition, the organisation provides additional accommodation and services through other funding sources including longer term accommodation ie transitional accommodation.



The *Pathways to Homelessness* Report produced by Taylor Fry for the Department of Communities and Justice (December 2021) presents a comprehensive study of the drivers of homelessness and trends in the six years up to 2016/17. The study indicates there has been an increase in people requesting emergency and temporary housing, SHS and TA presentations from 7,250 a month in 2011-12 to 11,800 a month in 2016/17 – this is due to policy and funding reform, and also reflects an increasing need for homelessness support. Temporary accommodation is typically used for 2-3 days. Clients and case workers can apply for extensions, there is a limit of 28 nights a year. Some people access homelessness services on multiple occasions – during the six years to 2016/17 – 47% of clients accessed services many times¹⁸.

HYPOTHESIS

Theory of Change

Assisting people experiencing or at risk of homelessness with stable and suitable housing is the first priority. Jewish House has long recognised the importance of addressing the underlying vulnerabilities for each person; and provides services that support the person to improve their physical health and mental wellbeing; and increase their educational and employment opportunities; making it more likely they will be able to sustain stable housing. Evidence demonstrates that early interventions and a holistic care approach with each person is more likely to break the cycle of homelessness.

Longer Version – for use in grant applications and reports

Assisting people experiencing or at risk of homelessness with stable and suitable housing is the first priority for Jewish House. As a homelessness service provider, it has long recognised the importance of addressing the underlying vulnerabilities for each person. Jewish House provide access to services that support the person to improve their physical health and mental wellbeing making it more likely they will be able to sustain stable housing. Evidence demonstrates that early interventions and a holistic care approach with each person is more likely to break the cycle of homelessness. Jewish House is also contributing to a collaborative sector approach that comprises accelerating access to wraparound services through sharing data and case management responsibility for people sleeping rough in their local community.

3.2 OUTCOMES MEASUREMENT FRAMEWORK

The outcomes measurement framework aligns with Jewish House’s Theory of Change; and highlights what outcomes and outputs will be measured and what metrics will be used. An outcomes measurement framework supports an organisation in making operational and strategic decisions and measuring the impact of its programs and services. The outcomes measurement framework is detailed in Attachment 1 (separate word document).

¹⁸ Taylor Fry, 2021



4. Increasing Operational Capacity and Efficiency for Jewish House

4.1 DEEP DIVE ON DATA-DRIVEN SOLUTIONS BEING ADOPTED IN THE SECTOR (BNL AND VI-SPDAT)

Jewish House, as signatory to the ESSC, has the opportunity to adopt and test the BNL approach and the VI-SPDAT questionnaire for specific clients and services eg temporary accommodation

There are benefits to Jewish House in adopting these new tools:

- as an enabler for increased operational efficiency
- as a tool for consolidating and tracking its mix of traditional and innovative programs; and
- as an opportunity for making visible the outcomes of their programs to the sector.

The BNL approach is a client management system (based on the SIMS database used by many agencies in the sector). The VI SPDAT questionnaire is the basis of the BNL, consisting of approximately 70 questions, that in total develops a comprehensive assessment of the risk factors and vulnerabilities of a clients so that a tailored integrated case management approach can be developed for the client¹⁹.

As the distribution of the BNL increases there will be more client data in the BNL – making it more likely that a client record already exists for the person re-entering the homelessness system and presenting at a service provider. Over time this will result in less administration work for the case workers in creating new client records. Importantly, it will enable greater visibility of the client’s history and drivers of homelessness. It will also change the client’s experience and interaction with service providers in the homelessness sector and other sectors as they will not have to repeat their story over and over again. The value of this database and building clients records is this measurement system will provide a holistic view of the client, their housing needs, chronic health conditions and history including interaction with Homelessness service providers.

The ESSC is rolling out the BNL across the Homelessness sector in NSW. There is no charge for the database. ESSC provides training and ongoing support. The BNL team will develop reports and dashboards for individual organisations and the local Collaborative teams.

BNL Improvements

ESSC are working with St Vincent’s de Paul (who have a customised version of the SIMS database) on a pilot process to integrate their historical client data with the BNL. ESSC are also working with NSW Government to integrate the Client Housing Application reference number into the BNL. In addition, ESSC is working with Wayside Chapel to integrate DCJ/Corrective Services data into the BNL – to support service providers and programs focused on people leaving prison who are at risk of homelessness. DCJ is also working with ESSC to integrate data from their Outreach App into the BNL²⁰. ESSC has also created an API link with the Jewish House data platform.

Overview of BNL

Using the BNL as a case management system has the following benefits²¹:

- A client case can be created with minimal details – before consent is granted
- The tool has a consent section – confirming verbal client consent and identify where the client has directed their information can be shared. Signed copies of consent form can be uploaded.
- Using the VI-SPDAT questionnaire informs an initial assessment including a risk assessment
- The tool enables case workers to access previous client history
- Information sharing across the sector

¹⁹ ESSC, *Increasing Coordination and Outcomes using the BNL*, Presentation Pack, 2021; and Stakeholder Interview with Jeremy Harris (ESSC)

²⁰ Stakeholder interviews with Jeremy Harris (ESSC) and Paul Vevers (DCJ)

²¹ ESSC, *Increasing Coordination and Outcomes using the BNL*, Presentation Pack, 2021; and Stakeholder Interview with Jeremy Harris (ESSC)



- Service network identifies which organisations are working the client
- Client case notes enable sharing of information to multiple people and agencies
- Case coordination reports replace excel spreadsheets for cross-sector Case Coordination meetings to review a client's case and assign actions in the tool in real time.
- The tool identifies the primary case worker and lead service provider
- Provides the client's housing status including if they have a DCJ Housing application
- The tool has 3 Assessments including: a Housing Needs Assessment; the Personal Wellbeing Index and VI SPADT Summary report.

Overview of the VI-SPDAT survey

The VI-SPDAT questionnaire was developed to support practitioners identify the types of housing accommodation and support services that should be recommended for a client. The survey was developed in the USA in 2013 and adapted for the Australian context through a collaboration project between OrgCode and members of Australian Alliance to End Homelessness (AAEH) including service providers and people with lived experience and an assessment of the risks facing people experiencing homelessness in Australia²². The VI-SPDAT is scored using clients' responses to a range of questions covering domains listed below and a final score (between 0 and 31) indicates level of acuity. A low acuity score indicates the person needs no intensive support to attain and maintain permanent housing. Any score greater than 10 is a strong indicator of the client requiring current intensive support and/or ongoing support. The ESSC has adopted the VI-SPDAT and integrated it into the BNL²³. The VI-SPDAT questionnaire developed for Sydney, South Eastern Northern Sydney Districts is available from ESSC.

THE VI-SPDAT: VULNERABILITY INDEX SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL provides homelessness service providers with a comprehensive assessment of the client's health and social needs. The client survey information includes:

- Demographics and identification types
- Housing status
- History of housing and homelessness
- Risks
- Socialisation and daily functioning
- Wellness (physical and mental health)
- Income types
- Housing preferences including dependent children/carer responsibilities (useful for housing applications)
- Follow up information
- Consents for housing health and support services

Jewish House Risk Assessment tool – based on VI-SPDAT

Jewish House developed a client risk assessment tool, adapted from an earlier version of the VI-SPDAT being used in New York. The questions in the tool have a strong emphasis on physical and mental conditions and other risks, for example history of stays in hospitals and corrective services. The risk assessment tool is used by case workers as part of the triage interview and during follow-up assessments. The inclusion of a broad range of risks was prompted by the development of Social Impact Bonds in the UK and data requirements for interactions with Government services (eg

²² Flatau et al, 2021

²³ OrgCode and AAHEH, VI-SPDAT for Sydney, South Eastern Sydney and Northern District Sydney ESSC



hospital, health services and corrective services) to build the cost benefit case. The risk assessment tool gives the case worker a risk assessment score.

Who is using the BNL and VI-SPDAT

It is a requirement for members of the ESSC to adopt the BNL. Signatories to the Collaboration and other organisations in Sydney and regions (including Tweeds Head, Shoalhaven, Albury and Tamworth) are adopting the BNL. There are currently 1700 client records and 50 organisations contributing including Specialist Homelessness Service providers, Community Housing Providers and philanthropically funded community organisations. Some member organisations have been slow to adopt the BNL.

The Sydney City Collaboration team (a pilot Collaboration team) has recently mandated that member organisations adopt the BNL. The team uses the BNL dashboard and reports at meetings and to manage decision about clients real-time.

Byron Community Organisation (not a specialist homeless service provider) were using spreadsheet to manage clients and their needs. They have now adopted the BNL as their major system and ceased using their spreadsheets. This community organisation is part of an ESSC pilot.

The BNL could be used as the key source of data and real-time decisioning/actions for the Eastern Suburbs Homelessness Assertive Collaboration ESHAC (with members including Wesley Mission, St Vincent de Paul, Wayside Chapel, DCJ and Jewish House). Currently, BNL take up has been mixed in this group with St Vincent de Paul implementing the BNL while Wesley Mission have not.

Summary of key benefits in adopting/using the BNL and VI-SPDAT

- Improves the experience of the client in their interactions with service providers – as they will not have to repeat their story
- Provides case workers and service providers in other sector more detailed history and information on clients – required to deliver a more integrated case management approach for each client
- Provides a sector-level holistic database with client' housing needs and other support needs.
- Longer term, as the BNL becomes the major database for the sector it will become an important tool for identifying gaps in service, short-term trends and barriers to outcomes.

4.2 OVERVIEW OF CURRENT JEWISH HOUSE PROCESSES AND SYSTEMS

The site visit to Jewish House Head Office and staff interviews provided insights about the organisation's operating model including processes, systems and data collected. This section starts with an overview of the current operating model and data collection processes. The collaboration with ESSC and piloting the BNL for a cohort of clients provides Jewish House with the opportunity to test a solution that could improve their operational efficiency in the longer term. The BNL provides Jewish House with a potential data solution that could support it to better track and report on outcomes for some of its programs; it also creates the standard challenge associated with bringing on a new system – additional time for staff to update multiple systems.



Figure 3 Jewish House Client Intake process

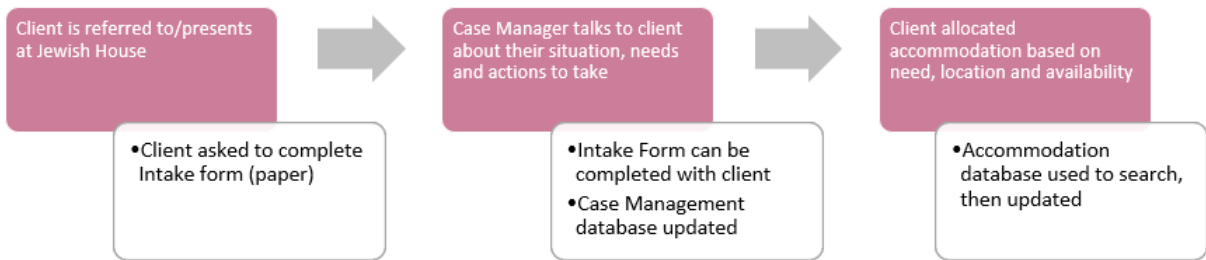


Figure 4 Jewish House Case Management process - during a client's stay

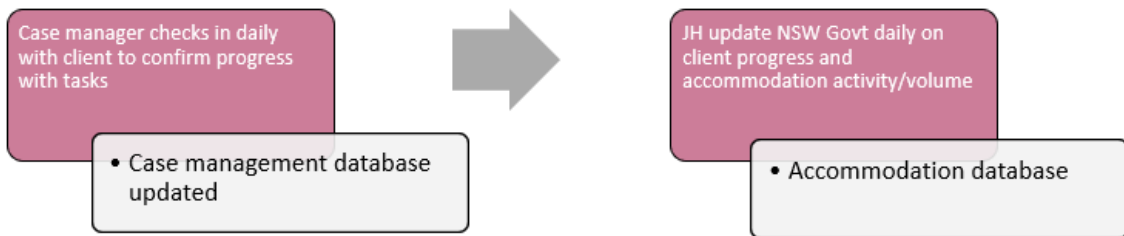


Figure 5 Jewish House case management approach and corresponding Government reporting

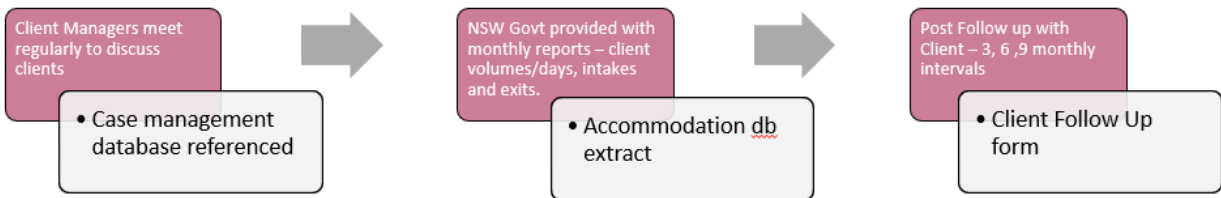


Table 1 provides an overview of the various systems used to manage processes and data at Jewish House.

Table 1 Jewish House's data collection systems

Data Collection/ Systems	Purpose	Other functions of the data set
Client Intake Form (paper)	Clients can complete this when presenting at Jewish House for crisis/temporary accommodation. Or the case worker completes the form with client. Includes various consent forms. Captures client history, presenting issues, income sources, physical and mental health info	Data is also inputted into SPSS database – see below
Case Management database (CS NET)	Case workers transfer intake data to this system and establish a client record. Updates are made to	This is the system used by case workers to manage clients and inform team discussions



<p>& Risk Assessment tool</p>	<p>the client record each time the client presents or has a discussion with their case workers (can be daily) and/or completes activities.</p> <p>As part of the triage process a risk assessment is done for each new client. This system has the most detailed information on each client.</p>	<p>about progress with clients and broader discussion around trends/progress.</p> <p>Not integrated with other systems</p>
<p>Temporary/Crisis/Transitional Accommodation database</p>	<p>Case workers include presenting and exit issues in this spreadsheet. They update this source daily with client progress updates (e.g. exits, transfers, client progress with required activities e.g. getting Bank accounts). This source also is used to allocate clients to specific accommodation venues managed by Jewish House.</p>	<ul style="list-style-type: none"> • Monthly data extracts emailed to NSW Govt – Commission and Planning team • All temporary accommodation providers are required to provide this information • Not integrated with other systems • Govt reporting requirements are minimal – Jewish House provides more qualitative data than is required.
<p>SPSS database - bespoke system (built by volunteer analyst)</p> <p>& Risk Assessment tool data.</p>	<p>System captures Intake Form data and is updated with information from the Accommodation database.</p> <p>It also has data on the client assessment risk factors and score including detailed health conditions information (i.e. type of drug abuse) and mental health assessment (based on 15 questions).</p>	<p>Database has complete set of client records including comprehensive health data – mainly based on Intake form and exit data.</p> <p>Aggregated data is used for grant applications and reports (Volunteer analyst does analysis)</p> <p>Not integrated with other systems</p>
<p>Client Follow Up form (paper)</p>	<p>6-page form used for regular follow up with clients (ie 3, 6, 9 monthly)</p>	<p>Very difficult to get in contact with majority of clients</p>
<p>Client Survey/Feedback form (bespoke to Jewish House). Used at client exit</p>	<p>Not used in recent years – challenging to get clients to complete – requires a case worker to complete with client.</p> <p>Deprioritized due to time constraints; and challenges in meeting with client in person during Covid/multiple accommodation locations</p>	<p>Use of feedback forms identified opportunities to increase service to be provided to clients as part of the Accommodation eg internet and TV.</p>

As a signatory and Board member of ESSC, there is an expectation that Jewish House will adopt the BNL for some of its programs – specifically for temporary accommodation clients. Jewish House is now testing the BNL. As the organisation operates temporary accommodation services in the Bondi and Ashfield they will have the opportunity to ‘test and learn’ in two different regions – ESHAC in the eastern suburbs and IWAC in the Inner West. It is also an opportunity for the organisation to review and compare the existing client data in the SPSS (based on an earlier version of the VI-SPDAT) and the VI-SPADT in the BNL.

There are a few challenges for Jewish House to consider around adopting the BNL. The organisation’s SPSS database has comprehensive historical data (the SPSS data fields/questions were based on the VI-SPDAT) providing them with the ability to interrogate the data for grants and designing new programs. While there would be overlap of data – it will be important for the organisation to determine if they would utilize the Vi-SPDAT in the BNL going forward. The ability for Jewish House to have the same access and flexibility to interrogate and extract their data from the BNL needs to be confirmed as part of the pilot.

Currently, Jewish House has multiple spreadsheets and databases (including the Client Management database) that do not integrate with each other. Like other service providers in the sector, the systems and datasets are siloed by accommodation data and client case management data. This situation is compounded by the Government reporting



obligations that requires Jewish House and other providers to manually collate information in an excel spreadsheet. The ESSC focuses on the cohort of clients who are sleeping rough/at very high risk of homelessness; and Jewish House provides services - as many other service providers do – to a broader range of clients. At this stage there is no plan to extend the range of clients case managed in the BNL. So while the pilot provides Jewish house with an opportunity to assess the differences in functionality and data reporting in the BNL compared to their case management system – it means that at least in the short term there is an additional system for staff to navigate.

It is typically complicated and expensive for organisations to consolidate systems. The reality is that while it is important and beneficial for Jewish House to test using the BNL for a cohort of clients – at this stage it is not a holistic system solution for all clients. A few smaller organisations have adopted the BNL as their main system – typically they have moved from spreadsheets to the BNL; and are not receiving DCJ funding so not have the additional reporting requirements.

There are organisational and operational benefits for Jewish House in testing/adopting the BNL for a specific cohort, it will:

- enable Jewish House to compare and confirm the difference in client data collected in the BNL versus their SPSS.
- assist the case managers to identify the advantages/disadvantages of the BNL versus their case management system and confirm the level of operational efficiency to be gained with using the BNL
- give case managers at Jewish House the experience of using a transparent and shared system for managing and tracking clients in collaboration with other homelessness service providers – across two regions
- experience the first-hand the expected efficiencies of not having to create a new client in a case management system – as another service provider will have done that.
- enable Jewish House to confirm the level of data interrogation and customised reporting available with the BNL.

Making outcomes more visible and scaling innovation

One of the benefits of using the BNL is that this will enable Jewish House to provide greater visibility to the local sectors where they operate of the advantages and results of the innovative approaches that Jewish House has developed and implemented over time - through shared data and case management in the BNL and more collaborative discussions and case management.

4.3 OPERATIONAL IMPROVEMENT RECOMMENDATIONS

Below is a range of recommendation about processes and specifically the different Jewish House systems. Sefa has made the recommendations based on staff interviews, subsequent interviews with the ESSC manager responsible for rolling out the BNL and the start of the BNL pilot. Some assumptions have been made – it will be useful for Jewish House to consider the recommendations and confirm the assumptions as part of the BNL pilot. Undertaking a ‘test and learn’ approach with the BNL provides Jewish House with the opportunity to test a system that over time all homelessness service providers are likely to start using for a specific cohort of clients. It is potentially a readymade solution for improving their operational capacity – an important issue raised by people during the interviews.

4.3.1 Intake Form (paper)

RECOMMENDATION: Keep the paper form for the client to complete. Reduce the size of the form, align with BNL and keep the consent forms section.

This form needs to have a paper version for the client to complete. The majority of clients do not complete the entire form. The case worker completes the paper form with client and/or updates the case management system. Jewish House is working towards adopting the BNL for temporary accommodation clients. Doing this will enable the organisation to assess the current paper form; and confirm if the form can be updated and aligned with the BNL form – for all clients. For example, there is potential to reduce the size of the paper form – maintaining those sections that the client typically completes and aligning the sections to the BNL structure – making it easier for the case worker to



transpose notes and reduce the amount of paper notes. To be confirmed is whether the changes they can make to the form for temporary accommodation clients can be extended to other clients. Jewish House could keep the consent forms if they want to maintain a paper copy of the various client consent forms. These consent forms can be uploaded into the BNL so Jewish House would not be required keep their own electronic records of the consent forms.

4.3.2 Case Management database (CS NET)

At this stage - the BNL has not been designed to replace the client management databases used across the sector. Jewish House client management system is used for a wider range of clients; and some data eg client health data is in their SPSS database

RECOMMENDATION: Pilot the BNL – enabling Jewish House to play a leading role in their ESSC group in managing complex cases in particular; and to confirm the differences and efficiencies available with the BNL versus their existing system.

RECOMMENDATION: Work with the ESSC data team to develop customised reports from the BNL and confirm the reporting functionality available to inform decisions on how they reduce systems and double-handling of data for Government reporting for example.

RECOMMENDATION: Once the EESC St Vincent de Paul system integration is complete – Jewish House could determine if it would be useful to integrate the data from this system into the BNL for the cohort of clients sleeping rough and potentially other clients. Another option is to integrate the data from the SPSS system.

The VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool) has been aligned to the standard case worker database used in the sector and is extensive in scope – covering all the key areas that Jewish House has in their case worker database.

Assumption: the client risk assessment conducted currently is similar in scope to the VI-SPDAT.

The client Risk Assessment tool

Adopting the BNL will enable Jewish House to participate more fully in their local ESAHAC and IWAC, indeed Jewish House could play a leading role (as they often do in the sector) in adopting and utilising the BNL to share information and prioritise case management of complex cases.

The BNL provides similar functionality to the existing case worker database – enabling case workers to create and update client records and add notes. Over time as more organisations adopt the BNL and add more clients – using the BNL will reduce the administration time for case workers at Jewish House; enabling case workers to spend time on more valuable client-centric work. One of the interviewees highlighted that with the increased usage of the BNL and therefore more client records in the system, accurate and up-to-date data will make it easier to identify first time and chronic rough sleepers – thereby making it easier to frame initial conversations with clients sleeping rough.

NOTE: if a Client does not consent to being part of the BNL/having their information available for sharing – their client record could be updated in the existing case worker database. This is not an ideal solution. However, the assumption is that the case worker will be able to assure the majority of clients as they do today with the various consents and so over time the volume of new client records being created in the existing case worker database will reduce.

4.3.3 Temporary/ Crisis/Transitional Accommodation database

RECOMMENDATION: Keep this system operating – it's a key source for managing client accommodation allocations and client progress – and reporting required information to Government.

RECOMMENDATION: Case workers could reduce the detail about client risks and issues in this database and use the BNL as the single source of truth for this – thereby reducing effort for case workers. If necessary the Accommodation spreadsheet could have an additional field to identify the client record number in BNL.

RECOMMENDATION: As part of piloting the BNL Jewish House (and service providers in their two regions) could push for the Government reporting requirements to be developed in the BNL – this would reduce manual data entry and



free up time staff. The ESSC has had discussions with NSW Government about this topic. All Homelessness service providers would benefit from reducing duplication of reporting data entry effort – to what extent BNL reporting coverage will extend to this area needs to be confirmed.

Jewish House like other specialist service providers is frustrated at the lack of data the NSW government collects about clients across the sector – resulting in insufficient analysis of client movements across the sector and no analysis of the holistic view of clients. Adopting the BNL will enable Jewish House to participate more fully in the collaborative community-led approach that is resetting how Homelessness generally is managed and people who are or at risk of homelessness are serviced.

4.3.4 SPSS database - bespoke system

This database contains detailed client information (also found in the case management database) and contains information about the number days clients spend in the different types of accommodation.

ASSUMPTION: This database could provide information on which clients are re-entering Jewish House if the system was interrogated.

RECOMMENDATION: As part of the BNL pilot Jewish House can compare the health data collected in the SPSS and VI-SPDAT in the BNL; and determine whether the BNL database would be similar and sufficient to use going forward.

RECOMMENDATION: Confirm if there any reports run regularly from this system (staff interviews did not identify regular reports but this should be confirmed with the volunteer analyst managing this database), if so then during the BNL pilot it should be confirmed if similar reports can be developed for Jewish House and identify the potential for the organisation to interrogate the data in the BNL. Its important to recognize that the BNL is increasing its reporting functionality, however the breadth of reporting coverage needs to be confirmed. The ability of Jewish House and other service providers to interrogate the BNL data to retrieve their data and sector data needs to be confirmed. Ultimately, uptake of the BNL will be driven by the extent to which it eliminates duplication of effort including reporting obligations and the flexibility organisations have in accessing the system and their data.

RECOMMENDATION: Once the ESSC/St Vincent's de Paul pilot has been completed (re: integrating all existing records into the BNL) Jewish House could determine if it would be useful and worth the effort to integrate data from this database (rather than the case management system). It should be easier to integrate data from a SPSS system into the BNL.

4.3.5 Client Follow Up form (paper)

RECOMMENDATION: As part of the BNL pilot Jewish House will also test this process; and as more service providers start using the BNL there will be more client data in the system – and the form should become redundant.

4.3.6 Client Survey/Feedback form (bespoke to Jewish House).

RECOMMENDATION: ESSC indicated there is a Client Feedback Form in the BNL. Jewish House could investigate and test the Feedback form available in the BNL. Or they could continue to use the form as an opportunity to get client feedback at regular intervals. This process does not need to be enacted each time a client leaves Jewish House – but could be done at least once a year – specifically now the Covid-19 conditions and rules have eased - making it more likely that a case worker will interact face to face with a client when they are leaving.

RECOMMENDATION: As part of the outcome measurement framework assessment there is a recommendation to develop a standard set of questions – from existing industry surveys and/or investigate whether the survey questions in the BNL appropriate and sufficient.



Appendix 1: Overview of Jewish House services

Jewish House provides Temporary Accommodation (TA), crisis/respite accommodation similar to what is provided under the government-funded Specialist Homelessness Services (SHS) and Transitional Accommodation to people who are homeless or at risk of homelessness. SHS are aimed at prevention and early intervention as well as crisis and post crisis support. People presenting to SHS are classified into three categories based on their status at intake: At risk, Homeless or Rough sleeping. This includes accommodating people who present to or are referred to Jewish House. Temporary accommodation is emergency housing funded by NSW Govt Department of Communities and Justice (DCJ) and is specifically for people who are homeless. Jewish House operates 100 beds per night and accommodates people in housing in Bondi, Randwick, Paddington and Ashfield.²⁴

Temporary Accommodation

The purpose of temporary accommodation is to supplement SHSs in providing short term accommodation for people while more permanent accommodation arrangements are being made. The NSW Government awards a certain number of contracts to homelessness providers in different geographical areas to provide temporary accommodation. There are six service providers contracted to provide temporary accommodation in Eastern Sydney of which Jewish House is one. The other providers are larger organisations and include Wesley Mission, St Vincent de Paul and Wayside Chapel. The NSW Government allocates funding to providers for a specific number of beds per year. Where required, the Government will pay for additional beds/nights. Each provider takes referrals from NSW Government services, other homelessness service providers and community organisations.

People are limited to staying 28 days in a 12-month period; typically three nights at a time. People must demonstrate they are searching for alternative housing in order to get an extension of time to stay in the temporary accommodation. Jewish House case workers spend considerable time liaising with NSW Government advocating for specific clients to be accommodated for longer periods of time so they can continue to be supported to attain more stable and secure housing.

A person who is provided temporary accommodation is seen by a case manager and allocated accommodation. The person then needs to check in daily with a case manager. The provision and extension of temporary accommodation requires the client to take necessary steps to engage with housing and other services (eg Banks) to confirm their income (to Government), establish or re-establish a MyGov and Medicare accounts and investigate housing options. A case manager works with a client to identify key tasks to complete and supports them to undertake this series of activities. Jewish House provides daily updates to NSW Government on clients' progress including providing copies of client paperwork eg client bank statements showing income.

Level of engagement – an important indicator

At Jewish House, case workers are constantly assessing the engagement level of clients; indeed an assessment is made when the person enters their accommodation and exits. The experience of case workers at Jewish House is that if a person finds themselves homeless for the first time, engages with a case worker and is supported with accommodation and other tailored service providers that match their priority needs – they are more likely to transition to more stable accommodation. The experience of case workers highlights the importance of prioritising early intervention strategies.

It is often a very different story for individuals experiencing chronic homelessness. Their engagement is likely to be lower. Typically, they have a range of physical and mental health ailments (eg drug and alcohol) and have often experienced challenging circumstances and therefore find it difficult to engage with Government services and other institutions. Remembering their password for their My Gov account and re-establishing Government and Banking accounts is challenging and time-consuming for many people experiencing chronic homelessness – but is a necessary activity for people to be able to continue their stay in temporary accommodation.

It's a full-time job being homeless Case Manager, Jewish House,

²⁴ Jewish House Impact Report 2021



As level of engagement is often associated with the length of time a person has been homeless the value of up-to-date and real-time data is an important tool for enabling case workers to understand the individual's interactions with different organisations and services in the sector.

Supported Temporary Accommodation/Transitional Accommodation

Many providers arrange temporary accommodation in motels and caravan parks. Some providers including Jewish House operate *supported temporary accommodation* models. The key difference with these models is that clients stay longer and receive in-house wrap-around support. Jewish House implemented a program called HomeBase several years ago that prioritized assisting people to address their complex needs while in temporary accommodation over a longer period. This approach is reflected in their Theory of Change.

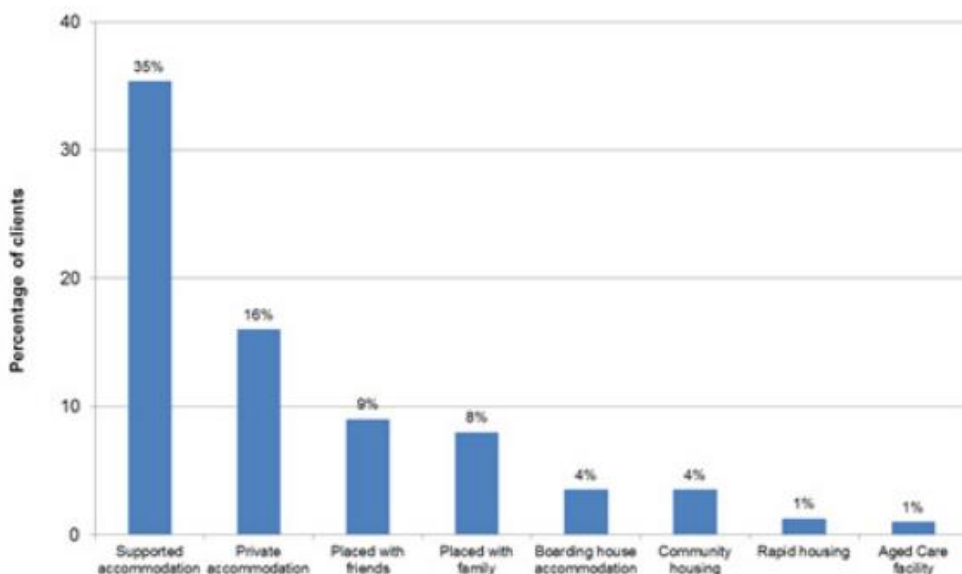
An independent study conducted by UTS in 2017 highlighted that providing clients with access to in-house psychosocial counselling, other support services and assistance to find more stable accommodation is what differentiates the Jewish House model from other models of temporary accommodation; and that this program resulted in better outcomes for clients in relation to transition rates to more stable and secure housing and reduction in individual risk factors and vulnerabilities.

Below is an overview of the program outcomes. The economic impact of this program is discussed in Appendix 2.

Jewish House CEO Rabbi Mendel Kastel investigated a homelessness model of post crisis intervention operating in New York City called HomeBase and implemented a program into Jewish House based on this model. The HomeBase program starts with assessing the client needs and using a trauma-informed intensive case management approach where clients access services that are aimed at addressing the underlying causes of their homelessness crisis. The 2017 UTS study of the HomeBase program focused on the 572 clients accessing supported temporary accommodation with Jewish House between January 2015 and December 2016. During this time clients were supported with a 6-month HomeBase program.

The results demonstrate that Jewish House had a high rate of success in placing clients from supported temporary accommodation into stable accommodation – with 77% of clients being successfully transitioned to safe and secure housing at the end of their stay with Jewish House. This significantly exceeds the 37% success rate for clients across SHS in NSW for the same time period.

The graph below demonstrates the type of accommodation clients transitioned to after supported temporary accommodation.





Source: UTS Preliminary Result Study, 2017

In addition to improving housing outcomes the HomeBase program also demonstrated that clients had improved mental health and improved physical health (reduced illicit substances and alcohol abuse) after spending six months in the program. The study identified the following outcomes for clients:

- 12 per cent reduction in self-reported mental health issues
- 42 per cent reduction in illicit substance abuse
- 30 per cent reduction in alcohol abuse.



Appendix 2: The evidence base

ADDRESSING CHRONIC HEALTH CONDITIONS THROUGH THE HOMEBASE PROGRAM

The UTS Study conducted in 2017 analysed the impact of the HomeBase program on a cohort of Jewish House clients that had been provided supported temporary accommodation and then received ongoing support for 6 months as they transitioned to more stable and secure housing.

Jewish House assisted 572 clients with supported temporary accommodation between January 2015 and December 2016. Of these 64% were female and the average age was 30. One quarter of supported temporary accommodation clients were accompanied by children; and the majority of these clients (80%) were single. Clients in the program reflect the full range of complexities of people who become homeless including; victims of violence, anxiety, depression, illicit substance abuse and alcohol abuse, with nearly all unemployed.

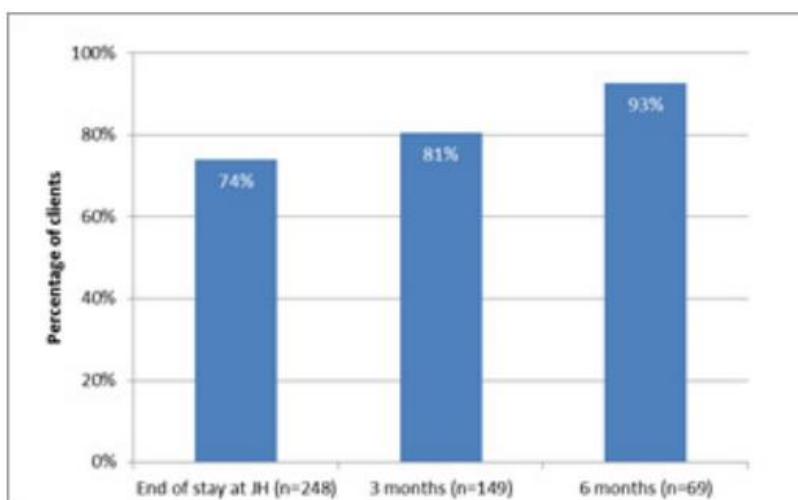
The HomeBase program contributed to stable housing outcomes

After three months of tailored wraparound support, the program contributed to an increase of 7% of stable housing (81%). This increased to 93% after six months in the program.

- After three months 38% of those in secure and stable accommodation were renting an apartment or house and 23% were in a shelter or refuge.
- After six months the number of clients in private rental increased to 50% and the number in a shelter or refuge fell to 9%.

The HomeBase program results identify that between 3 and 6 months is the critical period for achieving maximum benefits for the client. Clients also reported a reduction in the key challenges that people experiencing homelessness face around finding shelter, a place to wash or bathe, a place to go to the bathroom, a place to wash or clean clothes and finding enough to eat.

The graph below demonstrates the proportion of clients transitioning to more stable and secure accommodation after leaving supported temporary accommodation at Jewish House.

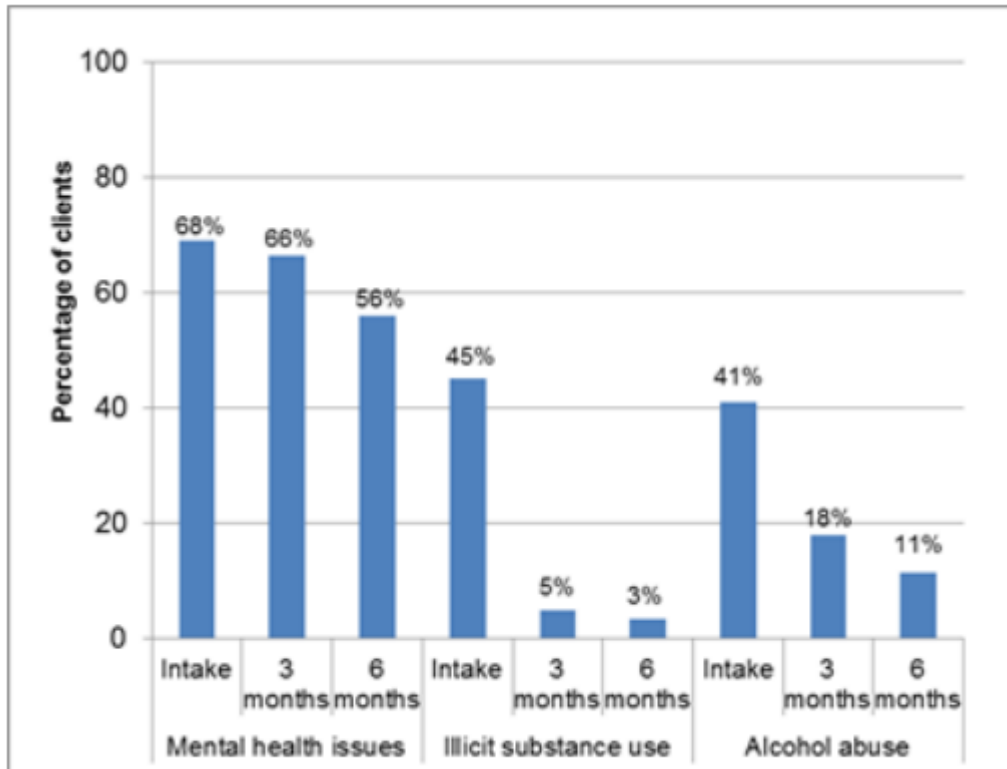


Source: UTS Preliminary Study (on the HomeBase program), 2017



The Homebase program contributed to improved physical and mental health outcomes

The positive outcomes that clients achieved in relation to mental health issues, illicit substance use and alcohol use are detailed in the graph below.



Source: UTS Preliminary Study (on the HomeBase program), 2017

The reduction in substance and alcohol use is important given the high levels of comorbidity between illicit substance use, alcohol use, and mental health issues.

HomeBase clients received treatment for their mental health condition. Of those clients who had a mental health issue at intake, at the 3 month follow up:

- 50% were receiving treatment from a doctor or mental health professional
- 38% were prescribed medications to control their emotional or mental health problems

Clients in the HomeBase program had improved employment outcomes and reduce reliance on government payments

- For clients in the program after 3 months there was a 4% increase in employment from 6% to 10%.
- After 6 months in the program there was an increase in employment to 14%.
- Concurrent with the increase in employment there was a corresponding 15% reduction in the number of clients receiving a Newstart allowance after 6 months. There was an initial increase after three months which could reasonably indicate an increase in the number of clients looking for employment.

The economic impact of the HomeBase program is detailed in the next Section.



PATHWAYS TO HOMELESSNESS

In December 2021 Taylor Fry published a report *Pathways to Homelessness*²⁵ which sought to predict the key groups at highest risk of homelessness based on modelling of cross-sector service use and demographic information. Accessing Homelessness services ie SHS and TA is used as a proxy indicator to assess the risk of homelessness. One of the aims of the study was to support the early identification of people at risk where early or preventive interventions could be applied. The level of cross-sector interactions with different services by people experiencing or at risk of homelessness creates a compelling evidence base and argument that addressing people's complex needs is crucial for solving the complex challenge of homelessness; and highlights the value that collaboration and data sharing at the local level can bring to case managing individuals.

About the data set

A very comprehensive dataset was created for the project. Taylor Fry used six years of historical data supplied by DCJ and other Government departments. Specifically, the study data set comprises 202,927 who accessed SHS in NSW between 1 July 2011 and 30 June 2017. It also includes a broader dataset (covering 625,000 people) using services across 19 NSW and Federal Government services.

The main predictive model in the study identifies a 1% subgroup of people more than 30 times more likely to receive homelessness support in the next year. The model identifies that previous use of SHS and TA services is the most important predictor of future homelessness presentations, this is not surprising, as chronic homelessness and repeated use of homelessness services is a known characteristic of inflows and outflows in the sector. This is often consistent with case management and servicing of people's needs through ongoing support. It does however highlight the importance of targeting repeat users of services to attain the goal of reducing the number of people experiencing homelessness.

Identifying cohorts at most risk of homelessness

The predictive value of the modelling identifies some services may represent good intervention points for supporting people at risk of homelessness.

Key findings identified by the Report include:

- People accessing homelessness services are significantly more likely (than the general population) to be using other Government services - sometimes that rate is ten times greater. Overlaps between service usage are generally more highly pronounced for those people requiring homelessness services – indicating they have more complex needs.
- Significant increases in homelessness rates are associated with emergency department visits, ambulance, controlled drug use, Legal Aid, police-recorded victim incidents and OOHC placements ending.
 - Longer term service use, such as number of incidents over three years is more important than more short-term acute service use – when predicting homelessness in the next year.
- In predicting new presentations to SHS or TA service providers – the 1% of the population at the highest risk also represent close to a quarter of all presentations and present at 23 times the rate of the general population. Previous SHS and TA access and welfare support indicate increased risk.
- Men have a 38% higher likelihood of rough sleeping on average, compared to females. This is opposite of the relationship in the other models (first time users, young people and the main model)

Vulnerable cohorts

- **People exiting the Justice system at a higher risk - accessing SHS at over 20 times the rate of the wider NSW population. The rate for Aboriginal people is about double that for non-Aboriginal people**
- The analysis identified that of the young people leaving OOHC in the five years to June 2016, 17% accessed SHS in the next year, evidence of significant housing instability for this group. **Significantly, OOHC leavers who have already accessed SHS or TA once prior to leaving care for the final time have a 91% chance of re-presentation.**

²⁵ Taylor Fry 2021



- **The 1% of Aboriginal people at highest risk account for 8% of all Aboriginal presentations to homelessness services in a year. This vulnerable cohort accesses homelessness services at a rate eight times higher than the Aboriginal population average and 70 times higher than the full NSW population.** Homelessness rates among Aboriginal people vary significantly by region – ranging from 44,000 presentations to homelessness services per 100,000 Aboriginal people in South-Eastern Sydney to 8,000 in Nepean Blue Mountains. The increase in rate of presenting to homelessness services among Aboriginal people compared to the full population is bigger in the greater Sydney region
- **People with past mental health service use are nine times more likely to present to SHS and TA services.** People presenting to service provider and requiring mental health support are twice as likely to have had mental health treatments in the previous three years. **High service usage in custody and court interactions are also strong predictors for this cohort; and they represent potential intervention points for this cohort.** The mental health cohort also share similar service usage and risk characteristics as those people with high drug and alcohol use.
- **People with past drug & alcohol related service use are eight times more likely to present to homelessness services.** These people are also more likely to be male and older compared to the overall study group, although younger people in the drug and alcohol cohort appear to be at high risk of accessing homelessness services.
- **People with a Domestic and Family Violence history, as measured by police-recorded victim incidents, is strongly associated with higher risk of homelessness.** People in this cohort are much more likely to be female than male. The risk is highest soon after a victim incident

High cross-sector service use identifies a higher likelihood of homelessness

The Report's predictive modelling summarises cross-sector usage of services for the top 1% at highest risk of homelessness. The elevated service usage across sector and over time highlights the complex needs of people experiencing or at most risk of homelessness and also identifies potential points of interventions. The table below is extracted from the Report and key insights are also detailed below:

- the average number of police-recorded victim incidents in the past three years is 3-17 times higher
- the average number of court appearances (including police cautions and YJC) in the past three years is 3-52 times higher
- the average number of Emergency Department presentations (including police cautions and YJC) in the past three years is 2-8 times higher
- the average number of days with rent assistance is 2-14 times higher.



Table 62 – Comparison of key service use measures for groups identified at higher risk of homelessness. Service use is average for group over in the past three years. For the cohorts at higher risk, service use is shown as a relativity to the full population rate.

	Full population	1% at highest modelled risk of homelessness	1% of young people at highest modelled risk of homelessness	Working-age income support cohort	Parenting income support cohort	Acute mental health cohort	Acute D&A cohort	DFV cohort	Aboriginal people
Number of people ('000)	7,850	79	10	107	79	217	173	166	322
SHS + TA rate	0.9%	28.5%	42.8%	9.6%	7.9%	8.3%	7.0%	9.9%	8.0%
% Aboriginal identified	3.3%	45%	48%	13%	16%	12%	10%	17%	100%
# of police-recorded victim incidents	0.21	13x	17x	5x	8x	6x	5x	19x	4x
# of court appearances	0.1	32x	52x	9x	3x	15x	15x	12x	7x
# of SHS presentations	0.022	54x	103x	15x	13x	13x	11x	15x	9x
# of TA supports	0.011	72x	49x	22x	11x	17x	16x	19x	11x
# of ED presentations	0.76	7x	8x	3x	2x	5x	6x	4x	3x
# of ambulatory mental health services	0.24	19x	26x	5x	2x	35x	19x	7x	4x
# of days as admitted patient	2.21	4x	4x	2x	1x	8x	9x	2x	2x
# of Legal Aid services	0.08	36x	56x	10x	7x	16x	15x	14x	6x
# of days on income support	191	4x	4x	6x	6x	3x	3x	3x	2x
# of days on Rent Assistance	60	6x	3x	12x	14x	3x	3x	4x	2x

Taylor Fry *Pathways to Homelessness* 2021 Report p 124

Rough sleepers are a vulnerable cohort

Street sleepers are a very vulnerable cohort and overrepresented as users of government services, particularly homelessness, health, and justice services. In the two years to June 2017, 8% of SHS presentations related to rough sleeping. Based on the Report data, it's clear that the risk of rough sleeping is concentrated in very small proportion of the NSW population. Approximately 16,000 people (0.2% of the population) make up over a quarter of all rough sleeping presentations; and have a hugely elevated high service use across housing and health services and typically increased interaction with the justice system in the past 3 years; and are more likely to be Aboriginal.

People sleeping rough are more likely to require additional support:

- for mental health issues (21%),



- followed by drug and alcohol use (17%),
- DFV (13%) and
- legal issues (9%).

Compared to other homeless clients, drug and alcohol rates are significantly higher for people sleeping rough, while DFV and family support needs are lower. Over the six years to June 2017 four-fifths (80%) of people presenting as rough sleeping were receiving income support, and the majority (55%) of had been on income support for virtually the whole of the previous three years.

For people sleeping rough:

74%	64%	43%	30%	17%
have experienced repeat homelessness	are male	are 40+ years	are Aboriginal	are young people (16-23 years)

Taylor Fry *Pathways to Homelessness* 2021 Report p xvii

Services that appear stronger in predicting rough sleeping homelessness include:

- Emergency department presentations relating to mental health, would cover 8% of all rough sleeping presentations. Following an emergency department presentation for mental health the risk of rough sleeping homelessness is over 50 times higher.
- People exiting custody are 60 times more likely to access homelessness services rough sleeping and 15% of rough sleeping presentations having been in custody in the past 12 months.

Economic impact of homelessness

The Taylor Fry study considered the six year cost to Government for adults accessing homelessness services in 2011-12 compared to the broader NSW population.

- The median cost to Government over six years for people accessing homelessness services in 2011/12 is \$166k, 11 times higher than the NSW population.
- Within this group of people accessing homelessness services, the 5% with the highest cost represent 1,500 people with an average cost to government across six years is \$706k per person, with 84% of these costs attributable to the NSW Government, mostly in the health and justice sectors. Only 5% of the total relates directly to housing.
- The cost to the NSW Government is more than 50 times higher for people in the 5% group than for the broader NSW population.

The Jewish House HomeBase program evaluation also considered the economic impact and costs to Government as a result of people accessing multiple services.

There are significant potential savings to Government as a result of supporting people in accommodation over 6 months supported by services to address their physical and mental health conditions. It is estimated that the potential annual cost offset from preventing homelessness is approximately \$33,000 per annum or \$794,900 over the average lifetime of someone who is homeless.

HomeBase clients ^a	Stable accommodation rate ^b	Ave. cost offset per client p.a. ^c	Total annual offset	Ave. post-support life span ^d	Average life time cost offset per client ^d	Total lifetime offset
261	93%	\$33,000	\$8.6m	43 years	\$794,000	\$207.2m

Jewish House Crisis Accommodation program (UTS, 2017) p14.



Appendix 3 – List of Interviewees

Ben Gales	Acting Chief Strategy Officer – PRF Formerly Executive Director Treasury and PM&C
Cerina Filipczyk nee Weisz	Board member Jewish House
Graham West	CEO End Street Sleeping Collaboration
Jeremy Harris	Community Impact Manager End Street Sleeping Collaboration
Paul Vevers	Deputy Secretary DCJ
Roger Clifford	Board Chair Jewish House



Glossary and Definitions

BNL	<p>By-Name List</p> <p>BNL is a Survey tool and database - used internationally for approximately 15 years</p> <p>A tool used by the Advance to Zero campaigns to tack and case manage people rough sleeping.</p>
DCJ	<p>Department of Communities and Justice NSW</p> <p>Responsible for administering a range of housing and homelessness program through allocating funding to service providers to provide temporary accommodation and specialist homelessness services.</p>
ESHAC	<p>Eastern Suburbs Homelessness Assertive Collaboration</p>
ESSC	<p>End Street Sleeping Collaboration</p> <p>Established to act as a backbone for signatories to the Collaboration and other organisation who adopt the approach.</p>
IGH	<p>Institute of Global Homelessness</p> <p>One of the only organisation addressing Homelessness across countries. Created the the Vanguard City program – focused onreducing the numbers of people street sleeping by different cities.</p> <p>Institute of Global Homelessness (ighomelessness.org)</p> <p>https://www.youtube.com/watch?v=9g5u6nbys5c</p>
SHS	<p>Specialist Homelessness Services</p>
TA	<p>Temporary Accommodation</p> <p>Includes crisis, temporary and emergency accommodation funded by NSW Government</p>
VI-SPDAT	<p>VI-SPDAT: Vulnerability Index Service Prioritization Decision Assistance Tool</p> <p>This tool provides homelessness services with a comprehensive assessment of health and social needs. Its forms the basis of the BNL.</p> <p>More information available at https://www.youtube.com/watch?v=lv4DyFL7Uug</p>



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