

# Final Evaluation Report – The Way Home

Wellways Australia

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# Executive Summary

## Introduction and background

In January 2019 Neami National was engaged by Wellways to evaluate the implementation of The Way Home.

Australia is experiencing a national housing accessibility and affordability crisis due to limited social housing stock, long social housing wait lists, high housing and rental prices and low Government payments. People experiencing psychosocial disability face further barriers to mainstream housing markets, that compound their risk of homelessness.

The Way Home project received funding through Information Linkages and Capacity Building (ILC), a component of the NDIS that aims to deliver a more accessible, inclusive and connected Australia through improved interactions between mainstream and specialist providers. The Way Home aimed to increase access to mainstream housing for NDIS participants with a psychosocial disability. The service had two components: 1) direct service delivery and 2) sector information and capacity building. The Way Home was designed to

- provide practical support for participants to secure and maintain their tenancy and build their tenancy management skills and confidence;
- improve real estate agent and community managed housing provider understanding of mental illness and their confidence and willingness to enter into rental arrangements with this cohort;
- develop, test and refine practical resources for participants, NDIS funded support coordinators and Local Area Coordination providers to support NDIS participants to access and sustain tenancies in private rental and community-managed housing.

The service was piloted in three diverse regions; Barwon, Central Highlands and North East Melbourne from November 2018-September 2019. A program administrator and three housing workers were employed to develop resources, deliver education sessions and work directly with NDIS participants who were homeless or at risk of homelessness.

## Key lines of enquiry

1. To what extent has system knowledge of the relationship between psychosocial disability and housing been strengthened?
2. To what extent has system (mainstream housing, NDIS, community housing, mental health providers and participants) willingness and capacity to support people with psychosocial disability into mainstream housing been strengthened?
3. To what extent has willingness and capacity of NDIS planners and providers to engage with housing as a central issue for many people with psychosocial disability been strengthened?
4. To what extent has the capacity of individuals to obtain and sustain tenancies by developing capacity for self-management of knowledge and actions that sustain tenancy been strengthened?



## Key findings

Over seven months of implementation The Way Home received 55 referrals of which 35 were eligible and were offered active support. At the end of the program seven people had been housed, 14 people were actively looking for housing and 13 people had disengaged. One tenancy was saved before the participant decided to disengage. Seventy-three secondary consultations were provided to support coordinators and mainstream providers, resulting in positive outcomes including homelessness being avoided. The seven people housed experienced additional benefits of stable and affordable housing including being able to reconnect with family and children, improved social relationships, employment, community connection and improved physical and mental health. Some were also able to make better use of their NDIS plans.

A range of resources were developed and tested with NDIS participants and support providers. They provide information to meet the identified knowledge gap about housing and psychosocial disability. Examples of the resources developed for participants included information on how to manage property inspections, budgeting, moving in, living with challenging neighbours, and pets in rental accommodation. Examples of resources for providers included psychosocial disability, building support networks for NDIS participants, wellness action planning, and risk factors, warning signs and actions for sustainable tenancies. The resources were well received by providers who described them as providing useful information not accessible elsewhere. The resources are freely available through the Wellways website. Thirty-four support coordinators received training at four education sessions delivered by The Way Home team, in which the developed resources were used. Three further sessions are planned with an expected attendance of an additional 45 support coordinators/LACs.

The Way Home team drew on Housing First principles<sup>1</sup>, taking a prevention, early intervention, capacity building approach; supporting participants to build knowledge and skills to obtain and sustain a home into the future. Housing First emphasises participant choice and agency. The team engaged with participants to explore their needs, to ensure they were working towards a home that was a good fit; a home that was in the community of their choosing, affordable, accessible, safe and that allowed them to meet their goals. The capacity building approach was appropriate for most participants referred to the program, with 21 people either housed or actively looking for housing at the end of the funding period. A range of factors, including the timing of referrals, led to people disengaging from the service, indicating that the service approach did not suit everyone at the time it was offered. The team identified that some referrals were made too late. When participants were in an acute housing crisis, a capacity building approach was not always suitable. Earlier referral would have allowed for a more preventive approach.

The project confirmed that there is poor understanding of the relationship between housing and homelessness, psychosocial disability and mental health in both the disability and housing sectors. To deliver improved housing and wellbeing outcomes for people with psychosocial disability, providers need to build knowledge of this relationship and skills to effectively support people with their housing goals. The developed resources and education sessions were effective in building the knowledge and confidence of support coordinators. Direct advocacy approaches with housing providers, including the promotion of incentives such as landlord insurance, surety funding and reassurances of continuing support, were effective in housing providers offering tenancies to program participants.

Offering a new service approach that was intentionally focussed on *prevention and early intervention capacity building* rather than a *crisis response* required active promotion and explanation. It took time

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<sup>1</sup> Deborah Padgett, Benjamin F Henwood, and Sam J Tsemberis, *Housing First: Ending Homelessness, Transforming Systems, and Changing Lives* (Oxford University Press, USA, 2016).



to gain traction among providers in the three regions. Over nine months The Way Home team proactively reached out to around 200 providers to consult, share information about the service, offer education sessions and resources and promote referrals. There were challenges in delivering information about the service to staff who could make most use of it, with some reception staff and managers acting as gatekeepers and not disseminating information to the rest of their organisation. The complexity of the service may also have hampered team efforts to captivate the attention of providers working in a time-poor system.

The team persisted in their efforts to deliver information and promote the service. Traction was gained over time as the team demonstrated their value through direct work with referred participants, secondary consultations and education sessions. In North East Melbourne and Central Highlands traction was developing as the service ended, whereas Barwon was able to leverage Wellways well-established regional presence to engage providers and attract referrals earlier.

Evaluation of the program was limited by the data available to the evaluation team. A range of factors limited the data available for analysis, including: 1) Some intended data sources not engaging or engaging minimally; 2) Program data was captured to meet the needs of service delivery rather than program evaluation; 3) staff were not fully informed of data collection processes, and 4) database operationalisation was delayed until May and 5) audit processes did not identify information gaps in time to rectify them.

## Key recommendations

1. Ensure best practice support (prevention and early intervention, tailored, capacity building support) for homelessness and tenancies at risk is available to NDIS participants with psychosocial disability by the provision of specialist support, delivered through programs such as The Way Home or through specialist regional roles within the NDIS.
2. Build understanding of the bidirectional relationship between housing and mental health and psychosocial disability within the disability, health and housing sectors, and for NDIS participants with psychosocial disability.
3. Build LAC and planner awareness of the need to routinely consider housing in the planning process.
4. Build LAC, planner and NDIS provider knowledge and capacity to respond proactively (prevention and early intervention rather than crisis response) to housing and homelessness through NDIS planning and service provision, through access to ongoing learning opportunities and exposure to best practice.
5. Set targets for sustained tenancies within the NDIS, for this at-risk cohort, monitor practice improvements and consider incentivising education/practice that delivers improvements.
6. Use policy and funding levers and incentives to facilitate buy-in from relevant stakeholders; this approach requires engagement from stakeholders across the system to drive improved outcomes
7. Realistically plan and scope ILC projects and account for a minimum six-month establishment period to integrate novel service delivery offerings within NDIS
8. Strengthen data capture processes and systems, and incorporate extended time periods into program evaluations to enable impact to be measured over a relevant timeframe.



## Conclusion

A crisis in housing affordability in Australia currently means that many people with psychosocial disabilities face insecure housing and homelessness. Having a home is foundational to mental health and wellbeing. There is currently a wide knowledge gap on the relationship between homelessness, housing, mental health and psychosocial disability, in the disability, health and housing sectors. As a result, NDIS participants experiencing homelessness or housing insecurity, are unable to access supports that will address this fundamental need.

Implementation of The Way Home pilot confirmed the knowledge and practice gap and provided emerging evidence of an effective way to meet participants needs and deliver improved access to mainstream housing and sustained tenancies. There were considerable barriers to the implementation of a capacity building approach. Successful implementation required sustained proactive sector engagement, along with time, investment in education and capacity building in these sectors, to reorient the focus of practice away from crisis support towards a prevention and early intervention, capacity building approach. The full potential of the approach used by The Way Home was not reached due to the short implementation period. Learnings were made around both the approach to implementation and evaluation.



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# Acronyms and Abbreviations Glossary

AMIDA	Action for More Independence & Dignity in Accommodation
AOD	Alcohol and Other Drug
ATSI	Aboriginal and Torres Strait Islander
CHP	Community Housing Providers
DHHS	Department of Health and Human Services
DHS	Department of Human Services
DSP	Disability Support Pension
HEF	Housing Establishment Fund
ID	Identification
ILC	Information Linkages and Capacity Building
KPI	Key Performance Indicators
LAC	Local Area Coordinator
LASN	Local Area Support Network
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
REIV	Real Estate Institute of Victoria
SC's	Support Coordinators
SIL	Support Independent Living
TWH	The Way Home
VAHS	Victorian Aboriginal Health Service

Direct service	Direct contact with the participant via face to face, email or phone call
Enquiries	Initial contact with potential referrers, participants or community members to TWH about the program and eligibility criteria
Housing First	The principle that safe and secure housing should be prioritised and not conditional upon, addressing other health and well-being issues. Housing is prioritised alongside on-going, self-directed support.
Indirect service	Any contact with the participant's care team; Support Coordinator, case manager, family member, real estate agent etc
Local Area Coordinator	Employed by an NDIA Partner and supports participants to create, implement and review their NDIS plans
Motivational interviewing	A client centred counselling approach to prompt behaviour change and to explore and resolve ambivalence
Plan	Refers to a participant's NDIS plan
Planner	Employed by NDIA who conducts assessments and identifies participant's support needs to develop and approve their NDIS plans
Plan review	A plan review is a review of how funded supports are working for the participant to achieve their goals



Psychosocial disability	A disability that may arise from a mental health issue
Secondary Consultations	Advice, information and system navigation provided by TWH staff to referrers of ineligible participants
Support Coordinator	Employed by registered NDIS providers who support participants to understand and implement the funded supports in their NDIS plan



# Introduction

The Way Home is an initiative aimed at increasing access to mainstream housing for National Disability Insurance Scheme (NDIS) participants with a psychosocial disability. It was delivered by Wellways Australia in partnership with the Department of Health and Human Services (DHHS).

The Way Home was designed to:

- provide practical support for participants to secure and maintain their tenancy and build their tenancy management skills and confidence;
- improve real estate agent and community managed housing provider understanding of mental illness and their confidence and willingness to enter into rental arrangements with this cohort;
- develop, test and refine practical resources for participants, such as checklists and guidelines, on how to secure and retain a tenancy; and
- develop, test and refine practical resources for use by NDIS funded support coordinators and Local Area Coordination providers to support participants to access private rental and community-managed housing.

The department has been funded by the Commonwealth Government to deliver this support as part of Information Linkages and Capacity Building (ILC), which is an integral component of the National Disability Insurance Scheme (NDIS).

The target cohort includes NDIS participants with a primary psychosocial disability who are homeless, or at risk of homelessness. In particular, the initiative prioritised NDIS participants who were:

- experiencing absolute homelessness relative to those experiencing housing risk;
- Aboriginal and Torres Strait Islander people; and/or
- unable to be discharged from a bed-based mental health service due to unavailability of a suitable housing option.

A key feature of the Project was an independent summative evaluation to enable translation of results and learnings to other settings, including future ILC activities. This report documents the evaluation of this service, independently undertaken by Neami National on behalf of DHHS.

*Figure 1 – Moving in*



# Policy and program context

## NDIS/ILC background

The Victorian Department of Health and Human Services was funded by the Commonwealth Government to deliver this support as part of Information Linkages and Capacity Building (ILC), which is an integral component of the National Disability Insurance Scheme (NDIS).

The NDIS is made up of two parts that work together to support people with a disability and their families and carers:

1. Individual funding packages which provide reasonable and necessary supports for eligible people with a disability.
2. ILC funding consisting of grants to organisations to carry out activities in the community aimed at building the individual capacity of people with a disability to live an ordinary life and creating opportunities in the community for them to do so.

ILC aims to benefit people with a disability – regardless of their eligibility for individually funded supports under the NDIS – by investing in community education, broad based interventions, and individual capacity building that will sustain and strengthen the person’s formal supports and promote their social and economic inclusion and meaningful participation in community life. ILC functions play an important role in facilitating referral and linkages to and from mainstream service systems for people with disability. ILC includes capacity building across communities, organisations, and mainstream service delivery, to influence attitudes and practices that foster greater inclusion and engagement of people with disability. Supports that suit the needs of people with disability, their families, and carers, may be delivered through ILC.

People with psychosocial disability experience stigma and discrimination in attempting to access mainstream housing<sup>2</sup>. While it is beyond the responsibility of the NDIS to provide housing for participants, ILC projects may fund activities aimed at increasing access to mainstream housing for people with a disability.

## Key service gap: NDIS and housing

The NDIS aims to promote person-centred planning structures that maximise consumer choice and determination by allowing consumers to choose their own supports and direct their funding to services of their choice<sup>3</sup>. Several gaps have emerged as services and consumers have transitioned into the NDIS. Housing and support for people with a disability has been identified as a domain that is not yet well addressed under the scheme.

NDIS funding is designed to complement mainstream housing services and, whilst it can provide accommodation and tenancy supports, it does not usually cover housing costs. The NDIS provides funding for Supported Disability Accommodation (SDA) for participants experiencing extreme functional impairment or high support needs. However, only 6% of NDIS participants will meet the

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<sup>2</sup> Nicola Brackertz, Alex Wilkinson, and Jim Davison, "Housing, Homelessness and Mental Health: Towards Systems Change," *AHURI Research Paper, Australian Housing and Urban Research Institute Limited, Melbourne* (2018).

<sup>3</sup> Parliament of Australia, "The National Disability Insurance Scheme: A Quick Guide," [https://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/pubs/rp/rp1617/Quick\\_Guides/DisabilityInsuranceScheme](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp1617/Quick_Guides/DisabilityInsuranceScheme).



criteria for SDA<sup>4</sup>. Disparity between welfare payments and the current cost of mainstream housing puts single dwelling accommodation beyond the reach of many people on Newstart or Disability Support payments<sup>5</sup>. In addition, for individuals who do not require SDA or Supported Independent Living (SIL) accommodation, there are very few funding options available to support these individuals to secure mainstream housing in the community, and no subsidises available through NDIS.

## National housing crisis and growing homelessness rates

Australia is facing a national housing affordability and accessibility crisis. Lack of social housing stock, and an absence of federal housing policy in Australia is exacerbating the situation, particularly for people on low incomes and government payments. Growing population and migration rates, community and social issues, growing numbers of renters and inflated housing prices, has led to increased levels of housing risk and homelessness<sup>6</sup>. Community and social housing stock have not kept pace with population growth and growing low income populations. 140,600 Australians are on waiting lists for social and community housing properties<sup>7</sup> and these wait lists are years long. Contemporary research suggests that 0.5% of private properties are affordable for single people on a disability pension, and 0% for single people on Newstart<sup>8</sup>. These figures represent a national affordable rental and housing crisis. People with a disability face further barriers to mainstream housing markets that results in compounded risks of homelessness. Whilst the housing and homelessness crisis is clear, there is a strong body of international research to evidence practice approaches that are effective in reducing homelessness.

## Housing with support: housing first best practice frameworks

Evidence from housing and support models demonstrate that when individuals obtain safe and secure housing, service reliance and utilisation reduces significantly<sup>9 10 11</sup>. This model is known as Housing First<sup>12</sup>. The Housing First Model is built upon the premise that housing is a human right. The model states that if a person is provided housing without conditions and support is built around them, improved housing tenure and health are the outcomes. It is vital that the support component of this model is directed by the individual to promote self-determination and community inclusion.

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<sup>4</sup> Productivity Commission, "Disability Care and Support Report" (2011).

<sup>5</sup> H. Pawson et al., "Australian Homelessness Monitor 2018," (Collingwood: Launch Housing, 2018).

<sup>6</sup> Ibid.

<sup>7</sup> Australian Institute of Health and Welfare, "Housing Assistance in Australia 2019, Priority Groups and Wait Lists - Australian Institute of Health and Welfare," Australian Government, <https://www.aihw.gov.au/reports/housing-assistance/housing-assistance-in-australia-2019/contents/priority-groups-and-wait-lists#pg4>.

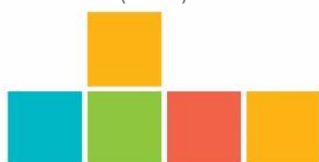
<sup>8</sup> Anglicare Australia, "Rental Affordability Snapshot," <https://www.anglicare.asn.au/our-work/research-reports/the-rental-affordability-snapshot/docs/default-source/default-document-library/final---rental-affordability-snapshot9d02da309d6962baacc1ff0000899bca>.

<sup>9</sup> Maureen Crane, Louise Joly, and Jill Manthorpe, "Rebuilding Lives," *Formerly homeless people's experiences of independent living and their longer-term outcomes. The Social Care Workforce Research Unit, The Policy Institute at King's College London* (2016).

<sup>10</sup> Padgett, Henwood, and Tsemberis, *Housing First: Ending Homelessness, Transforming Systems, and Changing Lives*.

<sup>11</sup> Y Foundation, *A Home of Your Own: Housing First and Ending Homelessness in Finland* (Keuruu: Otava Book Printing Ltd, 2017).

<sup>12</sup> Sam Tsemberis, "Housing First: Ending Homelessness, Promoting Recovery and Reducing Costs," *How to house the homeless* (2010).



The Way Home Program operates from a Housing First framework. Central to this framework is choice for participants in a) the type of home they would like to live in, and b) opportunities to live and participate in a community of their choice. Tailored, person-centred support enhances long-term housing because participants can sustain a tenancy whilst living a meaningful life beyond their involvement in services.

## Project governance

Governance of The Way Home service was established to oversee and support delivery of the program and its intersection with the other ILC Housing Projects that were simultaneously funded by the Department of Housing. Governance of this project involved meetings with relevant stakeholders, along with regular reporting, as described below.

### External Governance structures

- Project Control Group: meetings between Wellways and DHHS – oversight and monitoring of program implementation. Quarterly reports and mid-program evaluation
- Project Steering Committee – oversight of this initiative and other Victorian ILC housing initiatives. Involved representatives from Social Housing Reform, Disability & NDIS, United Kildonan, Get Skilled Access, AMIDA, NDIA, SCs, LACS, REIV, and the peak body for community housing providers (Community Housing Industry Association Victoria).

### Internal Wellways Governance structures

- Wellways project review and supervision – fortnightly meetings of The Way Home team, with a focus on tracking outcomes, KPIs and outputs.
- Wellways Housing Reference Group – quarterly meetings. To foster understanding of The Way Home among Wellways teams to enable stronger uptake, engagement and linkages, and to support linkages, gaps and needs identification in the regions. This group included the General Manager of Mental Health Services in Victoria, Regional Managers across Victoria and team leaders.



# The Way Home Regional context

The Way Home (TWH) was delivered over three Victorian regions to test implementation of this type of project in diverse environments. The three regions – North East Melbourne, Barwon, and Central Highlands – differed in multiple ways including population, metropolitan vs regional, socioeconomic status, housing availability, and the stage of NDIS roll-out.

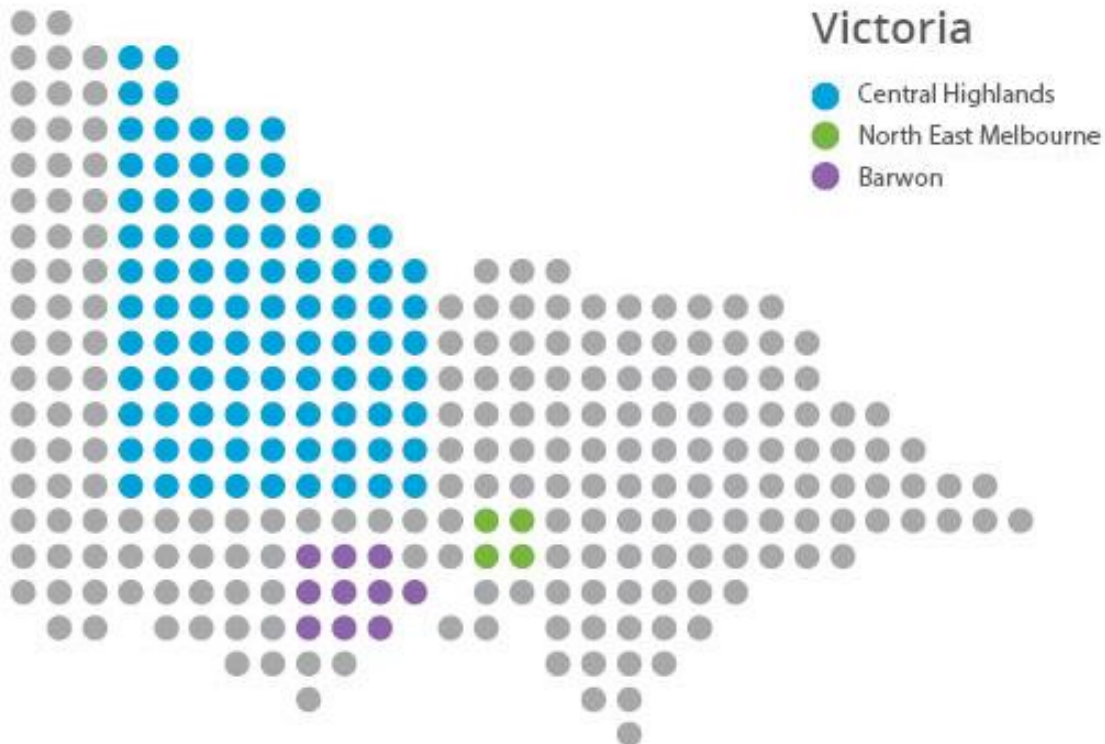
Table 1 – Program delivery regions

North East Melbourne	
<p><b>Whittlesea, Darebin, Nillumbik</b></p> <ul style="list-style-type: none"> <li>• NDIS rollout from July 2016</li> <li>• LAC Partner – Brotherhood of St Laurence</li> </ul>	<p><b>Regional context:</b> High cultural and socio-economic diversity. Densely populated region. Variety of community health services. Wellways are well established in the area with a strong emphasis on NDIS service delivery.</p> <p><b>Housing context:</b> Recent years have seen an increase to rental prices in these areas, thus an increase in homelessness population data (Vacancy rate 1.79% Darebin 1.3% Whittlesea Nillumbik 0.71%). Limited levels of mainstream affordable housing for people on a low income. High volume of Real Estate Agents in area, however high demand rental area therefore strong competition for properties.</p> <p>Wellways Office – Epping Hub</p>
Central Highlands	
<p><b>Ararat, Ballarat, Golden Plains, Hepburn, Moorabool and Pyrenees</b></p> <ul style="list-style-type: none"> <li>• NDIS rollout from January 2017</li> <li>• LAC Partner – La Trobe Community Health Services</li> </ul>	<p><b>Regional context:</b> Fewer mainstream and support coordination agencies than in other regions, hence fewer referral opportunities. Services have described challenges in developing service provision in this area despite the need for services.</p> <p><b>Housing context:</b> Private rental vacancy rate 0.8% (Feb 2019 – REIV).</p> <p>Wellways established in 2014 in this area. Referrals to TWH for this region came in later than other regions.</p> <p>Wellways Office – Central Ballarat</p>
Barwon	
<p><b>Greater Geelong, Colac Otway, Surf Coast, Queenscliff</b></p> <ul style="list-style-type: none"> <li>• NDIS pilot site from July 2013</li> <li>• LAC Partner – Latrobe Community Health Service</li> <li>• Wellways established in 2009, Support coordination FTE: 3</li> </ul>	<p><b>Regional context:</b> Established mainstream, mental health and disability services in this region – more referral options. Referrals came in early from this region – likely due to well established NDIS in the region. A range of support coordination agencies in the region led to more networking opportunities and existing collaborative relationships, and wider community awareness of NDIS.</p> <p><b>Housing context:</b> Private rental vacancy rate 1.7% (Feb 2019 REIV). Real Estate agencies in this area have been open to accepting applications from participants of the program and working alongside community need.</p> <p>Wellways Office – Central Geelong</p>



Figure 2 – The Way Home service delivery areas

# The Way Home service delivery areas



**The Barwon regional area includes:**

Anakie, Armstrong Creek, Avalon, Balliang, Barwon Heads, Batesford, Bell Park, Bell Post Hill, Bellarine, Belmont, Breakwater, Breamlea, Ceres, Charlemont, Clifton Springs, Connewarre, Corio, Curlewis, Drumcondra, Drysdale, East Geelong, Fyansford, Geelong, Geelong West, Grovedale, Hamlyn Heights, Heme Hill, Highton, Indented Head, Lara, Leopold, Little River, Lovely Banks, Manifold Heights, Mannerim, Marcus Hill, Marshall, Moorabool, Moorabool, Mount Duneed, Newcomb, Newtown, Norlane, North Geelong, North Shore, Ocean Grove, Point Lonsdale, Point Wilson, Portarlington, Rippleside, South Geelong, St Albans Park, St Leonards, Staughton Vale, Swan Bay, Thomson, Wallington, Wandana Heights, Waurn Ponds and Whittington.

**The Central Highlands regional area includes:**

Hindmarsh, Yarriambiack, West Wimmera, Horsham, Northern Grampians, Ararat, Pyrenees, Ballarat, Hepburn, Moorabool and Golden Plains.

**The North East Melbourne regional area includes:**

North Bundoora, Kingsbury, Macleod, Fairfield, Alphington, Northcote, Preston, Reservoir, Coburg, Thornbury, Bundoora, Doreen, Epping, Epping North, Lalor, Mernda, Mill Park, South Morang, Thomastown, Whittlesea Township, Beveridge, Donnybrook, Eden Park, Humevale, Kinglake West, Wollert, Woodstock, Yan Yean, Arthurs Creek, Bend of Islands, Christmas Hills, Cottles Bridge, Diamond Creek, Eltham, Eltham North, Greensborough, Hurstbridge, Kangaroo Ground, Kinglake, North Warrandyte, Nutfield, Panton Hill, Plenty, Research, Smiths Gully, St Andrews, Strathewen, Watsons Creek, Wattle Glen, Yan Yean and Yarrambat.

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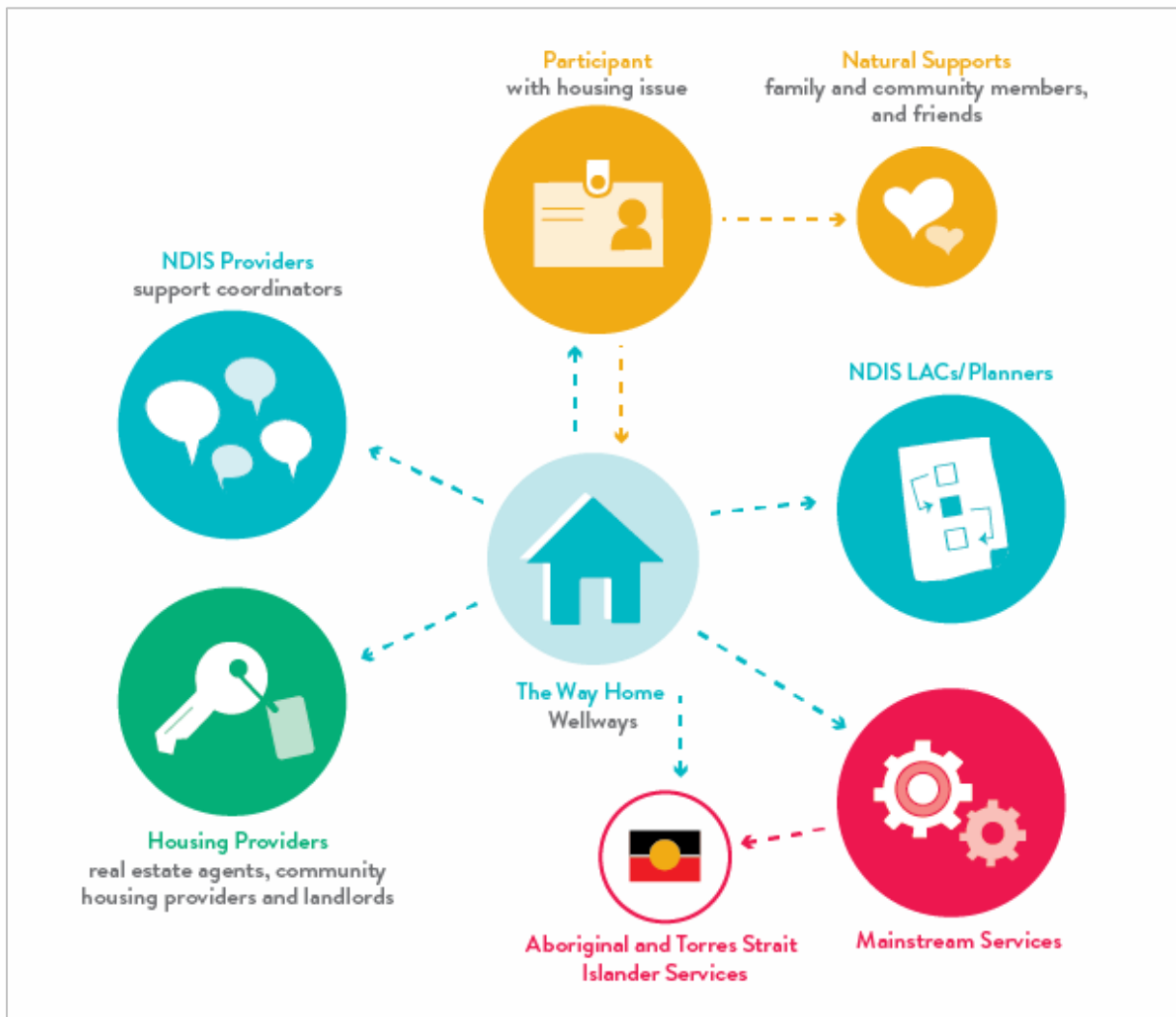
# Program model design

## Key features of the service model

The Way Home employed three housing support workers to act as a central point of specialised housing and psychosocial disability related knowledge and support between NDIS participants, NDIS providers, housing providers and mainstream services. The team worked to deliver tailored, person-centred support to NDIS participants eligible for the service, and provided weekly support to enable them to secure and sustain a tenancy in the community. In addition, it was the role of the Housing Worker to build the capacity of the participant to self-manage their tenancy beyond the life of the program. For participants who were not eligible for the service, secondary consultations were provided between a TWH Housing Worker and the referrer to ascertain a tenancy plan for this individual.

To build literacy around homelessness and housing risk, the TWH team delivered education sessions to NDIS Providers. In addition, the TWH team drew on available insights (both research and practice knowledge) to create resources and education sessions to build knowledge and capacity for each of the stakeholder groups.

Figure 3 – The Way Home Service: Key stakeholders



## Aim and Principles

This initiative was developed to support NDIS participants with a psychosocial disability to access safe, stable and appropriate housing in a home of their choice. It did this by providing individualised support to participants to secure and sustain their tenancies. The program also engaged in capacity building activities with housing providers and key NDIS stakeholders to increase their responsiveness to the housing needs of this cohort. Sustainability was the key objective underlying program theory and delivery, ensuring that any benefits achieved would endure beyond the life of the program.

With these aims in mind, two co-design workshops were held with DHHS, Wellways and lived experience consumers in developing the project logic (see Appendix A for detailed program logic). Robust discussion focused on key outputs and primary and secondary outcomes for participants, support coordinators, LACs, NDIA planners, housing providers and real estate agents. Within this process, an evaluation framework was established to ensure project outcomes were consistently met. Consumer involvement and co-production in this design phase strengthened consumer perspectives in determining the program design, outcomes and the approach to evaluation. Consumers favoured multiple means of engagement with the evaluation, with a preference for individual interviews over focus groups for NDIS participants.

At the design phase the challenges for each of the stakeholder groups was considered, with the service designed to address the specific known, or assumed, challenges for each group. The evaluation was designed to test the assumptions and the degree to which the program delivered against the defined intended outcomes. Table 2 overleaf details the assumptions made about stakeholder's challenges and how the program was designed and implemented to address these challenges.



## Target group/client eligibility

The target cohort included NDIS participants with a primary psychosocial disability who were homeless, or at risk of homelessness. In addition, the program prioritised NDIS participants who were:



- experiencing absolute homelessness relative to those experiencing housing risk;
- Aboriginal and Torres Strait Islander people; and/or
- unable to be discharged from a bed-based mental health service due to unavailability of a suitable housing option.



Table 2 – Assumed stakeholder challenges and how The Way Home planned to address

	Assumptions about the challenges experienced by stakeholders	How TWH service addressed the assumed challenges	Focus of support
 <p><b>Planners and LACs</b></p>	<p>Lack of knowledge about:</p> <ul style="list-style-type: none"> <li>▪ Psychosocial disability and housing</li> <li>▪ Housing system</li> <li>▪ The support people need to negotiate housing challenges</li> </ul> <p>Housing is not a focus for the NDIS/planners if people don't raise it as an issue</p> <p>Lack of time to explore people's needs fully</p> <p>Lack of coordination between planners, plans and mainstream systems</p>	<p>Development of resources to address knowledge gaps</p> <p>Development and offering of education sessions to address knowledge and attitude gaps, skills development</p> <p>Secondary consultation around building relevant housing supports into plans</p> <p>Complementary provision of individual support around housing, alongside NDIS plans</p>	<p>Information provision</p> <p>Capacity building</p> <p>Mainstream service linkages</p>
 <p><b>Support coordinators</b></p>	<p>Lack of knowledge about:</p> <ul style="list-style-type: none"> <li>▪ Psychosocial disability and housing</li> <li>▪ Housing system</li> <li>▪ The support people need to negotiate housing challenges</li> </ul> <p>Housing is not a focus for the NDIS if people don't raise it as an issue</p> <p>Lack of time to explore and respond to people's changing needs fully</p> <p>Lack of coordination between planners, plans and mainstream systems</p>	<p>Development of resources to address knowledge gap</p> <p>Development and offering of education sessions to address knowledge and attitude gaps, skills development</p> <p>Secondary consultation focused on using plan supports to effectively address housing needs</p> <p>Complementary provision of individual support around housing, alongside NDIS plans</p> <p>Secondary consultation with mainstream services</p> <p>Access to resources and incentives</p> <ul style="list-style-type: none"> <li>▪ Brokerage funds</li> <li>▪ Surety funds</li> </ul>	<p>Information provision</p> <p>Capacity building</p> <p>System capacity building</p> <p>Mainstream service linkages</p>



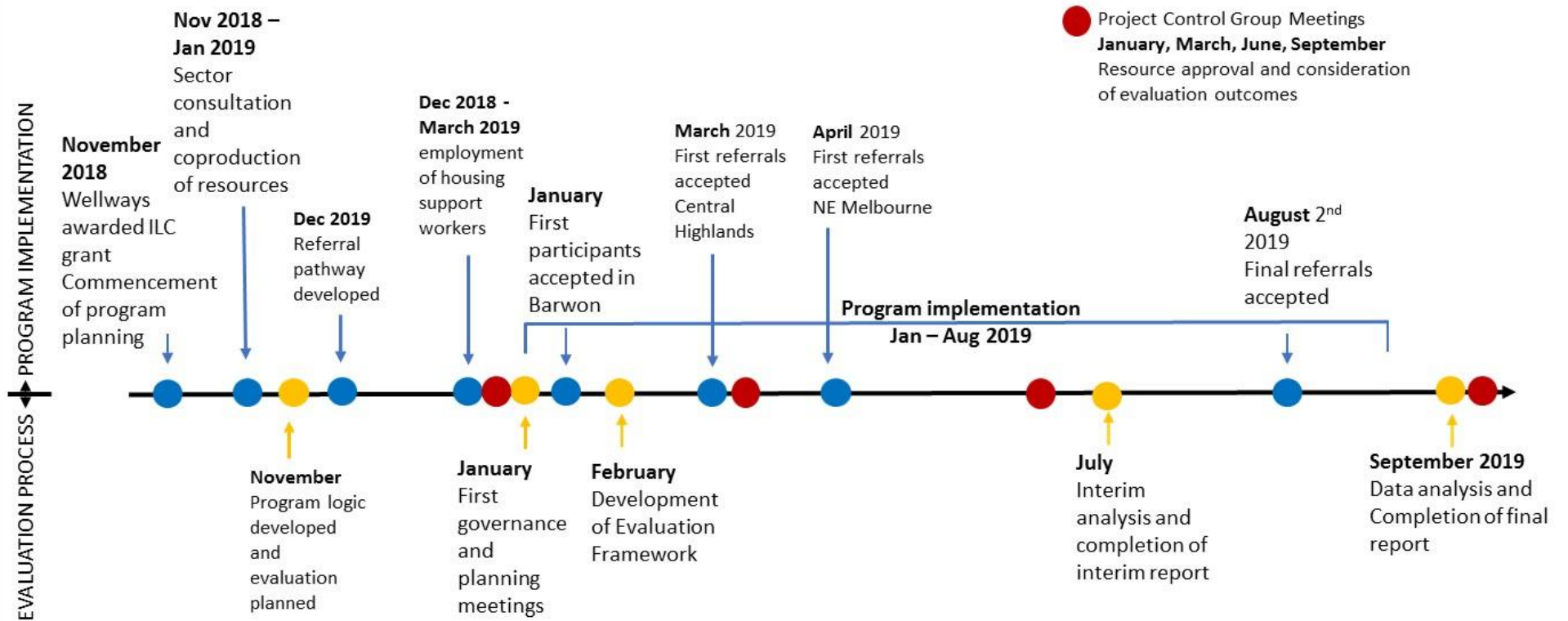
	Assumptions about the challenges experienced by stakeholders	How TWH service addressed the assumed challenges	Focus of support
 <p><b>Housing providers: Real estate agents, landlords, and community housing providers</b></p>	<p>Misunderstanding, stigma and negative perceptions about the capacity of people with psychosocial disability to sustain tenancies</p> <p>Perception that people with psychosocial disabilities present greater risks to landlords (property damage and non-payment of rent) and that they do not have adequate supports in place to manage a tenancy</p> <p>Lack of knowledge about how best to support people with psychosocial disability if challenges arise in their tenancy</p>	<p>Development of resources and education – directly offered to real estate agents/landlords in the context of individualised support</p> <p>Advocacy focused on challenging stigma, discrimination, misunderstandings of psychosocial disability and homelessness and the ongoing supports available through the NDIS</p> <p>A housing support worker as the central contact for agents through tenancy establishment</p> <p>Access to resources and incentives</p> <ul style="list-style-type: none"> <li>▪ Landlord insurance</li> <li>▪ Surety funds</li> <li>▪ Fact sheets/ information</li> </ul>	<p>Information provision</p> <p>Capacity building</p> <p>Service Linkages</p>
 <p><b>NDIS participants with psychosocial disability and housing needs</b></p>	<p>Limited tenancy literacy and skills</p> <p>Lack of confidence</p> <p>Lack of hope</p> <p>Limited resources available to secure and sustain a tenancy</p> <p>Lack of experience in dealing with mainstream housing providers</p>	<p>Building relationships with individuals and providing education to participants about the importance of having a home for wellbeing</p> <p>A housing support worker as the central point of contact around their housing needs</p> <p>Capacity building support – tenancy literacy, skills, confidence, and choosing the right tenancy</p> <p>Practical support to secure financial/material resources, ID, to complete tenancy applications, and move into housing</p> <p>Ongoing support and problem solving through unsuccessful efforts to secure housing</p> <p>Access to resources to secure and maintain a tenancy</p> <ul style="list-style-type: none"> <li>▪ Fact sheets and information</li> <li>▪ Brokerage funds</li> <li>▪ Bond &amp; rent</li> </ul>	<p>Capacity building</p> <p>Information provision</p> <p>System and service linkages</p>



# Program timeline

This program was funded to be delivered within a short timeframe of less than 12 months. The developmental work occurred from November 2018 to January 2019 when the first referrals were received. The last referrals were accepted in early August 2019 and service delivery concluded in September 2019. The timelines for planning/development, implementation, governance and evaluation are detailed in the following.

Figure 4 – Timeline for program implementation and evaluation



## Program objectives and deliverables

The Way Home had four key objectives.

1. To build real estate agent and community managed housing providers understanding of mental illness to reduce stigma and increase responsiveness to this cohort;
2. To provide practical support to participants to assist them to secure and maintain stable tenancies;
3. To build the tenancy management skills of participants and provide them with education about their rights so they can resolve issues with their tenancy, such as notices to evict and payment of rent; and
4. To build the capacity of support coordinators and LACs to assist participants to meet their housing needs and sustain tenancies.

The intended outcomes of the program were:

- Participants can access and sustain suitable housing in the private rental market and community managed housing sector.
- Participants develop skills to maintain tenancy and meet their rental obligations independently of the initiative, including through the establishment of a rental history, which will increase their chances of successfully accessing other rental accommodation.
- Provision of viable housing alternatives for participants in bed-based clinical mental health services to support timely discharge.
- Strengthened referral pathways between NDIS funded support coordinators, LAC providers and housing providers, providing a mechanism for sustaining the benefits of this initiative
- Increased awareness and improved receptiveness to people with a mental illness by private and community managed rental providers.
- Embedded changes in attitudes and awareness through the establishment of partnerships with real estate agents and landlords.
- NDIS funded support coordinators and LAC providers have improved housing literacy and capability to support participants to coordinate their access to the private rental and community managed housing markets and sustain tenancy.

Key deliverables included:

- Development of a referral pathway from the NDIA, LAC and NDIS funded support coordinators, with a particular focus on identifying Aboriginal people who are homeless and NDIS participants.
- Individualised support to a target of 50 participants to build their tenancy management skills by progressively supporting them to deal directly with their real estate agent and landlord over a period of 12 months.
- Monthly follow up with participants who have been able to secure tenancy and no longer require individualised support and their support coordinators. This will include working with support coordinators to identify and address risks to sustained tenancy as they arise, including through the implementation of necessary NDIS supports.
- Easy to understand resources for NDIS participants to navigate the tenancy management process, for example, checklists and guidelines. The content and form of the resources will be developed in consultation with participants who have attempted or secured access to mainstream housing.



- A suite of resources for use by support coordinators and LACs to support participants to meet their housing needs including a range of guidelines, templates, checklists, critical success factors and enablers.
- Engagement with real estates and landlords to increase their awareness about how they can best support tenants with a serious mental illness to enter into tenancy arrangements and sustain their tenancy. This includes, negotiating and communicating with real estates on behalf of participants while their capacity to engage independently is built, and resolving tenancy issues with real estate agents before they escalate.
- Brokerage funding for agreed home establishment costs.
- Surety funding for damages as an incentive to landlords to lease properties to this target cohort.
- Independent summative evaluation, delivered by an external contractor, providing evidence of the value of the project from the perspective of participants, real estate agents, community managed housing providers and support coordinators.



# Evaluation approach

This summative evaluation was conducted and reported by Neami National. The evaluation of The Way Home service examined to what degree the program had delivered on the planned participant and system outcomes.

The evaluation used a mixed methods approach drawing on both qualitative and quantitative data to:

- a) Describe the program and its implementation process
- b) Determine if the initiative had been effectively implemented
- c) Determine the extent to which the primary and secondary outcomes were achieved
- d) Understand barriers and enablers to implementation
- e) Consider the strategic value of the initiative

Guided by the detailed program logic developed by the Wellways Provider team (see appendix A for program logic), an evaluation framework was developed to answer the following key questions:

5. To what extent has system knowledge of the relationship between psychosocial disability and housing been strengthened?
6. To what extent has system (mainstream housing, NDIS, community housing, mental health providers and participants) willingness and capacity to support people with psychosocial disability into mainstream housing been strengthened?
7. To what extent has willingness and capacity of NDIS planners and providers to engage with housing as a central issue for many people with psychosocial disability been strengthened?
8. To what extent has the capacity of individuals to obtain and sustain tenancies by developing capacity for self-management of knowledge and actions that sustain tenancy been strengthened?

## Methods

### Sources of data and analytic approach

Quantitative and qualitative data was collected and analysed in line with the evaluation framework (see Appendix B for Evaluation framework).

Table 3 outlines the primary sources of data with further description of sources documented below.

Quantitative data was descriptively analysed. Where relevant, data was analysed by region to allow for regional comparison.

Qualitative interview and focus group data were digitally recorded and transcribed. The transcripts were coded and thematically analysed independently by two members of the research team. Discussion between these two staff resulted in the identification and documentation of the key themes.





Table 3 – Data sources and content

	Program data	Participants referred	Service providers	Service system
Quantitative	Activity data	Demographic data on participants referred and supported	Pre-post program survey data with: <ul style="list-style-type: none"> <li>Providers</li> <li>LACs/planners,</li> <li>Real estate agents and housing providers,</li> </ul>	Lists of provider lists
	Resources developed			System engagement data
	Education sessions delivered	Pre-program survey on knowledge, skills, resources, confidence, agency		
Quantitative	Service promotion activity	Program outcomes	Staff focus groups (3)	Staff focus groups (3)
	Participants supported			
	Secondary consultations			
Qualitative	Feedback on: <ul style="list-style-type: none"> <li>Resources developed</li> <li>Education sessions delivered</li> <li>Service promotion activity</li> <li>Participants supported</li> <li>Secondary consultations</li> </ul>	Participant interviews (5)	Staff focus groups (3)	Managers focus group
				DHHS written feedback

## Program and participant data

The Way Home staff provided program enquiry, referral and participant data from their Carelink records. This data was descriptively analysed to ascertain program numbers and variations across the regions.

Intake forms also included a measure of tenancy literacy. These were used to build a picture of the program participants and their perceived degree of agency they had with regards to housing prior to engagement with the service.

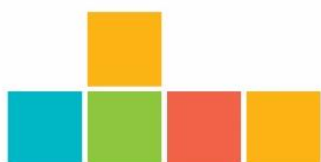
## Document review

Documents generated by The Way Home service were reviewed for the evaluation. This included the Wellways website, the suite of resources developed, and the education session plans.

## Stakeholder surveys

An online survey was developed and sent to numerous real estate agents, NDIS support coordinators (SCs) and local area coordinators (LACs). For the support coordinators and LACs the survey included questions to ascertain their level of knowledge about homelessness, their confidence in supporting consumers who are at risk of, or experiencing homelessness and their awareness of the Housing First Model.

For the real estate agents, the survey included questions aimed at identifying their beliefs about tenants with mental illness and how confident and/or willing they are to support tenants with a known mental illness.



The Way Home staff were responsible for emailing the survey links to their networks. The evaluation team provided a descriptive analysis of the four responses (one real estate agent, two support coordinators and one LAC) received.

## Education session pre- and post- surveys

A pre-post survey was used to evaluate the knowledge conveyed in the education sessions, with four additional questions to evaluate the sessions themselves. Support coordinators and LACs who engaged in the education sessions completed the surveys before and after the session. The evaluation staff entered the data and provided a descriptive analysis.

## Participant interviews

Interviews were conducted with five consumers, recipients of The Way Home service. This included participants who had been housed with The Way Home's support and participants who were yet to be housed. Consent to contact a small group of participants was arranged by The Way Home staff and then one of the evaluation team called participants and conducted the interviews via phone. One consumer requested his The Way Home worker to be present throughout the duration of the interview. Pseudonyms are used throughout for anonymity.

## Staff focus groups

Three focus groups were conducted at Wellways Head Office at Fairfield at the beginning of the program in March, in May and again in August as the program was ending. The focus groups included the TWH Administrator, and the three staff from The Way Home team from the Barwon, Melbourne North East and Central Highlands regions. An additional focus group with managers from Wellways was conducted in August toward the end of the program to reflect on implementation and learning.

The focus group discussions were recorded and then transcribed. Two members of the evaluation team conducted thematic analyses separately and then discussed their findings.

### ***Note about data collection:***

The evaluation framework set ambitious targets for data collection to gain a comprehensive understanding of program implementation and outcomes. From the outset it was anticipated there may be challenges in collecting data from some sources, for example housing providers, LACs/planners and support coordinators, all of whom are operating within time-pressured, fee-for-service environments.

The short time frame for program establishment and implementation meant that internal data collection systems were being operationalised as the program was being delivered. The data collection system, Carelink, was not made available by DHHS until May, well into the period of program implementation. Staff understanding of the data system, and an auditing process that did not identify issues within the data capture in a timely way, along with the delayed data system, impacted both the comprehensiveness and accessibility of program and participant data. An effort was made in June by Wellways to address these issues by seeking consultation with the evaluation team and Wellways IT support. Recommendations from that consultation were not ultimately implemented.

The evaluation framework (Appendix B) has been annotated to show where planned data was not available. There were challenges in engaging with providers around evaluation, and in receiving adequate numbers of responses from providers and participants.

Considerable learnings were made during the evaluation to optimise evaluations of similar projects in the future.



# Results

The results are presented in three sections:

1. Sector engagement, resource development and education
2. Service delivery – support provided to NDIS participants
3. Service delivery – support for the sector

In each of the three sections findings are drawn from a combination of quantitative data sources and thematic analysis of the qualitative data – participant interviews and staff focus groups.

## 1. Sector engagement, resource development and education

### A. Resources

A suite of resources was developed in the first few months of the program to meet the gap identified during program planning and design, to build additional knowledge in a range of areas for a range of stakeholders.

These resources were developed through what Wellways described as an iterative process of research, consultation and co-production. Consultation was undertaken within the sector to understand the needs, gaps and requirements for educational resources aimed at two key audiences – 1) people seeking to be housed and 2) providers seeking to support people into housing or to manage tenancies at risk.

Table 4 – Research source and focus

Sources of research	Focus of research
NDIA and NDIS website	Finding and collating information regarding housing; understanding the roles of each worker (LAC, planners, and support coordinators) in relation to housing
Housing organisations	Housing and tenancy information
Community and mainstream organisations resources	Supports re housing, health, disability, mental health and wellbeing
Culturally specific services including Aboriginal and Torres Strait Islander services	Housing, social and emotional wellbeing
Academic and grey literature, media reports	NDIS and housing, Housing First model, Recovery
Wellways housing programs, including Doorway	Reflecting on previous learnings
Housing providers in each region: real estate agents, community housing providers, developers	Housing market, attitudes to supporting people who have a disability
Housing, tenancy, community and mainstream organisations and services in each region	Housing market, attitudes and experiences for those who experience a disability
Resource development information	Development of accessible resources

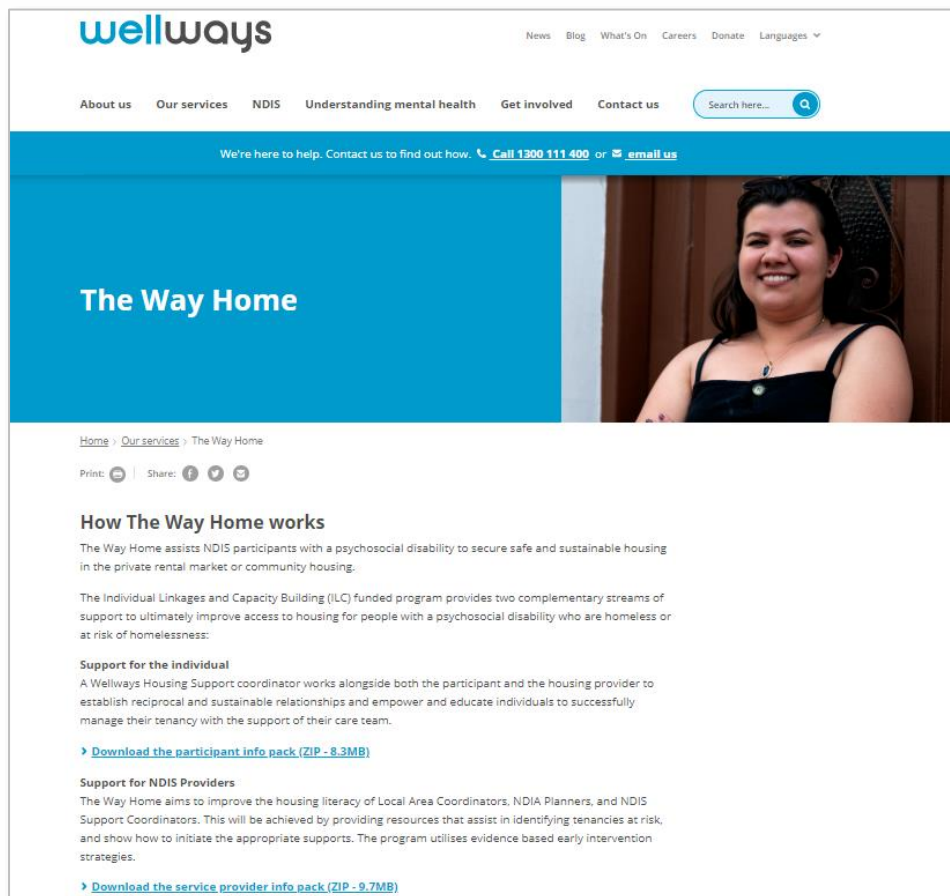


Table 5 – Source of consultation/co-production and focus

Sources of consultation	Focus of consultation
DHHS and DHS	System needs and gaps
Aboriginal and Torres Strait Islander services – Wellways staff, Wadamba Wilam, VAHS	The needs of and culturally relevant services for Aboriginal and Torres Strait Islander and people
Wellways NDIS staff, including support coordinators	Service delivery capacity/ gaps/ knowledge in the regions
ILC steering group members and organisations, including Get Skilled Access, AMIDA and Kildonan	Approaches to working with real estate agents, landlords and community housing providers
Local Area Service Networks (LASNs)	Tenancy risk assessment and early intervention strategy documentation. Networking opportunities

Figure 5 – Wellways website

Content was developed for the two primary audiences, as listed below. All the resources are freely accessible through two pages on the Wellways website:



Towards Home <https://www.wellways.org/our-services/way-home>

Sustainable tenancies <https://www.wellways.org/sustainabletenancies>



Table 6 – Accessible resources

Complete list of available resources	
<p><b>Participant’s Information</b> Pack: Resources for people around finding and maintaining housing</p>	<ul style="list-style-type: none"> <li>• The Way Home – Participant handbook</li> <li>• Budgeting for your home</li> <li>• Your Housing Action Plan</li> <li>• Looking after your home</li> <li>• Moving into your new home</li> <li>• Challenging neighbours</li> <li>• Pets in your home</li> <li>• Managing property inspections and real estate agents</li> <li>• Sharing your home</li> <li>• Wellness Action Plan</li> </ul>
<p><b>Provider’s Information</b> Pack: Resources for providers in support of people and participants of the NDIS with housing-related needs</p>	<ul style="list-style-type: none"> <li>• Housing and homelessness for NDIS participants with a psychosocial disability – A National Disability Insurance Scheme providers handbook</li> <li>• NDIS Planning Stages Checklist</li> <li>• Homelessness and housing in Aboriginal and Torres Strait Islander populations</li> <li>• Building strong and integrated support networks for NDIS participants</li> <li>• Key contacts for sustainable tenancies</li> <li>• Experiencing a psychosocial disability</li> <li>• Risk factors, warning signs and actions for sustainable tenancies</li> <li>• Wellness Action Plan</li> </ul>

## Evaluation of the developed resources

### Provider and participant views of the resources

The resources developed for providers address the knowledge gap identified by many NDIS planners, LACs and support coordinators who declared their limited specialist knowledge of mainstream housing or how to explore housing issues with participants most effectively.

Feedback indicates the resources have been well received by providers accessing them through the education sessions and when they were used during service delivery and secondary consultations. TWH staff received 26 requests from internal and external providers regarding participant and provider resources. The resources are being distributed through Wellways and within training sessions.

Participants of The Way Home service who were interviewed did not directly refer to the resources or their use of them as a helpful support, however TWH team reported using the resources with participants and finding them useful.

### Evaluator review of the resources

The evaluation team reviewed the resources to consider their potential for uptake across the sector and potential to influence practice beyond this program. The resources provide accessible information on a range of relevant topics that are not currently available elsewhere. They bridge a knowledge gap that has been clearly identified by both participants and providers. The participant resources are written in simple English to optimise accessibility.



The resources for participants and NDIS providers are held in a central point on the Wellways website, and are free to access, download and use. The TWH staff highlighted the value of the education sessions as a mechanism for dissemination and explanation of the resources.

To facilitate the greatest uptake of the resources they need to stand alone, even if an education session could be reinforcing or provide additional explanation. Review of the resources and the website by the evaluation team indicated that there is potential to make further improvements to the resources if they are to be optimally searchable and most effective as standalone resources. Suggestions for further improvement include:

- Full and consistent labelling of resources to ensure ease of location of relevant resources
- Improved directions on the website – possibly through a list of frequently asked questions or a full listing of resources on the website page itself.
- Improved search function to locate the resources from the Wellways homepage
- Additional introductory information on the webpage or on some of the provider documents themselves to explain the intended audience for the information and how they could be used.

The Wellways team indicated that each of the suggested improvements are currently being addressed.

In considering the potential of the resources to address knowledge in the sector, (beyond the scope of this program) several factors need to be considered. These include:

- a) whether the information applies to every region, or are local adaptations required? While the resources are mostly generic some references to jurisdiction-specific bodies/legislation will need localising.
- b) Is the information self-explanatory?
- c) do providers know they exist?
- d) are they easily searchable?

For uptake of the resources more broadly in the sector there will need to be consideration given to avenues for promotion of the resources. For widest uptake a link to the resources could be made available on the NDIS site. This approach was considered during implementation however Wellways and DHHS were not able to negotiate listing of the resources on the NDIS website.

## B. NDIS Provider Education Sessions

The Way Home team designed and delivered education sessions to NDIS providers with the goal of building their capacity to support NDIS participants to meet their housing goals and to achieve long term housing stability and sustainability. These sessions provided information and practical strategies for providers to explore and address housing related issues in planning and support provision.

Topics covered in the two hour sessions included (see Appendix C for session plan details):

- Understanding homelessness and “home”
- The role of providers in housing
- Referral pathways, support networks and mainstream services
- Risks of homelessness and housing instability
- Identifying and responding to housing risk

Attendees of the education sessions received a Providers information Pack containing housing and homelessness practice strategies for the NDIS context with applicability to various NDIS services roles which were discussed throughout the session (this pack is referenced in *Table 6 – Accessible resources*).



A range of strategies were used to optimise provider participation in the education sessions, in the context of a sector where there is limited opportunity for staff to engage in education and training. In fee for service contexts there is a cost to providers (lost billable hours and need to cover agreed service delivery requirements) that limits access to staff training.

An additional challenge was SCs and LACs not seeing housing as a key part of their role. Consequently, specific training was not seen as relevant or a good use of staff time. The belief that housing issues should be addressed by a Specialist Homelessness Service persisted and this belief needed to be pro-actively countered at every stage of promotion of the education sessions.

To maximise potential for sector staff attendance the following strategies were used:

- Consultation with individual providers around timing and preference for single provider sessions or multiple-provider sessions
- Provision of sessions on site within the regions
- Flexible scheduling of sessions
- Piloting the sessions with Wellways staff – to optimise content coverage and pacing

Direct phone calls to support coordinators proved more successful in recruiting attendees, that contact via managers. There was active resistance from some regional LACs, with suggestions that attendance would be “conflict of interest” and that the sessions were not “approved” by the NDIA. Interestingly, engagement from LACs in the North East Melbourne and Central Highlands regions occurred in September, as the program was coming to its conclusion. Requests for three additional education sessions were made in North East Melbourne. Wellways staff will deliver these sessions post-program completion.

The additional strategy of marketing the sessions to support coordinators through Eventbrite, an online advertising and registration tool, was successful. In Barwon, a session advertised through Eventbrite, reached capacity of 15 attendees within two days of advertising. This approach also brought providers from a range of services together to attend the training which had additional benefits for cross-sector collaboration and shared learning.

A total of four education sessions were provided as detailed in Table 7 below during the program implementation period with three additional sessions scheduled. Forty-five additional staff are expected to receive the training.

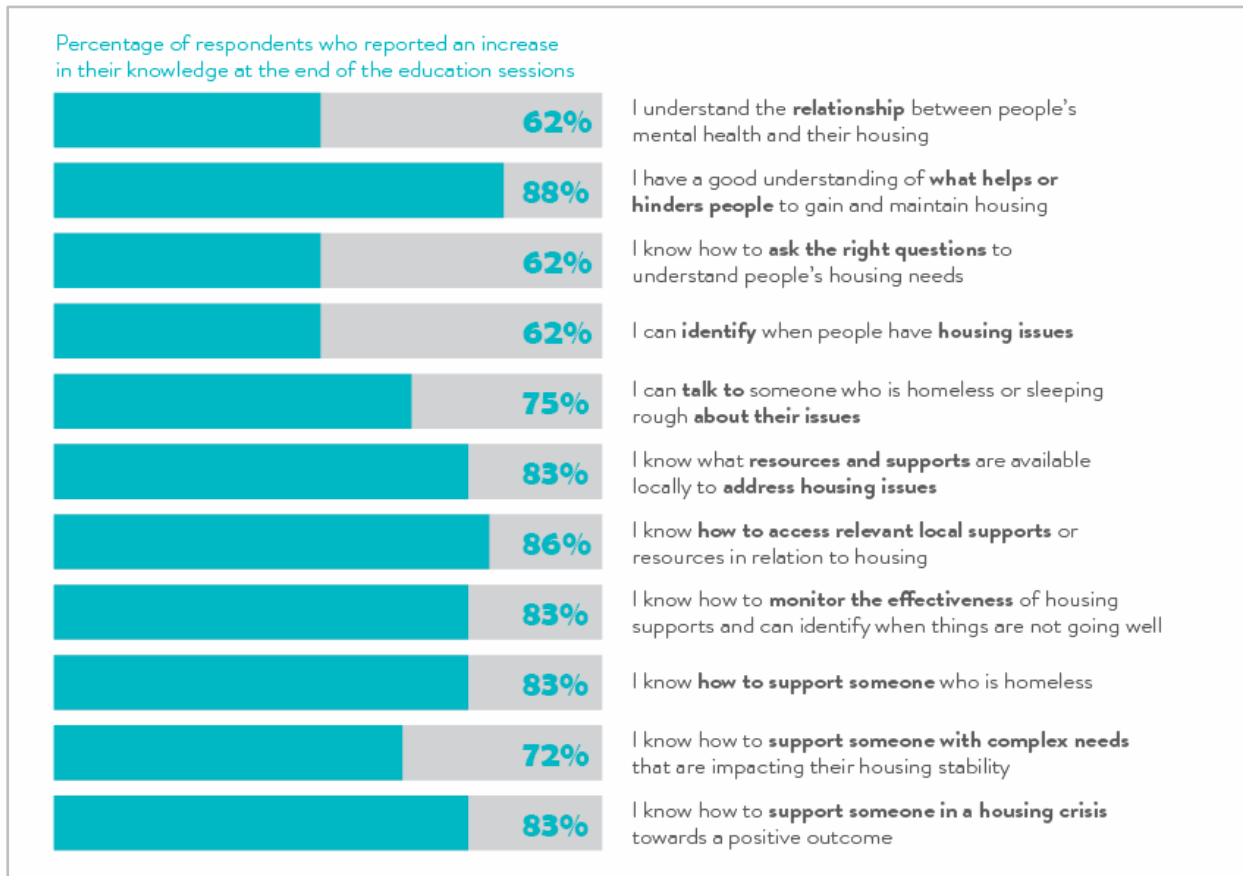
*Table 7 Education sessions provided – regional attendance figures*

Region	Provider	Number of staff
Barwon	Geelong Wellways	2*
	Geelong external	8
North East	ENW Wellways	15
	Healthability	6
Central Highlands	—	*3 staff from Central Highlands attended training in Geelong
	Total sessions 4	Total attendance 34



NDIS support coordinators who attended the education sessions were invited to complete pre and post session surveys to understand any changes in their self-reported knowledge and capacity of housing support for people with psychosocial disability. The percentage of attendees who reported increased knowledge against each of the following is reported.

Figure 6 – Respondents who reported an increase in knowledge following the education sessions



Qualitative feedback from support coordinators who attended training described feeling overwhelmed by a housing system that felt impenetrable and where success seemed extremely unlikely. They also described feeling limited by NDIS plans and service options that were inflexible when crisis and change occurred. They felt ill-equipped to access mainstream services due to lack of information, resources and time.

Support coordinators indicated that the training was practical, delivering tangible information that they could not access elsewhere. They expressed intention to use the resources distributed in their practice.

Support coordinators who attended the training were satisfied with the sessions and resources provided. Uptake of the sessions offered was strong. There was, however, difficulty in engaging many services to attend education sessions, with some providers stating they could not afford to release staff for training because they needed to deliver “billable hours”. There was increased interest in education sessions as the service was concluding in both the North East Melbourne and Central Highlands, with requests for three additional education sessions; 45 additional attendees.

On reflection, the TWH team identified they could have offered more of the education sessions and offered them earlier in the program. They described the sessions as a good way to gain traction and interest in the program. Referrals were often received following an education session. They noted the





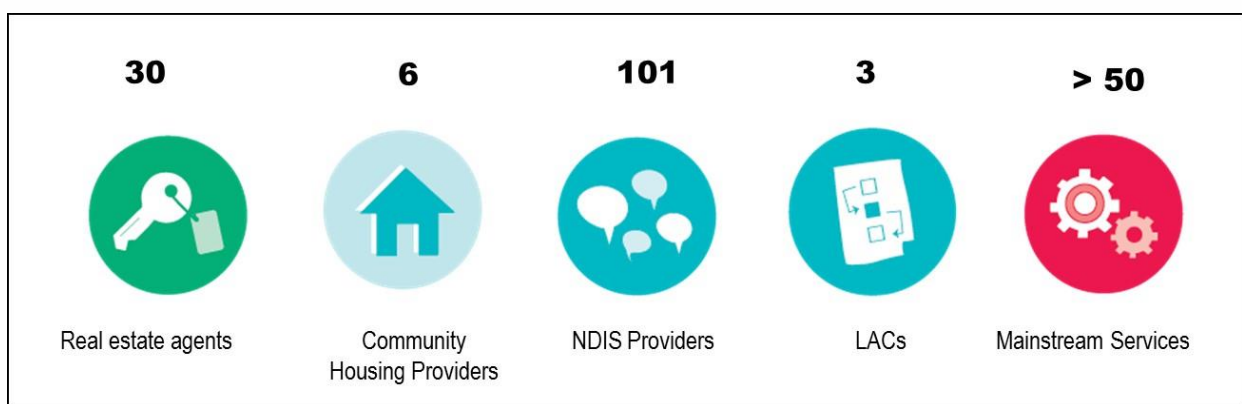
sessions appeared to be successful in challenging assumptions, strengthening knowledge, and building capacity and confidence in staff to better support people with psychosocial disability around their housing needs. Importantly, at the end of the training, sector staff acknowledged they had a role to play in relation to housing and homelessness for this population.

### C. Proactive sector engagement

Efforts were made to proactively engage with regional stakeholders as soon as the program commenced and throughout the implementation period.

Early efforts involved stakeholder mapping, followed by systematic outreach, to engage, share information about the program, and invite referrals. Efforts were made to engage with LACs/planners, NDIS providers, housing providers and mainstream services including health, mental health, community health, foodbanks, financial services, Aboriginal organisations and others.

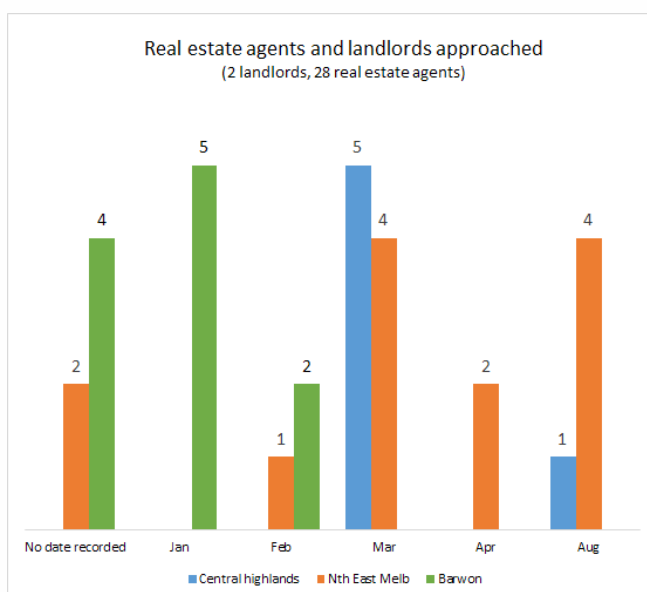
Figure 7 – Numbers of proactive stakeholder engagements



### Mainstream Housing providers

There were 30 mainstream housing providers approached over the course of the program, six in the Central Highlands region, seven in the Barwon region and 11 in North East Melbourne. The timing of these contacts is demonstrated in figure 8 below.

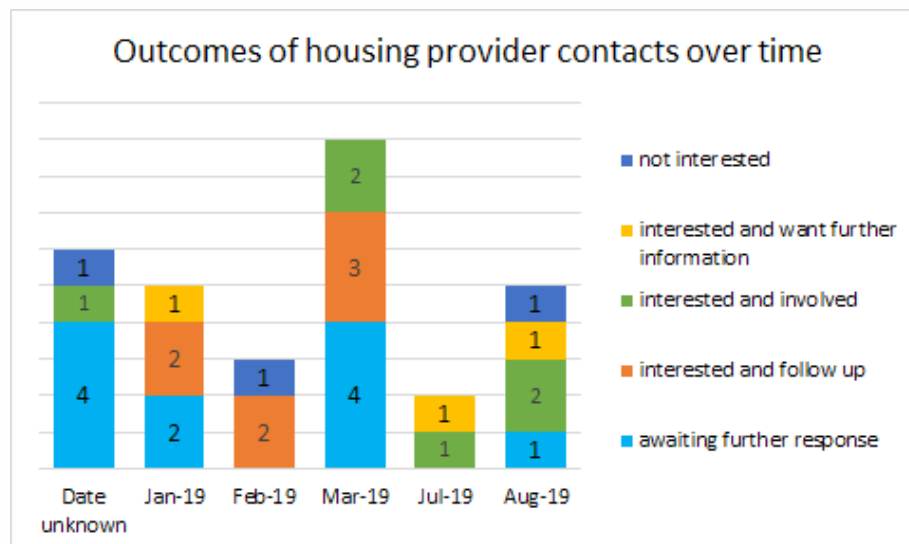
Figure 8 – Approaches to housing providers by region



First contacts occurred either via a phone call, or a visit by the workers to the housing provider’s place of work. The TWH team described making intentional efforts to contact housing providers directly to optimise engagement in a sector they suspected would be reluctant to engage.

## Real estate agents contact outcomes

Figure 9 – Real estate agents contact outcomes



While there was a high level of stated interest from direct contacts to real estate agents only six of these converted to successful engagements. The team reflected that establishing an improved relationship with the REIV may have been helpful in improving the program’s credibility with real estate agents. While the REIV were on the ILC steering group they did not endorse the project itself. In steering group meetings, it was communicated that Victorian agents are being impacted by changes to residential tenancy legislation, with consequent impact on their business model. They reported that members would be reluctant to engage with training related to psychosocial disability because they have limited time for training generally and there are a range of current competing demands for training.

By understanding these sector perspectives, the TWH team was able to identify knowledge and service gaps and acted to address these. Despite a lack of endorsement by the REIV, staff noted that some agents had been independently supportive. The TWH team noted that successful engagement relied more on building these individual relationships and then ensuring that support was available to sustain each tenancy as they had argued.

The TWH team described how incentives were effective in engaging and building trust with real estate agents and landlords. TWH provided landlord insurance and a surety fund to landlords. Being able to offer these incentives was a door to meaningful conversations about the benefits of a TWH participant in their property. The TWH team also described how these strategies were the most effective way of addressing stigma and fear with real estate agents, and appeased agents concerns about potential property management risks.



## Community Housing Providers

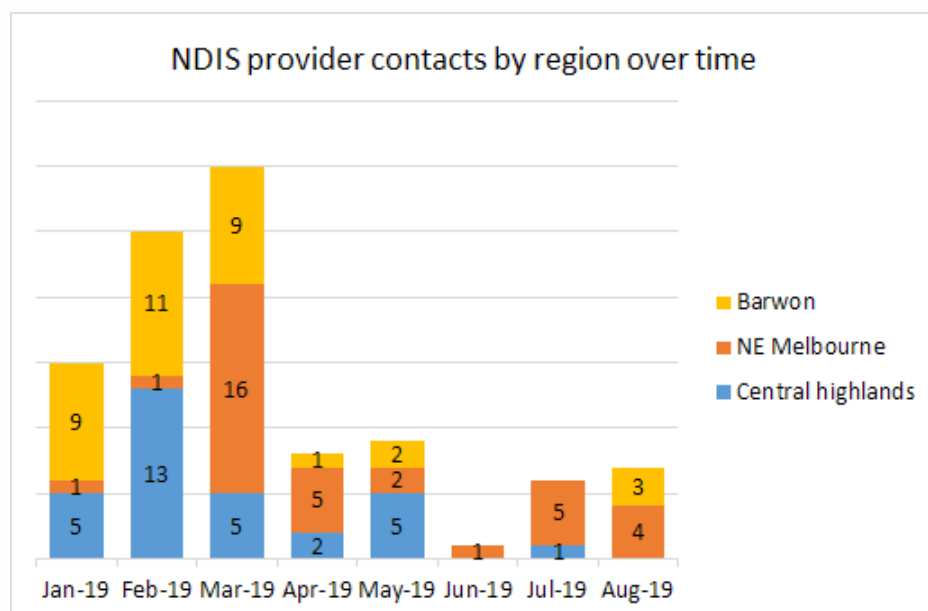
Six community housing providers were contacted. Five of these were recorded as ‘interested and requested further information’. It is worth noting that access to community housing properties was limited during the program’s implementation and that waiting lists for these properties are years long. While the lack of housing stock meant that no participants were housed in community housing properties, one tenant was supported to maintain their tenancy. Community housing providers expressed particular interest in resources focused on psychosocial disability given their roles are tenancy focused.

In the staff focus groups TWH staff shared how the roll out of the NDIS had impacted Community housing providers; requiring that they rebuild their understanding of a transformed health and disability sector. The providers had described having less insight into which providers are supporting tenants in their properties, and that TWH was therefore a welcome additional support. They were reassured that there was a known dedicated worker to foster linkage with the relevant support coordinator and through them, other supports as needed. The Community Housing providers had expressed to the TWH team that their very high case-loads meant they had no capacity to work individually on planning with tenants. While beyond the scope of this project, they were aware that some tenants had additional needs that could be met through the NDIS but either had not accessed the scheme or did not have plans that were meeting their needs.

## NDIS Providers

The TWH team engaged with 101 NDIS providers during program implementation. The TWH team members engaged Support coordinators by attending team meetings or promoting the service with managers. As relationships with providers became established the team provided secondary consultations along with direct support to eligible participants. This was an aspect of service that was not anticipated at the beginning of the service implementation.

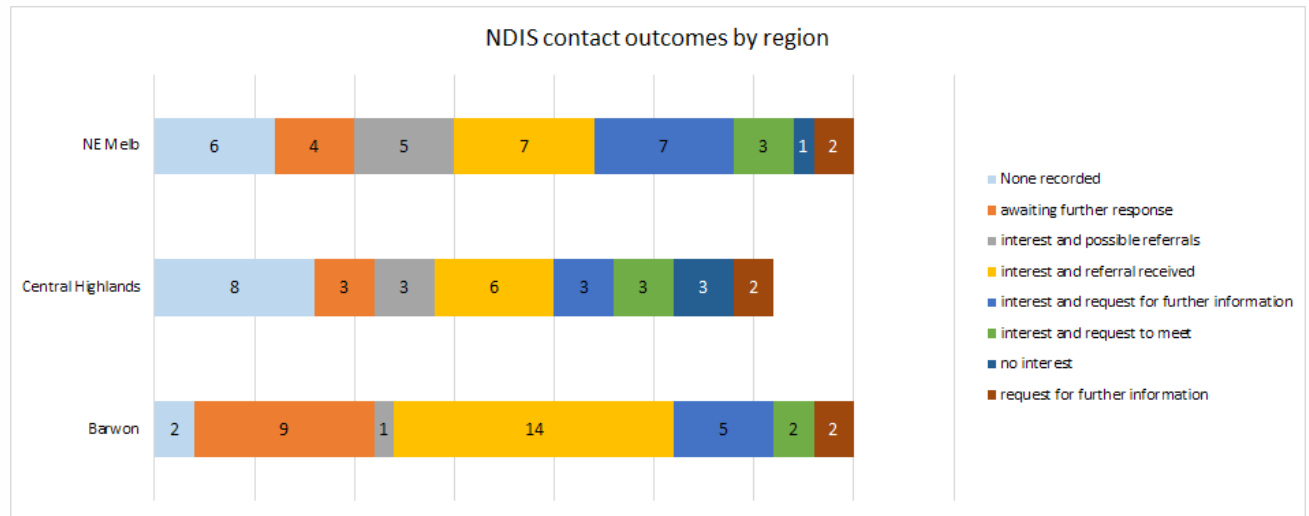
Figure 10 – NDIS provider contacts by region (n=101 total)



In the first three months of implementation the TWH staff were active in reaching out to NDIS providers. This activity resulted in increased awareness of, and interest in the program, and is evidenced by an increase in referrals in March and April (see figure 22 – referrals by month).

Figure 11 below demonstrates that engagement with NDIS providers in Barwon resulted in the highest number of referrals. It is likely this can be accounted for by the existing well-established relationships with local providers due to Wellways established presence in the region.

Figure 11 – NDIS provider contact outcomes by region



## Barriers to sector engagement

To effect change within a system it is critical to ensure the right people have access to relevant information. Efforts to systematically engage with stakeholders in the regions revealed some challenges with gatekeepers. In this context two types of gatekeepers were identified. First, there was some gatekeeping at the point of first contact - for example, reception staff at the real estate agencies.

If that first contact chose not to pass on information, it was difficult to engage further. A second type of gatekeeping occurred at more senior levels of organisations, where managers who were approached did not pass on information to people within their services who could use it.

It was difficult to identify whether gatekeeping was intentional. For example, people choosing not to pass information on may have done so as they had decided the service or the offerings were not relevant, or not worth prioritising. On the other hand, there is the possibility that the messaging was missed, misunderstood or passed over due to high volumes of information and time pressure.

The initial method to engage external providers was from the top down. It became apparent that this was not an effective approach as the team identified that information did not appear to filter down to staff who could have used it and who may have engaged with TWH.

*“we approached it from the top, let’s email the team leaders or the managers and get them to filter out the information, whereas I think in hindsight it would have been better if was bottom up, because they’re the ones doing the referrals, let’s give the information to them ....my local office had those relationships which is eventually how we started getting referrals” (Staff member).*

During program implementation, efforts were made to more actively identify and connect with “the right people” – those who had most to gain from the information – with the TWH team persisting beyond reception staff or managers to connect directly with service delivery staff.

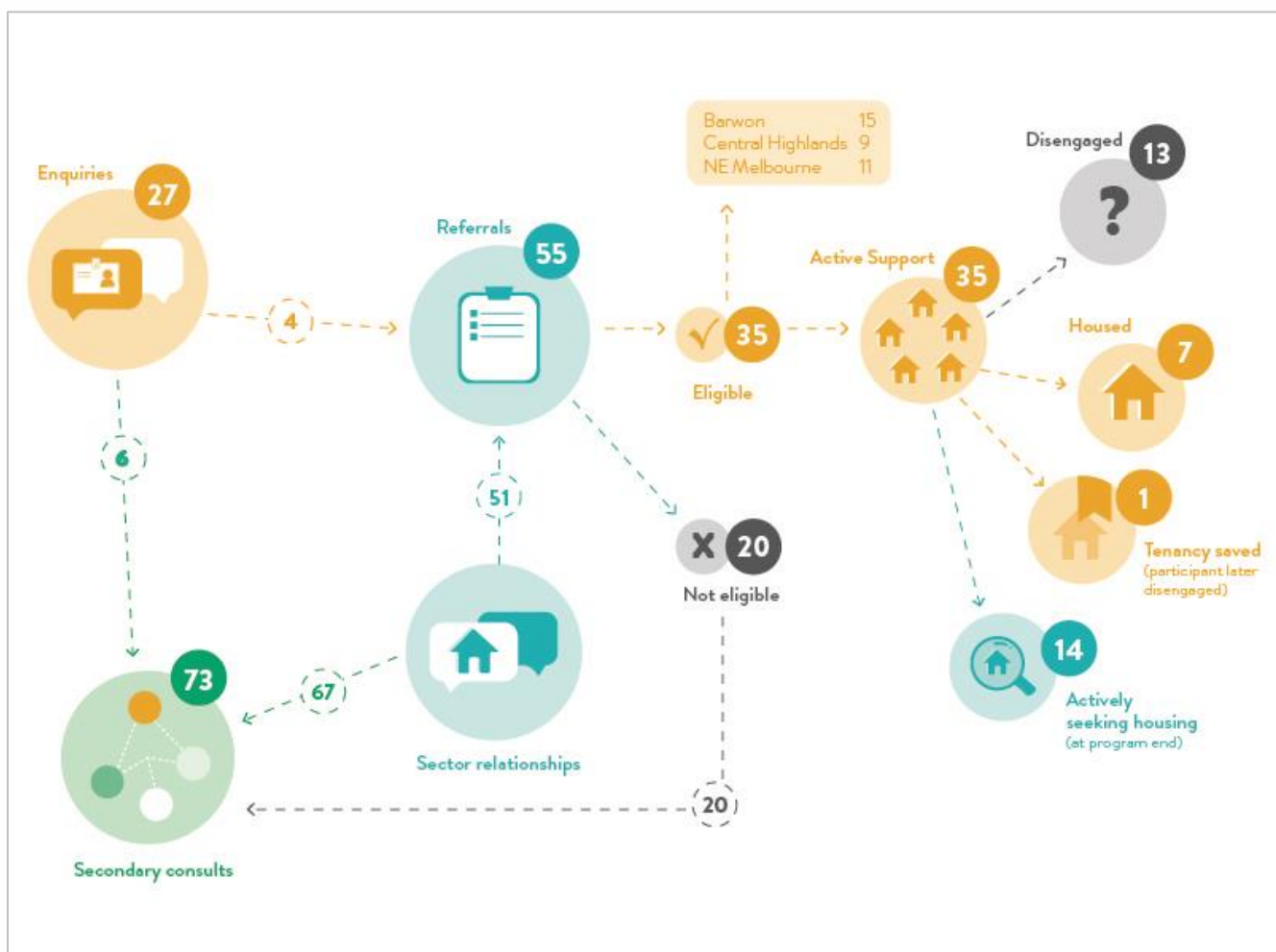


The team concluded that gaining traction in these sectors with a novel program requires time and persistence. The education sessions were effective in building momentum, as was demonstrating the value of the program through service delivery or secondary consultation. Once providers had experienced the benefit of TWH they were interested in further connection.

## 2. Service delivery – support provided to NDIS participants

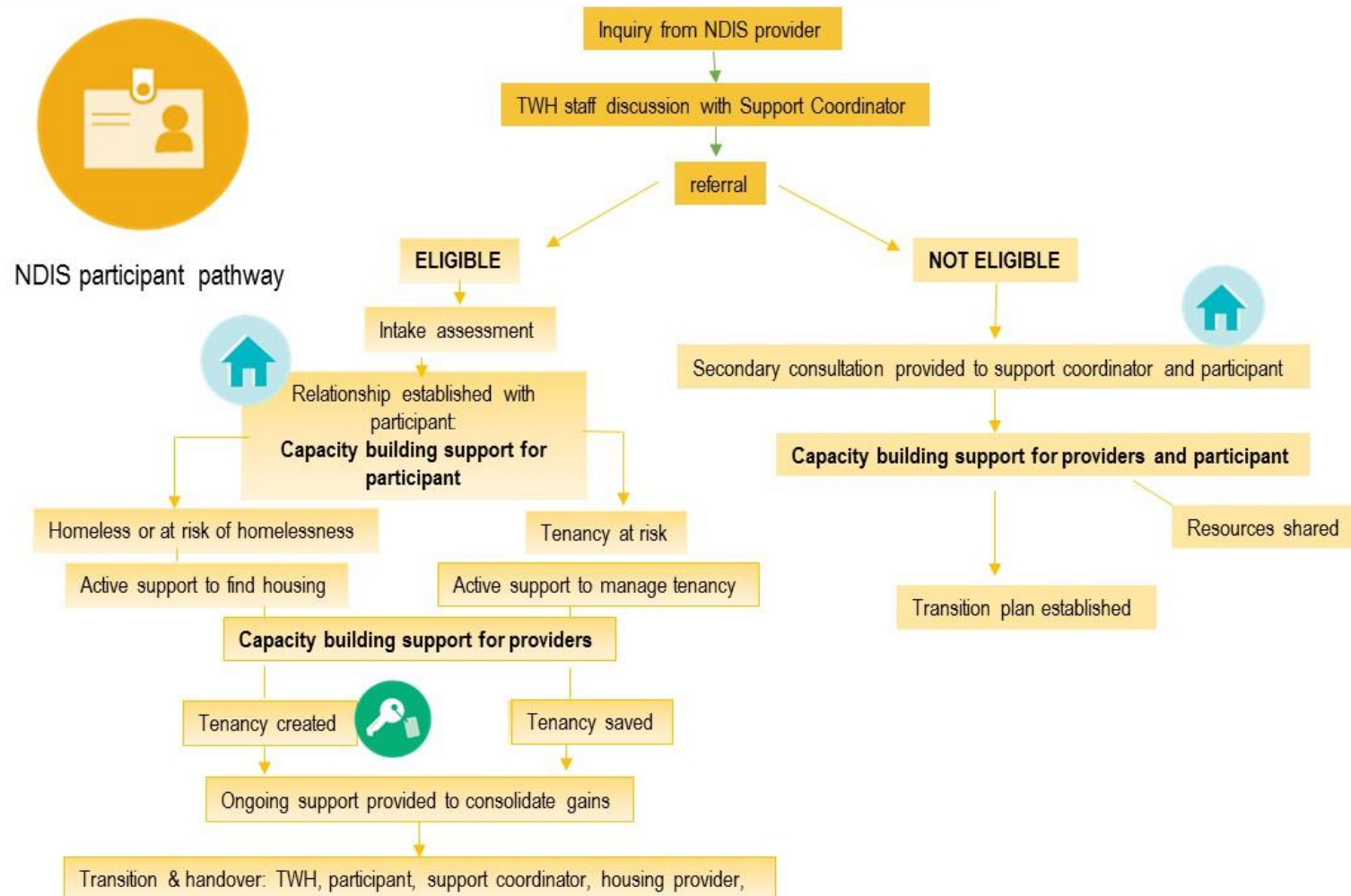
Services were provided directly to NDIS participants referred to the service. Responses were provided through direct service delivery to eligible participants. Secondary consultations to participants who were ineligible for TWH. Figure 12 below demonstrates the pathway into TWH and the outcomes for participants who were eligible. Participant numbers are noted throughout the pathway. Each of the elements of the pathway are discussed in more detail in the sections that follow.

Figure 12 Pathway into and through The Way Home: Participant numbers and outcomes for eligible participants



The following diagram demonstrates the pathway for individuals accessing support through TWH. Participants who were both eligible and not eligible under the criteria for the program, were able to receive supports via these two pathways. Ineligible participants were offered secondary consultation – an opportunity to discuss their needs, provision of specialised knowledge on psychosocial disability and housing/homelessness, guidance to navigate the system, and structured planning to meet their identified housing needs. These were provided by phone or face-to-face to support coordinators, mainstream providers and/or participants themselves.

Figure 13 – Participant access to support through TWA



## A. Enquiries

Over the implementation period general enquiries were received from the sector about the service and its scope. Figures 14 & 15 show that two thirds of enquiries came from the North East Melbourne region and two thirds of enquiries were regarding males.

Figure 14 – Enquiries received from sector

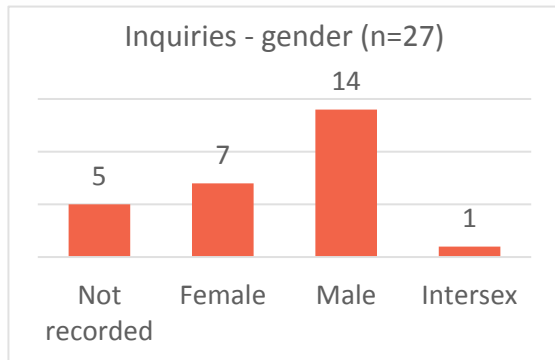
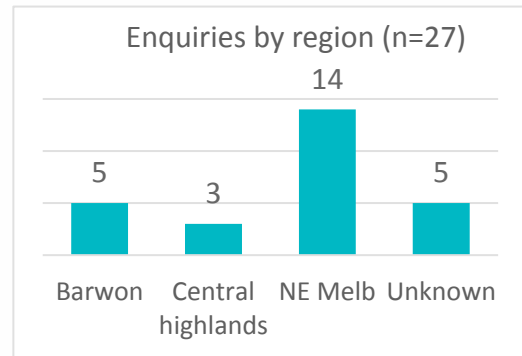


Figure 15 – Enquiries received by region



Enquiries from the sector increased during program implementation as the sector became aware of the service and then began to decline in number toward the end of the program period. Figure 16 demonstrates that the greatest number of enquiries occurred during May. Once providers were aware of the service and its scope, they were more likely to make direct referrals to the service. These direct referrals did not appear as enquiries.

Figure 16 – Enquiries received per month

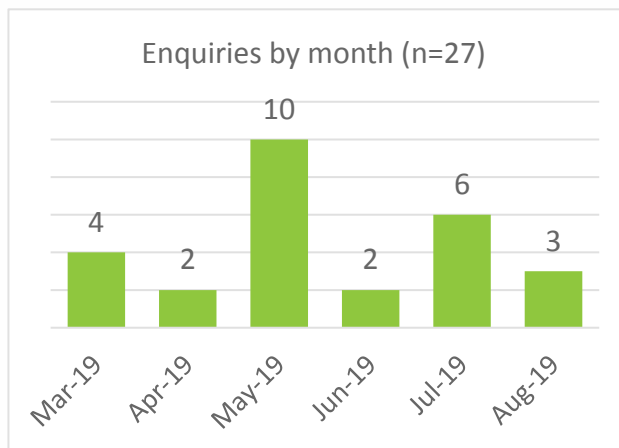
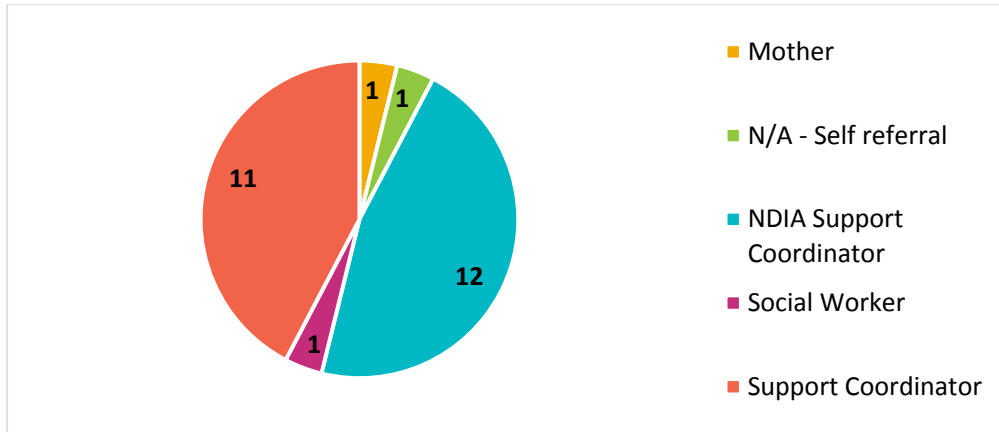


Figure 17 – Source of enquiries

Enquiries were received regarding the service as it became known within the regions.

For the recorded enquiries (as opposed to the direct referrals) the majority were received from NDIS providers and mainstream services. Only two enquiries from a potential participant or family member, not surprising as the service is not marketed to potential participants.



The service provider organisations who made enquiries included:

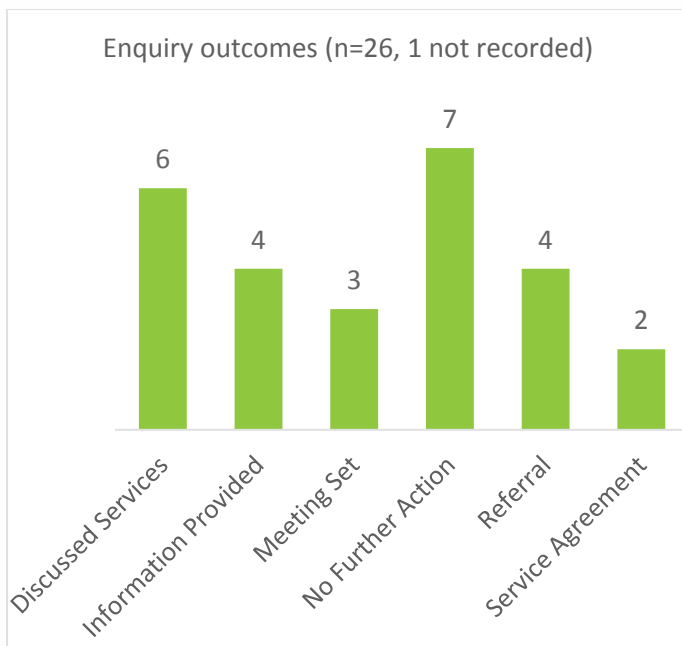
- Healthability
- WeKare Community Support
- Mental Health Legal Centre Inc.
- DPV Health
- Ballarat Community Health
- Vincentcare
- GenU
- Banyule Community Health
- MeWell
- Unitingcare
- ERMHA
- Access Your Supports

Enquiries resulted in a range of outcomes as demonstrated in the chart below.

Figure 18 – Enquiry outcomes







## B. Secondary consultations

A total of 73 secondary consultations (a total of 70.5 hours) were provided by The Way Home service. These were offered via phone or face to face, with the length of consultation (15 minutes to three hours) varying according to need.

A secondary consultation was offered to all enquires that did not lead to a referral, or for referrals that were assessed as not eligible. Other secondary consultations were requested through established relationships with service providers when NDIS participants were not eligible for direct support through TWH. These involved support and information provided to providers or to the participants themselves. Demand for secondary consultations built as the service became more established, peaking in May.

Secondary consultations allowed for early intervention strategies to be developed and for the reduction of ongoing housing risk for participants as well as those who were not eligible for the TWH.

TWH staff worked with NDIS providers to understand how psychosocial disability might be impacting tenancy and to upskill them on strategies for mitigating risk.

*... maybe that person has stopped paying their rent or falling behind \$10 or \$20 or something like that because they had a decline in their mental health or they had an admission and those sorts of things. So if that was picked up early by a support coordinator and they got onto it, it may not escalate into that tenancy falling into risk.*

## C. Referrals

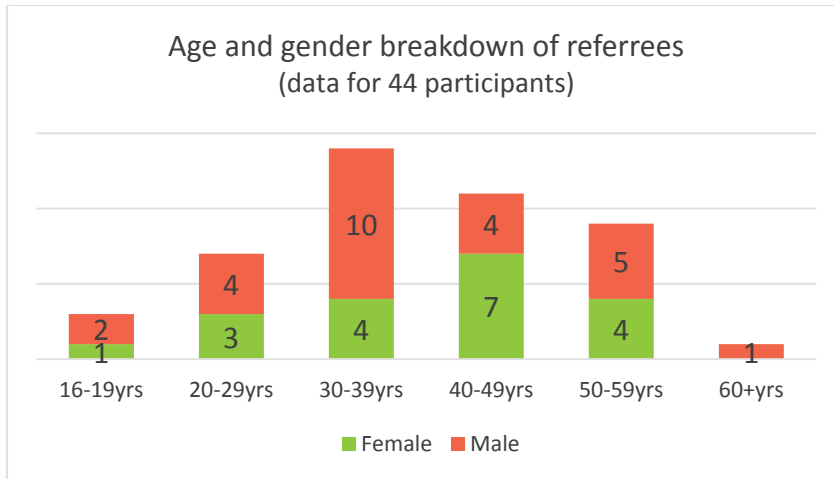
Fifty-five referrals were received over the seven-month implementation phase. Four referrals were generated from an enquiry but the majority, 51, came from established provider contacts. When providers were aware of the TWH service they sent online referrals directly to a referral inbox.

The graphs below include data for 44 participants (45 referrals). Additional referrals were located by the Wellways team at the end of the evaluation write up period. These are not included in the analysis.



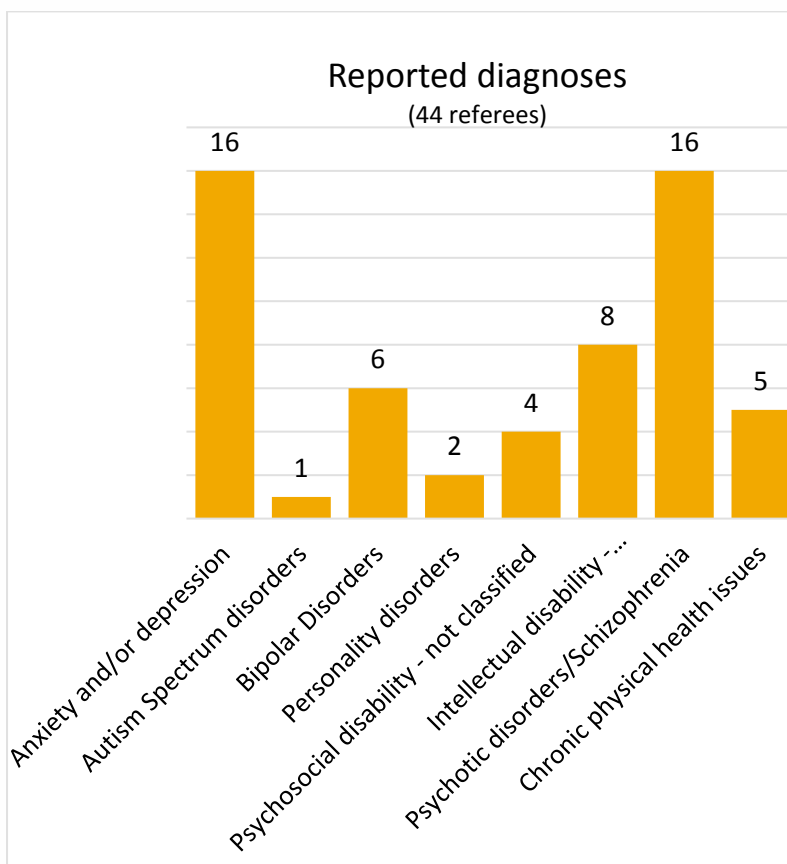
Limited referral information for 44 of the 55 people referred to TWH was available for analysis. Participants ranged in age from 18-60, with the highest number of participants (14) aged from 30-39 years. The majority of people referred to the service (24) were male.

Figure 19 - Demographics of 44 referees



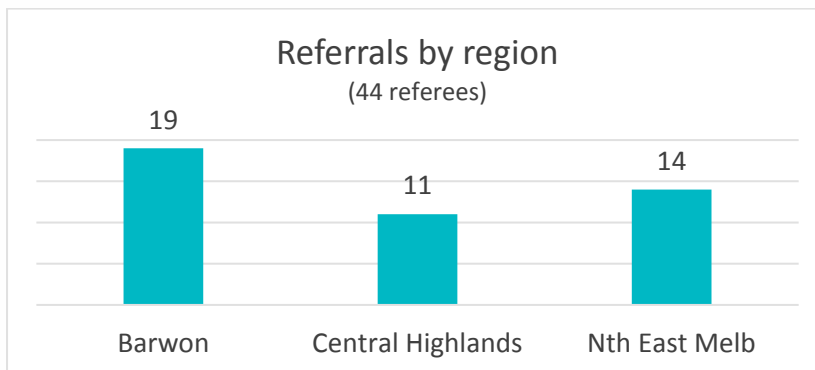
During intake assessment information was gathered regarding people’s self-reported diagnosis. Participants could report more than one diagnosis and some shared concomitant diagnoses of physical illness and intellectual or cognitive disabilities. The two highest numbers of diagnoses were the groups reporting anxiety or depression (16) and psychotic disorders/schizophrenia (16).

Figure 20 – Self-reported diagnoses of referred participants



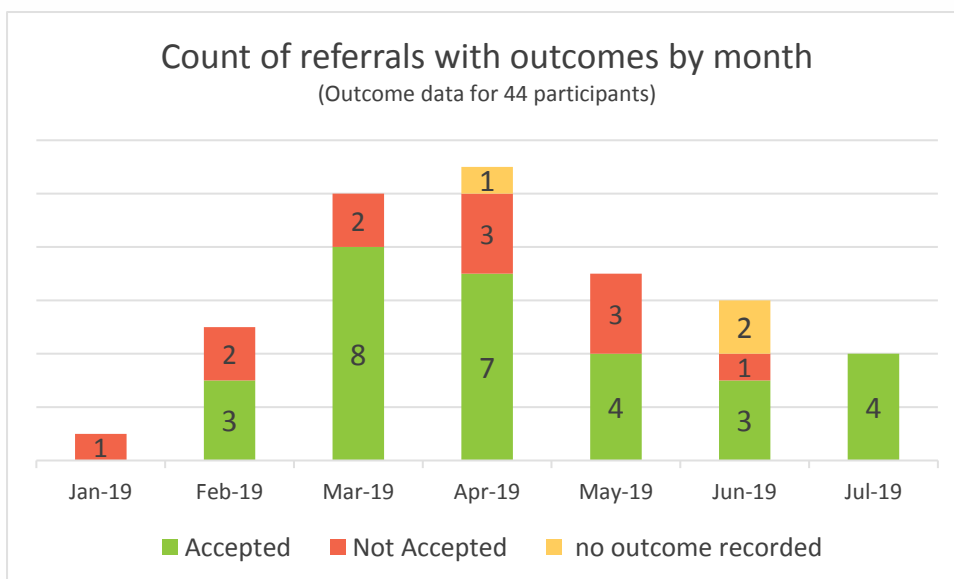
Referrals were received across all three regions with the highest number of referrals (19) from Barwon. This is likely because Barwon was operationalised from January 2019 and had the longest period of active implementation. As the other regions achieved traction in service promotion activities they also attracted increased numbers of referrals.

Figure 21 – Count of referrals by region



The pattern of referrals reflects the short duration of the program. Referrals increased as service coordinators/providers became aware of the program and then tailed off as the program was nearing its end. As stated above, The Way Home staff had made support coordinators/providers aware that they would need to cease to register new participants leading up to the program conclusion, and this is reflected in the reduction of referrals in the last months.

Figure 22 – Number of referrals to TWH by month



TWH staff noted that the timing of referrals in relation to people’s experience of homelessness, meant it was difficult to deliver optimal participant outcomes. Staff cited multiple examples where an earlier referral might have allowed them to respond more effectively. They suggested that because housing or homeless issues are not seen as the central focus of planners, NDIS providers or of many mainstream services, issues are often not picked up until they have reached crisis point. This can result in acute stress for both participants and providers, and situations where less than optimal decisions are made in order to prevent or address homelessness.

For example, one staff member was referred a woman who was being evicted the next day for failing to comply with a notice to vacate she had received due to non-compliance with the rules of an

alcohol and drugs program. The agency that was evicting her was also the sole local agency providing crisis accommodation. Her NDIS support coordinator was also from the same agency. The TWH staff member expressed frustration on behalf of the participant, who had no choice but to seek housing crisis help from the same agency that was evicting her.

TWH was trying to work differently within a sector more familiar with crisis referrals. While they were able to provide a response in situations that had reached a crisis, they felt this was not the best use for this type of service. Their preference, based on the Housing First model, was to be looking ahead and looking out for when tenancies were becoming problematic and working proactively with the person and other providers to stabilise the tenancy and minimise the risk of homelessness.

*“I think one observation from my area is that the referrals have come in too late. One participant was evicted a couple of months ago and on reflection, if they’d have done the referral earlier I reckon that could have been saved because it wasn’t that they were in arrears or anything. It was a subletting issue which you can easily resolve”.*

The team acknowledged that as a brand new service they struggled to gain traction in the regions and to build the required relationships with people at the right levels to deliver real impact over the short time of the program.

Across each of the three regions TWH staff noticed improved traction towards the end of program delivery. All regions were slow to understand the potential for the program but once they did, engagement in education sessions, and referrals and secondary consultations increased. Staff commented that as providers became more familiar with the program they were likely to utilise it more effectively, for example referring earlier. There was talk of “word getting out about the service” leading to both increased uptake and more appropriate uptake. Referrals continued to come once the last referral date had passed.

*“I think it’s the level of understanding across the sector and I think if this program continued there’d be, that would be a development in the area around more early intervention strategies rather than let’s just let it happen and we’ll deal with it when it does .... we’ve had at least 3 or 4 referrals since we’ve stopped (service delivery)”.*

## D. Service provision

Of the 55 referrals to the program 35 were accepted as eligible and received active support.

Thirteen of the participants accepted into the program disengaged at some point after program acceptance and intake. This occurred soon after intake for some, while others disengaged after extensive active support. There were five main reasons cited by staff for this disengagement:

- 1) deciding program was not for them thus disengaging with the service,
- 2) long term hospital admission,
- 3) referral withdrawn,
- 4) participant disengaging from all services,
- 5) alternative accommodation sourced after entering program.

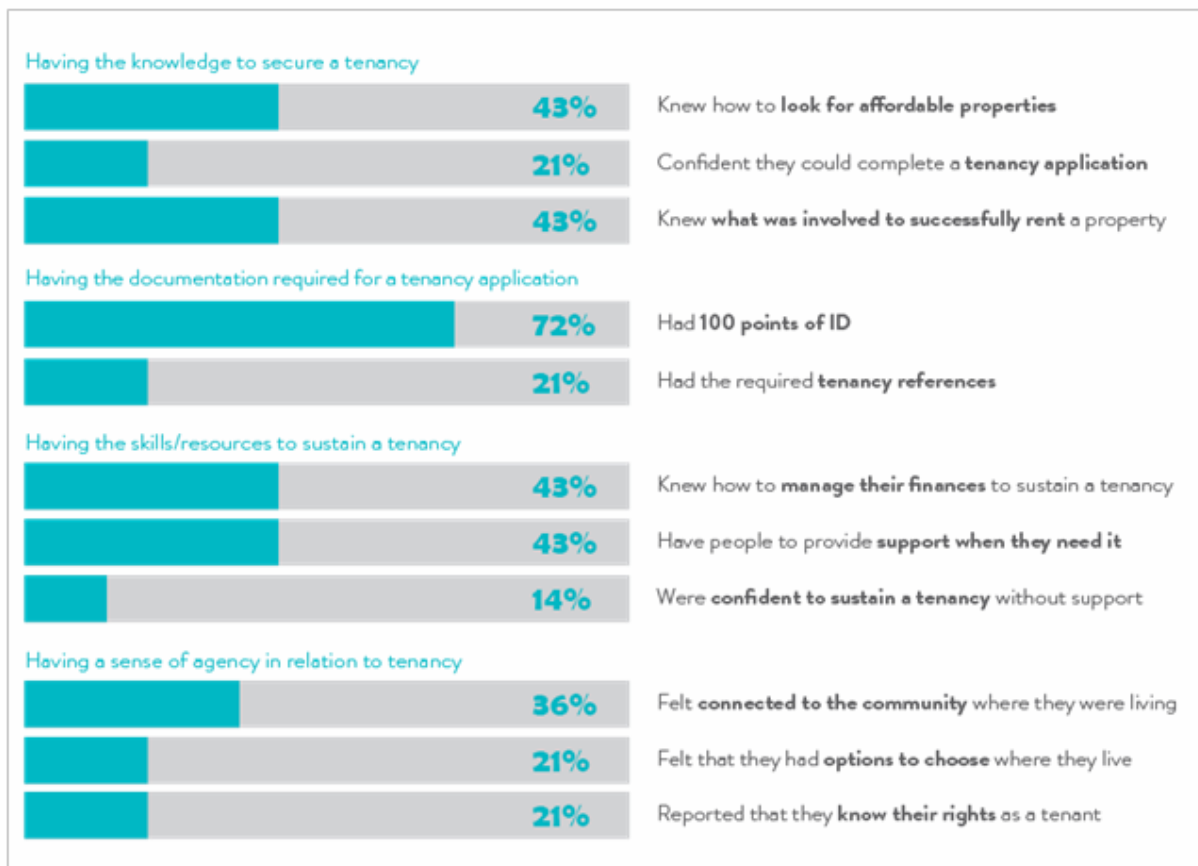
The characteristics and needs of people receiving TWH supports

Of the 55 referrals, 14 completed a tenancy literacy questionnaire at the point of intake. This questionnaire explored the degree to which people agreed or disagreed with a range of statements about their knowledge, skills and confidence in relation to gaining and sustaining a tenancy. The



responses of those who participated indicated moderate to high needs in most areas as detailed in the Table below.

Figure 23 – Percentage of NDIS participants agreeing with the following statements at the point of their referral to TWH (n=14).



These results show that needs in relation to access to tenancy references and confidence in completing a tenancy application were the lowest scoring statements at referral stage. At the point of referral to the program, only 14% of people felt confident in sustaining a tenancy in the longer term without support and there was a low sense of agency overall.

### The experience of receiving housing related support – participants’ perspectives

Participants reported a range of benefits from being involved with the program, including gaining valuable knowledge about how to search and apply for housing, and increased mental health as a result of reduced stress relating to their housing circumstances. Participants cited practical support (including help to look for mainstream rental vacancies, help collecting application documentation and navigating the mainstream housing market) being useful in two main ways.

First, the TWH staff provided participants with basic practical knowledge about how to prepare to search and apply for housing:

*“Well, the benefit is they’ll assist you in looking for, obviously, property. They’ll show you the way to do it. There’s a process, I suppose, of applying for rental properties. And the application and all this, and just them steps. And they can assist them like this”. - P3*

Second, participants experienced increases in mental health as a result of the reduction of stress related to their housing circumstances:

*“It’s given me hope, to be quite honest with you. Because I know I’ve got some major issues and barriers to overcome. And at least [staff member] is motivating me, [they’ve] shown me the right way of applying for properties and searching for them..”*  
- P1

*It’s had a good impact on my health... My mental health. Knowing that I’ve got a roof over my head and don’t have to worry about anything.* P4

Participants identified that before involvement with TWH, they had a lack of knowledge around budgeting and the tenancy search and application process. They also identified that they developed skills and confidence in communicating with housing providers. TWH staff were both teaching participants and directly role modelling ways to engage with real estate agents.

*“It’s knowing what to really do and say and like I struggle with interactions with people I don’t know, or then it’s the whole processes, doing the applications and stuff like that... ...That’s why [staff member] is coming along and tried to help. I’m feeling like there will be a chance if I get a little more of knowing how, what to do, how to do it, and some support with knowing what to do...”*

*...I need a little bit more work with how to do it, you know. I’ve still got a tiny bit of time left [in the program] so to be able to get some more understanding of how to do the forms, how to talk to the agents.”* - P1

*“like downloading and how to get stuff off the computer and sending it, filling out forms and going to the actual real estate agents and talking to them in a way that you’re very eager and that you’re that type of person that will respect everything, that you appreciate everything. So I’ve learnt that really a lot with [staff member], that if you show them that you are eager and you are there and asking and sort of, not pushing, but showing that you are going to do the right thing in the future, it really pays off”.* - P2

Four out of the five interviewed participants reported that their confidence to secure a tenancy in the future had increased considerably, with one participant reporting that he now had *“the belief that it will eventually happen”*. (P1)

Participants whose family and social relationships had suffered as a result of their homelessness, reported increases in the quality of those relationships. Having a home meant that participants could see less of some family members and this resulted in decreased tension in relationships. They could also see more of some family members, allowing for some to reconnect with children whom they had been denied access to because of their homelessness status.

*“My relationship with my mum is better. We don’t fight as much .... I think I was seeing her too much and where now, I’ve got my own place. But the main thing again would be the kids, being able to see the kids...”*

TWH staff were able to support the transition into new housing for participants through helping them access bonds, rent in advance and establishment funds. Additionally, they had the capacity to help organise removalists and the connection of utilities, which further reduced stress for participants:



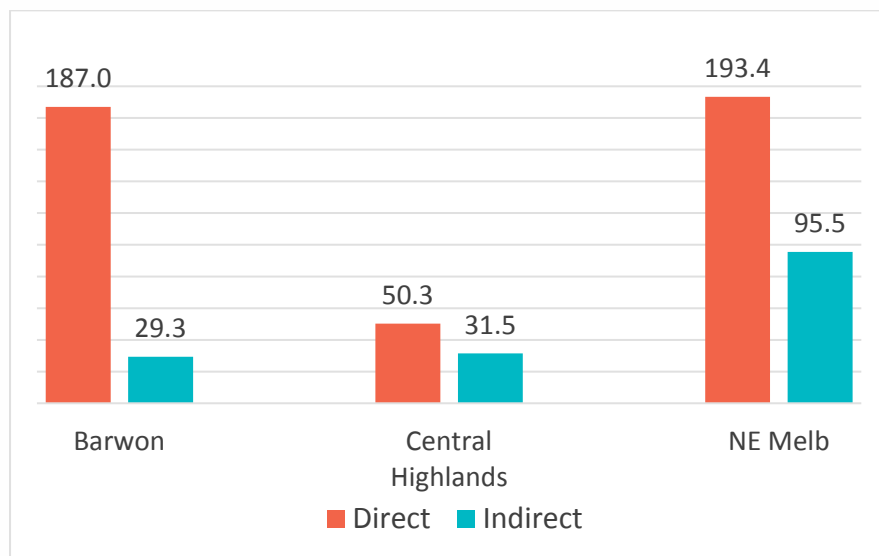
*“Above and beyond, that the words I was looking for. I mean just this place it’s going to need a fridge, a washing machine and all that, and [staff member] goes “Don’t worry about all that, I’ll get it all organised, you get it through us because that’s what our job is to help you out and all that, so just don’t sweat about nothing, we’ll get everything for you, you know, and we’ll shift your stuff” and [they] just make my life bearable and calm me down and just stopped a lot of stress you know. Otherwise I would never have got this far without [them], I swear”. – P3*

It was clear that for the participants who were seeking a new tenancy, the liaison and advocacy support offered by TWH workers provided an opportunity to learn and build capacity through the staff modelling of appropriate navigation of the housing system. This was support they were not able to access elsewhere.

## Service delivery – staff perspectives about the range and intensity of services offered

The Way Home housing support workers delivered direct support to participants (by phone or face to face with participants themselves) and indirect supports (any provision of service without the participant present, for example organising documentation for tenancy applications). Total hours of support differed by region, directly influenced by the level of buy-in (or resistance) to the program with the local services. This is demonstrated in below in Figure 24.

Figure 24 – Hours of Direct & indirect support by region



Staff described diverse participant needs and having to pace the type and intensity of support offered to meet people where they were at.

They described how capacity building surrounding tenancies, home maintenance, budgeting and communication were a key component of service delivery. They hoped this would promote sustainability beyond the program and support the maintenance of housing outcomes for participants outside of the program.

*...from the get go for me it was “We are going to work together instead of me filling out this form for you, I’m going to maybe do a mock application and you can use that and then you can you know”.*

Despite a capacity building approach potentially taking longer to achieve outcomes, TWH staff described clear motivation and belief for working in this way. They shared how they had to think creatively about where people were at and what type of support would enable them to move towards their goals, and how they enjoyed the challenge of this approach.

*“When someone has for instance, social anxiety, who cannot move out of their home to go and look at inspections, you know, that process is going to be slow. So, what do I need to put in place, who does this person need to see to get exposure therapy or something like that. I’ve got to think outside the box to be able to work with this person”.*

For some participants intensive direct support was required for them to move towards their housing goals, indicating that for some of the eligible cohort, continuing support may be required over the longer term to secure and maintain housing. This support is not currently available with NDIS services or funding.

The types of supports provided included, but were not limited to:

- Identification and goal setting around housing
- Exploration of housing preferences and needs
- Support and encouragement re housing search and life situation
- Liaison with families and natural supports
- Securing documentation required for rental applications
- Property searching
- Support to attend housing inspections
- Completion of rental applications
- Interview skills
- Support to liaise with housing providers and promote applications
- Applying for financial support/bond/rent
- Advocacy with real estate agents/landlords
- Advocacy/linkage with mainstream services
- Support to organise and move into properties
- Securing financial and material resources required for living
- Budget planning to sustain tenancy and living requirement
- Legal support with tenancy breaches
- Support to establish community connections
- Transport support

The following brief case studies show the variation in need and type of supports provided through TWH. They highlight how people’s needs differed and how provided support was matched to those needs, with an emphasis on building capacity. Capacity building surrounding tenancies, home maintenance, budgeting and communication were a key component of service delivery. This also promoted sustainable and maintained housing outcomes for participants outside of the program.





## BILL

Bill was in transitional housing with an end date fast approaching. Despite Bill being at acute risk of homelessness, no housing support had been provided to him prior to receiving a notice to vacate. While transitional housing is always time limited, his NDIS support coordinator was not aware that people in transitional accommodation are still classified as homeless and had not considered the implications of his pending lack of housing. Bill felt unable to independently pursue a rental search. With support from Way to Home he identified the barriers, and worked on building his skills – searching, attending inspections to determine property suitability and affordability, application completion, and interview skills. He was successful in renting a property and is now living independently. He has regained access to his children, has found some employment and is connecting with his local community. He uses Centrepay to ensure his rent and bills are covered and has completed a budget, so he can work towards saving for a car. During this process he identified an increased need for psychological support to his Way Home worker. They helped him go back to his support coordinator and get some of his plan allocated to psychological support, preventing further deterioration in his mental health, thus reducing the risk of him losing any of the gains he had made.

## JOHN

Until five years ago John lived with his wife and teenage children in a mortgaged home they were paying off. He was working as a truck driver, when a near miss left him with chronic trauma and anxiety and unable to work. His settled life quickly unravelled with divorce, debt and unemployment.

After living in a boarding house and share houses, he found himself, in his early 50s, living on a disability pension, on the NDIS, paying \$250 /week rent in a share property he felt very dissatisfied with.

With support of the NDIS he is rebuilding confidence and hope for building a better life. He has got some work again, is in a new relationship and was referred to The Way Home seeking support to improve his housing situation. With some initial guidance and support, John has been able to drive a tenancy search and is hoping to move into a more suitable property.



## MAC

Mac is a 60 year single male with a long history of homelessness. He had a secure tenancy with a Community Housing Provider but had stopped paying rent due to outstanding maintenance issues. He had been served a Notice to Vacate and was referred to TWH prior to a VCAT hearing. At this point his relationship with the housing provider had completely broken down. TWH staff provided him with advice and information about tenancy rights and how to manage outstanding maintenance issues in accordance with Rental Tenancy Act (RTA). TWH advocated with the housing provider around rental payments. He was supported to get legal representation to prepare for his VCAT hearing and for large debt repayments to Civil Compliance. He was supported through the VCAT hearing and with letters to Civil Compliance. Motivational interviewing was provided to support Mac to prioritise his support needs, but his choice was always respected. Ongoing weekly support was provided but his tenancy could not be saved as Mac decided he could not afford the rental increase (an increase that was in line with CHP rental policy and considered appropriate) and refused to pay rent. Mac had made the decision to cease rental payments with full knowledge that he would become homeless. He was aware of what this would look like for him and how it would impact on his current goals and supports. He was comfortable and happy with his decision. At the end of the program he was about to be evicted and was referred to housing supports to use following his eviction.

## Staff reflections on delivery capacity building support to individuals and providers

### Housing is critical to an “ordinary life”

For some people building capacity and successfully establishing a tenancy meant their circumstances rapidly improved. The team saw dramatic outcomes such as gaining employment, reunification with children and establishment of meaningful connections with community. They saw how securing stable housing could set people up to facilitate social, community and vocational participation.

Staff reflected that when people stabilized in housing it also meant that a support system could stabilize around them. This sometimes meant people could make better use of NDIS plans because there was a location where plan support could be offered and that people, on feeling more settled and safe, were emotionally able to make more use of capacity building supports. If a person does not have a home address, NDIS supports and funding (including capital, core and capacity building supports such as assistance with daily life, improved living arrangements and home modifications) cannot be used.

The TWH team expected that sustained tenancies may lead to decreased need for supports within people’s NDIS plans. Unexpectedly, creating and maintaining tenancies often led to greater funding and supports through an NDIS plan. The team shared how new-found stability allowed participants to express their needs more effectively, and therefore these were implemented more effectively within plans after plan reviews. They shared their views that this increase was more a reflection of inaccurate understanding of need at the point of the initial plan, where housing needs and therefore adequate provision of supports was missed, rather than a real increase in need. They anticipated a reduction in need and thus plan size over time for many, though not all, of the participants.



## The need for information AND support

Over the course of implementation TWH staff re-examined the barriers experienced by individuals with psychosocial disability in relation to housing. They came to understand that for many, the central barriers were not only a lack of tenancy knowledge, but the anxiety and stress that could reduce their capacity to act and erode their sense of hope. Many participants had knowledge of the system because they had previously rented or owned homes themselves. Being available as a “back up and a support” made a real difference to people finding ways to overcome challenges.

*“..it’s the relationship, the two coming together that creates that synergy.... So that synergy it’s just someone believing in you, someone independent, someone that you don’t know, someone outside of your daily circle, someone outside of your plan”.*

This notion of emotional support as critical was echoed by all participants in their interviews.

## The importance of tailored supports

TWH Staff developed a more considered understanding of how supports within NDIS plans can be used to sustain a tenancy. They came to understand this as much more than support that was purely about housing. Tenancies were sustainable when:

- they were a good fit for a person and matched their housing goals
- when they were in a community and location that was desirable
- when participants experienced community inclusion
- when resources they needed were accessible
- where they had good access to transport
- where participants felt safe.

This convinced all the staff that they needed to understand participants’ needs and goals and find homes that reflected these, rather than rushing participants into the first available option. It was difficult to remedy NDIS plans that did not include housing, tenancy or accommodation supports within this short-term program. Workers advocated for plan reviews, but these can often take over 12 months. Therefore, improved understanding of supports and funding required could not always translate to improved access to NDIS supports. This could however be addressed through engaging more effectively with community and natural supports and community and mainstream services and organisations.

TWH staff became a central point of contact for people on a range of diverse issues **due to the nature of intensive housing and capacity building supports**. Participants trusted workers and began to look to them for support outside of housing. Whether assisting in grocery shopping, troubleshooting rental payment issues or providing emotional support through times of participant stress, TWH staff were a central contact.

*“..anything to literally maintain the tenancy agreement, but you see we are looking at it in terms of social connection, living in an area they feel connected to and how can they then access the community which is exactly what their plan is for, and it’s all around the idea of a sustainable tenancy and the idea is there, it’s just not being used to its full potential”.*

Staff recognised that a consistent pattern they noticed with participants was the lack of informal supports that people could rely on; supports that might typically support someone through a tough time or provide practical back up. They believed that a central role of TWH was to provide the emotional and practical support they did not have access to in their natural systems. To promote sustainable recovery outcomes once the service had ceased, staff prioritised support to rebuild or establish participants natural supports.



Having the relevant identification documents was less of an issue than imagined for this cohort. An advantage of going through the process of NDIS application means that people have their identification in order, a situation that contrasts with previous experience of housing programs where organising identification can be a real challenge. A significant issue for participants was a lack of rental history records or references that did make it hard to compete in the open rental market.

## Variation of practice within the NDIS

In working across three regions TWH staff observed wide variation in practice within the NDIS. They noted how these variations impacted the experience of people with psychosocial disability who were both eligible and ineligible for TWH service. Planning variation resulted in variable access to supports for people with similar needs, and wide variance in practice when people were seeking plans reviews. Variation in response from LACs across the regions impacted the service's ability to gain regional traction. One regional LAC would not engage with TWH because they interpreted Wellways' leadership as a "conflict of interest".

## A housing system under stress

Staff experienced first-hand the demand for rental properties and what people were prepared to do to secure a tenancy in a highly competitive environment. One-bedroom apartments are very popular, attracting 30 plus applications, meaning it is easy for agents to put aside anyone who does not have a strong rental history, or who poses even a slight potential risk. People living with a psychosocial disability face significant stigma and this affects their access to housing. Some potential tenants will offer well over the advertised price, for example offering \$230/week for a property advertised at \$185/week, to secure a rental, again placing more financially strapped tenants at disadvantage. For people on Disability Support payments this means most housing is not affordable. One staff member found that even a year of rental paid upfront was not enough to secure a tenancy.

Staff engaged with agents and landlords through proactive service delivery and advocacy seeking to understand from their perspective what the barriers were to successful tenancy application for certain participants. They discovered how the inability to prove their rental history was a genuine barrier to success, and they needed to develop more strategies to evidence a rental history. Personal and professional references were utilised to support rental applications where extensive rental history could not be provided.

Staff found that being able to sell up the potential of the increased and proactive support available to some participants through their NDIS packages was an advantage in the eyes of real estate agents and landlords. They could guarantee that participants would receive ongoing support that would support them to sustain a tenancy.

In educating housing providers about the benefits of continuous and well-targeted supports, they could also provide reassurance that if any concerns emerged during the tenancy a simple referral pathway to additional support was available. This reframed supports as not only supports for crisis situations, but to proactive and ongoing supports for sustainable tenancies. Brokerage, surety funding and landlord insurance was a key selling point, as these provided financial security and surety for agents. These strategies showed risk mitigation and management strategies were in place and formalised. In talking to agents they could explain,

*“this is surety funding. So if anything goes wrong you can claim against that”. So I think just using language in the right way and making sure they understand this person's going to be supported.*



## A system of siloed supports and resources, seeking quick housing outcomes

In working across the disability, health and housing sector in an effort to build capacity for individuals and the sector, TWH staff described sectors that operated in silos, with limited awareness of each other and the intersections of service required. The health and disability sectors often pushed housing needs aside for the housing sector, and likewise, the housing sector often push aside health and disability needs for the disability sector. This leaves critical service gaps for people on the NDIS who are experiencing homelessness and housing risk.

Referrers were often under pressure to secure housing for people and this sometimes led to a misunderstanding about what the program could deliver or how quickly it could deliver. For example, Linda (pseudonym) was in and out of mental health inpatient units when she was referred to TWH.

### LINDA

Linda was in an inpatient unit when referred to TWH. She very unwell and was not able to, or did not want to, engage with TWH staff. She was unable to return to her previous property because of a domestic violence situation but was also unable to engage in an active property search – she could not attend inspections or fill out applications. Staff on the mental health unit did not understand that TWH is a service focused on capacity building support – they just wanted housing found so she could be discharged. Eventually an application for Guardianship was initiated because the woman was unable to drive a housing process and was unable to utilise the supports offered.

NDIS and mainstream service providers could also underestimate the challenge of securing and maintaining housing. In making a referral to TWH team they frequently expressed frustration that the housing support worker had not been able to quickly find housing. Under pressure themselves to deliver required support within limited service coordination budgets, providers often saw TWH as a crisis service, rather than a capacity building and support service. TWH did not have access to crisis supports such as crisis properties, so in those contexts needed to refer participants to crisis services.

In some situations TWH staff found that they had to educate support coordinators who were acting on the expressed wishes of NDIS participants to move. While TWH staff were fully in support of choice and control they wanted participants and support coordinators to understand the consequences of ending a tenancy in the current stressed housing market. They believed that if support coordinators better understood the housing market and the potential risks of moving they may be more willing to fully unpack the housing issues and needs with participants and to consider how a plan could be used to sustain and improve a current tenancy. This was particularly seen in referrals not accepted, where participants were not deemed to be homeless or at risk of homelessness. After secondary consultation and capacity building with TWH worker, particularly around communication with landlords and neighbours, tenancies stabilised and participants no longer felt they were experiencing housing risk.

Similarly, NDIS and mainstream providers would sometimes pressure participants to consider housing options that were not suitable, placing them at considerable risk of a failed tenancy. TWH staff understood the anxiety of providers and how they feared participants would end up sleeping rough. These decisions were often made in the context of a stressed and inaccessible housing market. TWH workers pushed providers to consider the long-term housing outcomes of the short-term solution. Getting the right property from the start meant that participants experienced stability and felt positive about their homes. The risk of a failed tenancy and needing to repeat the tenancy search process was reduced. TWH workers noted that failed tenancies worked as black marks in a person's rental history that could make it hard to gain housing in the future. They also described seeing



unsuitable and failed tenancies eroding trust between participants and providers, causing participants to disengage entirely.

### Taking a building capacity approach

TWH service purposefully worked within a framework of early intervention and prevention, rather than crisis response. This allowed for participants to develop their own tenancy skills through capacity building support. Participants were able to approach their tenancy issues with support from TWH worker, rather than have the tenancy issues addressed solely by the worker. While TWH staff acknowledged that it was sometimes difficult to find housing that was a good fit for participants, they highlighted the importance of capacity building throughout this process.

TWH staff talked about needing to adjust the language they used with participants. They needed to explain they were not there to simply deliver housing to people; their mission was about building people's capacity to find and sustain housing for themselves. Not everyone was able to make use of capacity building supports due to the crisis situations they found themselves in. While TWH staff made significant effort to adapt the support they offered to match the needs of participants, they spoke to the need of a program like this to exist within a reformed system of support for people experiencing homelessness and housing risk. If a program like this operates in isolation from the rest of the system, it cannot effect systemic change and promote widespread positive outcomes for people living with a disability or experiencing housing risk and homelessness.

Staff reported that participants had told them that they would feel more confident if they needed to apply for another tenancy, re-sign a lease, or to have conversations with a real estate agent. This confidence was shared by the majority of participants interviewed.



# Discussion

## Evaluation questions

### 1. To what extent has system knowledge of the relationship between psychosocial disability and housing been strengthened?

The results of this evaluation indicate that there is currently overall poor sector-wide understanding of the relationship between housing and homelessness, psychosocial disability and mental health. Poor understanding, and misunderstandings, of this bidirectional relationship means that housing is not seen as foundational to stable mental health and positive wellbeing, and conversely, that positive wellbeing and mental health is not seen as impacting housing. Optimising outcomes for people experiencing both psychosocial disability and homelessness or housing risk, requires a dual, proactive, prevention and early intervention response.

There is evidence that people who engaged directly with TWH service – LACs, NDIS providers, housing providers and mainstream services – had improved understanding of the relationship between psychosocial disability and housing. The education sessions captured a change in self-reported knowledge and confidence to provide more effective housing related support to people with psychosocial disability. Most providers who engaged with the education sessions acknowledged their lack of knowledge and confidence in relation to housing support at session commencement, and some indicated that they had not realised how little they knew before the session. Discussions during the sessions indicated assumptions and stereotypes were tested and changed, and that providers left with practical strategies and resources on how to support people around housing and homelessness.

Direct engagements with housing providers proved that there is limited knowledge of the relationship between psychosocial disability and housing. There is also limited understanding of strategies that can optimise support for people once housed. Direct advocacy and education approaches with housing providers were successful in both 1) building their knowledge on the relationship between psychosocial disability and housing, and 2) establishing supports likely to enhance the tenancy experience for both housing providers and tenants with psychosocial disabilities.

Data from participants indicated that they understood the importance of housing and its direct impact on their mental health, psychosocial disability and their social and economic participation. The positive outcomes achieved by NDIS participants once housed – such as participants re-engaging with families, commencing employment, engaging in their communities, better utilising available plan supports to address their identified goals – demonstrates how housing plays a central role in establishing a full life, and the potential of the NDIS for enhancing independence, social and economic participation through housing.

The Way Home staff themselves developed additional knowledge of the nuanced relationship between psychosocial disability and housing over the course of program implementation. The current gap in sector knowledge was reinforced along with the negative impact this gap can have on housing outcomes for this cohort. Without access to specialised knowledge and resources surrounding housing and psychosocial disability, NDIS service provision will be undermined. While the NDIS and staff involved in planning and delivering supports through the NDIS do not have access to specialised knowledge about housing and its central role as a foundation for an ordinary and contributing life, for people with psychosocial disability, the potential of the NDIS will be undermined.

While mainstream providers and housing providers do not understand the relationship, or do not see a clear role they can play in relation to housing people with psychosocial disability, a specialised service like TWH provides a crucial central contact to drive action on housing for this cohort. Over

time, extended provision of these roles and the positive outcomes that will likely be delivered from these roles, will provide examples to housing providers and mainstream services of what can be achieved. Seeing these benefits firsthand may be critical in convincing housing providers that supporting people with psychosocial disability into housing can be both financially sound and sustainable in the long term.

## 2. To what extent has system (mainstream housing, NDIS, community housing, mental health providers and participants) willingness and capacity to support people with psychosocial disability into mainstream housing been strengthened?

To what extent did the program strengthen referrals pathways from NDIS to mainstream?

A clear referral pathway was established to connect NDIS participants with psychosocial disability to mainstream housing. During service operation TWH staff operated as a central point of connection between participants, the NDIS and mainstream services. In this connecting role they: 1) developed specialist knowledge of the housing system; 2) developed expertise in understanding and supporting people with psychosocial disability to build capacity around securing and sustaining tenancies; 3) provided emotional, practical, and financial supports to individuals; 4) shared system expertise with both NDIS and mainstream providers to build sector capacity; and 5) provided resources and education through education sessions and direct consultations to NDIS providers, LACs and housing providers.

The pathways established resulted in created tenancies for seven individuals. There was evidence of momentum building for the services offered by TWH, with growing interest in education sessions and continued enquiries past the program's end date. It is too early to say whether and to what degree, pathways to housing were sustained through increased knowledge and capacity within the sector. These outcomes may also have been founded on access to support workers. A longer-term evaluation would be required to test sustainability and impact beyond the end of program.

There were several clear barriers to the establishment of referral pathways. First it took time to establish any traction with a pilot program that use a *proactive, preventive, capacity building* approach rather than the more common approach of *crisis-driven direct support*. Any cultural change requiring providers to change their attitudes and practice will take time to penetrate established system operations. The short period of active implementation (seven months) is likely to limit the embedding of practice and attitudinal change, although there is evidence from support coordinators that they did build both knowledge and skills that they intend to continue to use. They also have access to easily available resources to support practice change.

Also inhibiting the rapid take up of the service and sector practice change was the role of gatekeepers for both NDIS and mainstream services. It was challenging for TWH to gain access to people within services who could best make use of the service, resources or education sessions. While some gatekeeper resistance was anticipated the extent of resistance was not expected. By the end of program implementation good relationships had been established within every region, but this did not allow adequate time to embed the ideas or sector practice change beyond connections with individual providers.

Barwon achieved the earliest traction and education sessions were attended by a good number of local providers. This early traction resulted in Barwon receiving the highest number of referrals.





Emerging gatekeeper resistance, during implementation forced TWH staff to try alternative approaches to find ways into services. They practiced continued persistence and utilised any relationships they could establish to build awareness of the service and its potential. Alternative marketing strategies such as the use of Eventbrite for education sessions and direct calls to support coordinators rather than managers were successful in penetrating resistive services. The fact that staff engaged enthusiastically with TWH when information reached them suggests the main challenge was penetrating service organisational structures.

We suggest that simplification of communications regarding the service approach and benefits may also contribute to increasing penetration of services. The Way Home is a complex offering that took time to fully and clearly explain. This complexity may obscure the value for a single group of stakeholders, thus reducing the potential for uptake. It may be that in fast paced services with competing resources for education, service models that can be simply explained, with well-defined outcomes/benefits for providers, are likely to gain the greatest traction and uptake.

Insufficient time was a barrier to achieving embedded change in sector practices. Transfer of knowledge to individual providers is required to initiate practice change. This is likely to be reinforced when providers see the direct benefits of the program for individual participants, for example when people are housed, when tenancies are saved and when there is evidence of increased capacity and confidence for individuals in securing and maintaining tenancies. However, attitudinal change and a reorientation of practice towards early exploration, identification and action on housing issues, prior to crisis, for example when a tenancy first shows signs of instability, is likely to take extended time to change.

## To what extent did the program decrease housing provider stigma and misunderstanding?

The Way Home team provided information and advocacy to numerous housing providers. There was evidence, as predicted, that stigmatising and discriminatory attitudes are present within the sector and that high demand for affordable rental properties, and the national housing context generally, works against compelling providers to change their attitudes or practice. However, there was also evidence, that some providers are motivated to support people with disabilities into housing. Direct advocacy approaches, backed by evidence of risk-reducing and continued available supports through the NDIS, worked to encourage housing providers to offer tenancies to people with psychosocial disabilities. Financial leverage such as landlord insurance, brokerage and surety funds are effective in mitigating potential risks and encouraging landlords to engage with the program.

It is too early to say whether there was any persisting shift in stigma or misunderstanding by housing providers or practice change at a wider level. Significant practice change among housing providers is likely to take extended time and will likely require that providers witness both successful tenancies by people with psychosocial disabilities, and easy access to supports through the NDIS or elsewhere when tenancy challenges are identified by housing providers and additional support is requested. Difficulties with tenancies or unsuccessful attempts to reach out for support may erode gains made among housing providers.

## 3. To what extent has willingness and capacity of NDIS planners and providers to engage with housing as a central issue for many people with psychosocial disability been strengthened?

As indicated in response to evaluation question 1, NDIS planners and providers who engaged in TWH strengthened their knowledge of the relationship between psychosocial disability and housing. Housing and homelessness knowledge was delivered in the education sessions, and was also enhanced when TWH staff worked alongside support coordinators or engaged with LACs around



housing and homelessness for individual participants. The education sessions and resources supported providers and planners to explore housing status and tenancy goals more thoroughly with participants, when previously they had not investigated housing status or housing security if participants provided a home address.

Capacity to deliver improved supports is likely most impacted by time available, particularly for support coordinators who may be working within the constraints of limited hours per year to coordinate the full range of supports within plans. The work of the TWH team demonstrated the time-consuming nature of capacity building support and direct support to secure and maintain housing for people with psychosocial disability.

Housing searches are time-consuming for anyone accessing the rental market. To secure a rental property it is not uncommon to have to attend more than 10 property inspections and complete similar numbers of rental applications. In areas where there is limited available housing stock or affordable or accessible properties, as is currently the situation in most Australian communities, this will take many hours.

When considering the additional support delivered by TWH – relationship building, investigation of housing needs and preferences, ongoing support and encouragement to persist with search despite knockbacks, support to meet immediate needs for food and shelter, referrals to and liaison with others mainstream services to meet additional needs – it is unlikely that current NDIS supports could provide these supports.

Capacity will require that planners construct plans that can flexibly provide these types of supports if, and when, required, while also embedding supports that are preventative in plans, thus minimising the risk of future tenancies becoming “at risk”. This more proactive support is not consistent with current practice but is in line with the insurance principles of the NDIS. There is strengthening evidence of the economic benefits, on account of reduced health and social care costs, when people who were formerly homeless can sustain tenancies<sup>13 14</sup>

#### 4. To what extent has the capacity of individuals to obtain and sustain tenancies by developing capacity for self-management of knowledge and actions that sustain tenancy been strengthened?

At the end of the program seven people had secured a tenancy and one tenancy had been saved for six months before the participant disengaged. Participant data and interviews demonstrate that the program was effective in reducing homelessness for participants who engaged with the service. Interviews with participants indicated that some, but not all, felt they had built skills in maintaining their tenancy and felt more confident about managing future tenancies. The relatively brief period of intervention is a likely factor for some participants feeling they had not consolidated their capacity for self-management of tenancies.

For many participants, negative or traumatic contacts with service systems, limited resources, and life opportunities, have denied them choice and agency. For these people, developing agency and building capacity will likely occur over years rather than months. Without the support and advocacy received from the program, participants would likely have remained homeless, become homeless, or

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<sup>13</sup> S. Vallessi et al., "50 Lives 50 Homes: A Housing First Response to Ending Homelessness in Perth. Second Evaluation Report, September 2018," (Perth: Centre for Social Impact, university of Western Australia, 2018).

<sup>14</sup> Lisa Wood et al., *What Are the Health, Social and Economic Benefits of Providing Public Housing and Support to Formerly Homeless People?* (Australian Housing and Urban Research Institute, 2016).



have been housed in non-preferred or unsuitable situations. Consistent with research literature<sup>15</sup> the data indicated that housing people in contexts that do not suit their needs, or enable their participation in life, are typically ineffective in the longer term, and could do harm to their tenancy histories with subsequent negative consequences on their opportunities to rent into the future. Unsuitable housing can also exacerbate mental illness and psychosocial disability<sup>16</sup>.

It is too early to know if longer term sustainability was achieved. In the context of fluctuating mental health conditions, marginalised positions in society, and life stressors, people with psychosocial disabilities who have secured tenancies, may find they experience greater tenancy instability or tenancies at risk if additional support is not available if, and when, needed.

The continuing enquiries, beyond the end date of the program, evidence the ongoing need for a point of contact in the sector for specialist housing support and advocacy programs for people who experience psychosocial disability, and the fluctuating mental health issues that underlie these disabilities.

The service effectively met the needs of most of the participants who were referred, however disengagement from the program was an issue for some. Participants disengaged for many reasons and the stance of TWH was to have full respect for choice and agency of participants. Regard for consumer choice also requires an acceptance that people may choose, or not be able to take up, supports that are offered at a point in time. A single program, even one offering the most flexible type of support, will not meet the needs of all participants all the time.

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<sup>15</sup> Emma Baker et al., "Exploring the Bi-Directional Relationship between Health and Housing in Australia," *Urban policy and research* 32, no. 1 (2014).

<sup>16</sup> Rebecca Bentley et al., "Association between Housing Affordability and Mental Health: A Longitudinal Analysis of a Nationally Representative Household Survey in Australia," *American journal of epidemiology* 174, no. 7 (2011).



# Learnings and Recommendations

## 1. A capacity building and early intervention approach works for most NDIS participants with psychosocial disability

The housing support system often operates in response to crisis. This means that people typically seek help and services when someone's tenancy is already at risk or when they have already become homeless. By using a Housing First lens The Way Home sought to work more proactively with both individuals and the sector to identify and address issues before crisis. Staff were able to support participants to build broad capacity in areas such as communication, relationships, and coping, all of which impacted on their success in securing tenancies.

The capacity building approach works for most but not all NDIS participants. Some participants will be unable or unwilling to engage in a capacity building approach at the point of time when they are homeless or at risk of homelessness. Their choice not to engage, or to disengage will need to be respected as this is a central tenant of a capacity building approach. Some participants will need an alternative approach to support. Continuing to offer connection, choice and control, may enable people to engage with a capacity building approach in the future, in contrast to the negative, trust-eroding impacts of coercive interventions.

### *Recommendations*

- Programs such as The Way Home are likely to be effective in the longer term for participants who choose to remain connected and engaged with the service as needed.
- Provide a suite of offerings to NDIS participants in relation to homelessness and prevention of homelessness, while holding hope that most participants will be able to engage in capacity building supports given the right context.
- Invest in developing alternate models for "crisis-proof" housing when a capacity building approach does not meet the needs of participants.

## 2. Getting the right support into plans – a clear role for the NDIS

Current planning and service delivery in the NDIS pays inadequate attention to the needs of people with psychosocial disability who may be homeless or at risk of homelessness. This includes considering the housing and wellbeing needs of people before crisis. Workers should consider how people's natural and formal support systems, stressors, mental health and psychosocial disability are interacting with their housing in positive or negative ways. The fluctuating nature of mental illness along with the fluctuating contexts of people's lives mean that *the right support* will need to be preventive, proactive, tailored, responsive to challenges as they arise, and flexible in both type and intensity.

The central role of housing in people's lives and actively identify and support people who are homeless or at risk of homelessness needs to be better understood within the NDIS. Housing should be considered in every plan. Plans without a foundation of stable, affordable, safe and sustainable housing, are unlikely to be actionable or to support people to meet their goals. If housing is at risk or a person has experienced chronic housing risk or homelessness, stable and desirable housing should be identified as a key goal for participants NDIS plans. NDIS plans and funding can then then respond to this. It will be critical for planning and mainstream support to optimise NDIS participant choice in



locating *the right property in the right community*; safe and sustainable homes promote recovery, self-agency and goal attainment<sup>17</sup>.

### **Recommendations**

- Invest in building understanding of the bidirectional relationship between housing and mental health and psychosocial disability within the disability, health and housing sectors.
- Build NDIS participant understanding of the bidirectional relationship between housing and mental health and psychosocial disability and supports or resources that may enable them to sustain a home. This may occur through planning processes or in ongoing service provision.
- Invest in education programs to build LAC and planner awareness of the need to routinely consider housing in the planning process.
- Build LAC, planner and NDIS provider knowledge and capacity to respond proactively (prevention and early intervention rather than crisis response) to housing and homelessness through NDIS planning and service provision, through access to ongoing learning opportunities and exposure to best practice.
- Implement specialist regional roles within the NDIS to connect existing specialist and mainstream services, provide expert consultancy to LACs and providers, and develop relationships within the housing sector to enhance housing availability.

## **3. A capacity building approach can work for the sector but will take time to change practice**

Currently, staff working within the NDIS do not have an informed understanding of the relationship between housing and psychosocial disability. Sector knowledge and capacity around housing and homelessness must be enhanced, but there are challenges to building system level knowledge and effecting system practice change. While staff on the ground within the service sector appear hungry for knowledge and skills, it is currently difficult to reach these staff due to resistance at higher levels and overall pressure within the fee-for-service system structure. If the sector is to be enabled to build knowledge and best practice skills, staff must be supported to participate in education and training, and to learn from other services.

Time must be allowed for ongoing learning and development, beyond one-off training events, even within a system required to bill for the majority of hours. In a time-poor system careful consideration will need to go to understanding staff needs and gaps in knowledge and skills. These need to be proactively matched with relevant and efficient learning opportunities to drive improved outcomes for NDIS participants at risk of, or experiencing, homelessness. Over time improved practices may shift offerings from crisis driven approaches towards prevention and early intervention, with consequent benefits for participants and system-wide cost savings.

### **Recommendations:**

- Consider incentivising NDIS staff engagement in learning that delivers improved capacity in evidence-based housing support for people with psychosocial disability; prevention and early intervention, Housing First, capacity building and recovery approaches.
- Set sustained tenancy targets for this cohort and monitor the system for observable practice improvements and outcomes.
- Implement specialist regional roles within the NDIS to strengthen coordination and systemic functioning of existing services and structures (LANS, mainstream services, housing providers, available financial incentives)

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<sup>17</sup> Wood et al., *What Are the Health, Social and Economic Benefits of Providing Public Housing and Support to Formerly Homeless People?*



- Use policy and funding levers and incentives (e.g. landlord insurance) to facilitate buy-in from relevant stakeholders; this approach requires engagement from stakeholders across the system to drive improved outcomes.
- Include key stakeholders such as the NDIA and REIV, in marketing this type of program to raise awareness and emphasise legitimacy of the Housing First approach.

#### 4. It takes time to gain traction with a novel program offering – seven months too short a time to evidence longer lasting impacts

Influencing practice change takes time. The timeframe available to this ILC project, seven months of active service delivery, was insufficient to deliver on the ambitious goals set regarding embedding practice change within the sector. There was evidence of the potential for change – with real change achieved at an individual level and with individual providers, however the capacity for this program to effect sustained sector wide practice change remains unknown.

##### *Recommendation*

- Realistically account for a minimum six-month establishment period to integrate novel service delivery offerings into NDIS regions
- Realistically scope short-term ILC capacity building projects.
- Incorporate extended time periods into program evaluations to enable impact to be measured over relevant timeframe.

#### 5. There are wide regional variations that influence experience of service and housing outcomes

Implementing this program across three regions has highlighted multiple regional differences that potentially influence the outcomes for NDIS participants in relation to homelessness and housing.

Differences of note include:

- Different planning practices
- Differing degrees of choice and control for participants in relation to service providers
- Differing interpretations of rules – e.g. the concept of “conflict of interest” among service providers and how this influences engagement with programs like TWH
- Differing demographics, community needs and community services
- Differing housing availability, affordability and engagement of local housing providers
- Differing range of mainstream services who can support the needs of people within the NDIS and differing levels of engagement with these services.

Implementing a service like TWH requires an understanding of the regional context and provision of service that aligns with and complements existing offerings; it needs to be responsive to regional differences, build relationships with key stakeholders over time, and patiently, persistently strengthen engagement with local providers. The Way Home team demonstrated capacity to do this, evidenced by a building momentum in interest, engagement, and uptake of service supports and education sessions. In both North East Melbourne and Central Highlands traction was only being gained as the service reached completion. The results are therefore limited by time more than by potential. Expanding specialised support around homelessness and housing into other regions will likely take at least six months to gain traction and build momentum.



### *Recommendation*

- Share differences in regional practices and interpretations of rules to build increasing consistency of best practice approaches within the NDIS
- Establish minimum expectations of resourcing and practice for NDIS LACs and providers and monitor delivery against these
- Build comprehensive local understanding of local context, needs and resource availability and tailor enhanced service offerings accordingly.

## 6. Data optimisation required to effectively measure program impacts – evaluation needs to occur over longer time frame

The program logic (developed by Wellways and DHHS) and evaluation framework designed to accompany it (developed by Neami National) was ambitious in endeavouring to capture a range of changes for multiple stakeholders from implementation of a novel program within a short implementation period. The short implementation period meant that data systems were being operationalised during the implementation phase, with consequent impacts on data quality. Planned auditing systems were not fully implemented and did not identify gaps in data collection. Collecting less data, more comprehensively, may have generated a more rigorous and complete data set for analysis. Additional guidance and support for the TWH team to highlight the importance of comprehensive data collection may have also contributed to improved data quality.

### *Recommendation*

- Prioritisation and simplification of project scope and evaluation framework with identification of key measures for key stakeholders
- Strengthen early guidance and support for service providers who are collecting data
- Develop and implement efficient data capture systems, including a single source of data collection, management and reporting, with early and routine auditing of data quality to identify and correct any challenges.
- Embed a review of data capture early in program implementation to enable troubleshooting of data gaps and challenges, and revise evaluation framework if required.
- Monitor and revise evaluation plan in line with any program revisions.

## Conclusion

A crisis in housing affordability in Australia currently means that many people with psychosocial disabilities face insecure housing and homelessness. Having a home is foundational to mental health and wellbeing. There is currently a wide knowledge gap on the relationship between homelessness, housing, mental health and psychosocial disability, in the disability, health and housing sectors. As a result, NDIS participants experiencing homelessness or housing insecurity, are unable to access supports that will address this fundamental need. The Way Home has confirmed the knowledge and practice gap. Without additional focus on building expertise and best practice approaches to housing in the NDIS, participants with psychosocial disability, are likely to experience continued disadvantage that will exacerbate their psychosocial disability, increase their demands on the disability, health and social care systems, and deny them opportunities to optimally use their NDIS plans.

The Way Home pilot has provided emerging evidence of an effective way to meet participants needs and deliver improved access to mainstream housing and sustained tenancies. There are considerable barriers to the implementation of a capacity building approach. Successful implementation requires sustained proactive sector engagement, along with time, invested in education and capacity building in these sectors, to reorient the focus of practice away from crisis support towards a prevention and early intervention, capacity building approach. When key stakeholder relationships are established within a region traction can be gained to deliver access to mainstream housing, improved connections



between mainstream and specialist providers, and positive housing outcomes for people with psychosocial disability. When people are settled in a home in a community of their choosing, that is safe, affordable and meets their needs, this can provide the foundation for a full and satisfying life.





# Appendix A – Program Logic



Program Logic Map - Supporting access to mainstream housing for people with a psychosocial disability

Input	Key Activities/Processes	Key Outputs	Outcomes		What does success look like?				
			Primary outcomes	Secondary outcomes					
<p><b>Supporting access the mainstream housing for people with a psychosocial disability initiative</b></p> <p><b>Time limited response for NDIS participants with a severe mental illness and associated psychosocial disability, who are homeless, or at risk of homelessness</b></p> <p><b>Service to be delivered by Wellways Australia, with input from real estates, landlords, LAC providers and NDIS funded Support Coordinators</b></p> <p><b>Approximately 50 participants at any one time</b></p> <p><b>Three delivery regions: Barwon, North East Melbourne Area and Central Highlands</b></p> <p><b>One off funding of \$760,000 in 2018-19</b></p>	<p><b>Governance and Stakeholder Engagement</b></p> <p>Establish and monitor implementation of the project through agreed governance arrangements</p> <p>Develop and implement a communications and engagement strategy about the project</p> <p>Develop an agreed referral pathway from the NDIA, LAC and NDIS funded support coordinators for participants experiencing homelessness/housing risk</p> <p>Establish a relationship with support coordination providers and LACs in the service delivery areas</p> <p>Establish relationships with real estate agents and community-managed housing providers in the service delivery areas.</p> <p>Engagement with LACs to identify participants who are self-managing their plan and/or don't have support coordination funded as part of their plan and are experiencing homelessness/housing risk</p>	<p>Monthly Project Control Group meetings conducted with the Department of Health and Human Services</p> <p>Two to four meetings with project steering committee to oversee implementation of this initiative in conjunction with other ILC housing initiatives (Social Housing Reform, Disability &amp; NDIS, United Kildonan, Get Skilled Access, AMIDA, NDIA, SCs, LACS, REIV, Community managed housing peak).</p> <p>Communication and engagement strategy agreed and implemented for local areas.</p> <p>Local relationships with real estate and community-managed housing providers established</p> <p>Local relationship with LAC and Support coordinators providers established</p> <p>Referral pathways for the target participant cohort established</p> <p>All products tested with NDIA, LAC and Support Coordinator providers</p>	<p><b>Outcomes for NDIS participants with a psychosocial disability experiencing homelessness or housing risk</b></p>		<p><b>For Participants</b></p>				
			<p><b>Individual capacity of participants to secure and sustain their tenancy</b></p>	<p>Better utilisation of NDIS supports</p>	<p>Target cohort more confident and competent around tenancy management</p>	<p>Participant has a sense of belonging within community</p>			
			<p>Improved access to safe, stable, appropriate housing in participant's place of choice</p>	<p>Improved health outcomes, including symptom stability and contribution to capacity for self-management and self care</p>	<p>Reduced homelessness/housing risk</p>	<p>Increased literacy of tenancy renewals</p>			
			<p>Improved experience of the tenancy process and</p>	<p>Improved education and employment outcomes</p>	<p>Participants have the resources to access housing and rental history</p>	<p>Tenant has successful tenancy (no or minimal tenancy issues)</p>			
			<p>Improved tenancy literacy and how to make decisions around tenancy</p>		<p>Knowledge of how to access additional resources to support tenancy (HEF)</p>	<p>Managing tenancy independently</p>			
			<p>Possession of practical tenancy resources e.g. 100 points of ID, tenancy references</p>		<p>Participants are better utilising their NDIS plans</p>	<p>Increased knowledge of rights and responsibility</p>			
			<p>Improved understanding of tenancy rights and how to exercising those rights</p>		<p>Improved capacity for self management and self care</p>	<p>Participants have secure housing of choice/living arrangement of choice</p>			
			<p>Improved connections to community of choice and sense of belonging</p>		<p>Improved symptom stability</p>				
			<p><b>Service Delivery</b></p>		<p>Work with participants to identify their housing needs and choices</p> <p>50 participants supported to secure &amp;/or maintain housing 50 participants supported to build skills &amp; capability to manage tenancies 100% of participants report a positive experience</p> <p>6 information/capability development sessions conducted involving a minimum of 4 private real estate agents per area to increase awareness of how to support tenants with a serious mental illness &amp; secure their engagement in the project</p> <p>6 information/capability development sessions conducted involving 90% community-managed housing providers within each area to increase awareness of how to support tenants with a serious mental illness &amp; secure their engagement in the project</p> <p>6 information/capability sessions conducted with 2 LAC providers (LCHS and Brotherhood of St Lawrence) and 85% of the Support Coordination agencies per area+F13</p> <p>75% private real estate properties are used to tenant participants 80% real estate agencies engaged within the program report being able to support and identify participants who are at risk of tenancy failure</p> <p>25% community-managed housing properties are used to tenant the participants 80% community-managed housing providers report being able to support and identify participants who are at risk of tenancy failure</p> <p>100% participants have access to brokerage including, Psychiatric Illness and Intellectual Disabilities Donation Trust Fund (PIIDTF), Private Rental Access Program (PRAP), Housing Establishment Fund (HEF) - note numbers accessing each service</p>	<p><b>Outcomes for Support Coordinators, LACs and NDIA planners</b></p>		<p><b>For Support Coordinators, LACs, NDIA planners, NDIs providers</b></p>	
				<p>Support coordinators understand tenancy management and their role in supporting participants to secure and maintain tenancy</p>		<p>Contribution to overall scheme sustainability</p>	<p>Commitment to helping the participant achieve stable housing and the capability/competency to do so.</p>		
	<p>Improved clarity on role of support coordinators in supporting tenancy outcomes for participant</p>	<p>Improved capability of NDIS providers to identify and manage housing risk</p>	<p>Support co-ords and LACS actively engaged in the program</p>	<p>NDIS providers know how to identify and take action on housing risk</p>					
	<p>Support coordinators and LACS have access to practical tools and approaches to support good tenancy outcomes for NDIS participants</p>		<p>NDIA understands the value of embedding the housing conversation in all aspects of plan development and review</p>	<p>LAC and SCs have established effective relationships with housing providers in their area</p>					
	<p>Robust referral pathways and information transfer between the NDIS, the program and housing providers</p>		<p>Relevant tools and training available and used/applied</p>						
	<p>Improved capacity to identify participants who are homeless or experiencing housing risk</p>		<p><b>For housing providers and real estates</b></p>						
	<p>Improved capacity to identify and respond to emerging housing risk</p>		<p>CMHS - Proactive targeting of vacancies to NDIS participants.</p>	<p>Direct investment of agents in outcomes of program (REIV sponsoring the project)</p>					
	<p>Improved understanding of homelessness and housing risk</p>		<p>Real estates/social housing acceptance of mental health and appropriate strategies for supporting tenancy with the participant.</p>	<p>The rental market uses practical strategies to sustain tenancy</p>					
	<p>Improved understanding of tenancy rights and process for exercising those rights in order to support participants in these processes</p>								
	<p>Improved inclusion in plans of Housing and Tenancy Support</p>								

Support participants to access PIDDIF, PRAP, HEF and contribute to a better understanding of the barriers to utilisation of these services

Build participant awareness and capacity to understand and access brokerage funding for home establishment and crisis housing supports such as HEF for rental arrears

Link participants with community programs to support tenancy, for example, food banks, tenancy advocacy support

Engage the LAC to ensure homelessness/housing risk is identified at plan creation/plan review and services are provided within the new plan

100% participants report being able to understand and access housing/tenancy supports in the community

**Resource Development**

Develop resources for NDIS participants to navigate the tenancy management process in consultation with participants who have attempted or secured access to mainstream housing

Develop resources and training for real estate agents, landlords and community-managed mental health providers

Develop and test resources for Support Coordinators, LACs and NDIS providers to support participants to meet their housing needs

Work with LACs and Planners to add information on housing assessment to the reference packages

Checklist for tenancy management developed (for Support coordinators and disability support workers)

Resource package developed for participants. (Package to include list of community access supports in local area, to include but not limited to: financial assistance, brokerage agencies (rental arrears/financial hardship), tenancy support services, legal aid services, Advocacy services, process for NDIS package review, clinical mental health services, community connections, food pantry)

Resource packages developed for housing providers relevant to industry driving factors: 1) real estate agents, 2) landlords and 3) community-managed housing providers

Resource package developed for Support Coordinators and LAC

Resources developed within the project are easily accessible post project through an online portal, ideally linked to NDIA

checklist for NDIS planners to confidently identify and support early identification of peoples homelessness risks and identification of additional support needs

Reference packages include assessment information to support homelessness identification and support needs

Outcomes for housing providers and real estates	
Reduce stigma and misunderstanding of people with a mental illness and improved mental health literacy	More landlords willing to engage in housing programs e.g. National Rental Affordability Scheme
Improved responsiveness and increased access	Improved community attitudes towards people with a mental illness and their perceived tenancy risk
Improved capability to match participant with housing option	Understanding of enablers and barriers to achieving housing outcomes for this cohort with the aim of contributing to government policy
Improved uptake of Centapay and other strategies for housing access and sustainability, including REIV endorsement	Positive discrimination by community-managed housing providers in the provision of housing to people with a mental illness.
Improved knowledge and understanding of local support options (support coordinators etc.)	

Level of engagement in the program	Private rental market (real estates/landlords) has good NDIS literacy
Uptake of training and resources for real estates, community housing providers and landlords	The rental market uses practical strategies to sustain tenancy
	Private rental market (real estates/landlords) has good NDIS literacy

# Appendix B – Evaluation Framework

## The Way Home: Supporting Access to Mainstream Housing for People with Psychosocial Disability project

### Overall project aim

To increase accessibility to mainstream housing for NDIS participants with a psychosocial disability.

### Specific aims

- Strengthen system knowledge of the relationship between psychosocial disability and housing
- Strengthen system (mainstream housing, NDIS, community housing, mental health providers and participants) willingness and capacity to support people with psychosocial disability into mainstream housing
- Strengthen willingness and capacity of NDIS planners and providers to engage with housing as a central issue for many people with psychosocial disability
- Strengthen capacity of individuals to obtain and sustain tenancies by developing capacity for self-management of knowledge and actions that sustain tenancy.
- Support and build capacity of NDIS providers and workers to support people with an NDIS plan who are at risk or experiencing homelessness

### Activities

- provide practical support for participants to secure and maintain their tenancy and build their tenancy management skills and confidence;
- improve real estate agent’s and community managed housing provider’s understanding of mental illness and their confidence and willingness to enter into rental arrangements with this cohort;
- develop, test and refine practical resources for participants, such as checklists and guidelines, on how to secure and retain tenancy; and
- develop, test and refine practical resources for use by NDIS funded Planners support coordinators and Local Area Coordination providers to support participants to access private rental and community-managed housing, and sustain such housing

Key to Annotated framework

Light grey shading = minimal response to data collection, inadequate paired data to complete analysis

Dark grey shading = data collection did not occur

Activity	Output	Indicator	How collected	When collected	Collected by whom
Engagement with support coordinators and LACs to seek referrals	Direct contacts with support coordinators/LACs to educate about and support engagement with the program  Direct support provision	No. of referrals received from both support coordinators and LACs	Team log spreadsheet	Minimum weekly inputs	Team members
Provide support to participants to build tenancy literacy and self-management skills		No. of participants engaged in direct support	Participant lists	At time of referral	Team members



Activity	Output	Indicator	How collected	When collected	Collected by whom
Provide support to participants to secure and/or maintain tenancies					
Engagement with and provision of education to housing providers – real estate agents, community housing providers	<p>Direct engagement with housing providers</p> <p>Education sessions and resources provided to housing providers</p>	<p>No. of real estate agents contacted and engaged</p> <p>No. of CHPs contacted and engaged</p> <p>No. of housing providers using Centrepay and other resources</p> <p>No X type of resources provided</p> <p>No of education sessions provided</p> <p>Level of satisfaction with resources and education sessions</p>	Team log spreadsheet	<p>As data collected – minimum weekly updates</p> <p>Note date changes to uptake of Centrepay if/when identified</p>	Team members
Development, testing and refining of practical resources for participants	<p>Development and circulation of checklists and guidelines to participants</p> <p>Feedback from participants incorporated to refine guidelines and checklists</p>	<p>Catalogue of resources produced</p> <p>Indicators of refinement and improvement in subsequent versions</p> <p>Level of participant satisfaction with resources</p>	<p>List of resources spreadsheet (Spreadsheet columns: Resource type, purpose, format, audience, version 1 date, circulated to, version 2 date, version 2 key refinements, version 3 date, version 3 key refinements)</p> <p>Informal feedback received from individual participants</p> <p>End of program participant survey</p> <p>End of program participant interviews</p>	<p>Spreadsheet added to when documents completed (version indicates date of completion).</p> <p>Revised versions/dates noted</p>	Team members



Activity	Output	Indicator	How collected	When collected	Collected by whom
Development, testing and refinement of practical resources for NDIS funded support coordinators, planners, and LACs	<p>Development and circulation of resources to support coordinators, planners, and LACs</p> <p>Feedback from support coordinators, planners, and LACs incorporated to refine resources</p> <p>Education sessions delivered to support coordinators, planners, and LACs</p>	<p>Catalogue of resources produced</p> <p>Developing versions of resources indicate refinement and improvement</p> <p>Degree of:</p> <ul style="list-style-type: none"> <li>engagement with resources,</li> <li>usefulness of resources,</li> <li>capacity building supported by resources</li> </ul> <p>as reported by support coordinator, planner, and LAC.</p>	<p>List of resources spreadsheet (Spreadsheet columns: Resource type, purpose, format, audience, version 1 date, circulated to, version 2 date, version 2 key refinements, version 3 date, version 3 key refinements)</p> <p>Informal feedback received from individual contacts</p> <p>Feedback forms from education session collated in spreadsheet</p> <p>Post-program survey - support coordinators, planners, and LACs</p> <p>End program focus groups support coordinators, planners, and LACs</p>	<p>Spreadsheet added to when documents completed (version indicates date of completion).</p> <p>Revised versions/dates noted</p> <p>Distribution list and dates of distribution</p> <p>Post education sessions</p>	Team members

	Outcome	Indicator	How it will be collected	When collected	Who will collect it
Individual participants – primary outcomes	Improved access to safe, stable, appropriate housing in participant's place of choice	<p>No. of participants who engage in direct support</p> <p>No. of engaged participants who gain access to safe and stable housing of their choice</p>	<p>Referral data</p> <p>Housing history and current housing status of all direct support participants</p>	<p>During program</p> <p>During and end of program</p>	<p>Team</p> <p>Participant data provided to researcher</p>



	Outcome	Indicator	How it will be collected	When collected	Who will collect it
	Improved experience of the tenancy process	Level of satisfaction with tenancy process Individual qualitative reflection on experience and impact	End of program participant survey End of program interviews	End program	researcher
	Improved tenancy literacy, knowledge of tenancy rights, access to required tenancy documentation (100 points of ID, tenancy references) and how to make decisions around tenancy	Evidence of resources and knowledge – objective and subjective reporting in interview and survey responses Evidence of increased independence in tenancy management	Pre-post program participant survey End of program interviews	Pre- collected through some additional questions as part of the intake/assessment Post – collected through end of program survey End of program interviews conducted with 5 participants, Wellways team	Team intake staff Researcher
	Increased level of choice and control experienced over housing	Evidence of choice and control in decision making around housing	End of program interviews End of program focus group – Wellways staff	End program	Researcher
	Improved connections to community and sense of belonging	Qualitative sense of belonging to community	Pre-post program survey End of program interviews	Pre- collected through some additional questions as part of the intake/assessment Post – collected through end of program survey End of program interviews conducted with 5 participants	Team intake staff Researcher



	Outcome	Indicator	How it will be collected	When collected	Who will collect it
	Increased confidence to sustain a tenancy without support	Self-reported knowledge and confidence in sustaining a tenancy without support	Pre-post program survey  End of program interviews	Pre- collected through some additional questions as part of the intake/assessment  Post – collected through end of program survey  End of program interviews conducted with 5 participants	Team intake staff  Researcher
Individual participants – secondary outcomes	Better utilisation of NDIS supports	Uptake of plan supports	End of program interview	End of program interviews conducted with 5 participants	Researcher
	Improved health outcomes, including symptom stability and contribution to capacity for self-management and self-care	Subjective report of improved physical and mental health, self-managing	End of program interview	End of program interviews conducted with 5 participants	Researcher
	Improved education and employment outcomes	Subjective report of participation in employment or education	End of program interview	End of program interviews conducted with 5 participants	Researcher
NDIS providers, LACs and NDIA planners – primary outcomes	Support coordinators have improved role clarity, and they understand tenancy management and their role in supporting participants to secure and maintain tenancy	Support coordinators report subjective increased role clarity around their role in housing support	Pre-post survey (3 responses)  End of program Support coordinator focus group	Pre-post survey  End of program	Researcher





	Outcome	Indicator	How it will be collected	When collected	Who will collect it
	LACs and NDIA planners have improved clarity of their role in relation to housing and understanding of the role planning plays in relation to housing and homelessness	LACs and NDIA planners report subjective increased clarity around their role in housing. Increased number of plans include housing and tenancy support (where appropriate)	Pre-post survey End of program Support coordinator focus group	Pre-post survey End of program	Researcher
	Support coordinators and LACS have access to practical tools and approaches to support good tenancy outcomes for NDIS participants	Practical resources available and in use Subjective report on value of resource use	End of program survey (1 response) End of program focus groups – support coordinators, LACs, planners, housing providers, Wellways team	Post survey End of program	Researcher
	Robust referral pathways and information transfer between the NDIS, the program and housing providers	Description of referral pathways and process for information sharing. LACs and support coordinators have established effective relationships with housing providers in the area.	End of program focus groups – support coordinators, LACs, planners, housing providers, Wellways team	End of program	Researcher
	Improved capacity to identify participants who are homeless or experiencing housing risk, and to respond to emerging housing risk	Subjective description of strategies for identification of people who are homeless or at housing risk	End of training session feedback End of program survey (1 response) End of program focus groups – support coordinators, LACs, planners, housing providers, Wellways team	On completion of education sessions Post survey End of program	Team members Researcher
	Improved understanding of tenancy rights and process for exercising those rights in order to support	Description of tenancy rights and strategies used to support exercise of those rights – shared examples	End of program focus groups – support coordinators, LACs, planners, housing providers, Wellways team	End of program	Researcher



	Outcome	Indicator	How it will be collected	When collected	Who will collect it
	participants in these processes				
Housing providers and real estate agents – primary outcomes	Reduce stigma and misunderstanding of people with a mental illness and improved mental health literacy	Responses to stigma and mental health literacy questions	Pre-post survey (0 responses) End of program focus groups – real estate agents, project team  OR interview with 2-3 real estate agents	Pre-post survey End of program	Researcher
	Improved housing provider responsiveness and increased access to housing	Subjective description of role, attitude and action - shared examples	End of program focus groups – support coordinators, LACs, planners, housing providers, Wellways team	End of program	Researcher
	Improved capability to match participant with viable housing option	Examples of positive/otherwise matching. Description of influences on matching.	End of program focus groups – support coordinators, LACs, planners, housing providers, Wellways team	End of program	Researcher
	Improved uptake of Centrepay and other strategies (e.g flexible approach to evidence of housing history) for housing access and sustainability, including REIV endorsement	No. of Centrepay users No. using other strategies	Pre-post survey End of program focus groups – Real estate agents and Wellways team	Pre-post survey End of program	Researcher
	Improved knowledge and understanding of local support options	Description of knowledge and use of local supports	End of program focus groups – Real estate agents and Wellways team	End of program	Researcher



	Outcome	Indicator	How it will be collected	When collected	Who will collect it
Housing providers and real estate agents – secondary outcomes	More landlords willing to engage in housing programs e.g. National Rental Affordability Scheme	No. of landlords using NRAS	End of program focus groups – Real estate agents and Wellways team	End of program	Researcher
	Positive discrimination by community-managed housing providers in the provision of housing to people with a mental illness.	Subjective report of CHP practice in relation to people with mental illness	End of program focus group CHPs and Wellways team	End of program	Researcher
	Understanding of enablers and barriers to achieving housing outcomes for this cohort with the aim of contributing to government policy	Subjective report of Real estate agent, landlord, & CHP practice in relation to people with mental illness	End of program focus groups – support coordinators, LACs, planners, housing providers, Wellways team, participants	End of program	Researcher



# Appendix C – NDIS Training Plan

## The Way Home – NDIS and housing provider training

### Summary Run Sheet

**Purpose of workshop** – NDIS providers play an important and unique role in supporting NDIS participants with a psychosocial disability to meet their housing goals and achieve long term housing stability and sustainability. This training provides information for NDIS planners, NDIS Local Area Coordinators (LACs), NDIS Support Coordinators and other NDIS support workers to assist NDIS participants in identifying and mitigating housing risk, instability and homelessness for NDIS participants. This training session will;

- Define homelessness and indicators of tenancies at risk,
- Introduce the roles NDIS planners, NDIS Support Coordinators, Local Area Coordinators and support workers can provide in the identification and mitigation of housing risks and homelessness,
- Provide information and tools based on Housing First principles that support sustainable tenancies
- Identify key service responses to support housing needs and risk mitigation through support and service coordination, mainstream referral pathways and information linkages.

**Key outcomes-** The key outcomes of the session are;

- Build capacity in service providers to address housing needs and identify potential risks to reduce the risk of homelessness for participants
- Understand and explore the roles NDIS providers can have in planning and implementing NDIS plans in supporting housing and tenancy.
- Increased awareness for NDIS providers in how to support participants to access private rental and community managed housing markets and sustain tenancies.
- Increased capacity for NDIS providers to identify and support participants in their housing needs and mitigate housing risks and homelessness.
- Create strengthened referral pathways between NDIS providers, mainstream services and support networks to encourage participant recovery and access to services.

**Format** – Facilitator lead group discussion. The workshop is arranged in 3 key sections with a 15-minute break across two hours. Ideal group size of between 6 – 15.

**Facilitators** – program workers, program coordinator and program administrator

**Audience** – NDIS providers, including Wellways and external organisations

**Resources provided** – NDIS training manual, factsheets, notebooks, pens.



Agenda Item	Purpose	Key elements	Time	Facilitator	Training material
<b>Part One: INTRODUCTION (35 mins)</b>					
Welcome and Introduction	Introduce the training and its purpose	Acknowledgment of country Introductions – facilitator and participants Purpose of the session and how it will run Introduce the Way Home program	15mins		The Way Home NDIS promo sheet, NDIS handbook
Introduction to homelessness	Introduce and define homelessness	Homelessness definitions Housing First content: quick video	10 mins		Refer to chapter 2 ATSI factsheet
What is a home?	Make a deeper connection with the concept of home and sustainability	ACTIVITY – in small groups/partners, question ‘what is a home?’ What is home for you? What would a sustainable home look like? How does having a secure home support participants to achieve their goals through NDIS?	10 mins		
<b>Part Two: NDIS AND HOUSING (25 mins)</b>					
What roles do providers play in housing?	Explore and define the roles of providers in housing and identifying housing risk	Explore the role of providers in identifying and mitigating housing risk for NDIS participants in groups SWs, SCs, LACs, NDIA planners NDIS funded supports in relation to housing Plan reviews Communication strategies	15 mins		Refer to chapter 3 NDIS planning factsheet
Referral pathways, support networks and mainstream services	Explore the importance of robust referral pathways, information linkages and support networks.	Explore importance of referral pathways and mainstream housing services Explore importance of regular communication between providers and mainstream services	10 mins		Refer to chapter Support network factsheet



		How to support the formation of formal and informal support networks and how these supports can assist with sustainable positive housing outcomes			
<b>15 MIN BREAK</b>					
<b>Part Three: IDENTIFYING HOUSING RISK AND NEEDS (30mins)</b>					
What are the risks of homelessness and housing instability?	Define the risks that may increase housing instability and/or homelessness	ACTIVITY: as a group, discuss what the key risks of homelessness and housing instability may be. Create a collated list in a group	10 mins		Refer to chapter 4 Risk factors and warning signs factsheet
Risk identification and response	Identifying, responding and mitigating housing risk and instability	ACTIVITY: What are the warning signs and how can these be identified? Match these to risk factors identified in the group Tenancies at risk and early intervention methods The importance of referral pathways, information linkage and support networks How can NDIS support positive tenancies?	20 mins		Refer to chapter 5 Work through risk factors and support networks factsheets
<b>Part Four: CLOSING (20 mins)</b>					
Questions and reflections	Reflect and ask questions on session content and discuss next steps	Questions? What can we take away from today? What are some key actions you can implement in your role? Re-introduce TWH program Post surveys to be dispersed	20 mins		Post surveys TWH promo flyer



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