Road Home

*Delivering integrated, timely, and tailored support
for women and families at risk of homelessness*

Integrated summary

Final evaluation report

May 2025

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Road Home evaluation – an integrated summary

The Road Home Program:
where housing, health, legal and mental health services come together to support vulnerable people where, how and when they need it.

Introduction

Road Home is a formal partnership between First Step, a specialist centre for integrated care (medical, mental health and substance use) with an embedded community legal centre (First Step Legal) and Launch Housing, a major housing and homelessness service provider.

Road Home provides an integrated, timely, localised and tailored response to clients who are experiencing homelessness.

The model is designed to take advantage of the opportunity that crisis housing provides for women and families to engage with services and begin to address their needs in a supportive environment. This approach is informed by the partner organisations' knowledge and experience of the clients they work with, the women and families who are in crisis housing and who have complex, co-occurring needs such as mental health, medical, substance use, and legal concerns. Clients' multiple needs, their experience of often lifelong trauma, poor and exhausting experiences with the service system, and little trust in that system combine to act as barriers to engagement with many services and to achieving positive housing outcomes. Despite showing enormous resilience, they are very vulnerable. (Yuan et al, 2023, Neale, Buultjens and Evans, 2012)[1]

This flexible integrated service model is in stark contrast to the conventional single discipline, siloed outreach and in-reach approaches that characterise service delivery in the housing and wider community sector. Such approaches require referrals to external services. The often-delayed, difficult to access and frequently inflexible responses involved usually result in poor outcomes for clients and absorb considerable time for case managers to organise and manage. Many elements of the Housing First model refer to these issues (reference)

In essence, Road Home represents a genuinely innovative service design in the housing and homelessness space and is aligned with contemporary views about the need for the service system to provide integrated service delivery to address complex needs including cooccurring conditions. (Clare Glover Wright et al, 2023, Sunderland M et al, 2024)[2]

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[1] Yeqing Yuan, Deborah Padgett, Helen Thorning, Jennifer Manuel, 2023, *'It's stable but not stable": A conceptual framework of subjective housing stability definition among individuals with co-occurring mental and substance use disorders*, Journal of Dual Diagnosis, Apr-Sept; 19 (2-3): 111-123, Epub 2023 June 24

Kate Neale, Jeremy Buultjens and Trish Evans*, Integrating Service delivery in a regional homelessness service system*, Australian Journal of Social Issues, Vol 47, No 2, 2012.

[2] Clare Glover Wright, Kym Coupe, Alexander Charles Campbell, Claire Keen, Patrick Lawrence, Stuart Kinner, Jesse T. Young,2023, *Health outcomes and service use patterns associated with co-located outpatient mental*

Referring to how services are funded, program managers commented on the limitations of existing models, and the key difference Road Home represents.

Funding models are not set up to provide integrated and intersecting supports
(project manager)

Road Home is funded for consistency of availability, the ability to take the time needed and provide flexible responses …. to meet the client where they are at
(project, senior managers, service managers and coordinators)

The program has been implemented over a three-year period (2021 – 2024) and delivered at two Launch Housing sites:

- Launch Housing Women's Services located in East St Kilda (LHESK 2021-2024) which provides women only crisis supported accommodation alongside transitional support services including the pregnancy outreach program

- Launch Housing South Melbourne (LHSM 2023 - 2024) which provides crisis and transitional accommodation and offsite services to families.

Oversight of the program was provided by an Advisory Group comprising senior staff from Launch Housing, First Step and First Step Legal, the major funder in Year one, site and case managers from LHESK and LHSM and the evaluators Appendix 2: Advisory Group membership. The Road Home team consisted of site-based housing case managers, the site leadership team and specialists who provided mental health, health, and legal supports. The health professionals usually worked at both sites. Details of the development of the program from establishment to August 2023 can be found in the Interim Reports produced in August 2022 and 2023.

Funding for Road Home came from a number of philanthropic foundations. Their contributions are gratefully acknowledged by all involved. See full list in Appendix 3: Program Funders.

Evaluation approach

Road Home has been formally and independently evaluated from the outset by LDC Group. The evaluators have been embedded with the Road Home teams throughout, primarily via the facilitation of monthly reflective practice meetings, a role consistent with a developmental evaluation approach. The decision to approach the evaluation in this way was made in response to the uncertain and evolving nature of a very new program, the complex needs of the clients it served and the dynamic context in which it was operating.

Evaluation context

Road Home represented an unfamiliar model of practice in the housing and homelessness space and was seen as a genuine innovation (Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020).[3] Housing case managers and specialist mental health, legal and medical practitioners, except for some earlier ad hoc mental health referrals, did not have pre-existing relationships, and had only limited knowledge of each other's professional language and ways of working.

Everyone involved supported the objectives of providing integrated, multidisciplinary care but were unclear about what it would look like in a housing setting, what it required of them and how it would work. The first-year interim report discusses the assets each of the partners brought to Road Home as well as the challenges involved in establishing a multidisciplinary team. These challenges are documented in the First Interim Report, August 2022. See Appendix 1 Supporting documents. In addition, as Road Home was beginning, the team was dealing with the impact of Covid 19 and the uncertainties it caused.

At the same time the evaluators were seeking to develop a better understanding of the clients, the workers and the context for the work before finalising the evaluation approach. Initial plans included gathering experience data directly from clients and measuring client specific outcomes based on this. With greater understanding of clients' complex needs and their vulnerability it became clear engaging and sustaining client participation would be difficult and such an approach would not be fit for purpose.

A further factor was the relatively short support periods, initially eight weeks, later expanded to 12 weeks, length of stay for clients residing at LHESK. While at LHSM the typical length of support for families through their Families Crisis and Transitional Support (FaCTS) program can range from several months (for families in crisis accommodation) to years (for families in transitional medium-term housing).

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[3] Brackertz, N., Borrowman, L., Roggenbuck, C. Pollock, S. and Davis, E. (2020) *Trajectories: the interplay between mental health and housing pathways*. Final research report, Australian Housing and Urban Research Institute Limited and Mind Australia, Melbourne, https://www.ahuri.edu.au/research/trajectories.

Evaluation methodologies and methods

Developmental evaluation

After discussions with the Road Home team, the evaluators advised that a developmental evaluation approach[4] was best suited to the innovative nature of Road Home, the clients residing at LHESK and LHSM, and the environment in which it needed to operate.

Developmental evaluation:

- Is an exploratory, learning oriented and adaptive approach designed to assist social innovators bring about change in complex, dynamic and uncertain environments. The Road Home model has been built and adapted as it was delivered with evaluation findings 'woven in' to guide, critique, strengthen and respond to emergence.

- Facilitates real time data gathering and feedback to support adaptive and agile program development, learning and practice change

- Is participatory, enabling team members to play an active role in the evaluation and fosters understanding and knowledge to explain what is occurring, why and with what impact. This aligns with the values and organisational principles shared by each of the partners in the Road Home team

- Positions evaluators differently to traditional evaluations where they typically operate as outsiders for (perceived) independence and objectivity. Instead, the Road Home evaluators were integrated into the team to gather, interpret data, frame issues, surface, test and challenge models and practices

Developmental evaluation shares many characteristics with action learning, a methodological frame that informed this evaluation (Abraham B. (Rami), Shani and David Coghlan 2019).[5] Central to both, in addition to the factors highlighted above, is the emphasis on inquiry to develop a clear picture that makes sense of the experience. This involves the identification and sharing of learnings in real time through reflective practice and applying them in a series of ongoing cycles. This is evident in the central place reflective practice plays in this evaluation. The insights it provided are detailed in Reflective practice findings – overview of themes later in this document,

Evaluation activities

Data was collected drawing on a variety of sources and activities employing qualitative and quantitative methods. The data was progressively and collaboratively analysed with the Road Home team, project, service managers and coordinators and with the advisory group. The evaluators also undertook independent analysis as they prepared interim and final reporting documents which were subsequently discussed with the Road Home teams and advisory group to check for clarity, accuracy and gather their interpretations of the Road Home experience and impacts. Given the vulnerability of

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[4] Michael Quinn Patton, The Oxford handbook of Program Design and Implementation Evaluation, *Chapter 6 Developmental Evaluation Designs and Methods*, pages 134-150, published 18 September 2023. Http://doi.org/10.1093/oxfordbh/9780190059668.013.6

[5] Abraham B. (Rami) Shani and David Coghlan, *Action Research in business and management*, Volume 19, Issue 3, first published online, June 2019

clients, the difficulties they experienced in engaging with services and subsequent trust issues it became clear that direct engagement with clients by the evaluators would not be appropriate in the timeframes and resources available. The evaluation data sources and activities were:

1. *Workshops* to develop an understanding of the launch housing service model, establish the evaluation, including framework and approach. This included clarifying the role of the evaluators and explaining what was expected of Launch Housing staff and how the evaluators and First Step project manager would support and work with the Road Home team.

2. *Monthly reflective practice meetings* generated rich, progressive qualitative insights and learnings about Road Home's impact from those working directly with clients, supported staff, and helped shape the organic design and implementation of the program. In total there were 38 meetings held across both sites

3. *Client and service activity data* was collected periodically to track and understand patterns of referral and client engagement. This showed the complex nature of clients' needs and how they interacted with different services. The ability to accommodate the repeated bookings, rescheduling, no shows and attendances that are characteristic of clients in crisis situations across all services, demonstrates the flexibility of the model.

4. *Regular project management and Advisory Group* meetings discussed progress reports, emerging evaluation findings, highlighted issues that needed governance and management responses and assisted with the sense making involved in identifying what the evaluation data was telling us about the impact of Road Home and key influencing factors. These meetings also ensured adjustments could be made, where needed, to operational arrangements and evaluation activities.

Expected outcomes and indicators of achievement

In the context of crisis services, it can be argued that meaningful indicators of progress offer a more appropriate framework than focusing solely on outcomes themselves, which are typically understood as fixed end points (Wilson, Campain, & Brown, 2024; Government of Western Australia Mental Health Commission, 2020)[6]. Small shifts in a woman's or family's circumstance can be significant in such a context and contribute to progress that enable larger goals such as securing stable housing, financial/legal security, improving mental and physical health and wellbeing, increased socio-economic participation and such to be attained.

Included in this way of framing success is measuring progress against client identified goals and improvements in wellbeing. Although case managers were able to demonstrate many examples of such progress in their client stories, data specific to individual client's goals and contribution to Road Home was beyond the resources of the evaluation. These issues are discussed in detail in the 2022 Interim Report at the completion of year one of the program and in the key messages below.

Initial outcome indicators

The longer-term outcomes envisaged at the very early concept stage of the project were broadly framed longer term goals which while laudatory were not suited to the evaluation of a new program that was still to be developed and implemented.

These initial outcomes included, for individuals, healthier and happier clients who would see noticeable improvements to their physical, mental health, substance use, or legal situation and in many cases a combination of the these. An increased motivation to better manage their own needs and increased socio-economic participation were also anticipated outcomes. From a systems perspective it was envisaged that a reduction in the number of hospital admissions, interactions with the criminal justice system, and further reliance on the housing sector, could be achieved.

As the work of designing and implementing the program began, it became evident that at the program level measures needed to be more directly relevant to program development and delivery. These included short-term outcomes for clients and staff considering what was achievable in the short time frame available.

The measures also needed to take account of the vulnerability and complexity of clients in crisis, their hesitation in engaging with housing and other services and the limited length of stay for clients, particularly at LHESK.

A shift from outcomes to indicators of progress (toward or away from outcomes)

In conjunction with the Road Home team and approved by the Advisory Group, more appropriate indicators of progress were developed. They focussed on helping clients begin to deal with some of

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[6] Erin Wilson, Robert Campain and Chris Brown, *Measuring outcomes experienced by users of community services – the development of the community services outcomes tree and the associated survey template*, British journal of Social Work, 2024, 00, pp 1-21

Government of Western Australia Mental Health Commission, *Mental Health Outcomes: Indicators and Examples of Evidence*, 2020, www.mhc.wa.gov.au

the underlying contributors to homelessness by offering and actively engaging them with tailored health, mental health and legal in-reach services via weekly and fortnightly clinics at LHESK and LHSM. This perspective recognises that clients are more likely to achieve better outcomes when their care is individualised, integrated, and targeted to their immediate needs and goals. It is founded on the approach of meeting clients where they are at and the principles of trauma informed care. (Wall et al, 2016)[7] It also recognises that progress takes time, is not linear and often involves small but significant steps. In so doing this approach strengthens the likelihood clients will make progress toward housing and related outcomes. In some cases, this also means they will obtain suitable housing including transitional housing, improve somewhat their physical and mental health and reduce their need to engage with the health, legal and AOD service system.

It should be noted that building the capacity of the Road Home team to develop the cross professional understanding, trust and collaborative practices to achieve these outcomes was a crucial enabler for and outcome of the Road Home program and required deliberate investment of effort over time to develop. This is evident in the reflective practice findings Reflective Practice Analysis)

Team perspectives on success indicators

From their 'on the ground' experience the Road Home team specified what they considered success looked like. This captures the reality of what clients, and their case managers faced on a day-to-day basis and illustrates the importance of small progressive steps. For clients, this included

- Interrupting the crisis cycle

- Providing spaces to build some stability so clients could start to address other issues and begin to move forward

- Greater access to regular and reliable onsite services

- Support to stick with medication schedules

- Becoming more empowered to self-manage and engage more consistently and

- Building trust and confidence to access different types of community services.

For their case managers, success indicators comprised:

- Improved ways of working including continuity and consistency in staff practice in how they worked with clients across all aspects of the service emphasising empathy and respect

- Capacity building including a collaborative and supportive work environment with cross learning and upskilling

- Improved efficiency notably less time spent by housing staff on trying to access services and following up agencies by being able to refer onsite

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[7] Liz Wall, Daryl Hiuggins, Cathryn Hunter, 2016, *Trauma-informed care in child/family services,* Australian Institute of Family Studies, February 2016 www.aifs.gov.au

- Reducing the mental load for staff particularly the pressure of needing to work in areas where they have less experience and system knowledge

- A reduced occurrence and severity of incidents onsite due to the immediacy of a trusted and informed response and improved client outcomes through engagement with services.

The last point is important as clients are more likely to be successful in securing accommodation if they are seen to be supported by services. Case workers frequently highlighted this outcome in reflective practice meetings.

Achievements, such as a reduction in fines and favourable court outcomes, resulting in reduced stress and improved financial circumstances were demonstrated by the data on fines reduced and the use of brokerage funds. client stories consistently demonstrated the impact of these Road Home services in obtaining financial support and positive housing and legal outcomes.

The reporting suite

The Road Home evaluation reporting suite has been designed as a practical approach to reporting that disseminates findings to internal and external stakeholders in more accessible and engaging way.

Headline information is provided in this integrated summary which draws on detailed data and analysis reporting which form part of the suite of documents and provides the evidence base for Road Home,

This approach allows the project partners to use information flexibly for different audiences interested in this work, and who require different levels of detail and focus.

The elements of the reporting suite include:

1. This Integrated summary –an expanded executive summary that provides a description of the project, its purpose, how it was conducted and the evaluation context, rationale, methodology and activities. The focus is on what the evaluation findings tell us about what makes for the successful implementation of an innovative crisis housing services model that provides integrated, multidisciplinary onsite support to women and families in crisis, with multiple and complex needs.

It pulls together the key messages arising from the major data sets for this project – the reflective practice (qualitative) and client service activity (quantitative) data, as well providing a systems view of Road Home interactions and client stories to provide an in-depth view of client impacts.

Suggestions are also made for how this work may be taken further including addressing aspects of the program and organisational factors that offer opportunities for improvement and the possibilities for different target groups.

2. Reflective practice analysis report provides an in-depth and detailed analysis of reflective practice meeting notes that were documented for each meeting capturing the experiences of those delivering the program and the insights and understandings arising from their experience. The analysis brings to light what enables Road Home to work, provides information about the rationale for reflective practice meetings, explains how they evolved, and how the process was organised and sustained.

It reveals a nuanced picture of the benefits of Road Home for clients and the staff working with those clients, how it is distinguished from current models of service provision and its contribution to progression and outcomes. Also documented are the inner workings of the Road Home teams highlighting what it takes to build and sustain a multidisciplinary team, the challenges of change and the benefits to staff and both participating organisations.

3. Client and service activity data infographic focuses on how clients interacted with road home and the team activities that supported them. It comprises information about client's circumstances, their multiple issues and concerns. It shows how clients engaged with the Road Home, how services were delivered, and the ways in which team members worked together and with external services to support and deliver better outcomes for clients.

Included in the above infographic is a network mapping diagram which shows Road Home's external reach, illustrating how the program has connected to different parts of the wider service system such as the government departments and agencies, health and mental health and community services. This diagram reveals the complexity of the service system that clients are normally expected to navigate alone. Highlighting the value of Road Home's integrated model that

recognises clients in crisis struggle to cope with this complexity. In this way it provides a sense of the efficiency and effectiveness of this service model and its potential applicability to the broader housing and homelessness sector.

5. Progressive reporting and advocacy material comprising:

- Two interim reports for each year of the project, August 2022 and 2023.

- A slide pack explaining the program purpose, the model, key activities, impacts and outcomes, March 2024

- Four refereed conference presentations and a poster presentation at the

    o CPCE-SHAPE International Health Management Conference Hong Kong, July 2024

    o Annual Mental Health Services Conference Canberra, August 2024

    o Australian Evaluation Society International Conference Melbourne, September 2024

    o Australian College of Mental Health Nurses Perth, November 2024

    o Complex Needs Conference, Melbourne, March 2025

- A management practice analysis article discussing how the evaluation built the evidence base for the Road Home model, published in the Asia Pacific Journal of Health Management. This is a ranked scholarly practitioner journal.[8]

- Legal data reports and infographics from First Step Legal - funding submissions and project reporting

See Appendix 1 Supporting documents for the full list of supporting documents with hyperlinks for access to them.

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[8] Anne Smyth, Lesley Thornton, Kym Coupe, Caroline Lynch, *The road home: building the evidence base for a service delivery model that integrates housing, mental health, medical and legal services*, Asia Pacific Journal of Health management, 2024: 19(2)

The Road Home difference – key messages

The key messages highlight the distinguishing features of the Road Home integrated services model and what contributed to the sustained collaboration and successful implementation of the model in crisis housing services. It draws evidence reported in the Reflective Practice and the Client and Service Activity Analyses. The diagram below gives a high-level picture of the key messages which are further explored below.

The Road Home difference

01 Removing barriers
Road home focusses on recognising and removing barriers to client engagement. It does this by providing flexible and timely access, accepting that building trust takes time. Listening without judgement and starting with what is important to them

02 Meeting clients where they are
Road home recognises that it is difficult and at times frightening for clients, that they need to be able to set the pace with encouragement and support and consistency from the team

03 Making the most of professional expertise
Road home team members value each others expertise. The ability to learn from each other and to work together to better understand clients needs has lead to more informed and appropriate decision making

04 Reducing the burden for staff & clients
Road home enabled the team to to draw on the expertise of others allowing them to use their time & expertise more effectively for the benefit of the client. This reduces the 'load' for staff and clients....No one is doing it alone

05 Breaking down silos
Road home recognises that services achieve more when they collaborate. The team works to build knowledge, understanding and connections and to improve their practice in the interests of clients

Road Home's distinctive design and implementation centred around core principles and practices:

1. Removing barriers

Road Home elevated client capacity to engage with their housing issues and readily access a range of supports that facilitated progress out of homelessness toward housing. A key factor was its ability to rapidly address and manage multiple, complex issues such as mental health, legal, addiction, and general health challenges. These often paralyse clients. This was facilitated by the team's onsite presence and their willingness and ability to easily share information, get advice and make more informed decisions.

Because Road Home clients are directly supported by a consistent team of specialist and housing staff they came to know and trust, their engagement with supports and subsequent progress toward positive housing outcomes was significantly enhanced.

This approach broke down the silos that bedevil service provision in health and social services. In contrast to the usual service delivery models where housing clients in crisis are typically referred to a multiplicity of external services with strict eligibility requirements and minimal flexibility. Navigating multiple appointments combined with the lack of flexibility is a barrier to clients in crisis who are struggling with their trauma and co-occurring needs. As a result, their housing and related outcomes generally tend to be poor.

The key messages from the reflective practice analysis and the evidence reported in the full reflective practice document, explain and illustrate how the Road Home model works to remove barriers and the impact this had on enabling clients to make progress toward housing.

2. Meeting clients where they are

Road Home provided timely, tailored and flexible responses directed at meeting clients' multiple, intersecting and complex needs when, how and where this was needed. The proximity of supports offered by the onsite clinics enabled the Road Home team to engage organically with clients, gradually build trust and demonstrate availability and reliability.

This in turn enabled the team to be there when the client was ready to seek help and remain available when their vulnerability and distress resulted in sometimes repeated non-attendance at appointments. The patterns of service provision captured in the service activity analysis below reflects this dynamic – see Client and service activity data. This contrasts sharply with the distance, delays and relatively inflexible access and attendance requirements characteristic of conventional service models. Despite good intentions, such models struggle to accommodate clients who don't have the capacity to adhere to such strict processes.

3. Breaking down silos to collaborate and make the most of professional expertise

The silos that dominate and frustrate effective and client centred service provision across the service system were broken down by Road Home through the crafting of an informal but strong multidisciplinary practice framework significantly different to that which currently dominates both the health and housing sectors.

The distinguishing features of the Road Home model that promoted this difference included integrated, multidisciplinary and highly relational collaboration, cross disciplinary learning and exchange based on shared values, a commitment to reflective practice and a focus on practical strategies that responded to presenting and underlying client needs. This featured knowledge sharing across areas of expertise and strong connections that built trusting team relationships.

Developing cross professional understanding, trust and collaborative practices and the ability to navigate very different ways of working so essential to multidisciplinary teamwork, required explicit and ongoing commitment and was a crucial enabler for the success of the model (social care institute for excellence, 2025)[9]

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[9] social care institute for excellence, *Multidisciplinary teams working for integrated care*, accessed 30th April 2025. www.scie.org.uk

A key learning from Road Home is that this cannot be left to chance or assume to develop naturally as there are many challenges that steer practitioners back into their discipline specific responses. The primary mechanism for achieving integration at Road Home was the reflective practice work. It was effective, efficient and affordable.

4. Establishing the systems and practices essential for partnerships to work

This included shared purpose and values, sound project management and supporting organisational structures and systems such as data capture and reporting and intentional program leadership and management. Together, these helped maintain an authorising environment, provide accountability and keep things on track.

Particularly important is an engaged and active leadership to encourage, support and enable staff. The regular, facilitated space provided by reflective practice to work through and integrate multiple practices and the difficult issues that inevitably arise as different disciplines bump up against each other, is critical to creating an integrated team. It is rarely enacted and sustained and the role of leaders in holding and protecting this space cannot be underestimated. It is the absence of these elements that trip up many partnerships resulting in failure or sub-optimal outcomes. (Wildridge et al, 2024)[10]

The Road Home model helped Launch housing and First Step develop a broader service system awareness, a better informed and more sophisticated understanding of the network of agencies relevant to supporting their clients and how they intersect and operate. This enabled staff to navigate and advocate for their clients in a more targeted and effective way. All team members emphasised how valuable their learnings about the system from the various discipline perspectives were and how much more efficient this enabled them to be.

5. Improving staff well-being and reducing stress

Road Home had significant and sustained benefits for housing staff. Working as a collaborative and integrated team meant that they were freed up to concentrate on their core task of client housing rather than investing considerable time in trying to work out how to address the mental health, legal and other non-housing issues clients struggled with. They were instead, able to rely on advice, support and action from their mental health, legal and medical colleagues to advocate for and provide immediate and direct support for clients. In this way Road Home dramatically reduced their mental load.

Case managers viewed the Road Home way of working as significantly reducing the stress that is inherent in crisis work and elevated by a severely rationed housing market. Road Home provided a team environment where staff felt less alone and better supported – reflective practice was central to this. It also gave them useful learning about how to access/advocate for support for clients with co-occurring issues they otherwise would not have had. This including skills to address challenging mental health situations, how to access more effective referral pathways and actions to reduce legal barriers preventing clients from progressing. This helped with maintaining client engagement when housing availability was particularly scarce. Taken together these benefits contributed significantly to

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[10] Valerie Wildridge, Sue Childs, Lynette Cawthra, Bruce Madge, *How to create successful partnerships – a review of the literature,* Health Information and Libraries Review, Volume 21, issue s1, June 2004, www.onlinelibrary.wiley.com

fostering staff well-being, a strong theme in the reflective practice data. (Appendix 2 Reflective Practice Analysis.)

6. Rethinking how we measure value and success

There was a shift in thinking about the value and measurable outcomes related to Road Home as the evaluation data progressively became available. The qualitative data revealed indicators of measurable progress particular to the circumstances, issues and concerns of clients.

This measurable progress occurred when clients begin to deal with some of the underlying contributors to homelessness as the Road Home team actively engaged them with tailored health, mental health and legal in-reach services via weekly and fortnightly clinics. The detailed evidence for this can be found in the reflective practice and client and service activity sections later in this document and in the separate reflective practice and client and service activity data reports at Appendix 1 Supporting documents

Indicators of achievement were developed emphasising progress toward specific goals or end points. Identifying value in this way recognises that progress takes time, is not linear, often involves small but significant steps and that clients are more likely to achieve better outcomes when their care is individualised, integrated, and targeted to their immediate needs and goals. Such indicators also focus on the contribution programs such as Road Home make to the lives of people they engage with. Recent research has offered frameworks and tools to assist with this task. (Wilson, 'Campain and Brown, 2024 and Government of Western Australia Mental Health Commission, 2020)[11]

This contrasts with the way successful outcomes in the homelessness and health space (and broader services system) are typically measured in broad terms based on policy or system goals such as, the achievement of stable housing, socio-economic participation, reductions in hospital admissions, involvement in the criminal justice system and so on.

They tend to be prescriptive and somewhat narrow, shaped by funders and program designers rather than client informed and can be over simplified. While potentially achievable over the longer term, such measures did not account for the vulnerability and complexity of Road Home clients in crisis because of trauma, their hesitation in engaging with services because of poor experience and lack of trust and the limited length of care available for the teams to work with them.

The task of attributing a specific outcome to a particular intervention is problematic, hence the need to identify 'plausible association' rather than causality. Road Home reflected all of these issues and highlighted the need to develop measures that demonstrated contribution, identifying the multiple factors that influenced results and how they occurred.

7. Evaluating as you go to inform model development

Traditional evaluation methods assume a more controlled environment, do not account well for the complexity and unpredictability of a crisis environment and the fluctuating needs and vulnerabilities of clients.

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[11] Erin Wilson, Robert Campain and Chris Brown, *Measuring outcomes experienced by users of community services – the development of the community services outcomes tree and the associated survey template*, British journal of Social Work, 2024, 00, pp 1-21

Developmental evaluation and the use of reflective practice were a good fit for Road Home. This approach served multiple purposes, it was engaging, relatively easy to implement, flexible and affordable. Developmental evaluation in the Road home program generated very rich, high-quality data that was grounded in the program as it evolved.

Importantly, this approach also built evaluative capacity in the team thereby strengthening program adaptability and ongoing quality improvement. It had many workforce and organisational benefits, enabling cross disciplinary learning and professional development, supported wellbeing and is likely to contribute to staff retention. In addition, organisational learning about what it takes to implement an integrated service model was more strongly promoted through this approach.

8. Understanding data systems for monitoring and evaluation and program improvement

Data systems are crucial. Generating the right kind of activity data enables the program to get the information needed to develop and adapt, provides accountability and supports evaluative activity. This is not straightforward as partnerships bring different data systems to the task and data needs can change as the project evolves. This situation is further complicated by reporting and legislative requirements.

Early conversations and agreements about key definitions, how clients can be tracked in a deidentified way, and what needs to be captured for different audiences, (program and organisational management, staff, funders including government if involved) and when, need to occur. As noted above, the scope and focus of the data capture and finding ways to express outcomes in behavioural terms that are client informed are also important.

Manageable ways to do this must be agreed with a disciplined approach to the provision of data at agreed intervals to enable monitoring, identification of gaps and adaptation as needed. This helps ensure the program is on track, showing the nature and extent of its impact and that the evaluation work is effective.

The task of developing some consistency across data systems, undertaking data cleaning and analytics and sustaining a regular flow of client and service activity data represented a challenge for Road Home to resource.

Sustaining and expanding the model

The need to adapt to client and site differences

The inclusion of the Launch housing South Melbourne site enabled some testing of the robustness and adaptability of the model. Understanding the model, how the team could collaborate, and the advantages for clients was a key factor in the faster adoption at South Melbourne by the Families, Children and Young People program (FaCTS) team.

At both sites the building of trust within the team was crucial to case managers referring clients, once trust was built this was transferred to clients. This relationship was evident in the analysis of reflective practice data and is discussed in more detail later in this document. Reflective practice findings – overview of themes.

At the same time some adaptations were required to better accommodate the different needs of families supported from this site. Client engagement and availability for appointments were affected

by different factors at each site and the response from the Road Home team members varied accordingly.

Clients' readiness to address factors contributing to homelessness and housing stress was contingent on their circumstances, and most pressing concerns.

LHESK clients

Launch Housing's East St Kilda Site (LHESK) is home to Women's Services with crisis accommodation onsite. The level of acuity is quite high with many clients having experienced repeated trauma including family violence. Their trauma experience meant that the women often struggled to trust and engage with supports.

Road Home services were predominantly site based. This meant that case workers were present to encourage and support client's attendance at appointments and the Road Home team was able to have relatively more regular and consistent contact with clients including opportunistic encounters that weren't possible at LHSM. This helped foster client engagement and facilitated the more rapid delivery of Road Home services compared to external referrals. The mix of immediate onsite responses to clients needs included informal encounters, outreach, and phone work. The 12-week length of stay specified in the Crisis Accommodation Occupancy Framework is a short timeframe when dealing with the range of complex issues that were often present and was a challenge for both clients and staff.

LHSM clients

Launch Housing South Melbourne's Site (LHSM) is home to services for families. The programs at LHSM services include crisis accommodation and case management, transitional and community housing. The Accommodations Options for Families (AOF) program supports families in a range of accommodation, including motels distributed across Melbourne. Families are generally housed for longer, up to 6 months in crisis accommodation and sometimes years in transitional and community housing.

Client circumstances vary, some are in employment and living in the community which alters the context for working with them. They are very focussed on obtaining housing for their families, caring for children as well as experiencing their own mental health and other issues. For some this was a struggle and child protection became involved with some LHSM families.

Consequently, clients were not always ready to address or prioritise contributing factors, such as mental health and legal issues however once some trust was established the Road Home team was able to respond flexibly. In some cases, this involved providing home visits and phone consultations for LHSM clients as well as offering more appointment options at First Step. In this way, Road Home was able to contribute to client improvements in wellbeing and assist them to reduce mental health, general health and legal barriers and engage more effectively with their housing issues.

Managing organisational factors

Staffing and organisational change

The First Step project manager and site leadership at LHESK were consistent throughout the three-year project. First Step mental health and health team were also mostly consistent throughout. At LHESK, and South Melbourne there were some staff changes amongst case managers due to

turnover and secondments. An organisational restructure at LHSM resulted in the appointment of a new service manager and case management coordinator this created some uncertainty for staff and the Road Home program. However the site leadership team's consistent commitment to Road Home and their protection of the reflective practice space ensured the impact of these changes were minimal. The reflective practice space enabled new staff to become familiar with the Road Home model and its values and practices and provided a place where they could obtain help and support from their colleagues. This helped sustain continuity and consistency.

First Step Legal experienced considerable turnover in lawyers in the second and third years, for a range of reasons resulting in some communication problems. Participation of the lawyers in reflective practice in the latter part of year three was also more limited. This lack of participation in reflective practice meetings meant that legal services were delivered in a less integrated way for a period.

Overall, Road Home remained consistent in terms of design elements, focus, service delivery and evaluation activities including reflective practice – the central process that helped hold the program together.

There was a significant gap in the provision of onsite medical care due to difficulties in recruiting a general practitioner. This was mitigated to some extent by the subsequent addition to the team of a nurse practitioner in mental health who specialised in mental health.

On balance, these findings point to the capacity of Road Home to deal with a variety of contextual variables, including organisational change and disruption, provided the core principles and design were preserved. A key factor in reinforcing this adaptability and resilience is clear leadership and sound project management, so important in creating the essential authorising environment, promoting consistency of practice and protecting the key enabling factors such as reflective practice. For more details see Evaluator observations.

The Road Home example illustrated that s some key elements that sustaining an effective cross professional and, in this case, cross organisational partnership overtime requires ongoing focus and work to remain effective. This includes:

- regular opportunities to strengthen and grow the relationship and evolve the model in response to changing circumstances at both the team and organisational levels.

- strong, supportive and engaged leadership, site and project management, linked to a clear governance structure are key. In an ongoing program situation project management responsibilities need to be allocated and owned by a senior manager, along with sufficient time to invest in maintaining and evolving both the program and the partnership.

- Understanding the skills and attributes required in management and specialist roles to grow and sustain such partnerships and programs as change inevitably occurs.

- Regular training and professional development so that staff have a clear understanding of how the program works and how they can contribute from each of the discipline perspectives, along staff involvement in regular facilitated reflective practice.

Evidence summary

The evidence summarised here is drawn from *Reflective Practice* and *Client and Service Activity* reports which provide more detailed analysis of the qualitative and quantitative information that underpin the key messages outlined above and the themes reported in this section.

Reflective practice key findings

The main themes from the reflective practice analysis are reported here. The detailed discussion of these themes and quotes from reflective practice meetings that support and illustrate them can be found in the full reflective practice analysis document. Appendix 2 Reflective Practice Analysis).

In addition to the detailed findings, this document provides information about the rationale for reflective practice meetings, explains how they evolved, and how the process was organised and sustained. The following diagram captures the key contributions of the reflective practice meetings

Reflective Practice – the game changer

Reflective practice made a massive difference, it was scheduled, the team were expected to attend and (it became) embedded in our processes (Site manager January 2025)

Monthly reflective practice meetings were introduced six months into the project in May 2022. They were an intervention suggested by the evaluators to address the considerable challenges and hesitations involved in setting up and delivering a new and very different service model including the

challenging task of establishing a multidisciplinary team of practitioners most of whom had not worked together.

In all 38 meetings were held, 24 at LHESK (over a three-year period) and 14 at LHSM (over a 16-month period).

These meetings constituted a real game changer because they created a regular, dedicated and protected space that brought the teams together for purposeful sense making, support and planning.

Reflective practice generated rich, and increasingly nuanced data as Road Home evolved. The meetings enabled team members, to articulate their working model, understand how their various and different areas of expertise could come together in practice for their clients, refine the program implementation and comprehend how the evaluation would work in a crisis setting.

Reflective practice meetings have been vital in revealing the challenges, benefits and impact of Road Home. The main themes reported below capture the experiences of those delivering the program and the insights and understandings arising from their experience. They also bring to light what enables Road Home to work.

Identified benefits of reflective practice

Road Home team members identified many benefits from undertaking reflective practice. These are summarised as follows:

- *Dramatically improved team and client engagement* with the program and support for team members to work out together how to implement a very different model of practice

- *Acelerated development of team trust and deep cross disciplinary learning* through sharing and inquiry are essential to multidisciplinary practice. (Dodkin, 2021)[12] Learning was also supported through legal and mental health training workshops to enable non-specialist team members to understand and better utilise services outside their disciplines

- *Enabled organic reshaping of Road Home* so it could take account of emerging information – the evaluators worked in step with the teams to conceptualise, test, and understand what was occurring in real time as the model was implemented

- *Generated exceptionally rich, nuanced client and team data* and insights that charted shifts in client outcomes and the teams' thinking, processes, and practice

- *Embedded* Road Home's integrated, multidisciplinary way of working into ongoing practice to become 'how we do things around here'

- *Developed evaluative thinking* that strengthened the teams' ability to identify the factors that helped them refine their practice.

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[12] Dodkin, L NHS Health Education England, *Working Differently together: progressing a one workforce approach*, Multidisciplinary Team Toolkit, 2021. www.hhe.nhs.uk

- *Increased case manager well-being and effectiveness* by supporting them to get the very best out of an incredibly difficult housing environment with very few if any options for crisis clients in particular.

Key learning emerging from reflective practice

The overarching messages that stood out across the reflective practice analysis were:

Road Home delivered improved progress toward housing and related outcomes for clients and case managers and significantly strengthened clients' capacity to engage with efforts to find housing. In the words of one case manager, Road home provided 'really sticky supports' (LHSM, April 2024). Road Home enabled progressive, positive development toward reducing multiple barriers to achieving housing, supporting the core purpose of housing services.

These outcomes came about because of what sets Road Home's apart. The Road Home model:

Removed or reduced mental health, legal and other barriers to accessing mental health and legal supports and strengthened client engagement with housing workers and the tasks needed to achieve housing and other outcomes. These barriers are multiple, intersecting and often long standing. They effectively paralyse clients from engaging and progressing.

Delivered a more efficient and effective model for meeting housing and related needs allowing Launch Housing staff to focus on housing. At the same time Road Home significantly reduced the mental load for case workers trying to support vulnerable clients with complex needs.

Improvement in case manager well-being and professional capabilities. The consequent reduction in stress was highlighted by case managers. They were able to bring in trusted colleagues from another discipline to address (often) entrenched client problems and work with them to support the client. They emphasised how much they valued the increased professional capability that resulted from this collaboration.

Road Home freed up housing workers to focus on their client's housing needs rather than invest considerable, often unproductive time in trying to work out how to address the mental health, legal and other non-housing issues clients are struggling with. Instead, housing workers referred to and worked with their legal and mental health team members to support client efforts to navigate a complex service system that is poorly designed for their needs.

The design of Road Home provided a more fit for purpose model of service delivery featuring:

- A regular, scheduled onsite presence/clinic

- Access to a range of immediate, coordinated onsite supports from the multidisciplinary teams

- Responses that were tailored and flexible based on client need and capacity

- High levels of personal engagement, effective information exchange and communication and trusted relationships

- Breaking down silos of care founded on robust collaboration within the Road Home teams featuring genuinely integrated care, cross disciplinary learning, collegiate trust and support

- Clear benefits to staff and Launch Housing as an organisation in terms of the wellbeing of case managers as they struggled to support their clients in an incredibly rationed housing market with few good options

Evaluator observations

The evaluators, through their experience reviewing the development and implementation of programs and organisations in community and not for profit settings, identified what they considered as key organisational factors that contributed to these outcomes and impacts. (Rousseau, 2022)[13] Operating together, these factors created the authorising environment essential for successful and sustained program development and implementation. They can be summarised as follows:

- Strong leadership with a commitment to the value of multidisciplinary practice that helped teams set and adjust direction, develop operational protocols and created and 'held' the authorising environment by prioritising and protecting the reflective practice space and regularly turning up.

- Project management and governance that ensured the program and its evaluation had sound oversight, was accountable, provided important insights to evaluation questions and enabled emerging issues to be addressed

- Attention to change management principles to guide the program design, establishment, and implementation of what was a very different and inherently disruptive model of practice involving cultural, practice and system change

Team perspectives on the benefits of reflective practice

The teams consistently highlighted a number of key factors:

- The role the meetings played in carving out the space for them to share their experiences, learn from each other, draw on each other's expertise to deal with complex and challenging situations and bring more perspectives to bear about how to work with their clients

- Reflective practice made an enormous contribution to reducing the stress inherent in crisis work, enabled them to share what was happening and how that felt, gave them more options, increased their knowledge and skills in working with the broader service system and improved their overall wellbeing.

- They felt less alone, more effective and better supported. They were in no doubt that reflective practice was key to building and sustaining the teams through all sorts of changes and challenges.

Case managers acknowledged that reflective practice took time, effort and discipline to regularly attend and keep going. This was challenging especially in a crisis environment but worth the effort. They thought a commitment to reflective practice needed to be framed as an expectation. At both sites, the intention was to continue these meetings to support and strengthen the work of case managers.

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[13] Rousseau, DM, Have, ST, *Evidence-based change management,* Organisational Dynamics, 51 (2022) 10899 https://doi.org/10.1016/j.orgdyn.2022.100899

Client and service activity data – Key findings

The service activity data shows the level and type of activity involved in delivering the program. This data also illustrates the dynamic nature of client engagement with these services and supports and how this impacted when and how they were provided. The data set includes an overview of what services were taken up, and, what patterns of client engagement looked like. The full analysis of client and service activity is documented in an infographic form in the Client and Service Activity infographic.

The themes reflected in the quantitative analysis were consistent with the themes that emerged from the qualitative analysis. In this way, the reflective practice analysis explicates and illustrates the client and service activity information.

Client engagement patterns - LHESK

Over the 3-year period **58%** of LHESK clients accessed Road Home services. Patterns of engagement can be seen in the figures below.

MHN Clinics – Of the 118 clients 86% booked between 1-5 appointments, 14% booked between 6-20 appointments.

Attendance rates

25% attended 100% of appointments, 31% attended 50-85%, 13% attended 18-40% and 31% did not attend any appointments.

FSL Clinics – All of the 76 clients booked between 1-5 appointments.

Attendance rates

55% of clients attended all appointments, 17% attended 50-75% of appointments, 5% attended 33% of appointments and 22% did not attend any appointments.

NP Clinics – All of the 49 clients booked between 1- 8 appointments.

Attendance rates

51% attended all appointments, 15% attended between 50-88% of appointments 12% attended between 20-40% and 22% did not attend any appointments.

Some clients were also supported outside of these clinics in a variety of ways by RH mental health and legal professionals. Some of these clients continue to engage with services at First Step after they exited LHESK. There was also continuing legal work. This data was out of the scope of the evaluation.

Client engagement patterns – LHSM

Road Home expanded to include the South Melbourne site in May 2023, initially providing services to the Family Crisis and Transitional Support (FACTS) program, with the Accommodation Options for Families program (AOF) joining in July 2024. RH MHN and NP services ceased in December 2024 as further funding was not available. Legal services have been funded for a further 3 years.

REACH: 24% of the 176 clients (aged 18-85) supported by FaCTS and **6% (9 families) of the 142** clients supported by the **AOF** program accessed Road Home services. The engagement patterns across the 3 services are outlined below.

Appointments booked across Mental Health Nurse, Nurse Practitioner and Legal services

36 clients booked between 1 and 5 appointments. 13 clients booked between 6-18. 2 clients booked more than 25 appointments.

Attendance rates

34% clients attended 100% of their appointments,

37% clients 50-90%,

8% client 33-43%.

21% clients never attended an appointment.

Legal concerns were more often addressed within one or two appointments with mental health concerns making up most appointments. The higher attendance rates tended to be clients that had a small number of appointments. For clients with mental health concerns the number of appointments for each client were much greater in number. There was a therapeutic component for the clients seeing both the mental health nurse and the nurse practitioner. These clients also received significant support outside of appointments.

The above figures also do not reflect the full scope of numerous phone calls, texts, face to face reminders and check ins (by case managers and RH professionals) that encouraged and supported clients to work with Road Home to address their\multiple issues.

Work undertaken beyond clinic appointments

Data provided by First Step Legal shows Road Home lawyers attended court for Launch Housing clients on 64 occasions and completed a further 246 separate legal tasks. The clients presented with a wide range of legal problems: 52% were civil law matters (most commonly related to family violence) 25% were criminal matters and 22% were family law matters

Significant time was spent by both mental health professionals and legal staff advocating for clients and working with other service providers, and government agencies (such as NDIS, Centrelink and the Courts).

The mental health team provided support and advice to case managers in numerous situations, potentially averting behavioural escalation or deterioration. This resulted in more appropriate support and care for clients and their families. These often occurred because the team was on site however because of the informal nature of these collaborations they were not regularly captured in the activity data. The lawyers also worked with the case managers so that they could support clients with legal issues most effectively.

As is reflected in the qualitative data the onsite presence of the Road Home team meant that there many opportunities for seeking advice, sharing of information and knowledge between team members. This helped build relationships, cross sector understanding and often resulted in more informed and appropriate decision making about the options available to clients and what would work best for them.

Examples include:

$99,934 in fines averted for Road Home clients across July-December 2024 through the work of Road Home lawyers collaborating with their mental health and housing colleagues to activate system program and supports.

$20,621 of brokage supported 19 clients to start to rebuild their lives through education and life skills training, engagement in sporting and artistic pursuits. The purchase of small things like glasses and laptops, enabled them to participate in virtual therapy, commence study, find employment, connect with family. Funding also helped some to retain or secure housing.

Clients' response to Road Home

Road Home clients' poor service experience and struggle to engage is demonstrated in the number of appointments made, rescheduled, attended and not attended. This was particularly true of mental health consultations. Many examples of repeated appointments also reflect the level of engagement that can occur when trust is formed. This aligns strongly with the reflective practice findings and the case studies.

The client and activity data demonstrates both the struggles and the resilience of clients, and the benefits of an integrated approach which addresses multiple areas of concern. It also demonstrated the commitment of staff to an approach that was consistent, non-judgmental and highly supportive of client preferences and needs.

Client stories

Ella's story, captured in the following infographic, brings to life the way Road Home services can positively impact client outcomes. The real time and rapid response to Ella's situation demonstrates the value of bringing the right specialist expertise to the situation in a timely way and in collaboration with case workers who knew Ella and her family well.

This story and many more like it, featured in reflective practice discussions and provided evidence of the difference Road Home made to clients. Ella's story also demonstrated the learning in action for housing staff from working with the Road Home mental health specialists. That learning, in their view, gave case managers more confidence to tackle challenging situations and provide the supports clients needed. Similarly, Sarah's story shows how the work of the Road Home lawyer made a significant difference by removing financial barriers and providing a pathway to housing. See Client service and activity infographic.

Supporting Ella

LHSM Team

Following Ella's declining mental health the South Melbourne (SM) team were initially concerned that they didn't have the knowledge to identify and and provide the support Ella needed. Working alongside RH the LHSM team learnt about how to assess, evaluate and approach Ella and give support to her children.

The partnership gave space for the LHSM team to build confidence and knowledge. This enabled them to play a role in advocating with child protection, to observe Ella's progress with greater insight and see her improve day to day. The SM team fall back on secondary consults when needed.

Road Home Team

Because the RH mental health team was on site, they were able to provide immediate advice to LH case managers and proactively work with them to assess Ella's mental health and work to bring the necessary professionals together as well as advocating for the family.

Ella

Ella has proactively engaged with services and understands better where she needs support. Ella's recovery is not linear, changes in approach have allowed her greater ownership over decision making. She agreed to a cognitive assessment, and the results have helped to inform the team providing ongoing care and support. The children have been staying with relatives while Ella focuses on stablising her mental health with the team's support.

Emergency Response

The RH mental health team were able to engage Police, Alfred PACER, and Child Protection onsite that afternoon . The Police were initially apprehensive, due to the uncertainty of Mum's mental health needs. RH mental health professionals advocated for the police to wait for Pacer to arrive and attend to Ella. This highlighted for LHSM staff the role they can play as social workers, when they have the appropriate knowledge, in advocating for clients.

Acute Mental Health

Ella was taken to hospital and linked with MH support. She was discharged two weeks later, in what all staff determined was premature. Ella has since had further acute admissions.

Ongoing Care Team

Together with RH staff and St Kilda Road Clinic (involved following Ella's hospitalisation), SM staff were able to observe presentation of Mum and make assessments for further hospitalisation.

Child Protection

A family preservation order is now in place which allows the children to stay with Ella when she is well. The preservation worker visits regularly and Ella and her children have a range of people supporting them.

Centre: Ella and her children were housed in LH crisis accommodation. LH case managers noted that Ella was displaying increasing concerning behaviour, (disengaging from support, aggressive towards staff, awake and active during the night, children not attending school nor being regularly sighted.) Ella was also no longer engaging with the assigned youth worker. On hearing about the situation the RH nurse practitioner visited Ella with her case manager. The NP assessed the situation and identified that Ella needed to be admitted to hospital. The children were placed in temporary care. Ella has been diagnosed with a illness which has resulted in some cognitive decline.

Other Supports

Children attending school, and able to be evaluated by psychologist, resulting in involvement of speech therapist and other supports.

System and network engagement

The Road Home team engaged with and supported clients to engage with a wide range of services across Government, health, community and legal sectors. The team collaborated to leverage their knowledge and experience with different parts of the service system to facilitate access and obtain more tailored and timely practical supports than would not have been possible in a conventional referral model.

The diagram below maps many of the services involved and further detail can be found in the client and service activity document below. This includes case examples that illustrate how this worked to provide clients by removing significant barriers to securing more stable housing.

The following diagram provides a snapshot of Services the Road Home team engaged with on behalf of clients.

Examples of the work undertaken by the Road Home team with some of the government departments and agencies and other service providers include:

Police –advocated for appropriate response for client presenting with mental health issues.

Fines Victoria - Acted as sponsors for clients to participate in different programs that enabled fines to be reduced or averted.

Housing – RH provided letters of support to strengthen housing applications.

Brokerage services – Applied for funding to help clients achieve goals in areas such as study, housing, sporting and artistic pursuits.

NEAMI National - Advocated for client to get a neuro-psych assessment and assistance with NDIS application.

Data limitations

While most of the Road Home activity was captured through a Road Home specific appointment booking system some activity was only captured through partner specific data systems. Due to unique client identifiers, different reporting requirements and definitions specific to their practice this resulted in some difficulty in reconciling data sets and some data not being available to the evaluators for analysis. For example, where clients were referred to Road Home legal services and seen directly by First Step Legal, these clients were not necessarily captured in Road Home datasets. In addition, the numerous legal tasks undertaken by First Step Legal staff was only available from FSL databases and could not be matched back to Road Home client unique identifiers. This was also true for Nurse Practitioner appointments at First Step which needed to be tracked separately by the project manager and then entered in the Road Home systems.

Resourcing issues meant that clinic and client activity data was not able to be provided as regularly as the evaluators would have liked for progressive checking and analysis. All of this required time-consuming data management to bring different datasets together. Overall, however, we can be confident that the client and service activity data collected is accurate, reveals clear patterns and themes and tells a coherent story. That story aligns with the findings of the qualitative data from the reflective practice analysis, the latter providing the contextual and interpretive information to enable us to draw robust conclusions about the impact of Road Home and what enabled that to occur.

Minor additions and changes were made to the Road Home data collection as both the Road Home team and evaluators developed a greater understanding of the model and what data might help inform its development and the evaluation. As a necessity, Road Home activity and client data was recorded by staff as they were undertaking their day-to-day work. As might be expected this resulted in some gaps in recording, particularly related to ad hoc consultations between Road Home team members.

There was no organisational capacity to follow up and collect information about client housing situations and outcomes after they had left crisis accommodation to transitional or other types of housing. Housing outcomes and some other personal data were available for the clients that consented to sharing their information for the purpose of the evaluation.

Lessons from Road Home.

The following diagram highlights what we learnt about the factors that enabled Road Home to be successful and what is needed for the program to be effective, achieve the outcomes that have been demonstrated can be achieved and be sustained organisationally

The foundations

The FS leadership and LH site leadership proactively supported the Road Home team, promoted the value of multidisciplinary practice, held and protected the reflective practice space that was fundamental to learning how to work together with clients

The RH team's values and principles and commitment to supporting vulnerable women was fundamental to the respect and openness demonstrated in the development and evolution of the Road Home integrated multi-disciplinary model

Reflective Practice - understanding and evolution

investment in professional development for staff in areas outside their disciplines strengthen their capacity to operate effectively in a multidisciplinary team and navigate different sectors more effectively

Built in regular reflective practice was a core activity of the Road Home design, it assisted the team to work together as a multidisciplinary team, share ideas and concerns and learn from each other. This supported the integration of different areas of expertise to support clients and each other. These insights enabled them to strengthened their practice and adapt the program as understanding and circumstances changed

Lessons for the future

Dedicated leadership attention is need to support and sustain multidisciplinary and cross organisational relationships for the program to remain effective

The specialist discipline roles are critical to success, and recruitment needs to consider the specific traits and skills required beyond discipline expertise.

A documented practice framework is needed to support consistency and accountability as well as enable spread of the model

Fit for purpose evaluation approach

The developmental approach promoted inclusion and collaboration with timely data analysis to enable sense making. This was complemented by the reflective practice which provided a depth of understanding about how integration was happening and what impact this had on decision making and client outcomes

Data collection, analysis and measurement

Regular capture of staff and client experience guided continued evolution and enabled the team to celebrate clients' progress and their achievements

Review of the activity data highlighted the challenges for clients in engaging with services and the continued efforts they made when they felt respected and supported.

Monitoring and measuring progress

Shift the focus from broad end point outcomes to indicators of progress, toward or away from outcomes, that are relevant to vulnerable clients experiencing housing crisis. Overtime this can be complemented by broader measures if linked data and client tracking is further developed

Developmental work and possible next steps

The following suggestions are directed at activities to extend and embed what has been learnt from the Road Home implementation. This would involve additional resourcing to support the delivery of the full suite of services at the sites involved in the program so far, extend the program to other Launch Housing sites and enable a wider application with other housing providers.

RH implementation toolkit

Identify elements that are core to the Road Home model's design and implementation and those that can be modified to respond to different settings, clients and organisational circumstances. For example extending Road Home team to include other professional groups to meet the different needs of client groups such as financial counselling

Develop a step-by-step guide to provide practical implementation guidance for managers and staff.

Build Collaborative Relationships

At the core of Road Home are collaborative relationships. Focus on building collaborative multidisciplinary teams within housing services and with intersecting service systems.

Strengthen the evidence base

Without credible evaluation, innovation in practice remains localised and the system fails to improve. In undertaking work to trial new service models it is critically important that resources are invested in programs to support sound evaluation, program development and sustainability, particularly where significant change in practice is introduced, as was the case with Road Home. Such evaluations inform local practice improvement and importantly can lead to system wide change that delivers improved outcomes for clients across all sectors involved including mental health, health, legal and other community services.

Invest in monitoring and evaluation capacity that enables capture of relevant data from existing systems where possible, this could include the consistent capture of:

Client goals in case plans to assist in measuring client progress

Follow up with clients on a regular basis post crisis and for those in longer term housing to increase understanding of clients' ability to sustain progress and what they need to support them to do so.

Better integrate the cross organisational and discipline data gathering and analytics and establish as more regular flow of client and service activity data at agreed intervals to enable more responsive and effective monitoring, identification of gaps and adaptation as needed. This helps ensure the program is on track, showing the nature and extent of its impact and that the evaluation work is effective.

Design a fit for purpose measurement approach and associated indicators using available frameworks and tools with adaptations as needed[14]

To measure what matters, researchers need to:

- Involve patients, practitioners, and communities in defining outcomes.

- Use tools that capture complexity, like narrative data, qualitative interviews, or multi-dimensional scales.

- Recognise that different people value the same things differently, so average impacts and one-size-fits-all metrics aren't enough. Julian King May 2025

Identify opportunities to extend the Road Home program

Extend the pilot to include other housing providers and refine the model to strengthen its robustness in different housing settings

Investigate the applicability of the Road Home design to other community services outside housing.

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[14] Erin Wilson, Robert Campain and Chris Brown, *Measuring outcomes experienced by users of community services – the development of the community services outcomes tree and the associated survey template*, British journal of Social Work, 2024, 00, pp 1-21

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Appendix 1 Supporting documents

These supporting documents can be accessed using the following links

1. Reflective Practice Analysis May 2025

2. Client and Service Activity Infographic May 2025

3. Refereed conference presentations

   - CPCE-SHAPE International Health Management Conference Hong Kong, July 2024

   - MHS Mental Health Services Conference Canberra, August 2024

   - Australian Evaluation Society International Conference Melbourne, September 2024

   - Australian College of Mental Health Nurses (ACMHN), Perth, November 202 Complex Needs Conference, Melbourne, March 2025

4. Slide pack explaining the program purpose, the model, key activities, impacts and outcomes, March 2024

5. Interim report two – August 2023

6. Interim report one - August 2022

7. A management practice analysis article published in the Asia Pacific Journal of Health Management (APJHM) This is a ranked scholarly practitioner journal.[15] Anne Smyth, Lesley Thornton, Kym Coupe, Caroline Lynch*, The road home: building the evidence base for a service delivery model that integrates housing, mental health, medical and legal services*, Asia Pacific Journal of Health management, 2024: 19(2)

Appendix 2: Advisory Group membership

Name	Affiliation
Kym Coupe	Road Home Project Manager and First Step Mental Health Services
Patrick Lawrence	CEO First Step
Lisa Ward	Consultant, Health Justice Partnerships First Step Legal
Clara Bedoya	Group Manager, Foundational Support Launch Housing
Fiona Costolloe	Group manager, Families and new Beginnings, Launch Housing
Caroline Lynch	Services Manager, LHESK
Vanessa Hulands	Case Management Coordinator, LHESK
Angela Zheng	Services Manager, LHSM
Billie Cull	Co-ordinator, LHESK
A number of staff contributed to the Advisory Group at different times over the three-year span of the Road Home Program as they took up coordinator roles. They included Al Meibusch (LHSM), Lauren Gutchens (LHESK & LHSM).	

Appendix 3: Program Funders

Year	Funder
Year 1 2022	Ian Potter Foundation Helen Macpherson Smith Trust Jack Brockhoff Foundation Spencer Gibson Foundation The Marian and E.H. Flack Trust
Year 2 2023	Ian Potter Foundation Jack Brockhoff Foundation Bank of Melbourne Melbourne Women's Fund

	Barr Family Foundation
Year 3 2024	Collier Charitable Fund
	The Kimberley Foundation
	Brian M Davis Charitable Foundation
	Flora and Frank Leith Charitable Trust
Years 1-3	The Legal component of Road Home was funded by the Victorian Legal Services Board.