

# Road Home

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

Client and service Activity Data

Final Evaluation Report

May 2025



A person with long hair is seen from behind, looking out a window. The window is partially covered by dark, vertical curtains. Bright light is coming from the window, creating a strong silhouette of the person. The background outside the window shows some greenery and a bright sky.

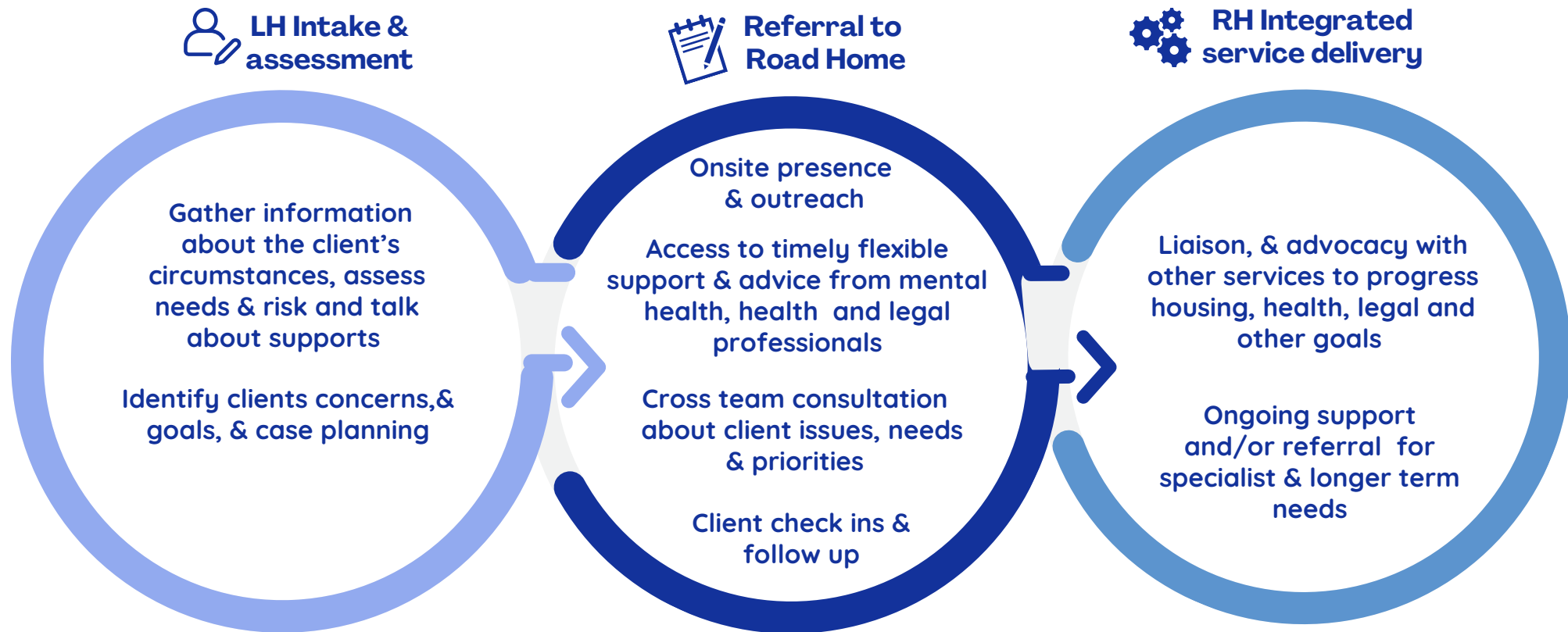
The Road Home service model has been designed based on the knowledge and experience of the Road Home partners.

These onsite and outreach services enable the provision of more integrated, timely and tailored support, increasing the likelihood of clients engaging with services.



## Road Home model

The Road Home First Step team comprised a mental health nurse, a nurse practitioner and lawyers who provided regular clinics at Launch Housing's East St Kilda and South Melbourne sites. In addition some clients were scheduled appointments at First Step or home visits.

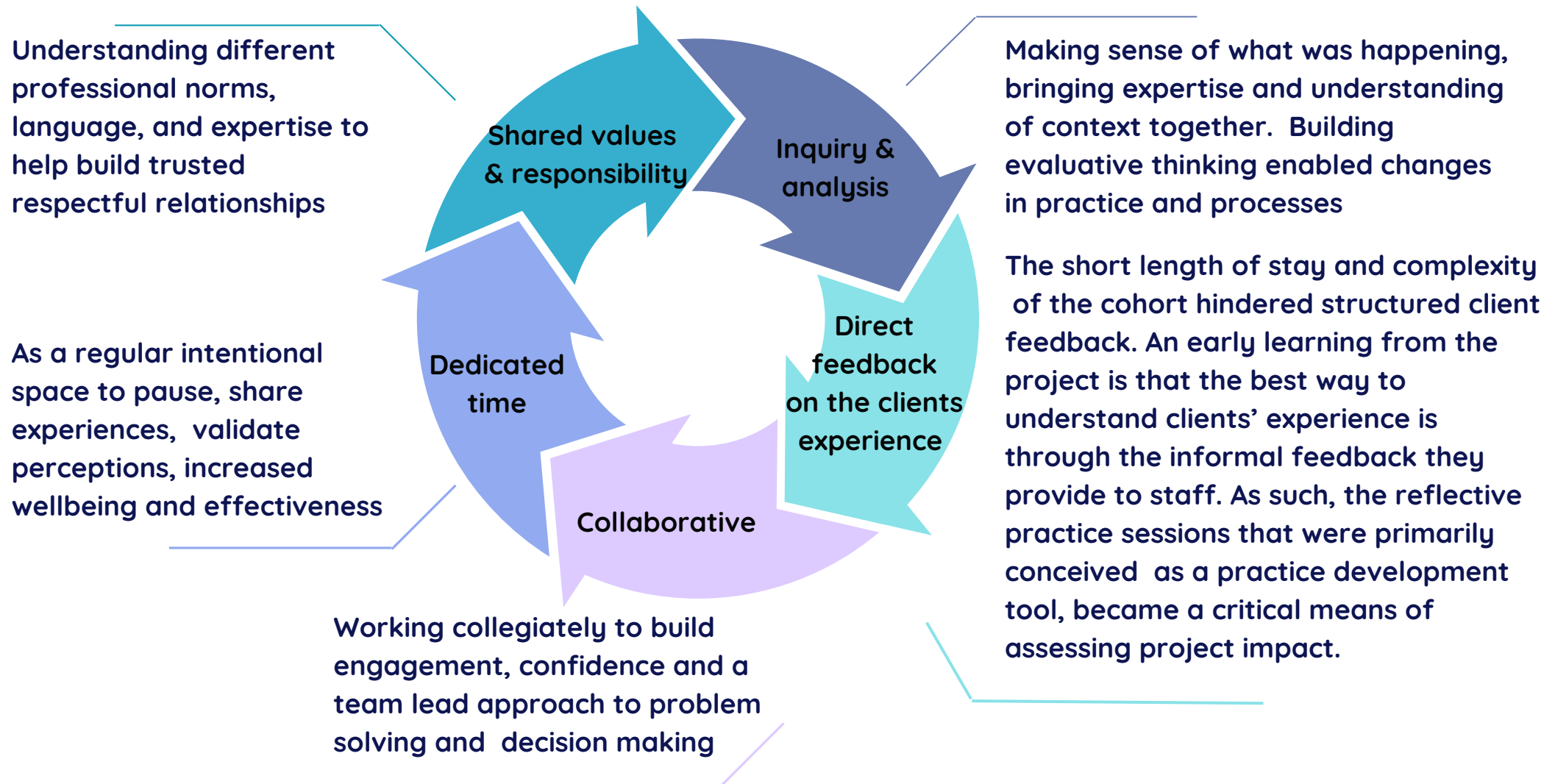


### Reflective practice enabling space for team driven learning & action

Building on the integrated, collaborative nature of Road Home, enhanced by the teams onsite presence, reflective practice provided an ongoing mechanism for collaborative learning & knowledge creation, with team experiences & emerging data contributing to practice change, program design and evaluation data.

# Reflective practice

*I felt like once we started this process, we got better at working together quicker....we started to understand what we are doing together...*

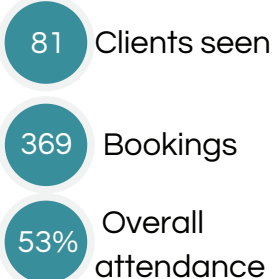


## Road Home @ Launch Housing East St Kilda (LHESK)

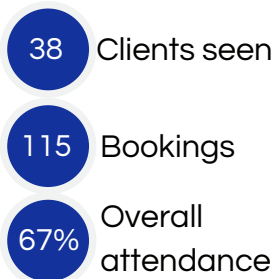
First Step, began providing onsite services at LHESK in 2021. The data presented here covers the period December 2021 - October 2024. Services continued until December 2024 when funding for mental health & nurse practitioner services ended. Legal services have since been funded for a further 3 years.

Reach: **58%** of women supported by LHESK accessed Road Home services

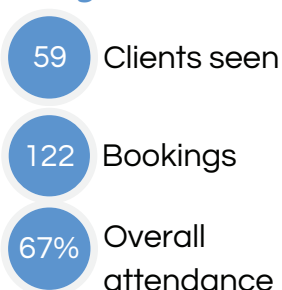
### Mental health nurse



### Nurse practitioner



### Lawyers



## Where appointments occurred

Most appointments occurred on site where all LHESK clients are accommodated. A small number (12) attended appointments at First Step, located at that time in St Kilda. There were approximately 32 phone appointments.

Client's who had appointments with the mental health nurse were usually followed up with a phone call or text if they failed to attend or cancelled.

- note the number of clients seen across the 3 services would include some of the same clients if they attended multiple services

594

RH appointments booked

109

Clients who attended at least 1 appointment

44

Clients engaged with at least 2 services

## Client patterns of engagement

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

### Attendance rates

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

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

### Attendance rates

**55%** of clients attended 100% appointments, **17%** attended 50-75% of appointments, **5%** attended 18-40% of appointments and **22%** did not attend any appointments.

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

### Attendance rates

**55%** of clients attended 100% appointments, **17%** attended 50-75% of appointments, **5%** attended 18-40% of appointments and **22%** did not attend any appointments.

## What we know about the 186 clients accessed crisis accommodation at Launch Housing East St Kilda during the period of the Road Home evaluation

**79 %** of clients were born in **Australia**, the next largest group, **4%** were from New Zealand and **17%** came from 21 different countries across Europe, Africa and Asia.

**13%** of clients identified as Aboriginal or Torres Strait Islander

**Ages** Clients ages ranged between 18 – 75 years with **6%** aged between 18 - 24, **71%** aged between 26-45, **22%** between 46-65 and **2%** were older than 65

The **6 issues** most frequently identified by clients as their primary reason for seeking assistance where:

- Inadequate/inappropriate dwelling conditions **22%**
- Housing crisis **18.%**
- Financial difficulties **17%**
- Domestic Violence **17%**
- Housing affordability **9%**
- Mental health issues **4%**

The **46** Road Home clients who consented to share their information for the purposes of the evaluation helped highlight the multiple issues, challenges and barriers they face.

**37** identified they had a diagnosed mental illness. **28** had no regular GP or clinic they attended. **26** were receiving no support from any service type. **32** sought assistance for at least 1 legal issue.

**Legal matters** included:

- debts and fines
- domestic/family violence
- family law matters
- victims of crime
- criminal charges, theft, driving offences

## Periods of Support - LHESK

Crisis accommodation at LHESK provides a small window for women to receive much needed support for issues that are often complex, long standing and intertwined.

**5.4%** of LHESK clients stayed 1 day or less, **11%** stayed between 2- 14 days, **61%** stayed between 2-14 weeks, and **22%** stayed 14- 26 weeks.

## Where women went after they exited LHESK

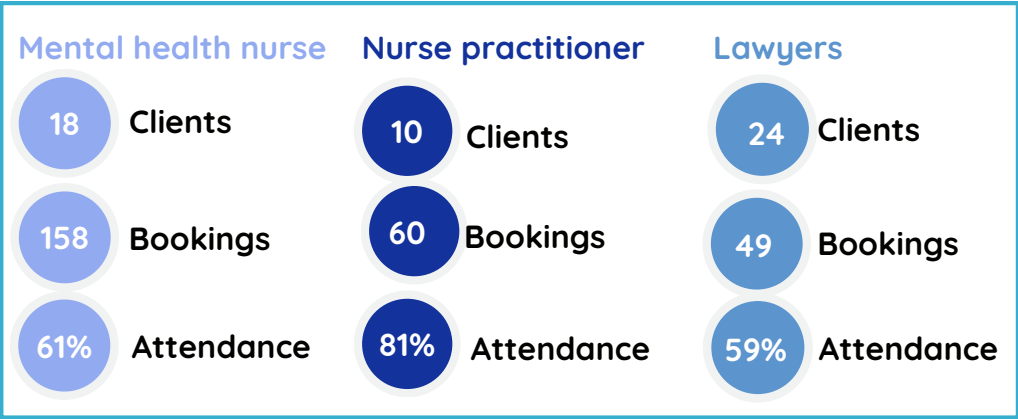
We don't know the answer for all women however for the 46 women who consented to us sharing their information we know that:

- 14** went to permanent public/social or community housing
- 11** went to Launch Housing transitional housing
- 5** were exited due to behaviour issues/non engagement
- 3** returned to countries of origin, 1 to look after a sick family member
- 3** went to long term supported housing
- 3** were still at LHESK
- 2** exited to homelessness
- 2** to went to other crisis housing
- 1** to temporary housing awaiting a rehabilitation place
- 2** unknown

# Road Home @ Launch Housing South Melbourne

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 31 October 2024 when funding ended. Legal services have been funded for a further 3 years.

## Services accessed and attendance rates



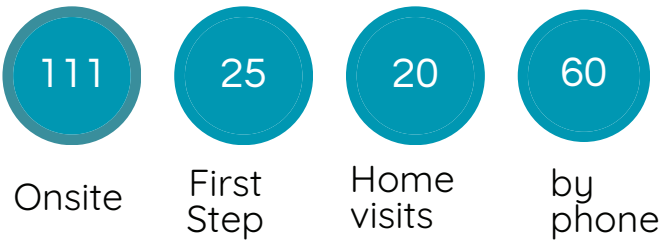
## Client’s patterns of engagement

36 clients booked between 1 and 5 appointments. 8 clients booked between 6 - 10, 5 clients booked 12 - 18 and 2 clients booked more than 25 appointments.

## Attendance rates

17 clients attended 100% of their appointments, 20 clients 50-90%, 4 client 33-43%. Legal concerns were generally addressed within 1 or 2 appointments with mental health concerns resulting in the majority of appointments. 17 clients never attended an appointment.

## Where appointments occurred



Services were delivered onsite at LHSM however there was more offsite engagement compared to LHESK. Travel and childcare were likely factors influencing these choices.



## What we know about the clients who accessed the FaCTs and AOF programs

176 clients were supported by the FACTS program between May 2023 and October 2024. and 145 clients were supported by the AOF program between July and October 2024. Services are designed for families with both crisis and longer term housing options

### Reach

**24%** of the 176 clients (aged 18-85 years) supported by the FACTS program during the above timeframe were referred to Road Homes. **6%** (9 families) of the 142 clients (aged 18-85 years) supported by the AOF program were referred to Road Home.

Clients supported by LHSM were predominantly single parent families, with majority of single parents being women. Over **80%** were born in **Australia** with a small number from range of countries across the globe.

**8%** identified as Aboriginal or Torres Strait Islander

**Age:** The age of clients ranged between 18 - 75 with **6%** aged between 18 - 24, **71%** aged between 26 - 45, **22%** between 46 - 65 and **2%** older than 65.

### Period of support

At LHSM the typical length of support for families through the 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). For those families supported through the AOF program support is also longer term with families housed most commonly in motels and other emergency accommodation until they can exit to more appropriate housing.

## **The story behind the numbers - how the road home team brought clients experiences to life**

Reflective practice was a space where staff and the RH team could share clients' stories and the impact that their experiences had on their lives. This space revealed clients' complex histories of abuse, violence, and the impact of ill health, both mental and physical, competing family responsibilities, feelings of stress, an inability to cope, embarrassment about their personal history and circumstances. their sense of isolation and the burden of carrying all of these things.

While rescheduled appointments or no shows are often viewed negatively by service providers Road Home saw it differently. The insights provided by the Road Home team into clients' experiences suggests they are indicative of the challenges clients face in talking to others about their experiences and problems those missed appointments are indicative of the challenges clients face and their determination to try to improve their situation.

## **Allowing time for clients to engage**

The Road Home team shared how it took time for clients to develop trust and to disclose information, whether about their personal history, family violence, substance abuse, mental health, fines, criminal charges or other issues. How the process was made easier through the support of their case managers and the collaborative way the team worked together. Sensitive to the trauma clients had experience, the team demonstrated flexibility, and empathy. This reduced the burden on clients and created a safe environment where clients could engage at their own pace.

Case managers also talked about the reduced stress enabling them to focus on clients housing options. Additionally when housing outcomes weren't optimal it helped for clients to have their circumstances improve in other areas.

## A snapshot of Services the Road Home team engaged with on behalf of clients.



**Police** – RH advocating for appropriate response for clients presenting with mental health issues.

**Fines Victoria** - RH acted as sponsors to reduce/avert fines.

**Housing** – RH provided letters of support as part of housing applications.

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

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



## **RH Advocacy and support helped clients to address barriers to access and find solutions**

### **Government services**

Services such as NDIS and Centrelink are an essential sources of income for some clients and can be difficult for them to navigate. RH has been able to assist clients with a range of issues that enabled supports to be reinstated,

### **Refugee services**

People coming into Australia can find themselves in desperate circumstances with no access to services or support. Road Home has worked tirelessly, reaching out to other services to find solutions.

### **Housing providers**

It can be difficult to secure housing for vulnerable clients in a constrained housing environment particularly if there are mental health and other concerns. The RH team help clients to improve their circumstances in other areas which can ease stress and help clients with housing outcomes.

ROAD HOME  
HOUSING, HEALTH,  
MENTAL HEALTH,  
AND LEGAL  
PROFESSIONALS -  
WORKING ACROSS  
SYSTEMS

### **Community health, GP & specialist services**

The Road Home team supported clients to link with other health services to manage their longer term care, and meet specialist needs such as AOD and medical treatment.

### **Acute mental health services**

The onsite presence of mental health professionals & ready access to advice when needed has supported a reduction in police & CATT call outs.

### **Child protection**

Parental declining mental health can be a risk when children are involved RH has helped identify risk and supported families early, working along side other services to keep families safe and together.

### **Court services**

Clients are not always aware of the need to attend court. They can be in poor mental and physical health and may not know how to access support. RH legal have worked to identify warrants, shift court dates, provide reports or references (often provided by RH health professionals) and support clients at court.

## 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 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.

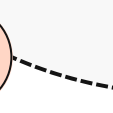
## Ella

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 stabilising her mental health with the team's support.

## Supporting Ella



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.

## 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.



## A pathway to a better future

Clients often have complex histories resulting in multiple unresolved issues which potentially put them at risk, (family violence, declining health, incarceration, loss of custody of children and homelessness. Poor health, mental health and disengagement from services means they are at times incapable of dealing with these issues without significant, multifactor support.

Through RH clients have been able to have their health and mental health accessed, obtain necessary medications, access ongoing mental health support, receive funding tailored to specific needs and aspirations, resolve outstanding fines and other debts, attend court with appropriate legal support, backed up (when necessary with references or reports from mental health practitioners. This has resulted in improved financial circumstances, favourable court outcomes, access to stable housing, reduced stress and improvements in mental and physical wellbeing, avoidance of police and emergency health services involvement, and improve family situations.

## Support for clients attending court

anecdotally lawyers report that being able to present solutions to the court and offer assurances that clients are engaged with the appropriate services and supports positively influences client outcomes.

## Leveraging RH expertise and networks

The multidisciplinary expertise within the Road Home team means they are able to make informed decisions to halt escalation of issues and improve client outcomes in a range of areas. The team's combined knowledge enables them to access external supports for clients in addition to the RH services that case managers are not always aware of. Their sector understanding and ability to navigate and advocate for clients played a key role in helping clients and reducing the burden on LH staff

## Work & development permit scheme \$21,750

Road Home mental health practitioners enabled 7 RH clients to participate in the WDP through their sponsorship. In 2024 client's 'worked off' \$21,750 of fines

## Brokerage funding \$20,621

19 RH clients have received assistance to pay bonds, move house, take up volunteering, pursue artistic & sporting activities, undertake life skills training, purchase laptops and glasses. These seemingly small things however have enabled clients to deal with trauma, access resources for mental health support, participate in virtual therapy, commence study, find employment, connect with family, retain or secure housing and start to rebuild their lives.

## Fines averted \$99,934

### (in a 6-month period)

Road home clients had \$99,934 of fines averted across July – December 2024 through the work of RH lawyers



## **Removing the burden of fines and criminal charges ... Sarah's story.**

Sarah was living in crisis accommodation with her young children. Prior to this, Sarah had experienced significant family violence and during that time her partner would drive her car and incur fines (over 330 infringements totalling over \$117,000). This was a significant stressor for Sarah. Through Road Home Sarah was able to see a FSL lawyer on site at Launch Housing. The integrated approach within RH meant that the lawyer was briefed by Sarah's case manager, sparing Sarah the trauma of having to retell her story.

Taking a highly relational and trauma informed approach, the lawyer worked with Sarah to generate a 'Family Violence Scheme Application' which enables victims of family violence to have their fines waived if a link between the family violence and the fines can be established. In support of this application, FSL was able to organize a letter from Sarah's psychologist who confirmed the impact of the family violence on Sarah and her children. The application was successful and fines to the value of \$117,266.30 were withdrawn.

The rapport and trust this process built with Sarah enabled her to reveal that she had also been charged with driving whilst her licence was suspended. Because Sarah's licence had been suspended as a direct result of demerit points incurred by her partner during a period of significant family violence, FSL was able to negotiate with Victoria Police to establish that all fines were incurred in context of family violence. As a result, the associated demerits were withdrawn, and the driving suspension reversed.

The combined fines and driving offence outcomes removed enormous levels of stress from Sarah, enabling her to focus on a range of other issues in her and her children's lives. On a practical level, legal assistance removed an important financial barrier to securing more stable housing and provided a pathway for Sarah to recommence driving, with all the benefits of wider community engagement that this can provide.



## 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

# The factors that were considered to have contributed to the successful design, development and implementation of Road Home and lessons for the future

## 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 strengthen their practice and adapt the program as understanding and circumstances changed

## Lessons for the future

**Dedicated leadership** attention is needed 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