



**MISSION
AUSTRALIA**

**Evaluation of
Mission Australia's
Cairns homelessness
services 2019**

We would like to acknowledge the clients of Mission Australia's Cairns homelessness services, their resilience and their willingness to participate in the Impact Measurement program. Through their honest responses to questions on many personal aspects of their lives, Mission Australia is able to reflect on how well services are currently meeting client needs and to refine our service delivery models to enhance client outcomes.

We would also like to thank the staff who contributed to this report by participating in the interviews and providing helpful insights, clarity and examples of how Mission Australia's Cairns homelessness services operate to support clients to achieve positive outcomes.

We acknowledge the traditional custodians of lands throughout Australia and we pay our respects to the Elders past, present and future for they hold the memories, culture and dreams of the Aboriginal and Torres Strait Islander people. We recognise and respect their cultural heritage, beliefs and continual relationship with the land and we recognise the importance of the young people who are the future leaders.

ISBN: 978-0-9872270-9-6

© Mission Australia 2019

This report may be cited as: Perrens, B. and Fildes, J. (2019) *Evaluation of Mission Australia's Cairns homelessness services 2019*. Mission Australia: Sydney, NSW.



Contents

Contents.....	3
Executive summary	5
Key findings	5
Recommendations.....	7
1. Introduction	8
2. Evaluation methodology	9
2.1. Purpose and approach	9
2.2. Ethics	11
3. Findings of Previous Evaluations	11
3.1. Going Places Street to Home Homeless Program.....	11
3.2. Douglas House	13
4. Quantitative Findings.....	14
4.1. Demographics	15
4.2. Wellbeing.....	15
4.3. Independent living	19
4.4. Connected and participating	22
4.5. Economic wellbeing	24
4.6. Housing.....	25
4.7. Caseworker assessment	25
5. Qualitative Findings	26
5.1. Client needs	27
5.2. Client outcomes	28
5.2.1. Housing/tenancy	29
5.2.2. Personal wellbeing and living skills	31
5.2.3. Physical health	31
5.2.4. Economic wellbeing.....	34
5.2.5. Connection to community and culture.....	38
5.3. Similarities and differences between Mission Australia’s Cairns homelessness services....	40
5.4. Collaboration between Mission Australia’s Cairns homelessness services.....	41
5.5. Collaboration with the broader Cairns homelessness sector	42

5.6.	Strengths of Mission Australia’s Cairns homelessness services	44
5.7.	Areas for improvement	48
5.8.	Unmet needs and areas for growth	48
6.	Conclusion	51

Executive summary

Mission Australia operates three services in Cairns designed to provide accommodation and case management support for individuals who have histories of chronic homelessness and/or rough sleeping: Going Places Street to Home Homeless Program, Douglas House and Woree Supported Housing Accommodation. The services work with clients at different points within their homelessness trajectory, all operating under a trauma informed, strengths based, culturally responsive model that aims to assist clients to build the skills they need to achieve housing stability, independence and social inclusion.

This report presents the findings of an evaluation designed to assess the effectiveness of these services in addressing the multiple complex needs of the largely Aboriginal and Torres Strait Islander client group. The evaluation is multi-pronged, including analysis of quantitative survey responses gathered as part of Mission Australia's standard Impact Measurement program over the 2017/18 period, in-depth interviews with staff members across the three services and a review of previous external evaluations which have focused on Going Places Street to Home and Douglas House.

A key focus of the evaluation was exploring how Mission Australia's Cairns homelessness services work together, and with the broader Cairns homelessness sector, to achieve client outcomes. The evaluation also considered client journeys, specifically, if there are any benefits derived through offering a spectrum of homelessness services that a client may transition between as the level of support they require declines. Finally, the evaluation also sought to explore the potential of the Café One model in providing clients with opportunities for training and employment, and in doing so, impacting upon client's broader wellbeing.

In line with the findings of previous evaluations which have attested to the effectiveness of both the Going Places Street to Home and Douglas House models, this report demonstrates that Mission Australia's Cairns homelessness services are making a very positive impact both on clients' wellbeing and in supporting clients to develop the skills necessary to sustain a tenancy. Key findings and recommendations arising from this evaluation are outlined below.

Key findings

1. Clients of Mission Australia's Cairns homelessness services were identified as facing a range of complex issues including mental and physical health issues, domestic and family violence (DFV), substance misuse, child protection issues and debt/gambling issues. Compounding these challenges, many of the clients have come to Cairns from communities in Cape York or the Torres Strait Islands and face both practical barriers e.g. speaking English as a second language (or as one of many languages), as well as emotional barriers e.g. a sense of disconnection from family and culture.
2. Despite the complex needs of the client group, the evaluation findings showed a strong improvement in the personal wellbeing of clients attending Mission Australia's Cairns homelessness services during 2017/18, with a 14.0 point increase in their Personal Wellbeing Index (PWI) (increasing from a mean score of 56.7, which is in the challenged range, to a mean score of 70.7, which is in the normal range).
3. Even greater improvements were evident in clients' overall personal wellbeing, as well as their satisfaction with standard of living, personal relationships, safety and future security if they were involved with more than one of Mission Australia's Cairns homelessness services

across this period. The PWI among this cohort increased by 20.1 points, from a mean score of 53.1 to a mean score of 73.2.

4. The quantitative survey also indicated improvements in clients' independent living skills, sense of control over their lives, perceptions of how well they are coping, their frequency of connecting with family and friends and their level of participation in education/training.
5. Caseworker assessments of how clients were managing a range of important tasks similarly revealed marked improvements across the 2017/18 period, particularly in the proportion of clients deemed to be maintaining their tenancy with only 'a little' or 'no' assistance, which increased from under half (47.2%) to over three quarters (77.5%).
6. In line with the quantitative findings, interviews with staff revealed high levels of confidence and pride that positive outcomes were being achieved for clients across a range of key areas, including housing/tenancy outcomes, personal wellbeing, living skills, physical health, economic wellbeing and connection to community and culture.
7. Staff mentioned the importance of trust, rapport and open communication between clients and their recovery workers as being critical to achieving positive client outcomes.
8. The new 'Multidisciplinary Model' operating at Going Places Street to Home involving the addition of clinical healthcare providers to meet the often complex physical health needs of clients was seen as a very positive change that has improved communication about client health needs and support plans, in turn improving physical health outcomes for clients.
9. The Café One model, despite operating without dedicated funding, was reported to provide important assistance for participants in terms of supporting them to undertake training and potentially gain employment, while also having psychosocial benefits. The program was also credited with acting as a soft entry point into services for others in the community in need, as well as with allowing the general public to view 'homeless people' in a different light, showcasing their achievements and combatting stereotypes.
10. Staff indicated good levels of collaboration and communication between Mission Australia's Cairns homelessness services, recognising that their services' outcomes are often intertwined. Supporting the quantitative findings, some suggested that better outcomes are achieved for clients when they transition between the services. Nonetheless, a few staff members identified potential for greater collaboration and dovetailing between the services.
11. The positive relationship and collaboration between Mission Australia Housing who manage the accommodation at Douglas House and Woree and Community Services staff was seen to offer the potential for a more deeply integrated model of housing and support, which in turn has positive impacts for clients.
12. More broadly, collaboration with the wider Cairns homelessness sector was viewed as a particularly important part of supporting clients into long term accommodation. Staff unanimously agreed that the sector was functioning and interacting well, with Mission Australia's services having built strong relationships with funding bodies, other service providers and government agencies through the investment of significant time and effort over the past decade.
13. Other strengths of Mission Australia's services that staff identified as contributing to successful client outcomes included:
 - A holistic case management approach;
 - The strengths based, trauma informed model;

- Cultural respect and responsiveness (with particular mention of the importance of the Indigenous mentor roles);
 - Consistency and shared values across the services;
 - A culture of flexibility, innovation and learning;
 - A commitment to doing ‘with’ rather than ‘for’ the client; and
 - A respectful, egalitarian workplace culture.
14. A few staff members suggested a need for the services to continually look at better ways to provide support to staff who have to deal with clients facing such complex needs and often extensive experiences of trauma.
 15. The interviews overwhelmingly pointed to a need to address the current housing shortage in Cairns, with very low availability of social housing and private rental properties. Without these long term housing options, the services are severely constrained in their abilities to successfully house and exit clients. The need for long term housing is also reflected in Queensland Specialist Homelessness Services (SHS) data, with around two thirds of those seeking long-term accommodation across the state in 2017-18 not receiving assistance (either the provision of long-term housing or a referral).¹
 16. Beyond general accommodation, many staff mentioned a clear demand for more supported accommodation options, such as Douglas House and Woree Supported Housing Accommodation.
 17. Cohorts identified as lacking accommodation options included couples, families, those escaping DFV with children, young people leaving the child protection system and those with particularly high needs such as severe mental illness or dementia.
 18. Other suggestions from staff included longer support periods for clients when they are placed in accommodation and additional services within the community to address alcohol and other drug (AOD) and mental health issues.
 19. In order resolve homelessness problems within the Cairns community, staff noted the importance of addressing the origins of the issue for those coming to Cairns from other communities, for instance from the Torres Strait Islands and Cape York, with the lack of housing, health services and other resources in these communities viewed to be a critical contributing factor.

Recommendations

1. Mission Australia’s Cairns homelessness services should continue the close collaboration between services, acknowledging the benefits of shared values and consistency of client care in improving outcomes for clients who transition between the services.
2. The trauma informed strengths based model and shared Mission Australia values that unite the services should continue to be promoted, fostered and celebrated.
3. Recognising the value of the Indigenous mentor roles and the overall focus on cultural responsiveness across the three services, there should be continued effort to sustain Mission Australia’s leadership in this area and to ensure that clients feel understood, respected and welcome.

¹ Australian Institute of Health and Welfare (2019), *Specialist Homelessness Services 2017-18 Supplementary Tables – Queensland*, accessed July 2019.

4. There is potential to further support clients who have the capacity to engage in education, training, employment or volunteer work. Café One may assist the services in achieving positive client outcomes in this area.
5. Funding is required to allow for longer support periods for those exiting Mission Australia's homelessness services. As clients transition into independent living, many would benefit from continued support to sustain their tenancy, both immediately following their exit from a service and if they experience difficulties further into their tenancy. The understanding of client needs and the trust and rapport built during a client's time at Mission Australia's services provides an ideal base for such after care.
6. More housing is urgently required within the Cairns area to address the current severe shortages. There is a demand for both general and supported accommodation types, for instance, another Woree style model. A mix of housing options to accommodate different cohorts, for instance families and couples as well as individuals, and to address different levels of support needs are required. Importantly, housing options need to be affordable for people on low incomes, as this is often a barrier to housing for those receiving the Newstart allowance.

1. Introduction

On Census night 2016, 2,362 people were listed as experiencing homelessness in Cairns. Of these individuals, 238 were recorded as sleeping rough (living in improvised dwellings, tents or sleeping out). The rest were living in severely crowded dwellings (883), staying temporarily with other households (432), living in supported accommodation (391), boarding houses (388) or other temporary lodgings (28).²

Going Places Street to Home Homeless Program, Douglas House and Woree Supported Housing Accommodation are Mission Australia services funded by the Queensland Department of Housing and Public Works. They each provide case management support for people experiencing chronic homelessness in Cairns, with the aim of assisting them to build the skills they need to achieve housing stability, independence and social inclusion. While the programs work with clients at different points within their homelessness trajectory, they share many common features in terms of their values, service rationale and desired client outcomes.

- The Going Places Street to Home Homeless Program provides assertive outreach and case management support for up to 12 months for people over 16 years of age who are sleeping rough, or experiencing chronic homelessness. The program supports just under 100 clients at any one time and operates according to a housing first model, helping clients to attain secure accommodation first, then offering wrap-around support to assist with other needs. Staff practice is recovery oriented, trauma informed, strengths based and culturally responsive and aims to equip clients with the skills required to sustain long term accommodation. The model has recently become 'multidisciplinary' with the addition of clinical healthcare providers to meet the often complex physical health needs of clients.

² Australian Bureau of Statistics (ABS), 2049.0 - *Census of Population and Housing: Estimating homelessness, 2016*.

- Douglas House is a 22 bed supported accommodation facility designed to provide clients with accommodation and intensive case management support for up to 24 months. It acts as a stepping stone for tenants to develop the skills they need to move from homelessness into sustainable independent housing, being able to participate in economic and social aspects of community life. Again, staff practice is recovery oriented, trauma informed, strengths based and culturally responsive, with a holistic approach to meeting the multifaceted needs of clients who are often at a point of crisis when entering the service.
- Woree Supported Housing Accommodation provides a transition (primarily out of Douglas House or other temporary accommodation) into Mission Australia social housing. The service is equipped to provide supported housing with individualised case management for 20 adults aged 18 and over, for a period of up to 24 months. Consistent with the other services, staff operate from a recovery oriented, trauma informed, strengths based and culturally responsive approach and aim to holistically address client issues. This service offers the least intensive level of support due to a lower level of client need.

While client journeys differ, a number of clients will transition between two or more of these services, according to the level of support they require. For example, clients in the Going Places Street to Home program lacking the independent living skills or with other limitations that may prevent them successfully maintaining a tenancy may benefit from transitioning into supported accommodation at either Douglas House or Woree. Some clients will transition between all three services as the intensity of support they require lessens.

In addition to these services, Mission Australia in Cairns also operates Café One, a social enterprise program which provides people with a history of rough sleeping and chronic homelessness with the opportunity to participate in vocational training and employment. The Café One van provides participants with practical barista experience to complement TAFE training in this skill.

Previous evaluations have been conducted of the Going Places Street to Home and Douglas House models, examining how staff implement the practice model, detailing the complex needs faced by the largely Aboriginal and Torres Strait Islander client group, and looking to assess client outcomes. As the services have all committed to Mission Australia's Impact Measurement program over the past two years, adopting the Client Wellbeing Survey, new data is now available regarding the outcomes being achieved by clients of these services.

2. Evaluation methodology

2.1. Purpose and approach

This evaluation adopted a mixed methods approach in order to address the following research questions:

1. What are the needs and complexities facing clients of Mission Australia's Cairns homelessness services?
2. How effective are Mission Australia's Cairns homelessness services in:
 - a) Improving clients' personal wellbeing;

- b) Improving clients' independent living skills;
 - c) Assisting clients to integrate into the community;
 - d) Helping clients to improve their economic wellbeing; and
 - e) Assisting clients to achieve better housing outcomes.
3. How do Mission Australia's Cairns homelessness services work together, and with the rest of the sector, to meet client needs?
 4. What similarities and differences can be observed across Mission Australia's Cairns homelessness services?
 5. Are any synergies or client benefits achieved through offering a range of homelessness services that a client may transition between?

The evaluation also sought to explore the potential of the Café One model and to determine its impact on client outcomes.

To begin to address these research questions, a review of previous external evaluations of Mission Australia's Cairns homelessness services was undertaken. In total, five evaluation reports examining service provision at Going Places Street to Home and Douglas House were included for this analysis, with results summarised in Section 3 of this report.

As mentioned, as part of Mission Australia's standard Impact Measurement program, clients are invited to undertake a quantitative survey that examines how they are faring across a range of key indicators. Clients are invited to complete the survey at multiple time points, including at entry into a service, at regular intervals during service provision and when they exit a service.

Clients at all three Cairns homelessness services complete the same survey, making this an ideal data source for the current evaluation. Importantly, a unique identifier (the client ID) is collected in each survey, allowing for responses to be matched, so that an individual's survey responses can be compared across time (and different services) in order to ascertain whether or not change has occurred on key indicators. For the purposes of this evaluation, analysis of this data focused on client surveys completed during 2017 and 2018, with results presented in Section 4 of this report.

Finally, to further inform the evaluation, in-depth interviews were conducted by telephone with fourteen members of staff across Mission Australia's Cairns homelessness services. Interviewees were selected to ensure good representation of all three services as well as different staff roles and backgrounds. The telephone interviews were conducted by senior members of Mission Australia's Research & Evaluation team and ranged in length between 30 minutes to an hour. Findings from this qualitative component of the evaluation are outlined in Section 5 of this report. A selection of verbatim quotes from staff members that typify the responses given to the interview questions are included to illustrate the key themes arising from this component of the research.

2.2. Ethics

Approval to conduct this evaluation was granted by Mission Australia's Ethics Committee. Prior to the qualitative interviews, all participants were provided with information about the research and written consent to participate was obtained. Consent is also obtained as standard practice prior to clients completing the Impact Measurement survey. All survey questions are non-mandatory and clients are informed that they are free to withdraw their participation at any time without affecting their relationship with Mission Australia or the service they are attending. Throughout this report, data has been anonymised to protect participants' identities. Verbatim quotes from interviews with staff members have been categorised only by whether the participant was a 'frontline worker', 'support manager' or a 'manager'. Pseudonyms are used for all case studies presented.

3. Findings of Previous Evaluations

While this is the first evaluation to consider the effectiveness of all three Mission Australia's Cairns homelessness services and to examine how they may work together to improve client outcomes, there have been four previous external evaluations conducted of the Going Places Street to Home program, as well as a preliminary evaluation of Douglas House.

3.1. Going Places Street to Home Homeless Program

The first evaluation conducted of the Going Places Street to Home program focused on the service's first year of operation, from November 2010 to October 2011. The research relied on staff discussions and client interviews and aimed to investigate the most useful aspects of the model in assisting long term homeless clients, predominantly identifying as Aboriginal and Torres Strait Islander, to achieve positive housing outcomes. The report found that *'Going Places is engaging rough sleepers and chronically homeless persons in such a way as to ensure that all homeless persons are invited to take up permanent and secure housing'*.³ Moreover, it also suggested that *'clients' capacity for assuming power in their lives and in terms of participating in society and the economy is increased through their engagement with this program'*.⁴

Key features of the service deemed to be particularly important included:

- A supportive leadership structure;
- The Indigenous mentor roles, critical both in direct client work and in guiding other staff into culturally sound practice;
- Client advocacy;
- Intimate, assertive and systemic outreach;
- A focus on financial literacy; and
- The men's and women's groups, deemed important for imparting a sense of belonging for both clients and staff.⁵

³ Galloway, G. (2012), *Going Places: An emergent street to home practice model*, Alan Webster Consultancies, Queensland, p. 8.

⁴ Galloway (2012), p. 8.

⁵ Galloway (2012), pp. 7-8.

The study found, however, that it takes far longer than the original time frame of four months to achieve sustainable housing outcomes for clients with histories of chronic homelessness and rough sleeping. It therefore recommended a client engagement period of a minimum of one year. It also suggested that further collaboration amongst all those involved in the broader Cairns homelessness sector would be beneficial for case management and client outcomes.⁶

Following the initial study of the Going Places Street to Home service, a rapid cost benefit analysis (CBA) was conducted in June 2013. This analysis found that Going Places delivers substantial savings to government and the general community in financial and welfare spending. The report suggested a first year Benefit Cost Ratio (BCR) of 4.9, indicating that in the first year for every dollar invested in the program, \$4.90 of savings to the Government and society in general was produced. Extrapolating the benefits and costs to a 5 year period, the study indicated a BCR of 5.1, meaning that for every dollar invested, there was a saving of \$5.10 in public services. Over a 5 year period, this was equated to a Government saving (net present value) of nearly \$27.2 million.⁷

Beyond this, a large array of intangible benefits were identified for clients including increased self-esteem, decreased levels of substance dependency, improved mental health, improved life skills, increased confidence to access education/training, as well as increased access to children and family re-unification. Intangible benefits were also seen as accruing for other service agencies (through improved service outcomes across the sector), for clients' families and friends (through positive role modelling and support) and for the general public (through a decrease in the number of rough sleepers and potential reduction in public safety issues).⁸

In 2017, in order to complement the initial qualitative assessment of Going Places undertaken in 2011, a follow-up report was prepared based on an analysis of quantitative client data drawn from the Going Places Service Record System (SRS) database. The report found that over 7 years, Going Places served 949 clients (1,248 if children are included). Of these clients, 62 entered the service twice over this period and 8 entered three times.⁹

The analysis revealed that majority (71.74%) of clients achieved housing outcomes i.e. they were offered and took up housing, and of these, 93.48% maintained their tenancy at exit from the Going Places program. While the number of clients transitioning into Douglas House and Woree was small at the time, indicative results suggested 100% of these clients were maintaining their tenancies.¹⁰

The report recognised Going Places' culturally sensitive approach to delivering services to Aboriginal and Torres Strait Islander clients, including the use of Indigenous mentors, deeming this to be a leading example of how mainstream service providers can effectively provide services to Aboriginal and Torres Strait Islander people. Another identified strength of the service was treating tenancy breakdowns as opportunities for 'reflection' rather than as 'failures'.¹¹

⁶ Galloway (2012), pp. 8-9.

⁷ C Change Sustainable Solutions & Andrea Young Planning Consultants (2013), *Rapid Cost Benefit Analysis of "Going Places"*, pp. i-ii.

⁸ C Change Sustainable Solutions & Andrea Young Planning Consultants (2013), pp. ii-iii.

⁹ Galloway, G. (2017), *Going Places: Cairns Street to Home Outcomes 2010-2016*, Alan Webster Consultancies, Queensland, p. 9, 12.

¹⁰ Galloway (2017), pp. 19-21.

¹¹ Galloway (2017), p. 13.

The final and most recent evaluation conducted at Going Places was prepared for the Queensland Department of Housing and Public Works in order to examine the initial implementation and first six months of the new Multidisciplinary Model's operation between December 2016 and May 2017. This initiative integrates both the existing psychosocial case management model, with health care provided by three clinicians: a physical health nurse, a mental health nurse and a drug and alcohol nurse. The model was developed in recognition of both the multidimensional psychosocial and health needs of individuals experiencing chronic homelessness, and the barriers this cohort often faces in accessing necessary resources.¹²

The report concluded that there is strong evidence that the model is well managed and operating as intended, with Going Places Street to Home having '*used the flexibility in the service agreement to design and implement the Multidisciplinary Model to reflect the needs and opportunities present in Cairns*'.¹³ The clinical health workers were noted to have been integrated successfully into the team and existing service provision. Key outcomes observed included:

- The incorporation of health assessment findings into client case plans;
- Information sharing between the health team and other staff;
- Assistance for clients to address transport barriers to accessing healthcare services;
- Advocacy for clients to access the mainstream healthcare they require; and
- The development of positive links with mainstream health services, particularly a local GP.

Further opportunity was suggested, however, to improve linkages and the relationships between the Multidisciplinary Model and the Cairns Base Hospital.¹⁴

3.2 Douglas House

The preliminary evaluation of Douglas House conducted by researchers at James Cook University aimed to investigate the service's practice model and its appropriateness and effectiveness in meeting client needs. The report attested to the complexities of issues facing Douglas House's largely Aboriginal and Torres Strait Islander client group finding that:

- 81% of residents carried one or more debts;
- 76% had identifiable problems with alcohol use;
- 62% had identifiable problems with drug use;
- 59% of residents had experienced domestic violence;
- 50% had mental health issues (although only 19% had received a medical diagnosis);
- 20% had an identified gambling problem; and
- 18% had a current child protection order in place.¹⁵

¹² Clarke, A. & Parsell, C. (2017), *Formative Evaluation of Multidisciplinary Street to Home Model: Cairns*, Institute for Social Science Research, The University of Queensland, prepared for the Queensland Department of Housing and Public Works, May 2017, p.5.

¹³ Clarke & Parsell (2017), p.1.

¹⁴ Clarke & Parsell (2017), pp. 1-2.

¹⁵ Carrington, A. & Mensinga, J. (2017), *Douglas House, Supported Housing Services, practice model development and evaluation, March 2017*, James Cook University.

The report identified four key theoretical approaches guiding practice at Douglas House, specifically: trauma informed, strengths based, recovery focused and culturally responsive. These were seen to be supported by the staff vision, values and experience as well as through reflective practice and commitment to the model. The report found that *'the model and practice becomes dynamic and responsive to the complex needs associated with each individual resident, based on a fluid process of assessment that is informed by each component of the model'*.¹⁶

The report was very positive about the model adopted, concluding that despite the complex needs of clients the designated outcomes of the program were being achieved, with resident tenancy rates deemed to be stable. The evaluation indicated that other goals such as an increase in clients' abilities to seek support to set boundaries, a decrease in the number of hospital emergency departments and a decreased need for police intervention had been observed, but that further data should be collected to support these observations.¹⁷

The remainder of the current evaluation report draws upon new quantitative and qualitative data. While the findings support those from previous evaluations, they also serve to provide additional insight into the effectiveness of all three Mission Australia Cairns homelessness services in meeting client needs and the ways in which client outcomes can be enhanced through collaborative practice.

4. Quantitative Findings

In order to determine whether or not Mission Australia's Cairns homelessness services are helping clients to achieve desired outcomes, quantitative analysis was undertaken of client survey responses gathered as part of Mission Australia's standard Impact Measurement program.

One of the key sets of questions in this survey is a validated measure of subjective wellbeing, the Personal Wellbeing Index (PWI).¹⁸ This index is designed to be sensitive to fluctuations in a person's circumstances and encompasses the constructs of satisfaction with the following domains: standard of living, health, achieving, relationships, safety, community, and future security. The PWI also includes a stand-alone question on satisfaction with life as a whole.

The survey also asks respondents questions about their independent living skills, about their levels of participation and connection, their economic wellbeing and about aspects of their housing. In addition to the client questions, the caseworker also completes a range of items designed to gather data on client demographics and needs and how well they perceive clients are currently managing a range of independent living skills.

This evaluation analyses responses collected in 2017 and 2018 at the three Mission Australia Cairns homelessness services. In total, 113 clients (and their case workers) completed at least two surveys across this period, making them eligible for inclusion in the current analysis. Responses were compared between the first and final survey each client completed during the period. Overall, the mean length of time between these surveys was 33 weeks.

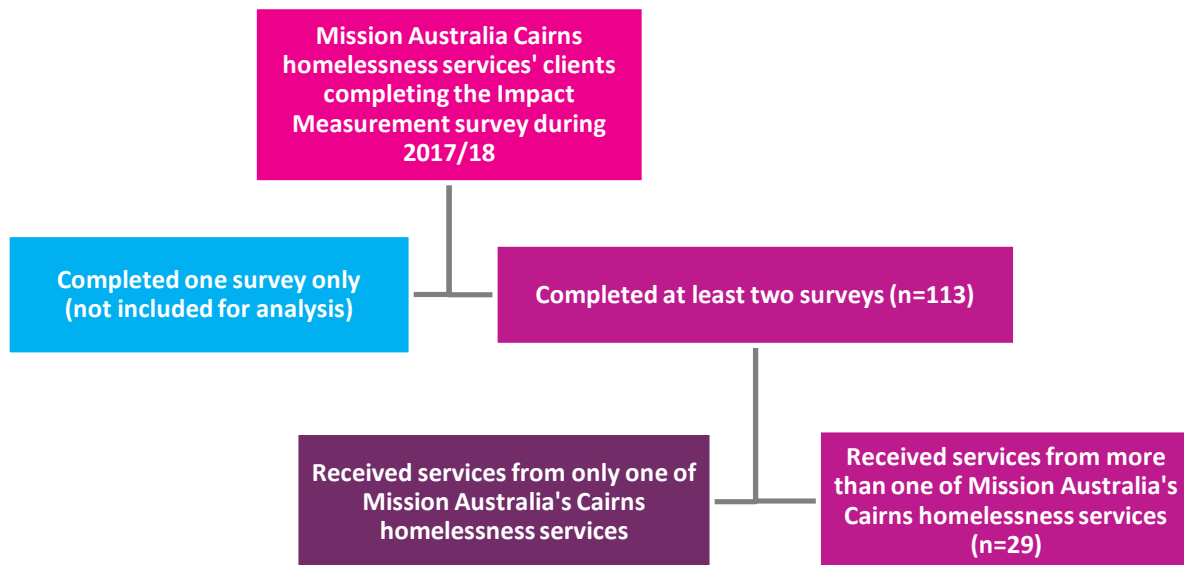
¹⁶ Carrington & Mensinga, p. 31.

¹⁷ Carrington & Mensinga, p. 6.

¹⁸ International Wellbeing Group (2013), *Personal Wellbeing Index: 5th Edition*, Melbourne: Australian Centre on Quality of Life, Deakin University, <http://www.acqol.com.au/instruments#measures>.

Additionally, findings are also presented from a key subset of these clients: those who were clients of at least two of Mission Australia’s Cairns homelessness services during 2017/18, hereafter referred to as multi-service users (n=29, see Figure 1 below). This allows us to examine the combined impact of Mission Australia’s Cairns homelessness services and to explore how the consistencies in values and practices and general integration and communication between these services may impact upon client outcomes. The mean length of time between first and final surveys among this cohort was 42 weeks, reflecting the typically longer duration of support received by those who transition between the services.

Figure 1: Sample breakdown



4.1. Demographics

At the time of completing their first survey, respondents ranged in age between 20 – 74 years, with a mean age of 43 years. A total of 55.8% of respondents were male and 44.2% were female. Overall, 38.1% of respondents identified as Aboriginal, 11.5% identified as Torres Strait Islander and 6.2% identified as both Aboriginal and Torres Strait Islander.¹⁹ A small minority of clients (8.9%) identified as being from a culturally and linguistically diverse (CALD) background.

4.2. Wellbeing

Respondents were asked a range of questions designed to assess their personal wellbeing at the time of each survey. As mentioned, results to these questions have been compared across the two surveys in order to assess any changes clients experienced.

Respondents were asked to rate their level of satisfaction with a range of life domains on a scale

¹⁹ This data suggests an under-representation of Aboriginal and Torres Strait Islander respondents in the sample relative to the overall proportion of clients across the services who identify as Aboriginal and/or Torres Strait Islander. In the qualitative interviews, one frontline staff member indicated that there may be greater barriers to Aboriginal and/or Torres Strait Islander clients completing the survey due to English often being a second language (or one of many). Staff are working to increase participation amongst this cohort.

of 0-10. The scores on the seven domains were averaged to form a single composite personal wellbeing score, that was standardised onto a 0-100 point scale, where '0' is 'very sad' and '100' is 'very happy'. The following guidelines are given by the developers of the index for the interpretation of individual subjective wellbeing scores as measured by the PWI:

70+ points	Normal: A person is likely to be experiencing a normal level of wellbeing
51-69 points	Challenged: Personal wellbeing is likely to be challenged / compromised
≤50 points	High-risk: Very low personal wellbeing / strong likelihood of depression

In Australia, the average PWI is approximately 75. Table 1 provides the most recent mean score for each PWI domain among the general Australian adult population.

Table 1: Mean PWI scores among the general Australian adult population in 2018

Question	Normative data (2018) ²⁰
Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?	75.5
How satisfied are you with your standard of living?	78.4
How satisfied are you with your health?	74.0
How satisfied are you with what you are achieving in life?	72.3
How satisfied are you with your personal relationships?	77.4
How satisfied are you with how safe you feel?	81.6
How satisfied are you with feeling part of your community?	70.6
How satisfied are you with your future security?	71.0
Overall wellbeing score	75.1

Comparatively, Table 2 presents the PWI results among clients at Mission Australia's Cairns homelessness services at the time of the first and final survey they completed over 2017/18. In total, 102 clients gave valid responses to all PWI items, making them eligible for inclusion in the analysis.

²⁰ See <http://www.acqol.com.au/uploads/surveys/survey-035-report.pdf>; accessed 27 June 2019.

Table 2: PWI scores among all respondents (n=102)

Question	Mean score at first survey	Mean score at final survey	Change in mean score
Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?	53.1	67.1	14.0
How satisfied are you with your standard of living?	47.8	72.4	24.6
How satisfied are you with your health?	57.2	67.2	10.0
How satisfied are you with what you are achieving in life?	52.2	65.0	12.8
How satisfied are you with your personal relationships?	56.6	68.3	11.7
How satisfied are you with how safe you feel?	66.8	81.4	14.6
How satisfied are you with feeling part of your community?	57.2	68.9	11.7
How satisfied are you with your future security?	58.9	72.0	13.1
Overall wellbeing score	56.7	70.7	14.0

As Table 2 indicates, sizeable improvements were evident across all domains, particularly with satisfaction with standard of living (with the mean score improving by 24.6 points), followed by satisfaction with feeling safe (improving by 14.6 points). Satisfaction with standard of living was clients' lowest rated item at the time of the first survey (at 47.8) and increased to their second most highly rated item (at 72.4) at the time of the final survey (behind satisfaction with feeling safe, at 81.4).

The overall PWI score of respondents showed a strong increase of 14.0 points from a challenged score of 56.7 to a score within the normal range (70.7). The standalone measure of satisfaction with life as a whole also improved by 14.0 points, from 53.1 to 67.1.

As mentioned earlier, additional analysis of responses was carried out among a subset of the 113 respondents who completed more than one survey across 2017/18 – those who had been clients of at least two of Mission Australia's three Cairns homeless services (multi-service users). In total, 29 respondents who completed at least two surveys met this criterion during the 2017/18 period.

Table 3 presents the PWI findings among these multi-service users who gave valid responses to all

PWI items (n=26).

Table 3: PWI scores among multi-service users (n=26)

Question	Mean score at first survey	Mean score at final survey	Change in mean score
Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?	44.6	65.4	20.8
How satisfied are you with your standard of living?	37.7	77.7	40.0
How satisfied are you with your health?	55.0	63.1	8.1
How satisfied are you with what you are achieving in life?	50.0	64.6	14.6
How satisfied are you with your personal relationships?	51.2	74.6	23.4
How satisfied are you with how safe you feel?	62.7	85.0	22.3
How satisfied are you with feeling part of your community?	60.8	73.5	12.7
How satisfied are you with your future security?	54.2	73.8	19.6
Overall wellbeing score	53.1	73.2	20.1

Despite a relatively small sample size, meaning that results should be viewed as indicative, sizeable increases in multi-service users' satisfaction were apparent for all domains (in line with the findings among the broader cohort). While satisfaction across the domains started at relatively low levels at the time of the first survey, by the time of the final survey, satisfaction with a number of the domains was approaching or even exceeded mean scores among the general Australian population. Particularly strong improvements were found in multi-service users' satisfaction with their standard of living (an increase of 40.0), personal relationships (an increase of 23.4), safety (an increase of 22.3) and their future security (an increase of 19.6).

Importantly, the overall wellbeing score of multi-service users showed an even stronger improvement than the overall wellbeing score among total respondents (increasing by 20.1 points from a challenged score of 53.1 to a normal score of 73.2, compared to an increase of 14.0 points among clients overall). A similarly strong increase was seen in the standalone measure of

satisfaction with life as a whole among multi-service users (an increase of 20.8).

4.3. Independent living

In order to gauge key independent living skills, clients were asked to rate how well they felt they were managing their money (budgeting), managing their own appointments and taking their medication as prescribed. Each of these was rated on a 0-10 scale, where '0' indicates 'not very well' and '10' indicates 'very well'. The mean ratings given by all respondents at the time of their first and final survey are presented in Table 4 below.

Table 4: Independent living scores among all respondents

Item	Mean rating at first survey	Mean rating at final survey	Change in mean rating
Managing your money (budgeting) (n=113)	5.9	6.8	0.9
Making your own appointments (n=113)	6.9	8.0	1.1
Taking medication as prescribed (n=112)	7.7	8.3	0.6

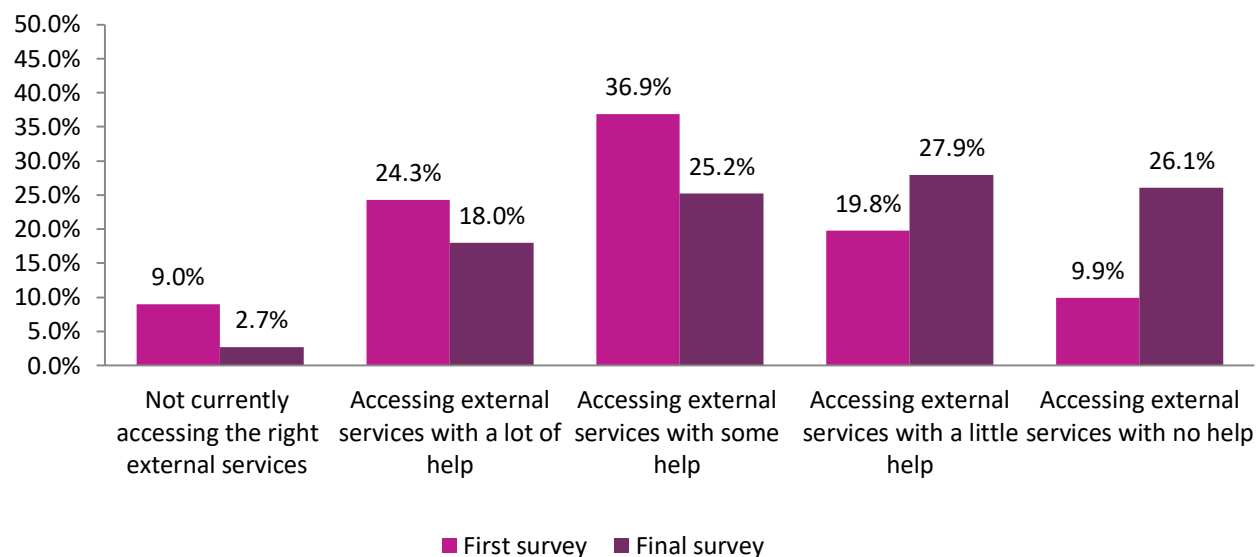
As can be seen in Table 4, respondents' ratings of their ability to manage each of these three independent living skills increased between the time of their first and final survey in 2017/18. Similar improvements were evident for all three independent living skills among multi-service users (as shown in Table 5 below), with the biggest increase in respondents' ratings of their ability to make their own appointments (with the mean score increasing from 6.4 at the time of the first survey to 7.7 at the time of the final survey).

Table 5: Independent living scores among multi-service users

Item	Mean rating at first survey	Mean rating at final survey	Change in mean rating
Managing your money (budgeting) (n=29)	5.0	6.0	1.0
Making your own appointments (n=29)	6.4	7.7	1.3
Taking medication as prescribed (n=28)	7.5	7.9	0.4

Clients were also asked to rate how much help they require to access the right external services to support their current needs on a 5 point scale, ranging from 'not currently accessing the right external services' to 'accessing external services with no help'. Results to this question are presented in Figure 2.

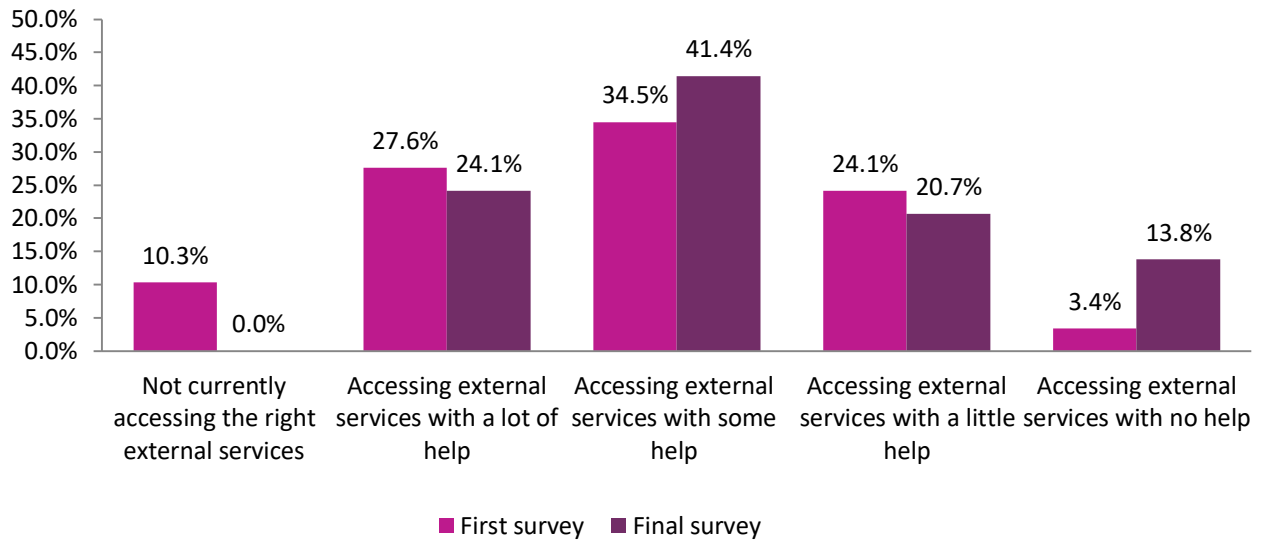
Figure 2: Ability to access the right external services among all respondents (n=111)



Positive shifts were seen in respondents’ ratings of their ability to access the right external support services between their first and final survey. Overall, just under a third of respondents (29.7%) indicated they were ‘accessing external services with a little help’ (19.8%) or ‘accessing external services with no help’ (9.9%) at the time of the first survey, compared to over half (54.0%) at the time of the final survey (27.9% and 26.1% respectively).

Among multi-service users (see Figure 3), there was again a decline in the proportion of respondents who indicated that they were ‘not currently accessing the right external services (10.3% to 0.0%) or that they were ‘accessing external services with a lot of help’ (27.6% to 24.1%) between their first and final survey. Similarly, there was an increase observed in the proportion of respondents ‘accessing external services with no help’ (3.4% to 13.8%), although to a lesser degree than among the full cohort.

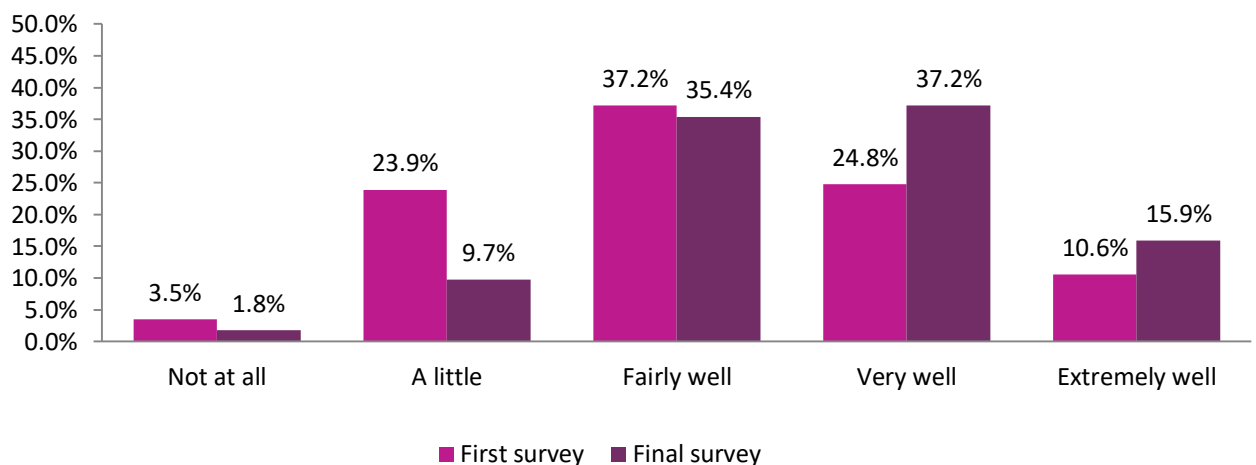
Figure 3: Ability to access the right external services among multi-service users (n=29)



The survey also asked respondents to rate how much control they feel they have over their life currently on a scale of 0 to 10, where '0' indicates 'no control' and '10' indicates 'complete control'. Once again, a positive shift was seen on this measure, with respondents' mean rating of their sense of control improving from a 6.5 at the time of the first survey to a 7.7 at the time of the final survey (n=113). Results for multi-service users indicate a lower starting point in terms of their sense of control, with a mean score of 5.8 at the time of the first survey, increasing to a mean score of 7.5 at the time of the final survey, suggesting a strong improvement in their sense of control over their lives (n=29).

Clients were also asked to rate how well they think they are coping on a 5 point scale, ranging from 'not at all' to 'extremely well'. As indicated in Figure 4 below, respondents' ratings of their ability to cope also showed encouraging improvements between the first and final surveys they completed.

Figure 4: How well do you think you are coping - all respondents (n=11)

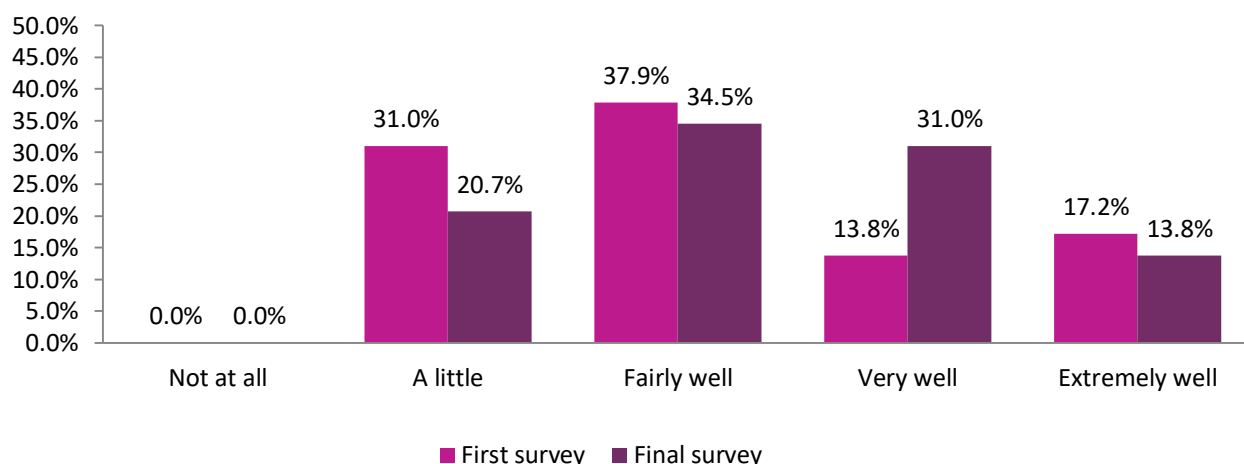


Overall, there were declines in the proportions of respondents indicating they felt they were coping 'not at all' or 'a little' and increases in the proportions indicating they were coping 'very well' or 'extremely well'. Just over a third of respondents (35.4%) indicated they were coping 'very well'

(24.8%) or 'extremely well' (10.6%) at the time of the first survey, compared to over half (53.1%) at the time of the final survey (37.2% and 15.9% respectively).

Results among multi-service users (see Figure 5) also showed a decrease in the proportion of respondents indicating they were coping 'a little' (31.0% to 20.7%) and a particularly sizeable increase in the proportion of respondents who felt they were coping 'very well' (13.8% to 31.0%). There was a minor decrease, however, in the proportion of respondents indicating they were coping 'extremely well' (17.2% to 13.8%).

Figure 5: How well do you think you are coping – multi-service users (n=29)



4.4. Connected and participating

In order to measure the degree to which clients were connected and participating, the survey asked respondents to indicate how frequently they participated in or connected with a range of important people/activities on a 5 point scale ranging from 'never/no connection' to 'daily'. Table 6 below indicates the proportion of all respondents reporting regular interaction (either fortnightly, weekly or daily) with each item listed across the first and final surveys.

Table 6: Frequency of participation/connection with important people/activities among all respondents

Item	% reporting regular interaction at first survey	% reporting regular interaction at final survey	Difference in %
Family (n=108)	58.3	69.5	11.2
Friends (n=108)	56.5	64.7	8.2
Cultural or spirituality group or church (n=109)	30.4	33.9	3.5

Community (n=109)	41.3	41.2	-0.1
Volunteering (n=107)	18.7	20.5	1.8
Education/training (n=108)	16.7	24.1	7.4
Employment (n=107)	12.2	15.8	3.6

Encouragingly, at the time of the final survey, there were improvements in the proportion of respondents reporting regular participation in/connection with almost all of the listed items. The biggest increases were in the proportion of clients reporting regular connection with family (58.3% to 69.5%) and with friends (56.5% to 64.7%), as well as regular participation in education and training (16.7% to 24.1%). Small increases were seen in the proportion of clients regularly participating in employment (12.2% to 15.8%) and a cultural or spirituality group or church (30.4% to 33.9%). Comparatively, participation in volunteering (18.7% to 20.5%) and in the community (41.3% to 41.2%) remained relatively stable.

Particularly strong improvements in client participation and connection were found among multi-service users (as shown in Table 7). Among this cohort, the biggest increases were in the proportion of respondents regularly connecting with family (57.2% to 79.3%), regularly participating in education/training (17.8% to 34.4%) and regularly connecting with friends (53.6% to 68.9%). Improved levels of regular participation and connection were seen for all of the listed items.

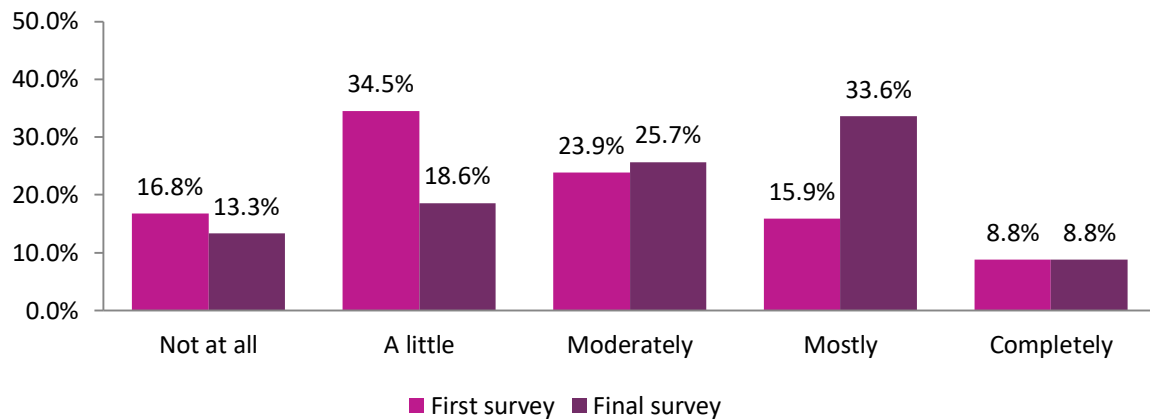
Table 7: Frequency of participation/connection with important people/activities among multi-service users

Item	% reporting regular interaction at first survey	% reporting regular interaction at final survey	Difference in %
Family (n=29)	57.2	79.3	22.1
Friends (n=29)	53.6	68.9	15.3
Cultural or spirituality group or church (n=29)	32.1	44.8	12.7
Community (n=29)	39.3	48.2	8.9
Volunteering (n=28)	18.5	21.4	2.9
Education/training (n=29)	17.8	34.4	16.6
Employment (n=29)	7.1	10.3	3.2

4.5. Economic wellbeing

In order to measure clients' economic wellbeing, the survey also asked respondents to indicate whether or not they have enough money to meet their (and their family's) needs on a 5 point scale, ranging from 'not at all' to 'completely'. Responses to this question are presented in Figure 6.

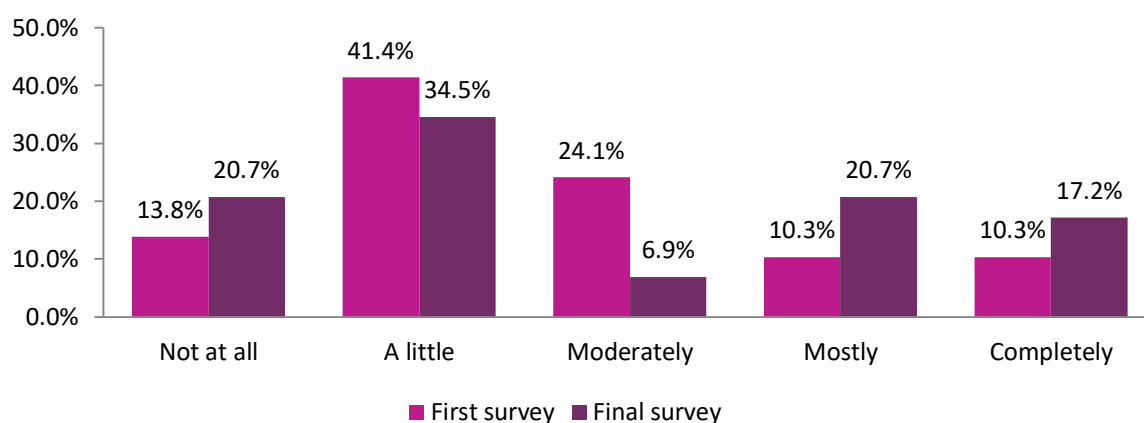
Figure 6: Have you enough money to meet your and your family's needs – all respondents (n=113)



A comparison of responses to this question between the first and final survey reveals a sizeable decrease in the proportion of respondents who felt they had enough money to meet their (and their family's) needs only 'a little' (34.5% to 18.6%). Comparatively, the proportion of respondents indicating they were able to 'mostly' meet their (and their family's) financial needs more than doubled (from 15.9% to 33.6%).

Among multi-service users, there was also a decrease in the proportion of respondents who felt they had enough money to meet their (and their family's) needs 'a little', albeit a more modest one (41.4% to 34.5%). Once again the proportion of respondents indicating they were able to 'mostly' meet their (and their family's) financial needs doubled (from 10.3% to 20.7%). There were also increases at both ends of the spectrum – in the proportion of respondents who felt 'not at all' able to meet their (and their family's) financial needs (13.8% to 20.7%) and the proportion who felt able to meet these needs 'completely' (10.3% to 17.2%).

Figure 7: Have you enough money to meet your and your family's needs – multi-service users (n=29)



4.6. Housing

Finally, respondents were asked to indicate the level of control they felt they have over who comes into their home, on a scale of 0 to 10, where '0' indicates 'no control' and '10' indicates 'complete control'. A positive shift was also seen on this measure across the 2017/18 period, with respondents' mean rating of their sense of control over who comes into their home increasing from 7.1 to 8.8, suggesting strong feelings of control in this area. A similar (marginally greater) improvement in mean ratings of their sense of control over who comes into their home was also found for multi-service users (increasing from 7.2 to 9.1).

4.7. Caseworker assessment

In addition to clients' perceptions of how they were faring across a range of key indicators, caseworkers were also asked to assess how their clients were managing a range of important tasks detailed in Table 8. For each of these items, case workers were asked to rate how the client was managing on a 4 point scale ranging from 'not currently managing' to 'managing with no assistance'. Table 8 below indicates the proportion of clients deemed, for each item, to be 'managing with a little assistance' or 'managing with no assistance' at the time of both the first and final survey completed.

Table 8: Percentage of all respondents managing each item with only 'a little' or 'no' assistance

Item	% at first survey	% at final survey	Difference in %
Finances (n=108)	62.9	79.6	16.7
Attending appointments as planned and on time (n=104)	62.5	73.1	10.6
Taking medication as prescribed (n=83)	73.5	83.1	9.6
Maintaining their tenancy (n=89)	47.2	77.5	30.3

Personal hygiene/presentation (n=97)	82.5	92.7	10.2
--------------------------------------	------	------	------

Encouragingly, between surveys there were improvements in the proportion of respondents rated as managing each of the listed items with either ‘a little’ or ‘no’ assistance. At least seven in ten clients were rated as managing each of the items with either ‘a little’ or ‘no’ assistance at the time of the final survey completed, with over nine in ten rated as managing their personal hygiene/presentation with ‘a little’ or ‘no’ assistance. Importantly, the biggest improvement was in the proportion of clients deemed to be maintaining their tenancy with ‘a little’ or ‘no’ assistance. Over three quarters (77.5%) of respondents were deemed to be doing so at the time of the final survey completed compared to less than half (47.2%) at the time of the first survey.

A very strong improvement was also identified in caseworkers’ ratings of multi-service users’ ability to maintain their tenancy (see Table 9), with the proportion of this cohort rated as managing their tenancy with only ‘a little’ or ‘no’ assistance increasing from 42.8% at the time of the first survey to 76.2% at the time of the final survey. Good improvements were also seen in ratings of multi-service users’ abilities to take medication as prescribed (65.0% to 80.0%), manage their finances (57.2% to 71.5%) and their personal hygiene/presentation (85.2% to 92.6%). There was a small decrease, however, in the proportion of multi-service users deemed to be attending appointments as planned and on time with only ‘a little’ or ‘no’ assistance (55.5% to 51.8%).

Table 9: Percentage of multi-service users managing each item with only ‘a little’ or ‘no’ assistance

Item	% at first survey	% at final survey	Difference in %
Finances (n=28)	57.2	71.5	14.3
Attending appointments as planned and on time (n=27)	55.5	51.8	-3.7
Taking medication as prescribed (n=20)	65.0	80.0	15.0
Maintaining their tenancy (n=21)	42.8	76.2	33.4
Personal hygiene/presentation (n=27)	85.2	92.6	7.4

5. Qualitative Findings

In-depth interviews conducted with fourteen staff across Mission Australia’s three Cairns homelessness services highlighted the complexities of client needs and the importance of a holistic approach to addressing these. In line with the quantitative findings, the interviews revealed high levels of confidence and pride amongst staff that good outcomes were being achieved for their clients across a range of key areas. These included housing/tenancy outcomes, as well as improvements in personal wellbeing, living skills, physical health, economic wellbeing and connection to community and culture. Greater detail about each of these outcomes is provided below.

One of the key factors identified as contributing to the services' success was collaboration, both internally across the three services, and externally with the broader Cairns homelessness sector. This is also described further below, along with an analysis of the other service strengths identified (many of which reinforce the findings of the previous external evaluations). Finally, staff also highlighted some areas of unmet need, along with opportunities for growth and improvement.

5.1. Client needs

The Cairns homelessness services all work with clients who have histories of chronic homelessness and/or rough sleeping. Staff described their clients as *“the most vulnerable”* individuals, who are often *“people other services refuse to support”*. While proportions vary across the different services, the majority of clients identify as Aboriginal and Torres Strait Islander. Many have left their communities in places like Cape York and the Torres Strait Islands to move to Cairns for a variety of reasons, including seeking medical assistance that's not available in their community (e.g. for regular dialysis), to follow children removed due to child safety issues, to escape DFV or other types of violence or because there is no housing available in their community. At the time of the interviews, there was also a cohort of clients who had been displaced from Townsville due to recent flooding.

“Community violence is a big one. The other one would be medical reasons for coming down. Having access to the right type of medical treatments and stuff like that ... That's why we have a lot of clients from the Torres Strait, the Cape area, Mornington Island as well, that have actually ended up in Cairns with no real plan around their housing because they were forced to leave their communities for access to these medical treatments, like dialysis. I would have to say the next one would be housing. There's no housing in our communities [e.g. in the Torres Strait Islands and Cape York] ... Private rental market is very, very limited and very, very expensive, we would be talking about maybe 3 times more what the rent is here in Cairns for the same, whether it's a house or a flat on Thursday Island. The public housing system has huge waiting lists ...” (Frontline worker)

“Very much domestic violence ... A lot of factors that play into homelessness here in Cairns comes from the lack of health services up in the communities. So a lot of people come to Cairns for health reasons and they end up homeless here in Cairns. That's a massive impact on the services here ... Child safety, people having to leave community to follow their children through child safety. Also people wanting to come to Cairns to get a better life. We often have people coming from communities, even as close as Yarrabah, sort of wanting to get away from the community environment and to come into a better life and not really understanding how hard it is to find housing in Cairns.” (Frontline worker)

As per the findings of previous evaluations, staff indicated that many clients face issues with AOD misuse as well as mental health issues (which are often co-morbid). Clients also have extensive experience of trauma and violence. Some have histories of incarceration and, due to rough sleeping, many have outstanding State Penalties Enforcement Registry (SPER) debts, attracting fines for public nuisance as well as for a range of minor to more serious offences.

“A lot of the complexity comes from drug and alcohol issues and high numbers of violence. But a lot of that's behavioural, like the violence is very behavioural and again intergenerational, that a lot of those people have grown up with.” (Manager)

“I would imagine the greater majority of our clients have issues with alcohol and other drugs, and often comorbidities with mental health as well...The majority of our clients have also experienced trauma in their past.” (Frontline worker)

“Things like public nuisance. I know of people who’ve got \$200,000 fines for public nuisance because every time they get picked up by the police they get fined. They’re never going to pay them.” (Manager)

On top of these issues, clients face a range of physical health problems. Some of these can be attributed to lacking shelter, for example, non-healing wounds and general foot care. Other physical health issues include amputations, diabetes, vascular disease, renal failure, HIV and hepatitis amongst other diseases.

“Unfortunately people who are Aboriginal and Torres Strait Islander have higher propensity for diabetes and renal failure and vascular diseases, blood pressure and so forth. We do see a lot of our clients struggling with diabetes while they’re without shelter. Also with wounds that are having trouble healing. We get quite a few complex dressings. Podiatry and foot care is also something that’s extremely prevalent in our clients. We’ve had a number of clients who’ve had amputations and been on the street in a wheelchair...” (Frontline worker)

Compounding these issues are low levels of education, difficulties with English (with many speaking predominantly Aboriginal and Torres Strait Island languages), stigmatisation, marginalisation and racism.

“Our mob, because of their English, English is often their 2nd/3rd/4th/5th language, they find it hard to understand. So often if they’ve got to go to Centrelink and report, and go to a workplace and things, a lot of them don’t understand.” (Frontline worker)

“Stigmatisation, marginalisation, racism, poverty, unfortunately all the major sort of barriers to you know, health and security within our society.” (Frontline worker)

5.2. Client outcomes

Staff at Mission Australia’s Cairns homelessness services aim to address the multi-faceted needs of their clients through a holistic approach, following a housing first model, with clients then provided with wraparound supports. Staff indicated that when a client first comes into contact with Going Places Street to Home or Douglas House, they are often in crisis. As such, immediate needs are the priority, providing shelter, helping people to feel safe and addressing pressing medical issues.

“When we first move someone in we’re not looking at their long term plan ... we’re looking at their immediate needs ... Those first couple of months it’s really about trying to settle people in...When the trauma informed practice is in the back of your mind, you’re really about how do we get people to feel safe and ok in the space ...” (Frontline worker)

As clients begin to feel more secure in this environment and in the support being provided, longer term plans can be formulated. At this point, staff encourage clients to lead the process of developing their own goals. As one manager indicated *“for so long people have never been asked what do they want – that’s a basic question”*.

One of the guiding philosophies adopted by the services is to do ‘with’ clients rather than ‘for’ clients and staff believe this is one feature that sets Mission Australia’s services apart from others and helps them to achieve successful client outcomes. The focus is on upskilling and empowering clients so that they are equipped to handle the challenges that they will inevitably face after they exit the service.

“I think we do a really good job of that. We certainly use a recovery model and it’s always client led and the support is focused on the individual and on the client gaining some empowerment I guess, and having power over the situation and controlling their tenancy themselves – that’s always our focus so when we can exit them they are very independent and in control of their situation.” (Manager)

“I think one of the things that our program does really well is about working with clients - we try not to do things ‘for’ clients, you know, assessing their capacity and, where we can, upskilling ...” (Frontline worker)

While each outcome discussed below requires different strategies and the involvement of different personnel with varied skillsets, the approach is guided by a consistent set of values and principles (explored in greater detail later in this report). Staff also mentioned the importance of trust, rapport and open communication between clients and their recovery workers as critical to achieving any of these outcomes.

“The common theme in unsuccessful outcomes is that clients haven’t spoken openly and honestly about the struggles they’re going through or where they’re at for whatever reason ... The ones that do, no matter how complicated or difficult they are, we can always sort of work through that, we’ve got all the team in place to do that and work on those goals bit by bit to move forward.” (Frontline worker)

5.2.1. Housing/tenancy

Staff unanimously felt that Mission Australia’s Cairns homelessness services are performing well in supporting clients to achieve good housing and tenancy outcomes despite a challenging environment at the moment, marked by an extremely low availability of long term accommodation options in Cairns.

“In my opinion, this program supports chronically homeless people into accommodation and then holistically supports that person so they can sustain that tenancy better than I’ve ever seen anyone do it.” (Frontline worker)

“I think we do a pretty good job in terms of helping clients to break down the barriers they may have when it comes to sustaining a successful tenancy, and helping to inform and educate in a very respectful way.” (Frontline worker)

“I think over the nearly 10 years, I think we’ve done a fantastic job. However, there’s not enough properties, there’s not enough permanent accommodation options. There are no options”. (Manager)

Applying a housing first model and beginning the support process by providing a client with accommodation was seen to improve a client’s ability and desire to then address their other needs and challenges. To quote one frontline staff member “all other issues can come into line once they have a house – they have something to lose”.

Not only does Mission Australia provide clients with a place to live, away from the rough sleeping environment that many are used to, it focuses on building client skills that are key to obtaining and sustaining longer term accommodation. This can range from assisting clients with housing applications and helping them to set up and manage rental payments, to educating them about their rights and responsibilities as a tenant, teaching them basic living skills and how to set boundaries about who enters their property and what takes place there.

“Before our program the homeless people didn’t have housing applications. Even if they somehow magically got one in it would expire and there was no-one to follow it up. So chronically homeless people basically got missed from getting into public housing and if it’s a needs-based system they should be pretty much up the top”. (Frontline worker)

“This is where the education comes in, what it means to maintain a tenancy. So when someone comes in, we explain what the program is, explain what a lease is, some people have never had a lease. We had a gentleman come in, he was 40, he’d never had a lease in his life, he’d always lived with family or lived up on the Cape. We’ve had others who’ve had multiple tenancy failures so they don’t understand the importance of not damaging a room or if family comes over and there’s any property damage that ultimately you have the responsibility to pay for that. Or if you’re in a relationship and someone leaves and hasn’t been paying the rent to Access Housing or a real estate and your name’s on the lease that you also accrue that debt. So they’re the conversations that occur as people come in, as relevant to their circumstances.” (Support manager)

Beyond a focus on simply helping clients obtain housing, Mission Australia’s Cairns homelessness services place an emphasis on uncovering the reasons why an individual may be homeless and then trying to find solutions to address issues that may have presented a barrier to that individual sustaining accommodation in the past.

“We always try to get to some of the reasons people are homeless, the reasons why they haven’t got those skills to maintain their tenancy. So instead of, because realistically we could just put someone in a house, tick the box and move on, right from the start we decided ... For me it wasn’t about reaching a target, it was about what sort of an impact we’re making on these clients so they don’t come back through the revolving door.” (Manager)

Staff report positive impacts in terms of the rough sleeping population in Cairns, with one staff member noting particular improvements in regards to the homeless camps that formerly existed in the city.

“About 4 or 5 years ago we used to have a lot of camps in the city, like pretty big camps, in the swamps, in the mangroves, which I think had been there for God knows how long ... Well over the 5 years of our program, it’s not just us but that connection we were talking about with other services, we’ve gradually chipped away at that over the 5 years until there are no permanent long term camps in Cairns now and it’s one of those huge successes that sort of flew under the radar ... People would come down from the Cape, children would be in the camps, that’s all sort of gone now”. (Frontline worker)

A couple of the staff interviewed suggested an even greater propensity for success in terms of clients maintaining their tenancies, if a client follows a pathway through Mission Australia’s Cairns homelessness services which promotes consistency of client care and understanding.

“What we’re finding is that if they do go through that continuum of care model of Going Places, Douglas House, Woree, we’re getting more success rates than we would if they just came straight into Woree, or straight into Douglas and then into their own home, or straight into Going Places then into their own home. So we’re not putting everyone in the same boat but we are seeing more successful tenancies being maintained after they go through those three programs. Just because we’ve got a story, we’ve got a narrative, we’ve got a relationship, they’re remaining at Mission Australia, we’re tracking them, we know their history of housing, we know what they’re needing to work on, and we’re getting to be able to have really honest conversations with people about what their needs are and how they’re going to be able to maintain tenancies when they leave our service.” (Support manager)

5.2.2. Personal wellbeing and living skills

As mentioned, a key feature of all of the Cairns homelessness services is the holistic case management approach adopted which aims to assist clients with the myriad issues that may be preventing them from sustaining accommodation. In line with the quantitative findings, staff across the services believe they are succeeding in helping to improve clients’ personal wellbeing. They operate from a strengths-based approach and look to reaffirm what clients are doing well, to encourage positive new behaviours and to build clients’ self-esteem.

Staff at the services play a critical role in helping clients negotiate practical tasks and learn important living skills. This includes assisting clients to obtain identification documents, set up bank accounts, learn how to operate household equipment, use public transport, shop for healthy and affordable groceries and perform domestic duties such as cooking and cleaning. The healthy living class was cited as a great example of the services teaching clients a skill (cooking a nutritious meal), while also allowing them to form connections with other clients, to share a meal and to take home leftovers to freeze or keep for later in the week, thereby improving clients’ diets and physical health.

“When they do come in, the first thing we’ve got to do, like they’ve got no ID. That’s the first thing we start off with, getting all that ID together: the birth certificate, Medicare card, bank card ...” (Frontline worker)

“If it’s transport, then we would work with them to get to a point where they’re able to get to those places by themselves. So that after moving out of here, that’s always at the back, well at the forefront of our minds, after moving out are they going to be able to do this stuff?” (Support manager)

“We help, like, teaching them to cook, show them how to use a washing machine, do your washing and clean your room ... Simple as how to work a washing machine ... A lot of them get their Centrelink stopped because they’ve got mail sitting in the mailbox and they don’t check it and know they have to go to report...” (Frontline worker)

5.2.3. Physical health

Staff identified physical health as both a critical issue for clients and a key area in which the services are making a difference. One simple, tangible example given of how this might be observed was in comparing the amount of food clients are able to eat at entry and then again after six or so months in the service.

“When I started I thought, you know, I’m feeding men so I’ll make a big pot of everything, not realising what alcohol does in the sense of shrinking your belly. Over time, from a little tiny saucer, to a little bowl, to a bigger bowl, to a dinner plate. Over the 6 months I can see that, for me, the changes in them, if they’re putting on weight, eating good, in that they’ve actually changed different sized plates ... They’re actually picking up appetite more than drinking.” (Frontline worker)

While the services have always sought to support clients with their physical health needs through connecting clients with external services and assisting them to manage their medications and attend appointments, the recent addition of clinical healthcare practitioners through the Multidisciplinary Model at Going Places Street to Home, has been deemed a very successful venture. To quote one manager, the initiative has led to *“some really good outcomes supporting clients in housing and health”*.

Staff at the services recognised a significant need for such a program and were very positive about the Queensland Department of Housing and Public Works piloting and then committing to further funding of this health care initiative. Previously, clients were often repeatedly turning up at hospital emergency departments for lack of a better option, or were going without adequate health care due to difficulty in accessing services and a lack of understanding of both the medical service system and their own personal health needs.

“We lost all health outreach services all at once [Queensland Health’s Homeless Health Outreach Team operating in Cairns (HHOT)] ... We continued to advocate for health workers which led to the pilot program. It’s certainly been a very good add on to the project.” (Manager)

“Our clients were presenting multiple times at the hospital’s ED department and not receiving a comprehensive health outcome and a lot of our clients didn’t have a regular GP”. (Frontline worker)

Having clinical health workers in-house was credited by staff as improving communication about client health needs and support plans which in turn leads to better outcomes for clients. In addition to the internal medical team, other important developments have been establishing a relationship with a local GP who has created a ‘Wheels of Wellness’ program to ensure consistent provision of health care for outreach clients, as well as fostering a closer, collaborative relationship with the hospital.

“And the advantage is having them in-house, because the communication, like a true multidisciplinary team is difficult to manage in the first place, you know, if you’ve got social workers, nurses, financial workers, Aboriginal and Torres Strait Islander or cultural mentors. There’s a whole lot of different, I guess, models and frameworks in place there and trying to keep everyone on the same page and moving in the same direction is hard enough in-house let alone when all that health support may be outside of the program. It’s certainly been an advantage for us to work together and be on the same page”. (Manager)

“Particularly over the last year or so with the medical team, that’s put a whole different dynamic in the program, a whole different approach to the way we do our work. It’s upskilled us all a lot. It’s also probably been a bit of a lesson for the medical team to see the way we operate.” (Frontline worker)

“Bringing the medical team in and showing them a different way of working, and they’ve embraced that really, really well, we’ve been able to have some really great outcomes in that team.” (Frontline worker)

Staff at the services explained that addressing physical health is often an important step to resolving housing issues. Similarly, being housed allows people to address longer term health needs that would otherwise be neglected.

“People tend to see their immediate needs rather than looking at the long term health process. I think it indicates that when you are living on the street, you are actually living for the moment ... It’s about getting what you need at the time and being resourceful around that. So often the long term health consequences, having a mammogram, or having a pap smear, or those kind of health checks that you might encourage someone to do in a different situation really don’t become important for somebody who doesn’t have the stability of a regular income or shelter.” (Frontline worker)

“That health and homelessness stuff certainly does go hand in hand. A health issue can easily unravel a tenancy and without a tenancy to try to resolve an ongoing health issue is almost impossible as well.” (Manager)

The case study below attests to the importance of clients receiving appropriate and consistent medical support, as well as case management. Ben’s story is a clear example of the benefits of holistic care, collaboration between agencies/services and a long term view to resolving an individual’s homelessness, without closing doors after unsuccessful attempts.

Ben is a 45-year-old Aboriginal man who has struggled with homelessness, paranoid schizophrenia, frequent periods of incarceration, Fetal Alcohol Spectrum Disorder (FASD), Hepatitis C and HIV for many years.

Going Places first met Ben in mid-2010 and for 3 months attempted, unsuccessfully, to engage with him around seeking long term housing. In mid-2014, while on outreach in the city, contact was made with Ben who expressed a desire to work with the program to find long term housing. Ben disclosed that he had recently been asked to leave a short term accommodation facility for lighting a fire in his room. Ben had not been receiving his monthly depot injections and his mental health was deteriorating. A Going Places case worker was allocated to Ben and contact was made with his mental health worker in an attempt to coordinate a case plan. The case worker worked with Ben, and the public trustee, to apply for new ID documents and complete a Department of Housing application. In the next 10 months Ben considered a number of accommodation options however, with deteriorating mental health, any attempt to transition into accommodation was unsuccessful. Ben was a tenant at Douglas House for a short time but this tenancy broke down due to his unstable mental health, aggressive behaviour and an incident occurring. As client contact had become irregular, Ben was also exited from the Going Places program in late 2014.

In mid-2017, Ben’s case was identified by the Case Coordination Working Group as requiring intensive interagency support and a new referral was made to the Going Places program. Ben was allocated a case worker and was connected with the new Going Places nursing team, with Ben beginning to receive support from the mental health nurse and the drug and alcohol nurse. Mission Australia collaborated closely with others in the Cairns homelessness sector including Community

Mental Health Services, Anglicare, Cairns Sexual Health Service and the Aboriginal and Torres Strait Islander Legal Service in order to address Ben's complex needs.

Ben moved into Douglas House in late 2017, began to receive his depot injections regularly and commenced treatment for both HIV and Hepatitis C. His latest blood test results indicate that the HIV virus is now undetectable and that his Hepatitis C has been cured. Ben has received court support letters from all agencies working with him and was supported to attend his court appearances by a Going Places staff member. Ben's court processes have now all be cleared, and there have been no fresh charges since. Ben is currently involved in planning his transition from Douglas House to a more independent environment.

5.2.4. Economic wellbeing

Poverty is a shared experience for clients of Mission Australia's Cairns homelessness services, with many also acquiring significant debt, for example through fines and gambling. Staff indicated working with clients in a number of important ways in order to improve their financial independence and economic wellbeing. Some of these included:

- Teaching clients how to manage the money/allowances they receive through budgeting;
- Explaining how to ensure they continue receiving payments (e.g. the Newstart allowance) through meeting their job search obligations;
- Showing clients how to set up automatic payments;
- Working with clients on gambling issues; and
- Connecting them with other services that can help e.g. Indigenous Consumer Assistance Network (ICAN).

"We're just about to re-employ a financial mentor, we certainly do budgets with them, support them with setting up paying their electricity and that sort of thing so they're fully aware there's \$20 coming out now rather than getting a big bill. We do a lot of work around their finance management as well." (Manager)

"Financially, yes, we've seen some really good outcomes as well. Just with how to manage money, how to budget, so they're not running out of money before the next pay, setting up deductions. You know it's all a learning process for them as well. A lot of our clients, and hey this isn't just Aboriginal and Torres Strait Islander clients, are heavily into gambling as well – but that also comes from the fact that there's no pokie machines in their [original] community. So they come down here and it's right here and it's a social thing as well ... But then, before you know it, it becomes a problem or it will affect them trying to sustain their tenancy, paying their rent, making sure their electricity doesn't get cut off. So it's just educating them about that as well. ... what's ok and what's not ok ..." (Frontline worker)

Being registered as a community service provider, clients are also able to pay off some of their SPER debts through assisting with activities such as cleaning at the services.

"People come in with significant debts from previous tenancies. We have had people with \$27,000 fines, \$2,000 fines, \$8,000 fines. Their SPER debts are huge and they range from anything like public nuisance, to public urination, to driving offences, to DV offences, to just breaching orders. It's \$118 now minimum court fee, so any time they get written a ticket for

maybe public intoxication they get a fine but then on top of that there's also the \$120 court fine. We're registered here as a community service provider and people can pay off their SPER debt, they set it up through the Department of Justice, through Probation and Parole, and they then provide us with a time sheet and anyone who does like an hour, it's about \$29. So some people do cleaning for instance..." (Support manager)

Staff acknowledged that paid employment was not a realistic prospect for all clients, but that where it is they try to work with clients to encourage them to pursue this. For others, volunteer work might be an option to instil a sense of purpose and accomplishment.

"For some clients, knowing that when they get a job they can actually afford to go into nicer housing, it's a real eye-opener for some clients when they come to the realisation that's what it can lead to" (Frontline worker)

"After they're housed, they are able to move their focus away from that immediate or crisis mode they've been in for a long time to think about their future that they wouldn't have before ... Getting training for the first time or getting a job, you know, even volunteering. Some clients have said now that I've got a place I'd love to volunteer. That's not going to enhance them economically but it will enhance in other ways." (Frontline worker)

Café One was acknowledged as an innovative model with the power to engage clients in training and potentially employment, whilst building their confidence and self-esteem, their skillset and their connections with the broader community.

"I think it's certainly effective. The barista training and the food handling is fantastic. I know the Going Places clients have got a lot out of it. Like I said, I know that one or two of them have actually moved on to work there. I know that being linked in with that has been part of keeping people engaged and out of trouble even after they've exited our program. Still doing the training and working in the van has been a very positive thing." (Manager)

The Café One model arose through staff identifying a gap in opportunities for clients to engage in training and employment. It focuses on providing training and, whilst only modest in size and funding, offers barista and food handling courses for clients who have expressed interest in participating. These clients gain practical experience working within the Café One van, as well as attending training within a TAFE environment. The Café One coordinator's understanding of client needs enables them to advocate for clients and help overcome barriers e.g. literacy issues that might traditionally inhibit these clients from completing this type of training.

"Café One came out of us identifying gaps mainly from Douglas House, you know, seeing people that were bored and I guess weren't having any success with their job service providers. So we started setting up, you know, a bit of training and food handling and stuff like that ... [We were] setting up a social enterprise for our people that we work with that might never get the opportunity to do training or employment." (Manager)

Some clients have obtained employment in the Café One van after completing the course, however, the intangible benefits clients derive from participating in the program were deemed by staff to be just as important.

“For me, Café One opens up the opportunity for people to undertake some training in a really safe environment that can then further them into training, into jobs, increasing their financial wellbeing, increasing their social and emotional wellbeing...” (Frontline worker)

“I know they’ve had some really good outcomes and it’s really helped clients to get established and feel a sense of purpose and achievement living here in Cairns and start to feel more part of the community they live in.” (Frontline worker)

It gives them a totally different story to tell to people about who they are and what they do...Some people have never worked...Having that whole new reality to talk about for themselves is wonderful.” (Frontline worker)

“Oh man, I have seen confidence in the quietest person...To see her work in the van, to know that she’s here on time and she’s doing all that stuff, making coffee and she’s making conversation, asking people ‘how you going?’, she would never do that, she would never talk...It’s just amazing, it’s beautiful to see.” (Frontline worker)

Importantly, the benefits of the Café One program extend beyond those directly involved in the program. The Café One van is visible in the community which serves a couple of key purposes:

1. It acts as a soft entry point into services for those in need, raising awareness of the services and acting as a referral pathway.
2. It allows the public to see the achievements of those working in the van and to view ‘homeless people’ in a different way, combatting stereotypes.

“I think it’s really important that people get to see homeless people in a different light. In Cairns in particular there’s a lot of dog-whistling at the moment about homeless people and it’s not helpful ... Café One gets to show those people in a very different light, gets to show what can be achieved if people give people the opportunity to be more than what they look and seem. That there’s more to people than just a homeless person on the street ... That everybody has the capacity to be and given that opportunity, I think people can be very surprised where people can end up ... Not the sum of that moment when they were homeless – they’re so much more.” (Frontline worker)

The Café One van also serves coffee to clients attending the regular men’s and women’s groups run by Mission Australia’s Cairns homelessness services, offering camaraderie and inspiration as well as a hot beverage. Clients are able to identify with those working in the van who have come from a similar background to themselves, and can see the changes and achievements that are possible.

“The guys get to meet the people working there, you know one of the ladies serving coffee, they said ‘hang on, you were at Quigley St Homeless Centre 6 months ago, next minute you’ve done your barista course, got qualified, serving coffee there’. That sort of shocked a lot of the guys there a bit, you know, if she can do that maybe I can too”. (Frontline worker)

“On a Wednesday, one week will have the men’s group, the Going Places one and on the other week we’ll have the women’s group Going Places one, they have a coffee and chat about where they’re at and support each other and all that...And then they get to see people in the van that have done the training, got that employment in the van as well. I think that’s really good for people to see that there can be a different outcome for them too...It takes away those excuses because they have to admit they actually do have the capacity to do

much more than they're currently doing. I think it challenges people to do more and I think it also gives people hope that they're not going to be stuck in their current positions forever."
(Frontline worker)

The one weakness identified with the Café One service is that it is not sufficiently funded or making enough money to support its operations. As such, the number of clients that can be put through training, and the number of opportunities for employment at the end of this, are limited. Mission Australia's Human Resources policies that require police checks prior to the offer of any employment can also prohibit the prospects of clients with criminal histories (a common experience amongst this cohort). While recognised as an important safety precaution and means of managing risk, there was suggestion that perhaps some flexibility for lesser misdemeanours would be beneficial and allow a broader cohort of clients to seek employment at Café One.

"The only weakness is it's not making enough money to support itself. I think the model's wonderful, I don't think it's big enough. We've employed about 5 people since it started. Again, it's only a limited number of people we can provide employment for ... And it's not what we're here to do, it's above and beyond ... What we want is to be able to streamline that process so as soon as they're comfortable and confident they can go and get a job somewhere." **(Manager)**

"Some of the people who've done the course and have been very successful at the barista course, have extensive criminal histories. We've found it quite difficult to marry that in with the strict requirements of Mission Australia HR policies. HR is looking to limit liability; these guys aren't going to meet that. But some of these people have genuinely turned a corner and have so much to offer ... People can lose hope, you know. If there's a way that we can recognise that some people are going to struggle to meet that criteria, do we think they have the capacity, we can do a risk assessment and say that they're safe to be around, then let's move forward and find a way to get them into the van." **(Frontline worker)**

The case study presented below is one successful example of where a client has been able to overcome barriers to employment to obtain a position working within the Café One van. Cathy's story demonstrates that once housing is in place, an individual is then in a far better position to address their other needs and issues, in Cathy's case, her ongoing mental health, employment, past debts and custody of her children. Her story also highlights the power of training and employment to increase an individual's self-esteem and confidence.

Cathy is a Torres Strait Islander female who has spent much of her life in Brisbane. She has 5 children aged between 6-17 years and suffers from mental health issues, having been diagnosed with schizophrenia as a teenager. Cathy moved to Cairns and, shortly after, became involved in a relationship. This relationship turned violent which resulted in her losing her home and access to her children. Alone and trying to manage the grief and loss while living in a caravan park, her mental health began to deteriorate. She frequented the Cairns hospital, suffering from chronic depression. Cathy received support from the hospital and Wuchopperen Medical Service and she began to manage her mental health. She also received support from the Quigley Street Night Shelter who referred her to Douglas House.

When Cathy initially presented at Douglas House her main concerns were housing availability, affordability and debts. Once Cathy secured accommodation at Douglas House, she was able to

achieve some stability and to identify goals. During her time at Douglas House, Cathy has become very motivated and has engaged in many programs, activities and opportunities including cooking groups, cultural groups and art activities. She has worked with staff to research options for employment and set small goals such as updating her resume, getting reference letters, getting a No Interest Loan Scheme (NILS) loan, committing to her Centrelink reporting requirements and looking for jobs each fortnight.

Through Café One, Cathy successfully completed a barista course, obtaining a qualification. Following this, she worked in the Café One van as a volunteer, gaining more skills and increasing her confidence. Staff supported Cathy to obtain a blue card in order to secure casual work in the van. Cathy's blue card application was denied due to her past criminal history. However, having identified that she was hard working, capable and motivated, staff advocated for Cathy to be given the opportunity to obtain employment with Mission Australia. Cathy was offered a casual position with Café One and is currently working in the van one day per week, as well as assisting with food preparation and delivery at Douglas House. She has arranged a payment plan for her housing debts and is currently paying the debt off. She has also sought legal advice regarding her children in care and is currently working towards reunification.

5.2.5. Connection to community and culture

For many clients of Mission Australia's Cairns homelessness services, isolation from family and/or community is a key issue, particularly for those who move to Cairns from other areas. Moving from their original land and community can be particularly challenging for Aboriginal and Torres Strait Islander clients who may feel a loss of identity and sense of disconnection and disempowerment as a result. Those coming from a rough sleeping background may also be used to a different 'community' on the street and may struggle moving into solo accommodation.

"Isolation from family and country is quite significant up here in far north Queensland. In the Cairns area, a high proportion of the people we see coming through the program, people who've been chronically homeless, have needed to move down from their own community for a number of reasons. They need to come to a major city to have those issues addressed and often find themselves without support from their family or community. So that's quite a significant cohort of our clients. So reconnecting with family and culture is really important."
(Frontline worker)

"One of the big challenges going from the street to a home is that when you're on the street there's often lots of people around. In Cairns, if you're at a shelter you're sharing a room with 12 people; it's the same with diversionary ... So when they're trying to go from that to their own home, they can't take that street life into that home, they've got to actually break some of those connections, and a big part of our job is what are we going to replace it with? They start getting lonely in a place, particularly for Aboriginal and Torres Strait Islander people who are often very connected to each other on the streets."
(Frontline worker)

In response to this issue, staff at the services place a key focus on trying to reduce isolation, encouraging clients to connect with others and importantly, promoting cultural connection. Employing Indigenous mentors to work with Aboriginal and Torres Strait Islander clients is an important first step in making clients feel understood, comfortable and more connected. These Indigenous mentors map out social connections and family groups, provide cultural support, help

clients navigate language barriers and also play an important role in organising monthly cultural activities to encourage the cultural interests of clients and to help foster a sense of identity.

“We have a cultural group too, run by an Aboriginal and/or Torres Strait Islander mentor, once a month and that’s a great thing that’s shared between Woree, Douglas and us, they keep rotating each month and organise an event for clients to do cultural stuff, whether its beading or making traditional food.” (Frontline worker)

“I can’t even begin to explain how important it is for our clients and they people we serve to try to establish or re-establish a connection to culture. Because for Aboriginal and Torres Strait Islander people, our culture is at the very core of our identity and it’s also one of our most massive strengths. So for our clients that move away from their land and the place that their ancestors have lived and survived, not just survived but thrived for hundreds of years, thousands of years, to leave that land and come down into something that’s totally alien to them, where they’re living on someone else’s land, that’s very disempowering for our people. So to try to get them to connect again or reconnect with their culture is helping them to understand that even though physically you’ve moved away from your place, they can still rely on that identity and carry that as a strength, a most important strength.” (Frontline worker)

“It’s about the conversations that take place and yarns that happen ... It’s that shared experience ... It’s giving them a forum and a place to feel safe to have those conversations and to let those conversations happen very naturally. It also links them in to different community members, different people in the community. The people who’ve already been housed they might be starting to feel a sense of belonging here in mainstream society, so it’s giving that hope to clients who are still feeling lost and trying to find their feet ... And cultural identity is a huge part of that.” (Frontline worker)

Other activities offered by Mission Australia’s Cairns homelessness services that promote peer-learning, connection and community include the fortnightly men’s and women’s groups which offer informal peer support, tenants’ meetings and training through Café One. Activities such as fishing, gardening and arts and crafts are made available in line with client interests. Staff also play an important role in linking clients with other services that can offer them support within the community.

“It’s a really positive environment [the men’s and women’s groups] where it’s not the caseworker telling them how it works, it’s another client going ‘yeah, I’ve been working with these guys for 6 months, I’m housed now, or I’m about to and these are the things you need to do to get there.” (Manager)

“We have our tenants’ meeting also on a Tuesday and that’s where all our tenants can come together and talk about the issues, but it’s also an opportunity to flag what might be going on in the community so we can connect people to that. What is it that you want to see as activities for yourselves? So fishing’s really, really popular...that’s like connecting both with the land and doing something that’s really relaxing, out of the building, out of Cairns maybe, fishing’s one of the most important wellbeing activities we do. We always ask the tenants what do you want? Now there’s an interest in some people wanting to do some gardening” (Manager)

In some instances, the biggest challenge is helping clients redefine how they engage with family or community. For Aboriginal and Torres Strait Islander clients, family obligations and established patterns may at times risk jeopardising a client's ability to maintain a tenancy, avoid alcohol or drug use or other problematic behaviours. In these instances, the Indigenous mentors and recovery workers work with clients to help them establish boundaries and avoid negative influences.

"A lot of the people that we work with, their biggest barrier may not necessarily be connecting with family, their biggest barrier is putting up boundaries with family. Not so much reconnecting with family, I have helped some people track down family members and reconnect with them – that's within my role as well but what we see the most with our Aboriginal and Torres Strait Islander clients is that feeling of obligation to family members...A lot of the work we do is first of all get them to come to terms with being ok with setting boundaries. We almost have to convince them that culturally it's ok, it's alright to be able to say no. Need to look after you and your little family first. Lots of conversation, even role playing..." (Frontline worker)

While staff overwhelmingly believed that the services were performing well in assisting clients to connect with both community and culture, one staff member suggested that for those clients assisted into standalone tenancies, there could be more support and safe places in the community for individuals to remain connected after exiting Mission Australia's services.

"I think there's still a gap with the community connectedness stuff. The ones we house in their standalone tenancies in the community might struggle engaging with their neighbours, and then once they're out of our program, where do they fit and where do they connect? It's still a difficult space. And if you're not employed, then what are you doing? I think that's where we need a positive sort of work for the dole, incentivised training, something to help keep them connected to the community ... Even a drop in centre ... Maybe a safe place for people to stay connected. There's still probably a gap there." (Manager)

5.3. Similarities and differences between Mission Australia's Cairns homelessness services

There are clearly a few key differences between Mission Australia's Cairns homelessness services:

- They intervene at different points in a clients' homelessness trajectory;
- They have different durations of service provision;
- They provide different types of accommodation; and
- They offer different levels of support to clients reflecting client needs. For instance, Douglas House offers more intensive case management support designed to assist clients in crisis, while Woree tends to work more with clients on their longer term needs and goals.

Important similarities of the services include:

- A recovery oriented and trauma informed practice model;
- Shared values;
- A focus on cultural protocol;
- The same in-house rules for clients across Douglas House and Woree; and

- A shared commitment to doing ‘with’ rather than ‘for’ clients and, as one frontline staff member described it *“putting the client in the driver’s seat”*.

These shared features of the services not only enhance collaboration between them but have significant advantages for clients in terms of ensuring a consistent experience and offering better continuity of care. It means that clients know what to expect when they transition across services and this familiarity brings a sense of comfort.

“If they’ve come from Douglas or Going Places they’ve also had either a recovery worker or someone who is a case manager who will work with them, so they’re used to what they’re going to get. It’s a consistent type of assistance that they’re going to get across the three services ... They have a consistent worker [for the duration of their time in the program] which I think also works, you have the ability to establish rapport, you can have honest conversations ... We know when they get up in the morning, when family is visiting, when they take their medication, when they have their doctor’s appointment ... You really do become exceptionally close.” (Support manager)

“I know the consistency in case management style, the calibre of people that are doing the case management. So I feel really confident in that continuum of care of model that it is consistent and that those common features are there. We have the same in-house rules across Douglas House and Woree and because Going Places know those rules they’re able to message them.” (Support manager)

In line with the quantitative findings, staff indicated that these similarities are great strengths of the services and result in better client outcomes. Further discussion of these shared features can be found in Section 5.6 below.

5.4. Collaboration between Mission Australia’s Cairns homelessness services

Staff indicated good levels of collaboration and communication between Mission Australia’s Cairns homelessness services, recognising that their outcomes are often intertwined. As one support manager noted, *“our stats reflect one another’s stats”*. Recognising that client outcomes are often best for those who are able to transition between the services, there was the suggestion from one manager that the teams needed to work together to ensure successful client handovers and exits: *“when things work well and Woree can transition clients into long term housing, then Douglas House can transition to Woree and Going Places can transition to Douglas House”*.

Staff identified a shared client-centred focus and suggested the importance of working together to best meet each individual’s needs. Depending on a client’s circumstances and preferences, one service may be more appropriate than another and staff indicated the importance of taking this into account.

“The Going Places team will also go ‘right, Douglas House is probably not the best fit but Woree would be a better fit’, maybe someone already has some of those life skills or maybe the location of Douglas House, because we’re right in the centre of town and people come here at 6 in the morning asking tenants to come down and come drinking with them, there are certain pressures here ... Whereas out at Woree, because it’s a little bit further out of town and it’s a bit quieter, and because of the building design, Woree could be a better fit.

And again that's about us all having those shared values, that client centred focus..."
(Support manager)

"We make an assessment with the client, with the staff there, as to what accommodation is more suited...We don't make decisions at all for clients about the sort of housing they may want, but we obviously make suggestions, best ways forward and stuff." **(Support manager)**

Activities such as the fortnightly men's and women's groups, the monthly cultural activities and training at Café One were offered across the services to all clients at different stages in their trajectory and this was seen to promote greater opportunities for discussion and peer learning.

A couple of staff mentioned however, that there is room for further improvement in collaboration between the services.

"I think they could dovetail ... I think there could be a much smoother process for the three ... Like the relationships are good and there's no doubt that if they want to communicate they'll communicate. It's just that transition process and the information sharing about clients. Having the nurses come in has made more of a positive impact on that but I think we need to work together a little bit more..." **(Manager)**

"We need to communicate more. It's mainly through email or a phone call that we get in contact with each other. It would be good if we did have more face-to-face." **(Frontline worker)**

The relationship and collaboration between Mission Australia Housing, who manage the accommodation at Douglas House and Woree, and Community Services staff was viewed in a positive light as having the potential to provide a more deeply integrated model of housing and support, in turn creating a greater impact for the individuals and communities served. While the two entities were described to work well together currently, there were again further opportunities identified to work more closely which are being explored as part of a new project.

5.5. Collaboration with the broader Cairns homelessness sector

Staff all agreed that collaboration with the broader Cairns homelessness sector was working well. A number mentioned that the homelessness sector in Cairns is a leader in terms of collaboration, with a few suggesting the size of Cairns lends itself well to close relationships between government departments, service providers and other agencies. The Case Coordination Working Group (CCWG) was seen as working effectively to bring together all the key players in the sector to address the needs of the most complex clients.

"Our homelessness sector in Cairns is one of the highest functioning sectors that there is, and there's been research done on that as well actually." **(Manager)**

"Being a reasonably small locality...we're with the services all the time, you've got that level of interaction...We actually get on really well, we don't always necessarily agree on everything...but there's always that friendly approach to try to figure something out to get clients to the next level." **(Frontline worker)**

"If the client agrees to be supported by CCWG then we do a sectorial response to that person's homelessness, we share information." **(Frontline worker)**

There was recognition amongst staff that this collaboration with the sector is vital in order to achieve good client outcomes. By working with other providers, Mission Australia's services are better able to:

- Identify rough sleepers and those in need of help;
- Manage referral pathways to our services and map out an appropriate mix of clients (avoiding placing clients with others who may inhibit their ability to achieve a successful outcome);
- Connect clients with other services as required; and
- Build capacity (amongst themselves and others in the sector).

"I believe that we've had everyone on the same page that we possibly could. Externally we've been very transparent. It's always about saying to the staff, we've got nothing to hide and we need to work with everybody. Because working with everybody gets us the better outcomes for the person we're working with you know." **(Manager)**

"From my perspective, I make a point of knowing what the other services do, not just the homeless sector, because all of our clients come with something, they need support in some way. So I make a point of knowing in what direction, where I can't specialise, where I can point clients to." **(Support manager)**

These relationships with others in the sector have been built over time and significant effort has been invested in this. A number of staff mentioned this was an important part of their role and were proud of the work done in collaboration with others in the sector, such as shared outreach activities designed to provide referrals as well as immediate assistance and support to rough sleepers. While staff concurred that not all in the sector would agree on every matter, they spoke of the benefits of fostering healthy debate regarding what works best for clients.

"Quite frankly, the way the program has been from the inception, that [collaboration with others] has been an absolute strength of the program. When we first started there was a bit of resentment from other services that we got the money, everyone had their way of doing things, all that sort of stuff...But Natalie and Mark, and probably at that higher level, we just kept hanging in there, kept gently turning up and doing our stuff." **(Frontline worker)**

"It's something that Mark our Program Manager, Nat before Mark, they're always really strongly reiterating with us as frontline workers that we keep that relationship going, you know, at all levels. It's not just us and it's not just the managers, it's all levels but everyone works towards that collaboration. And I think honestly we do it extraordinarily well." **(Frontline worker)**

"I think it's an important process to have. The thing is if it was all nice and easy we wouldn't have rich conversations, we wouldn't have a more, like the ability to sort of evaluate whether or not our services are working. So if there's some heated discussion in the forums, I don't see that as our relationships breaking down or things not working right, I see that as quite a positive thing, it means that we have the ability to nut out what is best practice for clients." **(Support manager)**

Features identified as enhancing this collaboration were a willingness to go above and beyond what is required, to be flexible and to acknowledge where others are doing well. Respect was seen as central to these relationships and it was even suggested that Mission Australia's services may avoid

competing for funding if it was seen as detrimental to relationships in the sector. By acting in this manner, it was felt that others (for example funders, service providers and housing providers) would often reciprocate with flexibility and assistance to help meet client needs.

“We have a really good relationship with our funding body. So if we’ve needed flexibility over the years they’ve been more than willing to help out. For example, both Douglas House and Woree have minimum 6 month tenancies and a maximum 2 years, however, if we’ve got a good enough case as to why they need to stay beyond the 2 years, our funding body are really flexible... We’ve been, over the years, a part of a rapid response for public space issues up here in Cairns, so that’s I think what’s, you know, if we need to go above and beyond our funding agreement, we will for the funding body. They’re really flexible with us so we try to be flexible back.” (Manager)

“One thing that we also do up here, but I think it’s part of our success in the sector, is if a bucket of money does come along and MA say to us we’re going to go for that in this area, this area and this area, if there are people in this sector that we have good relationships with and we believe they’re doing a good job, we don’t want to go for that money.” (Manager)

“We try to flex outside of our boundaries as well, I guess is the key in managing those relationships, is always going that extra mile. If we do that, 9 times out of 10 the other services will do that as well and I guess I see that as a way of closing the gaps. There are always small gaps, but if every program is willing to flex a little bit we can actually cover those gaps that are in the system.” (Manager)

5.6. Strengths of Mission Australia’s Cairns homelessness services

In line with the findings of previous evaluations, there were numerous defining features of Mission Australia’s Cairns homelessness services that staff singled out as strengths, promoting a more positive service experience and better client outcomes. The collaboration detailed above one was of these, with staff recognising the benefits of sharing skills and knowledge both across Mission Australia services and with others in the sector.

The workplace culture was another frequently mentioned strength of the three services. Importantly, this culture is led from the top, with unanimous recognition of a strong, supportive leadership team who promote respectful, open and egalitarian workplaces. This has benefits for both staff and clients, encouraging the sharing of ideas, an engaged workforce and resulting in low staff turnover, thereby enhancing the continuity of client care.

“We have an exceptional manager who encourages a horizontal team, so we all benefit from each other’s learnings, no matter what background or qualification we come to the team with. That’s I think another reason why we are so successful at what we do.” (Frontline worker)

“We’re very close knit. I consider these people as my friends. And we all, we can have very honest and robust conversations which is so important. We may not all agree but there’s a mutual respect.” (Manager)

“I think what really works about the program is that right from day one there’s always been a good sense of camaraderie among the team ... We support each other and realise some

days are going to be tougher than others ... We've always sort of kept that, not that we've had a lot of staff changes. I think that's been a tremendous strength of the program as well."
(Frontline worker)

"We've had the same staff for a couple of years now. The tenants get so used to you and you get to know them too on a personal level. That's a big factor. It helps them on their way."
(Frontline worker)

The passion and commitment of staff across the services shone through in the interviews and was identified by staff themselves as a key strength, as was the way staff embody and put into action Mission Australia's values, again evident from the Regional Leader level down.

"What I always say is when two workers are going out, you can't fake that they enjoy their work and they work together well. That always shines through when you're signing up new clients and all that kind of stuff and then they come into our offices and they say they feel like a home environment and they're offered a coffee and all that, you know. I think that's part of our massive strength, is that initially we also care for each other and by doing that we can care for our clients and the people we work with well as well you know." **(Manager)**

"We embrace the recovery model and we have the values in Mission Australia, core values, of respect, celebration etc. All of those values aren't just something we put on our annual report, they are values we work with every day, that's with client work, with interactions with staff members, all of those agencies we develop relationships in our sector and it works – it comes from the top and it comes from the bottom and every values those." **(Frontline worker)**

Another staffing feature identified as a strength was the mix of skills and backgrounds across the teams. While there was some suggestion that this could be a challenge to achieve and manage at times, most staff felt that a good balance has been struck which places them well to meet the complex range of client needs.

"Yeah, getting the right balance [between formal qualifications, experience and culture] - that's been probably the biggest challenge." **(Manager)**

"I think being able to put together a team with such extraordinary engagement skills and you know, that mix of skills [is a strength]." **(Frontline worker)**

The Indigenous mentor roles were identified as being of particular importance given client needs and demographics. While Mission Australia's services were seen by some to be leading the way in championing these roles, one participant mentioned a desire to see a greater number of Aboriginal and Torres Strait Islander staff to work with the large numbers of Aboriginal and Torres Strait Islander clients at Going Places Street to Home.

"Our Indigenous mentors, those roles are really, really crucial. That is around supporting not only the tenants but also the staff around their cultural practice and providing those insights into what our community needs and that consultation. Because it's very easy for services to think they know what's best... This can provide so much more understanding." **(Support manager)**

"I think our tenants feel understood, they can communicate in-language. It creates the culture of 'you're welcome here and you'll always be welcome here'." **(Support manager)**

“I won’t say [Indigenous mentor roles are] unique to this organisation, there are some specifically identified roles like that...But I’d say very limited, very limited. It’s really good that Mission Australia do have these roles in our programs because there’s a very, very high need for it. It just improves our clients’ outcomes and it helps to build trust and rapport as well. And people feel like they’re being represented, our clients feel like they’re being represented...It just helps, it helps us with the service we’re trying to provide.” (Frontline worker)

“I would like to see a better percentage or ratio of our staff, Aboriginal and Torres Strait Islander staff and Aboriginal and Torres Strait Islander clients. At the moment we only have 2 Aboriginal and Torres Strait Islander workers in our program and we have a very high number of clients unlike Douglas House and Woree, and I feel in the future I would love to see a better ratio of Aboriginal and Torres Strait Islander staff to reflect our client base.” (Frontline worker)

Regular training and investment in professional development were also mentioned as strengths:

“Rolling out Douglas House was extremely challenging because we employed a whole new group of people from various backgrounds, thinking they were all on the same page and then actually, no, they weren’t ... What we did consistently was lots of training, and listened to what the staff were saying and looked at the gaps through supervision. So regular supervision, regular training, making sure we have a good culture. I always say to managers, when you roll out training you do it with the rest of the staff, even if someone’s done case management training 15 times in their life, I don’t care. You do it again, as a team, because as a team you’ve all got to be on the same page.” (Manager)

“Mission Australia does that extremely well, in providing professional development and providing you with the tools that you require in order to work in the position you have been successful obtaining.” (Frontline worker)

Other characteristics of the services that were seen as setting them apart in achieving good client outcomes were flexibility and innovation. Staff described the services and the leadership team as prepared to trial new ideas, as keenly advocating for change or new services when unmet need was identified and as willing to be flexible and go as far as possible for clients. While all services adhere to a trauma informed recovery oriented practice model, this is adapted depending on client needs and circumstances at each service.

“That’s another thing I think we do really well, we’re flexible in our service delivery, so if something’s not working we’ll change it. Give something a go and if that doesn’t work we’ll change it again. I think that’s something the teams do really well.” (Manager)

“Nothing is ever off limits really as far as being innovative in how we work. We’re very creative and innovative in the way we work with clients. One client might be very, very different to another. We look very closely at that individual and we might do something that’s completely, nonsensical I suppose, but it works. Because we’ve been able to thrash it out, we’ve been able to have those robust conversations. We’ve been able to think outside the box and be very innovative, and that’s what I love about these three programs, that we have the people in the leadership positions who aren’t frightened to give something a go and aren’t frightened to show advocacy for those things or for those people.” (Manager)

Linked to this flexibility is the willingness of the services to give clients another chance if they don't succeed the first time. This was evident across the services and also for Café One. Staff appreciated that clients are at different points in their journey and that 'failures' can be an important part of the learning process.

"I think people learn every step of the way. We've all had pretty rubbish moments in our life we've been pretty atrocious. We're more than our worst moment in life. So I think giving people that opportunity to learn and grow and then come back and have another go is really important." **(Frontline worker)**

"Even if a tenancy breaks down, we might still be linked in with that client, they might still come and see us, then we work on what went wrong and try to have another go, regroup ... We've got a few of those. Not only do they know we've got their best interests at heart, they know we're trying to help them make those difficult changes." **(Frontline worker)**

"We sort of always try to do those soft landings, I think that's a really important part that often gets overlooked, you obviously don't want any tenancy to fail but when they do you really want the client to exit on the best possible note and get them to bounce back as quick as they can." **(Frontline worker)**

"They understand that we're here trying to support, we don't carry personal grudges. Yes, you may have done things wrong but we'll give you another go. We don't close those doors, we keep those conversations going and we actually care about their wellbeing and their welfare." **(Support manager)**

As mentioned earlier, the client-led nature of the service provision was another feature seen as key strength, differentiating Mission Australia's services from some of those run by other providers. Staff unanimously mentioned the concept of doing 'with' rather than 'for' clients and the importance of upskilling and empowering clients to do things for themselves. This was seen as vital in setting clients up for independent and successful futures and keeping clients out of the service system longer term.

"Our principles of practice are actually person-driven, not just person-centred. So, oh you want a property, ok how are we going to assist you to obtain that property? You want to sustain that property, ok, how are we going to assist you, what skills are you going to need? What's fallen down for you in the past. Our whole approach is we're not going to do anything for you, we're going to do it with you. I think it's one of the biggest parts of our success. Because there's no expectation. We don't have people coming here with a hand out, you know, we have people coming here so we can give them a hand up. It's just the best thing ever. Because we know that when they come to our services they want the services. Because we don't give anything away for free as such, they've got to work and they know they've got to work and we still have high numbers of people on waiting lists to get into all three of our services..." **(Manager)**

"The big strength of the program has always been doing 'with' the client rather than doing 'for'. That's not readily understood by a lot of other services, they're like 'hang on, just do this, just fix that, just fix that problem' not realising that you might temporarily fix that but a couple of months later it'll be back again". **(Support manager)**

5.7. Areas for improvement

Staff were overwhelmingly positive in their assessment of the effectiveness of Mission Australia's Cairns homelessness services. They felt that clients were well supported, that staff were respected and listened to and that there were strong levels of collaboration with others in the sector.

When asked to identify any areas for improvement, the two main suggestions were:

- Achieving even greater collaboration, communication and consistency between the three Mission Australia services; and
- To continually look at better ways to provide support to staff who have to deal with a very complex client base and situations of significant stress and trauma.

"Sometimes it gets a bit a bit overbearing here, because we're dealing with 22 people and their personalities and sometimes I think staff do get burnt out and staff do need to go and get counselling or time outs when we really need it. There is some but we just need a bit more". (Frontline worker)

"The caseworkers do so much integral work and if they're not in the headspace or have gone through their own trauma, how does someone in trauma support someone else who has been or is currently in trauma? How do we do this as a service? Continue to support people who are in such high crisis. I think we aim to but there will be times where we don't always get it right ... How do we continue to support the staff in this region? How do we continue to upskill staff so they can deal with that vicarious trauma?" (Support manager)

5.8. Unmet needs and areas for growth

Finally, staff were asked if they were able to identify any areas of unmet need or opportunities for growth. The overwhelming response to this question was a need for housing. Staff mentioned a lack of appropriate long term housing options, with very low availability of social housing and private rental properties. Without these options, the ability of the services to house and exit clients is severely constrained. This has a knock-on effect across the three services, for example, if Woree is unable to exit clients, then they are unable to accept new clients from Douglas House, which in turn means Douglas House is unable to exit clients and accept new clients from Going Places Street to Home. It also has a negative impact on client's mindset and behaviours if they cannot see a future where they could be housed.

The need for long term housing is also reflected in Queensland Specialist Homelessness Services data, with 16,875 SHS clients seeking long-term housing across the state in 2017-2018. Of these, only 281 had long-term housing provided, while 5,723 received referrals. The remaining 10,871 individuals did not receive assistance (equating to almost two thirds of those seeking long-term accommodation).²¹

²¹ Australian Institute of Health and Welfare (2019), *Specialist Homelessness Services 2017-18 Supplementary Tables – Queensland*, accessed July 2019.
Specialist Homelessness Services Annual Report 2016-17 (Canberra, ACT: Australian Institute of Health and Welfare, 20

Beyond general accommodation, many mentioned a need for more services like those currently offered in Cairns by Mission Australia – supported accommodation options (both short and long term). A few mentioned that another 40 bed facility would be a very welcome addition. Others pointed to the need to investigate how housing and tenancy support models could be adapted to best meet client needs, to ensure the appropriateness of any new housing.

“Always going to be my response is more houses ... But also, it’s not just a case of bricks and mortar. It’s a case of if we are going to fund new housing opportunities in bricks and mortar, how appropriate can we make those houses for the people who are looking for them? Does that mean we need to be looking at different criteria for housing, different housing management models and tenancy support models. You know I think, potentially the money is scarce, so in my opinion we need to think about what money we’ve got and how we spend that a lot more cleverly ... How do those people needing housing determine what that housing looks like?” (Frontline worker)

Some mentioned particular cohorts who were lacking accommodation options including couples, families, those escaping DFV with children, and young people leaving the child protection system. There was also suggestion that there needs to be more housing options for those with particularly high needs, such as severe mental illness or dementia.

“The challenge always is about the number of houses available. You know you’re very limited in Cairns, you’ve got Centennial Lodge, you’ve got Ozcare, there’s really nowhere for couples. If you’re a couple on the street, none of the boarding houses want couples.” (Frontline worker)

“I would like to see more housing development and not just one bedroom, but for families.” (Manager)

“When a young person turns 18 and in they’re in the child safety system, they’re considered homeless when they leave child safety. They’re not technically long term homeless or chronically homeless but they’re homeless for housing purposes, so we could very easily do with a transition house here for 16-25 year olds, to transition properly from childhood into adulthood. Because if we don’t catch them then they’re going to end up in this homeless space.” (Manager)

“There’s quite a lack of services I think for people who are escaping domestic violence with children. You know, we might come across men who children in their care and there’s a real lack of services in Cairns for those people. With Woree and Douglas being gated and offering that on-site security I think is really beneficial. It gives people, you know, a great way to protect themselves somewhat from domestic and family violence ‘cos people can’t just walk in the door.” (Frontline worker)

For those who are placed in accommodation, a couple of staff suggested that there should be longer support periods in place, where there was funding to continue to offer services as needed during a client’s transition to independent living.

“Moving from support to then no support is really, really challenging. We offer some transitional support but sometimes that tenant isn’t available or is missing appointments ... Making sure that those services are there that can keep supporting them.” (Support manager)

“[After Woree], we support them for an extra 3 months which is not really within our funding agreement. We do it because we can see a considerable gap between when people transition into long term housing after being so supported. There are a couple of programs that do support people in their tenancies after but they don’t kick in straight away. So there is an Anglicare and Ozcare program called HomeStay but that doesn’t kick in until something happens. Whereas we firmly believe they need that as soon as they move in. Moving is the most stressful thing, it’s change, it’s a new area, it’s new people around you. ... It’s constant questioning around what you need to do. We do three months’ [support] and then it’s duration of need after that.” (Support manager)

Beyond housing, staff mentioned AOD as an issue requiring further attention. Securing funding for a dedicated detoxification facility was seen as a very positive first step, but some staff felt more could be done to address this issue that affects so many of their clients. One staff member mentioned the importance of ensuring that when an individual leaves rehabilitation they are not exiting back onto the streets where negative behaviours are likely to reoccur. Mental health was another (often comorbid) issue for which a gap in services was identified.

“Mission Australia in Cairns has just secured some funding for a drug and alcohol facility. Obviously that’s going to be a wonderful inclusion into the sector as at the moment we don’t have a dedicated detox...You can’t access a rehabilitation unit unless you’ve had a medical detox and the closest one is Townsville to us which is 600kms away...” (Frontline worker)

“Firstly you know we’ve got the detox and rehab coming, that’s a good start. That was a gap – we had rehab but not a detox.” (Manager)

“We’re finding that with AOD a lot of the services aren’t quite appropriate for our cohort...It doesn’t address this entrenched long term AOD issue based in trauma. That’s a different kind of work...Rehab for sure but the problem with rehab is that as soon as you finish your three months you go back into community and you may or may not get long term housing after that. So what do you do when you’re on the streets again? Go back to drinking...And it’s not just drinking, it’s ice use, marijuana, poly-drug use coupled with mental health.” (Support manager)

“I think there’s a big gap for people with mental health issues.” (Frontline worker)

Finally, beyond simply addressing the homelessness situation in Cairns itself, staff pointed to the need to address the root causes for clients coming to Cairns from other communities. The lack of resources in Cape York and the Torres Strait Islands, particularly to address medical issues and DFV, needs to be tackled if there is to be any hope of stemming the tide of individuals ending up homeless in Cairns. One staff member suggested a need to better understand the reasons why individuals are leaving their communities in the first place before returning them there if they are discovered rough sleeping, as the current strategy was seen to be perpetuating a vicious cycle.

“Not having enough resources in community is what’s creating a big homeless issue down here. I think that’s the main thing. You know, people want to be at home, people want to be in their environment, they want to be on country. They’re being forced to come here because they’ve got health concerns, it’s either you come here or you die, that’s the reality.” (Manager)

“They have a lot of those services [family violence, health services] fly in and out but I think that’s one of the main problems and the people in the community they’re sick of it. They just want people to be there all the time. Not just flying in and flying out because different workers come back. People just like to speak to one person, especially if it’s in health or legal services, you know.” (Frontline worker)

“The Queensland Police Service brought in something known as ‘return to country’. What it is, is that if they come across people who are rough sleeping from the communities (Cape communities and Torres Strait), they will help organise payment for their airfare to return home to country. The problem with that is they’re back here a year later because they’re leaving for very, very real reasons but then they come down here and their stuck. We need to have a better understanding of why they’re leaving in the first place. People are trying to treat the symptoms, not trying to get a better understanding of why this is happening.” (Frontline worker)

6. Conclusion

In line with the findings of previous evaluations of Going Places Street to Home and Douglas House, this evaluation has found that despite the complexities of client needs, Mission Australia’s Cairns homelessness services are performing effectively in improving client wellbeing and in supporting clients to develop the skills necessary to sustain long term accommodation. Key factors identified as contributing to the services’ success are their holistic case management approach, the strengths based, trauma informed, recovery oriented and culturally responsive model, shared values and a commitment to doing ‘with’ rather than ‘for’ clients. The services were all identified as fostering a workplace culture built on respect, innovation and learning. Collaboration between the services and more widely, with the broader Cairns homelessness sector and with Mission Australia Housing, were also revealed to be key factors in achieving positive client outcomes.

In order to continue supporting clients to achieve and sustain a tenancy, however, there is a very real need to address the current housing shortage in Cairns. A greater number and variety of long term housing options, as well as more supported accommodation were mentioned as priorities for addressing homelessness in Cairns. There is also a need to address service and resource gaps within communities in the Torres Strait Islands and Cape York to stem the tide of individuals coming to Cairns hoping to escape these issues but finding themselves homeless.