Evaluation of the Aspire Social Impact Bond: Final Report

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Aspire is perfect for me with the amount of time and the one-on-one support, it's the combination of everything…I really love it.

Sharon, Aspire participant

It's about understanding, building really strong data and having the evidence, about what works and what doesn't work.

Key stakeholder

Everyone had this really lovely focus on actually making things better…people have had a great experience with Aspire.

Key stakeholder

Acronyms

AAEH	Australian Alliance to End Homelessness
ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ANZSOC	Australian and New Zealand Standard Offence Classification
AZP	Adelaide Zero Project
ACCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled Organisation
BNL	By-Name-List
CBD	Central Business District
CEARS	COVID-19 Emergency Accommodation for Rough Sleepers (SA)
CHP	Community Housing Provider
DRG	Diagnostic Related Group
ECCS	Episode Clinical Complexity Score
FTE	Full-Time Equivalent
GP	General Practitioner
J2SI	Journey to Social Inclusion program (Victoria)
MoU	Memorandum of Understanding
NCRIS	National Collaborative Research Infrastructure
NDIS	National Disability Insurance Scheme
NHHA	National Housing and Homelessness Agreement
NRAS	National Rental Affordability Scheme
NSW	New South Wales
NT	Northern Territory
OARS	Offender Aid and Rehabilitation Service
ORS	Outcomes Rating Scale
PbR	Payment by Results
PHRN	Population Health Research Network
PSLK	Project Specific Linkage Key
PWI	Personal Wellbeing Index
SA	South Australia
SD	Standard Deviation
SHS	Specialist Homelessness Services
SIB	Social Impact Bond
SRS	Session Rating Scale
SVA	Social Ventures Australia
UK	United Kingdom
US	United States
VI-SPDAT	Vulnerability Index–Service Prioritization Decision Assistance Tool

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Executive summary

Background

This report outlines the findings of an evaluation of the Aspire program and social impact bond (SIB) in Adelaide, South Australia (SA). Aspire is a homelessness intervention involving more intensive case management for a longer duration than most programs which respond to homelessness. Aspire is also unusual in that it was the first homelessness intervention in Australia to be financed by private investors through a SIB. SIBs offer opportunities for innovative new service delivery models to be trialled while minimising risks for governments and service providers. Returns to the Aspire SIB investors are based on the outcomes delivered through Aspire and the associated cost savings to the SA Government. The findings of the Aspire evaluation add to a growing body of knowledge on effective responses to homelessness and the potential role of SIBs in this area.

Aspire is informed by a Housing First approach and the program design draws on learnings from prior research and practice wisdom about what does and doesn't work in responding to homelessness, particularly chronic or recurrent homelessness experienced by people with so-described 'complex needs' (such as co-occurring mental or physical health issues, trauma, disability and/or problematic drug or alcohol use). While Aspire was not specifically designed for people with complex needs, participants often fit this category as these needs are strongly associated with experiencing chronic and recurrent homelessness.

The Aspire program design aligns with previous findings that effective homelessness interventions are based on person-centred, flexible, holistic and coordinated case management over a sustained period, with rapid (re)housing and wraparound post-housing supports to increase the chances of people staying housed. Aspire aims for caseloads of around one to 15 (rather than the common one to 25 or more in other case management programs) and offers participants up to three years of supports (rather than the common three to six months).

Aspire enrolled 575 participants between program commencement in mid-2017 and what was expected to be the last program intake in mid-2021. New funding was provided for the Aspire program to allow a program intake in 2022, but these participants are not included in the evaluation and this funding was a direct injection of funds from government and not a SIB structured payment. Aspire was open to people aged 18 to 55 who were experiencing homelessness in metropolitan Adelaide or were at risk of being discharged into homelessness from a correctional or health facility. Nearly two thirds of Aspire participants were male and the average age at intake was 39.

Evaluation approach

The evaluation of Aspire addresses the over-arching question: *To what extent does Aspire optimise outcomes for people experiencing homelessness in a way that is cost-effective for government and attractive to social impact investors?* The evaluation has four components:

- Process evaluation.
- Outcome evaluation.
- Innovation evaluation.
- Investor evaluation.

The Aspire evaluation takes a mixed methods approach involving analysis of datasets provided by a range of government agencies and service providers, and in-depth interviews with 30 Aspire participants, staff, key stakeholders and investors.

Outcomes of Aspire

The evaluation findings indicate that Aspire is a highly effective homelessness intervention, especially for people with complex needs and/or experiencing chronic or recurrent homelessness, for whom more conventional service delivery approaches may not deliver sustainable benefits. The quantitative data analysis indicates that Aspire participation is associated with people successfully exiting homelessness and sustaining their tenancies over the medium term, alongside a reduction in accessing emergency accommodation services, decreased use of hospital services and less interaction with justice services, delivering significant cost savings to government.

Aspire participation is often life changing for individuals. In the qualitative fieldwork, participants reported reductions in substance abuse, and, in a small number of cases, reduction in suicide risk and interaction with child protection services. They also described enhanced personal wellbeing, improved employment prospects, stronger family relationships and community connections, and better mental and physical health. The participants who were interviewed said that without Aspire, they would still be sleeping rough, in jail, or possibly no longer living. Instead, these participants were securely housed, had stabilised their lives, were accessing government services much less frequently, and had a new-found sense of confidence and empowerment that they attributed directly to Aspire.

Why Aspire works

The evaluation findings suggest that three key factors underpin Aspire's effectiveness:

- the three year period over which supports are offered;
- the strong relationship participants have with staff, built on intensive case management; and
- support to secure and maintain housing, notwithstanding some systemic challenges around housing supply.

In alignment with prior research, the duration and intensity of supports is critical to the success of Aspire in supporting people to transition out of homelessness and deliver cost savings in the form of 'avoided service delivery' across multiple government sectors. While not all participants require a full three years of support, some do, and knowing help is available over a long period gives participants a sense of safety and security that they describe as empowering. The trust and rapport built between Aspire participants and their case navigators, made possible by lower than usual caseloads and the commitment and expertise of staff, is another important strength of the program. In addition, for the majority of participants, being placed in secure housing was a vital step on their recovery pathway and sustained post-housing supports played a key role in them being able to retain their tenancies over time.

The role of the Aspire Social Impact Bond

The evaluation found that the key innovative features of Aspire—intensity of supports, flexibility to tailor supports, and the long duration of supports—were unlikely to have been possible without the resourcing levels provided by the SIB. The Aspire SIB was successful in relation to investor returns, which were based on appropriate proxies for social impact, and the key players involved—the government funder, the service provider, the broker and investors—were all satisfied with their SIB experience. The strong relationships between the funder, service provider and broker were vital to the success of the Aspire SIB and the case management approach.

The evaluation findings indicate that while the Aspire SIB made a flexible, intensive, long duration case management program possible, it did not necessarily produce unexpected new knowledge about what works

in homelessness service delivery. The SIB did, however, provide an opportunity to produce robust evidence demonstrating the effectiveness of the service model. The SIB also resulted in new ways for state government agencies to collaborate with each other and with the not-for-profit sector and produced valuable learnings in relation to data sharing and outcomes-based contracting for the SA Government. The SIB funding framework provided a scaffold for building knowledge and capacity within government agencies and the service provider, although the shift towards systematic and robust measurement of outcomes by the service provider was not as significant or as sustained as it could have been.

Possible areas for improvement

The evaluation highlighted several areas of Aspire's operation that warrant further consideration and possible refinement in any potential future iteration of the program. These are reflected in the key findings and recommendations below. The first area for further consideration is the supply of appropriate housing for Aspire participants. Notwithstanding considerable success in supporting participants into secure housing and helping them sustain their tenancies, Aspire has not been able to deliver rapid (re)housing in line with a Housing First approach due to an inadequate housing supply pipeline. Many participants have waited some months for housing and this has compromised program outcomes in some respects, though not to the extent that might have been expected. Aspire's intensive case management has promoted strong connection to the program by participants during their wait for housing and they report benefiting from Aspire's supports before being housed.

Aspire was well targeted and referral processes worked well on the whole, but a little more flexibility around eligibility criteria and the structured referral process would be helpful. There are also improvements that could be made in relation to referral pathways from hospitals and prisons, though this will require engagement from frontline staff in the relevant facilities, for whom client housing may not be a key priority. The timeframe for a future iteration of Aspire could be made more flexible and tailored to individual client needs rather than being a flat three years for all, bearing in mind though that the availability of supports across a long period is a key driver of Aspire's success.

There are adjustments that could be made to the program design to make Aspire better suited to the needs of Aboriginal people, while also recognising that a program centred around providing long-term housing in Adelaide is not the right response for Aboriginal people who are only in the city for a short time, for example for visitors from remote Aboriginal communities. Enhancing the accessibility of multidisciplinary specialist supports and services for Aspire participants, particularly in the area of mental health, would be helpful. Additionally, the integration of a long-term support program such as Aspire into the evolving homelessness sector and broader service delivery landscape in SA, including the roles different organisations might play in relation to referral and service delivery, would need clarification.

Finally, while the Aspire SIB proved successful in terms of investor returns, social outcomes, contributing to the evidence base around what works in responding to homelessness, and capacity-building for both government and the service provider, there are opportunities for consolidating and sustaining the learnings generated by the SIB as the funding mechanism for the program.

Limitations

There are important limitations to note in relation to the data presented in this report. Reliance on quantitative datasets compiled by a range of different organisations adds rigour to the analysis but it means extensive data cleaning has been necessary for meaningful comparison. The challenges of sharing and linking administrative

datasets, including data gaps and ensuring data can be meaningfully compared, are discussed further in Section 9.9 of this report. The qualitative dataset is rich and covers a broad range of perspectives, but there are key voices missing. Participants who had less positive experiences of Aspire, including those who exited the program early, are under-represented in the sample as they are difficult to contact. There were also key stakeholders who proved hard to recruit, largely because their engagement with Aspire was tangential to the main focus of their work. Only two Aspire SIB investors participated and it was difficult to engage people working in hospitals and prisons who referred clients to Aspire.

A note on terminology

The terms 'participant' and 'client' are used interchangeably throughout this report to refer to people receiving services and supports as part of the Aspire case management program.

Key findings

Key findings and recommendations from the report are provided here. These findings should be read in conjunction with their relevant sections of the report to understand the full context from which they have been drawn.

Key finding 1

Aspire participants are a diverse group but Aspire is sufficiently flexible, adaptable and responsive to meet the needs of most participants and any potential future iteration of the program should retain its generalist focus.

Key finding 2

Aspire participants have been experiencing homelessness for an average of approximately three years at program intake.

Key finding 3

Aboriginal people experiencing homelessness are not necessarily under-represented among Aspire participants because many Aboriginal people experiencing homelessness or sleeping rough in Adelaide are either away from home or not based in Adelaide long-term and are therefore ineligible for Aspire, or Aspire is not the appropriate support.

Key finding 4

Many people experiencing chronic or recurrent homelessness present with multiple and complex needs and benefit from holistic, wraparound supports both before and after being housed.

Key finding 5

The timing of intervention – offering a supportive approach where people can work with case navigators at the place they are at in their lives - is an important factor in the likelihood that a program such as Aspire will be able to meet participants' needs and support people to make changes to improve their lives.

Key finding 6

Referral processes from SHS providers to the Aspire program are smooth and generally work well.

Key finding 7

The eligibility criteria for the Aspire program are generally well targeted, appropriate and easy to apply, but may benefit from refinement in line with the discussion in this report.

Key finding 8

SHS referrers and Aspire staff exercise well-informed judgements about which clients are most likely to benefit from participation in the Aspire program.

Key finding 9

The long duration of Aspire program assistance helps to accommodate participants' non-linear recovery pathways and the ebb and flow of program engagement.

Key finding 10

Incorporating a referral process directly from hospitals and correctional facilities into the Aspire program is sensible and appropriate but has not been seamless in practice, and only a small number of referrals from institutional settings have translated into program enrolments.

Key finding 11

The Aspire program has a Housing First philosophy but not been able to put it into practice due to a lack of available and appropriate housing and this has compromised the benefits of the program for participants.

Key finding 12

Most Aspire participants remain highly engaged in the program while waiting for housing, with this engagement underpinned by strong relationships and open communication with case navigators, the provision of non-housing supports and the development of community connections.

Key finding 13

Participation in the Aspire program is associated with positive housing outcomes for participants in relation to securing and maintaining tenancies and exiting homelessness.

Key finding 14

Participation in the Aspire program is associated with decreased use of emergency accommodation services.

Key finding 15

Participation in the Aspire program is associated with decreased use of health services, including:

a) fewer emergency department presentations;
b) reduced use of emergency department services;
c) reduced non-urgent emergency department presentations;
d) fewer hospital admissions (according to medians), and shorter lengths of stay per visit; and
f) hospital episodes defined by lower case complexity.

Key finding 16

Participation in the Aspire program is associated with decreased interaction with justice services, including:

a) fewer offences committed;
b) fewer court appearances;
c) fewer convictions recorded;
d) fewer custodial sentences; and
e) less time spent in custody.

Key finding 17

Participation in the Aspire program is associated with reductions in the use of health, justice and SHS services, generating significant and quantifiable cost savings for the SA Government. In relation to any potential future

iteration of Aspire, consideration could be given to further analysing how these cost savings are distributed and the implications for agency budgets and program resourcing.

Key finding 18

Participation in the Aspire program is associated with increases in personal wellbeing as indicated by:

a) the Outcomes Rating Scale instrument;
b) the Personal Wellbeing Index instrument;
c) a reduction in use of hospital services for mental health care purposes; and
d) a reduction in use of hospital services for drug and alcohol related reasons.

Key finding 19

Participation in the Aspire program is associated with modest improvements in engagement with education, training and employment, but this is a slow process and many participants face significant barriers to engagement in these areas.

Key finding 20

Participation in the Aspire program is associated with modest improvements in social inclusion, engagement with community and quality of personal relationships.

Key finding 21

The Aspire program is able to facilitate access to specialist mental health, disability and drug/alcohol rehabilitation services for most participants, notwithstanding systemic challenges in this area, but program delivery would benefit from additional staff training and enhanced accessibility of specialist supports in mental health in particular.

Key finding 22

Participants in the Aspire program benefit from a diverse range of supports tailored to their individual needs, including practical supports and simply being able to talk through problems with their case navigators without judgement.

Key finding 23

The Aspire program produces positive, often life-changing outcomes for most participants, including those for whom other interventions may not have been effective.

Key finding 24

The Aspire program plays an integral role in supporting participants to exit homelessness, avoid criminal activity, address problematic drug and alcohol use, and effectively manage their physical and mental health issues.

Key finding 25

Participants in the Aspire program, staff and key stakeholders agree that the Aspire model – sustained, intensive case management with wraparound supports – is an effective response to homelessness and there is a continuing need for a program of this kind in South Australia.

Key finding 26

The long duration of support as part of the Aspire program is a key driver of its success in achieving positive outcomes for individual participants and at a systemic level, although not all participants require three full years of supports. This flexibility is accommodated by the Aspire model.

Key finding 27

The intensity of supports provided through the Aspire program is a key driver of its success in achieving positive outcomes for individual participants and at a systemic level and is dependent on keeping caseloads manageable.

Key finding 28

Elements of the case navigator relationship that are highly valued by participants in the Aspire program, and recognised as important by other stakeholders, include:

a) trust and mutual respect;
b) support without judgement;
c) open communication and honesty
d) being encouraged, supported and empowered;
e) flexibility and responsiveness;
f) persistence and reliability; and
g) continuity.

Key finding 29

The provision of support to secure and maintain housing is a key driver of the Aspire program's success in achieving positive outcomes for individual participants and at a systemic level, notwithstanding housing supply challenges that are largely out of the Aspire program's control.

Key finding 30

The Aspire program's case management approach aligns well with the evidence base on what works in responding to homelessness, including promoting tenancy sustainment to reduce the chances of people cycling back into homelessness.

Key finding 31

The experiences of Aspire program participants reinforces the importance of secure housing as protective and supportive, providing a foundation for people to address other issues in their lives.

Key finding 32

The key innovative features of the Aspire program are lower caseloads to permit greater intensity of supports for clients with complex needs, flexibility to tailor supports and sustaining supports across a longer time period to help people maintain tenancies after they are housed.

Key finding 33

It is unlikely that the key innovative features of the Aspire program would have been possible without the resourcing levels provided by the SIB framework.

Key finding 34

The Aspire SIB performance metrics are fit for purpose: clear, appropriate and measurable indicators that act as reasonable proxies for social impact.

Key finding 35

The key players in the Aspire SIB view the goal of the program as improving the lives of individual participants, notwithstanding that the SIB performance metrics relate to avoided service usage and resultant cost savings.

Key finding 36
Robust data collection and reporting practices were established early in the life of the Aspire program but in some areas (such as consistent use of the Penelope case management system) became more ad hoc over time, largely as a result of staff capacity and retention issues, and prioritising client focus over data collection.

Key finding 37
The Aspire program has had to accommodate a range of unexpected developments during its life so far and has demonstrated robustness and resilience in doing so.

Key finding 38
The Aspire program is responsive to the client voice but this voice has not been as systematically incorporated in monitoring, evaluation and continuous improvement processes for the program as it could be.

Key finding 39
Relationships between the key stakeholders in the Aspire program have been characterised by commitment, communication and trust, and this makes an important contribution to the success of the Aspire SIB and the program's underpinning case management approach.

Key finding 40
There are elements of the collaboration with other SHS and community housing providers through the Aspire program that could be strengthened.

Key finding 41
There is a strong collaborative relationship between Aspire program staff and a range of SA Government departments, particularly in relation to data sharing, but frontline staff in government agencies such as SA Health and the Department of Correctional Services appear less engaged than their managers in the broader Aspire program vision.

Key finding 42
The Aspire program has been a positive experience and generated valuable learnings for the SA Government about outcomes-based contracting, but SIBs are likely to remain only a niche commissioning option, suitable under specific conditions.

Key finding 43
The cross-departmental data sharing arrangements in place for the Aspire SIB have produced challenges, but also yielded capacity-building benefits and a range of learnings for the SA Government that have relevance beyond the Aspire program.

Key finding 44
Investor buy-in can help to demonstrate to service provider staff that the work they do is important and valued, and that they have a broader accountability for the outcomes they produce than to clients alone.

Key finding 45
Investors have had a positive experience with the Aspire SIB, expressing high levels of satisfaction with the level of returns, social outcomes and their interactions with Social Ventures Australia. Accordingly, investors are likely to make further SIB investments if they have not already done so.

Key finding 46
The primary motivation of Aspire SIB investors, particularly individuals and foundations, is to contribute towards positive social outcomes, but they have realistic views of what can be achieved through SIBs.

Key finding 47

Since the capital raising for the Aspire SIB, investors (particularly large institutions) have become more concerned with their due diligence before investing in SIBs. Ensuring the SIB risk proposition is appropriate will be increasingly important and will have implications for government funders in terms of how much risk they can shift to investors and how much funding is required for a SIB to go forward.

Key finding 48

Aspire SIB investors have some interest in the relationship between program design and outcomes but there is no evidence that the incentive to meet SIB performance metrics has affected the type of participants in the Aspire program or resulted in 'cherry-picking'.

Key finding 49

Identifying suitable programs for SIB funding, and ensuring an attractive risk proposition for investors, is likely to become increasingly challenging due the following factors:

a) some investors moving out of the social impact investment market;
b) reduced appetite for risk among investors;
c) increasing recognition of the limitations of SIBs; and
d) the limited number of programs that can be scaled up sufficiently to make a SIB worth the associated fixed costs.

Key finding 50

Some SIBs in Australia and overseas have had limited success, dampening enthusiasm for SIBs generally among some investors and governments, but the Aspire SIB is an example of what SIBs can achieve at their best.

Key finding 51

SIB frameworks are not essential to meaningful learnings about what works in service delivery and outcomes measurement, nor do they guarantee learnings, but they do provide a helpful scaffold for building knowledge and capacity, and systematically capturing and leveraging learnings.

Key finding 52

Notwithstanding the limitations of SIBs, there remains considerable scope for SIBs to continue to make a key contribution to improving outcomes-oriented service delivery and government commissioning practices.

Recommendations

Recommendation 1

Notwithstanding key finding 3, refinements to the program design of any potential future iteration of Aspire could be made to help it meet the needs of Aboriginal people experiencing homelessness in Adelaide, including:

a) introducing a tailored stream co-designed with Aboriginal people;
b) appointing Aboriginal and Torres Strait Islander staff;
c) partnering with Aboriginal-led organisations;
d) taking a cultural safety rather than housing-led approach where appropriate to client needs;
e) expanding geographical scope outside Adelaide; and
f) taking a more family-centred approach where appropriate.

Recommendation 2

The resourcing of any potential future iteration of Aspire should allow for relentless (persistent) assertive outreach by case navigators to maximise the likelihood of as many clients as possible actively participating in the program for the full duration (or for as long as they need supports).

Recommendation 3

Notwithstanding Key Finding 6, any potential future iteration of Aspire should consider whether it is possible to have a less structured referral process to reduce the time referrers and clients need to wait before being able to make referrals and/or find out if a client is accepted into the program.

Recommendation 4

Any potential future iteration of Aspire should consider putting in place a more structured process for briefly reporting back to referrers on client outcomes after six and twelve months of program participation, all with client consent in place.

Recommendation 5

Any potential future iteration of Aspire should consider broadening the age criterion to be 18+ at time of referral (rather than 18-55), recognising that there are a growing number of older people experiencing homelessness who need intensive support and an Aspire program could (and did) cater to the needs of this group.

Recommendation 6

Any potential future iteration of Aspire should continue to ensure it has a process for referring people deemed ineligible due to being on bail to other services that may meet their needs while they await sentencing, and for giving people another opportunity to enter the program if they are not sentenced to a custodial period.

Recommendation 7

Referral processes from hospitals and correctional facilities into any potential future iteration of Aspire should be reviewed and refined, building on existing inreach strategies, and recognising a whole-of-government responsibility to avoid homelessness.

Recommendation 8

To maximise the benefits of any potential future iteration of Aspire for participants, the program needs to secure access to a reliable housing pipeline to facilitate rapid housing and rehousing of participants.

Recommendation 9

Any potential future iteration of Aspire should enhance the work done with participants to build social inclusion and community engagement, including by coordinating peer support networks and activities.

Recommendation 10

Any potential future iteration of Aspire should include a multidisciplinary team to strengthen system expertise and enhance participant access to specialist supports, particularly in the area of mental health.

Recommendation 11

A program based on the Aspire model – sustained, intensive case management with wraparound supports – should continue to play a key role in South Australia's response to homelessness to ensure people who are experiencing chronic or recurrent homelessness can be effectively supported to maximise positive life outcomes, economic and social participation and inclusion.

Recommendation 12

Any potential future iteration of Aspire should remain a low-barrier entry service and continue to take a non-judgemental approach, while still encouraging and supporting participants to address issues in their lives which may make it harder for them to sustain housing.

Recommendation 13

Any potential future iteration of Aspire should offer supports to participants for two to three years, with the duration of supports tailored to individual needs and continued close attention paid to participants' transition out of the program.

Recommendation 14

Any potential future iteration of Aspire should aim to keep caseloads manageable to permit intensity of supports and the development of strong relationships between case navigators and participants. These elements of the program necessitate appropriate resourcing.

Recommendation 15

Any potential future iteration of Aspire should resource the development of a staff recruitment and retention plan.

Recommendation 16

Any potential future iteration of Aspire should develop and implement a strategy for augmenting access to housing, such as through strengthening relationships with community housing providers and working with the SA Government to record and monitor housing offers from community housing providers.

Recommendation 17

Any potential future iteration of Aspire needs to be resourced at a higher level than mainstream/short-term case management programs in order to retain its key innovative features, which have been critical to its effectiveness.

Recommendation 18

Any potential future iteration of Aspire should build on the existing approach to monitoring and evaluation through further refinements and enhancements, including by formalising a structured monitoring and evaluation framework that includes:

a) clear, appropriate and measurable outcomes that are broader than the existing SIB metrics to demonstrate the breadth and depth of outcomes and impact of the program;
b) specified measurement tools;
c) reporting and dissemination plans;
d) a client voice component; and
e) articulation of how data collection and reporting informs continuous improvement in service delivery.

Recommendation 19

In any potential future iteration of Aspire, staff at all levels should be purposively engaged in a broader conversation about what works in homelessness service delivery so that program evolution and continuous improvement are not only led by evaluation data, but by research and evidence more broadly, and the program contributes to the publicly available evidence base.

Recommendation 20

Any potential future iteration of Aspire should develop a communications strategy to spread the word about program achievements and affirm the program's place in the broader homelessness service delivery landscape in South Australia.

Recommendation 21

Any potential future iteration of Aspire and other programs involving cross-departmental collaboration should pay particular attention to engaging operational and frontline staff from across the relevant agencies in the broader vision.

Recommendation 22

Notwithstanding the many challenges of sharing administrative data between departments and between departments and non-government services, the SA Government should continue to invest in developing linkage infrastructure to ensure ethical, timely and robust linked data to track and report against outcomes and can expect to reap returns on that investment over time.

1. Introduction

1.1. Overview

The Aspire case management program is a homelessness intervention that commenced in Adelaide, South Australia (SA), in 2017. It provides intensive case management over a three year period for people who have been experiencing chronic or recurrent homelessness or are at risk of returning to homelessness after being discharged from a health or correctional facility. Most Aspire participants have so-described 'complex needs' (such as mental or physical health issues, trauma, disability and/or problematic drug or alcohol use). While Aspire was not specifically designed for people with complex needs, participants often fit this category as these needs are strongly associated with experiencing chronic and recurrent homelessness.

Aspire aims to provide a rapid housing (and rehousing) service and wraparound supports to maximise the chances of participants maintaining their tenancies rather than returning to homelessness. Aspire is a distinctive homelessness response in terms of the intensive and sustained nature of supports. This is in contrast with most specialist homelessness services (SHS) in Australia, which tend to be crisis-driven, short-term responses, with the majority of programs supporting people for no more than three to six months.

Aspire was also the first homelessness intervention in Australia to be funded through a social impact bond (SIB). SIBs involve private investors financing social service programs with returns based on the achievement of agreed goals (such as improved outcomes for service users and a reduction in service delivery costs for government). SIBs allow for innovative new programs to be piloted while minimising the costs and risk related to the trialled interventions, specifically for government but also for service providers.

SIBs have the potential to support new homelessness interventions, particularly targeting challenging 'problems' such as rough sleeping and chronic or recurrent homelessness. Improving outcomes for people experiencing chronic or recurrent homelessness is likely to deliver cost savings for government in sectors such as health, justice and welfare. The Aspire SIB is of considerable interest to policymakers, practitioners and advocates in the area of homelessness from the perspective of both program design and the funding mechanism.

This Final Report outlines the findings from an evaluation of Aspire conducted over 12 months from April 2021 to April 2022.

1.2. The Aspire evaluation

The Aspire evaluation addressed the over-arching question: *To what extent does Aspire optimise outcomes for people experiencing homelessness in a way that is cost-effective for government and attractive to social impact investors?* The evaluation employed a mixed methods approach, drawing on both quantitative and qualitative data about the impact of Aspire, and comprised four components:

- Process evaluation.
- Outcome evaluation.
- Innovation evaluation.
- Investor evaluation.

The Interim Report outlined preliminary findings for the process and outcome evaluation components and initial indications of the overall effectiveness of Aspire. This Final Report includes additional analysis related to the process evaluation and outcome evaluation components and details findings in relation to the third and fourth

components, the innovation evaluation and the investor evaluation. The evaluation findings are contextualised in relation to prior research and add to a growing body of knowledge on optimising the outcomes of homelessness interventions and the potential role of SIBs in this area.

1.3. Report structure

This section has provided an overview of the evaluation of the Aspire case management program and SIB. Section 2 provides some context on homelessness service delivery and outlines prior research on effective practice in this area. Section 3 describes the background to the development and implementation of SIBs and their potential to promote innovative new program designs in homelessness service delivery.

Section 4 of the report outlines the Aspire program and its SIB funding framework in more detail. Section 5 describes the evaluation approach, including research questions, methods and participant groups. The evaluation findings are discussed in Sections 6 to 10. Section 6 describes the findings in relation to Aspire participants, their eligibility for the program and referral processes. Section 7 provides detail of Aspire outcomes across various domains, including housing, health, justice and wellbeing. Section 8 considers the impact of Aspire more broadly, the factors underpinning its success, and what could be refined to enhance the program. Section 9 discusses the Aspire SIB and how it contributed to program effectiveness.

Section 10 summarises the evaluation findings in the form of overall assessments of the case management approach, the SIB and the outcomes against the hypotheses that guided the quantitative data analysis. Section 11 provides a concluding discussion and a summary of the key findings of the evaluation and recommendations arising.

2. Effective practice in specialist homelessness services

This section reviews the literature and research on effective practice in service delivery for specialist homelessness services. It firstly provides some context on the homelessness landscape in SA. The section continues by outlining the background to key elements of the Aspire program approach, including Housing First, intensive case management and supports needed to improve the sustainability of housing outcomes. Some of the research described in this section informed the development of the Aspire program. It now informs the program evaluation, which considers how Aspire builds on the evidence base around what is considered good practice in service delivery for people experiencing homelessness. Prior research on SIBs and their potential to support innovative program design in homelessness services is considered in Section 3.

2.1 The homelessness landscape in South Australia

Housing and homelessness are managed at state and territory level, although the National Housing and Homelessness Agreement (NHHA) sets the funding context and service delivery priorities. Under the NHHA, the Australian Government provided $125m in funding to Specialist Homelessness Services (SHS) in 2019-20, with the state and territory governments required to match this sum (Australian Institute of Health and Welfare 2020a). Such funding supports a range of interventions and programs, some of which have a cohort or priority group focus, such as rough sleepers or chronic homelessness. SA's NHHA and matching contributions for homelessness service delivery are now largely channeled through five homelessness alliances, four alliances spanning particular geographies (country north and south and metro north-west and south-east) and a statewide homelessness and domestic and family violence alliance.

SHS and other providers delivering both housing services (such as crisis accommodation, short-term housing and tenancy support services) and related non-housing support (such as health and employment services) operate within the NHHA framework (valentine et al. 2020). Service provision covers people in insecure accommodation who are at risk of becoming homeless, those who are experiencing homelessness and those who have been housed after a period of homelessness and require support to maintain their housing. SHS providers reported nearly 278,300 client presentations in 2020-21, 43 per cent of whom were experiencing homelessness (the remainder being at risk of homelessness) (Australian Institute of Health and Welfare 2021a). Three in five clients assisted by SHS in 2020-21 were returning (repeat) clients (56%), with more than half of all clients supported having already engaged with SHS in the period since the SHS data collection began (2010-11). Governments provide around 85 per cent of funding for SHS; a heavy reliance on government that can cause instability, uncertainty and sector vulnerability when political priorities are unclear or shift (Flatau et al. 2017).

2.1.1 The extent and prevalence of homelessness

Almost 15 years ago now, then Prime Minister Kevin Rudd declared homelessness 'our national shame'. While there have been several investments in responses to address homelessness over the last 15 years, the national and South Australian homelessness situation is expected to have worsened since that time. The most recently available (and now quite dated) census data found that more than 116,000 Australians (nearly 0.5% of the population) and 6,224 South Australians (0.4% of the state population) were experiencing homelessness of any 'type' on census night, including people rough sleeping, staying in emergency accommodation, couch-surfing or living in overcrowded dwellings (Australian Bureau of Statistics 2018; Homelessness Australia *n.d.*). This on any given day picture of homelessness represented an increase nationally of 14 per cent over the 2011 figure, and 7 per cent for SA. While census data provide some indication of prevalence, and certainly indicate an unacceptably high and increasing incidence of homelessness, there are widely recognised limitations with these

data, with questions raised about their coverage, point in time nature and appropriateness in accurately capturing homelessness situations for Aboriginal and Torres Strait Islander Australians (Australian Institute of Health and Welfare 2019; Memmott 2015). Census data limitations acknowledged, it is expected that the data from the 2021 census will show a further increase in the number of people experiencing homelessness on any given day in Australia, albeit with the usual regional variations, and with groups such as people experiencing domestic violence, older Australians and people experiencing mental health issues expected to increase among the homeless population because of their growing vulnerability (Flatau et al. 2021).

Further evidence and context about the extent and prevalence of homelessness among Australians is found in the Australian Institute of Health and Welfare's Specialist Homelessness Services Collection. These data are collected and reported on much more frequently, and at a finer level of detail, providing important insights as background to understanding the homelessness services landscape in SA. Key observations from the most recent *Specialist homelessness services 2020–21: South Australia* fact sheet (Australian Institute for Health and Welfare 2021b) are:

- 18,600 clients received assistance from 85 SHS agencies (Australian Institute of Health and Welfare 2021a, p. 6) operating across SA in 2020-21 (7% of the national SHS client population of 278,300) and a rate of assistance of 1 in 95 persons statewide, compared with 1 in 92 persons nationally.
- Near to 1 in 2 clients presenting to SHS services in SA were homeless on first presentation (45%), a proportion slightly higher than the national figure for the same period (43%).
- The three most common presenting reasons for assistance from SHS in SA in 2020-21 were: housing crisis (50% of people, compared with 34% nationally), family and domestic violence (30% statewide, compared with 39% nationally) and inappropriate dwelling conditions (26% statewide, compared with 27%).
- Among SA clients seeking housing assistance specifically and for whom their support period ended in 2020-21 (and where data are available on their housing outcome), over half who were homeless at presentation to a service were assisted into housing (56%). Approximately 1,200 of these 2,700 people were housed in social housing.
- Five year trends in client numbers in SA show relative stability (although declining over time) in overall client number presenting to services, with much of this reduction due to a decrease in new clients over time, balanced to some extent by the almost static number of returning clients supported within the system.

Table 2.1 provides further nuanced analysis of SHS clients by interest group per 10,000 population, showing relative differences (and mostly similarities) between SA and Australia.

The insights described shed light on or reinforce many of the findings in this evaluation in terms of the challenges faced by people experiencing homelessness, their pathways through the system and system touch points and the importance of housing supply and appropriate housing supply to meeting the needs of people in SA particularly. They also reinforce our deep understandings of the multiple and complex drivers of homelessness at the individual and structural levels. Such drivers are multiple and complex, spanning poverty and the unequalness of economic benefit and economic opportunity, sustained housing affordability, supply and appropriateness issues; uneven health and social and community inclusion outcomes; drug and alcohol misuse; and the impacts of family and relationship breakdown and family and domestic violence (Flatau et al. 2021).

Table 2.1: Clients per 10,000 population by interest group

	SA		Australia	
	2019-20	2020-21	2019-20	2020-21
All clients	109.6	105.2	114.5	108.3
Indigenous	1,026.8	1,017.5	798.3	810.6
Young people presenting alone (15–24)	20.2	18.8	16.7	16.2
Older people (55 and over)	6.5	6.7	9.6	9.3
Family and domestic violence	36.9	34.7	47.0	45.2
Disability	4.4	4.0	2.6	2.7
Mental health	34.0	33.9	34.8	34.3
Exiting custodial arrangements	3.6	3.6	3.7	3.5
Leaving care	2.9	2.7	2.7	2.5
Children on protection orders	0.9	0.8	3.5	3.2
Drug/alcohol use	11.2	11.0	11.2	10.6

Source: AIHW (2021b).

2.1.2 Evolving service practice and the place of the Aspire program

Homelessness is not a new problem, but there is growing awareness of homelessness in Australia and SA, and a significant movement is underway to end homelessness. There remains no coordinated national strategy driven by policymakers, but the Australian Alliance to End Homelessness (AAEH) is currently spearheading a national campaign, while locally, the high-profile Adelaide Zero Project (AZP) has operated with the aim of ending rough sleeping homelessness in the Adelaide CBD, bringing a person-centred, data-driven (by-name list) and collaborative approach to this challenge since 2017. Adelaide's commitment to ending street homelessness led to Adelaide being selected by the Institute for Global Homelessness as one of a small number of Vanguard Cities around the world. AZP has also intersected with the Aspire program, with some Aspire participants who were sleeping rough in inner Adelaide able to be prioritised for housing through the AZP's own prioritisation processes and access to a small dedicated supply of public housing.

Initiatives like the AAEH campaign and the efforts of local communities, such as AZP, mean more data around homelessness in Australia, and lessons from practice experience, are becoming available. Equally, the community and public health focus brought to homelessness through the COVID-19 pandemic generated increased political interest in responding to rough sleeping homelessness particularly, with temporary accommodation made available in many Australian cities (Parsell et al. 2020). The SA Government's response, in conjunction with local SHS providers, was known as COVID-19 Emergency Accommodation for Rough Sleepers (CEARS). The main CEARS response[1] operated during the first COVID-19 wave in SA (April to July 2020), with hundreds of people moved off the city streets in hotel and motel accommodation, and a large proportion of rough sleepers moved into permanent accommodation and provided with up to 12 months of pre and post-housing support. Unfortunately there was a missed opportunity for a full examination of the impacts of the

[1] Other CEARS-style responses were also enacted by the SA Government during other waves of the pandemic, although were much more tightly focused and not as comprehensive as the initial response.

CEARS response on the lives of people supported through the response and as a means of collaboration among services.

The Aspire program, established in 2017 and discussed in detail in Section 4, has been a significant development in homelessness service delivery in SA. In 2021 the SHS landscape in SA underwent further significant changes, with the establishment of four geographically based homelessness alliances across the state and a state-wide domestic and family violence (DFV) alliance. Each alliance comprises a group of non-government organisations working in partnership with each other and with the SA Housing Authority to deliver coordinated, integrated homelessness responses. Working within structured collaborative frameworks is intended to facilitate the provision of wraparound supports and clear referral pathways for clients, allowing for service gaps to be closed and client outcomes optimised.

Notwithstanding positive developments around the awareness of homelessness and a growing evidence base on the effectiveness of different responses, there remains a need for better understanding of how system design and service delivery can best be aligned with people's needs over time, including post-housing to prevent a return to homelessness. Australian jurisdictions are increasingly willing to take a longer-term view when responding to the problem of homelessness, with the development of ten year housing and homelessness strategies. The strategic priorities in these plans include investing resources in interventions that are appropriately targeted and deliver sustainable outcomes, improving individual lives over the longer-term and generating cost savings for governments. The AAEH, AZP and various programs across Australia adopt a Housing First approach (see Section 2.3), which aligns with common international practice in homelessness responses. Such practices see key stakeholders working together to place people in secure, appropriate housing with wraparound post-housing supports to prevent them returning to homelessness.

2.2 Homelessness service delivery

Spinney et al. (2020) note that the current homelessness service system in Australia is primarily crisis-driven, and reforms should shift interventions and investment (cost savings) towards prevention, early intervention and rapid rehousing with supports. Such calls by Spinney et al. amplify voices across the system, with a clearly (re)emerging appetite for investment in interventions to stop people tipping into homelessness in the first instance, intervening at key points where pathways to homelessness are well worn, such as at exit from correctional facilities or where financial counselling or support can help people avert or address mounting rental arrears. Supporting young people to negotiate family relationships is another key early intervention point. Others exist and are being worked on in the early intervention and prevention space in terms of respect for women and ensuring healthy family relationships which have the potential to impact rates of domestic and family violence which too often lead to homelessness for women and children. A key challenge in this area of system reform, however, remains how to balance overstretched crisis resources (services and funding) with simultaneous investment in responses designed to make a difference before a crisis point is reached.

While it is difficult to assess the effectiveness of the homelessness services system as a whole, data suggest that individual services are often producing good results, but at system level, outcomes are undermined by limited coordination, lack of data on client pathways and inadequate funding levels (Brackertz et al. 2016). The evaluations that have been undertaken of homelessness interventions generally focus on short-term outcomes (up to 12 months) and there is limited evidence of what works in sustaining positive housing outcomes over the longer-term. Longitudinal studies are funded less frequently and it becomes hard to track individuals over longer periods, especially as they may not currently be receiving services for one reason or another (Parsell et al. 2013, p. 28). There are some examples of evaluations of longer-term outcomes of programs in Australia,

such as the 50 Lives, 50 Homes project in Perth (e.g. Vallesi et al. 2020b) and Brisbane Common Ground (e.g. Mason and Grimbeek 2013; Parsell et al. 2013). Issues around the sustainability of positive housing outcomes are discussed in more detail in Section 2.5. Evaluations of the limited number of identifiable prevention and early intervention programs on the ground are obviously even less common, and there is a clear need for investment in such evaluations alongside any move to such reform of programs or the system. Proving upstream or downstream cost savings is a key way to build the evidence to support investment and to show where funds should be diverted from to support reforms.

For interventions to be both effective and sustainable, they need to address the factors that put people at risk of becoming homeless and cycling in and out of homelessness. This includes factors at the individual level, such as health issues, substance abuse and domestic and family violence, and structural drivers such as labour market contractions and housing unaffordability (Brackertz et al. 2016). Housing unaffordability, stress and insecurity are intertwined with broader economic phenomena such as poverty and inequality (Saunders 2017), with those in the private rental sector particularly affected (valentine et al. 2020). A lack of affordable private rental properties is spatially associated with homelessness (Parkinson et al. 2019) and housing unaffordability has been exacerbated by the impacts of the COVID-19 pandemic, including in regional areas (Pawson et al. 2021). The structural drivers of homelessness are very hard to target, consequently interventions tend to address factors at the individual level. This reality begs the question, how effective can any homelessness intervention be when it addresses individual factors in near isolation from the structural factors that are the root cause of homelessness generally.

Based on a comprehensive review of prior research, Mackie et al. (2019) identify several elements of homelessness interventions that are associated with positive outcomes: being housing-led, incorporating person-centred support and choice, deploying rapid action, using assertive outreach to make appropriate accommodation offers, addressing broader support needs, and leveraging effective collaboration between providers and agencies. Factors that can make interventions less successful and/or sustainable include:

- a lack of affordable long-term housing options;
- insufficient funding for wraparound supports over the longer-term;
- diverse needs among client groups;
- providers working in isolation;
- excessive bureaucracy to negotiate; and
- a lack of political will.

The costs of getting homelessness service delivery wrong are high, for individuals, families, communities, neighbourhoods, businesses, and for governments. Under current service delivery approaches, most SHS clients exit their support periods in the same state of homelessness they were experiencing when they entered the system (Flatau et al. 2021). Poor outcomes for individuals translate into increased downstream costs for governments, not only in the SHS sector, but also in areas such as emergency services, health, policing, justice and welfare. Promising frameworks for responding to homelessness in Australia more effectively, often drawing on approaches from overseas, include primary prevention of homelessness; a drive towards ending homelessness; a ‘no wrong door’ approach; and Housing First (Flatau et al. 2021).

2.3 Housing First

One approach which has accumulated some evidence of effectiveness in terms of sustainable homelessness interventions is Housing First. Responses to homelessness in Australia are increasingly informed by, or explicitly

adopt, a Housing First approach. Housing First is a philosophy and a practice model, originally developed in New York City in the 1990s and later adopted in other jurisdictions in the US, as well as in Canada, the UK, New Zealand and Europe. Housing First is based on five core principles – housing, choice, recovery, support and community – and while Housing First responses vary, fidelity to these core principles is generally required (Gaetz et al. 2021, p. 9; Verdouw and Habibis 2019).

Housing First approaches contrast with the 'treatment first' or 'staircase' model of homelessness response, which expects people experiencing homelessness to make behavioural changes (such as addressing substance use issues or demonstrating financial responsibility) and show that they are 'housing ready' before being housed in a sustainable way. In contrast, Housing First views housing as a basic human right that is unconditional. It recognises the impact of structural drivers of homelessness, and the importance of providing appropriate supports, shifting the focus away from individual responsibility for becoming homeless and finding a pathway out of homelessness. Housing First also assumes that secure housing is a foundation for people to address other issues in their lives and get the most benefit from supports and interventions.

Intervention models that take a Housing First approach do not compel people to participate in programs to address mental health or substance abuse issues. Rather, accessing supports is voluntary and they are delivered in a client-centred way for as long as is required, including on an ongoing basis for some people (Kenny 2016; Parkinson and Parsell 2018). People are not excluded from housing or other supports even if they continue a pattern of problematic substance abuse; harm reduction rather than abstinence is the focus. Housing First emphasises a strengths-based approach, supporting people to develop and exercise their own individual choice and self-determination, notwithstanding the challenges they may be experiencing.

A range of models which take a Housing First approach have been found to deliver positive outcomes in relation to getting people housed and keeping them housed (Mackie et al. 2018). The impact of Housing First on achieving sustainable outcomes for people who have been homeless is discussed further in Section 2.5. Housing First is widely considered an evidence-based approach, having been assessed across a range of jurisdictions and in various forms (Keenan et al. 2020). Much of the data from evaluations of Housing First models, however, is from small samples, across short timeframes, and from context-specific implementations (Parsell et al. 2013; Raitakari and Juhila 2015; Verdouw and Habibis 2018). Housing First programs show some outcome variability around health, substance use and social inclusion (Pleace 2018), which are important target areas for the Aspire program. Social inclusion in particular tends to be a longer-term goal and difficult to measure, though likely to contribute to housing sustainment (Quilgars and Pleace 2016).

In its original incarnation, Housing First targeted the hardest to reach homeless – chronic or recurrent rough sleepers who have complex needs, especially mental health issues – although the approach has since been used with a range of different groups. The evidence suggests Housing First approaches are associated with better housing, and improved health and psychosocial outcomes for people experiencing mental illness (Brown et al. 2016; Holmes et al 2017; Nelson et al. 2015). The evidence for Housing First is a little more mixed for people with substance use issues (Clifasefi et al. 2013; Kirst et al. 2015; Meschede 2010). Delivering Housing First programs in collaboration with health care providers may enhance health-related outcomes (Wood et al. 2019). It should be noted, however, that Housing First may not be the best approach for all client groups and further research in this area is needed (Woodhall-Melnik and Dunn 2016).

Australia has not adopted Housing First as part of a coordinated, nationwide homelessness policy response as in countries such as Finland and Scotland, but programs informed by the Housing First philosophy, principles and practice have expanded across Australian jurisdictions over the last two decades (Flatau et al. 2021). The

most prominent examples nationally are the Common Ground initiatives, the first of which was established in Adelaide after Rosanne Haggerty's mid 2000s Thinker in Residence placement with the SA Government. Some of these programs have been evaluated, with the results being relatively well-aligned with the international research. In one evaluation, participants were highly positive about their circumstances after 12 months of program participation, reporting feeling more secure, independent and in control of their lives, and having a sense of their housing becoming home (Parsell et al. 2013). Supporting participants to sustain their tenancies, however, was taking significant effort, and some increased substance use was reported after participants were housed. Another small study found participants in a Housing First program felt safer, more settled and satisfied with their housing over time as they were able to address problems in their lives, though managing finances remained a source of concern (Mason and Grimbeek 2013). It is notable that Adelaide's Common Ground initiative, which is now part of a broader portfolio of offerings by Housing Choices Australia, has been a key partner in the Aspire program, showing the absolute importance of links between homelessness interventions (especially Housing First ones) and the community housing sector, which is another player in the housing market and supplier of properties to the housing pipeline programs require to deliver outcomes for people moving on from homelessness.

Notwithstanding some modest successes in implementing Housing First approaches locally, the approach faces challenges in the Australian setting and it may be unrealistic to set expectations too high (Johnson 2012; Kertesz and Johnson 2016; Pleace 2018). The move towards a Housing First orientation has been patchy and the Australian system is still heavily focused on short-term accommodation options and transitional support rather than longer-term interventions (Herault and Johnson 2016; Parsell and Marston 2016). The conditionality of assistance remains a feature of policy and practice in Australia, with continuing emphasis on 'housing readiness', limited post-housing support, and a lack of affordable, appropriate long-term housing (Clarke et al. 2019, 2020; Flatau et al. 2021; Parkinson and Parsell 2018).

Long waits for long-term stable housing can lead to delayed access to supports, or reduced effectiveness of supports, especially around mental health and substance abuse issues (Bullen and Baldry 2018; 2019; Bullen and Fisher 2015; Johnson 2012; Kenny 2016; Kuzmanovski 2018). Rapid housing is not always possible due to constrained supply of affordable and appropriate housing. In these circumstances, it can be useful to differentiate between Housing First as a philosophy and as a program structure (Flatau et al. 2021). The framing of housing as a basic, unconditional human right is retained even when limited housing availability compromises the capacity to put Housing First approaches into practice.

2.4 Intensive case management

Housing First and other approaches to addressing homelessness generally include some form of intensive case management to support people into housing and to sustain their tenancies post-housing. There is a range of case management models which are used in supporting people experiencing homelessness and/or with other support needs arising from, for example, mental or physical health issues, problematic substance use, or disability. Case management models are often distinguished by the intensity of supports provided.

Brokerage models tend to be lighter touch, with case managers focusing on identifying client needs and assisting them to access supports through referrals. Other models are more intensive, for example, a trauma-informed approach which acknowledges the significant and lasting impacts trauma can have on people's recovery pathways, actively avoids re-traumatisation and focuses on safety, choice and empowerment. Strengths-based case management models, which shift the focus from people's problems to their capacities and possibilities, have gained popularity over the last two decades. Other influential case management models

include the person-centred approach, based on holistic, integrated supports, and assertive community approaches based on multidisciplinary support networks. In practice, high quality case management in SHS often incorporates strands of several case management approaches.

Homelessness is a complicated problem and appropriate responses are rarely simple, quick or easy. People affected by homelessness are a diverse group who have followed different pathways into homelessness, consequently, multi-faceted responses are required to lead them out of homelessness and into secure housing (Fowler et al. 2019). Coordinated responses involving collaboration between service providers can improve outcomes, but building partnerships takes time and effort. Significant investments of time are also required to support sustainable outcomes and leverage early wins into long-term gains. It has been observed that 'the journey out of homelessness is rarely linear' (Vallesi et al. 2020b, p. 50).

The 'problem' of rough sleeping homelessness is particularly intractable. A significant number of people who are rough sleeping have complex needs and are experiencing multiple forms of disadvantage (Tually and Goodwin-Smith 2019). Mental and physical health issues, disability, problematic drug and alcohol use, having spent time in prison and socioeconomic disadvantage are common among this cohort. Aboriginal and Torres Strait Islander people are over-represented among the homeless population and among rough sleepers in particular. Women who are rough sleeping have often experienced domestic and family violence. Past experience of trauma among the rough sleeping homeless is common. People who were in out-of-home care as children, particularly institutional care, have higher rates of homelessness in adulthood (Fernandez et al. 2016), as do veterans of the Australian Defence Force (Hilferty et al. 2019).

While people with high-level complex needs make up only a small proportion of SHS clients overall, they are more likely to be repeat clients, experience chronic or cyclical homelessness, and have worse housing outcomes over the long-term (AIHW 2018). Rough sleepers are often considered 'hard to reach' by services and can easily slip through the gaps. They are at heightened risk of poor health outcomes, including premature death (AIHW 2020b; Seatres et al. 2020). Supporting rough sleepers and the chronically homeless effectively requires a systemic response that addresses both the individual and structural drivers of homelessness. Housing people with complex needs is not enough; they may also require continuing supports, particularly in the early phase of being housed. These supports should be comprehensive, flexible, well-integrated and coordinated through effective case management (Brackertz et al. 2016; Flatau et al. 2014).

Preventing people from becoming homeless and supporting people experiencing homelessness onto a sustainable housing pathway can deliver savings in other government sectors such as health, justice, corrections, welfare and child protection. There is considerable evidence that points to reduced demands on the broader service system when people who have been experiencing chronic homelessness are sustainably housed, particularly in supported housing (Bamberger and Dobbins 2015; Larimer et al. 2009; Parsell 2016; Westoby 2016; Wood et al. 2016; Wright et al. 2016; Zaretzky and Flatau 2013). Australian research shows that health and justice costs are higher on average for people experiencing homelessness but that the averages are highly skewed by 'outliers': a minority of the homeless population who have very high health care costs and/or interactions with the justice system (Flatau et al. 2020; Zaretzky et al. 2017). High health and justice costs are both associated with having a diagnosed mental health condition; risky dependence on drugs or alcohol is associated with higher justice costs but not higher health costs in the absence of a health issue (Flatau et al. 2020; Zaretzky et al. 2017).

While addressing mental health conditions and drug and alcohol dependency can lead to better outcomes and downstream cost savings, these issues are more easily managed once a person is in stable housing. Previous

research has found that the staircase approach to homelessness intervention is not only less effective but also more expensive overall than a Housing First approach (Spinney et al. 2020). Similarly, while supportive housing appears to be costly, it reduces demands on the health (especially mental health), justice and welfare systems over the long-term (Bretherton and Pleace 2019b; Conroy et al. 2013; Flatau et al. 2018; Johnson et al. 2012; Westoby 2016).

Victoria's Journey to Social Inclusion (J2SI) program, delivered by Sacred Heart Mission since 2009, has some similarities with Aspire, being based on a rapid-housing approach which provides clients with intensive case management and supports across a three year timeframe. Evaluation of this program (Sievwright et al. 2020) compared the J2SI client group with a comparison group who received standard services and found the J2SI participants were housed at a much higher rate and reported reduced substance use, mental health issues and contact with police and justice services. The evaluation concluded that for every $1 the Victorian State Government invested in J2SI, it saved $1.84 on health and justice costs compared with the control group. This 'cost offset' approach could be seen to imply a problematisation of homelessness as an economic cost, rather than demanding a focus on the wellbeing of individuals and social justice goals. Highlighting the economic benefits of interventions, however, can help to secure policy and funding commitments (see Evans et al. 2016; Polvere et al. 2014, p. 64).

There is no one-size-fits-all approach to supporting people experiencing homelessness who have multiple and complex needs. In particular, the type and intensity of post-housing support required will vary depending on individual need and choice. Many people transitioning out of rough sleeping or chronic homelessness may require minimal supports once they are securely housed, while others will do well with post-housing supports that taper off over time. There is a group who will benefit from long-term supports, and in some cases permanent supportive housing (Tually and Goodwin-Smith 2019).

The flexibility to adjust the intensity and duration of supports, and being able to take a coordinated, holistic approach, can assist with tailoring supports to individuals' needs. Research from a Brisbane program found mental health and substance abuse issues were key barriers to securing and sustaining housing, with other challenges including lack of affordable housing in appropriate neighbourhoods, financial problems, difficulty adjusting to independent living and being discriminated against by landlords (Holden 2008). In another qualitative study, participants said they continued to encounter practical issues (managing finances, transport, getting to know the local area, establishing new social connections) and psychosocial issues (loneliness, uncertainty, lack of confidence) after being housed (Vallesi et al. 2020b, pp. 59-60). Practical challenges or the need for mental health support can arise outside working hours, particularly at night, which makes having on-call support vital (Parsell et al. 2013, pp. 31-32). These perspectives remind us how critical connections are to community and neighbourhood, including services, in people's sense of belonging, inclusion and as elements underpinning the successful sustainment of tenancies.

Evaluation of the London Homelessness SIB, which was the first SIB in the homelessness sector and supported around 800 people with complex needs experiencing homelessness in central London, identified a number of features of effective service provision for the cohort. Such features included caseworkers being persistent or relentless (as Hutt St Centre refers to it) and non-judgemental in order to build trust with clients; flexible, personalised and culturally sensitive supports; sustaining supports across the long-term; and a focus on rapid housing followed by support to maintain housing (Mason et al. 2017). The evaluation also noted the importance of strong partnerships between caseworkers and other service providers to address clients' complex needs, particularly in the areas of substance abuse and mental health.

Providing people with holistic, wraparound supports requires multidisciplinary input, with different types of supports (housing, health, psychosocial) coordinated, integrated and mutually reinforcing (Parsell et al. 2020, p. 40). Past research has noted the challenging psychological shifts that may arise for people exiting homelessness (Chamberlain and Johnson 2018; Schneider 2020), though being securely housed can also have substantial psychological benefits, making people feel a greater sense of social inclusion and control over their lives (Parsell 2012). Safe, stable housing promotes 'ontological security' – peoples' sense that they can count on a degree of continuity and that they have control over their environments (see, for example, Colic-Peisker et al. 2015).

Supportive housing is a way of making intensive services accessible to people once they are housed, either on-site or through visiting providers, as well as supporting continuity of services to sustain housing and other outcomes (see Section 2.5). Supportive housing features which have been found to promote positive outcomes include a mix of tenants, round-the-clock concierge presence, on-site supports and promoting a sense of community (Mason and Grimbeek 2013).

2.4.1 Supporting Aboriginal people experiencing homelessness

Aboriginal and Torres Strait Islander people in Australia are 15 times more likely to experience homelessness and they comprise over a quarter of people using SHS; in SA they make up two per cent of the population but nearly 15 per cent of people experiencing homelessness (see Tually et al. forthcoming). Tually et al. note that Aboriginal homelessness is different: it has a separate set of drivers, including the lasting effects of colonisation and intergenerational trauma; Aboriginal people have different cultural understandings of 'home'; Aboriginal people have distinct patterns of service use; and culturally appropriate housing options are required to support Aboriginal people to exit homelessness. For example, larger homes that can accommodate extended families and visitors may be preferred (Noongar Mia 2021).

The cultural appropriateness of service delivery must also be considered when supporting Aboriginal people. Alignment of services with culturally specific values and lifeworlds can improve outcomes, including housing access and tenancy sustainment (Habibis et al. 2013). Early evaluations of the effectiveness of Housing First programs for Aboriginal and Torres Strait Islander people show some promise and taking a family-centred rather than individual-centred approach is often helpful (Vallesi et al. 2020b; Vallesi and Wood 2021). For example, the Wongee Mia project in Perth, Western Australia recognises the importance of kinship obligations. The program works to support broader family groups rather than individuals so that tenancies can be sustained (Vallesi et al. 2020a). Notably, a key element of Wongee Mia is its integration with other initiatives aimed at ending homelessness, including Housing First programs in Perth.

A housing-led approach does not suit all Aboriginal clients, however, and integration of housing strategies with non-housing supports, especially Aboriginal health and wellbeing services, is vital (Tually et al. forthcoming). The recent Puti on Kaurna Yerta (Bush in the city) response on Kaurna Land (Adelaide's south Park Lands) is a good reminder of how the needs of remote Aboriginal visitors to Adelaide are about cultural safety and wellbeing. The movement of Aboriginal peoples and kinship groups from Homelands to Kaurna (Adelaide) and other Lands (for a range of reasons) is a prominent and ongoing pattern of cultural movement spanning generations, with sleeping out in Adelaide often seen as rough sleeping and therefore viewed with a homelessness and housing assistance lens, when other responses are actually needed. In all responses, Aboriginal people should have agency and choice in relation to services and housing options (Noongar Mia Mia 2021).

Aboriginal-led services, including Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal Community Controlled Health Organisations (ACCHOs), are a key element of effective service delivery for Aboriginal people experiencing homelessness. Ideally, Aboriginal people experiencing homelessness should have the option of accessing supports provided by Aboriginal-led organisations (Noongar Mia Mia 2021), although SA research indicates that Aboriginal people routinely access non-Aboriginal specific services, whether through choice or necessity (Stefanson and Goodwin-Smith 2019). For mainstream services, ensuring cultural awareness, safety and appropriateness for Aboriginal clients might involve working in partnership with Aboriginal-led services; co-designing programs with clients; focusing on building relationships of trust and rapport with clients; adopting a more flexible approach to service delivery; and incorporating lived experience of Aboriginal homelessness in the workforce (Tually et al. forthcoming).

2.5 Supporting sustainable housing outcomes

Housing First and intensive case management approaches tend to require significant resources, but the investment can pay off with savings across multiple service delivery sectors and into the future, particularly if people are supported to sustain positive housing outcomes and no longer need to access short-term SHS interventions. Australian governments devote considerable resources to supporting people experiencing homelessness, funding a range of interventions and programs, some of which have a cohort or priority group focus, such as people experiencing rough sleeping or chronic homelessness. People in these cohorts may be housed for a period of time before falling back into homelessness. Those who are rough sleeping are particularly likely to be experiencing chronic or repeat homelessness. Without adequate supports, the issues that have contributed to people becoming homeless may also be barriers to them sustaining tenancies if they secure housing.

Unaffordability of housing can put tenancies at risk. Low-income people who are not eligible for social housing, or are on the wait list, can find it difficult to secure an affordable property in the private rental sector. Anglicare Australia's most recent annual Rental Affordability Snapshot (2021) found only three rental listings nationwide that would be affordable for a single person on the Jobseeker payment, and just 0.3 per cent of listings were affordable for people on the slightly more 'generous' Disability Support Pension. Many people who are homeless or at risk of homelessness, especially rough sleepers or people experiencing chronic homelessness, are on one or other of these payments (or, for most younger people, an even lower payment, Youth Allowance).

Maintaining a tenancy and living independently requires a particular set of skills which cannot be taken for granted, particularly among people who have experienced trauma and are dealing with a range of health and other issues in their lives (Boland et al. 2021, p. 7). People exiting homelessness can benefit from support with basic practical requirements such as paying rent and maintaining properties in good condition (Evans 2018). Social housing tenants are subject to strict rules prohibiting anti-social behaviour, including by anyone else staying at the property, which can lead to tenancies being terminated (Martin et al. 2019). Social housing tenants can be evicted into homelessness and may subsequently have trouble securing another tenancy. Martin et al. (2019) note that taking a punitive approach and threatening tenants with eviction to try and enforce behavioural change is often ineffective. Offering tenants greater security of tenure and responding to anti-social behaviour with appropriate supportive interventions is preferable.

Programs supporting tenancy sustainment are often informed by a Housing First approach. Housing First's focus on post-housing support over a long period helps people to sustain tenancies, and also facilitates rehousing as necessary. The staircase model's expectation of (ongoing) housing readiness and behavioural change can put people at risk of losing their tenancies if they relapse into substance abuse or experience mental health issues

(Greenwood et al. 2013). Housing First approaches, by contrast, do not view tenancy loss as a failure or an event that excludes someone from further support (Jones et al. 2019; Perrens and Fildes 2019, p. 12). It is recognised that there are a range of reasons why people with complex needs may require more than one housing placement before they are in a position to *sustain* their tenancies (Vallesi et al. 2020b).

In line with overseas evidence, evaluations of Australian tenancy sustainment programs based on Housing First principles suggest this approach yields modest but positive results. In Victoria, a program to help people sustain tenancies was strengthened by a focus on early intervention and strong partnership between service providers (Adams 2013). A Queensland program to help young people sustain their social housing tenancies reported that participants had increased confidence and greater capacity to meet the demands of their tenancies (Brackertz 2018). Program elements supporting its effectiveness included an holistic and flexible approach, alongside strong referral processes, provider partnerships and service coordination.

To maximise the chances of tenancy sustainment, it is vital that supports continue for long enough that people are no longer at risk of falling back into homelessness. A minimum one year engagement period has been suggested as appropriate (Perren and Fildes 2019), though whether this meets someone's needs varies and is dependent on individual circumstances. Another important factor is matching people with appropriate housing, in locations that suit them. Purposive allocation makes it more likely clients will sustain their tenancies, and it should be possible for them to transfer to housing and neighbourhoods that suit them better when necessary (Vallesi et al. 2020b).

Positive sustained outcomes involve more than people simply remaining in their housing. Social supports, such as assistance to build social connections and inclusion in the community, are important (Johnstone et al. 2016). People should feel settled and integrated into their local communities, and improvements in personal wellbeing also matter (Boland et al. 2021, p. 1). Employment can be helpful in terms of promoting social and economic integration, although if people have precarious work and precarious housing it can be easy for them to fall back into homelessness (Bretherton and Pleace 2019a).

Qualitative research with people exiting homelessness found people placed a high value on long-term holistic supports delivered through a well-connected collaborative service system and with links to a diversity of housing options and neighbourhood supports (The Australian Centre for Social Innovation 2019). Participants felt it was very important for support to continue after they had been housed, and secure housing helped people focus on the prospect of a better future. For many people exiting homelessness, positive housing and other outcomes will not be sustained unless support persists as needed, although the way SHS are funded can mean clients are no longer eligible for supports from the providers they have established relationships with once they are housed (Parsell et al. 2013, p. 89).

Substance abuse, mental health and trauma-related issues may take some time to improve (Clifasefi et al. 2016), making post-housing supports in these areas particularly important. Some problems can be exacerbated in the short-term as being placed in housing raises a new set of issues for people to manage. People have left behind their old living arrangements and social contacts but are yet to build new networks, which can lead to isolation and difficulty adapting to being independently housed (Johnson and Chamberlain 2015; Schneider 2020; Scobell 2019). Clients' use of health services may also increase in the short-term after being housed as they start to access treatment and supports for ongoing conditions.

As is evident from the discussion in this section, there remains a range of issues around whether existing interventions are delivering optimal and sustainable outcomes for people experiencing homelessness. There is also a need to improve service delivery efficiencies for governments. These factors leave considerable scope

for innovation in the homelessness service sector. SIBs have been proposed as a way of promoting new forms of programming and service delivery innovation, among other benefits. The way SIBs work and their potential to support innovation in homelessness service delivery are discussed in Section 3.

3. Social impact bonds and homelessness service delivery

This section describes how social impact bonds (SIBs) work, their potential advantages and some of the key critiques that have been raised. As discussed in Section 4, Aspire is funded through a SIB and assessing how well this funding mechanism has promoted effective and efficient service delivery is a key element of the evaluation. It should be noted that while there is a body of peer-reviewed literature on SIBs, some of which is discussed in this section, it largely arises from overseas experience and does not necessarily reflect the views of practitioners in the field. SIBs have evolved rapidly and recently, particularly in Australia, and there is limited published empirical research on the SIB experience in the local context.

3.1 What are social impact bonds?

3.1.1 Defining SIBs

SIBs are a form of social impact investment and represent examples of outcomes-based commissioning, specifically payment-by-results (PbR) contracts. The precise definition of a SIB remains fluid and there is some variability in terminology across different countries. Jacob Broom (2021), reviewing the Australian experience of SIBs, adopts a relatively straightforward definition:

> SIBs are partnerships between public, private, and third-sector actors organized to privately fund a social program. The outcomes produced by that program, meaning changes in the behavior or conditions of a specified group of service recipients, are measured, and the investors who funded it are paid returns determined by those outcomes (p. 114).

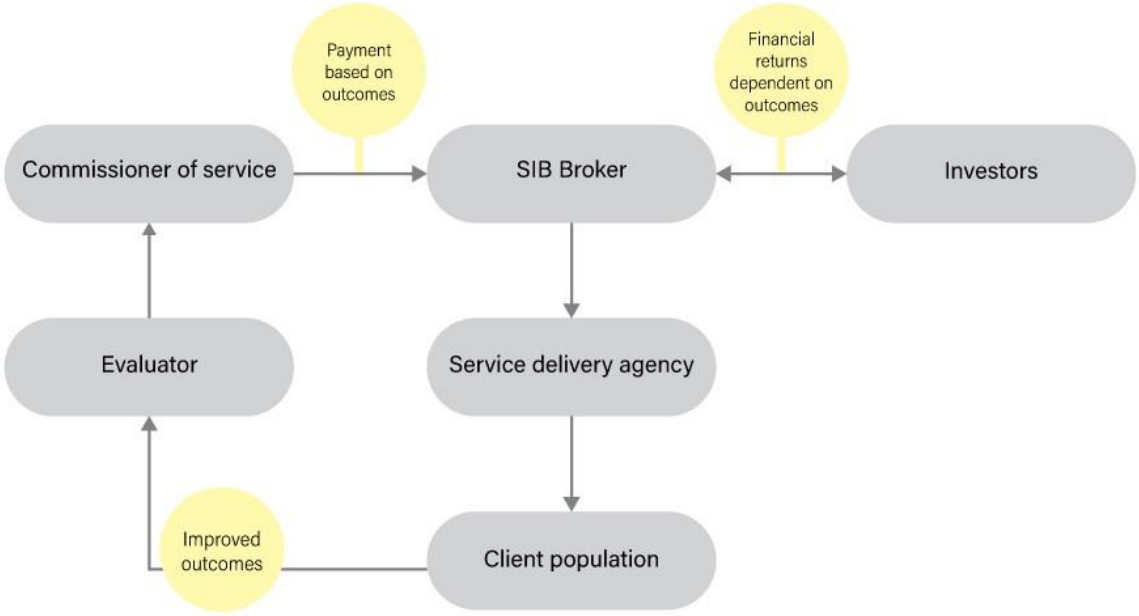
In Australia, SIBs are sometimes referred to as 'social benefit bonds', but should not be confused with social bonds, under which investors' recoupment of the capital investment and receipt of dividends is not dependent on specific outcomes being achieved (AHURI 2020). It should be noted that it is ultimately government, not private investors, who fund social programs which are initially financed through investors' purchase of social impact bonds. If the program delivers the expected outcomes, government payments are sufficient to cover the costs associated with delivering the program and provide a financial return to investors. The players commonly involved in a SIB are shown in Figure 3.1, although this represents only one type of SIB model. Australian models often involve the service commissioner making payments directly to the service delivery agency, which then draws on a loan from the SIB broker.

SIBs are not actually bonds as the name suggests because there is no fixed interest rate, but rather returns that are contingent on performance targets being met (Guter-Sandu 2021). Cooper et al. (2016) describe SIBs as akin to 'futures contracts' between the commissioning body, the delivery agency and the investor. As with derivatives, the SIB's value depends on a specified event occurring, though unlike derivatives, the investor provides capital upfront to cover the projected costs of the activity (Maier and Meyer 2017). SIBs share some of the features of debt instruments in that they are fixed term investments with capped returns, and the capital can be secured, but like equity it can also be at risk (Maier and Meyer 2017).

To the extent that SIBs require outcomes data in the form of demonstrable social effects to function, they are aligned with a broader shift in human service delivery towards focusing on outcomes and impact rather than more immediate, short-term outputs. Government procurement has traditionally focused more on outputs, and once funding is granted to a service delivery agency, the government must pay regardless of what is actually achieved. Under SIB funding arrangements, governments only pay if the desired outcomes are achieved. The performance indicators on which SIBs are based generally do not reflect short-term outputs, but instead are

designed to be proxy measures of longer-term, broader outcomes or impact. SIBs are sometimes seen solely as financial instruments, but they are also a policy response to a social problem or need.

Figure 3.1: Social impact bond model



Source: Authors.

SIBs are not an appropriate funding instrument in all situations and there remains limited understanding of the conditions and contexts in which they work best and are most likely to be adopted (Fitzgerald et al. 2020). SIBs are best suited to addressing social problems where there is a clear target cohort, the effects of a particular intervention are readily measured across a reasonable timeframe, and there is a need for trialing new service delivery models (AHURI 2020; Maier and Meyer 2017). SIBs that address particularly challenging and visible social issues (such as homelessness) can have appeal for both governments and investors.

3.1.2 Development and expansion of SIBs

The first SIB was established at Peterborough Prison in the United Kingdom (UK) in 2010 and involved a program aimed at reducing recidivism among short-stay prisoners. The Peterborough program and associated SIB were deemed successful and the UK Government was quick to expand the funding and support available for SIBs, which also rapidly attracted considerable interest from researchers and evaluators. What Tan et al. (2021) describe as the 'policy enthusiasm' for SIBs is based to some degree on the perception that they offer opportunities for governments to deliver positive social outcomes in an efficient manner.

The second SIB was the London Homelessness SIB, established in 2012, involving two charities with long-standing involvement in homelessness service delivery. The Aspire SIB has several features in common with the London Homelessness SIB, including case navigators providing wraparound supports and the use of performance indicators such as reduction in clients' use of hospital and justice services. The London Homelessness SIB did not, however, explicitly adopt a Housing First approach in the way that Aspire set out to do. The London Homelessness SIB has been extensively researched and evaluated and some of the learnings from the program are described in this section.

In the years after the Peterborough SIB was established, around 130 SIBs were implemented in countries around the world, including the United States, Canada, Japan, Italy, Finland, the Netherlands, Israel and Australia. SIBs were applied in areas such as child protection, justice, education, workforce participation, youth services, refugee support, health and homelessness (Fitzgerald et al. 2020; Social Finance UK 2016). Nevertheless the SIB market has developed somewhat more slowly than early predictions suggested (Tan et al. 2021). SIBs remain 'a niche instrument' and form a small proportion of the social impact investment sector as a whole (Guter-Sandu 2021).

3.1.3 SIBs in Australia

The New South Wales (NSW) Government was an early proponent of SIBs, first expressing an interest in 2010, and a decade later Australia had around a dozen SIB-funded programs (depending on the precise SIB definition used) (Broom 2021). Australian SIBs operate at state level because state governments are responsible for the majority of relevant service delivery areas, including specialist homelessness services, youth services, corrections, child protection, and most health and education services. The first two Australian SIBs, the Newpin SIB and the Benevolent Society SIB, commenced in 2013 in NSW. Both these SIBs were aimed at supporting parents with child protection system involvement and aimed to improve their parenting capacities, allowing children to return or remain at home and saving on downstream out-of-home care costs for the NSW Government.

Other states began to express an interest in SIBs and additional programs were launched in NSW, Queensland, Victoria and SA, enacted/supported by both Labor and Liberal/Coalition governments and generally with bipartisan support (Broom 2021). The Aspire program was the first in Australia to target homelessness and was the only SIB in SA for several years. Victoria's Journey to Social Inclusion (J2SI) program (discussed in Section 2.4) has supported people sleeping rough in Melbourne since 2009 and phase 3 delivery from 2018 to 2023 is funded through social impact investment under a payment-by-results contract. Nevertheless the J2SI model is technically not a SIB, as it has a lower cost structure underwritten by philanthropic funding, and repayments are guaranteed even if agreed outcomes are not delivered (Journey to Social Inclusion n.d.). J2SI was able to provide such guarantees partly because it had already demonstrated positive outcomes for clients and government in its pilot phase (2009-2012) and phase 2 (2016-2019) (Sievwright et al. 2020).

3.2 Benefits of social impact bonds

SIBs tend to attract support from both sides of the political spectrum because they combine welfare spending with market-based risk and incentive structures. Some of the potential benefits of SIBs are described in this section, while common critiques of SIBs are outlined in Section 3.3. The body of empirical evidence on the impact of SIB financing, positive or negative, is small. Some researchers note that early SIB evaluations have shown mixed results and there remains limited empirical evidence that using a SIB financing mechanism is associated with different or better outcomes than programs funded through traditional government contracting (Fraser et al. 2018; Muir et al. 2018; Tan et al. 2021; Wilson et al. 2020). This may arise from limited evaluation of the outcomes of conventionally funded social programs as much as from limited empirical evidence of the outcomes of SIB-financed programs. Some of the challenges of evaluating social programs are noted in Section 3.4 and throughout this report. The Aspire evaluation adds to the body of knowledge on the impact of SIB-financed programs, and social programs more generally, particularly in the Australian context.

3.2.1 Service improvements and cost savings

SIBs are seen as having the potential to improve service delivery while generating overall savings for governments. SIBs set clear performance targets so providers know the outcomes they need to achieve. These targets generally include measures of service quality or effectiveness and savings to government (which may or may not be explicitly quantified) arising from reduced service needs in other areas. For example, as noted in Section 2.4, supporting people experiencing homelessness into sustainable housing can reduce their future need for costly health, justice, corrections, welfare and child protection services (Parsell 2016; Wood et al. 2016; Zaretzky and Flatau 2013). A preventive approach is often key, with 'upstream' interventions reducing the need for 'downstream' crisis supports.

The evaluation of the London Homelessness SIB found that the payment-by-results structure of the SIB incentivised a data and outcomes orientation by service providers and kept case navigators motivated and focused on the problems facing clients (Mason et al. 2017). In some ways, SIBs can relieve the usual pressure on service providers to stretch limited resources as far as possible and instead allow them to focus more on what they want to do and the best way to do it.

3.2.2 Innovation and experimentalism

SIBs focus on outcomes, rather than the means used to achieve them. SIBs often make more resources available to service providers than they have under direct funding from government and are less prescriptive about how these resources are to be deployed, giving providers scope and often encouragement to try new approaches (Andreu 2018). SIB funding can also help services be more responsive to client need because it can be made available more quickly than funding that is subject to government decision-making processes (George et al. 2020).

The evaluation of the London Homelessness SIB (Mason et al. 2017) found that the SIB framework promoted innovation and flexibility in service delivery. For providers, however, flexibility and freedom from prescribed processes may come at the cost of increased pressure associated with needing to meet set performance targets. Providers may be more autonomous from government but have new masters in the form of investors and intermediaries (Edmiston and Nicholls 2018).

From the government perspective, it is suggested that SIB-funded innovation and piloting can help identify service delivery models that offer value for money and can be rolled out further to maximise future cost savings (Andreu 2018). The outcomes focus of SIBs can promote understanding of how effective interventions are, helping to develop an evidence base that can then guide the scaling up of services and programs in a way that keeps governments and providers accountable for how they use resources.

3.2.3 Resource additionality

A key argument in favour of SIBs is that they attract additional resources for addressing complex social problems, which can only enhance the work that is already being undertaken. The evaluation of the London Homelessness SIB noted that it generated additional resources for the homelessness service sector and freed up capacity in existing services outside the SIB, though it also created additional demands on some partner agencies (Mason et al. 2017). Even researchers who raise concerns about SIBs tend to acknowledge that they can attract additional funding for vital work; they may not embrace the economic logic behind SIBs but they value what it makes possible (see, for example, George et al. 2020; Laruffa 2021). This pragmatic approach to SIBs is discussed further in Section 3.5.

3.2.4 Aligning interests and building networks

The outcomes focus of a well-designed SIB can bring the interests of multiple parties into alignment in a way that promotes significant improvements to service delivery, but Maier and Meyer (2017) note that SIBs can potentially also add another layer of complication to interest alignment by introducing new players (such as investors and intermediaries) and new goals (such as generating returns for investors). Government agencies and not-for-profit organisations are known quantities in social service delivery but there is limited research on the perspectives and motivations of social impact investors. Evaluation of the London Homelessness SIB (Mason et al. 2017) found that the investors were generally interested in positive social outcomes in a broad sense rather than addressing homelessness specifically but took an interest in the reputation and past performance of the relevant service providers when deciding whether to invest.

SIBs generate new forms of collaboration between actors in the public, private and not-for-profit sectors, and within these sectors, opening up opportunities for shared learnings. Each of these players can bring different strengths to the shared goal of delivering positive social outcomes as efficiently as possible, with SIBs helping to foster cross-sectoral solidarities despite some imbalances in the power dynamics between the actors (Guter-Sandu 2021). Mason et al. (2017) provided some evidence of shared learnings, finding that the London Homelessness SIB experience had been valuable and likely to have lasting effects for service commissioners, though investors questioned whether service providers had benefited to the fullest possible extent from the SIB's emphasis on performance metrics and financial management. Some commentators highlight the benefits of participatory processes in SIB negotiation and development, allowing all stakeholder perspectives, including the lived experience and preferences of service beneficiaries, to be incorporated (Guter-Sandu 2021; Sinclair et al. 2021).

3.2.5 Risk sharing

One of the benefits of SIBs for governments is the capacity to share some of the risk of trialling new service delivery approaches with private investors. Commissioners only need to pay if the desired outcomes (which may include demonstrated cost savings across other service areas) are produced. Edmiston and Nicholls' (2018) analysis of four UK SIBs notes that risk redistribution varies between SIBs and can be affected by factors such as service providers acting as co-investors and whether guaranteed investor returns are incorporated. Substantial risk, including financial and reputational, tends to remain with government commissioning bodies (Edmiston and Nicholls 2018; Tan et al. 2021).

3.3 Critiques of social impact bonds

Some academic work on SIBs takes a critical approach on the grounds that SIBs facilitate an encroachment of the market and financialisation into areas formerly considered outside the realm of the market, although this critique tends to be theoretical rather than empirically demonstrated (see, for example, Broom 2021; Cooper et al. 2016; Laruffa 2021; Sinclair et al. 2021). A related criticism of SIBs is that by focusing on outcomes for individual clients and treating them as economic entities, attention may be deflected from the root structural causes of social problems; in the case of homelessness, these might include poverty, housing unaffordability in the private market, lack of investment in social housing, and insufficient good quality supported accommodation for people with disability or mental health issues (see, for example, Cooper et al. 2016; Wirth 2021). Some commentators place SIBs in the context of a 'behavioural turn' in policymaking over the last few decades, manifested in the growing influence of behavioural economics and concepts like 'choice architecture', 'nudge policies', framing, and forms of personal responsibility and self-management by individuals (Berndt and

Wirth 2019; Cooper et al. 2016; Wirth 2021). For other commentators, SIBs can be seen as the latest development in an ongoing retreat of government from welfare provision (Edmiston and Nicholls 2018; McHugh et al. 2013).

Like any instruments involving measurement, SIBs can theoretically create perverse incentives and encourage 'gaming' by service providers, including 'cream-skimming' or 'cherry-picking' when selecting clients (Edmiston and Nicholls 2018), though there is little hard evidence of this occurring in practice. Evaluation of the London Homelessness SIB found that the case navigator model of support, characterised by a lengthy period of personalised intervention that allowed for trusting relationships to be established, was perceived as effective and there was no evidence of cherry-picking arising from the outcomes focus (Mason et al. 2017).

By their nature, SIBs only support service provision for a fixed period of time, the length of the contract, and there may be a risk of the outcomes achieved being unsustainable. Again, there is little empirical evidence of this occurring in practice, and in fact SIB financing can enable longer term and/or larger scale programs than would otherwise be possible. Attention to how SIBs can inform program funding in the longer-term, the sustainability of positive outcomes from SIB-financed programs, and how successful service delivery models can be 'mainstreamed' may be helpful (Fitzgerald et al. 2020; Mason et al. 2017).

The administrative and transaction costs SIBs impose on commissioning agencies and service providers are another potential pitfall. SIBs generally involve a long process of research, consultation, development and design, followed by ongoing monitoring and measurement. Complex risk sharing scenarios and contingencies occur when multiple parties are involved, therefore contractual safeguards need to be put in place and this can add to transaction costs (Pandey et al. 2018). There has been little analysis, however, of the extent of these costs and whether they are justified by the benefits of SIBs (Fitzgerald et al. 2020).

A review of SIBs in North America and the UK identified unique challenges in different settings, but with some common issues arising around standardisation, scale, markets in social services, risks versus returns and local context versus financial system tensions (Williams 2020). In the Australian context, Muir et al. (2018) conclude that there is some evidence of the effectiveness of using SIBs to address homelessness, but it is mixed, limited and inconclusive. This research found a role for SIBs and other forms of social impact investment in addressing Australia's housing and homelessness challenges, but only under the right conditions.

3.4 Data and evaluation challenges

Performance and outcomes-based contracts can raise issues around attribution of results. There are always factors outside the service providers' (and clients') control which affect what happens. For example, the evaluation of the London Homelessness SIB reported that during the life of the SIB, the UK Government made changes to benefit entitlement which placed considerable demands on case navigators as they worked through the implications for clients, reducing the time available for other support provision (Mason et al. 2017). Some researchers observe that evaluations of SIB programs may conflate the impact of service delivery and the impact of the SIB financing mechanism (Edmiston and Nicholls 2018; Fitzgerald et al. 2020). There can also be challenges identifying appropriate SIB performance metrics, such as using administrative data rather than counterfactual datasets or assuming outcomes are sustainable when this may be uncertain (Edmiston and Nicholls 2018)

Research with frontline workers on a homelessness SIB program found they had clear and informed views on which of the SIB performance measures were appropriate and which were not (George et al. 2020). The workers objected to outcomes which they felt were too focused on removing people from the streets and delivering

benefits for the commissioning agency, rather than on outcomes that were valued by the people themselves. SIBs must base their metrics wholly or largely on data which are available (or possible to collect) and may draw on large government databases and multi-agency data sharing arrangements as in the case of the London Homelessness SIB (Mason et al. 2017), which can raise concerns about privacy and transparency (though these tend to be well regulated and managed in the Australian context).

Prescriptive performance metrics can potentially hamper as well as promote innovation. Providers of SIB-funded programs may balance the possible benefits of trying a new approach with the threat of it undermining the chances of meeting performance targets. Some commentators perceive a risk that the primary performance targets under a SIB will become cost savings and efficiencies rather than improvements to service delivery, with service providers focusing on the best ways of *measuring* services rather than the best ways of *delivering* services (Edmiston and Nicholls 2018). Equally, however, there is a risk that failing to measure performance in human service delivery, even if by imperfect means, results in lost opportunities for increasing effectiveness.

3.5 The future for social impact bonds

As is evident from the discussion above, many researchers are critical of SIBs, but even among critics a pragmatic approach often prevails and the resource additionality benefit noted in 3.2.3 carries weight. Laruffa (2021) notes that while a values and social justice orientation may be at least partly displaced by an economic rationale under social investment frameworks, the same activities result:

> Preventive and housing-led policies appear to be the best way to address homelessness, regardless of whether a 'social' or an economic logic is adopted…both logics seem to promote the same 'solutions': preventing homelessness and providing homeless people with stable accommodation (p. 424).

The frontline workers within a homelessness SIB program cited in the research by George et al. (2020) had concerns about some aspects of the SIB funding mechanism, but they also recognised that the SIB made vital work possible and allowed them to work in more flexible ways. Similarly, Andreu (2018) argues that while SIBs have the potential to direct attention away from structural drivers of poverty and homelessness or a narrative of social justice, they still permit worthwhile assistance for those affected individuals. Guter-Sandu (2021) has concerns about the robustness of the solidarities nurtured by SIBs but expresses some optimism about the potential for SIBs to promote new, more flexible forms of collaboration, relationality and participation:

> SIBs expand the horizon of the possible, foster mutual learning and the balancing of diverging worldviews, and encourage alliance-formation and social citizenship. While this might not always pan out, it is important nonetheless to leave enough room to characterise what emerges (p. 1073).

Others also urge a balanced view of SIBs: 'SIBs per se are neither the silver bullet for funding social policy nor the neo-liberal devil's handiwork' (Maier and Meyer 2017, p. 31). SIBs may not have the potential to revolutionise how government delivers human services and addresses complex social problems, but they can be effective and useful in some circumstances. It remains to be seen whether SIBs will prove to be a catalyst for broader systemic reforms in social service delivery or remain niche instruments supporting program development and innovation in particular circumstances (Fitzgerald et al. 2020).

The Aspire case management approach and SIB are described in more detail in the next section, before the report turns to the methodological approach taken for the Aspire evaluation in Section 5.

4. The Aspire case management program and Social Impact Bond

This section details key features of the Aspire program, which is informed by the prior research on what does and doesn't work in service responses to homelessness described in Section 2. The section begins with a description of the Aspire program design and case management approach, and then outlines how it is funded through a SIB framework.

4.1 What is Aspire?

Aspire provides long-term, intensive case management for people experiencing chronic or recurrent homelessness. The program aims to transition participants out of homelessness and disrupt the cycle of recurrent homelessness they have been experiencing. By providing participants with wraparound supports to address issues relating to physical and mental health and wellbeing, substance abuse and social isolation, and facilitating access to housing, employment and education and training, Aspire helps participants build a strong foundation, through developing life skills, independence and resilience, for positive and sustainable change in their lives.

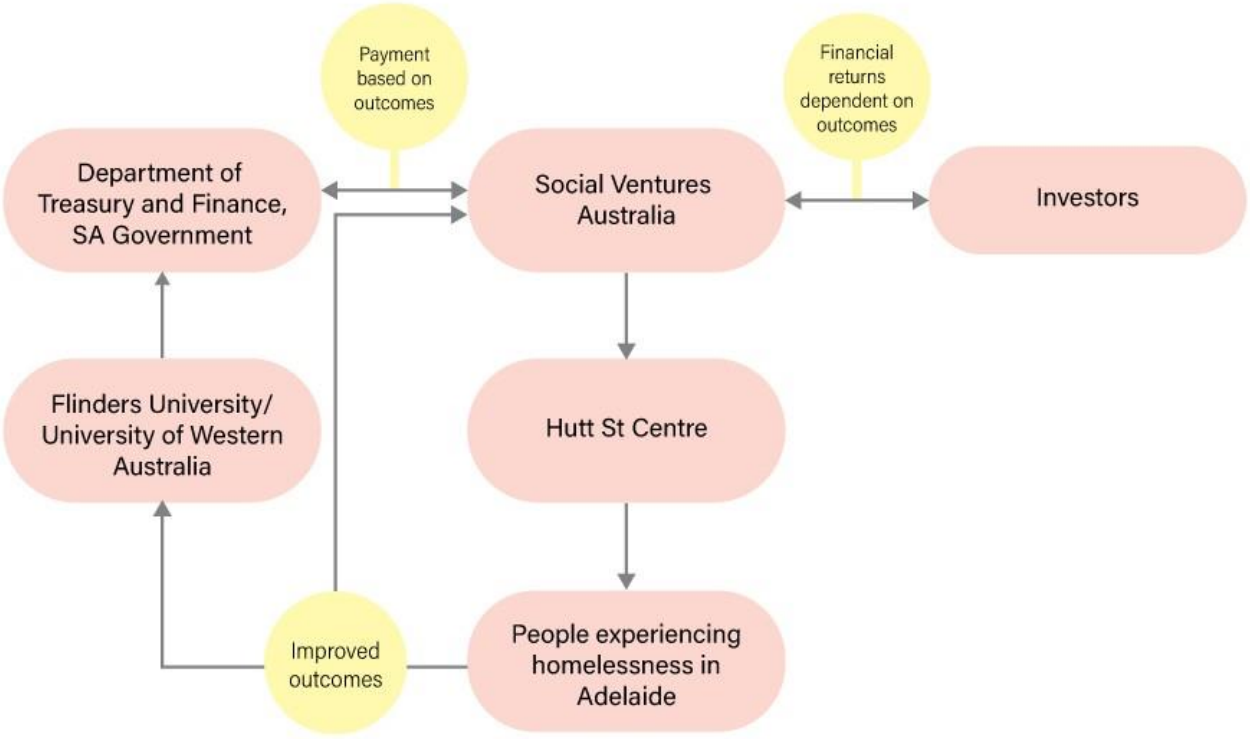
Aspire is informed by a Housing First approach to the extent that it aims to place participants in safe and secure housing at program commencement. It is also recovery-oriented, emphasising the provision of supports to help people achieve sustainable housing outcomes. Aspire participants are supported to make behavioural changes where appropriate, but they are not *required* to do so in order to continue accessing case management services or housing. These are important program principles that align with the Australian Housing First principles developed separately but across a similar timeframe to Aspire. Aspire also promotes active engagement, harm minimisation and social and community inclusion in line with these principles, which can act as a framework for service delivery practices.

Aspire was initially designed for an intake of up to 150 people each financial year for four years, from mid-2017 to mid-2021, with each participant receiving case management services and supports tailored to their needs over a three year period. The final cohort of participants are due to reach the end of their three year engagement period in June 2024. In late 2021 the SA Government announced that additional funding of $852,000 would be allocated to allow Aspire to take in another 80 participants in the first half of 2022. This intake will be under a direct government funding arrangement rather than the Aspire SIB or another form of outcomes-based contract. The additional intake cohort will be able to access supports until June 2024, so will have engagement periods of two to two and a half years. The funding injection means that service delivery for the target cohort can continue uninterrupted, and Aspire staff can be retained, until the findings of this evaluation are considered by the SA Government and the future of Aspire beyond the life of the SIB is determined.

The program design for Aspire was developed over a two and a half year period (2015 to mid-2017) in consultation with providers from across SHS in SA, as well as the SA Government and Social Ventures Australia (SVA). It was also informed by initiatives in other Australian jurisdictions and overseas, which have generated learnings on what does and doesn't work in the delivery of supports and services for people experiencing homelessness. The design took into account that the program would ramp up over the first three years, be at peak capacity for a year, then see participant numbers decline as intake ceased and existing participants exited as their time in the program expired. The key points of difference for Aspire compared to most other homelessness interventions are that supports are offered over a three year period (rather than the usual three to six months) and caseloads are around one to 15 (rather than the usual one to 25 or so that is common in

other case management programs). The structure of the Aspire SIB, adapted from Figure 3.1, is shown at Figure 4.1. The program logic for Aspire is shown in Figure 4.2.

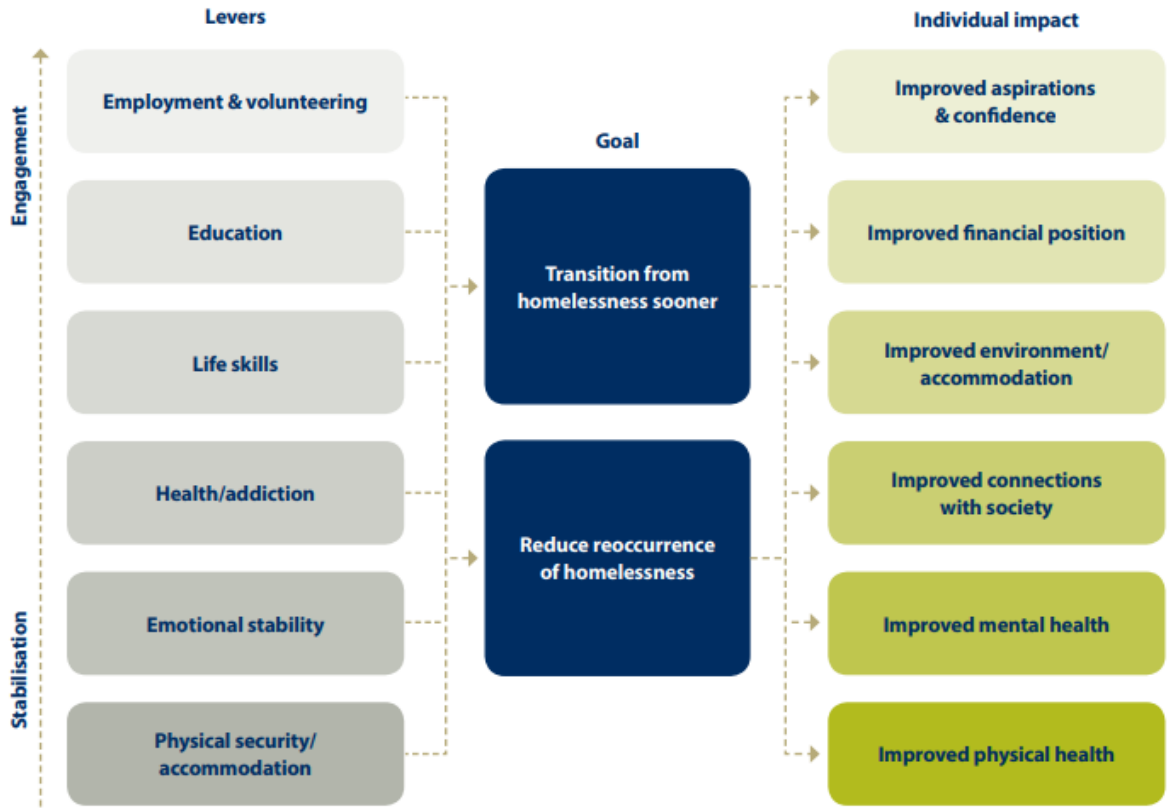
Figure 4.1: The Aspire SIB



Source: Authors.

The long-term, intensive and holistic nature of the case management provided for participants makes Aspire a landmark innovation in the delivery of homelessness support in SA, though it builds on existing programs and the depth of experience of long-standing service providers in Adelaide, notably the Hutt St Centre. Aspire is delivered through a collaborative partnership arrangement between Hutt St Centre, SVA and the SA Government. Hutt St Centre, located on the eastern side of the Adelaide CBD, is primarily a wellbeing centre for people experiencing homelessness. The Centre offers meals, shower and laundry facilities, social connection, assistance finding housing, and visiting service providers (e.g. offering medical care, legal aid, hairdressing, etc). SVA is a not-for-profit organisation which works to alleviate disadvantage through consulting, social impact investing, policy analysis and advocacy services.

Figure 4.2: The Aspire program logic



Source: Reproduced with permission from Social Ventures Australia.

Aspire participants pass through three distinct stages of the program, at different rates depending on their individual needs (and with the potential to move back and forth between stages):

1. *Stabilisation in housing* (0 to 9 months). This stage focuses on the life issues that contributed to a participant experiencing homelessness. It commences with high-level case navigation and support through a 4 to 6-week induction, orientation and assessment process that is standard for all participants. This is followed by referral and linkage to multiple external support providers alongside the provision of ongoing support coordination.
2. *Reengagement* (9 to 18 months). During this stage, participants continue to work with their case navigator but at a lower intensity. They engage with education programs to enhance literacy, numeracy and life skills and develop job readiness. Participants are supported by volunteer tutors and an employment officer.
3. *Transition and monitoring* (18 to 36 months). During this stage of the program, participants are independently managing life issues, work and their tenancies. They are contacted at least twice a week by a volunteer contact officer (such as a social work student undertaking a practice placement). Participants retain their case navigators but engage with them much less intensively than at earlier stages. The employment officer continues to provide support to the participant and their employer.

Case navigators are the lynchpins of Aspire and build trusting relationships with individual participants that are sustained across the three years of service delivery. While participants' engagement with their case navigators is intensive in the first stage of the program, tapering off over time, case navigators remain critical touchpoints for participants throughout the program. Navigators work with participants to assess their circumstances across

multiple life domains, including housing, health, employment, education and skills, finances and social relationships. Navigators and participants work in partnership to develop goals based on individual needs, strengths and aspirations. Developing goals includes discussions about pathways to employment through training programs, pre and post job placement support and leveraging existing relationships between Aspire and employers. Participants may also work with their navigators on life skills development, such as literacy and numeracy, budgeting, cooking, navigating transport, shopping and home maintenance. Navigators link participants with services and community activities and advocate for them as necessary.

In 2021 the Aspire team, based at the Hutt St Centre, comprised around 19 FTE, including two roles funded by Hutt St Centre rather than the Aspire SIB. Staffing levels were planned to reduce once new intake into Aspire ended in mid-2021, but the recent funding of an additional participant intake in the first half of 2022 means staffing levels will taper down more slowly than originally planned.

At the commencement of the Aspire program in mid-2017, it was anticipated that of approximately 150 referrals per year (July to June), around 100 people would actively engage with the program. The bulk of referrals (around ten per month) were expected to come from SHS in SA, with an additional two to three referrals per month from the SA Housing Authority, hospitals and correctional facilities.

To be eligible for Aspire, participants must meet the following criteria:

- aged 18 to 55;
- experiencing homelessness when they enter the program, or about to be discharged from a correctional facility or hospital;
- experienced homelessness for a cumulative period of three months or more over the year preceding their referral to Aspire (excluding periods in correctional facilities or hospitals);
- living in metropolitan Adelaide with no intention of moving;
- not subject to any outstanding criminal charges; and
- entitled to a Medicare card.

The Aspire program manager determines the number of referrals to be requested each month based on the existing caseloads. Some participants disengage from the program from time to time for a range of reasons and program staff endeavour to contact and re-engage these participants.

SHS providers are usually subject to funding constraints which mean they focus on resolving immediate crises rather than facilitating sustained change. Aspire has a lower client to staff ratio than SHS service delivery generally and includes specialist support roles to better meet participant needs. Aspire delivers a coordinated, coherent package of interventions tailored to participants' individual needs. The provision of housing is integrated with the delivery of other supports, and there is an emphasis on economic participation as a pathway out of chronic homelessness.

The Aspire program is particularly suited to people with complex needs and those experiencing multiple barriers to securing stable and sustainable housing. Aspire provides case management which considers the whole person and their overall needs. This is to avoid vulnerable clients being 'bounced around' between different services with no oversight or coordination, which can lead to fragmented service delivery, a lack of coherency in an individual's package of interventions and an increased risk of people falling through the gaps between services.

4.2 How is Aspire funded?

The distinctive features of Aspire make it an innovative new approach to SHS provision in SA. The expected outcomes for Aspire are twofold: improved quality of life for participants and reduced government costs over the longer-term. Aspire represents an investment of resources in vulnerable and disadvantaged people that has the potential to ameliorate their disadvantage and reduce their need for services in the future. An Aspire participant who transitions from homelessness to sustainable housing, and is supported to improve their health, social, wellbeing and employment outcomes, is likely to have less contact with emergency services, hospitals, police, corrections and SHS than if they had remained homeless. These cost savings should exceed the initial investment in the person's Aspire participation, while the potential improvements to the individual's quality of life are immeasurable.

External investors, including charitable trusts and individuals, have contributed $9 million to help establish Aspire. The Aspire SIB runs for 7.75 years from 2017 to 2024. There are two components to returns for investors in the Aspire SIB: they receive a minimum 2 per cent per year fixed return for the first 4.75 years of the SIB, and then a variable return based on the SIB trust assets, which in turn are linked to program performance. The more effective Aspire is, and the greater the cost savings it delivers to government, the greater the return on investment. This makes the monitoring and evaluation of Aspire critical for the SA Government and the investors. Evaluation is also vital to make the case for future SA Government investment in programs of this kind and the increased use of SIB funding mechanisms.

Initial modelling for the Aspire SIB anticipated overall investor returns of 4.5 per cent per annum for below target outcomes, ranging up to 8.5 per cent for on target outcomes, 12 per cent for above target and 13 per cent for outperformance (Social Ventures Australia 2021). Program targets relate to three indicators:

- the number of days Aspire participants spend as hospital inpatients;
- the number of convictions they record; and
- the number of emergency accommodation supports they access.

Outcomes for Aspire participants are assessed against a counterfactual dataset (see Section 5.1.6). Expected outcomes for the Aspire SIB are illustrated in Figure 4.3. Outcome payments are made by the SA Government into the Aspire SIB Trust at the end of each calendar year, based on outcomes assessed at the end of the preceding financial year. For example, the Aspire SIB Investor Report for 2021 (Social Ventures Australia 2021) reports a 2021 outcome payment of $6.49 million, calculated as the first $13.5 million of cumulative program savings, plus half of the next $15 million of cumulative program savings, minus the previous payments made (in this case $6.89 million).

The datasets used to assess Aspire SIB outcomes, alongside supplementary SA Government administrative data and data from the Hutt St Centre, are analysed in detail for the quantitative elements of this report (see Sections 6 and 7). Linking deidentified administrative data from a wide range of sources is a relatively unusual feature of the outcomes monitoring and evaluation of Aspire. Some of the previous empirical work using the 'cost offset' approach (see Section 2.4) relies on service use data reported by participants or services. Using linked administrative data from government service systems in the Aspire evaluation adds a higher degree of validity and reliability.

Figure 4.3: The Aspire SIB outcomes

Source: Reproduced with permission from Social Ventures Australia.

The evaluation of Aspire considers the program design, outcomes, level of innovation and SIB investor experience. It is based on quantitative data from the first four years of the SIB (mid-2017 to mid-2021), including data additional to those used for calculating the SIB performance metrics, and qualitative data from a range of sources. The research aims, questions and methods associated with each component of the evaluation, as well as the participants in the qualitative data collection, are described in the next section.

5. Research approach

The evaluation of Aspire is broad in scope and considers a number of research questions, drawing on a range of data collection and analysis methods. This section outlines in detail the approach taken for each component of the evaluation, and explains which participants were involved in the qualitative elements.

5.1 Aims, research questions and methods

The aim of the Aspire evaluation is to broadly assess the outcomes of the program, including for participants, the service provider, government and investors. The evaluation seeks to answer the high-level research question:

> *To what extent does Aspire optimise outcomes for people experiencing homelessness in a way that is cost-effective for government and attractive to social impact investors?*

Addressing this question provides an evidence base that can inform future planning for service delivery for people experiencing homelessness, and future consideration of SIB funding mechanisms.

The 12-month evaluation design involves a mixed methods approach comprising four components, each with its own set of research questions, methods and tools:

- Process evaluation.
- Outcome evaluation.
- Innovation evaluation.
- Investor evaluation.

The four evaluation components are interrelated and together aim to give a full picture of the outcomes and effectiveness of the Aspire case management program and the SIB. The components draw on both quantitative and qualitative methods, with findings integrated for triangulation purposes and to allow for a rounded and nuanced assessment of Aspire. Qualitative interviews with program staff, participants and stakeholders are used as a data collection method in multiple evaluation components, but this did not mean the same people were interviewed multiple times. Rather, where appropriate, interviews covered areas relating to more than one evaluation component.

Each component of the evaluation is informed by a review of relevant prior research, as set out in Sections 2 and 3. Evaluation findings are contextualised in relation to prior research. The findings add to a growing body of knowledge on how to achieve optimal, sustainable and cost-effective outcomes in the delivery of specialist homelessness services, and the role of social impact bond funding in this area.

5.1.1 Process evaluation

The process evaluation involves an assessment of the Aspire program service design and specifications, the eligibility criteria, and the referral arrangements in place. It aims to discover what is working well in relation to program delivery and what could be improved, as well as the extent to which program delivery is meeting the needs of different participant groups. This component of the evaluation assesses Aspire from three levels of perspective: high-level program design, service delivery at the meso-level and the micro-level participant experience.

The research questions for the process evaluation are:

1. How appropriate is the Aspire Program in terms of service design, eligibility criteria, referral arrangements and service specification?
2. If the Aspire Program is working – especially for people where previous interventions haven't been successful – why is this the case?
3. How can the Aspire Program further improve outcomes for participants?
4. Is the Aspire program an effective service approach for the SA Government in responding to homelessness?

The research methods and tools for the process evaluation are:

a) Review of program documentation.
b) Qualitative interviews with the following groups:
    - Aspire participants;
    - SA Government stakeholders, including officers from the Department of Treasury and Finance, SA Housing Authority, SA Health, Department of Correctional Services, SA Police and the Courts Administration Authority;
    - staff members at the Hutt St Centre;
    - other service delivery partners and stakeholders, including officers from community housing providers, specialist homelessness services providers and other non-government referral partners;
    - staff members from SVA;
    - social impact investors in Aspire; and
    - data governance stakeholders, including officers from SA NT DataLink, the Justice, Policy and Analytics branch of the Attorney-General's Department, and data custodians from the other SA Government agencies listed above.

5.1.2 Outcome evaluation

The outcome evaluation considers whether Aspire participants have successfully exited homelessness, and if their need for government services has been reduced. It examines whether Aspire has generated positive outcomes for the service provider and government agencies as well as participants. This evaluation component also identifies ways Aspire could further improve outcomes and makes an overall assessment of whether the program represents an effective approach to service provision for the SA Government.

The research questions for the outcome evaluation are:

1. To what extent have Aspire Program participants exited homelessness?
2. Is the Aspire Program achieving a reduction in participants' use of government funded services, and what are the characteristics of service provision?
3. Have Hutt St Centre staff and partners benefited from the new tools, structures, and processes that are part of Aspire?

The research methods and tools for the outcome evaluation are:

a) Analysis of datasets from service providers and government agencies.
b) Qualitative interviews with the following groups:
    - Aspire participants;

- staff members at the Hutt St Centre; and
- other service delivery partners and stakeholders, including officers from community housing providers, specialist homelessness services providers and other non-government referral partners.

The datasets used for the outcome evaluation include:

- clinical measures and records built into Aspire program operations;
- data collected by the Aspire program (such as program exit and completion dates, tenancy information, employment information and VI-SPDAT scores); and
- current and historical administrative data sourced through the SA Department of Treasury and Finance, including hospital presentation and admissions data, court and correctional facility data and crisis accommodation usage data.

5.1.3 Innovation evaluation

The innovation evaluation investigates the level of innovation represented by Aspire as a response to the service needs of people experiencing homelessness and whether it has had an impact on the housing and homelessness sector in SA more broadly. It explores whether Aspire has influenced the SA Government's approach to contract management, policy and practice, and the effectiveness of the collaborative partnership approach underpinning the Aspire program.

The research questions for the innovation evaluation are:

1. Has the Aspire Program provided an innovative response to people experiencing homelessness?
2. Has the Aspire Program impacted the homelessness and housing sector more broadly?
3. Has the Aspire Program impacted government contract management policy and practice?
4. How have the relationships between Hutt St Centre, service delivery partners and SA Government supported the Aspire Program?

Interviews eliciting qualitative data are the main research method for this evaluation component, with the following people engaged with:

- SA Government stakeholders, including officers from the Department of Treasury and Finance, SA Housing Authority, SA Health, Department of Correctional Services, SA Police and the Courts Administration Authority;
- staff members at the Hutt St Centre; and
- other service delivery partners and stakeholders, including officers from community housing providers, specialist homelessness services providers and other non-government referral partners.

5.1.4 Investor evaluation

The investor evaluation captures and assesses the perspectives of social impact investors in the Aspire SIB and whether they would be likely to invest in other similar schemes. It also explores the experience of the SA Department of Treasury and Finance with this funding model.

The research questions for the investor evaluation are:

1. What are investors' perspectives on Aspire, particularly regarding financial and social returns?
2. Would Aspire investors be likely to make further such investments?

This component of the evaluation will engage with:

1. staff members from Social Ventures Australia;
2. social impact investors in Aspire; and
3. officers from the SA Department of Treasury and Finance.

5.1.5 Qualitative data collection and analysis

In line with conventional practice in evaluative and qualitative research, this Aspire evaluation was designed to be inductive and guided by the research questions, rather than hypothesis driven. All participant interviews were semi-structured, using broad prompts to elicit responses and generate open discussion (discussed further in terms of ethical research practices in Section 5.2). The nature of the research was explained to all participants in the qualitative data collection and informed consent secured. Interviews were conducted in accordance with the research team's distress protocols and COVID-19 guidelines to ensure the safety and wellbeing of both participants and researchers. Interview question guides are included at Appendix 1. Several interviews were conducted with more than one stakeholder participating, and a small number of stakeholders were interviewed twice. Two participants submitted written feedback rather than being interviewed.

Interviews generate in-depth, narrative-based feedback which complements quantitative data. This is particularly important in assessing participants' lived experience of the Aspire program and in reconstructing their personal journeys in detail. Interviews with participants in particular took a guided conversational approach to establish rapport and build trust between the interviewer and participants, encouraging participants to reflect honestly on their experience of the Aspire program. Interviews help to centre the voice of program participants, staff and stakeholders and make them partners in the evaluation process.

With interviewees' permission, interviews were audio recorded and transcribed by the researchers. Qualitative data from the interviews were analysed thematically. Data were first coded to high-level themes, then to sub-themes at a more granular level. While key themes and patterns emerge from the qualitative data, the small number of participants in the samples means the results cannot be generalised to the broader populations from which they were drawn (e.g. Aspire program participants, Aspire program staff, key stakeholders). Where interviewees are quoted directly in this report, their comments may have been lightly edited for clarity and to reduce repetition. All quotes are deidentified.

5.1.6 Quantitative datasets and hypotheses

The quantitative data analysis provides a comprehensive overview of the impacts of the Aspire program alongside the richer, contextualised qualitative data. The quantitative data analyses draws on administrative datasets from across a number of service providers, SA Government agencies and Australian Government agencies. The datasets cover areas such as hospital admissions, emergency department presentations, ambulance use, interaction with the justice system (courts), use of specialist homelessness services, and public/community housing tenancies.

The datasets allow an assessment of the impact of the Aspire program across six domains, identified by the evaluation team from background documentation about Aspire and its aims, and evaluation of similar SIBs, including J2SI. Table 5.1 outlines the domains, high-level outcomes, evaluation hypotheses, data sources and associated variables. It is important to note that hypotheses were developed to guide the evaluation and were not used by the Aspire program itself.

Table 5.1: Quantitative data outcomes and hypotheses

Outcomes	Hypothesis	Data source	Variable
Health			
Improved physical health. *Reduced hospital admissions.* *Reduced emergency department presentations.* *Reduced ambulance use.*	H.1 Aspire participants' self-assessed health status improves during the program, relative to baseline (program entry).	n/a	Data not available
	H.2 Across the three years of the program, Aspire participants have fewer hospital admissions than they did in the three years prior to program entry.	SA Health - Public hospital separations	Separation date
	H.3 The types of hospital admissions of Aspire participants are less serious, such that duration of stay is shorter relative to hospitalisation duration prior to program participation.	SA Health - Public hospital separations	Separation date
	H.4 Aspire participants have fewer potentially preventable hospitalisations at Year 3 of the program, relative to prior to program participation.	SA Health - Public hospital separations	Episode of care description; Nature of separation description
	H.5 Aspire participants have fewer emergency department presentations relative to prior to program participation.	SA Health - Emergency Department	Presentation date
	H.6 Aspire participants have fewer unnecessary emergency department presentations relative to prior to program participation, such that they have fewer presentations where they are sent away without treatment	SA Health - Emergency Department	Triage category
	H.7 Aspire participants have reduced use of ambulance services relative to prior to program participation.	SA Health - Emergency Department	Arrival mode
Justice			
Reduced convictions. *Reduced court presentations.* *Reduced time spent in custodial remand.*	J.1 Compared with prior to program participation, Aspire participants have fewer court appearances (arising from offences committed during program participation).	Court outcome data	Offence date
	J.2 During the program, Aspire participants commit fewer offences associated with homelessness than they did prior to program participation.	Court outcome data	ANZSOC category
	J.3 During the program, Aspire participants commit less serious offences than they did prior to program participation, reflected by the offence category and whether bail was granted.	Court outcome data	ANZSOC category
	J.4 Relative to before program participation, Aspire participants increase the proportion of court matters that are finalised without conviction.	Court outcome data	Decision-Charge-Outcome-Component
	J.5 Relative to before program participation, Aspire participants increase the proportion of court matters that are finalised without prison time.	Court outcome data	Decision-Case-Defendant-Outcome-Component

Outcomes	Hypothesis	Data source	Variable
	J.6 Across the three years of the program, Aspire participants spend fewer days in custody than in the three years prior to program participation.	Court outcome data	Admission date; Discharge date
Housing and homelessness			
Reduced number of homelessness episodes. *Shorter duration of homelessness episodes.* *Sustained tenancies.*	HH.1 Across the three years of the program, Aspire participants have fewer homelessness episodes than in the three years prior to program participation.	SAHA – Public Housing data	Proportion of tenancies; Time to first tenancy
	HH.2 Across the three years of the program, Aspire participants who become homeless experience shorter durations of homelessness than they did in the three years prior to program participation.	SAHA – SHS data (Client details; Service file)	Type of residence; Exit type of residence; Housing situation at intake; Housing situation at exit
	HH.3 An increased proportion of Aspire participants are permanently housed, including in public housing, community housing, private rental housing and owner-occupied housing.	SAHA – Public housing data	Total Year 3 maintained; Total tenancy maintained; Total early exit
	HH.4 Among Aspire participants who are housed, a high proportion sustain their tenancy.	Hutt St Centre	Housing type at entry; Tenancy S1 housing type; Tenancy S2 housing type
Wellbeing			
Increased wellbeing. *Improved mental health.* *Reduced mental health symptoms.* *Reduced use of alcohol and other drugs.* *Increased social connections.* *Improved social relationship quality.*	W.1 Aspire participants' wellbeing improves during the program, relative to baseline (program entry).	Hutt St Centre	PWI
	W.2 Across the three years of the program, Aspire participants have fewer presentations to emergency departments for mental health reasons relative to the three years prior to program entry.	SA Health - Emergency Department	URG code
	W.3 Across the three years of the program, Aspire participants have fewer hospital admissions for mental health reasons relative to the three years prior to program entry.	SA Health – Public hospital separations	Episode of care
	W.4 Across the three years of the program, Aspire participants have fewer presentations to emergency departments for alcohol and other drug reasons relative to the three years prior to program entry.	SA Health - Emergency Department	DRG
	W.5 Across the three years of the program, Aspire participants have fewer hospital admissions for alcohol and other drug reasons relative to the three years prior to program entry.	SA Health – Public hospital separations	DRG
	W.6 Aspire participants have an increased number of social connections at Year 3 of the program, relative to baseline (program entry).	Hutt St Centre	ORS
	W.7 Aspire participants report improved social relationship quality over the duration of the program.	Hutt St Centre	PWI

Outcomes	Hypothesis	Data source	Variable
Finance			
Increased employment. *Increased labour force participation.* *Increased income.* *Increased non-government sourced income as a proportion of income.*	F.1 A higher proportion of Aspire program participants are employed at Year 3 than at baseline (program entry).	SAHA – SHS data	Employment status; Exit employment status
	F.2 A higher proportion of Aspire program participants are participating in the labour force at Year 3 than at baseline (program entry).	SAHA – SHS data	Labour force status; Exit labour force status
	F.3 Aspire program participants' average income is higher at Year 3 than at baseline (program entry).	SAHA – SHS data	Main source of income; Exit main source of income
	F.4 The average proportion of Aspire program participants' income accounted for by non-government sources (e.g. wages and salary) is higher at Year 3 than at baseline (program entry).	n/a	Data not available
Education and training			
Increased engagement in education and/or training. *Increased educational qualifications.*	E.1 A significantly higher proportion of Aspire program participants are enrolled in an education or training program at Year 3 than at baseline (program entry).	Hutt St Centre	Employment/education related discussions; educational assistance; support to gain work-ready qualifications
	E.2 A significant proportion of Aspire program participants have a higher educational qualification at Year 3 than at baseline (program entry).	Hutt St Centre	Employment/education related discussions; educational assistance; support to gain work-ready qualifications

Indicators across the six domains are assessed relative to Aspire participants' circumstances at the baseline (program entry) and in some cases relative to a hypothetical counterfactual dataset, a useful alternative by which to assess outcomes when the use of a control group is impractical and/or difficult to justify on ethical grounds. The counterfactual dataset has been used throughout the life of Aspire to calculate investor returns under the SIB and models the outcomes that would have been expected for the participant group in the absence of the Aspire intervention.

The original counterfactual dataset was based on service usage for a sample of the target population (people experiencing homelessness) during the development of the Aspire SIB. The counterfactual was revised in 2020 to reflect the higher than expected complexity of Aspire participants. SIBs involve innovative service designs and therefore metrics set at the outset should be revised during service delivery if the assumptions on which they were based prove flawed (Mason et al. 2017).

The revised counterfactual dataset was based on the actual service usage of Aspire participants in the two years before they entered the program. The counterfactual review process found that compared to the general population of people experiencing homelessness, Aspire participants had greater use of health services (due to higher levels of mental health and substance use issues) and lower rates of interaction with justice and SHS before program entry (Social Ventures Australia 2020). The original and revised counterfactual rates used for

the investor returns assessments, as well as the targets and actual performance reported in the 2021 Investor Report, are set out in Table 5.2.

Table 5.2: Counterfactual rates and targets for Aspire SIB

Indicator	Original counterfactual rate (per person)	Revised counterfactual rate (per person)	Actual recorded rate (per person)	Target reduction	Actual reduction
Hospital bed days	3.3pa	5.9pa	4.3pa	15%	27%
Convictions	1.3pa	0.8pa	0.4pa	15%	53%
SHS accommodation periods	2.0pa	1.1pa	0.4pa	50%	65%

Source: Social Ventures Australia 2021.

The quantitative data analysis undertaken for the evaluation assesses the Aspire outcomes across a broader range of indicators than the investor reports and includes all 575 participants enrolled in the program from mid-2017 to mid-2021. (There was no new participant intake between mid-2021 and the start of 2022, and participants joining Aspire in the first half of 2022 are not part of the Aspire SIB intervention group.)

The datasets considered in the Aspire evaluation are collated through SA NT DataLink and the SA Department of Treasury and Finance and were provided to the research team in deidentified form. The datasets include information for all Aspire participants who provided permission at program intake for the evaluation team to access their details from the following sources:

- SA Health (public hospital admissions and emergency presentations);
- SA Housing Authority (housing and homelessness data);
- SA Courts Administration Authority (court records);
- Commonwealth Department of Health (Medicare records);
- Commonwealth Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme (medical prescription records); and
- Commonwealth Department of Human Services (Centrelink data).

Mapping of deidentified data is made possible by using the Australian Institute of Health and Welfare's framework and Project Specific Linkage Keys (PSLKs). PSLKs are unique identifiers for each individual in the cohort of interest (Aspire participants) which are then applied to all data instances relating to that individual. This allows for the analysis to identify and link all of an individual's interactions with government services without requiring use of the individual's name. Consolidated data files are transferred through an encrypted system by the SA Department of Treasury and Finance to the research team, all of whom signed confidentiality agreements. Data files will be stored securely on a server at the University of Western Australia before being destroyed seven years after the completion of the project in line with standard data management protocols. Project reporting excludes data cells of less than five participants to minimise the risk of individual Aspire participants being identifiable.

5.1.7 Quantitative data analysis

The quantitative data analysis involved calculating descriptive statistics for outcome variables pre and post participation in Aspire. Variables are checked for normality to determine whether parametric or non-parametric

tests are used to check for differences between the baseline and post participation measures. Differences in categorical data over time are assessed through chi-square testing. For continuous data, Wilcoxon tests are used for non-parametric descriptives and t-tests for parametric data.

The quantitative analysis presented needs to be treated with caution due to differing data sources used, data not being available in key domains, and the amount of missing data for respondents in certain areas. Information on outcomes may be available from more than one data source; all available data sources were used to build data profiles but that can on some occasions produce 'inconsistencies' in the results.

5.1.8 Project governance

The evaluation project is overseen by the Aspire Joint Evaluation Working Group, which includes membership from the SA Department of Treasury and Finance, the Hutt St Centre, SVA, the SA Housing Authority, the research team and custodian agencies for the administrative data. A separate Aspire Adelaide Data Working Group provided advice and support for the quantitative data collection and analysis. The Data Working Group includes membership from the SA Department of Treasury and Finance, SA Health, SA Housing Authority, SA Attorney General's Department, SA Police, SA Department for Correctional Services, SA Courts Administration Authority, SA-NT DataLink, the Australian Bureau of Statistics and the research team. All governance groups have met regulary throughout the evaluation period.

5.2 Participants and ethics approval

Ethics approval for the evaluation of Aspire was obtained from the SA Health Human Research Ethics Committee, approval number 2021/HRE00230. This approval was ratified by the University of Western Australia Human Research Ethics Committee and the Flinders University Human Research Ethics Committee.

The quantitative data sample includes all participants admitted to the Aspire program since its commencement in mid-2017, although for some analyses the year 4 intake has been omitted because they had not recorded a full year in the program.

The 33 participants in the qualitative data collection described in this report were drawn from the following groups:

- participants in the Aspire program (9);
- staff from the Hutt St Centre (5);
- SA Government stakeholders (3);
- staff members from SVA (2);
- other service delivery partners and stakeholders (11);
- data governance stakeholders (1); and
- Aspire social impact investors (2).

The interviews were undertaken in late 2021 and early 2022. Some were conducted face-to-face and others by phone or online (due to a combination of participant preference, interstate location and COVID-19 restrictions). Some participants were interviewed more than once. The sample sizes for the qualitative data collection phase reflect a range of factors, including the relative sizes of the populations they were drawn from, ease of recruitment, and the numbers necessary to incorporate a range of perspectives and achieve a level of thematic saturation (the point at which no significant new perspectives are gained from participants).

Recruiting Aspire program participants to be interviewed brought some challenges. As key stakeholders interviewed, and other research notes, people who are experiencing homelessness, or have recently been in that situation, tend to have many pressures in their lives and may find it hard to juggle all of their responsibilities, including managing their finances, meeting tenancy requirements, looking after their health, attending medical appointments, applying for funding and supports through agencies such as Centrelink and the NDIS, carrying out caring responsibilities, and accessing services. This cohort of participants sometimes does not have ready or consistent access to technology, transport or quiet safe spaces to meet with researchers. Researchers wishing to partner with people who have recent or current experience of homelessness need to be sensitive and responsive to participants' needs, which requires a degree of flexibility to be built into data collection processes.

The recruitment method originally proposed for Aspire participants in the evaluation design involved program staff inviting 30 participants from the first year of the program and 30 from the last year to be interviewed (randomly selected from the participant database), in order to capture perspectives from different points in the program's evolution. The short timeframe for data collection before the Interim Report (largely as a result of delays in the SA Health ethics approval process) meant this recruitment method was no longer viable. Instead, the Aspire participants who were interviewed in time for the Interim Report were recruited through a combination of convenience and purposive sampling. Program staff at the Hutt St Centre identified participants who they believed were likely to be willing to be interviewed, available for interview during the short data collection window, and forthcoming with their views on their Aspire experience. They also aimed for some diversity in the Aspire participants who were approached, to incorporate the perspectives of people who had been in the program for different lengths of time, and to reflect different pathways into and through the Aspire program.

Additional Aspire participant interviews conducted in early 2022 adopted the same combination of convenience and purposive sampling, this time for two reasons. Firstly, there was a need to seek out perspectives that were missing from the late 2021 round of interviews. Hutt St staff were asked to recruit female participants, as all of the late 2021 interviews were with males, and participants who had not experienced positive outcomes from their Aspire participation. Secondly, SA was at the peak of the COVID-19 Omicron wave when the early 2022 interviews were conducted and this caused some logistical issues with fieldwork. Aspire staff were largely working from home and temporarily having less face-to-face contact with clients, some of whom were isolating or unwell. It was only possible to interview Aspire participants who were comfortable with talking to a researcher online or over the phone, rather than in person when it is generally easier to establish rapport between interviewer and interviewee.

With the consent of prospective participants, program staff provided their contact phone numbers to the research team, who then texted or called to invite them to participate. This avoided any perception of coercion or pressure and made it clear that whether or not people chose to be interviewed would not affect their access to services.

A non-random sampling process is unproblematic for qualitative data collection, which is not usually intended to draw on representative samples (and generally involves sample sizes that are too small to be considered representative). It is not possible to draw a representative sample of the broader population of Aspire participants, which includes people who commenced the program but exited without completing, or who died during the course of the program. The participant sample can be assumed to have a bias towards participants who are highly engaged with, and experienced significant benefits from, the Aspire program, as these individuals are more accessible and more likely to agree to be interviewed. The nine participants whose

interviews are described in this report have been given the pseudonyms David, Lachlan, Bill, Wayne, Aaron, Jake, Tahnee, Chris and Sharon. The case studies in the report also use pseudonyms to protect participants' identities. Selected case studies have been drawn from the Aspire annual investor reports and included throughout the report to further demonstrate the impact of Aspire on individual participants.

Aspire program staff interviewed were recruited through invitation by the program manager with an assurance that participation in the interview was voluntary and not a requirement of their employment. All Aspire staff who were available on the day when the researcher attended the Hutt St Centre were invited to participate and four chose to do so, with a fifth requesting to be interviewed later. The sample was biased towards more senior and more experienced staff. The key stakeholders who were interviewed were identified by the Aspire Joint Working Group as likely to be able to provide a helpful overview of the Aspire program design and were invited to participate by the researchers.

Interviewees from the Aspire participant group were offered a $50 supermarket gift voucher in recognition of their time dedicated to the interview and any expenses incurred by participating. Interviewees from other groups were not given gift vouchers as they were considered to be participating in the evaluation in a professional or quasi-professional capacity. In the final stages of report preparation, the draft key findings and recommendations were workshopped with participants to ensure they adequately reflected a lived experience perspective.

Findings from the quantitative and qualitative data collection undertaken for the evaluation are outlined in Sections 6 to 9 and summarised in Sections 10 and 11. The findings from the process, outcome, innovation and investor components are discussed as a whole rather than by component to draw out common themes and synergies, although Sections 6 to 8 focus largely on the process and outcome components, while Section 9 is of particular relevance to the innovation and investor components. Most of the participants in the qualitative data collection for the evaluation provided reflections and insights relevant to more than one of the evaluation components.

6. Aspire participants, eligibility and referrals

This section provides data about Aspire participants, their demographic and other characteristics, and the complexity of need they presented with. It considers how effectively Aspire is able to meet the needs of different groups, including Aboriginal people experiencing homelessness in Adelaide. The appropriateness of Aspire eligibility criteria, and what makes someone a good fit for the program, are discussed. The section concludes with consideration of how well Aspire's referral processes work, from SHS providers and from hospitals and prisons.

6.1 Participant characteristics

6.1.1 Intake and demographic information

The Aspire program is designed for people who will benefit most from intensive supports over a long period: those who have been experiencing chronic or recurrent homelessness or experienced such 'types' of homelessness prior to spending time in a hospital or correctional facility. This cohort have often been sleeping rough and usually have multiple and/or complex needs that impact on their capacity to secure and maintain housing. As noted in Section 2, this group are less likely to have their needs met through conventional service responses, more likely to fall into a cycle of homelessness and service access, and at greater risk of poor health outcomes, including premature death (Australian Institute of Health and Welfare 2018, 2020b; Seatres et al. 2020).

This section considers the characteristics of Aspire participants. Data are presented by participant cohort for some of the analyses in this section; with cohorts defined by the year of program entry (mid-2017 to mid-2018; mid-2018 to mid-2019; etc). There is a balance to be struck in evaluation between reporting on outcomes by cohort and outcomes by total population of service users. Reporting for any program in human service delivery at a given point in time will include people who have received different amounts of active support. Table 6.1 shows the number of Aspire participants in each intake cohort.

Table 6.1: Participant intake over time

	Cohort 1 2017/18	Cohort 2 2018/19	Cohort 3 2019/20	Cohort 4 2020/21	Total
Number of participants	103	194	134	144	575
Proportion of all participants (%)	18	34	23	25	100

Source: Authors' analysis of Hutt St Centre data.

Aspire is designed to meet the needs of a diverse group of participants, rather than offering specialist services to specific cohorts such as Aboriginal people, youth or women escaping domestic violence, although all of these groups are represented in the Aspire client base. The Aspire participant demographics are shown in Table 6.2. The age range of participants was 18 to 59 (despite Aspire eligibility being limited to those aged 18 to 55), with an average (mean) age of 39 years. People identifying as male made up 64 per cent of participants. The proportion of Aboriginal people in the Aspire participant population (14%) is half their representation in SA's SHS client group. Some possible reasons for this are discussed in Section 6.1.5.

Table 6.2: Participant demographic information

	Frequency (n=575)	Proportion of participants (%)
Gender identification		
Male	367	63.8
Female	205	35.7
Intersex	1	0.2
Transgender	2	0.4
Identification as Aboriginal or Torres Strait Islander		
Aboriginal or Torres Strait Islander	79	13.7
Non-Aboriginal	494	85.9
Unknown	2	0.4
Education		
Primary	296	51.5
Secondary	123	21.4
Tertiary	122	21.2
Unknown	34	5.9
Country of birth		
Australia	490	85.2
Other	85	14.8
Disability		
Yes	238	41.4
No	147	25.6
Unknown	190	33.0
Income type		
Newstart/Jobseeker	342	59.5
Disability Support Pension	132	23.0
Employed	13	2.3
Family Tax Benefit and Parenting Payments	15	2.6
Youth Allowance	16	2.8
No income	2	0.4
Other	15	2.6
Unknown	40	7.0
History of employment		

	Frequency (n=575)	Proportion of participants (%)
Always	22	3.8
Often	149	25.9
Occasional	323	56.2
Never	62	10.8
Unknown	19	3.3
History of domestic and family violence		
Yes	214	37.2
No	248	43.1
Unknown	113	19.7
History of alcohol/other drug misuse		
Always	24	4.2
Often	157	27.3
Occasional	243	42.3
Never	97	16.9
Unknown	54	9.4
History of incarceration		
Yes	216	37.6
No	359	62.4
History of out-of-home care		
Yes	81	14.1
No	494	85.9

Source: Authors' analysis of Hutt St Centre data. Note: data are based on self-report by Aspire participants, drawn from referral forms, intake assessments and in some cases completion of the VI-SPDAT.

Some stakeholders familiar with SHS and the referral processes to Aspire noted that the program is particularly helpful for single men experiencing homelessness. This is largely because there is simply nowhere else to refer people in this category to. Single men on Jobseeker (unemployment benefits) are difficult to house because their incomes are so low that social housing is the only viable option, and they are often considered non-preferred tenants, especially by community housing providers (CHPs). Referring agencies reported that sometimes all they could do for these clients was hand out lists of boarding houses. As one stakeholder noted, Aspire offers another option, and a very appropriate one:

> I referred quite a few to Aspire as it was the only way I could get any case management for single males around their homelessness and also to try and work on the things that contributed to their homelessness…by being engaged in that program it increased their chances of being looked at for public and community housing.

6.1.2 Housing circumstances at intake

When they commenced with the program, most Aspire participants were sleeping rough or staying in crisis/emergency or other temporary accommodation. Participants' housing circumstances at program intake are detailed in Table 6.3. More than one in five people were sleeping rough at program entry, including on the street and in their cars. Those in short-term accommodation were mostly in boarding houses. Many people who had recently left an institutional setting would be counted in categories other than institutional accommodation because they started with Aspire sometime after discharge.

Having a history of incarceration, being Aboriginal or Torres Strait Islander and identifying as male were associated with a higher likelihood of sleeping rough at program intake. Younger participants were more likely than older age groups to be in crisis/emergency or temporary accommodation at program intake, while older participants were more likely to be sleeping rough or in institutional accommodation. Appendix 2 includes supplementary data showing places slept most frequently at program intake by age (Appendix 2, Figure A1) and rough sleeping at program intake by gender, Aboriginal or Torres Strait Islander status and history of incarceration (Appendix 2, Figure A2).

Table 6.3: Participants' housing situation on program intake

	Frequency (n=575)	Proportion of participants (%)
Sleeping rough	122	21.2
Crisis and emergency accommodation	123	21.4
Temporary accommodation (e.g. couch-surfing)	150	26.1
Short-term accommodation	86	15.0
Institutional accommodation	69	12.0
Permanently housed	23	4.0
Unknown	2	0.3

Source: Authors' analysis of Hutt St Centre data.

More detailed data on housing situation and housing tenure at intake were available from SAHA and are provided in Appendix 2 (Table A1 and A2). SAHA data on the type of dwelling Aspire participants were living in at time of intake appear in Table 6.4 below. From the SAHA data, it is evident that most people classified as renters on intake were in boarding houses or private housing, with very few people in public or community housing.

Table 6.4: Participants' dwelling type on program intake

	Frequency (n=575)	Proportion of participants (%)
Homeless		
Caravan	3	0.5
Tent	3	0.5
Boat	2	0.4
Motor vehicle	20	3.5
Emergency accommodation	97	16.9
Improvised building/dwelling	5	0.9
Boarding/rooming house	68	11.8
No dwelling/street/park/in the open	56	9.7
Hotel/motel/bed and breakfast	17	3.0
Housed		
House/townhouse/flat (including couch surfing)	161	28.0
Institutional settings		
Adult correctional facility	30	5.2
Rehabilitation	14	2.4
Psychiatric hospital/unit	6	1.0
Hospital (excluding psychiatric)	2	0.4
Disability support	1	0.2
Other	11	1.9
Don't know	44	7.7
Missing data	35	6.1

Source: Authors' analysis of SAHA SHS data.

6.1.2 Length of homelessness at intake

The datasets available for the quantitative analysis provided a comprehensive breakdown of Aspire participants' housing status at intake, but there was limited information regarding the duration of their homelessness prior to program entry. Some information was available through Hutt St Centre administering the VI-SPDAT. However, with three different versions of the VI-SPDAT administered during the course of Aspire (reflecting changes in best practice in identifying the acuity of clients), the nature of the questions and responses varied, preventing a standardised assessment of homelessness prior to entry across all 575 Aspire clients.

The results for each of the three VI-SPDAT versions administered are summarised in Table 6.5. Version 1 used a forced response for time spent homeless and number of times homeless in the past three years, and thus only frequencies have been presented. In versions 2 and 3, data are more comprehensive and thus means, standard deviations, and minimum and maximum scores have been reported. VI-SPDAT results were missing for a significant number of Aspire participants.

For the Aspire participants who completed version 2 of the VI-SPDAT, the average (mean) time since they had permanent stable housing was 3.41 years. For the Aspire participants who completed version 3 of the VI-SPDAT, the total time spent living on the streets or in emergency accommodation was approximately three years. Versions 2 and 3 produced markedly different results in relation to the number of times participants had been homeless, although this is likely due to the increased range of time assessed in version 2 (prior three years versus prior year only).

Table 6.5: Participant homelessness history on program intake

	Version 1 of VI-SPDAT	Version 2 of VI-SPDAT	Version 3 of VI-SPDAT
Number of participants	10	183	270
Time spent homeless (wording of questions)	What is the total length of time you have lived on the streets or in shelters?	How long has it been since you lived in permanent stable housing?	What is the total length of time you have ever lived on the streets or in emergency accommodation?
Time spent homeless (average results)	5 = Two or more years 5 = Less than two years	3.41 years (SD = 3.9, min = 0, max = 24)	3.08 years (SD = 5.2, min = 0, max = 30)
Number of times homeless (wording of questions)	In the past three years, how many times have you been housed and then homeless again?	In the last three years, how many times have you been homeless?	In the last year, how many times have you been homeless?
Number of times homeless (average results)	3 = None 2 = Less than four times 5 = Four or more times	3.76 times (SD = 5.1, min = 0, max = 35)	1.80 times (SD = 1.9, min = 0, max = 20)

Source: Authors' analysis of Hutt St Centre data.

6.1.3 The Aspire cohort in context

The Aspire participant cohort can be usefully compared against the demographics of the much larger population captured in the Advance to Zero community database, which includes rich data about the vulnerabilities and needs of nearly 21,000 people who have experienced rough sleeping across six Australian states between 2010 and 2020. These data have been mainly contributed to the database by SHS providers in capital cities, as part of a network of communities working to end rough sleeping homelessness. The Advance to Zero population is 63 per cent male (64% for Aspire) with an average age of 42 (39 for Aspire) and 30 per cent identifying as Aboriginal or Torres Strait Islander (14% for Aspire). Thirty-five per cent of the Advance to Zero population were sleeping rough at the time they were surveyed (21% for Aspire participants at intake), with another 55 per cent in crisis, temporary or short-term accommodation (62.5% for Aspire). Thirty-six per cent of the Advance to Zero population have been in prison at some stage (38% for Aspire participants). (Advance to Zero statistics cited here are drawn from the analysis in Flatau et al. 2021.)

The data comparison indicates that the Aspire participant population is fairly representative of the broader population of people with experience of rough sleeping accessing SHS services in Australia. The lower representation of Aboriginal clients is discussed in Section 6.1.5. The slightly lower average age of Aspire participants probably reflects the eligibility criterion of being aged 18 to 55, whereas nearly 10 per cent of the Advance to Zero population is aged 55 and over. The lower rate of Aspire participants sleeping rough at intake may reflect the fact that some Aspire referrals come from hospitals and prisons.

The Aspire participant cohort is broadly similar to the participant group in Melbourne's J2SI program, discussed in Sections 2.4 and 3.1.3, which also provides rapid housing, intensive case management and wraparound supports over a three year time frame for people experiencing chronic homelessness. The participant group of 179 who were part of the J2SI evaluation were 68 per cent male with an average age of 40 and 12 per cent identifying as Aboriginal or Torres Strait Islander (Sievwright et al. 2020).

6.1.4 Meeting diverse needs

The data on demographics and housing circumstances at program intake illustrate that Aspire participants are a diverse group. Feedback from program staff and participants suggests that Aspire is sufficiently flexible, adaptable and responsive to meet the needs of different people. The generalist nature of the program is viewed as a strength which means it can accommodate anyone who would potentially benefit, and staff are well-equipped to help participants with a wide range of issues. That said, program staff do feel that they lack depth of expertise in some areas, notably mental health support, and this is an area in which they would benefit from further training and enhanced availability of specialist practitioners, including counsellors, psychologists and psychiatrists. An ideal Aspire staffing profile might combine generalist case workers and housing specialists with ready access to other specialist staff (see Section 7.9).

Some stakeholders noted that Aspire is not equipped to deliver a crisis response in the form of emergency accommodation or support and shelter for women escaping domestic violence. Other SHS providers generally fill the gap when it comes to crisis accommodation, while specialist services are seen as an appropriate response for women escaping violence. Stakeholders thought that Aspire is appropriately positioned as a generalist service and cannot be expected to be all things to all people.

Both program staff and participants view Aspire's strongly client-centred focus as a positive aspect that helps the program deliver tailored supports to suit different needs. As Wayne observed, 'it was all about me'. A key stakeholder noted 'clients feel like they actually own the process'. Staff report that they work with clients to identify what the clients' goals are, rather than deciding what they should be, though sometimes a 'reality check' and expectation management are necessary. The outcomes-based contract underpinning the Aspire SIB allows the program appropriate flexibility to decide how best to achieve those high-level outcomes, rather than being assessed on outputs and lower-level indicators.

6.1.5 Representation of Aboriginal clients in Aspire

Meeting the needs of Aboriginal people experiencing homelessness in Adelaide has been the subject of ongoing discussion within the program and the broader stakeholder group throughout the life of Aspire, though it has not necessarily been perceived as a problem. At 14 per cent, the proportion of Aboriginal people in the Aspire participant group is about half their representation in the SHS client group in SA, and less than the minimum 20 per cent goal generally expected of SHS providers across the state. The evaluation findings suggest that there are several possible answers to the question of why there have not been more Aboriginal clients in Aspire.

Many Aboriginal people experiencing homelessness in Adelaide have complex needs. Physical health issues are a particular concern for this group. The evaluation, however, found no evidence that there is 'cherry picking' of program participants perceived as having less complex needs or being 'easier to manage', which can be a concern associated with the performance metrics required by SIB funding (see Section 3.3).

Comparing the proportion of Aboriginal people in Aspire to the proportion of Aboriginal SHS clients in Adelaide is not meaningful in one important respect: many Aboriginal SHS clients are not eligible for Aspire. Aspire is designed for people experiencing homelessness in metropolitan Adelaide who wish to be housed in metropolitan Adelaide. It is a three year program, while other SHS programs are short-term, ranging from one night in crisis accommodation to case management periods of three to six months. Recent research indicates that a significant proportion of Aboriginal people dwelling in public spaces in Adelaide are only staying in the city temporarily, later returning to their home Country in remote areas of SA or the NT (Pearson et al. 2021). Remote Aboriginal visitors to inner Adelaide are known to use short-term SHS supports, or no SHS supports at all, but not generally access long-term programs such as Aspire. Aboriginal people who are only in Adelaide for a short time are not seeking permanent housing in Adelaide and are consequently ineligible for Aspire.

The proportion of Aboriginal clients in Aspire is not necessarily an under-representation of the population of Aboriginal people experiencing homelessness in Adelaide who are eligible for the program. Nevertheless, it is useful to consider the extent to which Aspire meets the needs of Aboriginal people who *are* eligible. It is possible that some referring agencies do not perceive Aspire as a good fit for Aboriginal clients and are therefore less likely to refer them, although no evidence of this emerged from the evaluation. The fact that Aspire is not an Aboriginal-specific service, when there are such services available in Adelaide, may make Aspire a less obvious referral pathway for Aboriginal people.

As noted in Section 2.4.1, Aboriginal homelessness is different and requires a distinctive, and cultural safety focused, service response. In some ways Aspire is well-placed to deliver effective supports for Aboriginal clients. For example, Aboriginal urban homelessness has strong links with health and correctional services (Tually et al. forthcoming) and Aspire is relatively well integrated with these sectors. Aspire has greater flexibility than other SHS, allowing more scope for tailored, culturally appropriate service delivery. Aspire goes beyond a housing response to incorporate holistic supports, including the focus on sustained post-housing support that has been identified as critical to effectively responding to Aboriginal urban homelessness (Tually et al. forthcoming). The long duration of Aspire lends itself to flexible patterns of engagement with clients, some of whom go through periods when they are not contactable before getting back in touch with their case navigators and picking up where they left off (see Section 8.3.1).

Counter to these factors, Aspire was a 'new kid on the block', lacking an established reputation for supporting Aboriginal clients, although the association with the Hutt St Centre may have mitigated this to some extent. While Aboriginal people experiencing homelessness in SA regularly access non-Aboriginal specific services, they do often have preferred service providers and individual workers, sometimes with historical connections stretching back decades (Tually et al. forthcoming). Aspire is a holistic program but it is framed as housing-led, while a health/safety/wellbeing frame may better suit some Aboriginal people experiencing homelessness.

There is scope within the Aspire case management framework to deliver effective supports for Aboriginal people experiencing homelessness in Adelaide and SA more broadly, but modifications to the program would be necessary to improve its cultural appropriateness and ensure the program is culturally safe. Ideally, changes to the program would involve the introduction of a tailored stream co-designed with Aboriginal people, inclusive of Aboriginal staff (potentially with lived experience of homelessness) and delivered in partnership with

Aboriginal-led organisations. This stream could take a support-led rather than housing-led approach where appropriate and expand the geographical scope of housing options beyond the Adelaide metropolitan area. As noted in Section 2.4.1, a more family- or community-centred approach can also better meet the needs of Aboriginal people experiencing homelessness. Hutt St Centre has indicated a strong commitment to implementing strategies along these lines to increase the representation of Aboriginal clients in any future iteration of Aspire.

6.1.6 Participant engagement and program intakes

By mid-2021, all of cohort 1 had reached the end of their three years of Aspire participation and cohort 2 participants were beginning to complete their time in the program. As at 30 June 2021, seven of the participants who had commenced with Aspire had died during their time in the program, but 361 participants remained actively engaged with Aspire. The disengagement rate of 22 per cent was lower than the originally anticipated rate of around a third. The relatively low attrition/disengagement rate is an indicator that the program is meeting participants' needs, or possibly that there are no other appropriate programs available to them. There are nuances around engagement for participants in the program. Some participants have required intensive case management for longer than expected. This is specifically related to people remaining in the stabilisation and reengagement stages of the program for longer than 18 months (SVA 2020). Staying longer in this program stage is a result of several factors: participants presenting with high complexity of need; delays in participants being housed; and the COVID-19 pandemic making it harder to deliver some supports across much of 2020.

Participants' high levels of engagement and participant complexity have caused some challenges, with case navigators experiencing higher than expected (or optimal) caseloads at times. Intake of new participants continued largely as planned however, despite more existing participants remaining in the more intensive support elements of the program. When active participant numbers were peaking around 2019-2020, the level of support provided for some participants was less intensive than originally planned.

Key finding 1
Aspire participants are a diverse group but Aspire is sufficiently flexible, adaptable and responsive to meet the needs of most participants and any potential future iteration of the program should retain its generalist focus.

Key finding 2
Aspire participants have been experiencing homelessness for an average of approximately three years at program intake.

Key finding 3
Aboriginal people experiencing homelessness are not necessarily under-represented among Aspire participants because many Aboriginal people experiencing homelessness or sleeping rough in Adelaide are either away from home or not based in Adelaide long-term and are therefore ineligible for Aspire, or Aspire is not the appropriate support.

Recommendation 1
Notwithstanding key finding 3, refinements to the program design of any potential future iteration of Aspire could be made to help it meet the needs of Aboriginal people experiencing homelessness in Adelaide, including:
a) introducing a tailored stream co-designed with Aboriginal people;
b) appointing Aboriginal and Torres Strait Islander staff;
c) partnering with Aboriginal-led organisations;

d) taking a cultural safety rather than housing-led approach where appropriate to client needs;
e) expanding geographical scope outside Adelaide; and
f) taking a more family-centred approach where appropriate.

6.2 Participant complexity

The intention of the Aspire SIB is to address chronic and recurrent homelessness, though it was always understood that this would also mean addressing the 'complex needs' that contribute to many people becoming and remaining homeless, notably mental health issues, disability and problematic drug and alcohol use. At the same time, Aspire was not an intervention designed primarily to target these matters, which are challenging issues in their own right and distinct from homelessness, notwithstanding the clear intersections. For this reason, it was not anticipated that all or even most of the Aspire participant cohort would have high complexity of need.

Government commissioners recognised the value of including referral pathways from hospitals and prisons in the program, not least because it promoted continuity of supports and diverted people from reaching the SHS system. There was some concern, however, that focusing too much on these referral pathways would skew the participant group towards higher complexity. Aspire is intended to capture a diverse range of people experiencing homelessness, including those whose homelessness is triggered by one-off life events such as relationship breakdown or job loss. As one government stakeholder noted:

> The idea was chronic homelessness touches people at different times at different stages of their life and we wanted to see a bit of client diversity in that intake; it really helps to see who the program works for and perhaps for whom it doesn't and might need to be tweaked.

6.2.1 Measured acuity

The reality is that most incoming Aspire participants have presented with high complexity of need. Participant needs in areas such as mental health and drug and alcohol support have proved more significant (life-impacting) than anticipated (Social Ventures Australia 2020). The participant cohort also included a small number of individuals who can be considered outliers in their use of health services in particular, which can skew some of the data used to determine the SIB outcomes and the broader impact of Aspire.

Need may be thought of in terms of chronicity or acuity. The concept of 'acuity', which embodies both degree and urgency of need, is particularly useful for services needing to triage clients to prioritise who should receive assistance first. The VI-SPDAT tool is used by homelessness service providers to help with the triage process, and includes an indicator described as 'VI-SPDAT-Measured Acuity'. The VI-SPDAT has a strong focus on health, with health service usage, medications, social wellbeing, physical health, and mental wellbeing making the biggest contributions to measured acuity.

The majority of Aspire participants were assessed via the VI-SPDAT on program intake, with results set out in Table 6.6. As noted in Section 6.1.2, three versions of the VI-SPDAT were used across the Aspire intake period. Low, medium and high acuity scores were calculated relative to the VI-SPDAT version number used. High acuity translates to a likely need for significant support (including, potentially, permanent supportive housing); medium acuity means a likely need for rapid housing with some supports; and low acuity means a person is considered to need only light touch support to access and maintain suitable affordable housing.

Table 6.6: VI-SPDAT measured acuity scores on program intake

	Frequency (n=575)	Proportion of participants (%)
Low acuity	29	5.0
Medium acuity	147	25.6
High acuity	270	47.0
n/a (prison referral)	22	3.8
Refused	10	1.7
Unknown	97	16.9

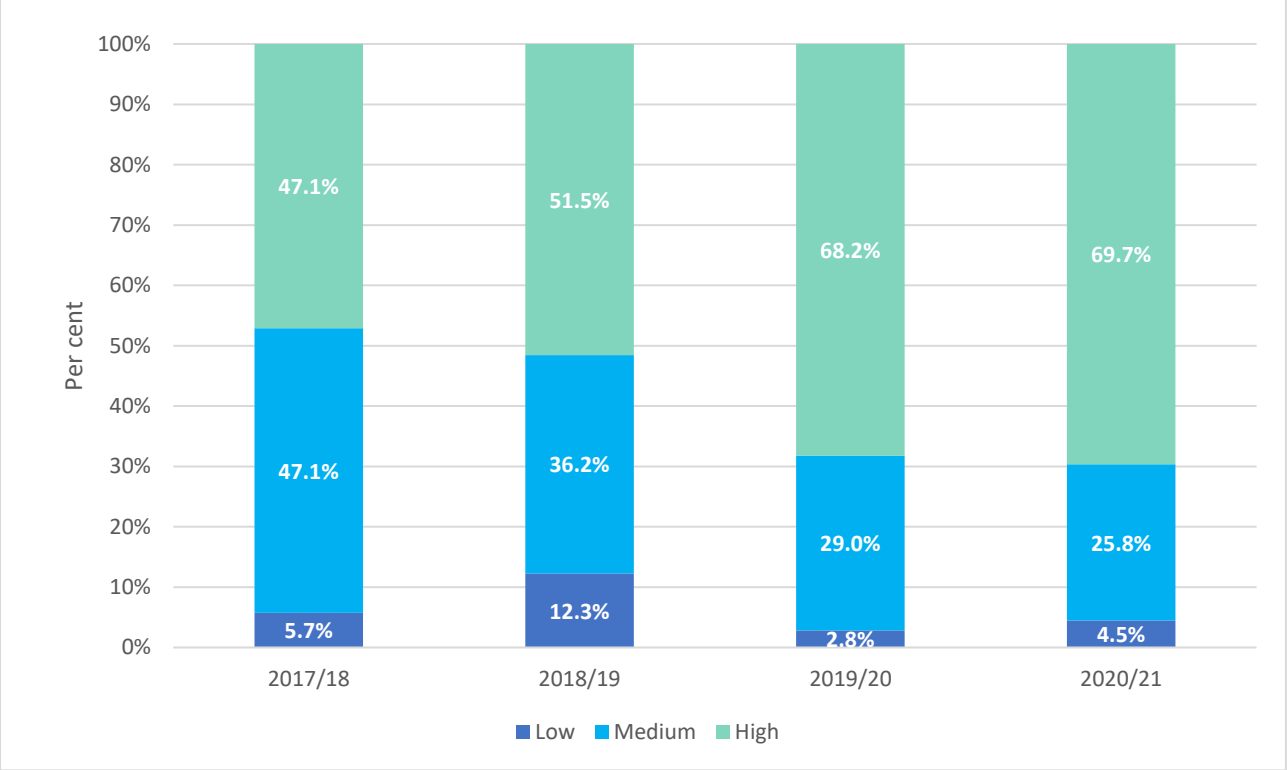
Source: Authors' analysis of Hutt St Centre data.

Of the 446 Aspire participants who completed the VI-SPDAT on intake, 7 per cent were low acuity, 35 per cent were moderate acuity and 58 per cent were high acuity. This compares with the Advance to Zero population (drawing on 2014 to 2020 data), in which 9 per cent were low acuity, 34 per cent were moderate acuity and 57 per cent were high acuity (Flatau et al. 2021). Another comparison point is the participant group in Perth's 50 Lives, 50 Homes program, 83 per cent of whom had tri-morbidity (co-existing mental health, physical health and alcohol/drug related issues) on intake (Vallesi et al. 2020b); 59 per cent for Aspire participants. These data suggest that the acuity and tri-morbidity levels for Aspire participants are a little lower than for some other populations of SHS clients.

The three different versions of the VI-SPDAT administered throughout the Aspire evaluation period reflect changes to best practice in identifying client acuity. Although cut-offs are provided to identify low, medium, or high acuity for each version, there are differences in the wording and number of questions that make direct comparisons difficult. Figure 6.1 illustrates how acuity scores varied across intake cohorts, but the extent to which the differences by cohort are simply an artefact of VI-SPDAT version changes is unclear. More detailed data on Aspire participant acuity at program intake for different demographic groups are provided in Appendix 2 (Table A3).

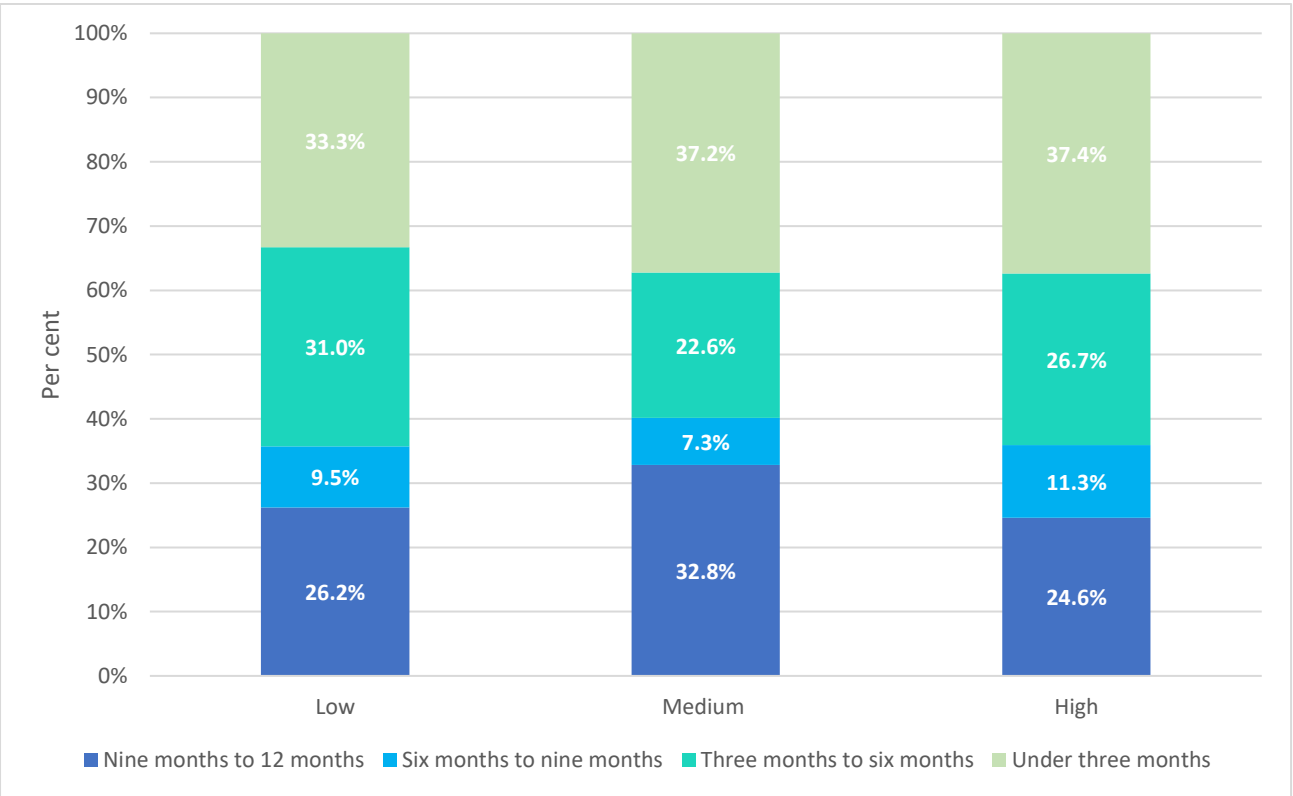
Interestingly, in terms of acuity assessments for Aspire participants, the length of time participants had spent homeless was not associated with higher acuity. Aspire participants' acuity scores by duration of homelessness at program intake are illustrated in Figure 6.2. High acuity is, however, positively associated with rough sleeping. Aspire participants' acuity scores by place slept most frequently at program intake are illustrated in Figure 6.3. The majority of high acuity Aspire participants were sleeping rough (27%), renting (23%) or couch surfing (14%) when they commenced in the program.

Figure 6.1: VI-SPDAT measured acuity scores by intake cohort



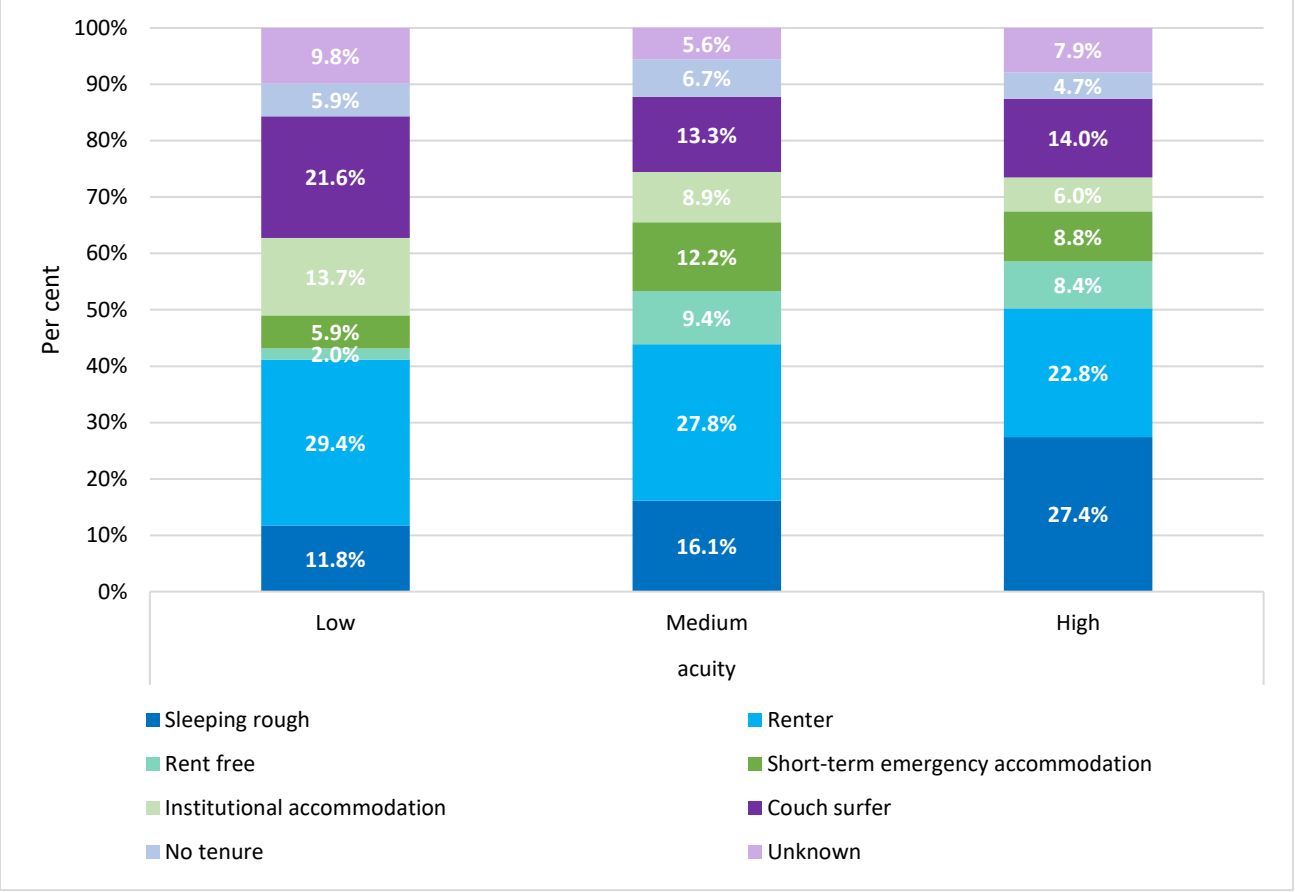
Source: Authors' analysis of Hutt St Centre data.

Figure 6.2: VI-SPDAT measured acuity scores by duration of homelessness before program intake



Source: Authors' analysis of Hutt St Centre data.

Figure 6.3: VI-SPDAT measured acuity scores by place slept most frequently before program intake



Source: Authors' analysis of Hutt St Centre and SAHA data.

Despite the data suggesting that the acuity levels for Aspire participants are a little lower overall than for some other populations experiencing homelessness, there is still substantial evidence of complex needs for Aspire participants entering the program. Of those who completed the VI-SPDAT on intake, 89 per cent reported physical health issues, 82 per cent mental health issues and 68 per cent alcohol or drug related issues. Significant safety and psycho-social concerns were also reported. At intake, 79 per cent of Aspire participants said they felt at risk when sleeping rough; 72 per cent said they had no meaningful daily activities in their lives and 57 per cent said they had accessed emergency services more than four times in the previous six months (Social Ventures Australia 2021). Sixty-nine per cent felt a history of abuse or trauma was part of the reason they were experiencing homelessness (Social Ventures Australia 2020).

The participants interviewed for the evaluation represented a very small sample of the 575 people who had been Aspire participants up to 30 June 2021. This subset of the Aspire population, while small, nevertheless exhibited a range of different needs. Housing was a priority for most, although support with mental health and substance use issues were also prominent needs. Physical health problems and disability, employment related concerns and family/relationship problems (including family violence and child protection related issues) were also mentioned by participants when discussing their support needs. All the participants interviewed had multiple needs and observed that their problems reinforced each other, producing a compounding effect. More positively, they also reported that this reinforcement occurred in the opposite direction once they began accessing supports provided or facilitated through Aspire: addressing one issue led to improvements in other life domains.

Addressing substance use issues was the most urgent need at the time two of the participants who were interviewed were referred to Aspire, as they felt their drug use may soon prove fatal. Securing housing as quickly as possible was the key priority for the other participants as they saw this as the foundation for starting to address other issues. All but one of the interviewed participants had to wait several weeks or months between starting with Aspire and being securely housed, though they reported benefiting from pre-housing supports, which included their case navigator working with them to optimise their temporary accommodation situations (see Section 7.1.7).

6.2.2 The importance of time and place

All the participants who were interviewed observed, unprompted, that Aspire had come along at just the right time for them. Each said they had reached a point where they wanted to change their circumstances and recognised they needed support to do so. Participants thought the desire to make a change was a key factor in what made Aspire a good fit for them and meant they could get maximum benefit from their ongoing engagement. As Lachlan observed, 'you've gotta wanna'! Several participants reflected that they saw themselves as being in a 'different headspace' to other people they knew of who were experiencing homelessness but placed a lower priority on securing stable housing or addressing substance use issues.

The timing factor described by participants highlights the importance of a program such as Aspire being offered as a supportive approach where people can work with case navigators at the place they are at in their lives, with active engagement encouraged. This structuring of the program allows people to commence and stay with Aspire where other 'interventions' had failed for them, particularly programs centred on people demonstrating willingness to engage according to some kind of system definition or expectation around behaviour. Participants said that if they had not connected with Aspire when they did, and received such high quality supports over a sustained period, their resolve to move forward and belief in the possibility that their life could change would have faltered. In addition to practical supports, Aspire helped participants to regain hope and self-respect and build confidence to push ahead with their recovery processes even in the face of the inevitable setbacks. Long wait times to access housing and some non-housing supports, discussed further below, are a concern in this respect as they can be discouraging and there is a risk of missing the 'window of opportunity' for some people to change trajectory.

Aspire's capacity to take a holistic view of the individual and provide wraparound supports before and after they are housed is a key element of the program's design and one of the factors underpinning its success in achieving sustainable positive change for participants. People experiencing chronic homelessness need housing, but they also need more if they are to have a chance of maintaining that housing and addressing issues in their lives more broadly. As one key stakeholder noted:

> We know that people experiencing homelessness face a veritable kaleidoscope of issues and the idea that somebody is going to solve their life by plonking them in a house, it's just not true.

There were a small number of people experiencing chronic homelessness for whom Aspire did not 'work'. Some of these people were referred and eligible, but did not end up participating in the program, while others were people who entered the program but exited early. It is difficult to ascertain why Aspire did not work for some people, partly because it is no longer possible to seek their views. Even at the time of exit, people often simply stop being contactable leaving no opportunity to ask them why they do not wish to participate in the program.

Several stakeholders said that while the intensity of support built into Aspire is a crucial feature, there is always more that can be done in terms of assertive outreach. Sometimes the timing may not work for someone when

they are first referred, but circumstances might have changed after six months or a year. Persistent follow-up is required to catch people when the time is right.

There was a perception by some stakeholders that at certain times, case navigators were spread too thinly and this may have reduced their capacity to be persistent in trying to establish and maintain contact with some participants. One stakeholder saw a link between outcomes-based contracting and persistence with clients. The more that outcomes matter and are measured, the more service providers are incentivised to keep trying to connect with clients rather than 'giving up on them' or 'handballing' to other services. Persistent assertive outreach can of course be a highly resource-intensive process that service providers cannot undertake if they are not appropriately resourced to do so.

One stakeholder thought there was an issue not so much with Aspire caseloads being too high as with case navigators operating across large geographical areas (though still within the Adelaide metropolitan area). This meant case navigators didn't always have time to travel long distances repeatedly to try and get in contact with a participant who was not answering their phone. This stakeholder also said that while Aspire participants come from and are housed all over the Adelaide metropolitan area, Aspire is perceived as having a strong association with the inner city area. This could be off-putting for a small number of prospective participants who prefer to stay close to a suburban area they are familiar with (usually either the south, around Noarlunga, or the north, around Elizabeth). In some cases people want to avoid the CBD following unpleasant experiences there while sleeping rough or staying in crisis accommodation. Referrers working in outer suburban areas reported some clients who did not want to go into Aspire in person: 'a lot said they didn't want to be referred because they had to go out of region…if it's not where they're located, they're not interested'.

Key finding 4
Many people experiencing chronic or recurrent homelessness present with multiple and complex needs and benefit from holistic, wraparound supports both before and after being housed.

Key finding 5
The timing of intervention – offering a supportive approach where people can work with case navigators at the place they are at in their lives - is an important factor in the likelihood that a program such as Aspire will be able to meet participants' needs and support people to make changes to improve their lives.

Recommendation 2
The resourcing of any potential future iteration of Aspire should allow for relentless (persistent) assertive outreach by case navigators to maximise the likelihood of as many clients as possible actively participating in the program for the full duration (or for as long as they need supports).

6.3 Participant referrals

6.3.1 Referral processes

The Aspire program design envisaged that most referrals to the program would come from SHS, with a smaller number from the SA Housing Authority (SAHA), hospitals and prisons. This largely proved to be the case in practice, though referrals came from a diverse range of agencies. More than 40 organisations made participant referrals to Aspire from 2017 to 2021, with nearly a quarter coming from Hutt St Centre's Eastern Adelaide Generic Homelessness Service and just over a fifth from UnitingSA's Western Adelaide Generic Homelessness Service. An additional 8 per cent of referrals came from the Department for Correctional Services, 7 per cent

from St Vincent de Paul Society (responsible for the main crisis accommodation service for men in central Adelaide) and 5 per cent from SAHA (Social Ventures Australia 2021).

As set out in Table 6.3, just over 5 per cent of Aspire participants were living in a correctional facility prior to program intake, 2.4 per cent were living in a rehabilitation centre, one per cent in a psychiatric hospital and 0.4 per cent in another hospital setting. These data suggest that either the number of referrals from hospitals and prisons was low, or the number that translated into program intakes was low (or a combination of the two). Scope exists for improvements in the referral of eligible clients from institutional settings.

Around 60 per cent of all program referrals translated into enrolments, with the other 40 per cent proving uncontactable or ineligible for Aspire or having their referral withdrawn. Aspire staff made efforts to reduce the number of referrals of ineligible people and to 'convert' as many eligible referred people as possible into program participants. Program staff worked closely with referring agencies to increase their understanding of Aspire eligibility criteria and referral processes. 'Warm referrals' were noted by Aspire staff as reducing the likelihood of prospective participants dropping out of contact between the referring agency and Aspire. Stakeholders with experience of referring clients to Aspire reported that the referral process was easy and smooth for both agencies and clients, and it was not hard to interpret and apply the eligibility criteria. One referrer's comment was typical:

> We were all pretty keen to refer to Aspire, we all knew when the referrals needed to be submitted, we all had them ready…It was quite clear who we were referring and what we were hoping to achieve.

There was, however, some feedback from referrers that ideally the Aspire referral process would be less structured and more flexible to relieve pressure on referring agencies and clients. There were times when demand for Aspire effectively exceeded supply and SHS referrers had to make difficult judgements about which of their clients should be prioritised for referral. Individual referring agencies were constrained by a cap on the number of clients they could refer to Aspire each month. Having to wait until the monthly referral time, and then not being sure whether clients would be accepted into Aspire, was sometimes difficult to manage. Referrers would usually continue to provide support to clients during this period but uncertainty around the outcome of the referral could make it hard to plan appropriate supports and maintaining contact with clients could be challenging. A stakeholder from a referring agency observed:

> It's a bit of a holding pattern for a client. So it's great that we could continue to provide a service but you've got people that will then disengage, or things will change within that time. So I think to be able to talk to them and say 'there's this great program'…and then have a bit of an idea of how quickly there will be an outcome, we'll be able to give clients a bit of an idea of what to expect as well.

Referring agencies within SHS heard a lot about Aspire when it was launched and felt they quickly developed a good understanding of the program. Early on, clients had generally not heard of Aspire when they were referred, but word soon spread, particularly as people were housed and provided with support to set up their new households. SHS referrers reported that clients were usually very happy to be referred to Aspire, although one referrer said the prospect of a three year period of engagement could be daunting for some clients (see Section 8.3.1 for further discussion of the program duration).

Aspire staff were described as approachable and helpful when referring agencies had queries. One area where there was limited communication, however, was reporting back to referring agencies on how 'successful' referrals were. Referrers would normally hear if a client was picked up by Aspire, but not what the longer-term outcomes of their program participation were. This is not unusual and with a three year program, it may be

impractical and no longer of great relevance for referrers to be informed about the ultimate outcomes for clients. Nevertheless, some feedback on whether Aspire was proving to be a good fit for the people referred would help referrers refine their judgements about who to refer to the program. As one referrer said, 'It's not directly relevant to us, but it's part of job satisfaction and helps inform our decision-making'. Another commented, 'we would have loved to have heard how a few of them went but didn't really have a feedback loop from Aspire'.

Key finding 6
Referral processes from SHS providers to the Aspire program are smooth and generally work well.

Recommendation 3
Notwithstanding Key Finding 6, any potential future iteration of Aspire should consider whether it is possible to have a less structured referral process to reduce the time referrers and clients need to wait before being able to make referrals and/or find out if a client is accepted into the program.

Recommendation 4
Any potential future iteration of Aspire should consider putting in place a more structured process for briefly reporting back to referrers on client outcomes after six and twelve months of program participation, all with client consent in place.

6.3.2 Eligibility for Aspire

To be eligible for Aspire, people must meet the following criteria:

- aged 18 to 55;
- experiencing homelessness when they enter the program, or about to be discharged from a correctional facility or hospital;
- experienced homelessness for a cumulative period of three months or more over the year preceding their referral to Aspire (excluding periods in correctional facilities or hospitals);
- living in metropolitan Adelaide with no intention of moving;
- not subject to any outstanding criminal charges; and
- entitled to a Medicare card.

The age criterion is in place largely because Aspire is not designed to meet the particular needs of people under 18 or over 55 who are experiencing homelessness, with more specialised programs and services better suited to these cohorts. For example, older people are more likely to have health and care needs that are best met by the aged care sector (the extent to which the aged care sector actually does meet these needs is a different matter). Age 55 may appear to be a young ceiling but people who have experienced trauma and/or significant disadvantage in their lives often age 'prematurely' and begin to manifest the additional support needs associated with ageing at a younger age than others (My Aged Care *n.d.*).

One referrer who provided input into the evaluation did note that ideally there would be some flexibility around the age criterion, particularly with increasing numbers of older women experiencing homelessness, to prevent a possible service gap. The Aspire participant demographics, which include some participants aged over 55, suggest that there has been some discretion exercised in this area. If the age 55 age ceiling is retained (perhaps to signal that Aspire is not specifically designed to meet the needs of older people experiencing homelessness),

it could be made clear that there is flexibility for people older than 55 to be accepted into the program if Aspire is a good fit for them and likely to meet their needs.

The requirements that people be experiencing current homelessness and have a recent history of homelessness (with exceptions for people exiting hospitals or prisons) are in place to target Aspire at the cohort experiencing chronic or recurrent homelessness who have the greatest potential to benefit from the program. Alongside achieving better outcomes for individuals, reducing service utilisation by participants is a key goal for Aspire, and the SA Government aims to achieve maximum gain within the constraints of its social services budget. With these considerations in mind, taking a targeted approach to Aspire eligibility is sensible and appropriate. As noted in Section 2.4, even within the population of people experiencing homelessness, there are significant variations in use of health and justice services, with a small number of individuals accounting for most service use (Flatau et al. 2020; Zaretzky et al. 2017). The current and recent history of homelessness criteria for Aspire eligibility represent a good balance between targeting those likely to reap the most significant benefits from the program and avoiding the exclusion of others who may benefit to a lesser extent.

The current and recent history of homelessness criteria did occasionally cause some confusion around people's eligibility for Aspire. There is usually no way for referrers or Aspire to verify that these criteria are met, though there generally does not need to be. The evaluation found that referrers and Aspire staff often have the knowledge and experience to make sound judgements about whether an individual is eligible for Aspire, and whether the program is a good fit for them, from their presentation. As one stakeholder from a referring agency noted, 'the staff are extremely skilled at making pretty quick assessments of what clients need and what could potentially be a barrier [to maintaining a tenancy]'.

A small number of people who were referred were accepted into the program even though they technically did not meet the eligibility criteria. These were cases where someone was not experiencing current homelessness because they were resident in a rehabilitation centre (but would be homeless on release) or where SAHA had already allocated a person public housing on the basis that they would be receiving post-housing supports through Aspire. These technicalities were readily resolved. There was some evidence that many clients who had been rough sleeping had already been placed in short-term accommodation such as boarding houses by the time of their Aspire intake. This was largely because referrers were often providing short-term case management while clients waited to get into Aspire: being in short-term accommodation did not preclude people from being eligible for Aspire.

There was no evidence that not holding a Medicare card excluded any prospective Aspire participants. There was also little evidence that the requirement for participants to be based in metropolitan Adelaide excluded people from Aspire, though there is no doubt some demand for housing and post-housing supports among people experiencing homelessness in regional areas of SA (see also Sections 2.4.1 and 6.1.5 on the needs of Aboriginal people experiencing homelessness in Adelaide). One referrer said there were a very small number of clients for whom regional housing could have been a preferred option, particularly if they wished to put some distance between themselves and prior associates in Adelaide.

There was evidence from Aspire staff that some people who were referred to Aspire could not be included in the program because they were subject to outstanding criminal charges. Some of this group will be convicted and sentenced to a custodial period and may be eligible for Aspire on their exit from prison, but there is likely to be a service gap for people experiencing homelessness while on bail, including some who will not receive a custodial sentence and will remain in the community. There are good reasons for excluding people facing criminal charges from Aspire; it is generally very difficult to secure housing for them when they may shortly be

going to prison, and a custodial period would interrupt their engagement with Aspire. It should be noted, though, that people experiencing homelessness while on bail are a cohort whose needs are not addressed by Aspire, and probably not by any alternative service either.

Key finding 7
The eligibility criteria for the Aspire program are generally well targeted, appropriate and easy to apply, but may benefit from refinement in line with the discussion in this report.

Recommendation 5
Any potential future iteration of Aspire should consider broadening the age criterion to be 18+ at time of referral (rather than 18-55), recognising that there are a growing number of older people experiencing homelessness who need intensive support and an Aspire program could (and did) cater to the needs of this group.

Recommendation 6
Any potential future iteration of Aspire should continue to ensure it has a process for referring people deemed ineligible due to being on bail to other services that may meet their needs while they await sentencing, and for giving people another opportunity to enter the program if they are not sentenced to a custodial period.

6.3.3 Suitability for Aspire

SHS referrers and Aspire staff make a distinction between eligibility for Aspire and suitability for Aspire. Once a client satisfies the eligibility criteria, a judgement is made first by the referrer and then by Aspire program staff as to whether the person is suitable for the program, that is, whether they are in a position to benefit from Aspire at that time. These judgements are not made lightly; both referrers and Aspire program staff seek to minimise the number of people who technically meet the eligibility criteria and want to participate in Aspire but are not accepted into the program.

SHS referrers did report having a good sense of who would benefit most from Aspire. They find it relatively straightforward to identify when clients are interested in a housing offer but not in the wraparound supports offered by Aspire. Similarly, referrers can usually tell when someone is likely to benefit from post-housing supports. The problematic nature of shorter case management periods for many SHS clients was well-recognised by referrers who contributed to the evaluation. A common pattern is for a three to six-month support period to end well with the client being successfully housed, only for them to lose the tenancy later and end up back in the SHS system. Referrers said they could sometimes predict this was a likely outcome at the outset.

Aspire's post-housing supports mean participants are much more likely to be able to sustain tenancies. Aspire allows plenty of time for people to settle into housing, engage with services such as mental health supports and the National Disability Insurance Scheme (NDIS), make community connections, and become comfortable managing finances and household matters before supports taper down. Post-housing supports make Aspire clients more attractive tenants for the SA Housing Authority. This is especially the case if a Housing First approach is actually put into practice, with people more likely to be housed while they are working through some of the issues that contributed to their homelessness. As one stakeholder noted:

> Our housing officers were having to deal with an awful lot of non-housing issues because as soon as people were housed the supports disappeared...our officers can manage the properties but not the

complex issues that often come along with our clients…this way if a housing officer was having trouble with an Aspire client, they could contact the case manager.

While it is often clear that someone is likely to benefit from non-housing supports, this is not the case for everyone experiencing homelessness. For some people with issues related to substance abuse, mental or physical health, disability, social exclusion or difficulty managing finances, maintaining a tenancy is possible without these issues needing to be addressed. This group are in a position to benefit from Aspire's housing offer, but not necessarily the post-housing supports which are the most distinctive element of Aspire. Short-term case management leading to a housing offer may be the more appropriate referral pathway for these people. Referrers reported that when it became clear Aspire could not offer rapid housing to all participants, some prospective participants who were primarily interested in a housing offer made the decision themselves that the program was not a good fit for them. A few participants who did commence the program made the same decision after a relatively short time and chose to exit.

There is another cohort who would benefit from Aspire's non-housing supports and who may have difficulties sustaining tenancies without addressing various issues in their lives but are not in a position to address these issues at the time they are referred. For some of this group, the housing offer is the primary motivation for joining Aspire and once housing is secured, they become harder to connect with. These participants are then at risk of becoming part of the group for whom Aspire doesn't 'work' as well as hoped (discussed in Section 6.2.2).

As has been noted by others (e.g. Vallesi et al. 2020b), progress towards becoming securely housed and addressing issues that may put tenancies at risk is not always linear. The evaluation found that this is well-understood by Aspire case navigators, who allow participants space to take time out when they need it, while reaching out to clients more assertively when it is judged necessary. As discussed in Section 8.3.1, one of the benefits of a longer period of case management is that times of lower intensity support can be accommodated without clients needing to exit and then be re-engaged as new clients. The evaluation found that Aspire staff are highly responsive to individual client needs and strike an effective balance between giving clients space (and avoiding the development of dependency in the client-case navigator relationship) and engaging with them proactively and assertively.

Key finding 8
SHS referrers and Aspire staff exercise well-informed judgements about which clients are most likely to benefit from participation in the Aspire program.

Key finding 9
The long duration of Aspire program assistance helps to accommodate participants' non-linear recovery pathways and the ebb and flow of program engagement.

6.3.4 Referrals from hospitals and prisons

In the qualitative data collection undertaken for the evaluation, Aspire program staff and participants, and some other key stakeholders, identified issues around referrals from hospitals and prisons. There was general agreement that while it is very helpful to have these referral pathways in place from the point of view of both clients and service providers, they could work more smoothly. The evaluation team made multiple attempts to engage staff involved with referrals from hospitals and prisons but was only able to secure limited feedback

from one representative of this group. The discussion in this section reflects input from that stakeholder and reflections on hospital and prison referrals from other stakeholders, as well as Aspire staff and participants.

As with referrals from other sources, the referral process from non-SHS providers was described as being user-friendly, but knowledge about Aspire and the transfer of case management could be problematic. Aspire staff reported that particularly in the early phase of Aspire, there was a low level of awareness that the program could support people being discharged from hospital and prison. Accordingly, staff went to considerable effort to build relationships with referring agencies and promote the program among social workers based in hospitals and prisons, but high turnover in these roles made it hard to maintain the relationships built and needed. Limited understanding of Aspire among hospital and prison social workers can cut both ways: some people for whom the program would have been a good fit are not referred in a timely way, while others who are unsuited to, or ineligible for, the program *are* referred. Embedding awareness and understanding of Aspire in referral settings outside SHS takes time: as one staff member explained, 'Four years was a very short while to get the referral process sorted out'.

The prison and health sectors are perceived by Aspire staff as somewhat less likely than SHS to view a client's housing status as 'their problem'. In the case of hospitals, Aspire staff said they are likely to be too busy, and under too much pressure to release beds, to always consider where patients are going to go following discharge. As one staff member said: 'it just wasn't on their radar'. In the case of prisons, Aspire staff thought the housing arrangements of released inmates are sometimes a secondary consideration, although prisoner release is often dependent on them having appropriate accommodation to go to.

Feedback from a referrer working with pre-release prisoners suggested that putting in place conditions to minimise the likelihood of reoffending is the primary concern for staff working with this group, and housing is just one element of this. This stakeholder observed that some prisoners assumed if they had a house and a job there would be no chance of them reoffending but she described this thinking as too simplistic and in need of being 'broken down'. Aspire's non-housing supports, particularly building community connection and social inclusion, were recognised as particularly helpful elements of the program for released prisoners. The stakeholder indicated that it is the likelihood of an individual engaging with the non-housing supports that determines whether they are considered a good candidate for Aspire.

There is overlap, and the possibility of misalignment, between the case management provided by Aspire and other post-release programs for prisoners. Following release, prisoners are generally under Community Corrections Supervision provided by the Department for Correctional Services (DCS), at least until the end of their sentence period. This is a statutory requirement, time-limited and often compliance driven, so Aspire was seen as adding value by providing people with more sustained, rounded supports. The stakeholder working with pre-release prisoners knew of cases where individuals had appreciated Aspire's support because it came from 'outside of DCS'. There appear to be some issues around whether pre-release prisoners should be referred to the Offender Aid and Rehabilitation Service (OARS) or to Aspire for case management, with the two apparently viewed as mutually exclusive. This was particularly problematic when Aspire was not able to provide rapid housing while OARS could offer access to short-term/transitional accommodation.

Some referrals from hospitals and prisons provide limited information about the client and their circumstances, making it hard to assess their eligibility for Aspire, or to identify their individual needs. In these cases, Aspire staff liaise with the referrer to secure more details. Timing was also mentioned as problematic. Ideally, people being discharged from a hospital inpatient stay or leaving prison would be able to go straight into a more stable (preferably permanent) housing option rather than into rough sleeping or crisis accommodation, but it is often

uncertain when someone will be released. These circumstances mean Aspire staff have no time to prearrange housing (even were housing to be readily available). Concerns around timing were echoed by the prison referrer, who noted that ideally case navigators would start working with clients before their release, 'to build rapport but also to goal set and understand the personal apprehensions and challenges that the person may be facing'. Release dates, however, are dependent on when cases are assessed by the Parole Board (which became even less predictable during COVID).

Aspire participants who had been referred from prison reported mixed experiences. Sharon knew about Aspire from a friend who had been part of the first intake and spent most of her two year sentence trying to secure a referral to the program: 'I had to keep pestering them, I don't think the social workers were really proactive about it. I had to ask them about it on five different occasions to try and push for it'. The prison referrer reinforced this to some degree, noting that there is awareness of Aspire among prisoners and some proactively seek referrals, but referrers do not always think these individuals are a good fit for the program. Prison referrers tend to identify prisoners they think could benefit from the program and discuss it with them to 'gauge their interest in wanting to actively engage'.

Sharon was eventually referred to Aspire shortly before her release but then had to wait a year for housing. During this period she was forced to couch-surf, which put her back in contact with old associates and at risk of returning to drug use and criminal activity. Tahnee reported a more positive experience of being referred through prison and transitioning to housing. She worked with her Aspire case navigator for the last month of her sentence and was able to move straight into a social housing unit sourced by Aspire upon being paroled; a unit in which she remains, having maintained the lease for four years.

Another ideal segue from an institutional setting into housing was illustrated by the pathway Wayne described. He was sleeping rough until admitted to an inpatient drug and alcohol rehabilitation service and was referred to Aspire by that service as he neared the end of his allocated program support. Initially Wayne was deemed ineligible for the program as he was technically housed at the time. When it was explained that he had nowhere to live on completing rehab, Wayne was accepted into Aspire and allocated a tenancy that commenced a month after he was to complete rehab. The service allowed him to keep his bed during that period, avoiding the need for him to spend the time sleeping rough and/or in crisis accommodation were he able to secure such a placement. Wayne's story is a good example of providers coordinating activities for the benefit of clients, demonstrating flexibility to optimise outcomes and minimising pressure on the system overall; although pressure on individual services means flexibility is not always possible.

Incorporating pathways directly from hospitals and prisons into housing as part of the Aspire program design was a sensible plan that promised to deliver better outcomes at the individual and system-wide level, but it has not been seamless in practice. The lack of housing (supply and appropriateness; see Section 7.1) is a factor here, but there is more that could be done in relation to referral pathways and the working relationships between different government agencies and service providers.

Key finding 10

Incorporating a referral process directly from hospitals and correctional facilities into the Aspire program is sensible and appropriate but has not been seamless in practice, and only a small number of referrals from institutional settings have translated into program enrolments.

Recommendation 7
Referral processes from hospitals and correctional facilities into any potential future iteration of Aspire should be reviewed and refined, building on existing inreach strategies, and recognising a whole-of-government responsibility to avoid homelessness.

6.3.5 Targeting Aspire

As discussed in Section 6.3.2, the eligibility criteria for Aspire have generally worked well and the program has been appropriately targeted, particularly as a pilot. There is room for some refinement to the eligibility criteria for a longer-term post-housing support program, however. This would help to ensure people are not excluded from eligibility on what could amount to arbitrary grounds, and to minimise the risk of service gaps.

As noted above, there have been some minor issues around prospective clients being deemed ineligible for Aspire because they are not technically experiencing homelessness at the time of referral even though they recently have been and/or will soon again. Examples include a client staying at a drug and alcohol rehabilitation centre at the time of referral, recently released prisoners temporarily housed through OARS, and clients already housed by SAHA on the expectation that they would receive supports through Aspire. Similarly, CHP representatives who were interviewed for the evaluation said they would value being able to refer (already-housed) tenants to Aspire when it became evident that they were unlikely to be able to maintain their tenancies without post-housing supports.

Stringently adhering to the requirement that Aspire clients are experiencing current homelessness at intake is counter-productive if the client has *just* been housed by another agency, Aspire is not necessarily able to provide them with rapid housing, but Aspire could make it more likely they are able to maintain the tenancy they have. As will be discussed in Section 8.3, Aspire's point of difference with other services has been the provision of longer-term post-housing supports to help sustain tenancies more than securing those tenancies. If this is the case, Aspire may be appropriately targeted at those who would benefit most from longer duration post-housing supports to maintain tenancies. This group may not all be experiencing homelessness at intake, but most are likely to have experienced it in the recent past, and all are at risk of experiencing it in the near future.

Targeting of service delivery is necessary to ensure efficient use of government resources, but it raises the risk of service gaps. Stringent eligibility requirements, rigidly enforced, inevitably produce anomalies and the exclusion of people who would substantially benefit from the service on technicalities. This contributes to 'holes in the safety net' and people falling through the gaps in a service system that fails to recognise them as individuals with their own unique circumstances. The following strategies can help to address this:

- carefully considered eligibility criteria which incorporate flexibility and allow room for the exercise of judgement and discretion by program staff;
- semi-regular review and adjustment of eligibility criteria to ensure ongoing appropriateness of targeting; and
- erring on the side of under- rather than over-targeting.

The next section details findings, largely based on quantitative data, relating to the outcomes of the Aspire program for individual participants and at a systemic level.

7. Outcomes of Aspire

This section draws primarily on the quantitative data analysed for the evaluation to outline the outcomes of the Aspire program, both for individual clients and at a systemic level. The findings cover multiple domains, including housing, health, justice, wellbeing, social inclusion and education and employment pathways for clients. Previous research and modelling have found that supporting people to exit homelessness and achieve sustainable housing outcomes can deliver cost savings to government, through such outcomes as people's reduced need for interaction with SHS, hospitals, police, courts, corrections, welfare and child protection (Flatau et al. 2008; Flatau and Zaretzky 2008; Parsell 2016; Sievwright et al. 2020; Wood et al. 2016; Zaretzky and Flatau 2013). This section considers the Aspire client outcomes and overall savings to the SA Government through avoided service use associated with Aspire participation. The section also discusses the Aspire case management approach and referrals to specialist supports, and the impacts of COVID-19 on Aspire in 2020-21.

7.1 Housing outcomes

No one dataset provides a complete picture of the transition from homelessness to permanent housing that the Aspire program is seeking to achieve. Data on housing outcomes for Aspire clients were drawn from Hutt St Centre's case management system, SAHA's SA Public Housing Records and SAHA's H2H system which includes Specialist Homelessness Services records (Table 7.1). Aspire is considered an SHS, so client data are recorded in H2H. Some H2H data are recorded at the point of intake to a SHS and some at the point of exit (with this timeframe known as an SHS client support period). For Aspire clients, the client support period is normally three years.

Table 7.1: Outline of the housing datasets available for analysis

Data sources	Number of clients in dataset	During Aspire period until June 30 2021
SHS service history	473	473
SHS support periods with exit data	558 (134 at exit)	558
SA public housing data	263	228
Hutt St Centre-Penelope program data	266	266
Hutt St Centre-housing data	307	307

Source: Authors.

At the time of the quantitative data analysis, some Aspire clients were only part way through their client support periods and did not yet have exit data recorded. SHS service history data were available for 473 Aspire clients and efforts were made to align the start of their Aspire participation with their SHS client support periods where possible to maximise data consistency, but this was not always possible. SHS entry and exit data were also made available for 556 clients. These data were not specific to the Aspire period with multiple SHS support periods per person, and the Aspire period had to be matched prior to analyses so the most relevant SHS support period was selected. As the Aspire entry date did not match the SHS support period precisely, the closest support period in time to the Aspire entry date was selected (e.g. if the SHS support period closest in time to the Aspire entry date was seven days prior for a client, the housing situation at entry and exit information relevant to this SHS support period was selected). The amount of exit data in general was sparse, with only 134 records available

for Aspire client housing circumstances at program exit in this dataset. This number was notably lower because it required information to be collected at exit from Aspire, with many clients yet to exit the support period and some clients unable to be contacted. Housing situation at intake and exit, including tenure type, was therefore compiled across these two different datasets to provide a best estimate of housing transitions for as many individuals as possible.

To supplement SHS data from H2H, the analysis also drew on SA Public Housing Records. According to SA Public Housing records, 237 Aspire clients held a public housing tenancy at some point to 30 June 2021. We primarily draw on those cases (228 in total) where a public housing tenancy was held or attained during the Aspire support period and refer to this group as the 'public housing sample'. Public housing tenancies allocated to Aspire clients between 1 July 2021 and until 30 December 2021 have also recently been provided to the evaluation team and we have undertaken further analyses, where helpful, to highlight the long-term impact of the Aspire program. SA Public Housing Records not only provide an independent record of the homelessness/housing journey of Aspire clients, but also enable us to check housing outcomes for those Aspire clients who have lost contact with the Hutt St Centre or who have exited support and for whom no housing transition is available in the Hutt St Centre databases.

Hutt St Centre's case management records were a source of additional information, particularly in relation to clients housed in community or private rental housing rather than in public housing.

There were some notable issues with the data, including some double entries, an absence of tenancy end dates for all completed tenancies within the SA Public Housing database and discrepancies (limited though they were) between SA Public Housing and Hutt St Centre databases. Discrepancies were reduced through a series of iterative checks with SA Public Housing and Hutt St Centre (e.g. the initial data provided by SA Public Housing did not include records from an old client management system), leaving largely cases where SA Public Housing had a record of a public housing tenancy for an Aspire client, but Hutt St Centre did not. Such 'discrepancies' may simply reflect the fact that SA Public Housing has records of transition to public housing of Aspire clients but the Hutt St Centre does not have such records because the clients in question may have exited support or have lost contact with Hutt St Centre.

Housing tenancy journeys have been assessed for each database in turn. We also consolidated housing records from Hutt St Centre and SA Public Housing to provide a broader understanding of housing outcomes achieved by the Aspire program. The following priority rules were used when consolidating the data. First, we passed into a consolidated housing dataset, SA Public Housing records of tenancies. Second, we added into that consolidated housing file Hutt St Centre tenancy data for all other tenancies (community housing and private rental housing) recorded by Hutt St Centre. We then examined both the Hutt St Centre data and the public housing data for any discrepancies in public housing records between the two datasets. This approach recognises the value added by the Hutt St Centre's data with respect to community housing and private rental housing. Our consolidated housing tenancy database brings together all the available datasets to provide the most complete picture of the housing journeys of Aspire clients given the databases available to us for analysis.

Within the context of housing data, pre-entry to Aspire refers to the period before an individual entered the Aspire program, while post-entry to Aspire analysis refers to housing attainment and the sustainability of housing tenancies after entry to the Aspire program.

7.1.1 SA public housing data

According to SA Public Housing records, 237 Aspire clients held a public housing tenancy at some point from the start of their Aspire period to 30 June 2021 – the common endpoint for linked administrative data analysis in this evaluation. The same records also contain nine clients who attained their public housing tenancies *after* exit from support leaving a sample of 228 that is the primary base for our in-depth analyses below. The sample of 228 tenancies will be referred to as the public housing sample. Of these 228 clients, 34 clients held a tenancy on entry and 194 transitioned to public housing after entry to the Aspire program.

The argument for excluding post-Aspire support period transitions to public housing is that it is less easy to *directly* attribute the transition into public housing to the Aspire program. We would note, of course, that simply because a public housing tenancy began after the end of an Aspire support period does not mean that the Aspire program did not indirectly contribute to a transition to public housing.

Most Aspire clients were in the Aspire support period for differing lengths of time, with some staying in the program for the full three years of support, while others exited the support period early. Some had entered the support period in later years (i.e. 2020, 2021) and therefore had not had the opportunity to receive three full years of support. Various endpoints were used to measure public housing tenancy outcomes that could appropriately measure and compare housing outcomes over the differing amounts of time spent in the Aspire program. The data window for some Aspire program clients may be less than a year; for others, the data window covers the full three years of the program. Using an arbitrary time period for all clients, therefore, may under or overestimate housing outcomes attributable to the Aspire support period. We have, therefore, examined public housing tenancy outcomes after one, two and three years and on exit from the program. In addition, we use the point-in-time 30 June 2021 reference point to examine housing outcomes.

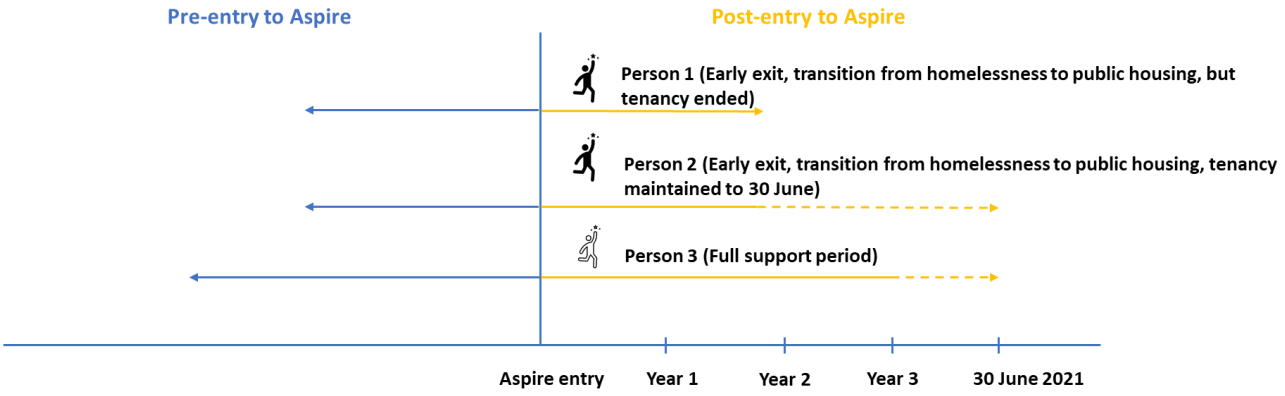
Figure 7.1 provides insight into the data analysis methods adopted for this evaluation depicting three types of analysis endpoints for three fictional Aspire clients who transitioned to public housing from homelessness. The three cases illustrate how we analyse the data considering the intersection of particular key events, namely, leaving the Aspire program, exiting public housing, and the closure of the Aspire support period.

The first client illustrated in Figure 7.1 transitioned to public housing from homelessness but exited the program early and 'ended' their public housing tenancy prior to two years into the program. This client will be recorded as having attained a public housing tenancy but will also be assessed as not having maintained their tenancy at the 30 June 2021. Beyond that, their tenancy will also be assessed at end of year one as this was the only completed year they were in the program. They are not included in years 2 and 3 analyses.

The second client exited the program at the same point in time as the first client but maintained their public housing tenancy to 30 June 2021 (and no doubt beyond), so were assessed as holding a tenancy at end of year one, at early exit from the Aspire program, and at 30 June 2021.

The last client in Figure 7.1 finished three full years of Aspire support and carried their tenancy until 30 June 2021, and, therefore, were included in all analyses (i.e. at end of year one, year two, year three and 30 June 2021). Their tenancy achievements were, therefore, compared against tenancy outcomes for the three years prior to their entry into the Aspire program. Public housing tenancy achievements at these endpoints for clients are set out in Table 7.2.

Figure 7.1: Visual depiction of the endpoints for analyses of public housing data



Source: Authors.

Table 7.2: Public housing tenancy achievements throughout Aspire to 30 June 2021 (SA public housing data)

	Frequency	Proportion of full sample (%) (n=575)	Proportion of public housing sample (%) (n=228)
Public housing tenancy held or attained during the Aspire support period ('public housing sample')			
Client held a public housing tenancy prior to and on entry to Aspire	34	5.9	14.9
Client attained a public housing tenancy after beginning an Aspire support period	194	33.7	85.1
Total	**228**	**39.7**	**100**
Public housing tenancy sustainability outcomes			
Public housing tenancy held at early exit, end of Aspire support period, or 30 June 2021 (whichever is relevant)	188	32.7	82.5
Public housing tenancy held at 30 June 2021	177	30.8	77.6
Public housing tenancy attained post the Aspire support period but prior to 30 June 2021	**9**	**1.6**	**n.a.**
Public housing tenancy held or attained over the period to 30 June 2021	**237**	**41.2**	**n.a.**
Days until first public housing tenancy	mean = 192.8 days, median = 117.5 days (SD = 200.2, min = 0, max = 849)		
Proportion of support period spent in public housing	-	27.0 (SD = 37.8)	68.0 (SD = 28.3)

Source: Authors' analysis of SA public housing data. Note that days until first tenancy reflects the 165 clients with a *new* tenancy in the Aspire support period. *Proportion of support period spent in public housing includes tenancies carried forward from pre-entry to Aspire.

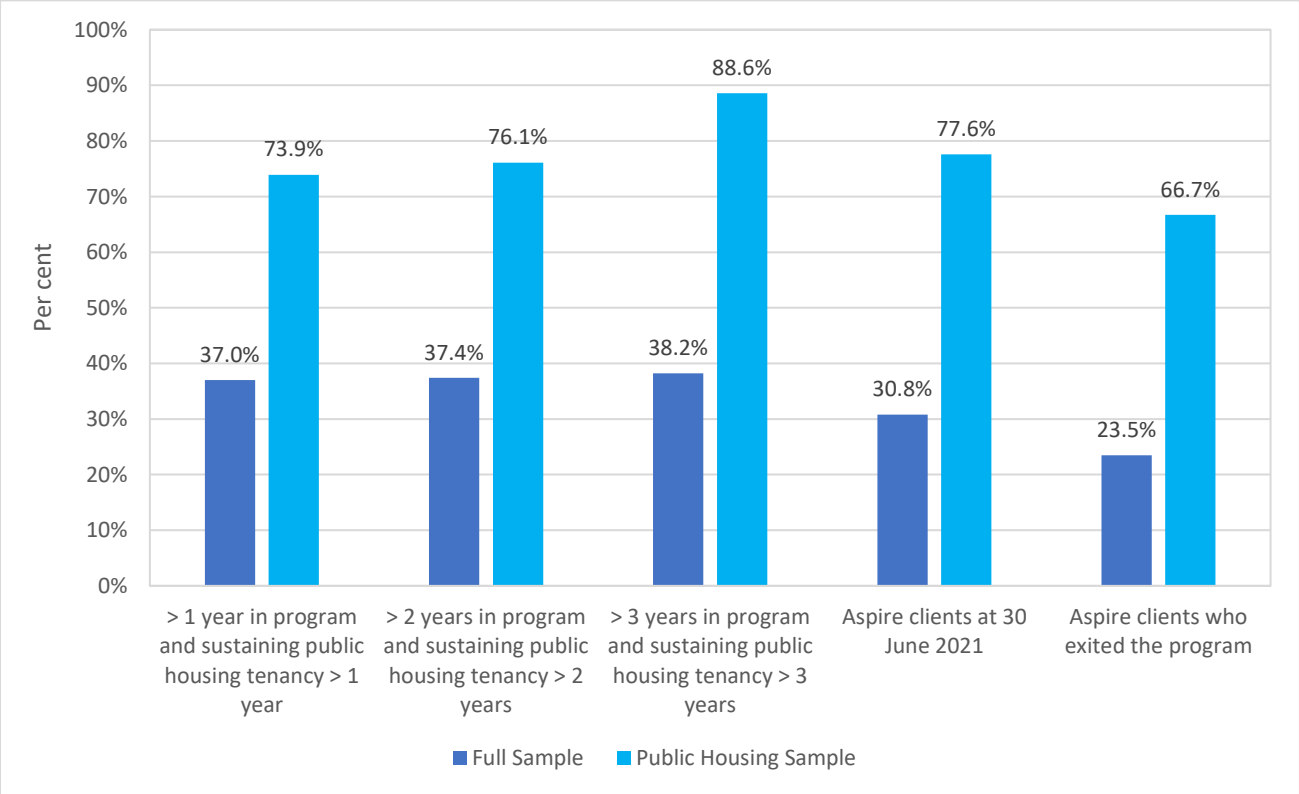
The success of the program was also assessed by comparing housing tenancies achieved during the support period to those achieved prior to entering Aspire for the same number of days they were in the program. That is, if a client received roughly 200 days of Aspire support, their tenancy achievements would be compared against the 200 days prior to Aspire.

The most important finding from Table 7.2 is the very high number of clients that transitioned from homelessness to public housing; 194 commenced a public housing tenancy during their Aspire support period representing 33.7 per cent of the full sample of Aspire clients. A further 34 clients held a public housing tenancy prior to and on entry to Aspire representing a further 5.9 per cent of all Aspire clients.

The public housing data also reveal a very high tenancy sustainability rate; most tenancies achieved during the Aspire period were associated with public housing being maintained at the end of year one, year two, year three, at 30 June 2021 or at exit from the program (exit also including completion of the program for a participant). For example, among the 228 who held a public housing tenancy at some point during the data window, 77.6 per cent were still in a public housing tenancy at 30 June 2021. Among those who transitioned into public housing, the median number of days to attaining a public housing tenancy was 117.5 days and the mean 192.8 days. In other words, for those Aspire clients that entered public housing, over half did so *rapidly* (within four months of entry to the Aspire program). Clients who entered public housing spent more time in public housing than homelessness; around two-thirds of the support period was spent in public housing on average.

Figure 7.2 presents further evidence on the public housing tenancy histories of Aspire clients. The data presented in Figure 7.2 shows tenancy achievement rates for Aspire clients at the various endpoints previously discussed both for clients housed in public housing as well as the full sample of Aspire clients (all 575 clients). This latter group includes clients who did not achieve a public housing tenancy but who may have been housed in another tenure type or remained unhoused. The value of presenting the public housing tenancy achievement data for the full sample is in providing perspective on the contribution of public housing to tenancy attainment and tenancy sustainability across all Aspire clients.

Figure 7.2: Public housing histories (SA public housing data)



Source: Authors' analysis of SA public housing data. Note: endpoints presented relate to completed years in the program.

The staggered cohort entry into Aspire together with the timing of this evaluation (prior to the completion of all Aspire support periods) and the availability of linked administrative datasets makes the analysis of transition into public housing from homelessness and the sustainability of public housing tenancies difficult. For example, less than 50 Aspire clients located in the public housing dataset entered the Aspire program prior to 30 June 2018. This provides a relatively small sample through which to evaluate the sustainability of public housing tenancies at three years into the program, particularly when factoring in early exits from the Aspire program. Of the 228 Aspire clients who either began their support period with a public housing tenancy or attained a public housing post entry to Aspire, 184 individuals had been in the Aspire program for one year, 117 were in the program for two years, and 44 were in the program for three years. Public housing tenancy sustainability outcomes for these three groups were as follows:

- *Aspire clients with one year or more in the program*: 136 or 73.9 per cent of the 184 clients in the Aspire program (>= one year) with a public housing tenancy sustained their tenancy to at least the one-year point following Aspire program entry;
- *Aspire clients with two years or more in the program:* 89 or 76.1 per cent of the 117 clients in the Aspire program (>= two years) with a public housing tenancy sustained their tenancy two years following Aspire program entry; and,
- *Aspire clients with three years or more in the program:* 39 or 88.6 per cent of the 44 Aspire clients maintaining their tenancy three year after program entry).

In addition to estimating the public housing tenancy sustainability outcomes for the above three groups, it is useful to also present tenancy sustainability outcomes to 30 June 2021 (our general cut-off date for post-program analyses in this evaluation) and for those who had exited the Aspire program.

- *Aspire clients at 30 June 2021:* 177 Aspire clients or 77.6 per cent of all Aspire clients with a record of a public housing tenancy to 30 June 2021 sustained their tenancy to 30 June 2021 regardless of their Aspire client status (i.e. whether or not they had exited from the program) or the cohort in which they entered Aspire.
- *Aspire clients who exited the program:* of the 82 Aspire clients in the public housing dataset who exited Aspire (either due to an early exit or completion of the support period), 56 maintained their tenancy at the point of exit (68.3%).

While 30 June 2021 is our general cut-off date for linked administrative data analysis, we have been able to extend the SA public housing analysis beyond the 30 June 2021 point to December 2021 because of the provision of more up-to-date data. Factoring in an additional six months of data reveals further transitions of Aspire clients into public housing. As of December 2021, 280 Aspire clients are now recorded as holding a public housing tenancy at some point between the beginning of the Aspire program and December 2021, an increase of 43 clients over the 237 Aspire clients who are recorded as having a public housing tenancy record to 30 June 2021. This represents 48.7 per cent of the total Aspire client group. Tenancy sustainability results remain very high with 81.7 per cent of people in this group sustaining a public housing tenancy (which may or may not be their first and only tenancy) to December 2021.

Analyses were conducted of available data to assess public housing outcomes pre and post entry to Aspire. If an Aspire client spent 200 days in the program, for example, comparison was made between their public housing tenancy outcomes for the 200 days prior to and following entry to the Aspire program. Where data was not available covering the equivalent days pre- and post-Aspire, the case was not included in the comparison. Of the 228 people in the Aspire program in our 'public housing sample' who achieved a public housing tenancy

at any point up until 30 June 2021, 46 people had a public housing tenancy (or tenancies) in the matched period prior to their involvement in the program, with 34 carried forward into the Aspire period.

The average number of days in which tenancies were held (most being right censored) was notably higher during the Aspire period at 478.6 days (assessed for all 228 clients who had a record of a public housing tenancy), compared with pre-entry to Aspire period at 51.9 days. As suggested by the median of 0, most participants held 0 days of public housing tenancies prior to Aspire. For the 43 clients who achieved a tenancy prior to entering Aspire, the average number of days spent in tenancy was still notably lower than the average post-entry to Aspire, with 275.6 days of tenancy held on average. Only 7.3 per cent of the matched period was spent in a public housing tenancy across clients' pre-entry to Aspire, compared with 69.2 per cent of days spent in a tenancy for participant post-entry to Aspire.

Table 7.3 summarises the comparison of tenancy outcomes before Aspire participation (pre-entry to Aspire) and after program entry (post-entry to Aspire). Clearly, as both completed and uncompleted tenancies are analysed and most tenancies are right censored at the measuring point, days spent in public housing in the post-entry period are gross underestimate of expected days if only completed tenancies were included in the analysis. The findings in relation to both attainment of a public housing tenancy and the sustainability of the tenancy prior to entry to Aspire and post-entry to Aspire underline not only the significant transition from homelessness into housing but also the more stable public housing tenancy profile achieved post-entry into the Aspire program.

Table 7.3: Public housing tenancies pre-entry to Aspire and post-entry to Aspire (SA public housing data)

	Pre-entry to Aspire	Post-entry to Aspire
Average tenancy length (including right censored tenancies)	51.9 days (median = 0)*	470.6 days (median = 433.5)
Proportion of period in tenancy (%)	7.4%	69.2%
Tenancies achieved n (%)		
0	185 (81.1%)	-
1	29 (12.7%)	177 (77.6%)
2	9 (3.9%)	44 (19.3%)
3	4 (1.8%)	7 (3.1%)
4	1 (0.4%)	-

Source: Authors' analysis of SA public housing data. Note: n=228; 43 pre-entry to Aspire. *51.8 days on average includes 185 individuals with 0 days in public housing due to no tenancy acquired. 275.2 days was the average spend in public housing for the 43 people who achieved a tenancy.

7.1.2 Specialist Homelessness Services (SHS) data

Data from the SHS dataset were also used to examine permanent housing at entry and exit from the Aspire program. Type of housing at program entry and exit are shown in Table 7.4. There are 547 Aspire clients who entered the program and for which SHS data are available (there are 28 missing observations in the SHS file) and exit data representing the 473 clients who exited the program at any time between program

commencement and 30 June 2021, including people who left the program by choice and who completed the program.

Some key observations from these data include:

- One in five clients (19.7%) were rough sleeping at time of program entry, and 6.8 per cent (approximately 1 in 14 people) recorded as rough sleeping at program exit.
- The importance of couch surfing homelessness is underlined by the fact that 15.4% of clients were couch surfing on entry (11.0% one exit).
- Clients with no housing tenure reduced from 7.0 per cent at program entry to 2.3 per cent at exit.
- Short-term emergency accommodation increased from 9.7 per cent to 18.2 per cent.

Table 7.4: Accommodation situation at Aspire program entry (n=547) and exit (n=473) (SHS data)

	Program entry		Program exit		Direction
	Frequency	Proportion of clients (%)	Frequency	Proportion of clients (%)	
Rough sleeping	108	19.7	32	6.8	↓
Couch surfing	83	15.2	52	11.0	↓
No tenure	38	7.0	11	2.3	↓
Short term emergency accommodation	53	9.7	86	18.2	↑
Residential facility	-	-	2	0.4	↑
Rent free	42	7.7	33	7.0	↓
Renter	137	25.0	192	40.6	↑
Owner	1	0.2	1	0.2	-
Institution	66	12.1	20	4.2	↓
Unknown	19	3.5	43	9.1	↑
Contradictory	-	-	1	0.2	↑
Total	**547**		**473**		

Source: Authors' analysis of SHS data.

Housing tenure at program entry and exit was also evaluated for Aspire clients (Table 7.5). Data available at exit for Aspire clients, however, are limited, with only 134 completed entries. Among the 556 complete data at entry, the highest proportion had no tenure (33.8%) or were in emergency accommodation (19.6%), a boarding house (14.4%) or in private rental housing (13.7%). At exit, the highest proportion of clients (for whom exit data were available) were in public housing (44.0%) reinforcing the findings from the SA Public Housing data of a major shift from homelessness to public housing.

Table 7.5: Housing tenure at Aspire program entry and exit (SHS data)

	Program entry			Program exit		
	Frequency	Proportion of clients (%)	Valid proportion of population*	Frequency	Proportion of clients (%)	Valid proportion of population*
Renter - boarding/rooming house	80	13.9	14.4	6	1.0	4.5
Renter - caravan park	3	0.5	0.5			
Renter - community housing	10	1.7	1.8	3	0.5	2.2
Renter - emergency accommodation/shelter	109	19.0	19.6	4	0.7	3.0
Renter - other renter	36	6.3	6.5	2	0.3	1.5
Renter - private housing	76	13.2	13.7	9	1.6	6.7
Renter - public housing	36	6.3	6.5	59	10.3	44.0
Renter - transitional housing	6	1.0	1.1			
No tenure	188	32.7	33.8	6	1.0	4.5
Other tenure type not elsewhere specified	1	0.2	0.2			
Don't know	11	1.9	2.0	45	7.8	33.6
No data	19	3.3	-	441	76.7	-

Source: Authors' analysis of SHS data. Note: Valid proportion is calculated based on completed reports only, and for exit data reflects the 126 people for whom completed exit data exists.

When analysing the entry status for the 134 people with exit data, most had no tenure (43.3%; n=58) or were in a boarding house (13.4%) or emergency accommodation (19.4%). Among this group for whom entry and exit data were available, only one person was in public housing (0.7%) at program entry, compared with 59 at exit.

7.1.3 Hutt St Centre data

The final dataset we examine in this profile of housing outcomes is the Hutt St Centre data. Hutt St Centre maintained two separate datasets which include housing data for the Aspire program: a database specifically to keep records of housing outcomes and the Penelope case management system, in which housing information was one domain among many.

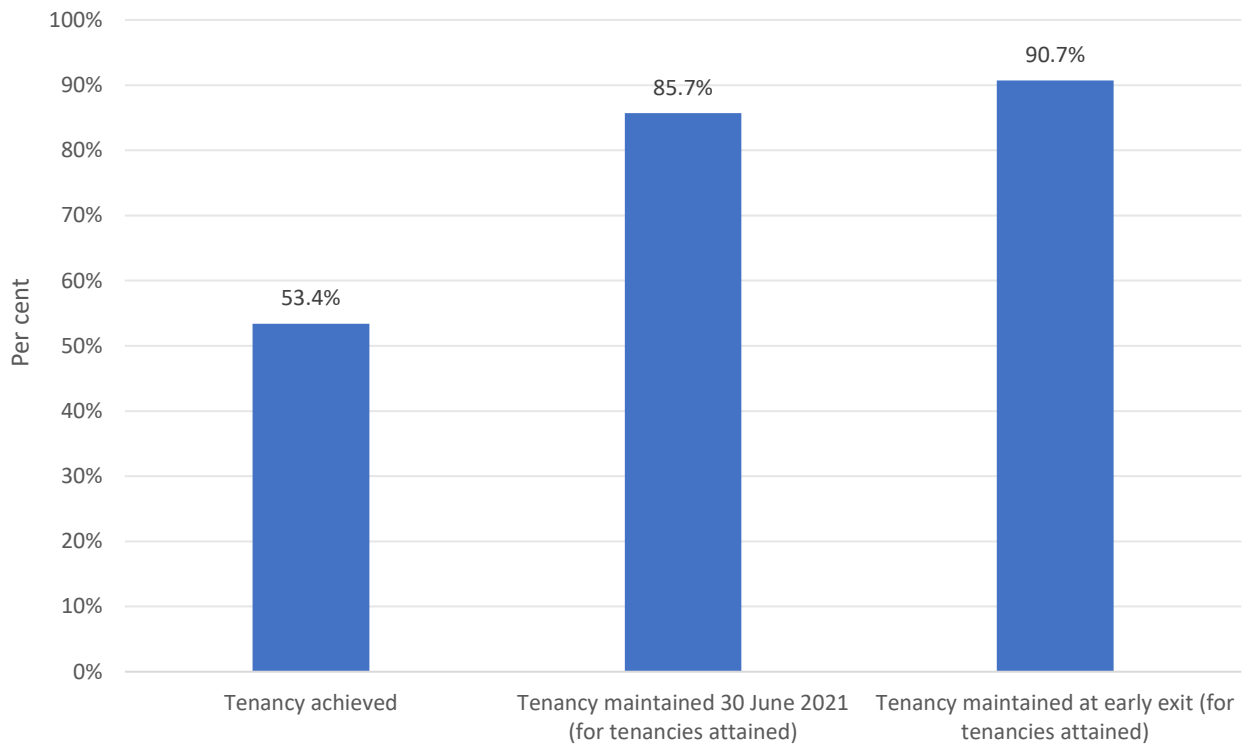
At 30 June 2021, housing records exist for 307 Aspire clients in Hutt St Centre's housing-specific dataset. Among this group, the majority achieved a housing outcome through public housing provided by the SA Housing Authority (61.5%, n=192) and private rental housing (1.7% n=7), while the remaining 34.7 per cent of clients (n=118), are presumed to have acquired a community housing tenancy. (Detailed information on community housing records are not available in the Hutt St data.) Tenancy type was not available for six tenancy records.

When these Hutt St Centre's housing-specific data are considered as a proportion of all 575 clients in the Aspire program who had a housing outcome recorded at any time during their participation in the program up to 30 June 2021 (53% of all clients, n=307), 1 in 3 people (33%) achieved a public housing outcome, only 1.2 per cent of people achieved private housing, 1 in 5 people were housed in community housing and almost one in two people (47.0%) had no recorded housing outcome. In presenting these data, it is important to note that this dataset itself is incomplete and housing achievements were identified in H2H records that did not correspond to Hutt St Centre's case management system. These observations point to the value of regular audits of data to ensure consistency and the robustness of the data from which observations and decisions are made.

Figure 7.3 presents data on the attainment and sustainability of tenancies from the Hutt St Centre housing data. In total, 307 of the 575 clients attained a tenancy in the Hutt St Centre housing dataset, representing 53.4 per cent of all Aspire clients. Of these 307 clients that attained a tenancy, 85.7 per cent maintained a tenancy as at 30 June 2021. Represented as a total proportion of the 575 Aspire clients, 44.4 per cent of all Aspire clients held a tenancy as at 30 June 2021, with this population including the not insignificant number of program clients who did not achieve a housing outcome during their time (however long) in the program.

In total, 281 of the 307 clients in the dataset exited the program (either exited early or exited at completion of the support period), with 90.7 per cent maintaining their tenancy at the point of exit (n=255). The average time until achieving a first tenancy as an Aspire client was during the Aspire period was 156 days (median = 104 days).

Figure 7.3: Tenancy status of Aspire program clients (Hutt St Centre-housing data)



Source: Authors' analysis of Hutt St Centre data.

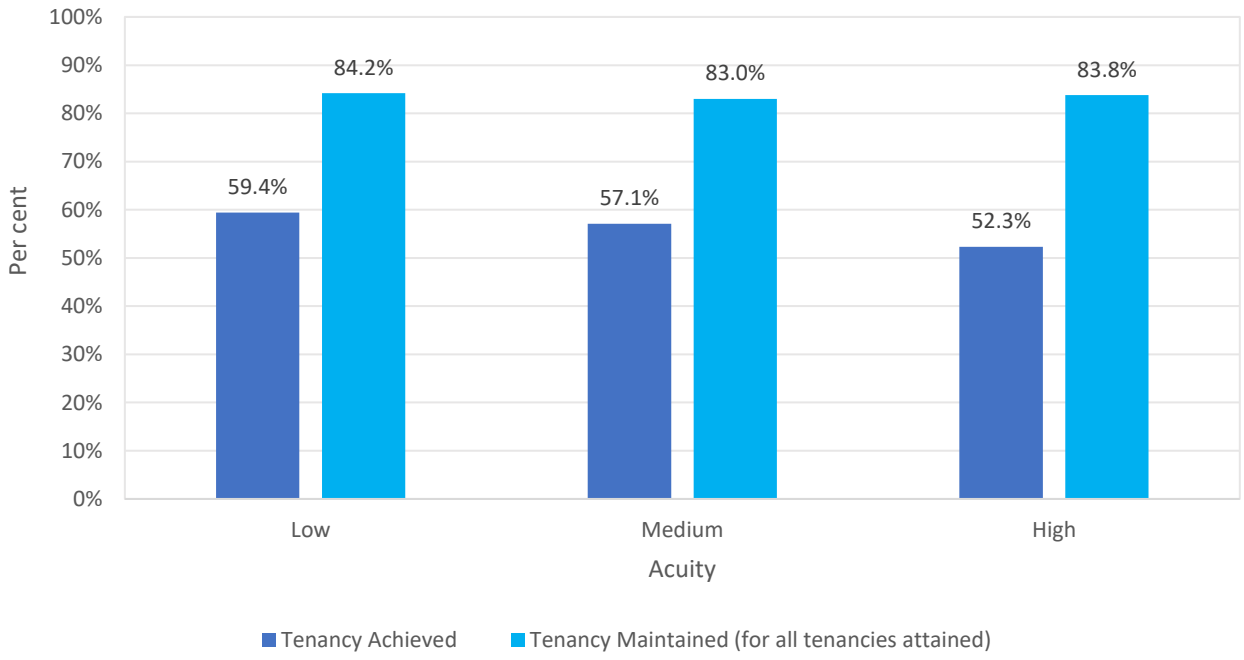
Data were also sourced directly from the Hutt St Centre-Penelope program database to further explore housing tenure outcomes. In this database, details regarding the type of housing tenure are only available from 30 June

2019 onward. Prior to that time, the Hutt St Centre-Penelope program database records whether permanent housing has been attained but not the tenure type.

According to the Hutt St Centre-Penelope program database, a tenancy of any type was achieved by 46.3 per cent of the whole Aspire program participant group (266 out of 575 clients), any time between program entry and program exit or 30 June 2021 as our critical data endpoint for the evaluation. Around 4 in 5 people of these 266 people (81.3%) have maintained these tenancies over time, i.e. at any time of exit from the program and post Aspire participation (as Hutt St Centre are able to confirm the tenancy maintenance status of some clients post Aspire).

A further view of tenancy maintenance trends among Aspire clients was possible for our analysis considering tenancy outcomes alongside VI-SPDAT measured acuity. Such data analysis notes a slightly higher proportion of clients considered low and medium acuity with the VI-SPDAT2 achieving a tenancy (59.4% and 57.9% respectively), compared with 52.3 per cent of people considered *high* acuity housing and support needs (Figure 7.4). Notably, of the people who achieved a tenancy of any type, the Hutt St Centre's records show that the majority maintained their tenancy across their involvement with the program: 84.2 per cent tenancy sustainment for people with low VI-SPDAT measured acuity; 83.0 per cent medium VI-SPDAT measured acuity and 83.8 per cent high VI-SPDAT measured acuity.

Figure 7.4: Tenancy status of Aspire clients by VI-SPDAT measured acuity (Hutt St Centre-Penelope program data)



Source: Authors' analysis of Hutt St Centre data.

From June 30 2019 onwards, the Hutt St Centre-Penelope database records the tenure type of the housing attained. Of the 266 Aspire clients with recorded housing tenure outcomes, 132 have the more detailed tenure type information. Table 7.6 presents the information for these 132 Aspire clients. The majority of housing acquired was public housing (53.8%), followed by community housing (30.3%). Comparatively smaller numbers

[2] The VI-SPDAT being deployed at program entry.

of boarding house and private rental tenancy outcomes were acquired by or for clients. Within the Hutt St Centre data is a data item illuminating reasons for change in housing situation for clients after acquiring a tenancy. While these data are limited, they show some important reasons for such changes in people's tenancy, as shows in Table 7.7, with a need to change properties the dominant reason in this limited dataset.

The Hutt St Centre data shows the average time until a tenancy was attained for clients was 148 days (median = 98 days).

Table 7.6: Type of housing tenure achieved during Aspire period (Hutt St Centre-Penelope program database)

	Frequency	Proportion of participants (%)	Valid proportion (% of complete records)
Boarding house	13	2.3	9.9
Community housing	40	7.0	30.3
Private rental	7	1.2	5.3
Public housing	71	12.4	53.8
Share house - but no lease	1	0.2	0.8
No data available	443	77.0	-

Source: Authors' analysis of Hutt St Centre data Source: Hutt St Aspire program data (data available for period June 30 2019 onwards only).

Table 7.7: Reported reason for change in tenancy (Hutt St Centre-Penelope program database)

	Frequency	Proportion of participants (%)	Valid proportion (% of complete records)
Changing properties	6	1.0	40.0
Participant request	3	0.5	20.0
Death	1	0.2	6.7
Evicted (behavioural)	2	0.3	13.3
Evicted (non-payment of rent)	2	0.4	13.3
Incarceration	1	0.2	6.7
No data available	560	97.4	-

Source: Authors' analysis of Hutt St Aspire program data (data available for period June 30 2019 onwards only).

7.1.4 Summarising housing outcomes

As there are differences in numbers and types of tenancies captured in each dataset, records were combined across datasets to produce best estimates of tenancy achievements during the Aspire period. For instance, Hutt St captured information regarding a diverse array of housing (i.e. public, community, private), but when cross-referencing with the public housing dataset several tenancies were absent in the Hutt St Centre data provided. This is not surprising as the public housing dataset will pick up transitions into public housing that the Hutt St Centre would not have been aware of if participants had exited the program or lost contact with Hutt St.

To provide a comprehensive picture of housing outcome for Aspire participants, we combine the public housing records with the Hutt St Centre databases. The analysis was restricted to the period to 30 June 2021 and utilised the public housing sample (which excluded Aspire participants who transferred into public housing after the end of the support period). As noted previously, recently supplied public housing data revealed additional transfers from homelessness to housing in the period 30 June 2021. If a person was noted as having a tenancy in any dataset, they were considered to have achieved a tenancy during the Aspire period overall.

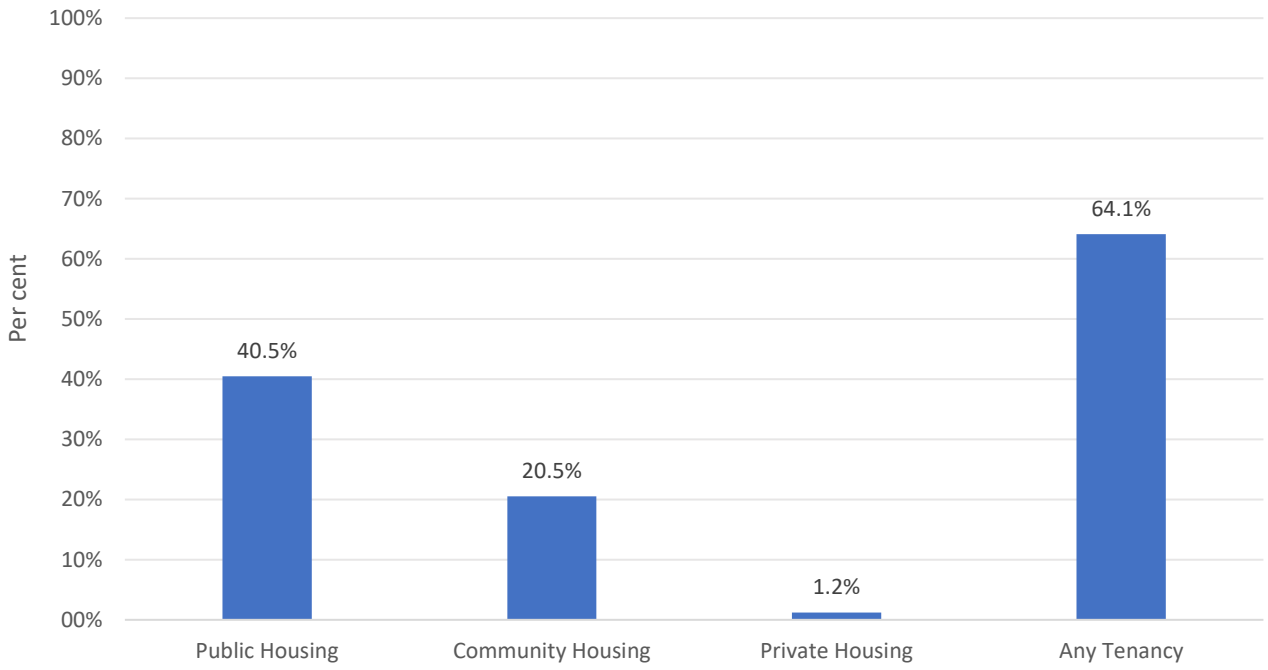
Considering all datasets supplied, 369 of the 575 participants in the Aspire program (64.1% of Aspire clients) achieved some form of tenancy within their period of involvement with the Aspire program. The housing tenure outcomes up to a 30 June 2021 cut-off are as follows:

- Public housing: 233 (40.5% of all Aspire participants)
- Community housing: 118 (20.5% of all Aspire participants)
- Private rental housing: 7 (1.2% of all Aspire participants)
- Tenure not specified: 11 (1.9% of all Aspire participants).

The average time Aspire participants waited to be placed in a new home is 180.1 days (~5.9 months) across the data sets, with a median of 109 days (~3.6 months). Roughly 1 in 2 people (56.4%) maintained their tenancy as at 30 June 2021 (of the 370 individuals remaining in the program at this time period).

Figure 7.5 presents a breakdown of each type of housing achieved across the different datasets. In total 1 in 2 participants overall (40.5%) achieved public housing, 1 in 5 (20.5%) community housing and a very small number (1.2%) achieved a private rental housing outcome. Overall, this means that nearly 2 in 3 people in the program (64.2%) achieved a tenancy of any type.

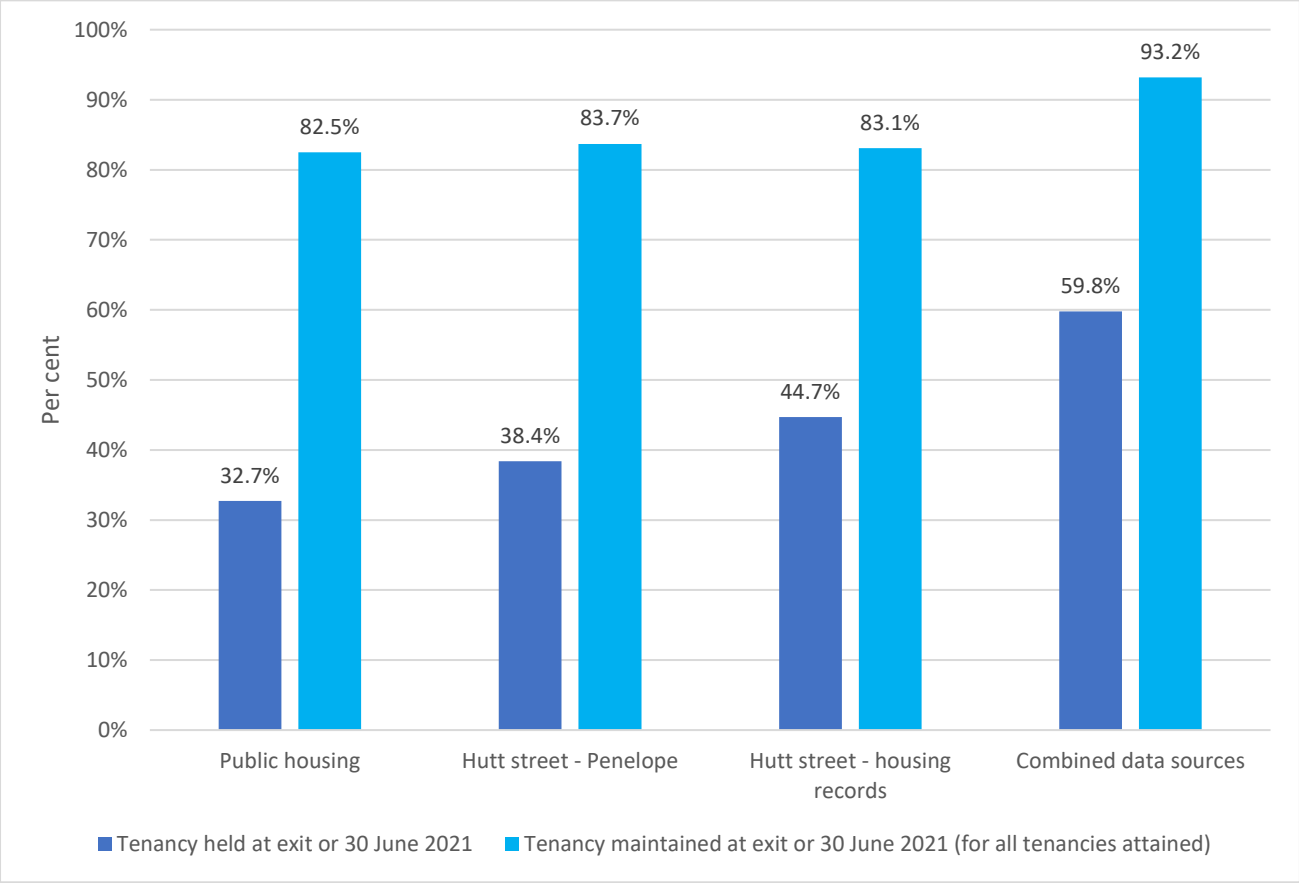
Figure 7.5: Type of housing achieved by Aspire participants



Source: Authors' analysis of public housing and Hutt St Centre data.

As shown in each dataset, a notable proportion of tenancies were held at 30 June 2021 or at exit from the program (Figure 7.6). For public housing, 32.7 per cent of the 575 participants in the program held a tenancy at 30 June 2021 or at exit from the program. Of the 233 participants who achieved a public housing tenancy according to all data sources, 82.5 per cent maintained their tenancy until early exit. In the Hutt St Centre program dataset, 38.4 per cent of the 575 Aspire participants had held a public, community, or private tenancy as at 30 June 2021, with 83.7 per cent of those who achieved a tenancy maintaining it until 30 June 2021 (n=221). According to the housing records dataset, 44.7 per cent of the 575 Aspire participants held a tenancy as at 30 June 2021, with 83.1 per cent of participants who achieved a tenancy maintaining this tenancy according to available records. Combined, 59.8 per cent of all 575 participants were identified as holding a tenancy as at exit from the program or as of 30 June 2021. Out of 369 who achieved a tenancy when combining all data sources, 93 per cent maintained their tenancy as at 30 June 2021 or at the point of exit from the program.

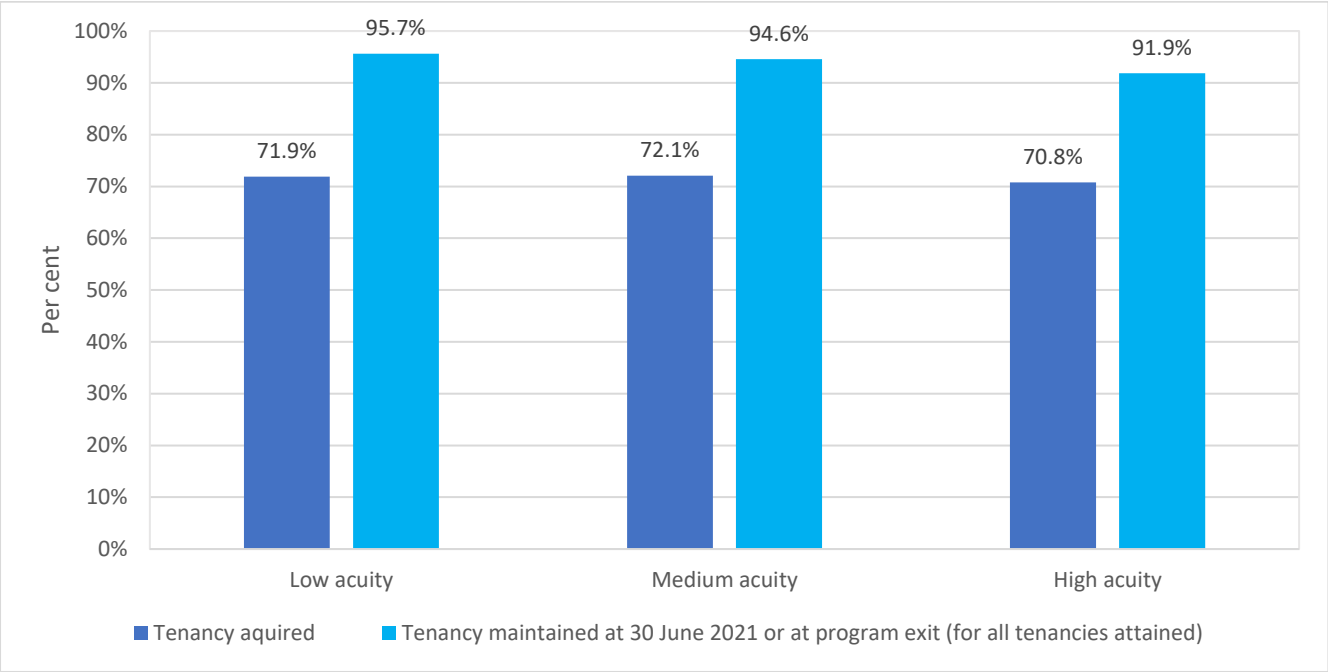
Figure 7.6: Tenancy held by all Aspire participants (all data sources)



Source: Authors' analysis of public housing and Hutt St Centre data.

As is highlighted in Figure 7.7, the acquisition and maintenance of tenancies was comparable across VI-SPDAT measured acuity.

Figure 7.7: Tenancy held by Aspire participants by VI-SPDAT measured acuity



Source: Authors' analysis of Hutt St Centre data.

7.1.5 Housing supply and wait times

By June-2021, Aspire had placed 369 clients in housing. Out of 369 who achieved a tenancy, 93 per cent maintained their tenancy as at 30 June 2021 or at the point of exit from the program. Expanding the data window of housing records from 30 June 2021 to December 2021 is found to identify an additional 43 tenancies achieved after 30 June 2021, suggesting the impact of the Aspire support period on housing period may be understated in the current evaluation and that the Aspire support has a lasting impact on positive housing outcomes.

The low rate of eviction for Aspire clients is pleasing and testament to the value of sustained wraparound post-housing supports and the lower case numbers assigned to workers as part of the Aspire program design. The housing results are excellent considering that a lack of available and appropriate housing means Aspire is not able to implement a Housing First approach in practice. The problem of an inadequate housing pipeline is the defining challenge for Aspire. Lack of appropriate available housing, especially for clients with complex needs, was also an issue for the London Homelessness SIB (Mason et al. 2017). As discussed in Section 2.3, this is a widely recognised problem with implementing Housing First approaches in Australia, particularly at any sort of scale (see, for example, Johnson 2012; Kertesz and Johnson 2016; Pleace 2018). It was originally hoped that Aspire would be able to overcome the structural housing challenge, but this has not proved to be the case and some clients receive non-housing supports through the program for long periods before being housed. The average time Aspire clients entering the program up to 30 June 2021 waited for housing was four and a half months, while the median time was three months; of the year 1 cohort who completed their three years of Aspire participation in 2021, 9 per cent had not yet been allocated permanent accommodation (Social Ventures Australia 2021).

SAHA was described as 'coming to the rescue' by helping Aspire to access a steady supply of public housing properties. Clients are well aware of the housing supply issue. As David observed:

> It's a bit of a problem really because what can Aspire really do? What are people meant to do, spend another year on the street? They need the tools to help you, like housing.

Aspire aims to house clients in greatest need as a priority, though this means other clients are pushed down the housing wait list. When unable to rapidly source housing, Aspire staff work with clients and services to accommodate people in temporary arrangements, such as staying with friends or in a boarding house or share house, while they wait to be offered a tenancy. As one staff member noted, 'sometimes the best we can do is just support them in that moment and be honest with them'. It has taken enormous effort by the Aspire program's housing coordinator in particular to keep the housing wait list at a somewhat manageable level. Case navigators demonstrate creativity, flexibility and agility in order to provide clients with other meaningful supports while they are awaiting housing. The number of clients on the housing wait list has been steadily decreasing since intake into the Aspire program paused in mid-2021, though the intake of new clients from 2022 based on the extension funding may have pushed wait list numbers back up.

The Aspire team includes a dedicated housing coordinator with significant experience and networks in the SA housing sector. This specialist housing expertise within the Aspire team appears to have played a key role in the program doing as well as it has in securing positive housing outcomes for clients under difficult circumstances. Notwithstanding the dearth of available properties and the delays in securing housing for many clients, Aspire still manages to take individual needs into account when matching clients to properties. This was an important element of the program design, which recognised that just placing people in the first available property, regardless of whether it suits them, does not necessarily produce sustainable outcomes. As one key stakeholder noted, Aspire aimed to ask clients 'what does community and neighbourhood mean to you?' and facilitate housing outcomes accordingly.

The Aspire participants who were interviewed are all very satisfied with the properties they have been housed in through Aspire and have successfully maintained tenancies over sustained periods of time. Those clients who had been in social housing properties for longer than the 12-month probationary period had been converted to five year tenancies. Interviewed clients reported that Aspire's ongoing support was critical to their ability to maintain their tenancies in the year after being housed, but said they felt increasingly self-sufficient beyond that point. This is likely to be highly variable across the participant group, with some people benefiting from supports in this area for longer than others.

The housing outcomes for Aspire clients compare favourably with those for other (ostensibly) Housing First programs in Australia. For example, at 30 September 2019 the 50 Lives 50 Homes program in Perth, which provides clients experiencing homelessness with wraparound supports for as long as required, had housed 162 of its 341 clients (48%), with a median wait time for housing of five months and housing retention rates of 81 per cent after one year and 71 per cent after three years (Vallesi et al. 2020b). For the J2SI program, 62 per cent of the 37 clients in the largest matched sample were in permanent housing after three years in the program (Sievwright et al. 2020).

7.1.6 Relationships with community housing providers

Getting clients housed as quickly as possible to provide a solid foundation for delivering non-housing supports is an important element of Aspire. The initial program design included commitments from several local CHPs, in the form of Memoranda of Understanding (MoUs), to contribute to a pipeline of appropriate properties for Aspire clients. For example, Unity Housing agreed to provide six properties per month and Housing Choices Australia agreed to provide nine properties over the course of each year.

It became evident around the time of program launch, however, that some of the CHP partners would not be in a position to fully meet their commitments and the housing pipeline would be insufficient to rapidly house all incoming Aspire clients. Aspire had no contractual lever to pull to hold CHPs to their agreements to supply housing. Partner CHPs did provide some properties for Aspire clients and have continued to do so over the life of Aspire so far, but fewer properties than hoped for have been made available, which has compromised the housing outcomes Aspire has been able to achieve.

The evaluation found a range of factors contributing to the lower-than-expected number of community housing properties available for Aspire clients. Timing is often an issue. It is difficult for CHPs to plan property availability in advance or over time, and they do not necessarily have suitable properties available for Aspire clients at the time housing is being sought for them. Not surprisingly, CHPs aim to keep properties tenanted and cannot hold suitable vacant properties in reserve until they are required. At the same time, CHPs can find themselves with properties that are vacant but require maintenance or repair work before they can be tenanted. CHP representatives interviewed for the evaluation reported that property maintenance had been problematic during the COVID-19 pandemic, with long waits for building materials and the services of tradespeople.

The time since Aspire was launched has coincided with worsening housing market conditions, especially very low private rental vacancy rates and worsening housing unaffordability (record low vacancy rates as the pandemic has continued into 2022). Trends in the private rental market (which also relate to unaffordability in the home purchase market) mean a highly competitive private rental market, with significant pressure on low cost options and people priced out of the private sector looking to social housing as the affordable option. Securing private rental outcomes for people proved much more difficult than anticipated when Aspire was conceptualised and increased the reliance of the program on social housing options.

The evaluation findings also suggest that there is considerable discretion exercised by CHPs in relation to who they choose to house. This is sometimes beneficial for everyone involved – CHPs aim to match people with appropriate properties, increasing the likelihood of successful tenancies and promoting what one CHP representative described as 'placemaking'. Sometimes, however, the allocation process is more about matching properties with 'appropriate people'. The CHP representatives who were part of the evaluation all had considerable experience housing people with support needs, and deep insight into the relationship between housing and supports for people with these needs. They nevertheless viewed themselves as 'landlords' and were clear that they were housing providers, *not* support providers. The landlord lens inevitably means that CHPs will prefer tenants who are most likely to pay their rent, take care of their properties and cause few problems for busy CHP housing officers to resolve.

In theory, being an Aspire participant should enhance a prospective tenant's appeal because they have long-term post-housing support. Problems with the tenancy are less likely to arise with the supports that are in place, and any issues that do emerge can be referred to case navigators to work through with clients. This benefit was not always recognised by CHPs in practice, however. Aspire staff reported that CHPs sometimes appeared to prioritise other prospective tenants over Aspire clients, who were perceived as being high risk due to their complex needs. This perception eased somewhat over time as community landlords came to see that the wraparound supports provided to Aspire clients decreased the risk of them experiencing difficulties with their tenancies. From 2021, however, as Aspire was seen to be entering a winding down phase, community landlords again became hesitant due to concerns that clients' supports would soon be withdrawn.

Feedback from the five CHP representatives who were part of the evaluation indicated that while they were generally very positive about Aspire, some ambivalence remained about the extent to which Aspire

participation enhanced the appeal of prospective tenants. The CHP representatives affirmed that access to post-housing supports was a key contributor to successful, sustainable tenancies, particularly for people who had been experiencing chronic homelessness and/or had significant support needs. CHP representatives reported that the majority of Aspire clients they housed experienced successful tenancies, and that in most cases CHPs have good relationships and open communication with Aspire staff. The long duration of the post-housing supports, and the capacity to ramp the intensity of supports up or down as required, are considered key elements of Aspire.

All the CHP representatives wanted to see a program like Aspire continue into the future and they made a number of positive observations. One noted 'it's so fabulous to have long-term supports that help sustain the tenancy'. Another, commenting in relation to a CHP housing officer with several Aspire tenants said:

> It works beautifully, she has nothing bad to say about Aspire, she actually wants the Aspire clients because she knows that she can pick the phone up and speak to the support worker, it's very good.

CHP representatives said they sometimes had problems with prospective tenants going through the allocations process and then deciding they didn't like a property and declining it, which could cause additional work and delays filling vacant properties. This was not, however, an issue with Aspire clients. CHP representatives observed that Aspire staff did a good job of managing clients' expectations so that they were realistic about what sort of properties were available.

Notwithstanding this overall positivity about Aspire, CHP representatives noted three important provisos. The first was that a careful allocations process is critical to ensure a good match between tenant and property. The second was that in a small number of cases tenancies were put at risk by supports being tapered too quickly after people were housed. The third was that some Aspire clients are 'not ready to be housed' and/or 'not ready to engage'.

This third proviso points to tensions between Aspire's Housing First approach and the more traditional 'staircase' or 'housing readiness' model still favoured by some service and housing providers (see Section 2.3). At least some CHPs do not believe people should be housed safely and securely simply because they are without a house. There is still a view that some people are 'on a housing journey', as one CHP representative described it, that involves several stages: stabilisation in short-term accommodation such as a boarding house, followed by some form of transitional accommodation, before finally progressing to a social housing tenancy. Furthermore, it was observed that some people will *never* complete this journey and be ready to sustain a tenancy. In some cases, this might mean a supportive housing option is appropriate, but being accommodated indefinitely in a boarding house setting is also viewed by some providers as a suitable housing arrangement for some people.

What the journey to housing readiness actually looks like on this view was not fully articulated by CHP representatives when questioned. Reference was made to people being 'willing to engage' with both support providers and housing providers before tenancies could be successful. Lack of engagement was framed as arising from a problem with the client rather than with providers (such as not adequately addressing people's needs or persisting with outreach efforts). There was some implication that behaviour change by clients was needed before they could be securely housed, but this was not explicitly stated.

Managing risk emerged as a key concern for CHPs in the evaluation. CHPs must take a pragmatic approach to allocating their housing under less-than-ideal circumstances, and they can hardly be blamed for acting rationally in what they perceive to be the best interests of their organisations and broader client cohorts. CHP

representatives pointed out that in the normal course of events, clients are housed, their three-month case management period ends, and CHP housing officers (who are not support providers or case managers) are the ones left to pick up the pieces if tenancies go awry. Past experience has no doubt led to some wariness among CHPs, and a sense of realism prevails over idealism. One representative's comment was typical: 'The community housing sector is an incredibly vulnerable and fragile area. So for us to expect that all the tenancies will run smoothly is totally unrealistic'.

7.1.7 The shortage of affordable and appropriate housing

The lack of affordable appropriate housing is a fundamental systemic issue. Aspire could not overcome it and could not ameliorate it, regardless of whether the CHP pipelines eventuated or not. Without additional supply coming into the system, the CHP pipelines would just have meant Aspire clients were prioritised for housing over others experiencing homelessness or precarious housing in Adelaide. As one stakeholder observed, 'the demand for public and community housing is so congested.' Securing affordable and appropriate housing for everyone who needed it was described as 'fighting a losing battle'. Another stakeholder noted:

> The lack of affordable housing hasn't changed, so we're all competing for the same housing stock and the number of people requiring support is increasing…we're all banging our heads against the same wall.

In effect, the Aspire clients most in need *are* prioritised over people deemed to have less need (within and outside Aspire) as part of the public housing allocations process. There is an argument that being an Aspire participant by itself should not necessarily allow someone to leapfrog over others in the housing queue. There is also a counterargument that in order to maximise overall social outcomes, rapid housing should go hand in hand with wraparound non-housing supports.

Key stakeholders repeatedly emphasised that the 'wicked problem' of chronic homelessness would not be resolved without an affordable housing supply strategy. Post-housing supports provided by a program like Aspire are vital, but the housing is needed first. As one stakeholder noted, supports are important, but 'housing is the solution to homelessness…someone needs to put some capital back into this system'. Observations were made that under the National Housing and Homelessness Agreement, the Australian Government, not just the state and territory governments, needed to be part of this solution.

Some stakeholders thought that addressing homelessness depended on affordable housing supply dedicated for this purpose rather than one of the many competing needs affordable housing must address. Comments were also made about the value of linking housing supply with supports. This was incorporated into the Aspire program design, but in program implementation, housing supply was effectively decoupled from support provision.

As noted in Section 7.1.4, Aspire's capacity to house people has been undermined by broader structural issues outside its control. Key stakeholders described a multi-pronged plan to secure housing supply that was developed during the program design phase. Very early in program design, the range of options that were identified and pursued included:

- capital development of new housing associated with Aspire, possibly through the National Rental Affordability Scheme (NRAS), which subsidised housing providers to provide eligible tenants with rents at 20 per cent below market rates;
- working with the real estate industry to identify affordable private rental properties;

- agreements with CHPs for supply of properties; and
- public housing through SAHA.

All of these options were compromised by external shifts. NRAS was ended with no rental subsidy scheme replacing it. Housing price rises led to private landlords selling their properties or increasing rents, while the rise of online platforms such as Airbnb led to some properties being withdrawn from the rental market to become short stay accommodation. A tightening private rental market had the flow-on effect of increasing demand for social housing. Meanwhile, a lack of investment in new affordable housing development meant demand increasingly outstripped supply. The life of a SIB from development through implementation can stretch over a decade, during which time there is potential for external factors outside the control of the SIB parties to shift in ways that significantly impact on program outcomes. This was reported to have occurred in the case of the London Homelessness SIB (Mason et al. 2017) and it occurred in the case of Aspire.

7.1.8 Program engagement pre-housing

Prior research suggests that long waits for housing can mean that access to supports is delayed or they are less effective (Bullen and Baldry 2018, 2019; Bullen and Fisher 2015; Johnson 2012; Kenny 2016; Kuzmanovski 2018). The wait for housing, however, does not appear to have compromised clients' engagement with Aspire, with one stakeholder noting 'to be honest, it's worked without having all the housing'. The intensity of other supports offered, and the strong relationships built with case navigators, promote engagement despite housing being delayed. Key stakeholders involved in the program design report being surprised at the high levels of program engagement by clients while they are waiting for housing, attributing it to the quality and commitment of Aspire staff and their open communication with clients. As one key stakeholder with in-depth knowledge of Aspire observed:

> This is the thing that I found really, really interesting about Aspire. People have stayed engaged for up to like over a year with their caseworker, without housing. That in itself is massive. It's a trust building relationship. I think there's lots of things that people were doing in the meantime. People were getting connected to a community. I know that there was one person who was rough sleeping, his caseworker took him to a bicycle fixing club. He made friends through that and then started going riding with people…knowing that housing was going to come eventually. But they [caseworkers] would make no promises, and I think one of the key things is that they were transparent about it.

Notwithstanding the progress that is made with many clients even before they are housed, key stakeholders and program staff who were interviewed were in agreement that fidelity to both the Housing First model and Aspire's original program design had been compromised by the lack of housing supply.

Some referrers said they saw the wait for housing as a significant departure from what they had expected, and hoped for, from Aspire. It was initially thought that Aspire participation would come with a rapid, if not immediate, housing offer. When it became evident this was not the case, referrers had to revise their own expectations and the way they talked about the program with clients. As one referrer observed:

> I remember thinking at the time I need to change the way I'm pitching this program because it's not necessarily going to lead to more housing pathways in the community housing space like we thought was going to happen.

One stakeholder thought that before clients were housed, Aspire was really delivering the same case management service as other SHS providers, its point of difference being post-housing supports. This stakeholder also speculated about the potential for clients to become frustrated with Aspire when they find

themselves waiting for housing, making it harder for case navigators to build strong trusting relationships with clients. Frontline Aspire staff report that being honest and transparent with clients helps to defuse this possibility. These tensions would be resolved, of course, if the supply of public housing, and/or other affordable and appropriate housing options, was increased.

Aspire still achieves strong housing outcomes as nearly all clients are eventually housed, but long wait times do affect service delivery and are likely to have reduced the capacity for clients to benefit from non-housing supports while they are on the wait list. Program staff are able to keep in close contact with clients while they wait, help them to find temporary housing solutions, and begin to work with them around non-housing supports. Clients reported beginning to benefit from Aspire even while they were waiting for housing, and for some, their temporary housing solutions were not particularly problematic. For others, however, their recovery processes were somewhat stalled while they waited for housing and being allocated a tenancy felt like a big (and necessary) step forward for them. Lachlan described the wait for housing as 'a Darwinian situation, like survival of the fittest'. Bill explained that his case navigator helped him find boarding house accommodation while he waited, but being around other drug users in that environment started to derail his journey towards getting clean.

Key finding 11
The Aspire program has a Housing First philosophy but not been able to fully put it into practice due to a lack of available and appropriate housing and this has compromised the benefits of the program for clients.

Key finding 12
Most Aspire clients remain highly engaged in the program while waiting for housing, with this engagement underpinned by strong relationships and open communication with case navigators, the provision of non-housing supports and the development of community connections.

Key finding 13
Participation in the Aspire program is associated with positive housing outcomes for clients in relation to securing and maintaining tenancies and exiting homelessness.

Recommendation 8
To maximise the benefits of any potential future iteration of Aspire for participants, the program needs to secure access to a reliable housing pipeline to facilitate rapid housing and rehousing of participants.

7.2 Use of specialist homelessness services

People experiencing homelessness are, obviously, heavy users of SHS (some SHS clients are not actually experiencing homelessness but are at risk of becoming homeless). A key indicator of Aspire's effectiveness in reducing people's service access is clients' use of emergency accommodation services provided by SHS during their participation. This indicator is also one of the three used to assess investor returns for the Aspire SIB. As noted in Table 5.2, in year 4 of the program Aspire clients recorded just 0.4 periods per person of emergency accommodation use, a reduction of 65 per cent compared with the revised counterfactual dataset.

The year 4 reduction in SHS use was a little lower than the 71 per cent reduction recorded in year 3 of the program. Year 3 (mid-2019 to mid-2020) was unusual as many people experiencing homelessness were temporarily housed in motels as part of the SA Government's response to the COVID-19 pandemic and this accommodation was not counted as an emergency accommodation period. Years 1 and 2 of the program also

showed decreases in clients' use of emergency accommodation. In year 1, Aspire clients recorded 0.7 periods per person of emergency accommodation (64% less than the original counterfactual) (Social Ventures Australia 2018), while in year 2, they recorded 0.5 periods per person (a 75% reduction on the original counterfactual) (Social Ventures Australia 2019).

The association between Aspire participation and reduced need to access short-term accommodation is evident in more detailed analysis of SAHA data on clients' use of emergency hotel accommodation before and during their attachment to the Aspire program. These data include both the number of hotel stays that were accessed and the length of stays (total bed nights). The average number of times clients accessed a hotel as emergency accommodation decreased from 2.8 times per person per year before Aspire to 0.6 times after Aspire entry. Total bed nights decreased from 63.2 before Aspire participation to 16.4 after Aspire entry. Decreased access to emergency hotel accommodation was common across all participant groups. The decrease is particularly significant because many clients wait some time between Aspire intake and being allocated appropriate long-term housing and may still have a need to access emergency accommodation during this period.

Key finding 14
Participation in the Aspire program is associated with decreased use of emergency accommodation services.

7.3 Use of health services

As discussed in Section 2, people experiencing homelessness are, on average, heavier users of hospital services than the general population, though the data are skewed by a minority of people experiencing homeless who are very heavy users of hospitals. Quantitative data analysis indicates that Aspire participation is associated with decreased use of health services across a range of indicators related to hospital emergency departments, hospital inpatient services and ambulance use. The emergency department indicators used are number of presentations, use of emergency department services and triage level of presentations. The hospital inpatient services indicators used are discharge records (as a proxy for admission to hospital), bed days (length of stay) and complexity of hospital episode.

The broader dataset analysed for the evaluation was provided by SA Health in the form of deidentified hospital records for Aspire clients before and during their time in the program. Emergency department records were provided for 508 clients and hospital inpatient records for 434 clients. For each participant, 'post' measures were calculated based on the number of days they had been in Aspire up to 30 June 2021. 'Pre' measures were calculated for the same number of days before the participant entered the Aspire program. Complete pre and post data for emergency department use and inpatient stays were available for 362 Aspire clients in total. Pre and post service use measures were converted into annual averages so they could be meaningfully compared. Data for the most recent Aspire commencers were excluded from the analysis because clients had not been in the program for long enough to calculate reliable statistics.

A supplementary approach was taken to examine rates of emergency department use from entry to exit from the program, death or 30 June 2021 (if no early exit was identified). That is, some individuals may have exited the program well before 30 June 2021, and therefore health service utilisation may not necessarily be directly attributable to the Aspire program (although the lasting impact of the Aspire program beyond the three year support period should be assessed). While rates of health service utilisation were expectedly different given the time-matched period varied between the two approaches, the overall interpretation of the impact of the Aspire support period was similar (that is, positive impacts were identified in both approaches). This will complement the primary analysis which examined rates of emergency department service use until 30 June 2021 for all

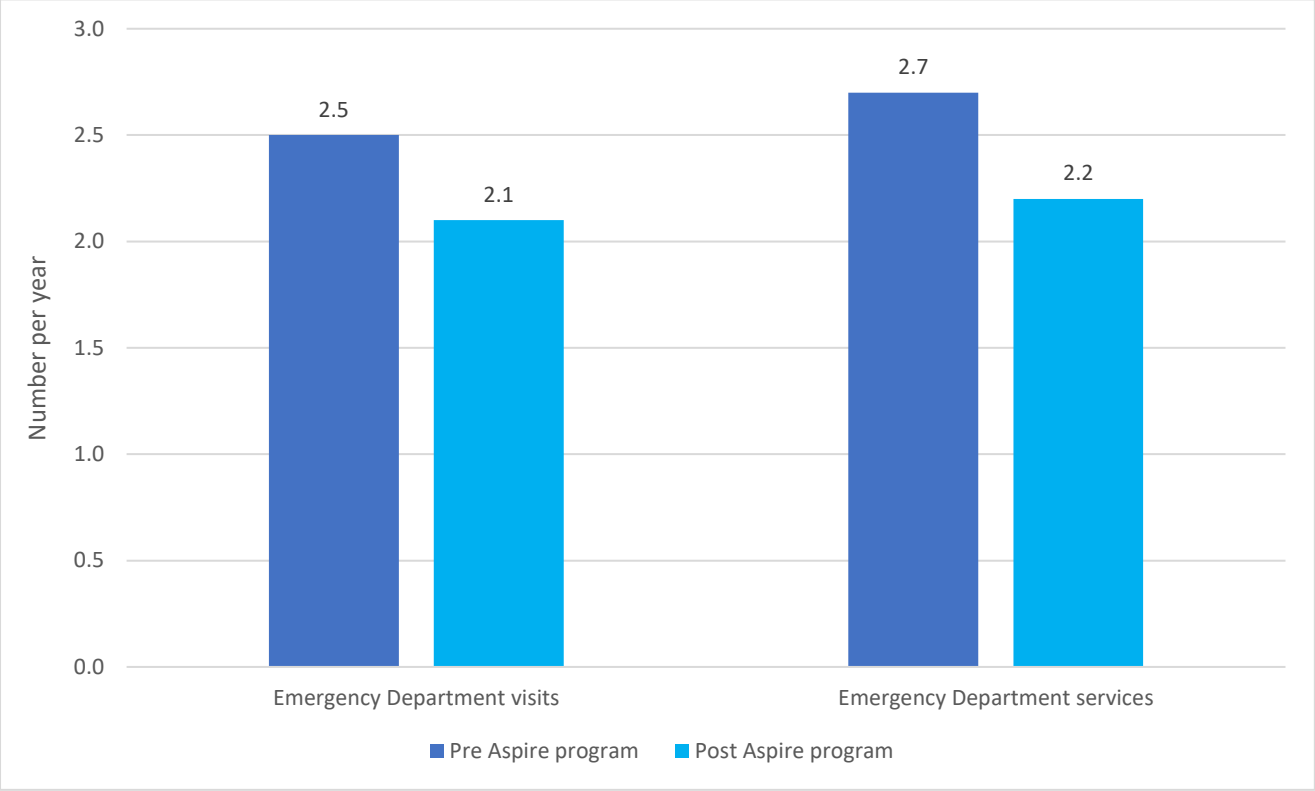
clients, regardless of early exit. This additional analysis will examine any differences in rates potentially due to emergency department service use outside of the Aspire support period.

7.3.1 Emergency department use

Pre and post measures for Aspire clients' presentations to emergency departments and use of emergency department services are shown in Figure 7.8. Analysis of emergency department service use was undertaken for different groups of clients and full details are provided in Appendix 2 (Table A4), although numbers of clients in some groups were small, so these data should be interpreted with caution.

The quantitative analysis also reviewed the urgency of Aspire clients' emergency department presentations using their triage category (Table 7.8). The proportion of urgent presentations significantly increased (x^2=28.771, p<0.001). In terms of medians, there was a drop in visits from 0.67 pre-entry to Aspire (2,378 visits overall) to 0.49 post-entry to Aspire (2,173 visits overall), and a drop in services from 0.70 pre-Aspire (2,575 services used overall) to 0.50 post-Aspire (2,300 services used overall).

Figure 7.8: Emergency department presentations and service use for Aspire clients



Source: Authors' analysis of SA Health data and Hutt St Centre data.

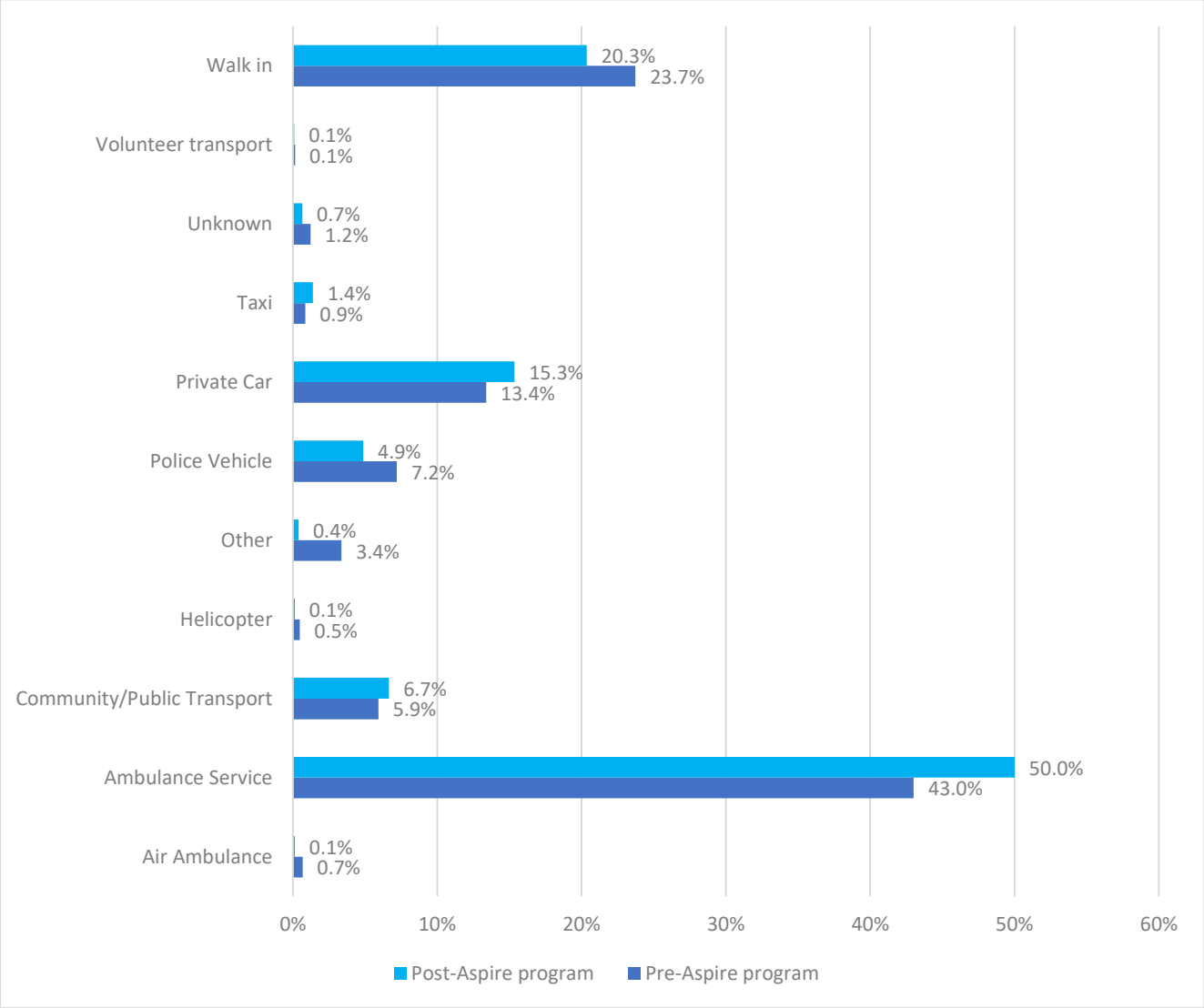
Figure 7.9 shows changes in the mode of transport by which Aspire clients arrived at the emergency department before and after program intake. Aspire participation was associated with an increased proportion of emergency department arrivals by ambulance. This may reflect the increased likelihood that Aspire clients' emergency department presentations would be for urgent matters. Average ambulance (including air ambulance) arrivals remained stable from 2.02 emergency department arrivals by ambulance per person pre-entry to Aspire to 2.01 emergency department arrivals by ambulance per person post-intake.

Table 7.8: Urgency of Aspire clients' emergency department presentations

	% (n) of episodes in each period			% of each arrival mode		
Triage category	Pre-program entry	Post-program entry	*% Difference pre-post*	Pre-program entry	Post-program entry	Direction of Change
Resuscitation	1.1 (56)	1.8 (41)	0.7	57.7	42.3	↓
Emergency	13.5 (347)	13.3 (305)	-0.2	53.2	46.8	↓
Urgent	43.0 (1,108)	46.5 (1,069)	3.5	50.9	49.1	↓
Semi-urgent	33.8 (870)	32.6 (749)	-0.8	53.7	46.3	↓
Non-urgent	7.5 (194)	5.9 (136)	-1.6	58.8	41.2	↓

Source: Authors' analysis of SA Health data.

Figure 7.9: Aspire clients' emergency department arrival mode



Source: Authors' analysis of SA Health data.

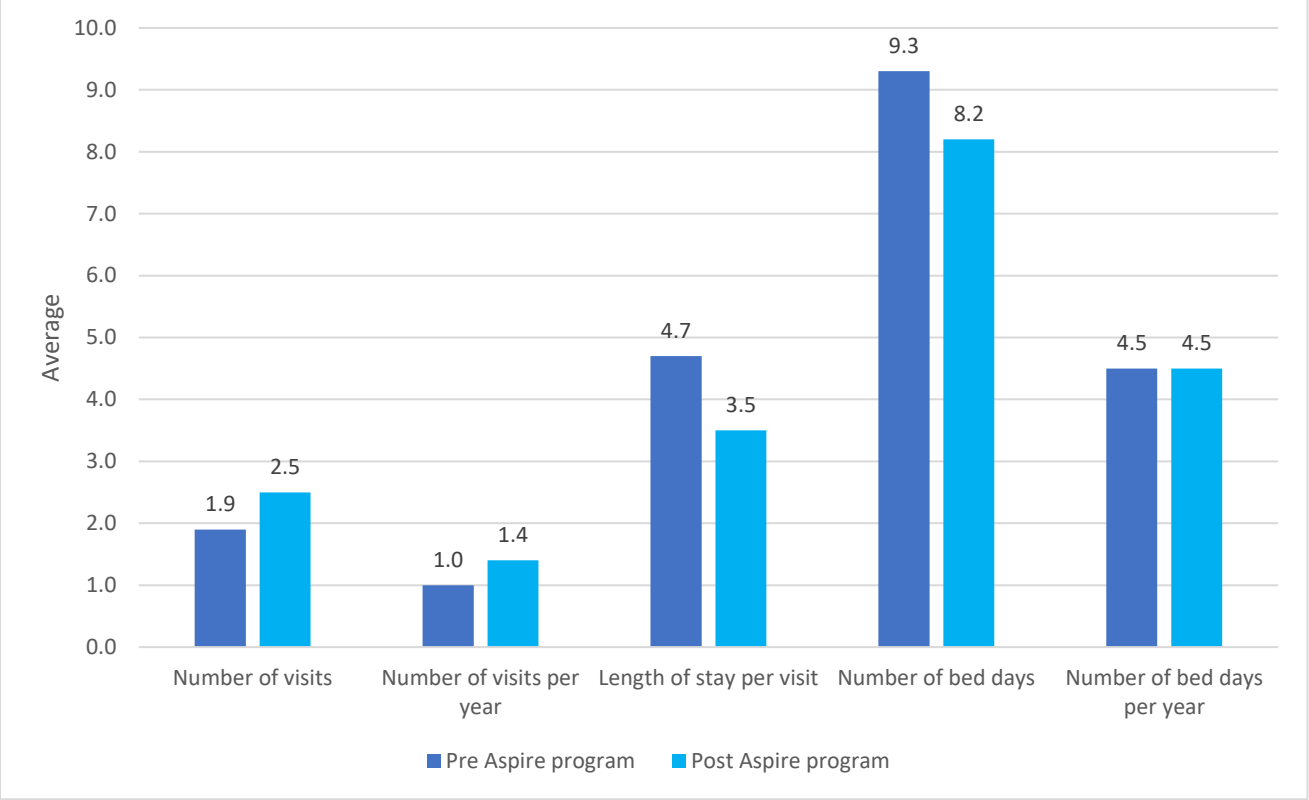
7.3.2 Hospital inpatient service use

Hospital bed days is the health indicator used for SIB performance metrics. Aspire is associated with a reduction in hospital bed days, but less so over time. The period from mid-2020 to mid-2021 recorded a 14 per cent reduction in hospital bed days, in line with the SIB target (see Table 5.2), but significantly less than the reductions achieved earlier in the program. As the 2021 Investor Report notes, Aspire staff observed a trend towards increased substance use, exacerbation of mental health issues and social disconnection among clients after the onset of the COVID-19 pandemic in early 2020, and this may have contributed to poorer health outcomes. In addition, a small number of Aspire clients experienced significant health issues during 2020-2021, with just 1 per cent of clients recording 40 per cent of Aspire clients' hospital bed days during this period (Social Ventures Australia 2021). In the current evaluation several methods were used to assess the impact of Aspire on inpatient services: the average number of inpatient visits pre- and post-entry to Aspire, the average number of visits per person per annum (annualised data), the average length of stay per visit, the average number of bed days or overall length of stay per person pre and post entry to Aspire, and the average number of bed days or length of stay per person per annum (annualised data).

Pre and post measures for Aspire clients' hospital inpatient visits and bed days are shown in Figure 7.10. The average number of visits and length of stay per person per annum decreased during Aspire participation according to the SIB counterfactual. The number of bed days from pre-Aspire to post-Aspire in the current evaluation told a mixed story, with annualised data showing stable numbers of bed days, but there being a slight drop in overall bed days from pre-entry the post-entry period. Comparing the data presented on inpatient service use in this evaluation to the data used for the SIB performance metric on bed days (Table 5.2) requires some clarification. The pre-entry to Aspire data for bed days in Figure 7.10 for annualised data (4.5 bed days per person per annum, median = 1.5 days) or total bed days (9.3 days across the entire time-matched period, median = 2 days, 5,334 bed days overall) are based on Aspire clients' actual service use across a time-matched period from the amount of time spent in Aspire until 30 June 2021, compared with the same period of time before program intake, while the SIB counterfactual measure for bed days in Table 5.2 (5.9 bed days per person per annum) is based on Aspire clients' actual service use across the *two years* before program intake. This difference could be attributable to clients experiencing worsening health conditions in the period closer to program intake. The Aspire SIB includes a contractual safeguard against the risk of a difference such as this in the form of an upside exposure cap for the SA Government.

Similarly, the post-entry to Aspire data on bed days when using annualised (4.5 bed days per person per annum, median = 1.19 days) or total bed days (8.2 days across the full Aspire support period, median = 2 days, 4,697 bed days overall) differ from the post data on bed days in Table 5.2 (4.3 bed days per person per annum) because two different datasets were used. The SIB metrics used a cohort analysis, while the evaluation analysis used annualised data or totals from the time-matched period. The evaluation analysis reflects an increase in bed days per person per annum of 1.3 per cent when using annualised data or 12 per cent drop across the entire support period, while the SIB performance metrics reflect a decrease in bed days per person per annum of 26 per cent. Further, the length of the counterfactual time period pre-entry to Aspire can have an impact on results that should be acknowledged (see sensitivity analysis below). The reason for the discrepancy between the annualised and total bed days in the current study is the impact of calculations for annualised data being sensitive to people in the program for short periods of time that accumulated high service use during their time in the program. For instance, one client had been in the program for one month, and had spent the entire time in hospital, resulting in a high annualised figure. In such a case, the median figures may tell a more accurate story.

Figure 7.10: Hospital use pre-entry to Aspire and post-entry to Aspire



Source: Authors' analysis of SA Health data.

The average number of visits per person increased from 1.95 pre-entry (median = 2 visits, 1,119 visits overall) to 2.25 post-entry (median = 1 visit, 1,452 visits overall), while the average length of stay per visit dropped from 4.74 days (median = 2 days) to 3.50 days (median = 2 days). Additional analyses performed suggest these figures on number of visits and length of stay are skewed by a select few individuals in the post-entry to Aspire period that had chronic health issues, and due to weekly inpatient visits accumulated over 200 inpatient separations each.

Sensitivity Analysis. Additional analyses were conducted to examine rates of inpatient services used depending on the time-period used and outliers, specifically considering early exits from the program. When early exits were considered, rather than using a fixed endpoint of 30 June 2021, there were decreases in annualised inpatient visits from 2.28 pre-Aspire to 1.94 post-Aspire, in contrast to 1.75 visits pre-entry to 2.30 post-entry when using an endpoint of 30 June 2021 for clients with an inpatient visit.

Similarly, annualised length of stay when factoring in early exits decreased from pre-entry (8.0) to post-entry (6.99) and increased from pre (7.55) to post (7.66) when 30 June 2021 was used for clients with an inpatient visit. Among the full sample, this represents a rate of 4.47 days per annum pre-entry to 4.53 days post-entry when using a 30 June 2021 endpoint, compared to 4.45 days pre-entry to 3.89 days post-entry when factoring in early exits.

There were some outliers during pre-entry to Aspire and post-entry periods that may have affected results. For instance, one individual had 253 inpatient visits during the post-Aspire period, while another had 248 visits. When excluding these two people the length of stay and number of visits decreased from pre-entry to Aspire to post-entry. For example, annualised inpatient visits decreased from 1.66 visits per year to 1.48 visits, while

the annualised length of stay decreased from 7.46 bed days to 6.73 days. These results therefore provide a different perspective from the above analyses that should be taken into account when determining the impact of the Aspire program. When analysing the median figures (which is less sensitive to outliers), there was a drop in bed days from 1.51 days pre-entry to Aspire to 1.19 post-entry.

Analysis of hospital inpatient stays was undertaken for different groups of clients and full details are provided in Appendix 2 (Table A5), although numbers of clients in some groups were small, so these data should be interpreted with caution. These results indicate that the decrease in hospital inpatient stays was greatest for heavy users of alcohol and other drugs, while clients with a history of incarceration or out-of-home care recorded sizeable decreases in both number of stays and length of stays.

Women and clients aged 25 to 44 recorded an increase in the number of times they were admitted to hospital, but a decrease in the length of time they stayed. Several groups of clients recorded an increase in the number of their hospital admissions with very little change in the length of their stays: Aboriginal and Torres Strait Islanders, those with a history of domestic or family violence, those with high acuity scores on program intake, and those sleeping rough or in temporary accommodation at intake.

The quantitative analysis also reviewed the complexity of Aspire clients' pre and post hospital admissions, using an Episode Clinical Complexity Score (ECCS) which uses a patient's relative resource utilisation (including number and accuracy of diagnoses and clinical documentation) to assign a Diagnostic Related Group (DRG) measure of complexity from A (highest) to D (lowest). The complexity of Aspire clients' pre and post hospital episodes are shown in Table 7.9. The proportion of episodes with the highest clinical complexity (DRG A) decreased from 24 per cent of all episodes before program entry to 18 per cent after, while the proportion of episodes with the second highest clinical complexity (DRG B) decreased from 63 per cent to 41 per cent (x^2=426.202, p<0.001).

Table 7.9: Complexity of Aspire clients' hospital episodes

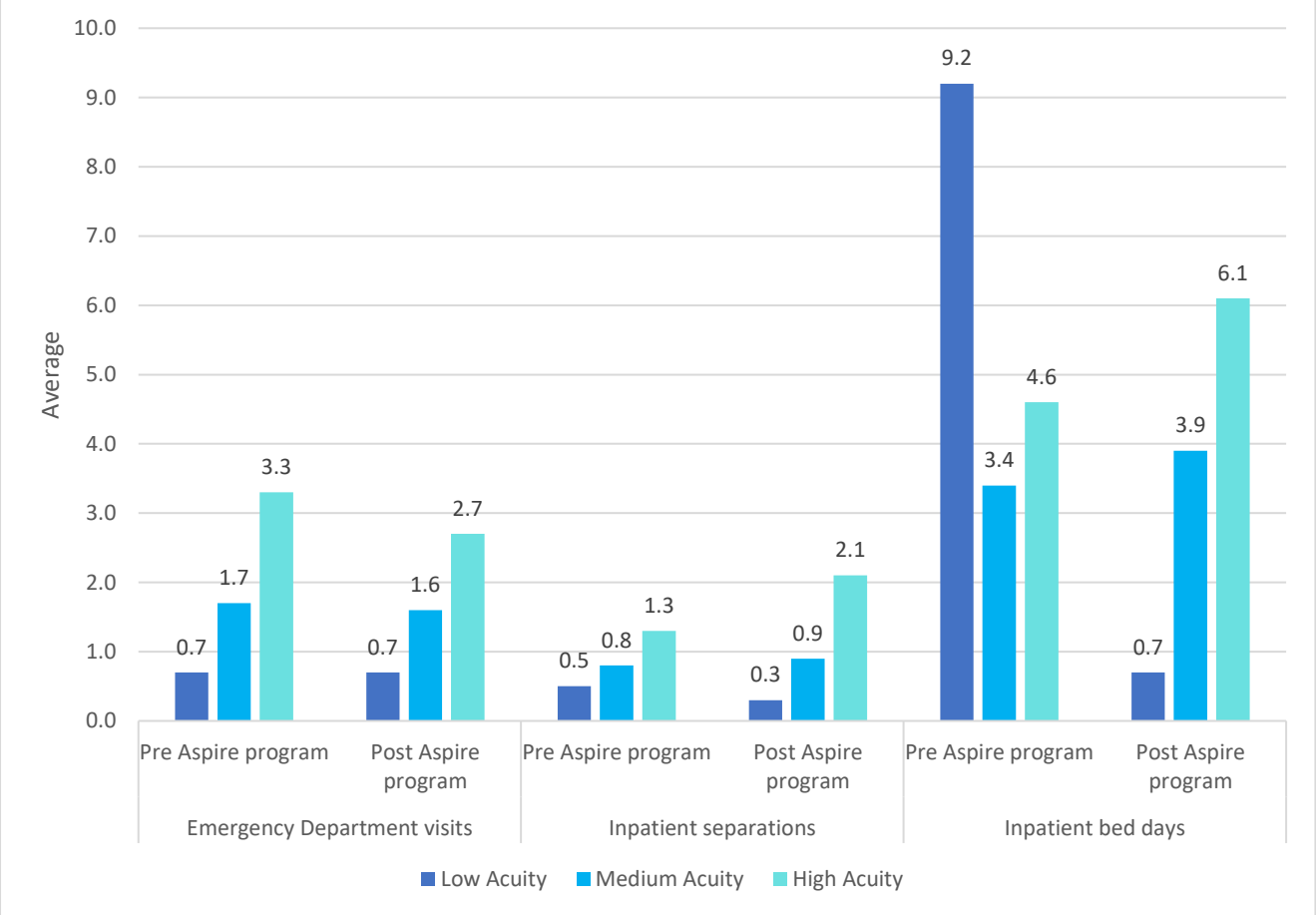
	Frequency		Proportion episodes in each period (%)			Total proportion of each arrival mode (%)			
DRG Codes	Pre	Post	Pre	Post	*Percentage point difference pre-post*	Pre	Post	*Percentage point difference pre-post*	Direction of change
A	272	263	24.0	18.1	-6.0	50.8	49.2	-1.7	↓
B	63.3	598	63.3	41.2	-22.1	53.7	46.3	-7.4	↓
C	42	83	4.2	5.7	1.5	33.6	66.4	32.8	↑
D	0	1	0.0	0.1	100	0.0	100.0	100.0	↑
Z	111	507	8.4	34.9	26.5	18.0	82.0	64.1	↑
Total	1,119	1,452	-	-					

Source: Authors' analysis of SA Health data and Hutt St Centre data. Notes: A = highest clinical complexity, B = second highest clinical complexity, C = third highest clinical complexity, D = fourth highest clinical complexity, Z = no subgroup identified. DRG = Diagnostic Related Group (DRG) Codes % of episodes in each period refers to what per cent of all hospital admissions in each time period were a specific DRG Code A, B, C, D or Z (e.g. DRG code A occurred 263 times post-Aspire, out of 1452 admissions). Total % of each arrival mode refers to whether a DRG happened more often pre-Aspire or post-Aspire (e.g. 272 of DRG code A occurring pre-Aspire, versus 263 post).

7.3.3 Hospital service use by acuity

Figure 7.11 shows Aspire clients' use of hospital services (emergency department presentations, hospital admissions and hospital bed nights) pre- and post-program intake by VI-SPDAT measured acuity. Emergency department visits and inpatient separations were higher for the high acuity group compared to low and medium acuity. In terms of bed days, pre-entry to Aspire the low acuity group had the highest average number of bed days per person per annum. Post-Aspire, there was a significant drop in the average number of bed days per person per annum for the low acuity group (9.2 per person per annum pre-Aspire to 0.7 post-Aspire), while the high acuity group experienced an increase post-Aspire (4.6 per person per annum pre-Aspire to 6.1 post-Aspire).

Figure 7.11: Hospital use by VI-SPDAT measured acuity



Source: Authors' analysis of SA Health data.

7.3.3 Comparison and limitations

In summary, Aspire clients recorded an overall drop of 16 per cent in average annual emergency department visits and 17 per cent in service use, an increase of 24 per cent in the average annual number of hospital admissions and an increase of 1 per cent in average annual hospital bed days. By comparison, the 50 Lives 50 Homes program in Perth also measured changes in hospital use associated with program participation, though for fewer clients and over a shorter period of time. For 50 clients who had been housed for at least two years, there was a 34 per cent reduction in emergency department presentation, and a 25 per cent reduction in number of hospital admissions, though bed days actually increased slightly (Vallesi et al. 2020b).

For the largest matched sample of 37 clients in the J2SI program, health outcomes were mixed, with only a small increase in the proportion of clients self-reporting their health as improved after program participation, though there were significant reductions in problematic alcohol and drug use (Sievwright et al. 2020). This evaluation found there was a reduction in the cost of health service utilisation for the matched sample after three years compared with their baseline, mostly accounted for by a halving of hospital admission costs and a two-thirds reduction in the use of drug and alcohol rehabilitation services.

The health outcomes data from the 50 Lives and J2SI evaluations should be treated with caution as they relate to small samples and a few individuals with very significant health needs can skew the results. Mixed data on health outcomes is not surprising for this and other reasons. There are many different ways health outcomes can be measured, and there are complex intersections between physical health, mental health, alcohol and drug use, and disability. Programs providing housing and wraparound supports such as Aspire aim to help clients effectively manage chronic health conditions, and well-managed conditions will usually result in lower use of hospital emergency departments, and fewer and shorter stays in hospital. In some circumstances, however, effective management of a chronic health condition can mean *increased* access to health services, especially initially while the condition is brought under control.

Key finding 15
Participation in the Aspire program is associated with decreased use of health services, including:
a) fewer emergency department presentations;
b) reduced use of emergency department services;
c) reduced non-urgent emergency department presentations;
d) fewer hospital admissions (according to medians), and shorter lengths of stay per visit; and
f) hospital episodes defined by lower case complexity.

7.4 Use of justice services

People experiencing homelessness tend to have more interactions with police and the justice system (courts) on average than the general population. The quantitative data analysis considered how participating in the Aspire program affects clients' contact with the justice system. Four key indicators are considered: the number of offences committed; the number of court appearances; the number of convictions and the type of offences committed, based on the Australian and New Zealand Standard Offence Classification (ANZSOC) guidelines.

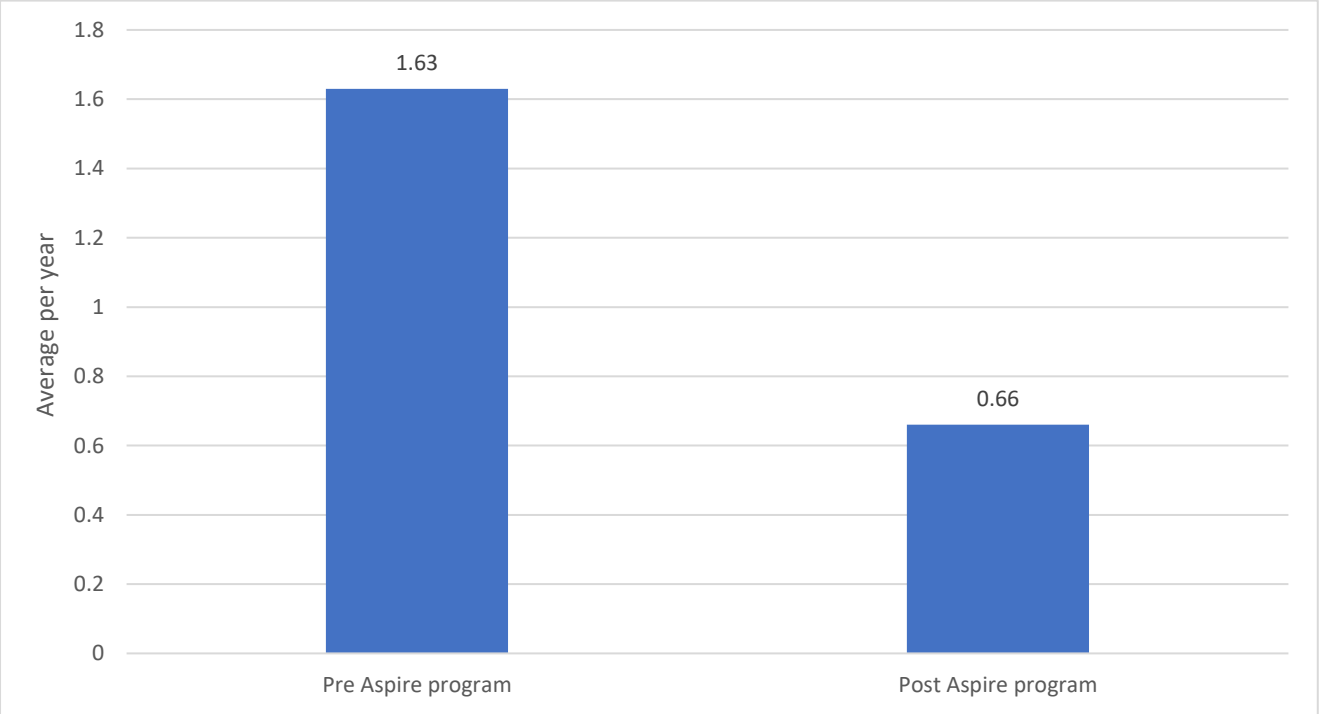
7.4.1 Offences, court appearances and convictions

Number of convictions is an indicator for the Aspire SIB performance metrics. As shown in Table 5.2, the most recent investor report reported a conviction rate of 0.8 per person per annum (rounded), compared with 0.82 in the analyses undertaken for this evaluation (1117 convicted offences). Convicted offences post-entry to Aspire was 0.4 per person per annum in the most recent investor report, and 0.40 for this evaluation (494 convicted offences), showing similar positive trends. In the current evaluation, there was a 56 per cent reduction in convicted offences. It should be noted that a description of 'convicted' was given to all offences listed during a court appearance if an individual was convicted for any one of those offences. Therefore, conviction rates may be inflated. The number of court appearances with a conviction was 0.33 per person per annum pre-entry to Aspire (387 appearances with a conviction) and 0.15 post-entry to Aspire (187 appearances with a conviction).

Analysis of the broader justice dataset provided by the SA Courts Administration Authority reviewed several other indicators and differed from the SIB metric cohort analysis in that annualised data were used. The analysis took a similar approach to analysis of the hospital data. For each participant, 'post' measures were calculated based on the number of days they had been in Aspire up to 30 June 2021. 'Pre' measures were calculated for the same number of days before the participant entered the Aspire program. Pre and post service use measures were converted into annual averages so they could be meaningfully compared. For these indicators, data for the most recent Aspire commencers (after 30 June 2020) were annualised and included.

Pre and post measures for Aspire clients' average annual number of offences are shown in Figure 7.12 and measures for the average annual number of court appearances in Figure 7.13. The average number of offences and court appearances both decreased substantially during Aspire participation. The average number of offences per person per annum dropped from 1.63 pre-entry to Aspire (1983 offences) to 0.66 post-entry to Aspire (838 offences). The median for the 225 in the dataset dropped from 1.93 pre-entry to Aspire to 0.30 post-entry. The average number of appearances per person per annum decreased from 3.60 pre-entry to 1.13 post-entry. The median number of court appearances dropped from 3.30 pre-entry to Aspire (4402 appearances) to 0.28 post-Aspire (1539 appearances). Analysis of offences and court appearances was undertaken for different groups of clients and full details are provided in Appendix 2 (Table A6), although numbers of clients in some groups were small, so these data should be interpreted with caution.

Figure 7.12: Average annual number of offences for Aspire clients

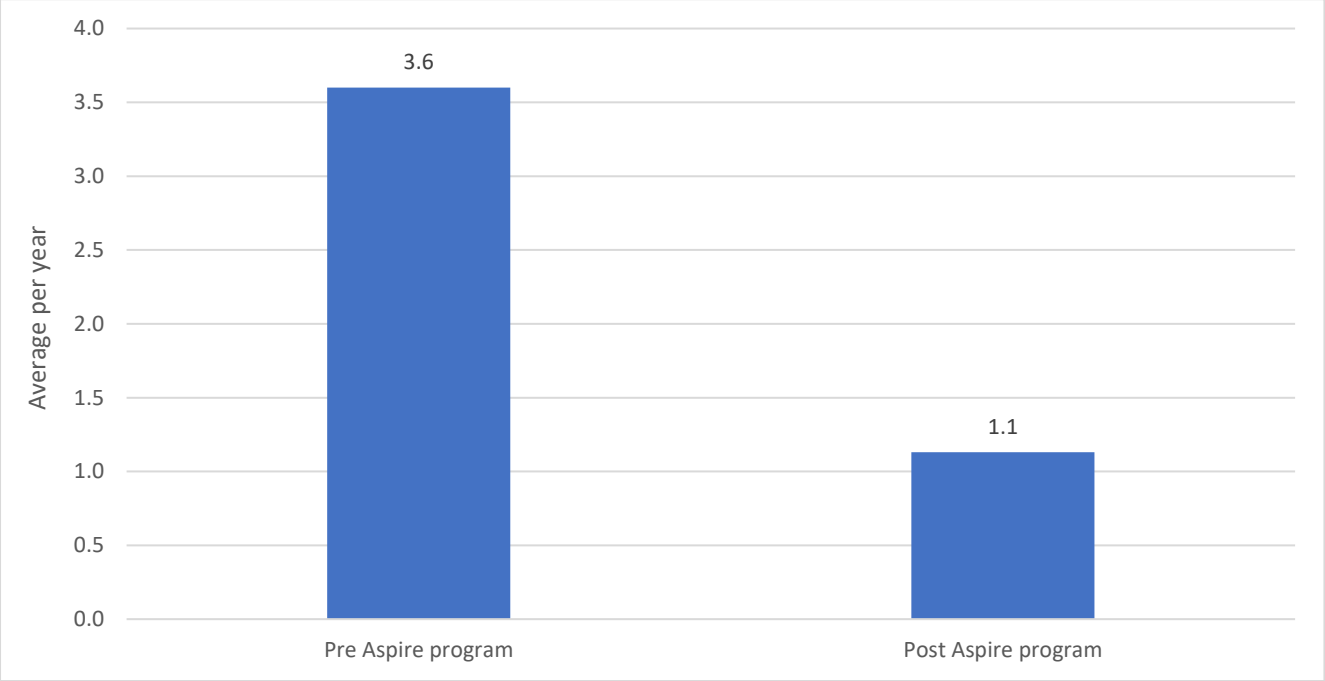


Source: Authors' analysis of Courts Administration Authority data and Hutt St Centre data.

The type of offences committed by Aspire clients before and after program intake are shown in Appendix 2 (Table A7), based on the Australian and New Zealand Standard Offence Classification (ANZSOC). The data show that Aspire participation is associated with a decrease in theft and traffic/vehicular regulatory offences, but an increase in public order offences and offences against government procedures and operations (including breach of bail and resisting a police officer).

The quantitative analysis also reviewed data on imprisonment of Aspire clients. The description of imprisonment was applied to every offence for a given court date, so for the sake of the evaluation only one imprisonment was counted for a court date with multiple offences. The average number of offences per person per year that resulted in a custodial sentence decreased from 0.03 before program intake (32 imprisonments) to 0.01 after program intake (17 imprisonments, t=2.60, p=0.01). The average number of days spent in custody per person per year decreased from 10.24 before program intake to 1.26 after program intake (t=5.460, p<0.001). The median among people with custody data was 41.9 days pre-entry, while the median post-entry was 0.46 days. This is largely due to most custody entries occurring pre-entry to Aspire.

Figure 7.13: Average annual number of court appearances for Aspire clients



Source: Authors' analysis of Courts Administration Authority data and Hutt St Centre data.

The number of court appearances was also separately analysed for people with or without a diagnosed mental health condition. In total, 368 clients had a probable mental health condition. The annualised number of offences for people with a diagnosed mental health condition pre-entry to Aspire was 0.32 (362 offences in total), and 0.26 post-entry to Aspire (319 offences in total). The number of appearances pre-Aspire was 0.06 (64 appearances in total), and 0.05 post-Aspire (49 offences before).

Sensitivity Analysis. As with other data domains, such as inpatient services used, additional analyses were conducted to determine sensitivities in the data used in this evaluation. These analyses found the same trends as reported throughout the rest of this sub-section were evident when taking into account early exits from the program. Offences decreased from an annual average of 1.53 pre-entry to Aspire to 0.62 post-entry, while appearances decreased from 3.60 to 1.11 post-entry. Imprisonments decreased from 0.03 to 0.02. When taking into account early exits, annualised days spent in custody decreased from 8.8 days pre-entry to Aspire to 1.3 days post-entry.

Among the full 225 Aspire clients in the justice dataset, median annualised offences decreased from 1.99 pre-entry to Aspire to 0.30 post-entry, while appearances decreased from 3.33 entry to 0.00 post-entry. Among the

225 people in the justice data provided (when early exits were taken into account), median annualised offences decreased from 1.07 pre-entry to Aspire to 0.47 post-entry, while appearances decreased from 5.23 pre-entry to 0.93 post-entry.

7.4.2 Comparison and limitations

Overall, Aspire clients recorded a 60 per cent reduction in average annual number of offences, a 69 per cent reduction in average annual number of court appearances, a 57 per cent reduction in average annual number of convictions compared to pre-entry to Aspire, and a 55 per cent reduction in imprisonments. The Aspire data compare favourably with other similar interventions. For example, the 50 Lives, 50 Homes evaluation (Vallesi et al. 2020b) recorded a reduction in reported offending of 35 per cent for people housed for at least one year and a reduction of 43 per cent for people housed for at least two years. As with health outcomes, justice outcomes for the largest matched sample of 37 clients in the J2SI program were likely skewed by a very small number of individuals with a high level of justice interactions. The evaluation found that the number of nights spent in prison, and associated justice costs, increased significantly between baseline and the three year point for both the participant group and the control group (Sievwright et al. 2020).

Key finding 16
Participation in the Aspire program is associated with decreased interaction with justice services, including:
a) fewer offences committed;
b) fewer court appearances;
c) fewer convictions recorded;
d) fewer custodial sentences; and
e) less time spent in custody.

7.5 Savings to government

As discussed in Section 2, supporting people to exit homelessness can deliver cost savings through their reduced service needs and interactions, including for emergency accommodation, health services and justice services. The analysis of data on Aspire clients from across the SA Government service sector suggests that the program is associated with reduced service access across these areas and the savings to government are likely to be well in excess of the cost of the Aspire program. In considering these data, it should be noted that a small number of individuals who have very frequent interactions with hospitals and/or courts can skew the data for service utilisation (Flatau et al. 2020; Zaretzky et al. 2017).

The 2021 Aspire SIB Investor Report (Social Ventures Australia 2021) calculates the value of 'avoided services' associated with Aspire as $13.38 million over the four years to 30 June 2021. This figure includes $8.85 million in cumulative avoided services to that date, and $4.53 million in estimated future avoided services over a five year period for clients who completed their Aspire participation in 2021. Fifty-one per cent of these savings derive from avoided health services (including ambulance usage, emergency department services and hospital inpatient services), 40 per cent from avoided justice interactions and nine per cent from avoided SHS services. Aspire is likely to produce other cost savings in the health and justice sectors, for example through avoided detentions in SA's forensic psychiatric facility.

In addition to avoided health, justice and SHS services, Aspire likely contributes to savings in other areas of state government service delivery. For example, the qualitative data suggest that participation in Aspire has been associated with a small number of people regaining custody of young children who had been placed in out-of-

home care. Aspire participation is likely to increase the chances of clients moving off income support payments and into employment over the longer-term, generating savings for the Australian Government. Aspire clients are also less likely to need to access services that are delivered by not-for-profit agencies (and partly funded through charitable or philanthropic means), such as food relief, which frees up resources for redirection to other purposes and other beneficiaries.

Key finding 17
Participation in the Aspire program is associated with reductions in the use of health, justice and SHS services, generating significant and quantifiable cost savings for the SA Government. In relation to any potential future iteration of Aspire, consideration could be given to further analysing how these cost savings are distributed and the implications for agency budgets and program resourcing.

7.6 Wellbeing

7.6.1 Measurement with validated tools

Increased levels of wellbeing are an important benefit for individuals and are also likely to be associated with reduced service usage. In the early phase of Aspire, the Outcomes Rating Scale (ORS) was used to assess clients' overall functioning across four domains:

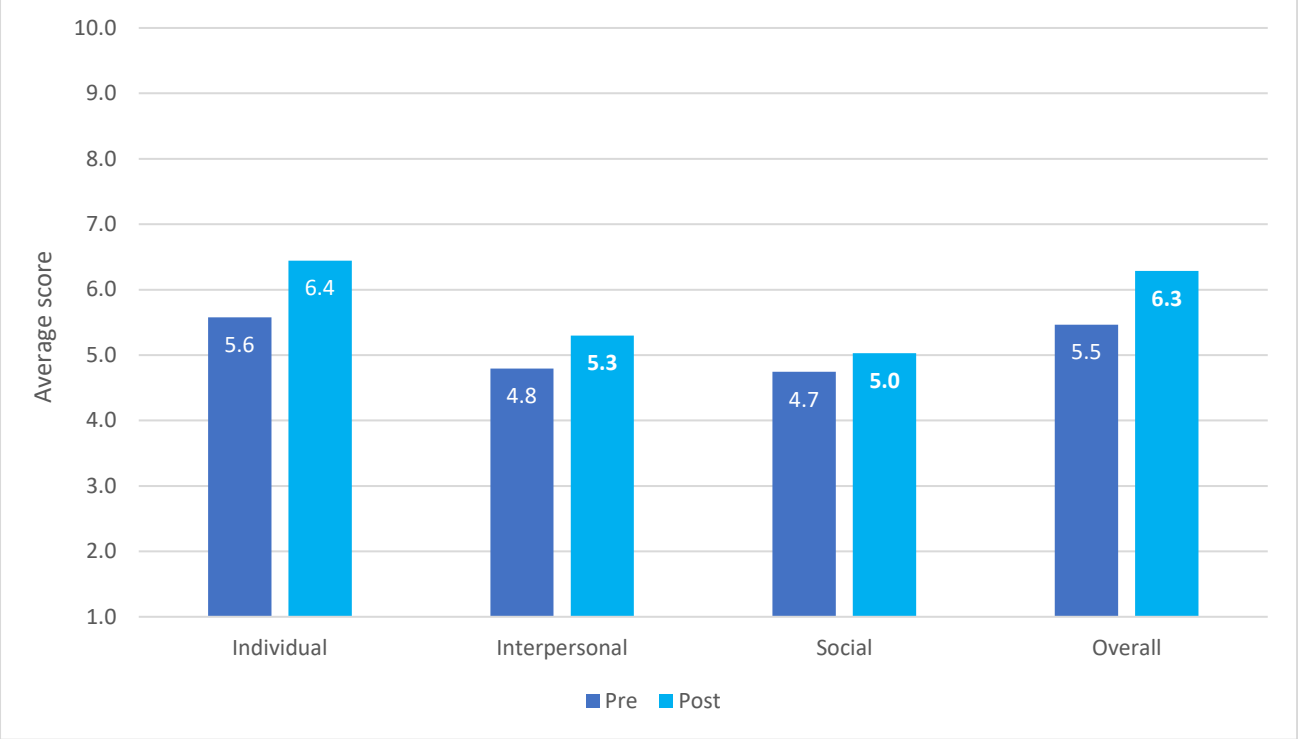
- individual (personal wellbeing);
- interpersonal (family, close relationships);
- social (work, friendships); and
- overall (general sense of wellbeing).

The ORS uses a scoring scale of 1 to 10 for each domain, with a higher score representing a higher level of functioning. The ORS was completed by 287 Aspire clients at program intake and by 119 at a follow-up assessment. The average result across the four domains increased from 5.46 to 6.29 ($t=-4.823$, $p<0.001$) between intake and the follow-up assessment. Average scores for each domain separately also increased, as shown in Figure 7.14.

Since 2021, the overall wellbeing of Aspire clients has been measured using the validated Personal Wellbeing Index (PWI) instrument. The PWI measures subjective wellbeing across seven quality of life domains: standard of living, health, achievement in life, relationships, safety, community connectedness and future security. Each domain is measured on a scale of 1 to 10, with higher scores representing greater wellbeing.

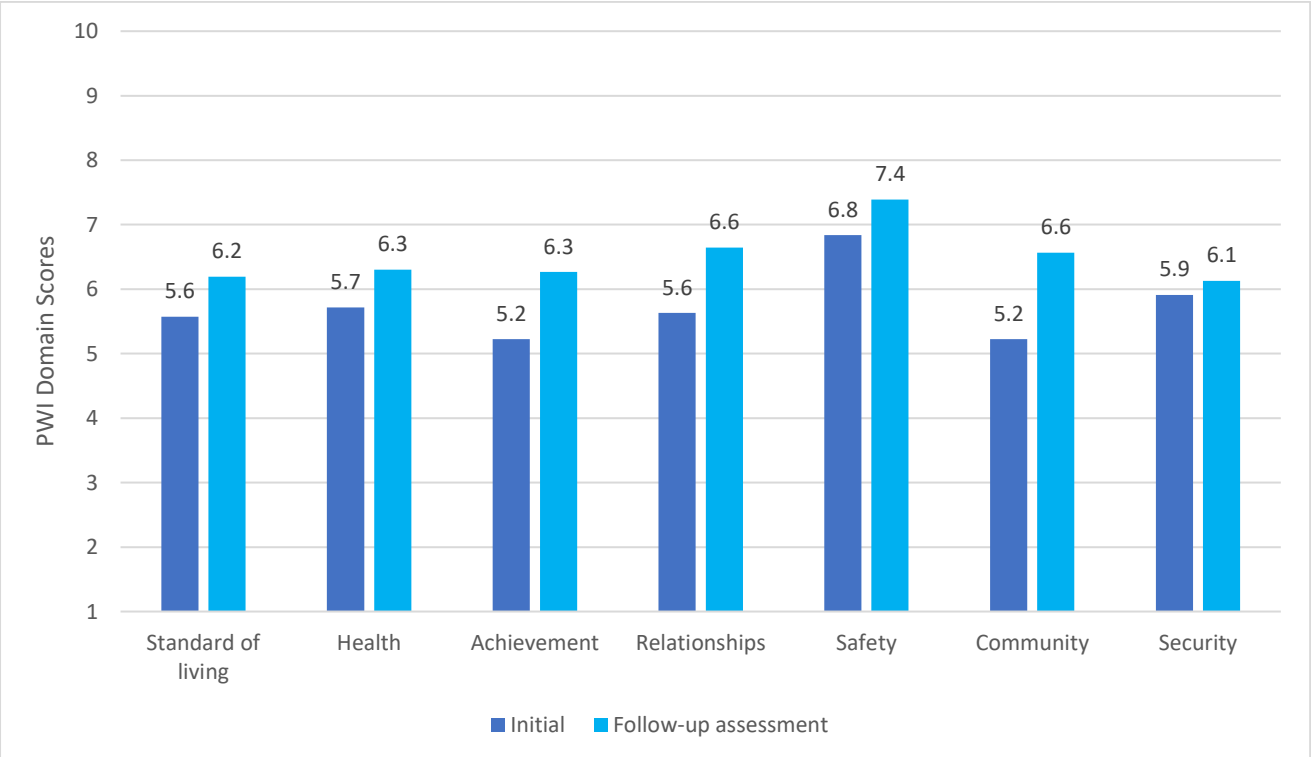
In 2021, 188 active Aspire clients in the first two years of the program completed the PWI. Thirty-three have since completed a follow-up assessment. The results are shown in Figure 7.15. PWI results increased between initial and follow-up assessments for Aspire clients, indicating improvements in people's wellbeing associated with Aspire participation. The average score across the seven PWI domains pre-entry to Aspire participation was 5.7 and post-program intake it was 6.5 (noting that the sample of clients who completed the follow-up survey was small). This compares with an average score range of around 7.4 to 7.7 for individuals in the broader Australian population (Cummins et al. 2021).

Figure 7.14: ORS results for Aspire clients



Source: Authors' analysis of Hutt St Centre data.

Figure 7.15: PWI results for Aspire clients



Source: Authors' analysis of Hutt St Centre data.

At initial assessment, women tended to score lower than men on four domains (health, safety, community connectedness and future security) while people identifying as Aboriginal or Torres Strait Islander scored lower than others on standard of living, health and community connectedness. Aspire clients who were rough sleeping scored lower than others on all domains. In the follow-up assessment, the greatest improvements were seen in community connectedness and feelings of achievement (Social Ventures Australia 2021).

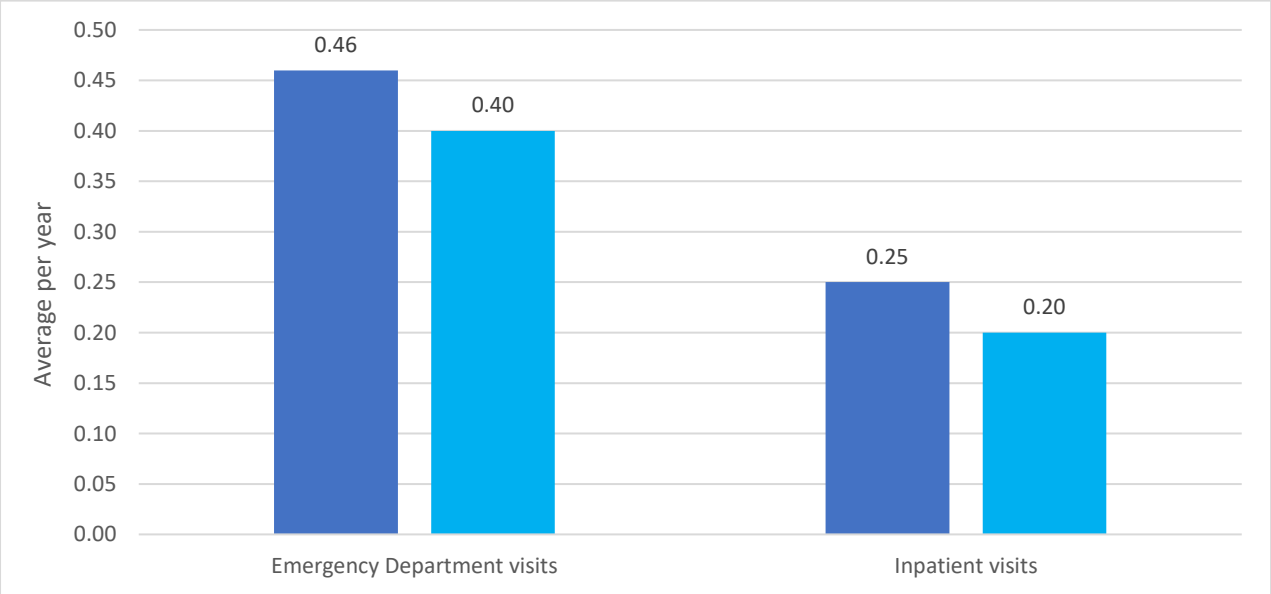
Aspire intends to continue to ask active clients to complete the PWI on a quarterly basis to build up a picture of changes in wellbeing over time. This intent comes with the proviso, however, that asking clients with complex needs to complete self-report instruments at specific times during their program participation is not always practical or well aligned with a client-focused approach. The day the PWI is due to be completed may well be a day when the participant has more pressing issues to work through with their case navigator. The challenges experienced around asking Aspire clients to complete self-report instruments are discussed further in Section 6.8.4.

7.6.2 Use of hospital services for mental health care

Health data also illustrate that Aspire participation is associated with increased wellbeing. Analysis of hospital data shows modest decreases in Aspire clients' use of hospital services for mental health care purposes after program intake, as illustrated in Figure 7.16. Emergency department mental health presentations comprised 29.8 per cent of Aspire clients' total presentations before Aspire and 15.6 per cent after program intake. The average number of emergency department mental health presentations per Aspire participant per year decreased from 0.46 before program intake to 0.40 after program intake. The total number of presentations decreased from 546 pre-entry to Aspire to 423 post-entry.

The average number of hospital admissions for mental health care was 0.25 per participant per year before Aspire and 0.20 after program intake. The average number of inpatient bed days for mental health care was 2.21 days per participant per year before Aspire and 1.15 days after program intake. The total number of inpatient visits due to mental health problems decreased from 334 in the pre-entry to Aspire period to 227 in the post-entry to Aspire period.

Figure 7.16: Use of hospital services for mental health care by Aspire clients



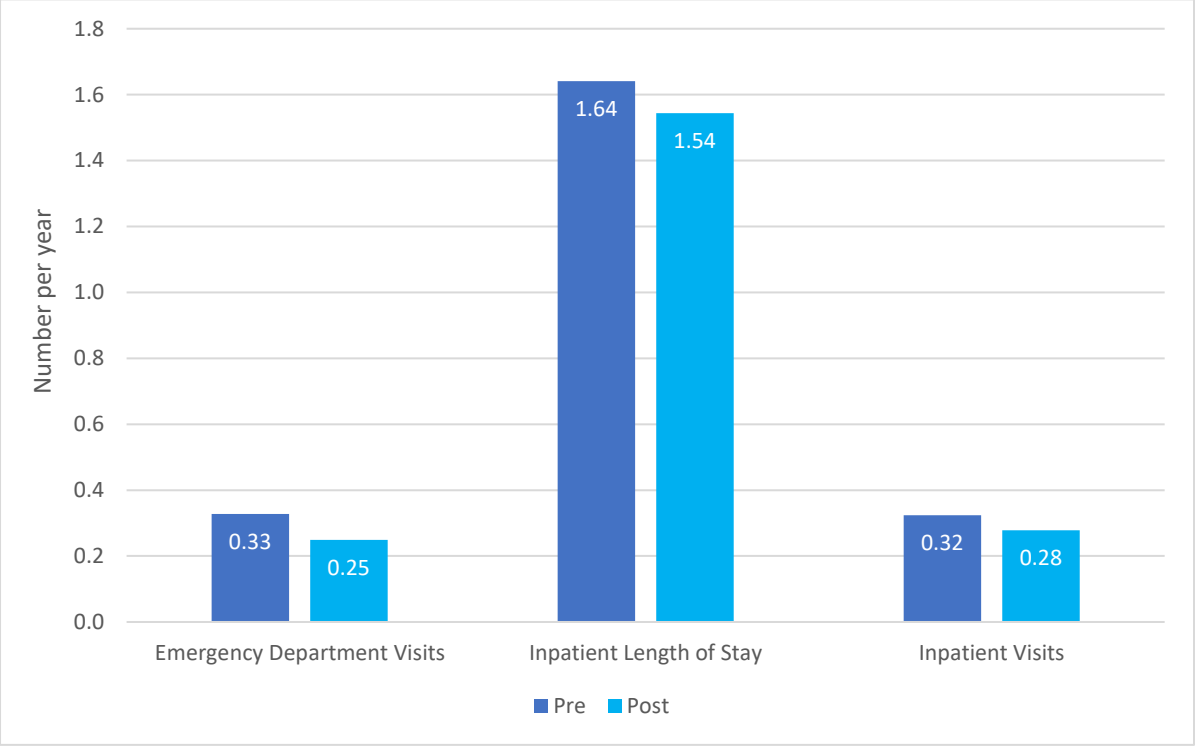
Source: Authors' analysis of Hutt St Centre data.

7.6.3 Use of hospital services for drug and alcohol-related reasons

Increased wellbeing is likely to result in reduced problematic drug and alcohol use. Figure 7.17 illustrates changes in Aspire clients' use of hospital services for drug and alcohol-related reasons after program intake. Emergency department presentations for alcohol/drug abuse and alcohol/drug induced mental disorder episodes comprised 9.8 per cent of Aspire clients' total presentations before Aspire and 10.5 per cent after program intake. The average number of emergency department presentations for alcohol/drug abuse and alcohol/drug induced mental disorder episodes per Aspire participant per year, however, decreased from 0.33 before program intake to 0.25 after program intake.

The average number of hospital admissions involving alcohol/drug abuse and alcohol/drug induced episodes of care was 0.20 per participant per year before Aspire and 0.16 after program intake. The average length of hospital stay for alcohol/drug abuse and alcohol/drug induced episodes of care was 1.64 days per participant per year before Aspire and 1.54 days after program intake.

Figure 7.17: Use of hospital services for drug and alcohol related reasons by Aspire clients



Source: Authors' analysis of Hutt St Centre data.

Key finding 18

Participation in the Aspire program is associated with increases in personal wellbeing as indicated by:

a) the Outcomes Rating Scale instrument;

b) the Personal Wellbeing Index instrument;

c) a reduction in use of hospital services for mental health care purposes; and

d) a reduction in use of hospital services for drug and alcohol related reasons.

7.7 Education and employment pathways

The Aspire program includes a focus on supporting people's employment, education and training outcomes, as well as promoting participation in community activities and volunteering. Building connection and engagements across these life domains has flow-on effects, encouraging the development of greater confidence, feelings of empowerment, independence and social inclusion. As one key stakeholder noted:

> It's not just about getting housing. Housing is the absolute critical link, but so is employment, so is education, so is training, because it makes people feel really good about themselves. It gives them better connections with other people in the community.

Education and employment pathways have not been as prominent an element of the program implementation as the design anticipated, though a majority of the clients interviewed reported being assisted by Aspire in this area. Over the course of Aspire, the anticipated focus on education and employment was broadened to supporting social engagement more generally, including independently navigating service systems and supports. All of the clients who were interviewed reported feeling more connected to, and settled in, their local communities as a result of Aspire and securing housing.

The original Aspire program design included 'engagement navigators' with expertise in education and employment pathways as well as case navigators. In practice over time, the engagement navigator role was effectively absorbed into the case navigator role and this worked well from the perspective of staff and clients. Case navigators are usually best placed to provide engagement supports as part of the holistic support plan for individual clients and are able to access more specialist expertise on education and employment pathways from within the Aspire team or externally as required.

Data on employment outcomes for Aspire clients are not straightforward as some clients moved between periods of employment and unemployment or held multiple casual/part-time jobs during their Aspire participation. For example, several of the clients who were interviewed worked for a time but then left their jobs to pursue further study with a view to reskilling in an area that interested them. There were also changes in the questions clients were asked about their engagement with employment and training. The quantitative data analysis found that up to 30 June 2021, 82 Aspire clients had engaged in employment and training programs across a range of sectors, as detailed in Table 7.10.

The modest employment outcomes for Aspire clients are consistent with the findings from the J2SI evaluation, where most clients remained disengaged from the labour force at the end of their program participation (Sievwright et al. 2020). There are a range of reasons why participation in programs like Aspire is associated with limited change in employment outcomes. Stable housing is generally required to provide a foundation for work or study, so delays in securing housing for clients means their re-engagement with employment or education will also be delayed. Aspire clients have complex needs and even once housed, mental and physical health issues can compromise their capacity for workforce engagement. Managing chronic health issues is often time-consuming, requiring regular attendance at various medical appointments, for example, and this is particularly the case while working towards stabilising long-standing conditions.

Table 7.10: Aspire clients' engagement in employment and training programs

Sector	Count
Banking and financial services	1
CEO and general management	1
Commercial cleaning	7
Community services and development	5
Construction	2
Education and training	2
Healthcare and medical	3
Hospitality and tourism	33
Information and communication technology	3
Manufacturing, transport and logistics	5
Marketing and communications	1
Mining, resources and energy	2
Retail and consumer products	3
Sport and recreation	5
Trades and services	6

Source: Authors' analysis of Hutt St Centre data.

Just four per cent of Aspire clients have a stable history of employment at intake (Social Ventures Australia 2021) and securing employment can be difficult without a track record and good references. Many Aspire clients lack the skills and experience necessary to cope with workplace expectations; they may also lack confidence about their capacities and employability. For many clients, considerable time is required to work with case navigators to develop the necessary skills for securing and maintaining employment. 'Soft strategies' such as volunteer positions and community engagement are a helpful starting point in this respect.

As the J2SI qualitative evaluation report (Thielking et al. 2020) notes, moving towards employment is a lower order priority after ensuring survival needs are met, obtaining secure and appropriate housing, addressing health issues, and working on social inclusion and relational issues. The J2SI program was described by clients as most helpful in addressing the first two issues and a similar observation could be made about Aspire, although there is solid evidence of clients making progress in relation to health and social inclusion needs as well.

Key finding 19
Participation in the Aspire program is associated with modest improvements in engagement with education, training and employment, but this is a slow process and many clients face significant barriers to engagement in these areas.

7.8 Social inclusion

As with strengthening labour force connection, enhancing social inclusion for clients who have been experiencing homelessness is a long-term goal. Building social connections in a new community can take years. The community connectedness domain of the PWI (see Section 7.6) is a good indicator of social inclusion outcomes for Aspire clients and shows promising signs of improvement during program participation, with the average score increasing from 5.2 to 6.6. Results should be treated with caution, however, as the sample of clients for whom PWI results were available over time was small. Aspire clients' average score on the ORS social domain (see Section 7.6) increased modestly from 4.7 to 5.0 during program participation.

There were also modest increases in Aspire clients' perceived quality of personal relationships as measured by the PWI and ORS. On the PWI, the average score on the relationships domain increased from 5.6 to 6.6 on the relationships domain, while on the ORS, the average score on the interpersonal domain increased from 4.8 to 5.3.

The J2SI program placed a high value on strengthening the social inclusion of clients but achieved only modest results as measured by several different instruments (not including the PWI) (Sievwright et al. 2020). The J2SI evaluation noted that moving from the street or short-term accommodation into permanent housing can lead to a loss of social connections, especially in the short-term, as clients lose touch with the contacts they had where they were previously dwelling. For many of the clients interviewed as part of the Aspire evaluation, cutting ties with old contacts was a necessary part of making life changes that would help them on their recovery journeys and to maintain their tenancies.

Some of the Aspire clients who were interviewed said they would have benefited from additional support with making social connections. Clients generally experienced high levels of social isolation before and during their Aspire engagement, and for some this was exacerbated by transience; they had not lived in Adelaide over the longer-term and their family members were based elsewhere. For example, Tahnee had moved to Adelaide to be with a partner but after the relationship broke down she found herself isolated and lonely, separated from family interstate. Tahnee would have valued the opportunity to meet other Aspire clients through organised activities such as cooking classes or outings. She noted that this would have helped her to build social connections and reduce her reliance on her case navigator for emotional support, as well as giving her something to look forward to and making life feel more meaningful. Chris suggested sending a bus round to pick people up for a barbecue down at the park every month or two. He thought a structured peer support network for Aspire clients would also help to strengthen connections as well as having a therapeutic effect.

Many Aspire clients would likely benefit from enhanced support and encouragement to strengthen their social networks, including with other program clients; within their local communities once housed; with work or study colleagues; and potentially through reconnecting with family and friends. Ideally this process would begin in the early to mid-phase of Aspire participation, as part of the 'settling' process associated with securing housing, getting used to a new neighbourhood and addressing health and financial issues. Clients who became more engaged with employment in the latter phase of their Aspire participation reported having less time and energy to see their case navigators, develop social connections or attend appointments. Consideration should also be given to how social connections can be sustained as people's Aspire participation progresses and afterwards.

Hannah's Story

Hannah commenced in the Aspire program in 2017. 'Due to domestic violence, desperate circumstances and bad mental health I lost two children to the state and I was on the street for some time. The streets were violent and unsafe for a young female who has no idea about how to stay safe. I was assaulted on one occasion which led to a decline in my mental health and caused me to feel extremely unsafe and hypervigilant. I remember sleeping on the cold concrete in wet clothes with no blankets, napping when I could by day when there were people around'. After being on the streets, Hannah discovered the Hutt St Centre which provided her with a hot meal and shower and found her some short-term emergency accommodation at a local shelter.

Whilst in the shelter, Hannah found out she was pregnant. She was also accepted into the Aspire program. 'The first year of Aspire I was supported through medical appointments and helped to establish a relationship with the father of my child. My navigator helped me to see red flags and to make good decisions for my health and unborn child. I soon gave birth to a healthy boy. Then I was offered a home in an amazing location. It was close to hospitals, shops, buses and schools. It gave me the opportunity to think about the future, not just day by day and minute by minute'. Hannah has now been settled in her property for two years. 'For the first time in my life it feels like home. It's a safe haven and a secure place to grow for both myself and child'.

The Aspire program helped Hannah to attend her medical appointments and seek help when required. After six months she was deemed mentally stable and was reunited with her two other sons. Aspire connected Hannah to a parenting course, where she learned how to raise children in a safe environment whilst encouraging their growth and enjoying their achievements. 'Not only did Aspire house me but they supported me to become the best person I can be for my children. Aspire helped me learn to cook healthy and fun food for my son (with some veggie smuggling). I now have an amazing relationship with my children, a safe stable home, support in the community and great mental health. This has enabled me to have healthy relationships with friends and family. I even have confidence to volunteer one day a week with a local organisation. My three years with Aspire has come to an end and I can honestly say I now enjoy life and I look forward to each new day…I do not know where I would be today if it were not for the help from Aspire. Thanks for everything Aspire!'

Source: Social Ventures Australia 2020.

Tahnee suggested that some Aspire clients experiencing social isolation may like the option of being placed in a share house situation. While care would have to be taken to ensure housemates were a good fit (and appropriately matched to dwellings), house sharing may be worth considering for a small number of Aspire clients who are interested, at the same time as helping to ensure available housing stock is used efficiently.

Key finding 20

Participation in the Aspire program is associated with modest improvements in social inclusion, engagement with community and quality of personal relationships.

Recommendation 9

Any potential future iteration of Aspire should enhance the work done with clients to build social inclusion and community engagement, including by coordinating peer support networks and activities.

7.9 General case management

Aspire clients present with a diverse and complex range of needs, with the qualitative data suggesting the program design (and staffing) are largely equipped to meet these needs. All clients interviewed reported that Aspire was able to support them with mental health and trauma-related issues. The specialist expertise required to provide supports in these areas is mostly not sourced from within the Aspire team; but rather through case navigators working with clients to identify the most appropriate specialist supports, i.e. workers providing case management or facilitating access and making referrals as required. As one staff member noted: 'the Aspire team can't do absolutely everything', and case navigators are encouraged to seek outside expertise when it is required.

Case management in practice sometimes involves clients being placed on wait lists (e.g. to access psychology or drug and alcohol rehabilitation services), though all of the clients who were interviewed expressed a high level of satisfaction with the specialist and clinical supports they were assisted to access through Aspire. Clients said they would not have been able to access these supports without assistance from their case navigators, for a range of reasons. Clients described complex and sometimes overwhelming processes for accessing specialist supports and their reluctance to take steps towards accessing services without encouragement. Lacking secure housing and connection to a local community, including a relationship with a GP, were other identified barriers.

Problems with accessing specialist supports was identified as an issue in the evaluation of the London Homelessness SIB (Mason et al. 2017) and also causes some concerns for Aspire. Aspire staff express frustration with not being able to connect clients with specialist services as quickly as they would like, particularly in crisis situations and when mental health supports are required. While Aspire staff noted that they have basic training in mental health first aid, they indicated that easy and consistent access to specialist support in this area would be helpful, preferably inhouse or through co-located supports. Currently, Aspire relies on assisting clients to access mental health supports through mainstream pathways, where they are exposed to the acknowledged deficiencies of the existing mental health system, including fragmentation of services, long wait times, service gaps, program criteria affecting eligibility, service and outcomes and inequitable access to services (see, for example, Office of the Chief Psychiatrist and SA Mental Health Commission 2019; South Australian Government 2019).

Addressing issues in the mainstream system will take time and more immediate strategies to improve Aspire clients' access to mental health and other specialist supports are required. This view underpinned team thinking that, ideally, Aspire would have access to an inhouse multi-disciplinary team, possibly including a nurse, psychologist, drug and alcohol counsellor and occupational therapist, with some capacity to deliver outreach services in people's homes. Specialist expertise in child protection, domestic and family violence, youth work, disability support and the NDIS, and cultural safety were also part of the thinking in reflections on the Aspire staffing context.

Interviews with clients indicated that they valued more than Aspire's practical assistance in connecting them to specialist supports. Clients felt their case navigators made them motivated and empowered to access supports. Knowing that their case navigators cared about what happened to them and would regularly check-in made clients feel worthy of support, whereas most of the clients interviewed said they previously felt they didn't deserve help. The evaluation found that clients expect a lot from Aspire and their case navigators, but that Aspire is generally able to meet these expectations, at least in relation to non-housing supports.

Mark's Story

Mark is a 55 year old man who has spent his whole adult life moving between short stays with family, rough sleeping, boarding houses and in prison. Mark was the victim of a serious assault while in prison and consequently acquired a serious brain injury. The injury affects most areas of his life, including his memory and ability to socialise in a positive way. Mark also has a diagnosis of schizophrenia, which when unmedicated results in Mark becoming highly paranoid and believing that people are stealing his memories. Mark finds it difficult to trust people and takes a very long time to form positive relationships. He has a significant service history of emergency housing, hospital visitations and interactions with the justice system. Mark joined the Aspire Program in January 2019. Stef and Jan from the Aspire team designed a bespoke care plan with Mark which is built around twice weekly visits. This plan was designed to allow time to build a trusting relationship and move forward at a pace which Mark is comfortable with. Mark moved into his own unit in March 2019 and maintained his lease through numerous difficulties, including struggling with unwanted guests and noise complaints. Throughout, Mark continued to engage with the Aspire team to help him overcome these issues. He is regularly taking his medication and beginning to explore options for structured social activities.

Source: Social Ventures Australia 2019.

The qualitative data suggest that clients place high value on the simplest of supports. Examples clients gave included a bag of groceries being dropped off to them, being able to buy a microwave and kettle for their new property, and assistance with preparing a resume, filling out paperwork or renewing a driver's license. The clients who were interviewed said that support with strengthening 'life skills', such as cooking, home maintenance, cleaning and budgeting, is helpful for many people settling into a new living situation after experiencing homelessness. Clients reported finding tasks which imposed 'administrative burden', often involving dealing with bureaucratic systems both online and in person, daunting in the early stages of their Aspire participation, and they greatly appreciated having someone guiding and encouraging them through these processes. Even those clients who felt they had the basic skills they needed to live independently appreciated their case navigator 'supporting me, giving me a bit of a push to help me tick some of the boxes', as Tahnee phrased it.

There were many occasions when clients were grateful to have their case navigators able to advocate for them and help them achieve the best possible outcomes from their interactions with 'the system'. The most valued support for clients overall, however, was simply being able to chat with their case navigator when they were feeling low. For Wayne, one of the most important things was 'just to know that I wasn't alone and if I did need help they were always there'.

Clients described receiving non-housing supports that were individually tailored and demonstrated that Aspire staff had a deep understanding of their needs. For example, for one participant who was interviewed, working through childhood trauma was a key element of finding stability and feeling more secure in his new home. His case navigator assisted him to engage with the national redress scheme for survivors of childhood abuse and supported him through this process. Another participant explained that after being housed, what he most needed was practical and psycho-social support around working towards being reunified with his young son, who had been placed in out-of-home care. His case navigator accompanied him to meetings with child protection authorities and encouraged him to advocate for himself. When it became clear that the participant's upstairs unit was not an ideal environment for his son, Aspire secured a transfer to a three bedroom house. The participant regained full custody of his son and at the time of interviewing him for this evaluation he was organising childcare arrangements so he could return to work part-time.

The quantitative data analysis shows that housing is the most common area around which clients are supported by their case navigators and other Aspire staff. Relationship issues, mental health, financial concerns, safety issues and physical health are also common areas of engagement. Support is also provided, albeit less commonly, across employment, community activities, drug or alcohol use and justice/legal-related issues.

Key finding 21

The Aspire program is able to facilitate access to specialist mental health, disability and drug/alcohol rehabilitation services for most clients, notwithstanding systemic challenges in this area, but program delivery would benefit from additional staff training and enhanced accessibility of specialist supports in mental health in particular.

Key finding 22

Clients in the Aspire program benefit from a diverse range of supports tailored to their individual needs, including practical supports and simply being able to talk through problems with their case navigators without judgement.

Recommendation 10

Any potential future iteration of Aspire should include a multidisciplinary team to strengthen system expertise and enhance participant access to specialist supports, particularly in the area of mental health.

7.10 COVID-19 impacts

The COVID-19 pandemic had mixed impacts on the delivery of the Aspire program in 2020-21. The 2020 Investor Report (Social Ventures Australia 2020) noted that some issues were experienced due to social distancing and lockdown constraints, particularly limits on face-to-face interactions. Aspire staff reported increased workloads, as they sought ways of maintaining connections with clients other than in-person contact and clients spent longer in the more intensive stabilisation and re-engagement stages of the program. There were some delays in clients being able to access specialist supports and reduced opportunities for employment and community connection during 2020. Hutt St Centre reported that some of their engagement with other service providers and agencies was disrupted due to COVID-related restrictions. No clients were treated for COVID-related symptoms in hospital in the period to 30 June 2021.

Interviews with Aspire staff and clients did not suggest that COVID-19 created any significant disruptions to people's recovery pathways. The upside of the pandemic was that the SA Government's COVID-19 Emergency Accommodation Response for Rough Sleepers (CEARS) rolled out in the second quarter of 2020 catalysed positive housing outcomes for some clients. A number of clients who were waiting for housing were placed in motel accommodation, and then offered a SAHA tenancy. Several of the clients who were interviewed for the qualitative data collection reported that Aspire's support during this period helped them maximise the opportunities presented by the CEARS response and follow-up housing allocations. Aspire clients' SHS service access decreased in 2020, partly because some were temporarily housed as part of CEARS, which is not counted in the SHS service access data considered in this report.

Peter's Story

Peter joined the Aspire Program in March 2020 after being evicted from the property that he lived in with his son. Peter was evicted due to significant property damage caused by his son. As a result, Peter and his son were separated: Peter's son moved into his grandma's house; Peter slept in his car. The separation took its toll on both of them. Peter was previously self-employed but was unable to work due to his situation. He was also unable to organise his financial affairs and access the government assistance he was entitled to. During the COVID emergency response, Peter was allocated a motel room. The time in the motel and the support provided by Aspire allowed Peter to have the right headspace to organise his affairs and work towards securing a private rental property. Peter was provided meals by the Hutt St Centre during his time at the motel, and he was referred to a service for some much-needed emergency dental work. Peter was successful in securing a private rental property where he and his son are now settled; they have plans to build a kitchen table together. Peter continues to access his Alcoholics Anonymous meetings and he has commenced night classes in construction so he can work towards getting his builders' licence. Peter feels like he has got his life back and is looking forward to what the future holds.

Source: Social Ventures Australia 2020.

This section of the report has provided evidence of the outcomes of Aspire across multiple indicators. Compared to their pre-Aspire experience, after entering the program clients are much more likely to be housed, less likely to access emergency accommodation services, less likely to use hospital services, less likely to use justice services, likely to have improved personal wellbeing and likely to be working on progressing towards improving their education, employment and social inclusion circumstances. The flow-on effects of reduced service use by Aspire clients include reduced costs for government. The next section considers the impact of Aspire more broadly and the factors underpinning its effectiveness.

8. Impact of Aspire and why it works

As described in Section 7, Aspire is associated with a range of improved outcomes for individuals and at a systemic level. In Section 8, the broader impact of these improved outcomes is considered, drawing on a rich qualitative dataset to complement the largely quantitative analysis in Section 7. The overall effect of Aspire participation on individual lives is discussed, along with the extent to which Aspire is an effective and appropriate response to homelessness. This section also considers the key factors underpinning Aspire's success, as well as some possible areas for refinement.

8.1 Benefits for individuals

The evaluation findings suggest that Aspire produces positive, often life-changing, outcomes for the majority of participants. All the participants who were interviewed for the evaluation said they had wanted to make changes in their lives but wouldn't have been able to achieve this goal without Aspire. They all described Aspire as completely turning their lives around. Comments included 'I don't think I'd be where I am now if it wasn't for Aspire' (Aaron); 'I'd probably be back in jail' (Jake); 'I'm so thankful' (Bill); and 'It's a gift that I can't even begin to explain to you…it's been a blessing' (Lachlan).

Chris reported 'they went above and beyond for me…without them I wouldn't be here at all…they've been absolutely invaluable to my mental health, my emotional health and my stability in the house'. Sharon said 'Aspire is perfect for me with the amount of time and the one-on-one support, it's the combination of everything…I really love it'. Wayne observed:

> Before Aspire, I was out of control and it would have got worse…I don't know whether I would have made it through…once I realised the benefits, it really pushed me along and I think I've come a long way because of Aspire…it's the reason I've got my dog and my house and my car and life is good.

Participants also reported that from their perspective Aspire was unlike any other programs and services they had accessed, which they had not expected. Bill noted:

> At first I thought it was bullshit because I've heard it all before and the system's let me down. I just thought Aspire's not going to be any different, but it *was* different.

Similarly, Wayne's initial scepticism about Aspire was soon displaced:

> At the start I thought oh, is it going to be three years of them knocking on my door? But it was nothing like that and at the end I was sorry to go…when the three years was up, I wanted to start over!

When they joined Aspire all the participants who were interviewed were at risk of what some might bluntly refer to as 'disengaging from services', or at least of giving up any hope that they system could help them with their needs. Aspire renewed participants' faith that there were people who cared, services that met their needs and possibilities for change. As one key stakeholder noted: 'there's heaps of power in being able to provide a different response for people who are so disenfranchised'. Similarly, Wayne reflected:

> If I hadn't come across Aspire I probably wouldn't have gone anywhere else. With just help with life in general, if I hadn't been through Aspire I don't think I would have thought anybody could help me. They really changed my outlook on organisations that provide help.

Karen's Story

Karen is a 44 year old woman who had been sleeping in her car for over a year before being referred to Aspire. Over this time, she tried to work with other homelessness services but they kept referring her onto other programs. Karen says Aspire was the first service which listened to her and actually made a difference. Karen experiences multiple mental health conditions, and in the past has struggled to get the right type of support. She would often present at hospital seeking crisis treatment. Karen was very proactive in applying for housing and secured a housing offer through the Adelaide Benevolent Society. Karen turned down Aspire's offer of help to furnish her new unit, preferring to source her own items through second-hand shops. Karen said she wanted Aspire to save money for people who really needed it. Karen worked to reduce her smoking habit, engage with a respiratory care service, re-connect with her estranged son, and get the help she needs for her mental health. Karen then set about building a small business restoring wooden furniture to sell through social media.

Source: Social Ventures Australia 2019.

Several of the participants who were interviewed talked about people they knew who would benefit from Aspire and whom they hoped could be offered the same support they had experienced. The participants felt strongly that the Aspire model, offering intensive case management and appropriate housing and supports over a sustained period, was key to an effective homelessness response. As Lachlan noted:

> It's so necessary for [Aspire] to be operating, it's so essential, it's so needed…I'd like it to continue because there are many more needy people and I think the government should think very, very hard about this.

Key finding 23

The Aspire program produces positive, often life-changing outcomes for most participants, including those for whom other interventions may not have been effective.

8.2 Effectiveness as a response to homelessness

Participants were not alone in feeling strongly about the value of Aspire and its key role in responding to homelessness; program staff and stakeholders from across the full range of perspectives incorporated in the evaluation agreed. From the point of view of program staff, Aspire is a highly effective model for homelessness intervention and service delivery. As one staff member noted:

> I know within this program that I am making a difference. For me, I really like the model and I really like what the program stands for and what it does for clients…the fact that we do have some of the most vulnerable, complex clients and we can still help them make a difference in their lives, help them to change their lives, is something that really sticks with me and drives me.

No one program will work for everyone, however, and success looks different for different people (which is one of the limitations of using common performance measures across a cohort). Aspire staff did mention a small number of participants for whom the program had not been as successful as hoped, generally because they were not ready to engage with the recovery process and/or required higher level specialist supports than Aspire was able to provide. Three participants reinforced some of these staff views, speaking anecdotally about people they knew who they considered ill-prepared to engage with a program such as Aspire, including some who had been housed through Aspire but decided to return to rough sleeping because they did not want to address their drug issues.

In keeping with its Housing First orientation, Aspire is a low-barrier entry service that provides unconditional supports without any expectation of behaviour change by participants. The evaluation found no indication that case navigators put any pressure on participants in this regard. Conversely, Aspire participants who were interviewed all said they greatly appreciated how non-judgemental, pragmatic and supportive their case navigators were, including when participants experienced lapses back into substance abuse or other behavioural patterns they had been trying to address. The interviewed participants who were working on behavioural changes were doing so because they had chosen to, not because their Aspire participation required it.

In practice, however, maintaining their housing would be difficult for many Aspire participants if they didn't meet certain behavioural expectations set up by their housing provider. Anti-social behaviour or criminal activity in social housing (including by visitors), failure to maintain properties to an adequate standard and falling into rent arrears can all lead to eviction. Supporting people to maintain tenancies may involve case navigators working with them to address behaviours that have the potential to threaten those tenancies.

Even with flexible, intensive wraparound supports over a sustained period, some participants may not choose, or be able, to change entrenched behavioural patterns. Stakeholders noted this is more likely to be the case where unresolved trauma or mental health issues are in play. There are also systemic issues that open up gaps through which people can easily slip, even with case navigators to support and advocate for them. For example, people may lose their entitlement to supports they have been accessing such as psychotherapy and counselling after a certain time period elapses or if they are housed in a different geographical area.

These are some of the reasons why Aspire does not work for everyone, but it does work for most people who have been experiencing chronic or recurrent homelessness and we now turn to the reasons why this is the case. A key stakeholder who was interviewed had an excellent understanding of the Aspire program design and a high-level overview of its implementation but observed that what happened 'on the ground' remained something of a mystery. While it was clear to this stakeholder that Aspire was delivering good outcomes, they did not necessarily understand why. The stakeholder wondered what 'the secret sauce' was. The qualitative data collection suggests that Aspire's secret sauce has three main ingredients, though none of them are particularly mysterious or surprising and they are in line with prior evidence of what works in supporting people experiencing chronic homelessness to find and maintain housing. The three key ingredients are discussed in the remainder of Section 8.

Key finding 24

The Aspire program plays an integral role in supporting participants to exit homelessness, avoid criminal activity, address problematic drug and alcohol use, and effectively manage their physical and mental health issues.

Key finding 25

Participants in the Aspire program, staff and key stakeholders agree that the Aspire model – sustained, intensive case management with wraparound supports – is an effective response to homelessness and there is a continuing need for a program of this kind in South Australia.

Recommendation 11

A program based on the Aspire model – sustained, intensive case management with wraparound supports – should continue to play a key role in South Australia's response to homelessness to ensure people who are experiencing chronic or recurrent homelessness can be effectively supported to maximise positive life outcomes, economic and social participation and inclusion.

Recommendation 12

Any potential future iteration of Aspire should remain a low-barrier entry service and continue to take a non-judgemental approach, while still encouraging and supporting participants to address issues in their lives which may make it harder for them to sustain housing.

8.3 Duration of supports

8.3.1 The benefits of sustained support

The first, and most powerful, ingredient in Aspire's secret sauce is the three year timeframe over which participants are supported to meet their needs, aspirations and goals. For most participants, the critical period in terms of structured program support is the first 12 months, with their needs substantially reducing after this time period, especially when they are securely housed. Even participants who are well settled into housing, however, report placing a high value on their continued access to the Aspire team for support, especially through connection with their case navigators. As Bill observed, 'knowing that you've got support for three years makes a major difference'.

Practical assistance with various day to day issues such as managing finances or health problems was mentioned as being helpful over the longer-term. Participants also reported that their recovery pathways were wave-like – they may be travelling well for a while and then experience a setback, such as job loss, relationship breakdown or substance use relapse. These setbacks were times when they tapped back into the continuing Aspire supports that were available to them. Even during good times, just knowing the Aspire team was still there as a safety net if they needed them was helpful.

Participants said their experience with other programs and service providers had sometimes made them feel like problems to be 'band-aided' and hurried on their way as quickly as possible. As David observed, 'some places are more geared to getting people in the door and out the door for funding, they just want to get you in there and then get you out'. Wayne noted 'usually they help you, then it's see ya later'. In contrast, Aspire makes participants feel like someone actually cares about what happens to them and has their back at all times. This in itself keeps participants motivated to continue on their recovery pathways.

Participants said three years is about the right length of time for connection with Aspire, while recognising the optimal length of connection varies significantly between individuals. Program staff generally agreed, noting that the participants who continued to benefit from relatively intensive support in the second and third years of their participation were offset by those whose need for supports declined. Key stakeholders were more equivocal about whether three years was the right length of time. While acknowledging that some participants would benefit from a full three years of support, a few stakeholders thought a shorter program would suffice for most people.

One stakeholder, from a referring agency, thought the prospect of engaging with Aspire for three years could be overwhelming for some potential participants: 'A lot of these people haven't committed to anything for three years…it's a bit daunting'. Another stakeholder suggested that 'two years is almost as impactful as three', although this was dependent on how quickly a client was housed: 'the critical factor that determines how long they need case management is when is a house available'. These findings are not quite in alignment with those of the London Homelessness SIB evaluation, which concluded that three years may not be sufficient to achieve stable outcomes for those with the most complex needs (Mason et al. 2017). Clients who need supports for a period longer than three years may benefit from living in a supportive accommodation setting rather than participating in a time-limited program.

It does appear that only a minority of Aspire participants really need supports in the third year of the program. This reality opens up the possibility of reducing the cost of the program by making the standard support period two years, potentially with an option of extending to three years for clients who would benefit from this. It is not clear, however, whether a change to the duration of support would result in significant cost savings in the delivery of the program as the intensity of people's contact in the third year is already greatly reduced. Additionally, in stating this, many stakeholders and participants noted the importance of a third year of attachment as a stabilising safety net for people and felt they should be offered continued connection to case navigators for a full three years and potentially even beyond if necessary.

One stakeholder noted that a program like Aspire, which offers supports over a long timeframe, reduces churn through the system in several ways. The obvious effect is that people who receive post-housing supports are more likely to sustain tenancies, rather than losing them and ending up as SHS clients again. A less obvious benefit is that staying on the books for a long period allows for people's level of engagement with supports to ebb and flow. If an Aspire participant has a period of little or no contact with their case navigator, it is possible for them to be picked up again, with the same navigator, at a later date without needing to be treated as a new client as would be the case with short-term programs. The capacity to check back in with the same service reduces churn and enhances the continuity of supports for clients, avoiding the need for them to start all over again with retelling their story and getting to know a new case manager.

8.3.2 Tapering and transitioning out of the program

It was common among the participants interviewed to feel some trepidation at the prospect of their engagement with Aspire ending. As Tahnee noted, 'It was a bit overwhelming thinking oh shit, I won't have them there anymore…not having the support anymore, it was a bit daunting…it's that end of the chapter'. Chris felt similarly: 'When I lose my contact with Aspire, I'm actually a little scared. If my three years are up, who am I going to get support from then?...Who am I going to reach out to?'. This is consistent with the findings of the qualitative evaluation of the J2SI program (Thielking et al. 2020), which found the tapering of supports as the program went on was one of the most challenging aspects for participants. The J2SI evaluation recommended a more individualised approach to duration of service provision, with scope to taper supports sooner or extend them beyond three years depending on client needs.

The tapering of intensive supports over the course of participants' three years in Aspire appears to be well-judged by staff and responsive to individual needs and circumstances. Nevertheless, the transition out of Aspire, particularly for participants who have had some reliance on supports right through to the end of the three years, remains a process that requires careful management.

As discussed in the next section, one of the reasons Aspire works well is the strong relationships that develop between participants and case navigators, and it can be difficult for participants to let these relationships go when they exit the program. The intensity of the participant-case navigator relationship needs tapering in the final phase of the program in a similar way to the easing of supports, to help participants feel confident about moving forward independently and with self-sufficiency. The need to taper support adds weight to the case for retaining the third year of Aspire to allow more time for this adjustment process, particularly for participants who take some time to be housed when they start the program. The third year is also a time when ongoing supports external to Aspire can be put in place for those who need them.

Chris suggested that an 'aftercare' element of Aspire should be introduced to provide ad hoc, low-intensity supports for people after their three years of participation ended: 'So you're not off the books completely…you always feel connected and you're not just thrown away after three years'. In line with his suggestion of

establishing a peer support network for Aspire participants, noted in Section 6.5.6, Chris also thought an ongoing network of 'Aspire graduates', loosely supported by program staff, would be a valuable follow-up to the formal program.

Key finding 26
The long duration of support as part of the Aspire program is a key driver of its success in achieving positive outcomes for individual participants and at a systemic level, although not all participants require three full years of supports. This flexibility is accommodated by the Aspire model.

Recommendation 13
Any potential future iteration of Aspire should offer supports to participants for two to three years, with the duration of supports tailored to individual needs and continued close attention paid to participants' transition out of the program.

8.4 Intensive case management and relationships

8.4.1 Keeping caseloads manageable

The second key contributor to Aspire's success is the strength of the relationships between participants and staff, particularly case navigators, underpinned by manageable caseloads that allow staff to deliver intensive supports. The case navigator model is one of the elements of Aspire that distinguishes it from other case management programs. A similar model was a key innovation of the London Homelessness SIB discussed in Sections 2 and 3. Navigators work with clients more intensively and for longer than traditional case management arrangements allow and have more flexibility to tailor supports to individual client needs.

In the case of both the London Homelessness SIB and the Aspire SIB, the higher level of funding made possible by the SIB and the expectation of future savings to government, supported a more resource-intensive form of case management. It should be noted, however, that Aspire caseloads were not particularly low given the complex needs of nearly all the clients. Measuring caseloads by head count can also be misleading in a long-term program such as Aspire because clients in the early stages of participation generally require a much higher level of support than those towards the end.

The strong relationships that evolve between Aspire workers and participants are based not just on the personal characteristics of staff, including a passion for, and commitment to, their work, but also relate to staff having the capacity to devote considerable time and energy to individual clients. Delivering intensive supports and being able to respond quickly and effectively to client needs depends on keeping caseloads at reasonable levels. When case managers are spread too thin, their capacity to deliver the kinds of supports Aspire participants need, and to nurture the strong relationships that participants place high value on, is compromised.

8.4.2 Building trust and respect

It was evident from the interviews with Aspire program staff and participants that strong and genuine bonds of trust and respect formed between case navigators and participants. Participants spoke in glowing terms of their case navigators, describing them as 'awesome, really supportive'; 'always there'; 'going the extra mile'; and 'doing a great job'. While it might be expected that these bonds would take some time to develop, particularly given the feelings of cynicism and distrust many participants had towards service providers and 'the system' before they joined Aspire, the participants interviewed reported quickly feeling at ease with their case

navigators. Several participants explained that they had shared everything about their story with their case navigator because they felt comfortable that they would not be judged or treated any differently. Bill reflected:

> I've told [my case navigator] all the things I've done and she's still willing to sit down with me after that, hear me out and find out what the triggers are…with Aspire, I can't stress it enough, how comfortable they make you feel, it's a whole non-judgemental thing. Aspire has helped me gain the confidence to tell the truth, I can be honest with people.

Such comfort and trust in workers also means participants are able to be honest with their case navigators when they feel they are making unwise choices, lapsing into old behaviour patterns, or at risk of doing so. Honesty between participant and worker allows case navigators to provide supports at the earliest opportunity and minimise the impact of any setbacks on participants' confidence levels and recovery processes. Aspire staff were non-judgemental and supportive of participants when they 'messed up', recognising that setbacks were part of the recovery process. Such practice helped participants to forgive themselves for occasional failures and keep moving forward.

Case navigators encouraged participants to reflect on how far they had come and gave them the confidence to feel they could keep building on these gains. Chris commented that 'without Aspire there, without their encouragement and support, I would never have got through it. I would have thought I was a failure'. Bill's attitude was also typical:

> I am going to relapse from time to time, but as long as it's a one-night relapse…it's not going to mean I don't pay my rent, don't show up to work. I don't want to lose this.

8.4.3 Empowering participants

The Aspire program design envisaged that case navigators would work with participants to understand and explore their potential and encourage them to maximise this, rather than settling for less. The qualitative data suggest that the program implementation has stayed true to this aim. Participants reported that their case navigators gently pushed them when required, while treating setbacks and minor failures as part of a learning process. Participants placed a high value on being challenged by their case navigators, even if they were initially resistant. For participants, aiming a little higher than they might otherwise have done made them feel worthy, encouraged them to ask for what they needed, and gave them confidence that they could achieve great things.

Participants reported that Aspire staff struck just the right balance between helping them and empowering them to build their own resilience and self-sufficiency. Several participants reflected on times that they realised they had been demanding too much and becoming over-reliant on supports. They said their case navigators had known exactly when and how to push back and help them recognise the necessity of working towards 'standing on their own two feet'.

Participants said Aspire staff were highly accessible, reliable and supportive, at the same time as helping them recognise the limitations of what others could help with and what participants needed to help themselves with. The capacity for more intensive supports in Aspire means staff can be responsive to client need when that need arises. As a key stakeholder described it, 'when someone's in crisis you get there quick enough'. Staff were sufficiently flexible to respond to the full range of participants' needs, drawing on external services and supports where required. Participants said no problem was too big or too small for their case navigators to help them with. They described staff as having 'worked wonders' and 'pulled off miracles' to solve the big problems, particularly securing housing for participants.

8.4.4 A responsive 'Aspire culture'

In line with prior evidence of what works in relation to post-housing support, Aspire's case management approach is flexible, comprehensive, coordinated and cohesive (Brackertz et al. 2016; Flatau et al. 2014). The Aspire team work collaboratively and take a shared approach to problem-solving and case management, allowing for optimal service delivery and for staff to feel well-supported. Aspire case navigators require a diverse skill set and need to be adaptable and responsive to client needs. Hutt St Centre aims to recruit case navigators who are client-centred and non-judgemental, and past experience of working with people experiencing homelessness and/or with complex needs is looked on favourably. Case navigators should also be able to locate their work in the broader homelessness service delivery area and demonstrate an investment in the Aspire SIB and client outcomes.

The sample of participants who were interviewed reported consistent elements of their experiences regarding Aspire team members, suggesting there is an 'Aspire culture' that shapes the way program staff interact with participants. Participants regularly spoke about how much they appreciated the encouragement they received from case managers and how it helped build their confidence. Participants said staff were highly responsive to their individual needs; they felt listened to and heard, which they described as unusual when interacting with service providers. As Wayne noted:

> The help I did seek out [before Aspire], it was only like they were going through the motions, doing what they had to do…it was never about me, it was about justifying what they had to do and their decisions.

Similarly, Chris appreciated that:

> What I needed, that's what they would try and help me with. They wouldn't say okay, you've gotta do this, this, this and this…don't tell me what to do. But they would say 'how can we best help you?' and that was great.

To some extent, 'Aspire culture' may benefit from being perceived as associated with 'Hutt St Centre culture'. Hutt St Centre is a long-standing, respected provider in the Adelaide SHS sector and many people experiencing homelessness in the city are familiar with its service offerings. Aspire is housed within the Hutt St Centre's physical, organisational and administrative structure, but it is staffed and funded separately from the centre's other services, notably the Wellbeing Centre. Aspire initially had separate physical infrastructure, with office, meeting and drop-in space located on Halifax Street a short walk from Hutt Street. The Hutt St Centre association is likely to have worked in Aspire's favour, particularly when it was an unknown quantity. As one key stakeholder noted: 'there were lots of elements of inherent trust that were inferred from the fact that Hutt St Centre run it'.

8.4.4 Persistence/relentlessness

One key stakeholder involved in the program design talked about a desire to permit 'relentless' case management, which was only possible when case managers were not overloaded. Reflections from stakeholders and participants certainly indicate that Aspire staff are highly persistent in engaging with participants, and in working with people to secure housing and to address other problems. Participants were never put in the 'too hard basket' or dismissed as being 'service-resistant'.

The persistence and dedication of Aspire staff made participants feel they could rely on this particular program and they would not be abandoned by their workers, regardless of challenges and circumstances. Notably, while

participants talked about feeling like their case navigators genuinely cared about them, professional boundaries were still maintained and participants' expectations were managed. Lachlan noted of his case navigator: 'he's sincere, he gets me…I talk to him like I'd talk to a friend but he's always been 100 per cent professional'. This strong bond, however, was not seen as without risks. It placed significant pressure on staff, as one key stakeholder noted:

> The emotional responsibility, and no matter which way you slice it, with all of the professional boundaries in place, you are still a constant in this person's life. For three years. And that's a lot of weight for some people.

The risk of participants becoming too attached and dependent, sometimes on a particular worker, needs careful management, but was reported to have been handled well in the Aspire context. Over-promising is avoided by workers and staff place a high value on honest, open and transparent communication with clients. There have been times when participants have needed to change case navigators or rely on another team member while their case navigator is on leave, but this usually didn't cause significant problems. There can be advantages to a new perspective for some clients at these times.

In terms of the relational foundation of the program, participants who were interviewed clearly understood that their case navigators had other clients and that their time in Aspire would come to an end. Again, the most valued and beneficial features of the relationships between staff and participants were related largely to staff not being overloaded. Case navigators need to have sufficient time and energy to make individual clients feel they matter and support them effectively in their recovery processes. As Bill succinctly put it: 'that is one person who gives a shit' about him, and for Chris, 'it was invaluable to have someone on my side, someone who was going to fight for me'.

8.4.5 The importance of continuity

This discussion of the positive relationships Aspire staff build with clients comes with an important proviso, however. When the case navigator-client relationship is disrupted or does not work out, it can lead to serious setbacks for participants. Chris reported having four changes of case navigator in less than two years on the program, and that the transitions between case navigators were not handled smoothly. His case navigators kept leaving or getting promoted within Aspire, leading him to reflect:

> They're brilliant workers, they're fantastic, but what comes across is that you're just a stepping-stone for them to do something better…Are they in it just for a career move, am I just a means to an end for them to get promoted?...I'm really fucking pissed off about it…sick and tired of being passed around like a little football.

Chris reported repeatedly getting close to a case navigator and then having to start anew: 'I don't want to fucking tell my story all over again…I'm not going to pour my heart out to a brand new worker'. He said his new workers showed little sign of having familiarised themselves with his needs or circumstances through reading case notes or having a handover with the previous worker. His most recent two case navigators had been a poor fit, notably because they were male: 'I specifically said I wasn't comfortable opening up with a man...I'm not going to talk to this guy, I'm not going to open up to this bloke'. Chris also reported a three to four week gap between one case navigator leaving and being allocated a new one, and noted that this was a risky time: 'the waiting period between workers, that's where things will go wrong because you don't have that backup and support'.

Other participants who were interviewed reported finding it difficult when their case managers took leave, and had also experienced being allocated new case navigators, though not as frequently as Chris and with less disruptive transitions. Chris had commenced with Aspire more recently than the others who were interviewed, and the turnover of case navigators, and the recruitment of new staff, became more problematic from 2021 due to shifts in the homelessness service landscape in SA (see Section 2.1). Chris reported discussing the issue with other current Aspire participants he knew and viewed case navigator turnover as having become a widespread issue which was compromising client outcomes. Hutt St Centre feedback, however, indicates that Chris' experience was highly unusual, and there are mechanisms in place to minimise the impact of case navigator changes and promote appropriate matching of case navigators with participants. For example, all participants are offered a choice of case navigator gender which is accommodated wherever possible (noting that that Aspire currently has only two male case navigators compared to eight females). When a participants' usual case navigator is unavailable for any reason, participants are invited to contact other members of the team for support.

8.4.6 Recruitment challenges

Management at Hutt St Centre acknowledge that staffing at Aspire has been challenging since 2021. Aspire stopped taking in new clients in mid-2021 (it resumed in early 2022 upon receipt of extension funding announced by the SA Government in November 2021) and staff were aware that the program was entering a wind-down phase in which staffing levels would begin to taper. Aspire staff were on fixed term contracts with limited job security and potential new roles with the homelessness alliances, established in June 2021, had some appeal. At the same time, the changes meant Hutt St Centre lost its short-term (three to six-month) case management program, a key source of referrals to Aspire. Around 20 staff from the short-term program left, reducing the capacity for staff back-up and flow between programs. As a manager at Hutt St Centre reported, 'all the balls were in the air…it really upset the organisation and I don't think we've stabilised yet'.

The extension funding for Aspire was a gamechanger, enabling management to offer staff greater job security and to resume intake into the program, adding to the interest level of the work and enhancing job satisfaction. The Hutt St Centre Board has committed to covering any shortfall in the extension funding to retain existing staff and their skills and experience: 'we want to keep the whole capability alive down to every person until we can get a commitment to an ongoing program and then just roll that over'.

Recruiting high quality staff and minimising staff turnover is a familiar problem in the community service sector. Factors such as relatively poor pay, heavy workloads and emotionally demanding work are likely to play a role, contributing to staff burnout and the likelihood they will seek alternative positions. Chris's comments highlight the significant impact a lack of case manager continuity can have on clients. Worker discontinuity was also something participants in the J2SI program reported struggling with, and the qualitative evaluation recommended establishing a case management changeover policy (Thielking et al. 2020).

While the challenges of retaining high quality staff are likely to continue, there is scope for some ameliorative efforts in this area. Such efforts could include careful management of transitions between case managers; allocating two case managers to each client; higher pay and better conditions for workers; lower caseloads for workers; strategies for supporting staff at risk of burnout; targeted recruitment strategies; and effective workforce planning. Approaches such as these require flexibility and stable and ongoing resourcing.

SIB-funded programs, with more scope for service delivery innovation, could be ideal settings for testing new approaches to staff recruitment and retention, though this opportunity no longer exists for Aspire in its SIB-funded iteration. At the same time, Hutt St Centre's experience highlights that SIB funding can also be a source

of staff uncertainty and service discontinuity. As discussed in Section 3, SIBs are designed to support what could be described as pilot programs rather than ongoing service delivery, and prior research has noted that more attention needs to be paid to how successful SIB-funded models can be sustained or 'mainstreamed' (Fitzgerald et al. 2020; Mason et al. 2017). The staff interviewed for the evaluation reported being very aware that Aspire was funded for a fixed period with no obvious scope for continuation. Hutt St Centre management also noted that the SIB funding added a layer of complexity that required new forms of expertise from some staff, contributing to recruitment challenges.

8.4.7 Case navigation and the SIB

The case navigator model has been associated with the critique of SIBs as an extension of the 'neoliberal project' of individualised responsibility and entrepreneurship (Cooper et al. 2016). The freedom and autonomy of case navigation comes with an expectation that navigators will reshape their clients' lives, even the clients themselves, in order to achieve specified outcomes. As Berndt and Wirth (2019) note, behaviourist approaches to service delivery (see Section 3.3) are implicated not only in the expectations placed on the 'targets' of interventions, but also in the framing of relationships between clients and those responsible for 'managing' them.

The Aspire evaluation findings provide no evidence that the 'behavioural turn' sometimes perceived as embodied in SIB frameworks (Berndt and Wirth 2019; Cooper et al. 2016; Wirth 2021) impacted negatively on participants or the relationships they have with staff. The SIB funding mechanism appeared to have little to no relevance to case navigators' day-to-day work with clients. The case navigators who were interviewed were aware of the SIB and its implications for data collection, reporting and performance measurement but they appeared to view meeting the SIB targets as a happy, quasi-accidental side-effect of achieving what they saw as the true and proper aim of their work: observable improvements in the circumstances and lives of their individual clients.

The aggregate measures used for the SIB mattered far less to frontline workers than what happened to the individual people they talked to each day and came to know well. These findings echo those of Cooper et al. (2016) and George et al. (2020) in their investigations of SIB-funded homelessness service provision in the UK. Both reported that frontline staff took a highly pragmatic approach to working in the context of SIB performance metrics, and essentially got on with what they viewed as effective service delivery within the resources available, with the SIB targets just one of the factors informing their work. As George et al. (2020) note:

> The workers would aim to meet the outcome goals prescribed by the SIB but would use their street level knowledge to intervene in ways which would best meet outcomes that they and the service user deemed most relevant and valued (p. 130).

The findings from the Aspire evaluation take pragmatism and micro-level focus one step further again. The SIB and its outcomes were not front of mind, nor even back of mind, but not in mind at all for the frontline Aspire staff. There was no indication that a focus on the SIB outcomes and metrics among frontline staff would have enhanced service provision; on the contrary, it is likely to have distracted them from their efforts to listen to what individual clients said they needed and respond with personalised supports. As one staff member noted: 'we're not thinking we've got to make sure this person stays out of hospital so that our figures look good'. At the same time, of course, the Aspire SIB funding was the reason case navigators were able to be responsive and flexible in the supports they provided for individual clients.

Key finding 27

The intensity of supports provided through the Aspire program is a key driver of its success in achieving positive outcomes for individual participants and at a systemic level and is dependent on keeping caseloads manageable.

Key finding 28

Elements of the case navigator relationship that are highly valued by participants in the Aspire program, and recognised as important by other stakeholders, include:

a) trust and mutual respect;
b) support without judgement;
c) open communication and honesty
d) being encouraged, supported and empowered;
e) flexibility and responsiveness;
f) persistence and reliability; and
g) continuity.

Recommendation 14

Any potential future iteration of Aspire should aim to keep caseloads manageable to permit intensity of supports and the development of strong relationships between case navigators and participants. These elements of the program necessitate appropriate resourcing.

Recommendation 15

Any potential future iteration of Aspire should resource the development of a staff recruitment and retention plan.

8.5 Support to secure and maintain housing

The third main contributor to Aspire's positive outcomes is the capacity to source housing for participants, though challenges in this area are simultaneously the greatest threat to the program's success. As discussed earlier in this section, secure housing was the number one priority for most participants who were interviewed and a vital element of the recovery pathway for everyone.

8.5.1 Alignment with good practice

Participants described stable housing as an end in itself but also the key to achieving other goals, including addressing substance abuse, escaping domestic violence, reconnecting with children and family, stabilising mental and physical health issues, and participating in work, study and community life. Sharon reflected on how securing housing had affected her relationship with her children, aged 17 and 20:

> It's the first time in their whole lives since they were taken off me as babies, it's the first time that I've been able to set up a bedroom for them and it's had a really good impact on our relationship. That's been the best bit.

Such views on the centrality of housing align with the ethos of Housing First, that appropriate housing forms a solid foundation for other life changes and improvements to health and wellbeing (Homelessness Australia 2020). While it has proved difficult for Aspire to take a rapid rehousing approach, it is well-aligned with other Housing First principles of choice, recovery, support and community. Aspire takes individual needs into consideration when matching people with housing and offers alternatives or re-houses people where possible where a housing allocation proved unsuitable. Such deliberative practice recognises that people are more likely

to maintain their tenancies in a property and location that suits them (Vallesi et al. 2020b). Also in line with a Housing First approach, Aspire provides strong post-housing support over a sustained period; promotes clients' wellbeing, social networks and connection with community; and does not view tenancy loss as a failure or grounds for withdrawing supports (Boland et al. 2021; Johnstone et al. 2016; Jones et al. 2019; Perrens and Fildes 2019).

Aspire's intensive case management approach to supporting people to maintain tenancies over the medium to long-term contrasts with conventional responses to homelessness in Australia. Such responses are still largely crisis-driven and emphasise transitional supports which are often conditional on demonstrating 'housing readiness' over the provision of longer-term interventions (Clarke et al. 2019, 2020; Herault and Johnson 2016; Parkinson and Parsell 2018; Parsell and Marston 2016; Spinney et al. 2020). Aspire aligns well with several key features of good practice in homelessness interventions, including person-centred support and choice, rapid action through assertive outreach/practice, and a holistic approach to meeting people's support needs (Mackie et al. 2019).

8.5.2 Housing as protective and supportive

Housing outcomes need to be sustainable or people are at risk of cycling back into homelessness. Aspire staff who were interviewed highlighted the importance of post-housing supports for people with complex needs, noting that the standard three to six-month case management approach often did not allow enough time for people to resolve issues in their lives that would affect their capacity to maintain a tenancy. Participant Sharon said she had tried to stay off drugs and maintain housing in the past but the 12 to 18-month point was a 'danger zone' when she was at risk of relapse and eviction. Aspire's post-housing supports had helped her to move through this period and come out the other side for the first time. CHP representatives interviewed for the evaluation reinforced that people with complex needs and experience of homelessness may take a long time to adjust to the responsibilities and expectations associated with maintaining a tenancy and can benefit from supports for a considerable period after being housed.

Hutt St Centre conceptualises the point at which people are secure in their housing as 'homefulness'. This occurs when people are not at risk of losing their home, and they feel safe and secure enough to focus on strengthening their connections to community, family and employment. Their housing situation becomes a protective factor against negative developments in their lives, rather than being a root cause of such developments. Home takes on a new meaning.

Aspire participants highlighted the importance of their housing being *affordable*; high rent meant insecure housing because a small change in circumstances could lead to eviction. Sharon noted the way affordable housing supported to achieve non-housing aspirations. She was employed for the first two years of her Aspire participation but experienced repeated physical injuries from undertaking manual labour. Having her rent set as a proportion of her income rather than at a fixed rate gave her the freedom to leave her job and reskill by undertaking a course of study that would lead to more suitable employment: 'I was able to try other things I've always wanted to do without worrying about getting evicted'.

For Tahnee, having a house to go to made all the difference and the other changes she needed to make in her life were easier as a result. The feeling of ontological security (stability in his life) Chris derived from his home was something he hadn't experienced before. He spoke of the simple pleasure of having a back lawn to mow and of going out to check his letterbox, observing: 'It's a brilliant home, I've got a white picket fence and everything now…this is my house forever'.

Chris had significant insight into the meaning of home in his life. He had always lived in institutional settings or someone else's home and had come to realise that the resulting feelings of insecurity were contributing to other issues in his life:

> It was never really my house, my home…I really didn't have one and that was the basis of my core problem, the whole reason I was so miserable all the time was because I didn't have the bottom of Maslow's pyramid of needs…I was trying to build my pyramid top-down and it never worked and I couldn't figure out why my life was so fucked all the time. I kept going in and out of psych ward, in and out of drug rehab, trying to figure it out…Then I realised shelter, housing, security are number one.

8.5.3 Housing supply challenges

An appropriate longer-term housing placement enables Aspire participants to maximise their capacity to benefit from the program's non-housing supports and address the non-housing issues affecting their lives. Aspire does well to deliver positive housing outcomes for participants in terms of supporting people to access and sustain housing, and the participants who were interviewed were in no doubt that they owed their secure housing circumstances to Aspire. Delays in finding properties for many participants are however problematic. Sourcing properties requires significant effort from staff, much greater than originally envisaged in the program design, detracting from the resources available for case management and delivering supports. While participants report benefiting from Aspire supports even before being securely housed, delays in being housed are generally considered to have undermined the benefits of Aspire for some individual participants and the program outcomes overall.

Aspire staff and key stakeholders attribute the challenges of securing housing for participants to broad structural factors: insufficient social housing and the unaffordability of the private rental market. The participants who were interviewed for the evaluation were mostly housed within three to six months of engaging with Aspire, though one waited a year. The participants viewed the wait times for housing as reasonable and were aware of how challenging it was for Aspire to secure housing for them. They reported benefiting substantially from the supports provided while they were waiting for housing, though moving into their new home was a key milestone for most participants and they were generally very satisfied with their dwellings.

Key finding 29
The provision of support to secure and maintain housing is a key driver of the Aspire program's success in achieving positive outcomes for individual participants and at a systemic level, notwithstanding housing supply challenges that are largely out of the Aspire program's control.

Key finding 30
The Aspire program's case management approach aligns well with the evidence base on what works in responding to homelessness, including promoting tenancy sustainment to reduce the chances of people cycling back into homelessness.

Key finding 31
The experiences of Aspire program participants reinforces the importance of secure housing as protective and supportive, providing a foundation for people to address other issues in their lives.

Recommendation 16

Any potential future iteration of Aspire should develop and implement a strategy for augmenting access to housing, such as through strengthening relationships with community housing providers and working with the SA Government to record and monitor housing offers from community housing providers.

This section has described the impact Aspire has on the lives of individual participants, with flow-on benefits at the systemic level, and the factors underpinning its effectiveness. The next section turns to how the SIB funding framework influenced Aspire's effectiveness and the lessons that can be learned from the SIB experience.

9. Evaluating the Aspire Social Impact Bond

As discussed in Section 4, Aspire is funded through a SIB, of which there are still relatively few in Australia. As the first SIB-funded homelessness service response in Australia, key stakeholders' experience of the Aspire SIB is of significant political and sector interest. Social Ventures Australia (SVA) acts as the financial intermediary for the Aspire SIB. SVA is a prominent operator in the small Australian social impact investment sector but Aspire is a significant SIB even in this specialist context. A key stakeholder from SVA reported that the Aspire SIB is high value (at $9 million), has the largest number of investors of any of the organisation's SIBs, and has delivered exceptionally good returns to investors. This success is not the case for all SIBs: some are terminated, while for others the outcomes that are achieved, and therefore the investor returns, prove disappointing.

Discussion in this section considers why the Aspire SIB was successful. It examines the extent to which the SIB framework supported the effectiveness of the Aspire program and produced other benefits for government and the service provider. It also explores the role of investors in the Aspire SIB. The discussion presented in this section is based on qualitative interviews with Aspire program staff and participants, key stakeholders and Aspire SIB investors.

9.1 Supporting innovation in homelessness service delivery

9.1.1 The development of the Aspire SIB

Stakeholders involved in the early stages of developing the Aspire SIB reported that it was driven by a desire to do homelessness service delivery differently, and better. There was a sense that service providers in SA had become somewhat complacent, continuing with the same service delivery models without question and despite indications that their outcomes were often sub-optimal. One key stakeholder explained that more funding had come into the homelessness service delivery system in the mid-2000s and it was relatively easy to get programs funded: 'everyone sort of became a winner…with all the positives and the great things that we saw within case management, we also saw absolute weaknesses and failings'.

The Aspire program design explicitly drew on learnings from interstate and overseas, including SIB-funded projects, and with a particular focus on lower than usual caseloads enabling the provision of higher intensity supports for clients with complex needs. The question of how long clients should be case managed for was also carefully considered, as were specific details around eligibility criteria, referral processes, service specifications, and staffing and financial modelling. Extensive consultation across the homelessness service sector, including with frontline staff and clients, and with related stakeholders informed the program design. The time and effort devoted to the program design process, and the way it drew on an evidence base, were clear strengths of Aspire that have served the program well throughout its life.

The SIB market in Australia was very new at the time and stakeholders in SA had little knowledge in this area, but SIB-funding was part of the vision for the alternative service delivery model from its inception. The SIB framework added a whole new domain to the Aspire design process and again required extensive consultation, largely across the SA Government and with SVA. There were also discussions with community housing providers around a housing pipeline for Aspire; notwithstanding some positive engagement, there were early signs that this aspect of the model could be problematic. Key stakeholders noted that relationship-building and new ways of working together were important elements of Aspire from the outset, but it was not always easy to bring others on the journey.

The consultation, development and program design phase for Aspire took around three years, highlighting the significant investment of time and resources required to establish innovative programs within alternative funding frameworks. It is considerably easier to continue with business as usual in these situations and persistence and patience are generally required to make progress. As one key stakeholder involved from the beginning reflected, 'it felt like we were never going to get anywhere…that's a lot of sunk cost for an agency'. There was significant doubt among everyone involved about whether the project would ever get off the ground. In the case of Aspire, a small number of players who had a strong commitment to the project acted as champions and gradually nurtured increasing levels of investment in the project. Without influential champions early on, Aspire is unlikely to have come to fruition.

9.1.2 What is innovative about Aspire?

The innovative elements of the Aspire service design that set it apart from mainstream case management are relatively straightforward: lower caseloads to permit greater intensity of supports for clients with complex needs; flexibility to tailor supports; and sustaining supports across a longer time period to help people maintain tenancies after they are housed. Compared with mainstream case management, the innovative elements of the Aspire model require additional resourcing, which can be justified if the model delivers better outcomes, including downstream cost savings for government.

The broader innovation underpinning Aspire was the culture shift required for the service provider, and to some extent the wider sector and the SA Government. A key stakeholder reported that Aspire 'changed the way we thought about case management, it changed the way we start thinking about involving clients in future designs'. Aspire was also intended to change the way government and service providers thought about the importance of measuring outcomes and designing or adjusting service delivery based on evidence about what works. Aspire was designed to shape future service delivery in homelessness, with the long period between conceptualisation and implementation allowing time and space to do the thinking about a future model and where costs savings can be delivered across systems by intensively supporting people to re-establish the lives and connections post-homelessness.

Aspire staff were asked to think differently, beyond simply getting a roof over people's heads, and towards how housing could meet clients' needs more holistically and connect them with community. The question they were encouraged to explore with clients was 'what does community mean to you?'. Housing people where they wanted to be housed, with services and opportunities to build social connections readily accessible, was a key element of making housing outcomes sustainable.

Another element of the culture shift was a movement away from blaming clients if they didn't benefit from supports in the ways they were expected to, and towards questioning how service provision had fallen short and could be improved. Receptiveness to feedback and client input represents a shift away from the paternalism traditionally associated with 'doing good works', with its tendency to assume that the provider is always right and needs to set clients on the 'correct' path. In addition, Aspire's lower caseloads permit more assertive outreach to clients, rather than expecting clients to come to case navigators and characterising those who do not do so or are hard to connect with as 'service resistant'.

9.1.3 Innovation and culture change in practice

Not all elements of the Aspire culture shift percolated equally down to program staff at all levels. The evaluation findings suggest that the ethos of working flexibly and holistically with clients and looking beyond housing to their broader community connections has been well absorbed by case navigators and other frontline staff. The

findings indicate that case navigators work with clients in a non-judgemental way and do not attribute 'blame' if clients experience setbacks or do not benefit from supports as much as anticipated.

There was only modest evidence, however, that at the time of the evaluation Aspire staff were thinking in innovative ways about continuous improvement of service delivery or that the way they were working was influenced by the SIB or an increased focus on outcomes and data. All program staff interviewed for the evaluation were aware that Aspire was funded through a SIB and that this represented a new approach to homelessness service delivery. They recognised that the SIB supported innovation in homelessness service delivery, and that they were at the forefront of this innovation in many ways, but frontline staff said the SIB framework and associated outcomes/measurement focus made little practical difference to their work. This is in line with findings from the London Homelessness SIB evaluation (Mason et al. 2017).

It is probable that staff enthusiasm about being part of a new SIB-funded program had faded over time. An early focus on data capture, monitoring and continuous improvement is likely to have become diluted as Aspire has progressed through its lifecycle. The model is no longer brand new, but largely bedded down and working well; staff may perceive less scope, and less need, for tweaking – although at management level potential enhancements are still being discussed and developed. Strong two-way communication between Hutt St Centre management and frontline staff remains vital so that staff are engaged with the vision for a future Aspire, and to ensure they play a role in shaping ongoing service delivery improvements.

The evaluation found limited evidence that participants knew how Aspire was funded or that it mattered to them. Staff usually told participants about the Aspire SIB on intake, but it was not seen as having much relevance. Participants interviewed for the evaluation generally assumed that like most homelessness service delivery, Aspire was funded directly by government. Participants did, however, demonstrate a strong awareness that Aspire is different from other homelessness interventions, largely due to the length of time supports are available for, and this is what makes it such a valued experience for many participants. Staff similarly place a high value on the capacity to work with program participants on an intensive basis over a three year period, and the Aspire SIB is the reason why this is possible.

Key finding 32
The key innovative features of the Aspire program are lower caseloads to permit greater intensity of supports for clients with complex needs, flexibility to tailor supports and sustaining supports across a longer time period to help people maintain tenancies after they are housed.

Key finding 33
It is unlikely that the key innovative features of the Aspire program would have been possible without the resourcing levels provided by the SIB framework.

Recommendation 17
Any potential future iteration of Aspire needs to be resourced at a higher level than mainstream/short-term case management programs in order to retain its key innovative features, which have been critical to its effectiveness.

9.2 Identifying the right performance indicators

9.2.1 Indicators as proxies for impact

Establishing the Aspire SIB involved identifying appropriate indicators to measure performance and calculate investor returns. As noted in Section 3.4, there can be challenges involved in identifying the right indicators. The indicators selected should be meaningful in the sense that they measure something that matters. The full social impact of a program such as Aspire is impossible to capture, particularly through a small set of simple quantitative indicators, but the indicators should at least be reasonable proxies for the broader social impact. The choice of indicators must also be guided by what can be measured: there is no point setting indicators if the relevant data are not going to be available.

As with other aspects of program design, considerable effort was put into identifying appropriate performance indicators for the Aspire SIB. SVA worked closely with Hutt St Centre and the SA Government (initially the Department of Premier and Cabinet, then the Department of Treasury and Finance) to identify the three indicators: hospital bed days, convictions and SHS accommodation periods. The data analysed for the Aspire evaluation cover a much broader range of indicators, but the measures selected for the SIB are good examples of clear, quantifiable outcomes in three key domains. The metrics reflected at least some of the downstream cost savings that the SA Government hoped would arise from Aspire.

Key stakeholders believe that the SIB metrics are fit for purpose because their primary purpose is reporting to investors and calculating investor returns, rather than capturing the full impact of Aspire on the lives of individuals or informing service improvement. As one stakeholder noted, 'it doesn't mean you don't worry about those things, there are just some things that you can turn into payment metrics because they're clear, unambiguous, countable'. Similarly, another stakeholder observed:

> We always knew that those three key metrics for the SIB were never going to tell us the whole story. But those three service usages, they're things you can measure unequivocally and unambiguously. And when you're talking about calculating payments, returns to investors, you can't have measures that you're not sure, could be this or that, you've got to be able to calculate.

One investor, however, would have liked to see the Aspire SIB draw on a broader range of performance indicators rather than just 'avoided cost' metrics. As discussed in Section 9.11, the Aspire investors are highly motivated by contributing to social outcomes and tend to see these as the critical measures of the Aspire SIB's success. It should be noted that while the calculation of investor returns is based on avoided service costs, the annual investor reports cover a much broader range of outcomes, as well as individual case studies, so investors do receive plenty of information about the full impact of Aspire.

The government commissioners reported that one learning they took from SIB experiences in other jurisdictions was that only a small number of indicators are required for calculating investor returns. The SIB metrics should not be seen as an attempt to reflect the full range of program impacts, but as selected proxy indicators of those impacts. Financial metrics for SIBs are often derived from government administrative data, which focus on capturing transactional services and represent just a small part of the overall impact picture.

Self-reporting of outcomes by participants (for example, through a tool such as the PWI) is considered important by stakeholders, but not appropriate for the SIB performance measurement due to issues such as selection bias in relation to who completes surveys and different interpretations of questions. In the words of one key

stakeholder, 'you just can't use those measures as payment metrics, but that doesn't mean you're not deeply interested in those sorts of things'.

Key stakeholders recognise that the indicators give a narrow picture of Aspire's impact, but believe they are appropriate given the SIB is sponsored by state government (a federal government perspective is likely to be interested in indicators such as welfare expenditure). A broader picture of the outcomes of a program such as Aspire would include how it affected the usage of services funded by both state and federal governments.

9.2.2 Avoiding the pitfalls of performance indicators

The Aspire SIB avoids some of the common SIB performance metric pitfalls noted in Section 3.4 by not simply relying on administrative data or poor quality proxy indicators as a baseline. Instead, outcomes for the client group are measured against a counterfactual dataset which, following the 2020 revision, captures the same indicators for the same group of people before the intervention. This gives the measured outcomes a high level of validity. Revision of measurement methodology as more information, in this case about the complexity of need amongst Aspire participants, becomes available is good practice to maximise validity of the outcomes data. The Aspire SIB avoids another measurement pitfall by basing investor returns on reduced service usage during the life of the SIB, rather than assuming that these outcomes are sustained over a long period of time.

Some researchers have suggested that reducing complex social realities to matters of technical measurement can change the way service recipients are conceptualised and transform individual human beings into commodities (see, for example, Berndt and Wirth 2019; Cooper et al. 2016). The Aspire evaluation found no evidence that *any* of the key actors consider the service recipients in these dehumanising and reductionist terms. Across the service provider, SVA, SA Government agencies, other key stakeholders and even investors, the focus remains very much on the experience of Aspire participants and working towards the best possible outcomes for them as individuals, rather than on achieving service reduction usage to meet the SIB performance indicators. The SIB performance indicators are viewed by all as serving a necessary purpose – providing a reasonable basis for calculating investor returns – but not as definitively capturing Aspire's objectives, impact or success.

9.2.3 The influence of indicators on practice

Prior research with frontline workers on a SIB-funded homelessness intervention found they had clear and informed views on the SIB outcome measures, including which were appropriate and which were not (George et al. 2020). By contrast, the Aspire evaluation results suggest that unlike key stakeholders, frontline workers are not highly engaged with the SIB performance metrics and as a result do not have strong views on whether they are appropriate. Aspire workers do not object to the high-level (quantitative) outcome measures that are used for the SIB, they just do not see them as particularly relevant to their day-to-day practice.

While staff recognise the value of high-level data as indicators of program success, the SIB metrics do not shape their interactions with clients or provide any incentive for them to alter their practice. Staff members' motivation comes primarily from seeing the direct impact of Aspire on the individuals they work with. For staff, the primary indicators of program success are sustainable housing outcomes and observable improvements in participants' health, wellbeing and social inclusion.

It was evident in the evaluation that Aspire staff occasionally feel some tension between the SIB outcomes and what matters to them most: improvements in the lives of individual participants. One staff member observed that if a participant would benefit from accessing medical services, Aspire was obviously going to focus on

supporting them with this rather than considering the possible implications for the number of hospital presentations recorded by participants. No one would disagree with this approach, and as just noted, stakeholders universally reported that they saw optimising outcomes for individual participants as the key consideration, rather than cost savings or investor returns. The reflections of program staff do highlight, however, the inherent tensions in outcomes-based contracts such as SIBs, which must rely on readily quantifiable indicators to determine investor returns. Reliance on quantifiable data does not capture the less tangible effects seen and experienced at the individual level; many of these being life-changing impacts as the discussion in Section 8 demonstrates.

Key finding 34
The Aspire SIB performance metrics are fit for purpose: clear, appropriate and measurable indicators that act as reasonable proxies for social impact.

Key finding 35
The key players in the Aspire SIB view the goal of the program as improving the lives of individual participants, notwithstanding that the SIB performance metrics relate to avoided service usage and resultant cost savings.

9.3 Developing an outcomes and data focus

As outcomes-based contracts, SIBs often require service providers to be more heavily data-driven than they are generally expected to be under standard service delivery funding arrangements. In the case of Aspire, the data required to monitor progress against the SIB indicators is obtained through data sharing arrangements put in place between SA Government agencies, with additional data capture processes implemented by Hutt St Centre. The increased data focus required investment in systems and analytics capacity at Hutt St Centre and there were some broader benefits arising from this. The evaluation findings suggest, however, that there may also have been some missed opportunities in terms of leveraging and sustaining this enhanced data focus and capacity for data-informed service improvement.

Some key stakeholders thought that the data sharing arrangements put in place for the SIB indicators fall short of what is required to support a performance-based contract because the data provided do not allow for the (near) real-time service delivery monitoring and improvement needed to achieve specified indicators. On this view, the timeliness and form of the data shared with the provider are sufficient for reporting to SIB investors, but of limited use for program improvement purposes. Hutt St Centre reported that the data they receive on client outcomes are up to 12 months out of date and deidentified. These factors mean the data cannot be used to track the progress of individual participants, assess how effectively they are being supported and make adjustments to service delivery accordingly. Staff said they lacked the capacity to link the data to specific service interventions for individuals and thereby assess the effectiveness of those interventions.

Feedback from data custodians, however, suggests that the data feed could be made more useful for service provider purposes with some relatively simple changes to process. With appropriate participant consent and privacy protections in place, identifiable data could be shared between government agencies and with the service provider within time frames that allowed for the data to inform continuous monitoring and service delivery improvements at the individual level. This potential use of data reinforces a case for supporting robust data linkage infrastructure (see Section 9.9.1 and Recommendation 24), whilst preserving individuals' right to agency over their data and appropriate use of secondary data.

Aspire staff said that individual-level outcomes rather than high-level aggregate data are of most value when it comes to program learning and evolving service design and delivery. They also reported that the most useful way of gathering information about outcomes is from client observation and interaction. It was somewhat surprising that frontline Aspire staff did not report that the SIB increases their focus on gathering, analysing and using data in more systematic ways. This observation may be because staff do not attribute new approaches to using data at Hutt St Centre directly to the implementation and delivery of the Aspire program, and/or because more recently appointed staff have been less engaged with developing these new approaches than the staff who were in place during the early design and implementation phase of Aspire.

Attention to the potential of robust data has increased across SHS in Adelaide over the last five years, alongside and enmeshed to a degree with Aspire program structures and learnings, but also influenced by other activities. These activities include the Adelaide Zero Project and its development of a By-Name-List (BNL) to capture information about all rough sleepers in the Adelaide CBD and assess their needs through use of the VI-SPDAT tool. Non-frontline staff associated with Aspire emphasise that there has been increased awareness of the importance of good data in decision-making (including continuous improvement) and in embedding an outcomes focus across Aspire and Hutt St Centre's work more generally. Hutt St Centre staff have supported data learnings and capacity for the Adelaide Zero Project, bringing their data skills and insights to the collective governance and operational tables of the Project, as well as generating benefits for Hutt St Centre and its service offerings.

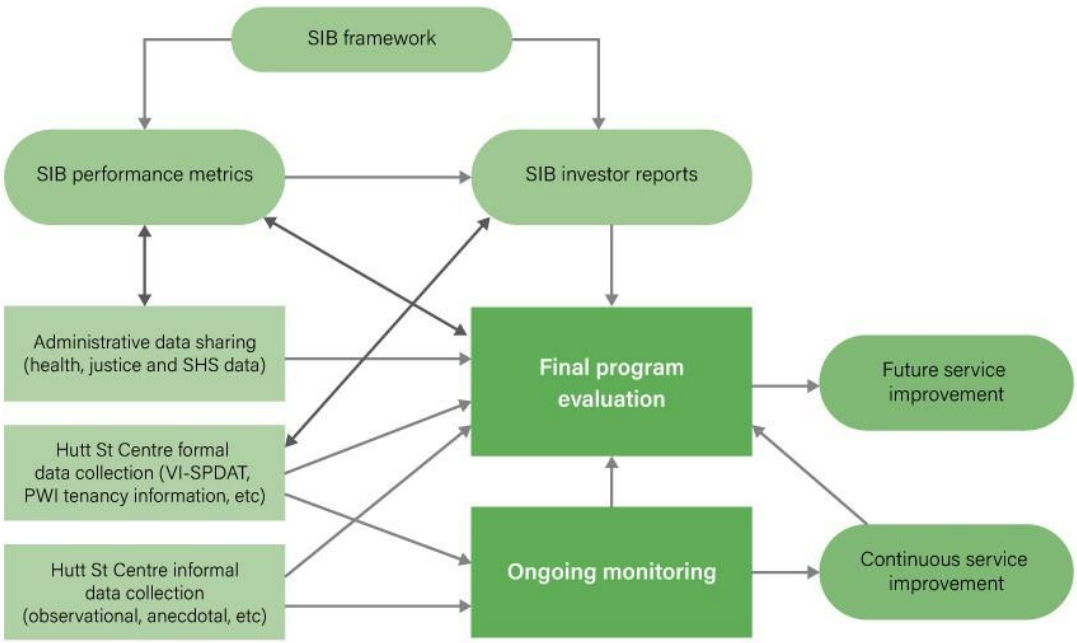
The data and outcomes focus of the Aspire SIB can thus be seen to have been somewhat absorbed into this broader shift among practitioners working in the SA homelessness sector. Government commissioners and non-frontline staff at Hutt St Centre did report significant learnings from the SIB in this area, and for Hutt St Centre it was 'very much a new way of thinking about how they valued their services and valued the outcomes of what they do', as one key stakeholder noted. Another stakeholder described Aspire and Hutt St Centre's journey as follows:

> It's been a really valuable program and there's been so much learned along the way. Seeing Hutt St moving towards focusing on long-term outcomes for individuals and moving away from the short-term feeding the machine, sustaining people in homelessness rather than ending their homelessness, I thought that was such an important piece of work to do and they've done that very well.

The evaluation findings raise questions about the extent to which SIB frameworks in and of themselves incentivise service providers, particularly frontline staff, to deliver programs differently or hold themselves accountable for achieving specified outcomes. The link between the SIB framework and data-informed service improvement appeared to be indirect in the case of Aspire, as shown in Figure 9.1.

The SIB performance metrics drive the collection of the shared administrative data, also used for this evaluation and therefore potential future program improvements, but have not been used to inform continuous service improvement. The broader reporting to SIB investors (which is not necessarily a feature of all SIBs), and the final evaluation, have driven supplementary data collection by Hutt St Centre, which is used for ongoing monitoring and continuous improvement. Frontline staff, however, are more influenced in this respect by informal/observational data collection than by the formal supplementary data collection that could be seen as at least partly driven by the SIB framework. These observations suggests that a SIB framework which relies solely on performance metrics and final evaluation, rather than emphasising broader periodic reporting to investors as Aspire does, may not influence data-informed continuous service improvement at all.

Figure 9.1: Use of data in Aspire



Source: Authors.

Questions around how, and the extent to which, SIB funding frameworks influence the way service providers use data to inform service improvements and other purposes are worthy of further consideration. The Aspire evaluation findings suggest that SIBs do not automatically drive data-informed continuous improvement by service providers but can do so under the right conditions. It is worth bearing in mind that data come in many forms and can be used for many different purposes by different actors in a service provision context. Investors, SIB brokers and governments may require clear, quantifiable indicators that are effectively proxies for social impact but are of limited use when it comes to informing program design or service improvement. For service provider management, other types of aggregated data and performance measures may be useful for overview, strategic and planning purposes, as well as some continuous improvement activities. For frontline staff and clients, the observed needs and responses of individuals are critical to getting service delivery right.

The findings around the relationship between the Aspire SIB and an enhanced outcomes/data focus echo those of the evaluation of the London Homelessness SIB, which questioned whether service providers had benefited as much as they could have from the SIB focus on outcomes, measurement and financial implications (Mason et al. 2017). The findings of the Aspire evaluation suggest that some data which would have been useful for ongoing monitoring and the final evaluation were not collected in a systematic way, though in some cases there were good reasons for this (see further discussion in Sections 9.4 and 9.5).

Key finding 36

Robust data collection and reporting practices were established early in the life of the Aspire program but in some areas (such as consistent use of the Penelope case management system) became more ad hoc over time, largely as a result of staff capacity and retention issues, and prioritising client focus over data collection.

Recommendation 18

Any potential future iteration of Aspire should build on the existing approach to monitoring and evaluation through further refinements and enhancements, including by formalising a structured monitoring and evaluation framework that includes:

a) clear, appropriate and measurable outcomes that are broader than the existing SIB metrics to demonstrate the breadth and depth of outcomes and impact of the program;

b) specified measurement tools;

c) reporting and dissemination plans;

d) a client voice component; and

e) articulation of how data collection and reporting informs continuous improvement in service delivery.

Recommendation 19

In any potential future iteration of Aspire, staff at all levels should be purposively engaged in a broader conversation about what works in homelessness service delivery so that program evolution and continuous improvement are not only led by evaluation data, but by research and evidence more broadly, and the program contributes to the publicly available evidence base.

9.4 Program fidelity

While SIB funding generally allows for flexibility in terms of case management at the micro level, it also demands adherence to the broad program specifications and performance indicators that have been communicated to investors. Changes to these elements of the program will generally require the approval of investors and the government funding body. The Aspire SIB Program Deed allowed for a review of the counterfactual metrics used to assess performance, and such a review was undertaken in 2020. The review resulted in the counterfactual service usage rates being adjusted, largely on the basis that Aspire clients were higher users of hospital services on average than the generic population of people experiencing homelessness whose usage determined the original counterfactual metrics. The revised metrics were based on the actual service usage of Aspire participants in the two years before they entered the program, rather than on service usage by a sample of the generic target population. This change was made in consultation with Hutt St Centre and required the approval of the SA Government, SVA as trustee of the Aspire SIB trust, and investors.

The flexibility to make adjustments such as those made to the Aspire counterfactual metrics is important when implementing the kind of innovative programs that SIBs usually support. Determining appropriate performance indicators is particularly challenging when there is uncertainty around the precise nature of the client group and the effectiveness of the intervention, with no program delivery track record to use as a guide. Rigidity around performance indicators could disincentivise innovation in program design and delivery, which is precisely what SIBs are intended to promote. In addition, SIBs generally run over five to seven year periods, during which time external factors outside the control of the SIB parties are unlikely to remain constant.

The Aspire SIB recognised from the outset that the program design would work best if it were allowed some scope for evolution over time, and in fact this flexibility was considered one of the strengths of the Aspire model. Departures from the original program design did not significantly compromise Aspire outcomes, but there were nevertheless some unexpected developments that had to be accommodated during program implementation:

a) The Aspire client group had somewhat greater complexity of need, particularly in the areas of mental health and substance use, than originally envisaged; this affected case management and was the factor which necessitated the adjustment of the counterfactual metrics.

b) It took longer (and required more work) than expected to secure housing for many Aspire clients, reflecting a core challenge for all SHS over recent years in particular. In saying this, there was trust and value in the Aspire program (intensity, duration and package of support) from housing providers that saw some people who would otherwise be viewed as 'high risk' receive a housing outcome.
c) Client attrition from the program was lower than anticipated, leading to workload peaks that were challenging to manage at times.
d) The employment navigator roles intended to work alongside the case navigators were reconceptualised over time as discussed in Section 7.7.
e) The capacity for the new data systems associated with Aspire to capture clients' experience and satisfaction with workers was not leveraged in the way that was originally anticipated as the program progressed.
f) Other data collection that was intended to be undertaken to address the hypotheses for the final evaluation was not done, or not done systematically in a sustained way.
g) COVID-19 changed referral patterns and pathways while most of Adelaide's rough sleeping population was temporarily housed in motels and hotels in mid-2020 during the SA Government's CEARS response.
h) The service delivery landscape was substantially altered with the introduction of five homelessness alliances across SA in mid-2021; the loss of Hutt St Centre's short-term case management service at this time contributed to workforce challenges.

Key stakeholders involved in the evaluation were of the view that Aspire had adapted well to the inevitable unexpected developments along the way. The evaluation findings indicate that Aspire has demonstrated robustness and resilience in responding to both internal and external shocks. This is testament to the thought put into the original program design, the commitment of Hutt St Centre, and the quality of the relationships between the key players in the SIB. As one stakeholder pointed out, 'The arrangements have been robust enough to support quite extensive changes in personnel. The people around the table now are different to the people who were there at the start'.

The changes in the way it was originally intended data collection would be undertaken do require more discussion and this is addressed in Section 9.5.

Key finding 37
The Aspire program has had to accommodate a range of unexpected developments during its life so far and has demonstrated robustness and resilience in doing so.

9.5 Service provider data collection

It was noted in Section 9.3 that there are limits to how fully Hutt St Centre staff at all levels have embraced a culture shift towards becoming more outcomes-oriented, with the focus on measurement and data capture that accompanies this shift. The data for the SIB performance metrics are provided by SA Government agencies through a data sharing arrangement, but the service provider has supplementary/complementary data collection responsibilities. Specifically, data collected by Hutt St Centre are required for the following purposes:

- providing additional data for the Aspire SIB investor reports;
- informing ongoing monitoring and continuous improvement of service delivery;
- informing the final program evaluation and assessing outcomes against the original hypotheses; and
- ensuring learnings from the Aspire case management program and SIB are captured in full so they can be shared with others.

As has been alluded to in Sections 9.3 and 9.4, there have been some issues that have compromised the full discharge of the service provider's data collection responsibilities, not all of them within the control of Hutt St Centre.

9.5.1 Incorporating the client voice

One of the departures from the original program design identified in Section 9.4 was the failure to fully adopt the new system functionality that was introduced to capture Aspire clients' experience and satisfaction. This feature of the program and the associated systems capability were considered important for incorporating client voice in the evolution of the program and ensuring workers felt accountable to clients first and foremost. In practice, the Session Rating Scale (SRS) and Outcome Rating Scale (ORS) functionality in the system, which asked clients to rate the quality of their experiences with workers, was only used in a limited way early in Aspire. Originally the SRS was tried, then the ORS, before it was decided to discontinue use of these tools and roll out the PWI instead.

While the PWI and the ORS (see Section 7.6) both assess self-reported wellbeing, the PWI is not a direct substitute for the ORS. This does not mean that use of the SRS/ORS tools in Aspire should have continued, or that the PWI should not have been introduced. The SRS and ORS are both four-item scales designed to be administered (and scored and discussed) at the end of every therapeutic session between a client and practitioner. The SRS aims to assess the client's perception of the client-practitioner relationship and session effectiveness. The ORS aims to assess the client's perception of how they are functioning in particular areas (individual wellbeing, interpersonal wellbeing, social role and overall wellbeing) that are expected to change as a result of the therapeutic intervention.

While the SRS and ORS are short and simple, completing these instruments after every interaction between Aspire case navigators and clients is probably not practical or useful. The PWI also has drawbacks, but it is designed to be administered less frequently and was judged by Aspire staff to yield more meaningful data for the client cohort. A full discussion of the merits of various validated self-report instruments in different contexts is outside the scope of this report but an overview of findings emerging from the evaluation is given here.

The SRS and ORS were designed for use in clinical settings where a therapist is more likely to have defined, scheduled sessions with a client, perhaps weekly or monthly or sometimes less frequently. Aspire case navigators' relationships with clients tend to be less structured than most therapeutic relationships in clinical settings; they are more flexible, fluid and responsive to client needs. The highly structured nature of SRS/ORS assessment does not suit the relatively unstructured and adaptive Aspire context. Aspire clients often have complex needs and case navigators provide holistic, wraparound supports rather than more targeted therapeutic interventions. Instruments that are designed to be administered at regular, periodic intervals do not suit situations where clients may drop in and out of contact or interact with case navigators on an ad hoc or sporadic basis. It is not clear when an interaction between a case navigator and a client should be considered a 'therapeutic session' for which SRS/ORS assessment might be appropriate.

The primary reason why Aspire stopped using the SRS and then the ORS was to respond to client feedback. Clients are generally quite understanding about the need for data capture at program intake, but workers reported that continuous surveying of participants produced a level of fatigue and was viewed by some as serving the provider's needs at the expense of clients' needs. Aspire clients usually have priorities they quite reasonably consider more pressing than completing self-report instruments and case navigators respond to those needs.

The evaluation findings suggest that discontinuing the use of the SRS/ORS tools did not come at the cost of hearing client voices and retaining a client focus. Rather, it represented responsiveness to client needs and feedback. For case navigators who have established trusting and communicative relationships with their clients, requiring them to regularly complete structured, generic instruments to assess their individual circumstances and perspectives seems both unnecessary and inappropriate. The staff who participated in the evaluation had a very good understanding of participants' wellbeing and how they were being impacted by the program. Case navigators are constantly observing how clients were responding to the supports being delivered and judging when it might be helpful to shift focus a little to meet individual needs. Staff do not need a generic tool to give them insight into clients' perspectives; they simply ask and listen. Nor do staff need the prospect of their work being formally assessed with a quantitative instrument to make them feel accountable or to act in a client-focused way.

The issue then is not so much one of lacking insight into the client experience as lacking a formal means of capturing and reporting it, particularly across the Aspire participant population as a whole. The client voice is captured in this evaluation report, but with important limitations: it largely reflects qualitative data from a small sample of participants, and there may have been missed opportunities for continuous improvement based on client feedback earlier in the Aspire program. The evaluation findings indicate that the SRS and ORS are not appropriate tools for use in the Aspire context, but there are likely to be some benefits to Aspire being able to capture, report and respond to client feedback in systematic ways without unduly compromising client focus and responsiveness.

A combination of the following elements may be helpful in building a framework for incorporating the client voice in ongoing monitoring, reporting and continuous improvement activities:

- clients completing the PWI every 3-6 months as already planned;
- clients completing a short review of their Aspire experience at the end of year 1 and year 2;
- establishing a mechanism for clients to provide feedback other than directly to their case navigators at any time; and
- establishing a client advisory group.

The J2SI evaluation also recognised the need to enhance the way client voice was incorporated and recommended establishing a consumer advisory board to contribute to the future development and implementation of the program (Thielking et al. 2020). Developing and implementing a more formal monitoring, reporting and evaluation framework for Aspire would ensure that the purpose and value of all forms of measurement and data collection are clear to staff and clients. Client self-reporting should be optional. There should be a demonstrable link between information collected from Aspire participants and service delivery improvements at either the individual or macro level.

9.5.2 Establishing a stronger monitoring and evaluation framework

Aspire's monitoring and reporting practices as a whole are somewhat ad hoc considering how structured reporting is on the SIB performance metrics. A systematic approach to measuring outcomes has been taken in relation to the three key SIB metrics but less so for other areas where the program is producing outcomes. The need to periodically supply data for SIB investor reports has provided some additional insights, however, a reflection of stakeholders and the program evaluators is that there has only been limited systematic data collection and analysis by the service provider for the purposes of continuous program improvement and reporting on outcomes to broad and interested audiences.

There appear to be several reasons why this has been the case:

- the need to minimise client self-reporting as discussed above;
- the failure of the 'outcomes turn' to fully take hold in a sustainable way at Hutt St Centre as discussed in Section 9.3; and
- the absence of a strong over-arching monitoring and evaluation framework for Aspire, outlining the range of possible outcomes to be achieved through a new approach to service delivery and broad and regular reporting against program achievements.

The hypotheses developed by the evaluation team to guide this evaluation provide a structure from which to consider the broad range of outcomes that a program like Aspire can achieve.

The approach taken to the Aspire SIB performance metrics can helpfully inform the development and implementation of a broader monitoring and evaluation framework for Aspire. As with the SIB metrics, a robust monitoring and evaluation framework should identify a small range of outcomes that are appropriate proxies for broader impact and can be clearly defined and readily measured. These outcomes, including how they will be measured, must be clearly established before program commencement, especially if pre and post measurement is envisaged. Progress towards achieving outcomes, and how well measurement processes are working, should be monitored, with scope for outcomes and the way they are measured to be modified if necessary. This ongoing monitoring should inform continuous monitoring and program improvement as well as overall evaluation of the program.

In summary, systematic, sustained and targeted data collection is unlikely to happen unless outcomes are clearly defined, measurable and appropriate; measurement tools are identified; and there is a plan in place for when and how measurement will occur. These are key aspects of a robust monitoring and evaluation framework.

Key finding 38
The Aspire program is responsive to the client voice but this voice has not been as systematically incorporated in monitoring, evaluation and continuous improvement processes for the program as it could be.

9.6 Building relationships within Aspire

In Section 8.4, the strength of the relationships between Aspire staff and clients was noted as a key element of Aspire's success. The quality relationships underpinning Aspire start with the highly effective collaboration between the key players: Hutt St Centre, the SA Department of Treasury and Finance and SVA. The evaluation findings indicate that the commitment, communication and trust characterising the relationships between these actors are important contributors to the success of the Aspire SIB and case management program.

As noted in Section 3.2, one of the benefits of SIBs is that they tend to promote stronger collaborative efforts, including between actors who may not be accustomed to working together, and this is certainly the case for the Aspire SIB. As one stakeholder observed, 'the key people that you're working with are actually invested in it. That makes a massive difference. Everyone was wanting it to succeed'. Stakeholders referred to the trust and mutual support between the main players involved in the Aspire SIB.

Interestingly, a 'backbone' or coordinating organisation is often considered a vital element of effective collaboration, for example within the influential collective impact framework (Cabaj and Weaver 2016; Kania and Kramer 2011), but there is not an obvious lead player in the Aspire SIB. While one of SVA's roles is as

'intermediary', linking investors into the initiative, Hutt St Centre and the SA Government have played equally critical roles in establishing and maintaining the core collaboration. The strength of the common vision, established in the early development phase and including a commitment to innovative service delivery, accountability and outcomes measurement, has been sufficient to bond the main players together without any one of them needing to take the lead in promoting collaboration. Each organisation brought with it a different contribution and form of expertise and each has been willing to invest the time and effort required to build and maintain strong relationships. The contributions from the key players speak to the collaborative culture in place across the agencies involved, but also to the dedication of influential individuals or 'Aspire champions' at each organisation.

SVA proved to be an excellent choice of partner for both the SA Government and Hutt St Centre. SVA has considerable experience of SIBs in the Australian context and the capacity and expertise to provide high-level advice and support to commissioning agencies throughout the SIB development and implementation process. This goes beyond acting as a financial intermediary by raising the capital and providing the link between investors and government. In the case of the Aspire SIB, SVA has played an integral role in the development of the program design and performance metrics, contract preparation, and monitoring and reporting processes. SVA is a partner to both the key contracts underpinning the Aspire SIB: the contract with investors and the contract with the SA Government (SVA sub-contracted to the Hutt St Centre).

Key stakeholders reported that SVA brought with them an excellent understanding not only of SIBs and investor expectations, but also of human service delivery from the perspective of clients, providers and governments. SVA was able to provide strong support for the SA Government's desire to try a new response to homelessness and, importantly, to assess its effectiveness. As reported by the government commissioners, SVA were 'fantastic to work with, very thoughtful, they understood where we were coming from as a government and what sorts of things about the transaction would make it more palatable'. Similarly, SVA reported that the SA Government and Hutt St Centre were exceptional SIB partners and the collaboration worked very well. Hutt St Centre was described as 'a passionate organisation with deep expertise', while the government commissioners were 'so deeply interested in the human side of the program and what it can do right from the beginning'.

Hutt St Centre's involvement in the Aspire SIB demonstrates that there is room for smaller service providers to successfully engage in this type of funding framework with the right supports in place and investment in capacity-building as required. It also shows that smaller providers can reap wider benefits from participating in outcomes-based contracting and taking a more data-informed approach to service delivery, although in the case of Aspire there were some missed opportunities for this reframing to be leveraged further.

Working across different government departments created some challenges for the Aspire SIB (see Sections 9.7 to 9.9 for further discussion) but these were managed well and provided opportunities for developing shared approaches and improved coordination in the data space.

Key finding 39

Relationships between the key stakeholders in the Aspire program have been characterised by commitment, communication and trust, and this makes an important contribution to the success of the Aspire SIB and the program's underpinning case management approach.

9.7 Building relationships outside Aspire

Aspire depends on strong relationships not only between clients and staff, and between the key players in the Aspire SIB, but also between Aspire and external partners. These partners include referring agencies (SHS providers, prisons and hospitals) and other SA Government agencies. As discussed in Section 9.6, the core collaboration between the Aspire SIB partners – Hutt St Centre, the SA Department of Treasury and Finance and SVA – was a strong one, but the broader collaboration involving other not-for-profit organisations (such as SHS providers and community housing providers) and other SA government agencies (such as SA Housing Authority, SA Health and the Department for Correctional Services) was less strong and in some respects could have worked better.

9.7.1 Relationships with other service providers

SIB-funded programs can be challenging to integrate into broader service delivery landscapes, partly because the funding mechanism sets them apart, but mainly because they usually represent a different way of doing things. Innovation may be perceived as a threat by established providers who wish to continue with existing models of service delivery. As one Aspire stakeholder observed:

> This was a confronting program for the sector. Because this was about change and the sector wouldn't admit it, but I'm sure there were probably many people…who wanted it to fail.

The evaluation findings suggest that a lack of integration with homelessness service delivery more broadly in Adelaide remained problematic for Aspire even once it was well-established. Key stakeholders, including some who were champions of the program from very early on, recognised that Aspire lacked visibility for much of its life and was seen as 'a program outside of the sector'; 'that other thing that's gone on over there'; and 'quite isolated and by itself and sort of exclusive'. This perception was exacerbated when it became clear that SA would be moving to an alliance-based service landscape (see Section 2.1), without an indication of where Aspire might sit in this context. There were ways that both Hutt St Centre and the SA Government could potentially have enhanced Aspire's visibility and connectedness within the broader service landscape, but this was a challenge given the evolution of that landscape occurring over time.

Awareness of Aspire across organisations involved in human service delivery in Adelaide grew over time, but the model itself was thought to remain poorly understood. The lack of understanding of the Aspire model contributed to some issues around referrals and housing supply. Referrers from hospitals and prisons in particular were not always sure when a client was eligible or suitable for referral to Aspire, and community housing providers were slow to recognise the benefits of tenants being supported by Aspire.

What some stakeholders described as a generally conservative culture in the homelessness service delivery sector in SA sector may have made it harder for a new model like Aspire to achieve ready acceptance. Aspire itself, however, could have been more effective at self-promotion, particularly as it accumulated evidence of successes. Issues around communicating the worth of the Aspire model and articulating the program's place in the broader landscape meant some opportunities to promote stronger collaborative relationships across the not-for-profit sector were missed. As one stakeholder noted: 'we probably should have shouted from the rooftops a lot more'.

9.7.2 Cross-departmental relationships

Aspire was conceptualised as a program that would deliver benefits for multiple government agencies, notably SA Health, the SA Housing Authority, the SA Police, the Courts Administration Authority and the Department

for Correctional Services. Unusually, cross-departmental funding arrangements are in place for the Aspire SIB, recognising where downstream cost savings would accrue. The data sharing arrangements (see Section 9.9), along with the governance structures for Aspire, are similarly based on a sense of shared ownership across multiple departments.

At the budgeting, management and data custodian levels, the cross-department collaboration works well; SVA stakeholders familiar with collaborative exercises in other Australian jurisdictions viewed Aspire as an example from which others could learn and commented favourably on the high levels of engagement with Aspire from across multiple agencies. The modest size of the SA Government may make cross-department collaboration more manageable but it still requires a deep commitment and significant effort from everyone involved, as well as the establishment of supporting structures and processes. These factors underpinned the success of the high-level collaborative arrangements supporting Aspire, which reflected the reality that complex social issues are not governed by administrative boundaries. As observed by a stakeholder:

> People aren't in silos, a homeless person does touch every system, so if everybody can chip in a bit and pay for something that helps support them, then everybody benefits, but usually it's like oh, that's a homeless person so you've [the SHS sector] got to pay for it, even if I get the benefits, but this really does call out the fact that the benefits do arise across the system.

In the case of Aspire, the challenges of cross-departmental collaboration appear to be harder to overcome at the level of frontline service delivery. The key example of this is that social workers from SA Health and the Department of Correctional Services, who were key referrers for Aspire, were reported (by Aspire participants and staff) to have fairly limited engagement with the program. The evaluation team would have valued more direct input from these stakeholders but multiple attempts to engage them were unsuccessful. Some feedback was obtained from one stakeholder representing a key government referring agency, and this feedback tended to reflect a view that was specific to the work of that agency rather than a broader systemic perspective. Analogously, Aspire frontline staff themselves appear largely focused on their immediate day-to-day activities, with only limited evidence of reflection on how those activities were part of a broader collaborative effort.

Effective coordination between government agencies, between different levels of government, and between government and other providers, is a long-standing challenge in policy development and implementation, service delivery and data sharing. It is an even bigger challenge to ensure coordination across all levels of partner organisations. It is out of scope for this evaluation to go into detail about how best to respond to these challenges, but the findings of the Aspire evaluation suggest that there are some key conditions which promote strong cross-sectoral and cross-departmental collaboration. These conditions include:

- shared ownership of the activity and a common vision of desired outcomes;
- key actors that are respected and well-networked and take responsibility for coordinating different elements of the activity;
- effort and resources devoted specifically to supporting collaboration;
- structures and processes which support collaboration, including systems and governance;
- a commitment to collaboration from all parties
- strong communication between parties; and
- flexibility in ways of working and openness to new ideas and approaches.

All of these factors helped support successful collaboration as part of Aspire, but the evaluation findings suggest they did not necessarily extend to all levels of all the organisations involved. To maximise the benefits of

collaboration, staff in operational as well as strategic roles should share the vision and understand how their work plays a vital role in a bigger story. This may require more attention to good communication between management and frontline staff, and in some cases appropriate resourcing to allow frontline staff to engage with the collaboration and adapt to new ways of working. These are general observations, however, as the evaluation found insufficient evidence to ascertain why there sometimes appeared to be a disconnect between the strategic and operational levels in the case of Aspire.

Key finding 40
There are elements of the collaboration with other SHS and community housing providers through the Aspire program that could be strengthened.

Key finding 41
There is a strong collaborative relationship between Aspire program staff and a range of SA Government departments, particularly in relation to data sharing, but frontline staff in government agencies such as SA Health and the Department of Correctional Services appear less engaged than their managers in the broader Aspire program vision.

Recommendation 20
Any potential future iteration of Aspire should develop a communications strategy to spread the word about program achievements and affirm the program's place in the broader homelessness service delivery landscape in South Australia.

Recommendation 21
Any potential future iteration of Aspire and other programs involving cross-departmental collaboration should pay particular attention to engaging operational and frontline staff from across the relevant agencies in the broader vision.

9.8 The government experience

Service providers are often positive about the opportunities SIBs offer to explore more resource-intensive service delivery models. Investors are likely to be happy with their SIB experience if they receive good returns while also promoting social benefits. The advantages of SIBs for government funding bodies are not always so obvious, and the different ways of working demanded by SIBs present their own challenges. SIBs increase the level of complexity of government contracting and therefore raise questions of whether the benefits are worth the costs.

As noted in Section 3.3, SIBs tend to impose reasonably high administrative and transaction costs on government commissioners, particularly those who are new to social impact investment, and they have a long lead time. This means SIBs are rarely a good option when the sponsoring agency has limited capacity; the proposed intervention is small scale; or the problem to be addressed requires an immediate response. The Aspire evaluation findings suggest that the SA Government experience of the Aspire SIB has been a positive one, but this was dependent on various conditions being in place, including high levels of commitment from a range of key players and the invaluable support of SVA.

The government commissioners of the Aspire SIB were interested in the emerging social impact investment model but their primary motivation for supporting the SIB was to try a new way of addressing a 'wicked problem' – chronic homelessness – and to build evidence on effective ways of addressing this 'problem'. A secondary

motivation was to promote a broader shift towards an outcomes and data focus in service delivery and government commissioning. This was seen as helping to justify government spending, particularly on higher cost programs, and the targeting of this spending towards particular groups with high need and where the potential impact is significant. As a government stakeholder noted:

> Really for us it's about understanding, building really strong data and having the evidence about what works and what doesn't work because we all know that there's limited amounts of public funding that are available for these types of interventions. More than ever before we need to be assured that government investment is being focused on things which really do make the best impact. When we have a focus on paying for outcomes as opposed to paying for services, it really helps us to build a social licence for how we invest in programs that might be higher cost than would otherwise be the case.

The Aspire eligibility criteria were important for the government commissioners because effective targeting of interventions is required to maximise the impact of limited government funds. Aspire is specifically targeted at people who are experiencing homelessness and have been so over a period of time. This is because their need is demonstrable, as well as both current and sustained, and the likely benefits they will experience from the program are significant. While no formal checking was conducted (or, indeed, possible) to establish the veracity of people's claims to be experiencing current and sustained homelessness, the evaluation found that neither referrers nor Aspire staff had any problem applying the eligibility criteria, and fidelity to these criteria has remained high throughout the program (see Section 6.3).

SIBs and the associated outcomes focus are seen as particularly useful for addressing bigger problems that 'don't line up neatly within one agency portfolio'. This is why social impact investment approaches are generally driven from the centre of government, by departments such as Premier and Cabinet or Treasury and Finance. Government stakeholders also report that marshalling support for a SIB initiative requires an influential 'champion', such as a key minister able to bring their cabinet colleagues on the SIB journey, particularly when it inevitably requires some budgetary concessions from other departments. Broad commitment often needs to be built and sustained over a long period given the lead time SIBs usually require for development. As a government stakeholder observed:

> It is pretty important to have a mandate and a clear understanding across government about what you're doing, why you're doing it, why you're financing it in this way…it is critically important to ensure there's that meeting of minds.

Government commissioners for the Aspire SIB said the transaction costs involved, including the complexity of documentation required and ongoing monitoring, were significant but worth bearing if the bond was relatively large ($5 million or more), and for the sake of trying out a promising new approach to an intractable problem. SIBs are seen as having a key advantage over standard outcomes-based/pay-by-results contracts: they reduce the risk of innovation for governments and service providers by shifting some of that risk to private investors, 'who perhaps have a bigger appetite for risk than the government might have and might be better placed to price that risk', as a stakeholder noted. Having investors involved allows a greater proportion of the funding to be at risk: 'when the government's thinking about well, do we want to do a SIB or a pay-by-results contract, one of the things is how much risk do we really want to transfer?'

There is scope for state governments to collaborate with the Australian Government on SIB interventions. The Australian Government has been slower than the states to embrace the potential of SIBs, though it has begun to show some interest. SIBs tend to have more affinity with areas of service provision that are largely the responsibility of state governments, such as SHS, health, corrections and child protection. SIB-funded programs

in these areas, however, have significant potential to deliver downstream cost savings in sectors such as welfare, aged care and disability support, which are all Commonwealth responsibilities. Ideally all governments likely to benefit from the cost savings would be involved in supporting the intervention. This would, however, add an additional layer of complexity to SIB frameworks and outcomes measurement. The challenges of data sharing across SA Government agencies as part of the Aspire SIB suggest that working across multiple levels of government, probably in addition to different departments within the same governments, would be difficult.

Government commissioners report substantial learnings from the Aspire SIB experience that have already proved useful for subsequent contracting activities, including another SIB and standard pay-by-results contracts:

> The knowledge that we gained through Aspire is very helpful to us in terms of negotiating those…we were a lot more savvy in terms of the things we needed to look out for, risks and how we manage those risks.

There was general agreement across key stakeholders, however, that notwithstanding the success of Aspire, SIBs are not about to revolutionise government contracting across all areas of human service delivery. Stakeholders took the balanced view of SIBs described in Section 3.5, seeing them as useful and appropriate in some circumstances, but hardly 'the silver bullet for funding social policy' (Maier and Meyer 2017, p. 31). As one key stakeholder observed:

> Some people think about social impact investment as the answer to all of our problems in service delivery, and all wicked problems. I don't really think that's the case, I think there is complexity in the transaction and there are costs. I don't think it's a panacea for all problems…it's probably always going to be limited to these really big wicked problems, not just complex but expensive problems for government, and ones where we just don't seem to have been able to find an answer.

Stakeholders were agreed that Aspire would not have happened without the SIB funding framework, but government commissioners noted that SIBs did not conjure up additional funding for service delivery from nowhere. The more government funders wish to transfer risk, the more they have to be willing to fund investor returns. As one stakeholder commented:

> Sometimes, especially in the early days, some of the service providers thought about social impact bonds as rivers of gold, they just saw dollars coming in, but of course it all has to be paid for at some point. If investors are receiving returns, they have to come from somewhere…it's not just increasing the total bucket of funding, it's a new way of financing but it does involve some shifting.

There was consensus that SIBs support a necessary culture shift across government and not-for-profit service providers, towards a greater focus on evidence of what works, measuring outcomes, sharing data and learnings from past experience, and accountability. As noted in Section 3, SIBs are also strongly aligned with the idea that investing more in services at an earlier point can generate downstream cost savings for government, not to mention avoiding unnecessary human suffering. Further, SIBs include robust methodologies for quantifying the cost savings.

These observations have synergies with the concepts of early intervention, well established in children's services (and to some extent in disability and mental health), and primary prevention, familiar in public health and domestic violence contexts. SIBs can help to establish frameworks for applying these concepts across a broader range of human service delivery settings. There will be limitations, however, regarding the extent to which service responses can be informed by early intervention and primary prevention approaches.

A significant constraint from the government perspective, as one stakeholder noted, is the need to target limited funding for programs as effectively as possible. While some services (notably education and health care) are universal, other services can only be made available to those who need them most. Early intervention generally requires the identification of an 'at risk' group: identification that is not always possible on the basis of the data available to government, as well as a strong evidence base that the intervention works in order to justify its cost. Policy development that takes the long view faces specific challenges; responding to immediate needs and existing crises always seems more urgent. As one stakeholder wryly observed, 'it's very hard to shut down a hospital ward to free up money for a healthy eating initiative even if it does keep people out of hospital'.

Key finding 42
The Aspire program has been a positive experience and generated valuable learnings for the SA Government about outcomes-based contracting, but SIBs are likely to remain only a niche commissioning option, suitable under specific conditions.

9.9 Sharing data

9.9.1 Learnings from the SIB data sharing arrangements

Measuring the Aspire SIB outcomes depends on detailed data sharing arrangements between several SA Government agencies; SA Health, the SA Housing Authority and the Courts Administration Authority. SA NT DataLink, established in 2009 and supported by the Australian Government funded National Collaborative Research Infrastructure Strategy's Population Health Research Network (NCRIS PHRN), plays a key role in connecting the datasets so that sensitive data from different sources can be linked for an individual without them being identifiable. SVA stakeholders noted that with data sharing systems such as SA NT DataLink and the SA Housing Authority's Homeless to Home (H2H) already in place, SA had a strong foundation for leveraging and sharing data even before Aspire was established.

The Aspire SIB is, however, particularly ambitious in terms of the data it draws on to support the calculation of performance metrics. As one stakeholder noted:

> Once we were down the track, it became clear to us that this was the first social impact bond in Australia that had actually used data from different government sources, I think up until then all of them had just been using data from one key government source.

Stakeholders reported that the data sharing experience has been a positive one, largely due to the hard work and commitment of all the agencies involved, but it has also proved to be 'far more complex than any of us realised', in the words of one stakeholder. There has been a range of issues around securing the right data in a timely way. Different administrative systems do not always 'talk to each other' or align in meaningful ways. A key agency implemented a new data system midway through Aspire, which involved changes not only to the way things were counted, but also to what was being counted, necessitating a revision to one of the SIB indicators. Sometimes key data are well over 12 months old by the time systems are updated. And as one stakeholder observed, 'when you're dealing with administrative data, there are always gaps in the data; sometimes it's data quality issues, sometimes it's incomplete records'.

Agencies tend to have different levels of familiarity and comfort with using data, and their systems and processes reflect this. In the case of the agencies which are part of Aspire's data sharing arrangements, SA Health has well-developed measurement and data management practices and it has been straightforward for them to provide high quality linked data. The SA Housing Authority's established H2H system made providing

data on participants' housing outcomes and use of SHS support periods relatively easy, through the use of the SA NT DataLink system. Processes and systems for managing data are less well developed in the justice and courts area, where agencies have not been involved in a project of this kind before but worked collaboratively to come up with effective strategies and processes.

The story of Aspire's impact would be more fully captured by drawing on data from a wider range of sources. For example, the health datasets used for the SIB metrics and the evaluation cover the use of hospital services for which the SA Government has responsibility, but not the use of primary health care services, or the community mental health and drug and alcohol services records. Drawing on Australian Government health and welfare data would be a valuable complement to the state government and the non-government data.

Data sharing processes and practices are an area for further development and discussion not only between state government agencies, but also across different levels of government. This was illustrated by the COVID-19 experience over the last two years, during which National Cabinet endorsed the *Intergovernmental Agreement on data sharing between Commonwealth and State and Territory governments* (Department of Prime Minister and Cabinet 2021). The agreement makes sharing data across jurisdictions (for purposes such as informing policy decisions, improving service delivery and evaluating programs) the default expectation when it can be done securely, safely, lawfully and ethically.

Such commitments, however, need to be backed up by robust data infrastructure and appropriate resourcing and this is not currently the case, or at least only in a patchy way. A stakeholder reported that across Australian jurisdictions, Western Australia and South Australia-Northern Territory have strong and well developed data linkage infrastructure across health and human services which allows the linking of government administrative data for research purposes and to build an evidence base to inform policy and practice in key areas of human service delivery. This data linkage infrastructure covers not just the requisite systems capability, but also data governance and technical expertise.

Aspire's data sharing arrangements are underpinned by the SA NT DataLink system, the most extensive source of linked health, education, justice, human services and community services data in Australia. It includes state/territory administrative records dating back to 1868, and increasingly also data from Australian Government sources (such as Centrelink, aged care, the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme) and non-government organisations. SA NT DataLink is part-funded by the Australian, SA and NT governments, and by non-government research and university partners, but is increasingly fiscally constrained as the various actors debate where the service best sits and who should fund it. Since an independent 2018 review of SA NT DataLink, universities, as key users of the service, have been asked to bear more of the costs, but there has instead been a withdrawal of funding from the university sector and SA NT DataLink's reliance on partial cost recovery fees has increased.

Collaborative activities, including developing and maintaining infrastructure from which multiple parties benefit, can be difficult to fund in sustainable ways because questions inevitably arise about who should be covering the costs. This may be the case even when the value of the common infrastructure is well recognised, and it is acknowledged to be a strategic asset which delivers substantial returns on investment. For example, a key stakeholder who provided input into the Aspire evaluation, referencing a recent report on NCRIS investment (Lateral Economics 2021), noted that the PHRN has been independently assessed as producing returns of $16 for every $1 invested in it. The Aspire evaluation findings demonstrate that processes and systems for data sharing and linkage are vital for capturing outcomes and social impact and informing program improvement,

thereby maximising the benefits of government spending on human services. Reaping these returns requires ongoing investment in developing and maintaining the supporting data infrastructure.

Some of the problems that emerged in relation to data sharing for the Aspire SIB are common pitfalls of integrating data from multiple sources over a period of time for purposes other than that for which the data were collected. The evaluation findings suggest that the ambitious data sharing arrangements underpinning the Aspire SIB worked better than could reasonably have been expected. Nevertheless, there are inevitably ways that data sharing processes and systems can be improved for more straightforward and regular evidence based monitoring and evaluation purposes. Stakeholders highlighted a range of broader learnings from the Aspire data sharing experience and saw this as a significant benefit emerging from the SIB experience.

A key learning is that the practical and ethical challenges of data sharing and management should not be under-estimated, and processes and structures need to be put in place to support data sharing if they do not already exist. As one stakeholder observed:

> Just as much as social impact investing does the heavy lifting around wicked problems, in my experience we've also done some heavy lifting around the measurement piece…one of the things that I certainly learned through this is that working with data is not a set and forget prospect, it requires continual management, and part of that management is also maintaining the resources that support the delivery, so the network of data custodians and so on.

Another learning is that the process of sharing data and applying it for different purposes is a helpful way of identifying opportunities for data quality and systems improvements. Sometimes these improvements might require system enhancements that are not always possible in the short-term, but learnings can inform upgrades when the time comes. There is increasing recognition that the vast volume of data collected for government administrative purposes can be put to other uses, including supporting the measurement of outcomes and social impact. As these uses become more commonplace, there may be a shift towards ensuring data systems are fit for multiple purposes and emphasising the importance of data quality and completeness.

9.9.2 Privacy issues

In discussing the value of data linkage, it is important to note that there are also ethical and privacy concerns to be considered in this area, particularly so that service users are aware of how their data will be used, potentially for various purposes and by various organisations. Deidentification of data, e.g. by using linkage keys rather than names or personal information as identifiers, is effective but not foolproof. Stakeholders in the Aspire evaluation reported that existing human ethics processes had not kept abreast of developments in the potential for large datasets to be shared across agencies and used for multiple purposes (it is likely that privacy legislation will also lag behind rapid developments in this area). The Aspire evaluation went through a long, complex and rigorous ethics review process largely because the data sharing arrangements were considered novel. One stakeholder observed:

> We were using raw data, linked and deidentified administrative data, in ways that hadn't been utilised before…I think it's fair to say they really struggled with this as a concept in terms of how to assess it.

The privacy of individuals whose data is being used in these ways is clearly a key consideration for ethics reviewers, data custodians and all others involved in managing the data. At intake, Hutt St Centre explained to Aspire participants how their deidentified data, from multiple sources, would be used for the purposes of SIB performance measurement, service improvement and program evaluation. Participants were invited to raise any concerns they had and, once satisfied, to sign a consent form.

Throughout the SIB-funded Aspire intake process, only one prospective participant sought more information about such data sharing arrangements, suggesting that privacy issues were not a significant concern for (prospective) participants. There could be several explanations for this. People with complex needs who have been experiencing homelessness are likely to be accustomed, and perhaps resigned, to service providers and government agencies seeking personal information from them. Privacy may tend to be a subsidiary concern for some people in this group, who will comply with what is asked of them in order to receive badly-needed supports. Trusting relationships with service providers (though probably less so with government agencies) may also make people feel more comfortable about how their information will be managed and used.

The factors described above only serve to highlight the importance of service providers and government agencies ensuring they have best practice informed consent and data management processes in place to protect individuals' privacy. There is potential for service beneficiaries to feel pressured to consent to data sharing they are uncomfortable with in order to receive supports. There is also potential, however, as one key stakeholder noted, for robust informed consent processes to enable data sharing that supports service delivery improvements and enhanced outcomes at the individual and aggregate levels.

The management and use of administrative data is likely to be a rapidly evolving area and existing organisational policies, processes and structures may not always be sufficient. All parties involved in data sharing arrangements should be proactive about satisfying themselves that they have appropriate protections in place. The evaluation findings suggest that SA Government stakeholders are aware of this need, as the following comment illustrates:

> It's a good thing that we didn't have any concerns raised, but I think from my perspective that's not enough. We want to be able to demonstrate that what we've done is best practice, and recognised and accepted, and indeed legitimate, as a way of using government data for this purpose…we ended up establishing another committee specifically for the purpose of reviewing the data and oversight of any issues, presentation issues, risk of confidentiality being breached. So what it identified for me was that we didn't actually have an existing mechanism in SA that was fit for purpose to do that so we had to create one.

9.9.3 Expanding data sharing

The scope of the data sharing arrangements to support the Aspire SIB was already broad, but key government stakeholders indicated that there was potential for expanded data linkages. For example, the evaluation found some limited evidence of downstream savings to the SA Government in the area of child protection as a result of Aspire participants having young children returned to their care. It would be possible to link child protection records to the datasets used for the Aspire SIB. Involvement with the child protection system probably affects only a small number of Aspire participants (though a greater proportion than for the general population, and potential savings for each child involved are significant) and is unlikely to be a useful SIB metric. Expanding the datasets and linkages, however, would help service providers and government to understand more about the impact of Aspire.

Stakeholders observed that data sharing with non-government agencies is also useful to assess program impacts but raises additional challenges. For example, Aspire and the evaluation had more data available on outcomes for participants in public housing than the smaller numbers housed in community housing or the private rental sector.

Data sharing and management present a range of challenges, but stakeholders viewed these as a small price to pay for the benefits that a data-informed approach could bring to service delivery. This comment from a government stakeholder was typical of the can-do approach those involved in the Aspire SIB have repeatedly demonstrated:

> It might be new and innovative but it's all eminently doable. Evidently it can be done and it's not rocket science to do it either. The secret sauce at least on the back-end side within government is transparency, accountability, clear communication. That actually just boils down to, in terms of the mechanics of making it happen, finding a safe way to share spreadsheets! It's doable.

Key finding 43
The cross-departmental data sharing arrangements in place for the Aspire SIB have produced challenges, but also yielded capacity-building benefits and a range of learnings for the SA Government that have relevance beyond the Aspire program.

Recommendation 22
Notwithstanding the many challenges of sharing administrative data between departments and between departments and non-government services, the SA Government should continue to invest in developing linkage infrastructure to ensure ethical, timely and robust linked data to track and report against outcomes and can expect to reap returns on that investment over time.

9.10 The role of investors

The role of investors in a SIB can be much more significant than simply putting up the cash. It is not only the funding itself that can drive provider innovation and performance in a SIB, but also a sense of being accountable for outcomes in different ways. Investor buy-in can demonstrate to staff that their work is perceived as important and people trust in their ability to produce positive outcomes. As one key stakeholder noted:

> That was also an interesting thing for the staff to understand in the early days, that investors have bought into this one…they're actually taking a calculated punt on Hutt St, on the management team, but more importantly, taking a punt on staff on the frontline who were the most critical. But ultimately, they were taking a punt because they wanted to see clients get a great outcome. So that's why they did it.

The evaluation found limited evidence that this view was persistent among frontline staff by year 4 of Aspire, however. The staff who participated in the evaluation were largely focused on outcomes for their individual clients and this formed the basis of their motivation and job satisfaction, rather than a broader sense of others having an interest in what the program achieved. Any extra drive that comes from being part of a SIB may be largely in the early stages of a program when it is new and untested and generates a level of excitement among staff.

Some evidence was identified in the evaluation that the SIB led the service provider to think differently about its work and how to value it, even outside the Aspire program. At the time of the evaluation, however, this was more evident at management level than among frontline staff. The requirement to report back to Aspire investors is more demanding than acquitting government grants; it brings into focus a broader accountability to the community. This broader focus in turn leads to an increased emphasis on fidelity to the program design and the importance of good data. The SIB requires that mechanisms for ensuring accountability are built into the provider's processes and systems. Accountability of this type has proven helpful for non-SIB funded

programs at Hutt St Centre, with donors increasingly asking for evidence of the impact their contributions are having. The 'outcomes turn' in human service delivery thus penetrates across funding sources: government, social impact investment and traditional philanthropy.

Some of the Aspire SIB investors are highly engaged, and deeply interested in the program design and broader impacts as well as the performance indicators on which investor returns are based. Hutt St Centre management report regular informal interactions with investors interested in chatting about how Aspire is going. Because of this, the consciousness of broader accountability to community, as well as to clients and government, has remained front of mind at Hutt St Centre management level. Similarly, many of the Aspire SIB investors have on ongoing interest in, and enhanced understanding of, the issue of homelessness in the community.

Key finding 44
Investor buy-in can help to demonstrate to service provider staff that the work they do is important and valued, and that they have a broader accountability for the outcomes they produce than to clients alone.

9.11 The investor experience

It is difficult to generalise about the experience of the Aspire SIB investors, or any group of SIB investors, because they usually represent a mix of high-net-worth individuals, philanthropic foundations and large institutions (mainly superannuation funds), and each group tends to have different motivations for SIB investing and different expectations. They also have differing levels of capital involved, with individuals tending to invest $50-100K; foundations around $100-200K; and large institutions in the vicinity of $1-2m.

Two investors, one a high net worth individual and the other a representative of a foundation, were interviewed for the evaluation. The sample was very small because it proved challenging to recruit investors who were interested in participating in the evaluation. Stakeholders suggested several possible reasons why few investors engaged with the evaluation. Some investors, particularly large institutions, tend to adopt a 'set and forget' approach to their SIB investment. As one stakeholder observed, 'the reality is for some people it's one investment in a large portfolio, it's not their day job'. SIB investors tend to have day jobs which keep them very busy, making it harder for them to find the time to participate in an evaluation. Additionally, as a key stakeholder in the evaluation reinforced, social impact investors and philanthropists sometimes prefer to keep a low profile to allow the programs they fund to remain the focus and to operate with autonomy.

Feedback provided by key stakeholders supplemented consultation directly with investors and is incorporated into this discussion of the Aspire SIB investor experience. In particular, representatives of SVA provided invaluable input into the evaluation which gave a broad overview of investor perspectives in the Aspire SIB and SIBs more generally.

9.11.1 Investor motivations

The evaluation findings suggest that investors had a positive experience as part of the Aspire SIB. Financial returns are an important part of the investor experience, and the Aspire SIB has delivered returns at the higher end of the performance scenarios that investors were presented with during the capital raise. At the time of the most recent investor report (Social Ventures Australia 2021), which was based on data to 30 June 2021, 60 per cent of SIB outcomes had been measured. Aspire participants had consistently shown significant reductions in the rates at which they accessed hospital, justice and short-term accommodation services, in comparison to the counterfactual rates, which meant the variable returns to investors were high. This is expected to continue to be the case for the remaining life of the SIB.

While investors reported being very satisfied with the level of the returns from the Aspire SIB, they also said the returns were not the primary motivating factor for them to invest. The individual and foundation Aspire SIB investors were specifically seeking a form of social impact investment, often their first foray into this field, rather than a traditional investment opportunity. The investment in Aspire was what might be described as 'impact-led', rather than 'finance-led'.

Some of the Aspire investors had heard about SIBs in the UK, and early examples in Australia, and thought they sounded like a good idea. Investors were particularly interested in the potential for SIBs to improve social outcomes in areas that governments were perceived as handling poorly: 'they are spending money but money is being churned, not leading to any positive beneficial outcomes', as one investor observed. Investors with an interest in SIBs did not see them through rose-coloured glasses, however, and were aware that some SIBs had failed to deliver strong returns and/or positive social outcomes. Investors had a realistic view of what SIBs could achieve and what they could expect from the Aspire SIB and were generally pleasantly surprised by how successful it was in terms of both returns and social outcomes.

As with other SIBs, investors had a mix of motivations for choosing to invest in the Aspire SIB. SVA reports that there are some investors who will take up almost any opportunity to be part of a new SIB, regardless of where it is located or the problem area it is trying to address. Other investors (in the high net worth individual and foundation categories) only invest in initiatives in their home states. Just under a fifth of the Aspire investors were local to SA, and a key informant in this evaluation noted that several have since also invested in a more recently launched South Australian SIB unrelated to homelessness service delivery. The same informant also noted how a small proportion of investors are strongly driven by a specific problem or service delivery area. SIBs related to education or children's services are sometimes particularly appealing for investors. Some investors have an interest in how the SIB will improve outcomes for Aboriginal and Torres Strait Islander people. A few foundations are constrained to certain geographical locations or issues aligned with their philanthropic mandates. SVA stakeholders reported, however, that foundations are generally becoming more accustomed to seeing their investment and granting activities as quite separate (as long as both are still impact-driven).

In addition to a general interest in SIBs, some Aspire SIB investors were motivated by a specific interest in social outcomes in SA, and/or in responding to homelessness. Investors reported that the information provided by SVA before investment and during the life of the Aspire SIB was comprehensive, helpful and interesting. Investors had generally also done their own research on SIBs and in some cases on homelessness in SA and the track record of the service provider. The information they were most interested in when making the decision to invest was not the expected returns, but the expected social outcomes. Investors were generally already inclined to invest when they attended the Aspire SIB launches hosted by SVA (in Adelaide, Melbourne and Sydney). As one investor noted: 'I was fairly convinced that I was going to invest…I went along to the launch, which was very convincing, so that was the clincher'.

9.11.2 The SIB risk proposition

Australian SIBs generally use a more investor-friendly mix of guaranteed and variable returns on the investment, rather than wholly variable returns. The first two years of returns are often by way of fixed coupon payments, as was the case for Aspire. Investors noted that this model enhanced the attractiveness of the risk proposition. SVA representatives, however, reported that the main reason for structuring SIBs in this way was because in the early phase of a SIB there is generally insufficient data to accurately assess performance against the metrics. Ideally, investor payments would not commence until outcomes could be assessed with greater certainty, but many investors require returns to be assessed annually from the start of the SIB. For example, some trusts need

investment instruments with cash flow because they are required to distribute a certain percentage of their assets each year. SVA reported that there are drawbacks with paying fixed returns in the early phase of the SIB, notably the risk of over-paying (actual returns, once calculated, being lower than the fixed returns already delivered) and the need to raise more capital at the outset to allow for this.

SIBs are unquestionably a riskier proposition for investors, relative to potential returns, than mainstream investments. There are many unknowns about how new programs will perform; that is usually precisely why they are being funded through a SIB rather than traditional government contracting. While most SIBs, like Aspire, are based on some form of (often overseas) evidence that a new intervention is promising, this offers no guarantees in relation to the way performance will be measured for the SIB contract. As a key stakeholder noted:

> There's very little data around that specific metric as it's defined in the contract, as to whether that intervention actually has a track record in terms of improving performance against that metric. There might be studies out there to show that the intervention improves a type of outcome but the way that metric is described in the contract makes it very unique and there's usually no particular evidence base to specifically support that metric.

Performance against the metric is also affected by the inclusion of everyone who is enrolled in the program, even if they quickly stop engaging and do not actually receive any supports. An evaluation can exclude clients who are 'on the books' but not receiving services, whereas outcomes for these clients will be included in SIB performance measurement: 'that's a fundamental difference', as one stakeholder observed. This highlights the way eligibility criteria, program intake and service design may end up being influenced by the requirements of the SIB funding framework. The risk of clients being 'cherry picked' in order to reduce the risk to investors and make the SIB viable, described in Section 3.3 becomes an issue. The evaluation found no evidence of this occurring in the case of Aspire.

SVA structures its contractual instruments carefully to try and minimise the risk for investors and maximise the appeal of the SIB. Ways of doing this include incorporating mechanisms for triggering renegotiation of contracts (as happened with the recalculation of the Aspire SIB counterfactual) and ensuring investors are not at risk of losing all of their money if the SIB is terminated. SVA stakeholders report that investors find the prospect of losing a proportion of their investment, say, half, a lot more palatable than having all of their money at risk, particularly when the potential returns are modest. Protecting some of investors' money, however, requires more capital to be raised at the outset. The two key factors which determine the amount of capital needed for a SIB are the maximum amount the funder can pay and the proportion of investor capital that will be at risk.

Stakeholders reported that it is possible for a SIB to be 'too successful' in the sense that if investor returns are particularly high, government funders can be concerned about the resulting optics. In this situation it may appear as if government funds are being used extravagantly, though a SIB would only deliver large returns if it was saving the government funder large amounts of money in terms of avoided service usage. Another potential issue here may arise from investors being perceived as making significant financial gains out of a program intended to deliver better outcomes for people experiencing disadvantage, as the 'commodification' critique of SIBs noted in Section 3.3 suggests. There is a fine line to be walked between aiming for returns that are high enough to justify the risks for investors, yet not so high that there is pushback from government funders and potentially the broader public.

9.11.3 Investor engagement with program design

SIB brokers and investors have a strong incentive to care about program eligibility and design because of the potential for these factors to substantially impact on program performance and therefore investor returns. SVA stakeholders report that many SIB investors are interested in the detail of program design while they are making the decision about whether to invest. Increased awareness of how the nuts and bolts of service delivery can impact SIB performance and returns has begun to influence the due diligence process conducted by investors. Investors have become increasingly concerned to thoroughly assess not only the risk profile of the SIB, but also the likelihood of it delivering significant social benefits.

Once the investment is made, however, investor engagement with the program generally declines substantially and becomes primarily about compliance and financial reporting, especially in the case of foundations and institutional investors. When large organisational investors show an interest in the social outcomes being delivered by the SIB, it is often for the purposes of demonstrating good corporate citizenship in their own reports to clients. This is a pity, as it suggests that large institutional investors may have a fairly superficial interest in the social benefits of SIBs, rather than a deep and genuine engagement with what SIBs can deliver for people experiencing disadvantage. In the case of Aspire, there has been a reasonably high level of interest in program design and service delivery, and the social benefits being delivered, among the individual and foundation investors.

Investors are satisfied with the level of detail provided by SVA about both the program design and the investment process. A typical comment was:

> I'm happy with the amount of information coming through, the objectives are clearly outlined, and I'm happy with the people who know what they are doing to get on with the work and for me to be a beneficiary and get a return when it happens.

SVA are perceived as doing an excellent job with the Aspire SIB, keeping investors as informed as they want to be with appropriate and well-timed communications and there were no substantive suggestions on how the investor experience could have been improved. Not surprisingly given their positive experiences, Aspire SIB investors who were individuals or from foundations are interested in making other social impact investments in the future, or have already done so since their Aspire SIB investment.

9.11.4 Social impact investing and granting

Further research across a broader group of social impact investors would be helpful to explore their motivations and the relationships between social impact investment, traditional investment, and traditional philanthropy in more depth. Stakeholders described social impact investment as 'quasi-philanthropy, quasi-investment, so it's investment but with sub-commercial returns'. For this reason, SIB investment tends to attract people and institutions motivated by a social purpose rather than those seeking to maximise the returns on their investment. SIBs involve a considerably higher risk than most mainstream investments, but with the prospect of only modest returns, which limits the pool of investors who are interested in being involved.

Social impact investment occupies a space between traditional investment and traditional philanthropy, but it tends to substitute for other forms of investment rather than for conventional granting activities. SVA stakeholders report that in terms of the overall pool of charitable giving, the funds directed towards social impact investment are very small. One stakeholder observed that 'the foundations don't see it as replacing their granting, they still grant, this is just a way of getting extra impact out of their capital base'.

Key finding 45
Investors have had a positive experience with the Aspire SIB, expressing high levels of satisfaction with the level of returns, social outcomes and their interactions with Social Ventures Australia. Accordingly, investors are likely to make further SIB investments if they have not already done so.

Key finding 46
The primary motivation of Aspire SIB investors, particularly individuals and foundations, is to contribute towards positive social outcomes, but they have realistic views of what can be achieved through SIBs.

Key finding 47
Since the capital raising for the Aspire SIB, investors (particularly large institutions) have become more concerned with their due diligence before investing in SIBs. Ensuring the SIB risk proposition is appropriate will be increasingly important and will have implications for government funders in terms of how much risk they can shift to investors and how much funding is required for a SIB to go forward.

Key finding 48
Aspire SIB investors have some interest in the relationship between program design and outcomes but there is no evidence that the incentive to meet SIB performance metrics has affected the type of participants in the Aspire program or resulted in 'cherry-picking'.

9.12 The future of SIBs in Australia

9.12.1 Beyond the high water mark

SVA stakeholders reported that the capital raise for Aspire in the mid-2010s came at the 'high water mark' for SIBs and the number of individuals and organisations interested in impact investing in Australia. Since then, the attraction of SIBs has seemingly declined a little and they have come to be seen in more measured and pragmatic terms, especially by investors. As a stakeholder observed, 'they've started to see that they don't always get their money back or they might only break even, if they're lucky'. There are signs that most of the investors interested in SIBs in Australia have now 'dipped their toes in the water' and decided whether or not they wish to do so again. There are fewer new investors, though SVA report that at each SIB launch there are a small number who have only just heard about SIBs, or had their interest sparked by a particular SIB.

Social impact investment may be at some risk of being squeezed out by other, less risky and less complex, ways for investors to demonstrate their responsible corporate citizenship credentials. At least one major institutional investment fund has announced it will henceforth be moving out of the social impact space and focusing on its environmental investment portfolio. Evaluation stakeholders observed that compared with social impact investment, there is more 'product' in the environmental and sustainability area, including large renewable energy infrastructure developments, and they generally carry a lot less risk, overlapping to a large extent with mainstream investment. There may still be untapped potential for superannuation funds to engage with SIBs as only a small number, usually those with a highly impact-oriented membership base, have done so to date. There has also been a consolidation and concentration of the market in the sense that foundations in particular are taking advice from the same very small pool of advisory groups, who effectively become gatekeepers to considerable sums of money. If these key advisory bodies do not view a SIB favourably, it is unlikely to get off the ground.

9.12.2 Getting scale right

The Australian SIB market is naturally limited not just by the number of investors or government appetite but also by the availability of suitable programs. There are only a few service areas that lend themselves to SIB funding and programs need to be sufficiently large to justify the considerable fixed costs associated with establishing a SIB. A stakeholder observed:

> The scale issue, part of it is about the overhead cost. Because doing all the work, to actually do all the analysis of the baseline and figure out the right metrics and the right payment structure, all that is fixed work whether it's a million dollars from the government or a hundred million.

The costs of due diligence for investors are also largely fixed:

> We've seen lots of the institutional investors interested…but they have not gone into the recent ones because they've been just a bit too small for the due diligence effort they have to put in for something that's so unusual, the risk profile is so different…they thought early on that the market could scale but that's a misunderstanding of the dynamics of the space. So some of them have gone 'that was a nice little experiment'.

A SIB of less than $5m is generally considered to be too small to be worthwhile. An additional scaling issue is the need to have a large number of service beneficiaries in order to generate statistically significant outcomes for performance measurement. Several hundred clients is generally the minimum required and even that leaves considerable room for randomness to skew performance results. The size of the government contract involved is usually a lot larger than the size of the bond (for example, a SIB that raises $10m of investor capital may involve a $50m government contract), and this is actually the more relevant indicator of scale.

9.12.3 Changing risk perceptions

SVA report that they have noticed a shift in perceptions of SIBs from prospective investors since the Aspire SIB was launched. As the SIB market has matured, there have been cases of 'failed SIBs' and they are no longer viewed as a panacea for social ills, nor as a low-risk investment option. Institutional investors in particular have become more wary and are conducting rigorous due diligence before investing in SIBs.

For SVA, transparency around SIB financial and social outcomes, including making information public, is important to encouraging general confidence in SIBs, awareness of their potential, and understanding of the conditions likely to promote SIB success. SVA provides prospective SIB investors with information on the full range of possible scenarios, including the potential for low returns and loss of capital. SIB outcomes are made publicly available by SVA, which helps others to learn from pilot interventions and promotes the development of an evidence base in relevant service delivery areas.

As noted in 3.2.4, as with all contracts, SIBs provide a framework for aligning the interests of parties with different objectives (Maier and Meyer 2017). There is a challenging balancing act to be conducted in relation to the evidence base for SIB-funded programs: service providers and governments are likely to see the program as an opportunity to trial a relatively untested approach, while investors are likely to want to be confident the approach will work and deliver them returns. One side wishes to build an evidence base; the other might prefer to draw on what is known from an existing evidence base. In the case of Aspire, the intervention is distinctive in the Australian context but the program design drew heavily on an evidence base from overseas, though not necessarily one that was specifically relevant to the SIB outcome measures. Inevitably, as one stakeholder noted: 'there's a bit of a leap of faith, but people are really motivated to make it happen'.

The risk appetites of SIB investors are probably lower now than they were at the time the Aspire SIB was established and this could make it harder to raise capital for programs that require too much of a leap of faith. Program designs may increasingly have to reflect what is necessary to promote investor confidence and attract capital. Uncertainly around COVID may have played a role in dampening investor enthusiasm over the last two years, but it is also possible that SIBs are perceived by some as having not quite delivered on their early promise. The evaluation findings suggest that Aspire is an exception to this, being a successful SIB that has delivered both strong financial returns and positive social outcomes. The Aspire SIB illustrates what SIBs can achieve at their best.

9.12.4 Government appetite

Government appetite for SIBs varies across Australian jurisdictions. Of all Australian governments the New South Wales Government has been the most involved with SIBs and has had mixed experiences, as has the Queensland Government. SVA stakeholders view the SA Government's approach to SIBs in a very positive light. It has been relatively slow and measured, helped to break down departmental silos, and stayed highly focused on what can be learned from the SIB experience. As an SVA stakeholder observed:

> South Australia has been great, the South Australian government is actually interested in this sort of learning… they're starting to work out how they can apply that to ordinary funding for social services and just the way they think about which particular cohorts are in need in our communities.

9.12.5 SIB learnings

In addition to financial returns for investors and positive social outcomes, there is a key third prong by which the success of SIBs can be assessed: the learnings generated. Theoretically, testing innovative service design to contribute to an evidence base about what works is an integral part of all SIBs. Notwithstanding the passing of the mid-2010s high water mark for SIBs in Australia, there remains considerable scope for learning more about what works in human service delivery and how it can be supported by different funding models.

In practice, SVA stakeholders report that the extent to which government funders and service providers capture and respond to the learnings made possible by SIBs is highly variable. Potential SIB-generated learnings for governments and service providers are multi-faceted, covering key areas discussed throughout this report, notably:

- developing a greater focus on outcomes;
- building capacity and frameworks for better use of data to measure and report on outcomes and inform service delivery improvements;
- contributing to an evidence base on what works in relation to responding to challenging social issues and ensuring service delivery meets the needs of particular cohorts (including optimising service delivery in terms of cost and benefit); and
- strengthening relationships and collaboration between the government, not-for-profit and private sectors, and between government agencies.

SVA stakeholders are very conscious of the importance of capturing learnings from SIBs, and supportive of the learning process for government funders and service providers, which may not always be leveraged to its fullest extent. As one SVA stakeholder observed, speaking of SIBs generally:

> They need to think deeply about what they're trying to do in the first place and that's been the gap. If you're going to do an outcomes contract, and they're hard, what's the purpose?...There are lots of

> learnings and it's now how do we digest that and actually think about what we should do next? There is something about the R&D [Research and Development] and the capability development in an outcomes contract which is quite precious and is at risk of being lost.

The key areas of learning and development noted above – outcomes, data focus, service delivery evidence base, collaborative relationships – are inextricably linked, and inseparable from the SIB funding framework where one exists. It is possible, of course, for governments and service providers to build knowledge and capacity in these key areas outside a SIB framework, and they often do. SIBs are not essential to learning, but they do provide a scaffold for building knowledge and capacity, improving service delivery and achieving better social outcomes. In many cases, important learnings would not be systematically captured, leveraged or disseminated without a SIB framework to drive these processes. A SIB framework does not guarantee meaningful learning but it does make it more likely.

Learnings generally have broad application outside the SIB framework within which they are developed. Insights from Aspire are relevant not just for a future non-SIB funded iteration of the program, but for homelessness service delivery more generally; for case management approaches in other sectors; for cross-sectoral collaboration to address social issues; for data sharing between government agencies; for government contracting practices; and for developing a greater focus on the social and economic outcomes of funding and delivering human services. As the key evaluation findings in this report reflect, Aspire has been highly successful at generating learnings across these areas.

The next section provides an overall summary of the evaluation's assessment of the Aspire case management program, the Aspire SIB and whether the hypotheses informing the quantitative data analysis were demonstrated.

Key finding 49
Identifying suitable programs for SIB funding, and ensuring an attractive risk proposition for investors, is likely to become increasingly challenging due the following factors:
a) some investors moving out of the social impact investment market;
b) reduced appetite for risk among investors;
c) increasing recognition of the limitations of SIBs; and
d) the limited number of programs that can be scaled up sufficiently to make a SIB worth the associated fixed costs.

Key finding 50
Some SIBs in Australia and overseas have had limited success, dampening enthusiasm for SIBs generally among some investors and governments, but the Aspire SIB is an example of what SIBs can achieve at their best.

Key finding 51
SIB frameworks are not essential to meaningful learnings about what works in service delivery and outcomes measurement, nor do they guarantee learnings, but they do provide a helpful scaffold for building knowledge and capacity, and systematically capturing and leveraging learnings.

Key finding 52
Notwithstanding the limitations of SIBs, there remains considerable scope for SIBs to continue to make a key contribution to improving outcomes-oriented service delivery and government commissioning practices.

10. Assessing Aspire and its learnings

In this section, the results of the evaluation are summarised via an assessment of the Aspire case management approach, the Aspire SIB and the hypotheses developed to inform the quantitative components of the evaluation. Each of these focus assessment areas link to specific sections of this evaluation report as noted, with the traffic light style assessment in Tables 10.1 and 10.2 determined by close consideration of evaluation evidence and against prior research. Brief commentary is provided against most elements or domains presented to further explain nuance in our assessment.

10.1 The Aspire case management approach

Section 2 provided an overview of key themes emerging from the evidence on what works in responding to homelessness, particularly chronic or recurrent homelessness experienced by people with multiple or complex needs. These key themes have been distilled into a set of elements set out in Table 10.1. Sections 6 to 8 discussed the findings of the evaluation of the Aspire case management approach in the context of the prior research on key elements of effective homelessness responses. Based on the evaluation evidence, we provide a general assessment of how the Aspire case management approach performs against the key elements in Table 10.1. It should be noted that no single case management approach is likely to embody all the elements thought to contribute to effective homelessness responses to an equal degree. External factors also affect how effectively programs can perform against the various elements.

Table 10.1: Assessing the Aspire case management approach

Element	Good performance	Good performance with provisos	Some room for improvement	Comments
Embodies political will to address homelessness				There is a deep commitment to Aspire and responding more effectively to homelessness demonstrated by the SA Department of Treasury and Finance and other SA government agencies.
Reflects strategic investment to deliver downstream savings				Aspire embodies the view that providing people with housing and sustained wraparound supports will reduce their interactions with health, emergency services, SHS, police, justice and corrections, delivering considerable savings for state government.
Moves away from reactive, crisis-driven responses				One of the points of difference of Aspire is that it provides people with sustained supports that continue after they are housed.
Integrated and coordinated with broader service delivery landscape				While Aspire established strong relationships with other providers, it has been perceived as somewhat isolated from the rest of the SHS sector and this has been exacerbated by the implementation of the alliance structure. Referral pathways from hospitals and corrections could be made smoother. The role of a future Aspire within the broader service delivery landscape should be clarified.
Promotes collaboration across providers				Referrals from SHS providers are smooth and communication between Aspire and other providers is good, but there is no evidence of Aspire actively building collaboration with other providers.
Clear referral pathways				Referrals from SHS providers work relatively well, but referrals from hospitals and prisons could be smoother.

Element	Good performance	Good performance with provisos	Some room for improvement	Comments
Embodies Housing First philosophy				Aspire demonstrates strong commitment to a Housing First philosophy, aiming to provide rapid rehousing as a strong foundation for clients to address other issues in their lives.
Embodies Housing First principles in practice				Aspire is not able to provide rapid rehousing in practice due to inadequate supply of affordable and appropriate housing. This is a system issue that needs addressing.
Provides post-housing/long-term supports				One of the points of difference of Aspire is that it provides people with sustained supports that continue after they are housed.
Provides comprehensive, holistic, wraparound supports				Aspire is strong on this but the proviso is that it can be difficult to secure quick referral pathways to specialist multi-disciplinary supports (especially mental health) for clients. This is a systemic issue.
Takes an assertive outreach approach				Aspire is strong on this but several stakeholders thought a little more could be done in terms of persistence in trying to engage hard-to-reach clients. Resource constraints are potentially an issue.
Takes a person-centred approach (choice, flexibility, responsiveness)				Aspire is very strong on tailoring supports to individual needs and listening to what clients say about their needs.
Promotes recovery pathways and recognises they are not linear				Aspire is very strong on recognising that every client's journey is different. The long duration of supports allows for an ebb and flow of engagement, and adjustment of supports as required.
Takes a non-judgemental approach to build trust and rapport				Aspire is very strong on supporting clients without judgement and case navigators have built excellent relationships with clients.
Empowers participants, builds confidence and resilience				Aspire strikes a good balance between supporting clients and empowering them to work towards managing issues on their own.
Promotes community connection and social inclusion				This is a key element of Aspire's work with clients and is done well. There are possibly some opportunities for Aspire to facilitate more peer interaction and support among participants.
Promotes pathways to education/training and employment				This is a key element of Aspire's work with clients and is done well under difficult circumstances. Improved outcomes would be welcome but there are a range of reasons why success is likely to be modest in this area.
Consistent with a primary prevention approach				Aspire's work can be seen as consistent with primary prevention in that providing post-housing supports makes it less likely people will lose tenancies and cycle back into homelessness.
Consistent with an ending homelessness approach				Aspire's work can be seen as consistent with an ending homelessness approach in that it embodies the principles of Housing First, although housing supply remains the most significant challenge for Aspire. The program also promotes the

Element	Good performance	Good performance with provisos	Some room for improvement	Comments
				reality that appropriate post-housing supports can stop people cycling back into homelessness.
Capacity for a culturally-specific response				The Aspire program design includes some features that would support appropriate responses for Aboriginal people experiencing homelessness, but there are improvements that could be made (such as Aboriginal staff, working with ACCOs, and housing options to accommodate families and visitors).
Capacity to respond to specialised needs across diverse cohorts				Aspire is a generalist program and does not have the capacity to meet all needs for specialised support (e.g. among older people, women fleeing domestic violence, young people). There is potentially scope for Aspire to be better coordinated with specialist supports to minimise service gaps.
Takes an outcomes focus and uses data effectively				Aspire involves a significant focus on outcomes, and using data to assess whether outcomes are met, by the service provider. There is scope for more systematic monitoring, evaluation and continuous service improvement activities that include staff at all levels, including the frontline.
Recognises and incorporates the lived experience voice				Aspire is highly responsive to the experience and voice of clients, but there is scope for more formal and systematic incorporation in program design, monitoring and continuous improvement.

Source: Authors.

10.2 The Aspire Social Impact Bond

Section 3 provided an overview of key themes emerging from the limited evidence on how effective SIBs are at supporting innovative service delivery in homelessness and other areas. These key themes have been distilled into a set of elements set out in Table 10.2. Section 9 discussed the findings of the evaluation of the Aspire SIB in the context of the prior research on what supports SIB effectiveness. Based on the evaluation evidence, we provide a general assessment of how the Aspire SIB performs against the key elements in Table 10.2. It should be noted that no single SIB is likely to embody all the elements thought to contribute to the effectiveness of SIBs as funding mechanisms supporting innovative service delivery to an equal degree. External factors also affect how effectively SIBs can perform against the various elements.

Table 10.2: Assessing the Aspire SIB

Element	Good performance	Good performance with provisos	Some room for improvement	Comments
Meets conditions for SIB suitability (scale, timeframe, clear target cohort, measurable outcomes, etc)				Aspire is a good fit for SIB funding, with 575 participants, a seven year timeframe, well-defined service cohort, and clear social goals for which performance metric 'proxies' could be developed.
Addresses a 'wicked problem'				Chronic and recurrent homelessness is a complex, multi-faceted problem in cities across the world and there are no simple solutions.

Element	Good performance	Good performance with provisos	Some room for improvement	Comments
Trials an innovative service response				Aspire has key points of difference from the homelessness interventions in place in Adelaide, notably the intensity and duration of supports.
Prioritises the needs of service beneficiaries				All of the Aspire SIB players demonstrate a strong commitment to social outcomes and client needs over other considerations.
Government remains highly engaged with social service provision				The SA Government is hands-on in its oversight of Aspire and the SIB through the Department of Treasury and Finance, and other government agencies are also highly engaged.
Power dynamics and differentials are well-managed				The SA Government and the SIB broker have demonstrated a commitment to minimising power differentials between players involved in the SIB. The governance structures are inclusive and Aspire is a rare SIB that involves a small service provider.
Attracts additional resources for service delivery				Stakeholders believe a program such as Aspire would not have been funded without the SIB.
Effectively shares risks across government, service providers and investors				The Aspire SIB incorporated a number of mechanisms to promote sharing of financial risk between the SA Government, the service provider and investors.
Creates a framework for aligning interests and building collaboration				The Aspire SIB brought together actors who had not previously collaborated before in a successful joint venture. The SIB and the program it funded created an opportunity for various interests to coalesce in the building of a shared vision and partnership.
Promotes the development of a shared vision				The Aspire SIB and the program it funded created an opportunity for various interests to coalesce in the building of a shared vision and partnership.
Promotes flexible, responsive service delivery				The resourcing levels made possible by the Aspire SIB allowed for more flexible service delivery than in conventional SHS.
Generates good social outcomes				The quantitative and qualitative data gathered for the evaluation indicate that Aspire participation was associated with improvements in housing circumstances, but also health, wellbeing, social inclusion and community participation.
Clear link between SIB mechanism and social outcomes				The evaluation found that Aspire's positive social outcomes were inextricably linked not only with program design and delivery, but also with the SIB funding framework underpinning it.
Generates downstream cost savings for government				There have been significant quantified cost savings to the SA Government as a result of the reduced use of health, justice and SHS services associated with Aspire participation.
Generates good returns and experience for investors				The Aspire SIB investor returns have been at the upper end of expectations and investors have been happy with their experience.

Element	Good performance	Good performance with provisos	Some room for improvement	Comments
Uses appropriate performance metrics				The SIB performance metrics were fit for purpose. Using the counterfactual to measure change adds rigour.
Incentivises an enhanced outcomes/data focus for government and service provider				The Aspire SIB does promote a greater focus on outcomes, and the use of data to assess whether they are met, by the service provider and the SA Government. Nevertheless the outcomes orientation is not solely a direct product of the SIB.
Clear link between SIB and continuous service improvement				The link between the Aspire SIB metrics and continuous improvement is weak. There is scope for more systematic monitoring, evaluation and continuous service improvement activities that include staff at all levels, including the frontline.
Clear link between SIB and future service improvement				Future service improvement will be informed by this evaluation report, which draws heavily on the SIB data and performance framework.
SIB does not create perverse incentives or lead to cherry-picking				The evaluation found no evidence that Aspire's participant intake was influenced by the need to meet specific performance metrics.
Transaction costs are not too onerous				While the Aspire SIB has involved significant transaction costs for the SA Government and the service provider, these costs are seen as worth the benefits, which have included learnings and capacity building of broader relevance.
Builds capacity in government and service provider				The Aspire SIB has directly resulted in enhanced capacity in data management and outcomes/impact measurement within SA Government agencies and the service provider.
Promotes cross-sectoral collaboration				The Aspire SIB brought together actors who had not collaborated before in a successful joint venture. It has produced learnings around supporting successful collaboration between government, not-for-profits and private sector interests.
Promotes multi-agency collaboration within government				The Aspire SIB has involved multiple SA Government agencies working together in new ways. It has produced learnings around supporting multi-agency collaboration.
Recognises and incorporates the lived experience voice				The evaluation did not find any evidence that the lived experience voice and perspective was formally incorporated in the development of the SIB and the associated metrics. Co-designing future SIBs with lived experience people would be a positive step.
Learnings are generated, captured and disseminated effectively				The Aspire evaluation is capturing a wide range of learnings from the Aspire SIB experience in the Final Report. A communication and dissemination strategy is being developed alongside the report.
Potential for sustainability of intervention after the SIB				The SA Government responded to the end of the Aspire intake period proactively and with foresight by providing extension funding, separate from the SIB, to ensure continuity of service. The timing of the evaluation report means a sustainable funding

Element	Good performance	Good performance with provisos	Some room for improvement	Comments
				stream could be put in place to ensure continuity of service on an ongoing basis.

Source: Authors.

10.3 The outcomes against hypotheses

As set out in Section 5, the quantitative data collection and analysis for this evaluation of Aspire was guided by a number of hypotheses across six outcome domains. Table 10.3 sets out whether the evaluation found that these hypotheses were demonstrated to be true. We acknowledge fully in the presentation of this information, however, that these hypotheses have been designed post program design, based on best practice evidence about what a homelessness focused SIB could and should achieve, and so not all the data needed to answer these hypotheses were collected. We present these findings then, more as an example of how the broader impact of the Aspire program could and should be considered, highlighting somewhat of a missed opportunity with Aspire to this point in time, but one that can be addressed in any future iteration of the program.

Table 10.3: Assessing outcomes against the hypotheses

Outcomes	Hypothesis	Results
Health		
Improved physical health. *Reduced hospital admissions.* *Reduced emergency department presentations.* *Reduced ambulance use.*	H.1 Aspire participants' self-assessed health status improves during the program, relative to baseline (program entry).	No data available. There was no self-report health status instrument administered by Hutt St Centre at program intake and exit.
	H.2 Across the three years of the program, Aspire participants have fewer hospital admissions than they did in the three years prior to program entry.	The average annual inpatient visits (1.0 per year pre, 1.4 years post) significantly increased by 26 per cent from pre-Aspire to post-Aspire entry.
	H.3 The types of hospital admissions of Aspire participants are less serious, such that duration of stay is shorter relative to hospitalisation duration prior to program participation.	Average inpatient length of stay per visit significantly dropped by 26 per cent from pre-Aspire to post-Aspire entry.
	H.4 Aspire participants have fewer potentially preventable hospitalisations at Year 3 of the program, relative to prior to program participation.	The proportion of episodes with the highest clinical complexities (DRG A and B) significantly decreased post-Aspire entry compared to pre-Aspire.
	H.5 Aspire participants have fewer emergency department presentations relative to prior to program participation.	The average number of emergency department visits and emergency department service use significantly dropped from pre-Aspire to post-Aspire entry.
	H.6 Aspire participants have fewer unnecessary emergency department presentations relative to prior to program participation, such that they have fewer presentations where they are sent away without treatment	The proportion of both non-urgent and semi-urgent emergency department triage episodes decreased from pre-Aspire to post-Aspire entry, whereas the proportion of episodes requiring ward admission increased.

Outcomes	Hypothesis	Results
	H.7 Aspire participants have reduced use of ambulance services relative to prior to program participation.	Average ambulance use per person remained stable from pre-Aspire to post-Aspire entry.
Justice		
Reduced convictions. *Reduced court presentations.* *Reduced time spent in custodial remand.*	J.1 Compared with prior to program participation, Aspire participants have fewer court appearances (arising from offences committed during program participation).	The average number of court appearances per year dropped by 50 per cent from 0.3 pre-Aspire to 0.1 post-Aspire entry.
	J.2 During the program, Aspire participants commit fewer offences associated with homelessness than they did prior to program participation.	The average number of offences per year per person significantly dropped from 0.8 pre-Aspire to 0.4 post Aspire entry.
	J.3 During the program, Aspire participants commit less serious offences than they did prior to program participation, reflected by the offence category and whether bail was granted.	There was a significant decrease in theft and related offences and traffic and vehicular regulatory offences from pre-Aspire to post-Aspire entry.
	J.4 Relative to before program participation, Aspire participants increase the proportion of court matters that are finalised without conviction.	The average number of convictions per year per person significantly dropped from 0.82 pre-Aspire to 0.37 post-Aspire entry.
	J.5 Relative to before program participation, Aspire participants increase the proportion of court matters that are finalised without prison time.	The average number of imprisonments per year per person significantly dropped from 0.03 pre-Aspire to 0.01 post-Aspire entry.
	J.6 Across the three years of the program, Aspire participants spend fewer days in custody than in the three years prior to program participation.	The average number of custody offences per year per person significantly dropped from 0.08 pre-Aspire to 0.03 post-Aspire entry. The average number of custody days per year per person significantly dropped from 10.24 pre-Aspire to 1.26 post-Aspire entry.
Housing and homelessness		
Reduced number of homelessness episodes. *Shorter duration of homelessness episodes.* *Sustained tenancies.*	HH.1 Across the three years of the program, Aspire participants have fewer homelessness episodes than in the three years prior to program participation.	The majority of Aspire participants had achieved tenancy before they exited the program early (64.1%), while roughly 93 per cent of those who achieved tenancy maintaining a tenancy at program exit or 30 June 2021.
	HH.2 Across the three years of the program, Aspire participants who become homeless experience shorter durations of homelessness than they did in the three years prior to program participation.	The average length of tenancy was notably higher during the Aspire period (470.6 days), compared to the pre-Aspire period (275.2 days). 78 per cent of Aspire participants held one tenancy within the Aspire period.
	HH.3 An increased proportion of Aspire participants are permanently housed, including in public housing, community housing, private rental housing and owner-occupied housing.	185 people with no prior public housing tenancies achieved tenancy within the Aspire period. Proportion of renters increased from 25 per cent pre-Aspire to 41 per cent post-Aspire entry. Based on available SHS entry and exit data, 47.6 per cent

Outcomes	Hypothesis	Results
		held public housing at exit, compared to 5.9 per cent at entry. 20 per cent of Aspire clients who obtained public housing were rough sleeping at entry to the SHS support period, while around 15 per cent were couch surfing.
	HH.4 Among Aspire participants who are housed, a high proportion sustain their tenancy.	Out of all Aspire participants, 60 per cent held a tenancy at exit from the program or as of 30 June 2021. Out of the 369 clients who achieved a tenancy according to all available data sources, 93.2 per cent of people maintained their tenancy at the end of the Aspire support period.
Wellbeing		
Increased wellbeing. *Improved mental health.* *Reduced mental health symptoms.* *Reduced use of alcohol and other drugs.* *Increased social connections.* *Improved social relationship quality.*	W.1 Aspire participants' wellbeing improves during the program, relative to baseline (program entry).	Wellbeing as measured by the PWI and ORS increased for Aspire participants from initial to follow-up.
	W.2 Across the three years of the program, Aspire participants have fewer presentations to emergency departments for mental health reasons relative to the three years prior to program entry.	The average number of emergency department mental health episodes per participant decreased from 0.5 pre-Aspire to 0.4 post-Aspire entry.
	W.3 Across the three years of the program, Aspire participants have fewer hospital admissions for mental health reasons relative to the three years prior to program entry.	The average number of mental health episodes of care inpatient visits per participant significantly decreased from 0.25 pre-Aspire to 0.21 post-Aspire entry. Inpatient length of stay significantly decreased from an average of 2.2 days per year pre-Aspire to 1.2 days per year post-Aspire entry for participants with a mental health episode
	W.4 Across the three years of the program, Aspire participants have fewer presentations to emergency departments for alcohol and other drug reasons relative to the three years prior to program entry.	The average number of emergency department alcohol/drug abuse and alcohol/drug induced mental disorder episodes per participant per year decreased from 0.46 pre-Aspire to 0.40 post-Aspire entry.
	W.5 Across the three years of the program, Aspire participants have fewer hospital admissions for alcohol and other drug reasons relative to the three years prior to program entry.	Inpatient length of stay for participants with an alcohol/drug abuse and alcohol/drug induced episode of care decreased from 1.64 days pre-Aspire to 1.54 days post-Aspire entry. The average number of alcohol/drug abuse and alcohol/drug induced episodes of care per participant decreased from 0.20 visits pre-Aspire to 0.16 visits post-Aspire entry.
	W.6 Aspire participants have an increased number of social connections at Year 3 of the program, relative to baseline (program entry).	The ORS individual (personal), interpersonal (family, close relationships) and social (work, school, friendships) domains increased from initial assessment to follow-up assessment.
	W.7 Aspire participants report improved social relationship quality over the duration of the program.	The PWI domains of satisfaction with personal relationships and community increased for Aspire participants from initial to follow-up.

Outcomes	Hypothesis	Results
Finance		
Increased employment. *Increased labour force participation.* *Increased income.* *Increased non-government sourced income as a proportion of income.*	F.1 A higher proportion of Aspire program participants are employed at Year 3 than at baseline (program entry).	While program entry and exit data on employment status are available in Hutt St Centre and SAHA data, data were not collected reliably across the time period and there is a significant amount of missing data. Hutt St Centre data indicate 18 participants who were previously unemployed found employment.
	F.2 A higher proportion of Aspire program participants are participating in the labour force at Year 3 than at baseline (program entry).	While program entry and exit data on labour force status are available in Hutt St Centre and SAHA data, data were not collected reliably across the time period and there is a significant amount of missing data. Hutt St Centre data indicate 10 participants who were previously not in the labour force found employment.
	F.3 Aspire program participants' average income is higher at Year 3 than at baseline (program entry).	These data are only available for Aspire clients that transitioned to public housing and were provided too late in the evaluation timeframe to be included in the results.
	F.4 The average proportion of Aspire program participants' income accounted for by non-government sources (e.g. wages and salary) is higher at Year 3 than at baseline (program entry).	See F3 above.
Education and training		
Increased engagement in education and/or training. *Increased educational qualifications.*	E.1 A significantly higher proportion of Aspire program participants are enrolled in an education or training program at Year 3 than at baseline (program entry).	While program entry and exit data on undertaking study or education are available in Hutt St Centre and SAHA data, data were not collected reliably across the time period and there is a significant amount of missing data. Hutt St Centre data indicate one quarter of participants were engaged in employment/educated related discussions.
	E.2 A significant proportion of Aspire program participants have a higher educational qualification at Year 3 than at baseline (program entry).	While program entry and exit data on undertaking study or education are available in Hutt St Centre and SAHA data, data were not collected reliably across the time period and there is a significant amount of missing data.

Source: Authors.

10.4 Reflecting on learnings

The assessments presented in this section show that the Aspire case management program, and the Aspire SIB, have been highly successful initiatives, with only a few areas that could have worked better identified. Aspire has delivered positive outcomes for the SA Government, the service provider, investors, and most importantly, the service beneficiaries. The Aspire case management program is well aligned with what prior research suggests is good practice in homelessness service delivery, and learnings from the program, captured in this report, contribute to the evidence base in this area. The SIB funding framework has been integral to the success

of Aspire. The pitfalls associated with SIBs have largely been avoided while the benefits have been embraced. The learnings and capacity-building generated by the SIB experience are likely to be sustainable into the future.

It should be noted, however, that while the evaluation found universal agreement that Aspire delivers a vital service, a small number of stakeholders did question whether the SIB was the best way to fund this service. These stakeholders had a range of concerns about the Aspire SIB. They were sceptical of the argument described in Section 3.2 that SIBs produce a net increase in resourcing in a service area, noting that government still paid, it just paid in a different way and to different people. That some of these payments flowed to the private sector struck some stakeholders as an inappropriate and inefficient use of public money. As one stakeholder observed: 'Any leakage to private investment, to me, it's not something that I'm that ideologically aligned with. There's a simpler way to get what you need in place and deliver services'.

Notably, the stakeholders who expressed some scepticism about the Aspire SIB were very open to alternative service delivery funding models, they just weren't convinced that SIBs were the best model in the case of homelessness service provision. To some extent these stakeholders, with long experience in the homelessness and housing sector, did not feel there was a need to fund the testing of a new approach to service delivery because they believed it was already pretty clear what service delivery should look like. The following comment illustrated this view:

> The science on this is pretty clear: what is good support and what does good support look like and what's the appropriate way of housing people…we know all of that, and my position would be, I think governments should be confident enough that they will get long-term returns on investment into this space that don't require really complex front-ending in the model. Direct funding and competitive tendering around these programs is a sufficient way to deliver what is needed in terms of long-term savings.

Similarly, another stakeholder described the Aspire SIB as follows:

> It was a good funding framework to demonstrate something that we've all been saying for many, many, many years, which is that in order to stabilise people who have major challenges in life, you need a significant upfront investment and the current funding to support services is inadequate to provide that.

These stakeholders also thought what was needed was a sustainable service response, and leveraging funding to achieve long-term improvements, rather than a time-limited SIB. As one stakeholder noted, 'At the end of the day, all that money's paid back, capital and interest, to the investors. So from a housing perspective, a social impact bond doesn't build anything long term'. Another typical comment was 'it's always for a number of us been in the back of our minds with Aspire that assuming it does deliver, what's going to happen at the end of that bond period?'.

While they didn't view the SIB as an ideal funding framework for Aspire, stakeholders did see some benefits from outcomes-based contracting. They noted that there was a broader discussion occurring in the homelessness service delivery sector around the importance of moving from an outputs to an outcomes focus. Again, the view was that this was now well-understood, as reflected in the following comment:

> I think we're all in agreement that that is the right way to go, and I think, from the willingness that I hear around the table, that everyone's on board with that. There's no point just counting the referrals or the dollars or the doors or the forms you filled in because it's pointless. You've got to be shifting

outcomes for people and sustaining them, that's a well-embedded idea now, we've just got to agree on that, and there is a process going on.

There was some acknowledgement from stakeholders that the Aspire SIB may have contributed to the shift towards an outcomes focus. Additionally, there is a difference between knowing what works to achieve certain outcomes and being able to demonstrate that it works and measure the extent to which it works. Stakeholders were largely in agreement that while the need for an outcomes focus was well understood across the homelessness service sector, the measurement, reporting and promotion of outcomes was not. SIBs can make an important contribution beyond promoting an outcomes focus; they can also promote greater understanding of how outcomes can be measured.

The question of how the Aspire case management program can continue beyond the life of the SIB is considered in the next section.

11. Conclusion

This section summarises the findings of the evaluation of the Aspire case management program and SIB and recommendations arising for possible improvements to any potential future iteration of Aspire.

11.1 The need for Aspire

The participants in the qualitative component of the evaluation unanimously agreed that there was a continuing need for the intervention provided by Aspire and hoped that Aspire or a similar program would continue as a core feature of homelessness service delivery in SA. One stakeholder's comment was typical:

> We were hoping that it wasn't going to be over, very much so…when they get a single male that's really ready to engage, they really want that option to be able to refer to Aspire because that's the only way these guys are going to get any help in their situation…It's a really good program, especially for those that can't get service elsewhere.

Key stakeholders also said that with minor tweaks the basic Aspire model is readily adaptable to the distinctive needs of different cohorts. For example, the model could be expanded to include clients seeking housing and supports outside metropolitan Adelaide, with a logical extension of the program here being a regional stream working closely with the homelessness alliances working across regional SA. Similarly, the Aspire model could incorporate a culturally specific stream for Aboriginal clients, designed and run with ACCO/ACCHO involvement. This stream could draw on housing located outside metropolitan Adelaide (including larger dwellings to accommodate family groups) and potentially take a more family – or community-oriented approach, link with Aboriginal health services and include lived experience of Aboriginal homelessness among workers (see Section 2.4.1).

The greater intensity and duration of supports in the Aspire model allows for progress in a whole range of life domains to be supported in integrated and personalised ways. Other adaptations of the model that were suggested included linking behaviour change programs into Aspire for domestic violence perpetrators, building tailored supports around young people exiting out-of-home care, and programs for minors at risk of ending up in detention.

The evaluation found high levels of commitment to the Aspire model among program staff, participants and many key stakeholders, with specific commitment to flexible, intensive and personalised wraparound supports delivered over a sustained period, including post-housing. Most people who contributed their views to the evaluation wanted an Aspire-type program to continue with perhaps some refinements and thought there remained a need for a service response of this kind in Adelaide, and SA more broadly.

Most stakeholders who reflected on the place of any potential future iteration of Aspire in the broader homelessness service delivery landscape did not have strong views on where it should sit structurally, as long as a service offering long-term wraparound post-housing supports continued. This position was summed up in the following comment:

> The main thing is it exists, it needs to exist, and where and how it exists, I'm pretty agnostic about that, as long as it does exist somewhere and you can access it for the people who need that support…as long as the model is designed to respond to the needs of the particular cohort, it doesn't really matter who's running it, as long as you know how to get the right person into the right program at the right time.

Some stakeholders noted that Aspire's key point of difference was providing post-housing supports for people with complex needs, including helping them build connection to community and pathways to employment. The evaluation findings suggest that these elements of Aspire's role were somewhat compromised by the need to focus on securing housing for participants, with respect to which Aspire was viewed as being in much the same position as any other SHS provider. As one stakeholder pointed out, 'there's no point doubling up on services, otherwise we're all just competing against each other'.

11.2 The benefits of Aspire

11.2.1 The Aspire case management model

The evaluation indicates that an Aspire-style case management program is an effective response to homelessness in Adelaide. Without Aspire (or a similar program) there would be a significant service gap. This would particularly affect people experiencing chronic or recurrent homelessness who have complex needs and benefit from wraparound post-housing supports over a long period in order to maintain tenancies and avoid falling back into homelessness. Many of this group can sustain changes in their lives independently once improvements are consolidated and their circumstances are stabilised. If supports are withdrawn too early, there is a risk that any gains made will be lost and people will return to a cycle of homelessness and temporary/short-term housing. This cycle is associated with poorer outcomes for individuals and heavier use of government services, including SHS, health and justice.

The quantitative data analysis conducted for the evaluation demonstrates an association between Aspire participation and improvements in housing circumstances; wellbeing; physical and mental health; social inclusion; and interaction with the justice system. Interviews with Aspire participants, staff and stakeholders confirmed that for many Aspire participants, the program was a life-changing experience that enabled them to break out of a cycle of chronic or recurrent homelessness and address their broader support needs. Participants reported being happy and settled in their homes; reducing their drug and alcohol use; effectively managing physical and mental health issues; enhancing their employment prospects; and experiencing significant improvements in their relationships with family members.

For participants who commenced with Aspire early on, the changes in their lives have been sustained over time, with many having maintained their tenancies for three or four years at the time of the evaluation. While participants were realistic about the fact that they would continue to experience hard times, all reported now feeling confident enough in their own worth and capacity to manage issues on their own. The participants attributed this sense of empowerment directly to the support they received as part of the Aspire program. Feeling that someone cared about them made them care more about themselves. In some cases participants even reported being better equipped to care for others, including friends, partners and their children.

The evaluation found that Aspire produces positive outcomes for the majority of participants because it does very well at delivering person-centred, flexible, holistic and coordinated case management over a sustained period of time, both before and after clients are housed. The support provided to help participants secure and maintain safe and appropriate housing is also an important contributor to Aspire's success, though challenges around the housing supply pipeline have been significant (see Section 11.3.2). The Aspire model of housing accompanied by intensive, wraparound supports that continue post-housing is an effective response to homelessness, but it is only as good as the people implementing it. Aspire works because of the commitment of everyone involved. The people involved in this sense include highly engaged participants who embrace the opportunity Aspire offers; non-judgemental staff who build strong and trusting relationships with their clients;

Aspire champions with vision and dedication; government commissioners who genuinely want to improve outcomes at a human level; and collaborators happy to play vital supporting roles.

11.2.2 The Aspire Social Impact Bond

Stakeholders with experience in the homelessness sector and an eye to the international evidence base suggested that the Aspire SIB was not strictly necessary as a means of ascertaining whether intensive case management with long-term wraparound supports is an effective way of helping people sustain tenancies and exit homelessness. Among such stakeholders was a group who argued that it was already known that the intensive case management model delivered positive outcomes, and there were more efficient ways of funding such a program than a SIB.

There is a difference, however, between experienced practitioners knowing that an approach works and being able to demonstrate this to others, including funding bodies. Stakeholders acknowledged that the homelessness service delivery sector, and providers of human services more broadly, must get better at capturing, measuring and communicating the impact of what they do. This evaluation has clearly found that Aspire would not have happened without the SIB. The SIB funding framework expanded the benefits and value generated by Aspire. Aspire not only added to the evidence base on effective responses to chronic and recurrent homelessness, it also promoted a shift towards an outcomes-focused service delivery culture, yielding learnings around how to measure outcomes and assess the broader impact of programs.

Learnings from the Aspire SIB and program are valuable beyond the Aspire context and stakeholders (the service commissioners and the service provider). Aspire learnings also have value for the SA Government and SHS sector generally, particularly in a reform landscape structured to support collaboration and joined-up efforts to end homelessness. Aspire SIB and program learnings are transferable to service delivery and ways of working within and between agencies (see 11.1), as well as for looking at how we contract services and think about costs of support, cost savings, early intervention and prevention of recurrent homelessness. Aspire learnings also show the importance of ensuring clients' experiences of programs and systems is voiced and acted upon, and that we have access to both high quality, consistent and timely data (qualitative and quantitative data), and individuals with the skills for data analytics and knowledge translation, to report outcomes, demonstrate breadth and depth of impact and continuously improve approaches, programs, services and systems.

11.3 Possible improvements

11.3.1 Meeting diverse needs

Aspire benefits from a program design and implementation that is informed by the growing evidence base on what works (and doesn't) in responding to homelessness. The evaluation found, however, several areas where improvements could be made to the operation of any potential future iteration of Aspire. The program does not work for all participants, though early exit rates were lower than anticipated and there was evidence that people who had not responded to other interventions had effectively engaged with Aspire. There is no one-size-fits-all response to chronic or recurrent homelessness but Aspire is flexible and adaptable enough to work well for the majority of people if the timing is right. Getting the timing right can depend on persistence: assertive outreach to maximise the chances of engaging (and reengaging) clients. There is nearly always room for service providers to do more in this area if they have sufficient resources.

Notwithstanding its flexibility and capacity to tailor supports to individual needs, there are a number of key groups whose needs a future iteration of Aspire could potentially address better: Aboriginal clients, young people under 18, older people over 55, women escaping domestic violence, people on bail, and people

experiencing serious mental health issues. The evaluation findings suggest that specialist responses to chronic or recurrent homelessness among people under 18 and women escaping violence are appropriate and Aspire is best positioned as a generalist response. People over 55 and people on bail are currently ineligible for Aspire but the evaluation recommends some flexibility around eligibility criteria to ensure people in these groups do not fall through service gaps.

The evaluation also recommends refinements to any future iteration of Aspire to better address the needs of Aboriginal clients and people experiencing serious mental health issues. Such refinements could include a culturally-specific stream for Aboriginal clients, and more accessible mental health supports (via a team based inhouse or guaranteed/prioritised access to practitioners/clinicians based elsewhere). Aspire staff who contributed to the evaluation noted the need to strengthen program outcomes through a deliberate multidisciplinary approach to service delivery. Embedding this approach within a future iteration of Aspire would buttress the responsive, client-centred and holistic approach the program takes to case management, and help generalist case navigators feel better supported in their work.

11.3.2 Ensuring a housing pipeline

A potential future iteration of Aspire could be further improved if it was possible to provide rapid housing in line with the original program design. Pre-housing supports have worked well and enabled many participants to begin making progress towards more stability in their lives before they settle into long-term housing when housing is not immediately available, but wait times for housing have compromised the benefits Aspire can deliver. Safe and secure housing is a vital foundation for lasting progress in addressing other issues in people's lives.

Most Aspire participants wait several months for housing, and many considerably longer. In some cases the time taken to secure a tenancy is affected by individual circumstances such as blacklisting, outstanding debt with SAHA and poor rental history. The root cause of the long wait times for housing, however, is structural. There is insufficient access to affordable and appropriate dwellings for everyone experiencing homelessness or housing insecurity. The evaluation found that Aspire does an excellent job of securing housing as quickly as possible for participants, but the program has not been able to deliver a housing-led response due to system constraints that are outside its control.

To maximise the benefits of a future intensive case management program, there should be greater integration with community and public housing wait lists and a reliable pipeline of housing for participants, and there should be increased and adequate housing supply. There are opportunities here for greater integration across the broader housing and homelessness service system too. The evaluation findings highlight the importance of coordinated, holistic support and delivering the right supports at the right time. This includes the right house in the right place. The efficient allocation of the right resources to the right people can only be managed with a whole-of-sector approach, highlighting the need for Aspire to integrate with the broader housing and homelessness service system, and for the housing and homelessness components of that system to integrate and serve each other.

11.3.3 Monitoring and measuring outcomes

In Section 11.2.2, it was noted that the Aspire SIB generated broader learnings around outcomes measurement for the service provider and government. There were some missed opportunities, however, to leverage these learnings further and use them for continuous service improvement. For example, some data that would have been useful to help assess the effectiveness of Aspire were not collected consistently in such a way that pre and

post (or periodic) measures were available for a majority of participants. These data were in areas such as self-reported health status, drug and alcohol use, personal wellbeing, quality of social relationships, income source, and engagement with training, education or employment.

It would not necessarily be helpful to collect large quantities of data across many different indicators, and one of the reasons why more data weren't collected from Aspire participants was to avoid them experiencing 'survey fatigue'. A more systematic approach to data collection at service provider level would be helpful, however. This could involve identifying a small number of key indicators to fill in some of the gaps in the administrative data available through the government data sharing arrangements. These indicators should be reasonable proxies for broader impact and readily measurable with a specified tool. For example, 'improvement in personal wellbeing', measured by administering the PWI at intake, end year 1, end year 2 and program exit, is a possible indicator of Aspire effectiveness.

This form of data collection is not necessarily for the benefit of frontline staff, who generally do not need a PWI result to know how a client is faring or to adjust how they support that individual. Rather, systematic data collection is needed to ensure programs are tracking well at a macro level: to support ongoing monitoring and reporting, continuous improvement of service delivery, and periodic evaluations. Frontline staff need a framework for reporting on what they know about how service delivery is going and for this data and assessment to be aggregated in a form that can be readily communicated upwards and outwards. A robust monitoring and evaluation framework, including reporting milestones, can include both quantitative and qualitative indicators, as long as there is a plan in place around how the data will be collected and that plan is actually implemented.

11.4 Limitations

There are some important limitations to the data presented in this report. In relation to the quantitative data, the researchers relied on datasets compiled by a range of organisations for different purposes and extensive data cleaning was necessary to ensure meaningful analysis and comparison could be undertaken. For some of the 575 people admitted to the Aspire program, data were missing or unavailable. People experiencing homelessness often lead complex and somewhat chaotic lives, and this can affect the quality and completeness of the data that can be collected from or about them. When asked to self-report information, participants may not always have a clear and accurate recollection of their personal circumstances or experiences, especially in the past. Participants are not always contactable or responsive at points of data collection, and there are times when participants have more pressing priorities than completing a survey form.

There is some analysis of data relating to particular sub-groups of Aspire participants in this report, which helps to build an understanding of whether Aspire outcomes vary across participant groups, and especially whether Aspire is more or less effective for some groups than for others. Some of the sub-groups in the sample of Aspire participants, however, are small and this means data at this level should be treated with caution.

The most significant limitation to mention here is one common to many program evaluations: gaps in data coverage where participants have disconnected from a program or decided at a very early stage to stop participating for whatever reason. In these cases, researchers cannot follow up with participants about their experiences and why they may have decided the program was not for them. Being unable to speak with these people about their experiences effectively skews the data, particularly qualitative data from interviews, biasing the data towards participants who have had a positive experience of the program and are happy to talk about it. Participants who have disconnected are more likely to be dissatisfied with a program, or to have found it did not meet their needs, and rarely complete 'exit' interviews. Difficulties including the views of people who did

not participate are often exacerbated in a population that has complex needs and who do not have stable contact details to allow follow up.

The Aspire evaluation responds to gaps in the qualitative data especially by adopting a mixed methods approach and drawing on quantitative datasets which *do* include all program participants, even those who never really engaged with the program or exited early. The SIB performance indicators, for example, were based on data from every participant who had been enrolled in the program. Many of the datasets on health, justice and SHS service use analysed for the evaluation also included everyone who had been enrolled. It was not possible, however, to identify differences in outcomes between people who stayed connected with Aspire and those who did not, or to establish why some people disengaged. The discussion of why Aspire did not work for everyone in this report is based largely on qualitative data – interviews with Aspire staff, participants and key stakeholders.

11.5 Key findings

Key finding 1
Aspire participants are a diverse group but Aspire is sufficiently flexible, adaptable and responsive to meet the needs of most participants and any potential future iteration of the program should retain its generalist focus.

Key finding 2
Aspire participants have been experiencing homelessness for an average of approximately three years at program intake.

Key finding 3
Aboriginal people experiencing homelessness are not necessarily under-represented among Aspire participants because many Aboriginal people experiencing homelessness or sleeping rough in Adelaide are either away from home or not based in Adelaide long-term and are therefore ineligible for Aspire, or Aspire is not the appropriate support.

Key finding 4
Many people experiencing chronic or recurrent homelessness present with multiple and complex needs and benefit from holistic, wraparound supports both before and after being housed.

Key finding 5
The timing of intervention – offering a supportive approach where people can work with case navigators at the place they are at in their lives - is an important factor in the likelihood that a program such as Aspire will be able to meet participants' needs and support people to make changes to improve their lives.

Key finding 6
Referral processes from SHS providers to the Aspire program are smooth and generally work well.

Key finding 7
The eligibility criteria for the Aspire program are generally well targeted, appropriate and easy to apply, but may benefit from refinement in line with the discussion in this report.

Key finding 8
SHS referrers and Aspire staff exercise well-informed judgements about which clients are most likely to benefit from participation in the Aspire program.

Key finding 9

The long duration of Aspire program assistance helps to accommodate participants' non-linear recovery pathways and the ebb and flow of program engagement.

Key finding 10

Incorporating a referral process directly from hospitals and correctional facilities into the Aspire program is sensible and appropriate but has not been seamless in practice, and only a small number of referrals from institutional settings have translated into program enrolments.

Key finding 11

The Aspire program has a Housing First philosophy but not been able to put it into practice due to a lack of available and appropriate housing and this has compromised the benefits of the program for participants.

Key finding 12

Most Aspire participants remain highly engaged in the program while waiting for housing, with this engagement underpinned by strong relationships and open communication with case navigators, the provision of non-housing supports and the development of community connections.

Key finding 13

Participation in the Aspire program is associated with positive housing outcomes for participants in relation to securing and maintaining tenancies and exiting homelessness.

Key finding 14

Participation in the Aspire program is associated with decreased use of emergency accommodation services.

Key finding 15

Participation in the Aspire program is associated with decreased use of health services, including:

a) fewer emergency department presentations;
b) reduced use of emergency department services;
c) reduced non-urgent emergency department presentations;
d) fewer hospital admissions (according to medians), and shorter lengths of stay per visit; and
f) hospital episodes defined by lower case complexity.

Key finding 16

Participation in the Aspire program is associated with decreased interaction with justice services, including:

a) fewer offences committed;
b) fewer court appearances;
c) fewer convictions recorded;
d) fewer custodial sentences; and
e) less time spent in custody.

Key finding 17

Participation in the Aspire program is associated with reductions in the use of health, justice and SHS services, generating significant and quantifiable cost savings for the SA Government. In relation to any potential future iteration of Aspire, consideration could be given to further analysing how these cost savings are distributed and the implications for agency budgets and program resourcing.

Key finding 18

Participation in the Aspire program is associated with increases in personal wellbeing as indicated by:

a) the Outcomes Rating Scale instrument;
b) the Personal Wellbeing Index instrument;
c) a reduction in use of hospital services for mental health care purposes; and
d) a reduction in use of hospital services for drug and alcohol related reasons.

Key finding 19

Participation in the Aspire program is associated with modest improvements in engagement with education, training and employment, but this is a slow process and many participants face significant barriers to engagement in these areas.

Key finding 20

Participation in the Aspire program is associated with modest improvements in social inclusion, engagement with community and quality of personal relationships.

Key finding 21

The Aspire program is able to facilitate access to specialist mental health, disability and drug/alcohol rehabilitation services for most participants, notwithstanding systemic challenges in this area, but program delivery would benefit from additional staff training and enhanced accessibility of specialist supports in mental health in particular.

Key finding 22

Participants in the Aspire program benefit from a diverse range of supports tailored to their individual needs, including practical supports and simply being able to talk through problems with their case navigators without judgement.

Key finding 23

The Aspire program produces positive, often life-changing outcomes for most participants, including those for whom other interventions may not have been effective.

Key finding 24

The Aspire program plays an integral role in supporting participants to exit homelessness, avoid criminal activity, address problematic drug and alcohol use, and effectively manage their physical and mental health issues.

Key finding 25

Participants in the Aspire program, staff and key stakeholders agree that the Aspire model – sustained, intensive case management with wraparound supports – is an effective response to homelessness and there is a continuing need for a program of this kind in South Australia.

Key finding 26

The long duration of support as part of the Aspire program is a key driver of its success in achieving positive outcomes for individual participants and at a systemic level, although not all participants require three full years of supports. This flexibility is accommodated by the Aspire model.

Key finding 27

The intensity of supports provided through the Aspire program is a key driver of its success in achieving positive outcomes for individual participants and at a systemic level and is dependent on keeping caseloads manageable.

Key finding 28

Elements of the case navigator relationship that are highly valued by participants in the Aspire program, and recognised as important by other stakeholders, include:

a) trust and mutual respect;
b) support without judgement;
c) open communication and honesty
d) being encouraged, supported and empowered;
e) flexibility and responsiveness;
f) persistence and reliability; and
g) continuity.

Key finding 29

The provision of support to secure and maintain housing is a key driver of the Aspire program's success in achieving positive outcomes for individual participants and at a systemic level, notwithstanding housing supply challenges that are largely out of the Aspire program's control.

Key finding 30

The Aspire program's case management approach aligns well with the evidence base on what works in responding to homelessness, including promoting tenancy sustainment to reduce the chances of people cycling back into homelessness.

Key finding 31

The experiences of Aspire program participants reinforces the importance of secure housing as protective and supportive, providing a foundation for people to address other issues in their lives.

Key finding 32

The key innovative features of the Aspire program are lower caseloads to permit greater intensity of supports for clients with complex needs, flexibility to tailor supports and sustaining supports across a longer time period to help people maintain tenancies after they are housed.

Key finding 33

It is unlikely that the key innovative features of the Aspire program would have been possible without the resourcing levels provided by the SIB framework.

Key finding 34

The Aspire SIB performance metrics are fit for purpose: clear, appropriate and measurable indicators that act as reasonable proxies for social impact.

Key finding 35

The key players in the Aspire SIB view the goal of the program as improving the lives of individual participants, notwithstanding that the SIB performance metrics relate to avoided service usage and resultant cost savings.

Key finding 36

Robust data collection and reporting practices were established early in the life of the Aspire program but in some areas (such as consistent use of the Penelope case management system) became more ad hoc over time, largely as a result of staff capacity and retention issues, and prioritising client focus over data collection.

Key finding 37

The Aspire program has had to accommodate a range of unexpected developments during its life so far and has demonstrated robustness and resilience in doing so.

Key finding 38

The Aspire program is responsive to the client voice but this voice has not been as systematically incorporated in monitoring, evaluation and continuous improvement processes for the program as it could be.

Key finding 39

Relationships between the key stakeholders in the Aspire program have been characterised by commitment, communication and trust, and this makes an important contribution to the success of the Aspire SIB and the program's underpinning case management approach.

Key finding 40

There are elements of the collaboration with other SHS and community housing providers through the Aspire program that could be strengthened.

Key finding 41

There is a strong collaborative relationship between Aspire program staff and a range of SA Government departments, particularly in relation to data sharing, but frontline staff in government agencies such as SA Health and the Department of Correctional Services appear less engaged than their managers in the broader Aspire program vision.

Key finding 42

The Aspire program has been a positive experience and generated valuable learnings for the SA Government about outcomes-based contracting, but SIBs are likely to remain only a niche commissioning option, suitable under specific conditions.

Key finding 43

The cross-departmental data sharing arrangements in place for the Aspire SIB have produced challenges, but also yielded capacity-building benefits and a range of learnings for the SA Government that have relevance beyond the Aspire program.

Key finding 44

Investor buy-in can help to demonstrate to service provider staff that the work they do is important and valued, and that they have a broader accountability for the outcomes they produce than to clients alone.

Key finding 45

Investors have had a positive experience with the Aspire SIB, expressing high levels of satisfaction with the level of returns, social outcomes and their interactions with Social Ventures Australia. Accordingly, investors are likely to make further SIB investments if they have not already done so.

Key finding 46

The primary motivation of Aspire SIB investors, particularly individuals and foundations, is to contribute towards positive social outcomes, but they have realistic views of what can be achieved through SIBs.

Key finding 47

Since the capital raising for the Aspire SIB, investors (particularly large institutions) have become more concerned with their due diligence before investing in SIBs. Ensuring the SIB risk proposition is appropriate will

be increasingly important and will have implications for government funders in terms of how much risk they can shift to investors and how much funding is required for a SIB to go forward.

Key finding 48

Aspire SIB investors have some interest in the relationship between program design and outcomes but there is no evidence that the incentive to meet SIB performance metrics has affected the type of participants in the Aspire program or resulted in 'cherry-picking'.

Key finding 49

Identifying suitable programs for SIB funding, and ensuring an attractive risk proposition for investors, is likely to become increasingly challenging due the following factors:

a) some investors moving out of the social impact investment market;
b) reduced appetite for risk among investors;
c) increasing recognition of the limitations of SIBs; and
d) the limited number of programs that can be scaled up sufficiently to make a SIB worth the associated fixed costs.

Key finding 50

Some SIBs in Australia and overseas have had limited success, dampening enthusiasm for SIBs generally among some investors and governments, but the Aspire SIB is an example of what SIBs can achieve at their best.

Key finding 51

SIB frameworks are not essential to meaningful learnings about what works in service delivery and outcomes measurement, nor do they guarantee learnings, but they do provide a helpful scaffold for building knowledge and capacity, and systematically capturing and leveraging learnings.

Key finding 52

Notwithstanding the limitations of SIBs, there remains considerable scope for SIBs to continue to make a key contribution to improving outcomes-oriented service delivery and government commissioning practices.

11.6 Recommendations

Recommendation 1

Notwithstanding key finding 3, refinements to the program design of any potential future iteration of Aspire could be made to help it meet the needs of Aboriginal people experiencing homelessness in Adelaide, including:

a) introducing a tailored stream co-designed with Aboriginal people;
b) appointing Aboriginal and Torres Strait Islander staff;
c) partnering with Aboriginal-led organisations;
d) taking a cultural safety rather than housing-led approach where appropriate to client needs;
e) expanding geographical scope outside Adelaide; and
f) taking a more family-centred approach where appropriate.

Recommendation 2

The resourcing of any potential future iteration of Aspire should allow for relentless (persistent) assertive outreach by case navigators to maximise the likelihood of as many clients as possible actively participating in the program for the full duration (or for as long as they need supports).

Recommendation 3

Notwithstanding Key Finding 6, any potential future iteration of Aspire should consider whether it is possible to have a less structured referral process to reduce the time referrers and clients need to wait before being able to make referrals and/or find out if a client is accepted into the program.

Recommendation 4

Any potential future iteration of Aspire should consider putting in place a more structured process for briefly reporting back to referrers on client outcomes after six and twelve months of program participation, all with client consent in place.

Recommendation 5

Any potential future iteration of Aspire should consider broadening the age criterion to be 18+ at time of referral (rather than 18-55), recognising that there are a growing number of older people experiencing homelessness who need intensive support and an Aspire program could (and did) cater to the needs of this group.

Recommendation 6

Any potential future iteration of Aspire should continue to ensure it has a process for referring people deemed ineligible due to being on bail to other services that may meet their needs while they await sentencing, and for giving people another opportunity to enter the program if they are not sentenced to a custodial period.

Recommendation 7

Referral processes from hospitals and correctional facilities into any potential future iteration of Aspire should be reviewed and refined, building on existing inreach strategies, and recognising a whole-of-government responsibility to avoid homelessness.

Recommendation 8

To maximise the benefits of any potential future iteration of Aspire for participants, the program needs to secure access to a reliable housing pipeline to facilitate rapid housing and rehousing of participants.

Recommendation 9

Any potential future iteration of Aspire should enhance the work done with participants to build social inclusion and community engagement, including by coordinating peer support networks and activities.

Recommendation 10

Any potential future iteration of Aspire should include a multidisciplinary team to strengthen system expertise and enhance participant access to specialist supports, particularly in the area of mental health.

Recommendation 11

A program based on the Aspire model – sustained, intensive case management with wraparound supports – should continue to play a key role in South Australia's response to homelessness to ensure people who are experiencing chronic or recurrent homelessness can be effectively supported to maximise positive life outcomes, economic and social participation and inclusion.

Recommendation 12

Any potential future iteration of Aspire should remain a low-barrier entry service and continue to take a non-judgemental approach, while still encouraging and supporting participants to address issues in their lives which may make it harder for them to sustain housing.

Recommendation 13

Any potential future iteration of Aspire should offer supports to participants for two to three years, with the duration of supports tailored to individual needs and continued close attention paid to participants' transition out of the program.

Recommendation 14

Any potential future iteration of Aspire should aim to keep caseloads manageable to permit intensity of supports and the development of strong relationships between case navigators and participants. These elements of the program necessitate appropriate resourcing.

Recommendation 15

Any potential future iteration of Aspire should resource the development of a staff recruitment and retention plan.

Recommendation 16

Any potential future iteration of Aspire should develop and implement a strategy for augmenting access to housing, such as through strengthening relationships with community housing providers and working with the SA Government to record and monitor housing offers from community housing providers.

Recommendation 17

Any potential future iteration of Aspire needs to be resourced at a higher level than mainstream/short-term case management programs in order to retain its key innovative features, which have been critical to its effectiveness.

Recommendation 18

Any potential future iteration of Aspire should build on the existing approach to monitoring and evaluation through further refinements and enhancements, including by formalising a structured monitoring and evaluation framework that includes:

a) clear, appropriate and measurable outcomes that are broader than the existing SIB metrics to demonstrate the breadth and depth of outcomes and impact of the program;
b) specified measurement tools;
c) reporting and dissemination plans;
d) a client voice component; and
e) articulation of how data collection and reporting informs continuous improvement in service delivery.

Recommendation 19

In any potential future iteration of Aspire, staff at all levels should be purposively engaged in a broader conversation about what works in homelessness service delivery so that program evolution and continuous improvement are not only led by evaluation data, but by research and evidence more broadly, and the program contributes to the publicly available evidence base.

Recommendation 20

Any potential future iteration of Aspire should develop a communications strategy to spread the word about program achievements and affirm the program's place in the broader homelessness service delivery landscape in South Australia.

Recommendation 21

Any potential future iteration of Aspire and other programs involving cross-departmental collaboration should pay particular attention to engaging operational and frontline staff from across the relevant agencies in the broader vision.

Recommendation 22

Notwithstanding the many challenges of sharing administrative data between departments and between departments and non-government services, the SA Government should continue to invest in developing linkage infrastructure to ensure ethical, timely and robust linked data to track and report against outcomes and can expect to reap returns on that investment over time.

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Appendix 1: Interview question guides

Qualitative interviews will be semi structured and will use broad prompts to elicit open ended discussion. Interview prompts will be as follows:

Cohort	Evaluation components	Interview prompts
Participants engaging with the Aspire Program	1, 2	If the Aspire Program is working–especially for people where previous interventions haven't been successful–why is this the case? As a participant in the Aspire program can you tell me about how you were connected to the program? How has the program helped you? (housing, employment, education, access to services, other) What impact has the program had on your wellbeing and your relationships with others? Have you had any problems with the program? How do you think the Aspire program could be improved for participants (others experiencing homelessness)? Overall, do you think your life has improved since being in, or as a result of the Aspire program? How? Do you think the Aspire program is a valuable program and should continue? Why?
Identified South Australian Government informants	1, 3	How appropriate is the Aspire Program in terms of service design, eligibility criteria, referral arrangements and service specification? If the Aspire Program is working–especially for people where previous interventions haven't been successful–why is this the case? How can the Aspire Program can further improve outcomes for participants? Is the program an effective service approach for the South Australian Government in responding to homelessness? How has the Aspire Program provided an innovative response to those experiencing homelessness? How has the Aspire Program impacted the homeless and housing sector more broadly? How has the Aspire Program impacted government contract management policy and practice? How have the relationships between Hutt St Centre, service delivery partners and Government supported the Aspire Program?

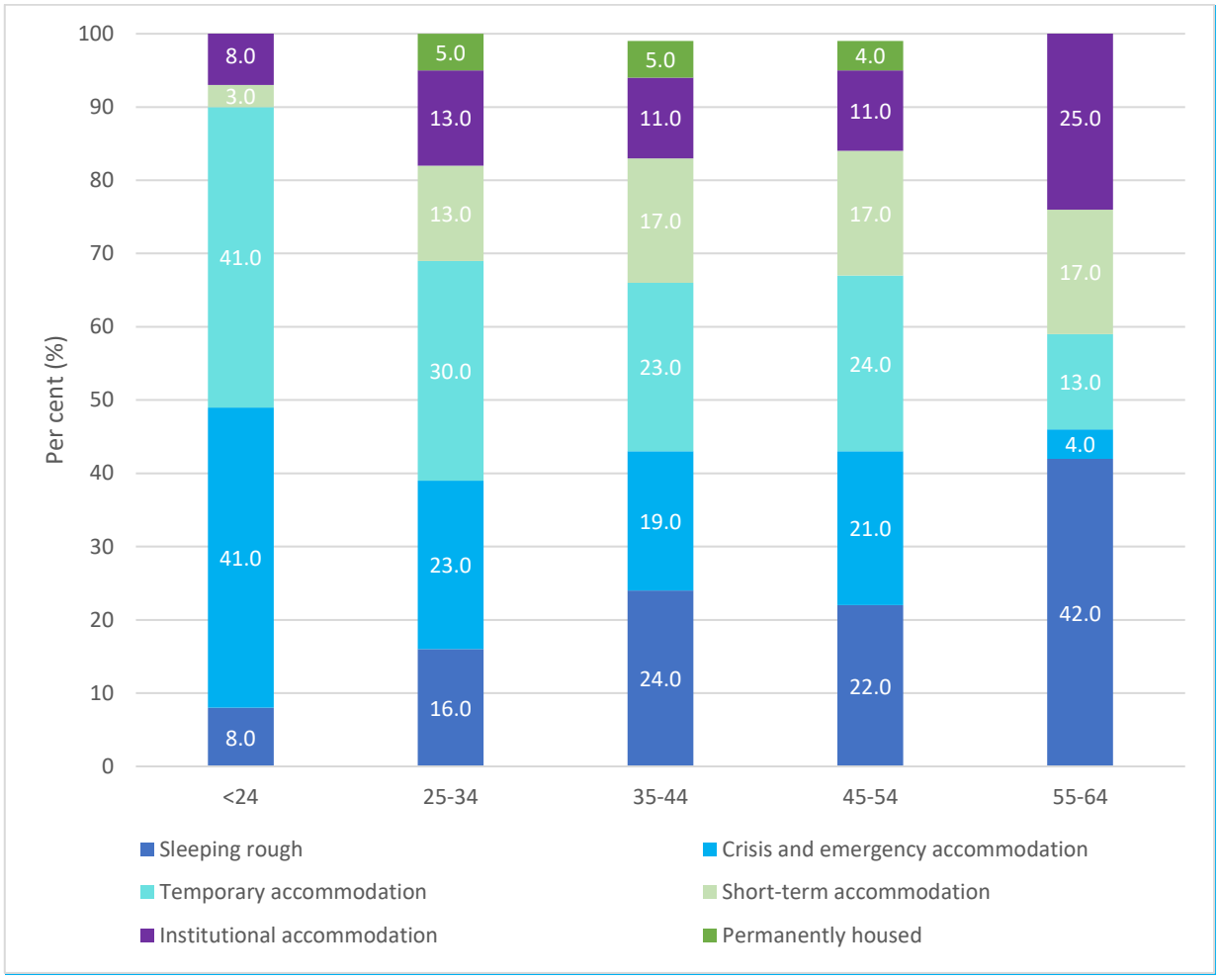
Cohort	Evaluation components	Interview prompts
Program staff	1, 2, 3	How appropriate is the Aspire Program in terms of service design, eligibility criteria, referral arrangements and service specification? If the Aspire Program is working–especially for people where previous interventions haven't been successful–why is this the case? How can the Aspire Program can further improve outcomes for participants? Is the program an effective service approach for the South Australian Government in responding to homelessness? To what extent have Aspire Program participants exited homelessness? Have Hutt St Centre staff and partners benefit from the new tools, structures, and processes? How has the Aspire Program provided an innovative response to those experiencing homelessness? How has the Aspire Program impacted the homeless and housing sector more broadly? How has the Aspire Program impacted government contract management policy and practice? How have the relationships between Hutt St Centre, service delivery partners and Government supported the Aspire Program?
Other service delivery partners	1, 2, 3	How appropriate is the Aspire Program in terms of service design, eligibility criteria, referral arrangements and service specification? If the Aspire Program is working–especially for people where previous interventions haven't been successful–why is this the case? How can the Aspire Program can further improve outcomes for participants? Is the program an effective service approach for the South Australian Government in responding to homelessness? To what extent have Aspire Program participants exited homelessness? Is the Aspire Program achieving a reduction in participants' use of government funded services, and what are the characteristics of service provision? How has the Aspire Program provided an innovative response to those experiencing homelessness? How has the Aspire Program impacted the homeless and housing sector more broadly? How has the Aspire Program impacted government contract management policy and practice? How have the relationships between Hutt St Centre, service delivery partners and Government supported the Aspire Program?

Cohort	Evaluation components	Interview prompts
Social Ventures Australia	1	How appropriate is the Aspire Program in terms of service design, eligibility criteria, referral arrangements and service specification? If the Aspire Program is working–especially for people where previous interventions haven't been successful–why is this the case? How can the Aspire Program can further improve outcomes for participants? Is the program an effective service approach for the South Australian Government in responding to homelessness?
Investors in the program	4	What are the perspectives of investors about the Aspire SIB, regarding financial and social returns? How did they come to learn about the Aspire SIB? Was it their first social investment? What factors were considered in making the investment in Aspire? How were they weighted? The prospectus to investors gave a range of possible returns; what returns were investors expecting? What level of risk was ascribed to potential loss of capital? How satisfied are they with the actual returns? How was the process of investing in Aspire? E.g. was information easy to obtain, was communication clear at all stages. Would Aspire investors be likely to make further such investments? Have they made such investments? What do they look for in assessing such investment opportunities? Do the criteria for assessing social investments differ to those for assessing traditional investments? How could the investor experience be improved relative to the experience of Aspire?
Government data governance	1	How can the Aspire Program can further improve outcomes for participants? Is the program an effective service approach for the South Australian Government in responding to homelessness?
SA Departments of Treasury and Finance	4	What are the perspectives of investors about the Aspire SIB, regarding financial and social returns?

Appendix 2: Supplementary data

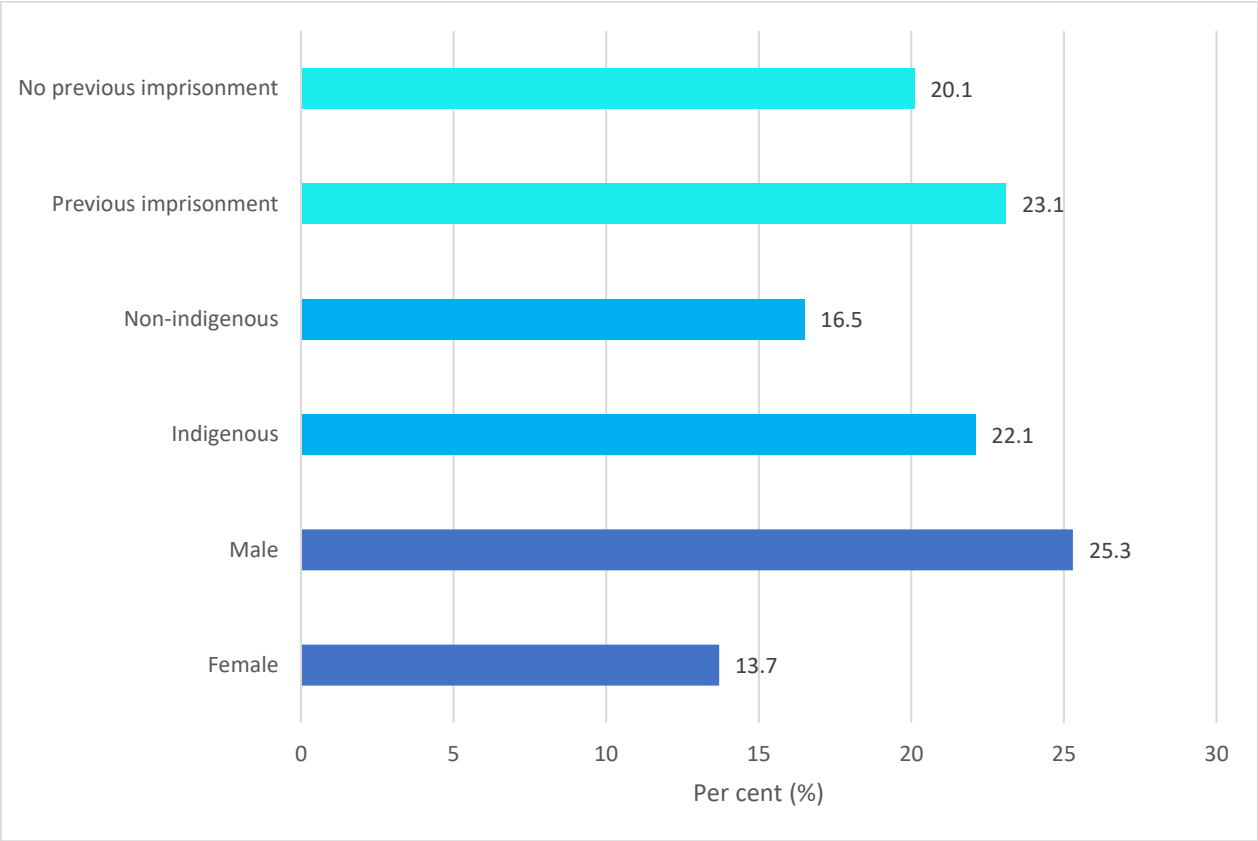
This appendix sets out supplementary data tables and graphs as referred to in the body of the report.

Figure A1: Place slept most frequently at program intake by age



Source: Authors' analysis of Hutt St Centre data.

Figure A2: Rough sleeping at program intake by history of incarceration, Indigenous status and gender



Source: Authors' analysis of Hutt St Centre data.

Table A1: Housing situation at program intake

	Frequency (n=575)	Proportion of participants (%)
Homeless		
Rough sleeping	108	18.8
Short-term EM	53	9.2
Couch surfer	83	14.4
No tenure	38	6.6
Permanently housed		
Rent free	42	7.3
Renter	137	23.8
Owner	1	0.17
Institutional settings	66	11.8
Missing data	28	4.9
Unknown	19	3.3

Source: Authors' analysis of SAHA SHS data.

Table A2: Housing tenure at program intake

	Frequency (n=575)	Proportion of participants (%)
No tenure	183	31.8
Renter - emergency accommodation/night shelter/women's refuge/youth shelter where rent is charged	106	18.4
Renter - boarding/rooming house	83	14.4
Renter - private housing	71	12.3
Renter - other renter	35	6.1
Renter - public housing	32	5.6
Renter - community housing	10	1.7
Renter - transitional housing	6	1.0
Renter - caravan park	2	0.3
Other tenure type not elsewhere specified	1	0.2
Missing data	35	6.1
Don't know	11	1.9

Source: Authors' analysis of SAHA SHS data.

Table A3: Aspire participant VI-SPDAT acuity scores at program intake by demographic group (%)

	Low acuity (n=32)	Medium acuity (n=154)	High acuity (n=260)
*Average age**	40.4	39.1	39.8
*Gender **			
Male	81.3	69.5	64.2
Female	18.8	29.9	35.0
Intersex	0.0	0.0	0.4
Transgender	0.0	0.6	0.4
Aboriginal and/or Torres Strait Islander status			
Aboriginal/Torres Strait Islander	3.1	13.7	13.1
Non-Indigenous	96.9	86.3	86.9
Education			
Primary	40.6	53.9	52.3
Secondary	37.5	20.1	19.6
Tertiary	15.6	20.8	23.5
Unknown	6.3	5.2	4.6
Country of birth			
Australia	71.9	81.8	89.2
Other			
Mental health diagnosis			
Yes	15.7	13.3	7.4
No	84.3	86.7	92.6
Disability			
Yes	21.9	31.8	52.7
No	18.8	26.6	25.4
Unknown	59.4	41.6	21.9
History of employment			
Always	9.4	6.5	1.5
Occasional	62.5	53.9	59.2
Never	3.1	11.7	8.8
Often	25.0	26.0	28.1
Unknown	0.0	1.9	2.3
*History of family and domestic violence**			

Yes	15.6	32.5	44.6
No	65.6	50.6	41.2
Unknown	18.8	16.9	14.2
History of alcohol/other drug misuse			
Always	3.1	2.6	6.5
Often	31.3	22.1	32.3
Occasional	34.4	41.6	45.0
Never	28.1	26.0	10.4
Unknown	3.1	7.8	5.8
History of incarceration			
Yes	46.9	31.8	35.0
No	53.1	68.2	65.0
History of out-of-home care			
Yes	0.0	13.6	15.0
No	100.0	86.4	85.0

Source: Authors' analysis of Hutt St Centre data. * $p<0.05$ significantly different at the cohort level.

Table A4: Emergency department service use by Aspire participant demographic (visits and service use)

	Emergency department visits			Emergency department services		
Average	Pre program entry	Post program entry	*Difference pre-post*	Pre program entry	Post program entry	*Difference pre-post*
Age						
<24	5.9	3.8	*-2.1*	6.3	4.1	*-2.3*
25-34	2.6	2.4	*-0.1*	2.7	2.6	*-0.1*
35-44	1.9	1.6	*-0.3*	2.0	1.6	*-0.4*
45-54	2.6	2.1	*-0.4*	3.0	2.4	*-0.6*
55+	1.0	1.0	*0.0*	1.0	1.1	*0.0*
Gender						
Male	2.5	2.1	*-0.4*	2.7	2.3	*-0.5*
Female	2.5	2.1	*-0.4*	2.7	2.2	*-0.5*
Aboriginal and/or Torres Strait Islander status						
Aboriginal/Torres Strait Islander	2.4	2.1	*-0.2*	2.4	2.2	*-0.2*
Non-Indigenous	2.5	2.1	*-0.4*	2.8	2.2	*-0.5*
Disability						
Yes	3.8	3.2	*-0.6*	4.2	3.5	*-0.7*
No	1.8	1.5	*-0.4*	1.9	1.6	*-0.4*
History of family and domestic violence						
Yes	3.6	3.1	*-0.6*	4.1	3.4	*-0.7*
No	1.9	1.5	*-0.4*	2.0	1.6	*-0.4*
History of alcohol/other drug misuse						
Always	3.9	3.3	*0.6*	4.1	3.5	*0.6*
Often	3.4	3.0	*0.4*	3.9	3.4	*0.5*
Occasional	1.7	1.4	*0.3*	1.8	1.5	*0.3*
Never	2.7	2.3	*0.4*	2.9	2.5	*0.4*
History of incarceration						
Yes	2.4	2.0	*-0.5*	2.5	2.1	*-0.5*
No	2.5	2.1	*-0.4*	2.8	2.3	*-0.5*
History of out-of-home care						
Yes	3.6	2.4	*-1.2*	3.7	2.5	*-1.3*

	Emergency department visits			Emergency department services		
No	2.3	2.0	*-0.3*	2.5	2.2	*-0.3*
VI-SPDAT-measured acuity						
Low	0.7	0.7	*0.0*	0.7	0.7	*0.0*
Medium	1.7	1.6	*-0.1*	1.8	1.7	*-0.1*
High	3.3	2.7	*-0.6*	3.6	2.9	*-0.7*
History of homelessness						
Sleeping rough	2.3	2.0	*-0.3*	2.4	2.1	*-0.3*
Crisis and emergency accommodation	2.7	2.3	*-0.5*	2.9	2.4	*-0.5*
Temporary accommodation	1.9	1.6	*-0.3*	2.0	1.6	*-0.3*
Short-term accommodation	2.9	1.8	*-1.0*	3.0	1.9	*-1.1*
Institutional accommodation	3.5	3.1	*-0.4*	4.4	3.7	*-0.7*
Permanently housed	2.0	2.6	*0.6*	2.0	2.8	*0.8*

Source: Authors' analysis of SA Health Department and Hutt St Centre data. Highlighted categories have significant differences pre and post.

Table A5: Hospital inpatient service use by Aspire participant demographic (visits and length of stay(days))

	Inpatient visits			Inpatient length of stay		
Average	Pre program entry	Post program entry	*Difference pre-post*	Pre program entry	Post program entry	*Difference pre-post*
Age						
<24	1.6	1.7	*0.1*	3.4	6.8	*3.4*
25-34	1.4	2.2	*0.8*	6.9	4.9	*-2.0*
35-44	0.8	1.3	*0.5*	3.7	4.9	*1.2*
45-54	0.9	0.8	*-0.2*	3.6	3.7	*0.1*
55+	0.6	0.4	*-0.2*	3.3	1.3	*-1.9*
Gender						
Male	0.9	0.8	*-0.1*	4.2	4.3	*0.1*
Female	1.3	2.3	*1.1*	5.0	4.9	*0.0*
Aboriginal and/or Torres Strait Islander status						
Aboriginal/Torres Strait Islander	1.1	3.2	*2.1*	2.5	9.1	*6.5*
Non-Indigenous	1.0	1.1	*0.0*	4.8	3.8	*-1.0*
Disability						
Yes	1.6	2.0	*0.4*	7.0	6.7	*-0.3*
No	0.7	0.8	*0.1*	1.8	4.2	*2.3*
History of family and domestic violence						
Yes	1.4	2.6	*1.2*	4.2	6.0	*1.8*
No	0.9	0.6	*-0.2*	3.9	2.7	*-1.3*
History of alcohol/other drug misuse						
Always	1.2	1.0	*-0.3*	5.3	2.9	*-2.4*
Often	1.4	1.9	*0.4*	7.6	6.1	*-1.5*
Occasional	0.7	0.6	*-0.1*	2.7	1.9	*-0.7*
Never	1.2	1.2	*0.1*	4.6	4.8	*0.2*
History of incarceration						
Yes	0.9	0.8	*-0.1*	3.7	2.2	*-1.5*
No	1.1	1.7	*0.6*	4.9	5.9	*1.0*
History of out-of-home care						
Yes	1.2	0.9	*-0.3*	5.7	2.8	*-2.8*

	Inpatient visits			Inpatient length of stay		
No	1.0	1.4	*0.4*	4.3	4.8	*0.5*
VI-SPDAT-measured acuity						
Low	0.5	0.3	*-0.2*	9.2	0.7	*-8.6*
Medium	0.8	0.9	*0.1*	3.4	3.9	*0.5*
High	1.3	2.1	*0.7*	4.6	6.1	*1.4*
History of homelessness						
Sleeping rough	0.9	1.8	*0.9*	3.4	4.2	*0.8*
Crisis and emergency accommodation	1.0	1.0	*0.0*	3.0	6.6	*3.5*
Temporary accommodation	1.0	1.8	*0.8*	2.7	3.0	*0.2*
Short-term accommodation	1.1	0.9	*-0.2*	4.6	4.3	*-0.4*
Institutional accommodation	1.5	1.2	*-0.4*	13.3	5.8	*-7.4*
Permanently housed	0.9	0.7	*-0.2*	2.2	3.1	*0.9*

Source: Authors' analysis of SA Health and Hutt St Centre data. Highlighted categories have significant differences pre and post.

Table A6: Offences and court appearances by Aspire participant demographic

	Number of court appearances			Number of offences		
Average	Pre program entry	Post program entry	*Difference pre-post*	Pre program entry	Post program entry	*Difference pre-post*
Age						
<24	0.1	0.0	*0.0*	0.5	0	*0.5*
25-34	0.3	0.1	*-0.2*	1.2	0.3	*0.9*
35-44	0.3	0.2	*-0.2*	0.8	0.7	*0.1*
45-54	0.2	0.1	*-0.2*	0.8	0.3	*0.5*
55+	0.3	0.2	-0.2	1	0.3	*0.7*
Gender						
Male	0.3	0.2	-0.1	0.9	0.5	*0.4*
Female	0.2	0.1	-0.1	0.8	0.2	*0.6*
Aboriginal and/or Torres Strait Islander status						
Aboriginal/Torres Strait Islander	0.4	0.2	-0.2	1.2	0.5	*0.7*
Non-Indigenous	0.2	0.1	-0.1	0.8	0.4	*0.4*
Disability						
Yes	0.3	0.2	-0.2	1.1	0.6	*0.5*
No	0.2	0.1	-0.1	0.8	0.2	*0.6*
History of family and domestic violence						
Yes	0.2	0.1	-0.1	0.9	0.3	*0.6*
No	0.3	0.1	-0.1	0.8	0.4	*0.4*
History of alcohol/other drug misuse						
Always	0.5	0.3	*-0.2*	1.3	1.5	*-0.2*
Often	0.4	0.2	*-0.1*	1.5	0.7	*0.8*
Occasional	0.3	0.1	*-0.2*	0.8	0.3	*0.5*
Never	0.1	0.0	*-0.1*	0.3	0.1	*0.2*
History of incarceration						
Yes	0.5	0.2	*-0.3*	1.9	0.8	*-1.1*
No	0.1	0.1	*0.0*	0.3	0.2	*-0.1*
History of out-of-home care						
Yes	0.3	0.2	*-0.1*	1.3	0.6	*-0.6*

	Number of court appearances			Number of offences		
No	0.3	0.1	*-0.1*	0.8	0.4	*-0.4*
VI-SPDAT-measured acuity						
Low	0.2	0.1	*-0.1*	0.6	0.2	*-0.3*
Medium	0.3	0.2	*-0.2*	0.9	0.6	*-0.2*
High	0.2	0.1	*-0.1*	0.9	0.4	*-0.5*
History of homelessness						
Sleeping rough	0.1	0.0	*-0.1*	0.1	0	*-0.1*
Crisis and emergency accommodation	0.2	0.1	*-0.1*	0.7	0.4	*-0.3*
Temporary accommodation	0.2	0.1	*-0.1*	0.9	0.2	*-0.6*
Short-term accommodation	0.3	0.1	*-0.1*	1.1	0.4	*-0.6*
Institutional accommodation	0.2	0.1	*-0.1*	0.5	0.3	*-0.3*
Permanently housed	0.7	0.2	*-0.5*	1.2	1	*-0.1*

Source: Authors' analysis of Courts Administration Authority data and Hutt St Centre data. Highlighted categories have significant differences pre and post.

Table A7: Type of offences committed by Aspire participants

	Frequency			% of each crime across both periods			% of total crimes for each period		
	Pre	Post		Pre	Post		Pre	Post	
1). Homicide and related offences	0	0		-	-	-	-	-	-
2). Acts intended to cause injury	63	36	↓	63.6	36.4	↓	6.1	6.7	↑
3). Sexual assault and related offences	1	0	↓	100.0	0.0	↓	0.1	0.0	↓
4). Dangerous or negligent acts endangering persons	11	5	↓	68.8	31.3	↓	1.1	0.9	↓
5). Abduction, harassment and other offences against the person	1	0	↓	100.0	0.0	↓	0.1	0.0	↓
7). Unlawful entry with intent/burglary, break and enter	36	20	↓	64.3	35.7	↓	3.5	3.7	↑
8). Theft and related offences	317	93	↓	77.3	22.7	↓	30.6	17.4	↓
9). Fraud, deception and related offences	23	1	↓	95.8	4.2	↓	2.2	0.2	↓
10). Illicit drug offences	36	25	↓	59.0	41.0	↓	3.5	4.7	↑
11). Prohibited and regulated weapons and explosives offences	23	11	↓	67.7	32.4	↓	2.2	2.1	↓
12). Property damage and environmental pollution	43	41	↓	51.2	48.8	↓	4.2	7.7	↑
13). Public order offences	65	59	↓	52.4	47.6	↓	6.3	11.0	↑
14). Traffic and vehicle regulatory offences	131	35	↓	78.9	21.1	↓	12.6	6.5	↓
15). Offences against government	279	206	↓	57.5	42.5	↓	26.9	38.5	↑
16). Miscellaneous offences	8	3	↓	72.7	27.3	↓	0.8	0.6	↑

Source: Authors' analysis of Courts Administration Authority data. Green arrows indicate a decrease in rates from pre-to-post Aspire, while red arrows indicate increases in rates.