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THE ROAD HOME: BUILDING THE EVIDENCE BASE FOR A SERVICE DELIVERY MODEL THAT INTEGRATES HOUSING, MENTAL HEALTH, MEDICAL AND LEGAL SERVICES

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THE FOCUS OF THIS MANAGEMENT PRACTICE ANALYSIS

The evaluation of the Road Home (RH) program has revealed many learnings of interest to practitioners, researchers and evaluators. The focus of this analysis is twofold - on an innovative approach to building an evidence base using a developmental evaluation [1] and action learning [2] design and how research knowledge and skills can be applied in practitioner contexts and be robust, rigorous and above all useful. It particularly features the role of reflective practice, an affordable, underutilised and easy to access evaluation and program improvement method for practitioners working with evaluators and researchers. Appreciating what is involved in approaching evaluation and other forms of organisational research in this way is important if industry collaborations and innovations that bring theory to practice and practice to theory are to be successful.

THE ROAD HOME PROGRAM AND CONTEXT

Where housing, health, legal and mental health services come together to support vulnerable people where, how and when they need it.

RH is a partnership between a community mental health, medical and AOD service First Step (FS) and First Step Legal (FSL) and a major housing and homelessness service provider Launch Housing (LH) in Melbourne Australia. The First Step team have partnered with housing workers to form an integrated multi-disciplinary care team to provide holistic, onsite support to people with multiple complex needs. Specifically, RH provides an integrated, timely, localised and tailored response to clients who are experiencing homelessness and significant housing stress. This is in stark contrast to the conventional and single discipline, siloed outreach and in-reach approaches that characterise service delivery in the community sector requiring referrals offsite. The often-delayed responses involved usually result in poor outcomes for clients and absorb considerable time for case managers to organise. This multidisciplinary model represents a genuinely innovative service design in the housing and homelessness space.

THE CLIENTS

People who are in crisis often have complex, co-occurring needs that act as barriers to positive housing outcomes. These people have experienced significant, sometimes lifelong trauma including abuse, neglect and violence and have had poor experiences with the service system resulting in little trust and disconnection

The clients RH serves are women and families who are in crisis (housing and much more) and have complex, co-occurring needs (MH, Medical, Legal) that act as barriers to engagement with services and positive housing outcomes. Their experience of often lifelong trauma, repeated, poor and exhausting experiences with the service system resulting in little trust has plunged them into homelessness. They are very vulnerable.

The program pilot, now in its third year, has being formally evaluated from the outset by LDC Group evaluators

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external to the services mentioned - the lead author is one of those evaluators. The evaluation is informed by their academic and research background applied in collaboration with the professionals from each of the services involved. In addition to the evaluation expertise brought by the evaluators, the multiple perspectives and practices contributed by team members from their different disciplines has immeasurably enriched the evaluation and the program and resulted in positive outcomes for all participants. They have all felt empowered by their expanded knowledge and skills in navigating the service system outside their specific area of expertise. The evaluative skills of the team members and their confidence in this area has also developed – an uncommon legacy of evaluations.

BUILDING THE EVIDENCE BASE - WHY DEVELOPMENTAL EVALUATION [3]

"At the heart of our approach is a desire to improve the system of supports available to people who experience some form of disadvantage, in order for them to live meaningful lives in their community."

The RH model has been built and adapted as it is being delivered with evaluation findings 'woven in' to guide, critique, strengthen and respond to emergence. Developmental evaluation, an exploratory, learning oriented and adaptive approach is particularly suited to the RH program because it works well to assist social innovators develop social change in complex, dynamic and uncertain environments. It facilitates real time data gathering and feedback to support adaptive and agile program development and learning and is fully integrated with program development. Development evaluation's participatory nature enables team members to play an active role in the evaluation and foster understanding and knowledge to explain what is occurring, why and with what impact.

The positioning of evaluators is quite different to traditional evaluations with evaluators typically positioned as outsiders for (perceived) independence and objectivity. Instead, the evaluators are integrated into the team to gather, interpret data, frame issues, surface, test and challenge models. This places a responsibility on evaluators to consistently promote rigour and protect against potential collusion. That requires us to systematically and regularly reflect on our role and provide opportunities to discuss and review our observations and responses to a range of data by:

- Reporting to the Advisory Group oversighting RH
- Helping the team reflect on their practice and understand what is contributing to impacts, why and how
- Active project management
- Preparation of interim reports on learning, impacts and outcomes.

As evaluators we bring a research 'sensibility' to the work emphasising the tests of sound qualitative research in organisational settings including rigour, systematic and methodical processes, thoroughgoing analysis and documenting useful outcomes. For us and the team it is imperative that the evidence is grounded in the experience of the program and demonstrates a clear chain of evidence. [4, 5]

BUILDING THE EVIDENCE BASE - WHAT WE DID

The evaluation was approved by the LH research and ethics process and all data deidentified. Data includes a range of quantitative information to provide a picture of the volume and type of client activity - presentations, support provided and outcomes. Qualitative data is gathered to show and explicate client and staff experience of the program and its impacts. This includes understanding what it takes organisationally to implement and sustain such a program. Specifically, this data provides insights into what it takes to build an effective multidisciplinary team, helps explain the impact of the numbers and documents rich and powerful stories about clients' RH experience. These are gathered by staff from clients who do not usually feel able to interact with external evaluators they do not know.

Evaluators and participants progressively analyse and make sense of this data and identify themes [6] which are fed into program processes including reflective practice meetings, program management and advisory group governance meetings, together with progressive reporting.

BUILDING THE EVIDENCE BASE – REFLECTIVE PRACTICE [7, 8] THE GAME CHANGER

I felt like once we started this process, we got better at working together quicker and things settled, and we started to understand what we are doing together. Reflective practice changed for the better the connectiveness

Crucial for us as we exchange ideas, and it helps us to keep going.

(Reflective practice) is grounding – it's like having a meeting with yourself, (we are) …. more aware of what we do and how we function, ways of navigating things so we can work better together

Team and client engagement took some time to develop as staff came to grips with a very different way of working and built trusting relationships. Vulnerable clients who had a poor experience of the service system were hesitant to become involved. These two elements were intertwined and as confidence grew so did engagement. A critical factor in this was the introduction some months into the program of monthly team reflective practice meetings facilitated by the evaluators

These meetings have served multiple purposes consistent with developmental evaluation where the data is dynamically folded into program development and learning. Specifically, they enable the evaluators to:

- Strengthen team and client engagement with the program
- Work in step with the team to conceptualise, test, and understand what is occurring in real time as the model is applied in practice
- Chart shifts in the team's thinking, processes, and practice
- Surface exceptionally rich and nuanced client and staff data and insights
- Build team trust and deep cross disciplinary learning
- Reshape RH in light of emerging information
- Help embed RH to become 'how we do things around here'

DISSEMINATING THE EVIDENCE BASE - REPORTING AND ADVOCACY

Getting the evidence out there is a concern for researchers and for practitioners who want to influence its broader application to strengthen services and value to clients and the community. A decision was made by the project governance group in conjunction with the evaluators to communicate the strong evidence of value, benefit and impact in the final year of the pilot rather than at the end of funded project. This is in contrast to traditional reporting both in practice land and in the academy.

The focus shifted to system advocacy and targeted dissemination to maximise chances of extending the RH model at LH and potentially to housing other providers and secure funding. This is beginning to bear fruit in terms of interest by some organisations and those working in the field. The suite of reporting products includes two substantial interim reports, a number of annotated slide packs tailored to specific audiences, impactful stories and visuals to explain the value and benefits of funding and implementing this model and the numbers – client activity data and outcomes. It also includes presentations to significant practitioner conferences; THEMHS Mental Health Services Conference August 2024, The Australian Evaluation Society International Evaluation Conference September 2024, The Australian College of Mental Health Nurses October 2024 and well as housing, mental health and legal forums.

LEARNINGS ABOUT WHAT IT TAKES TO RESEARCH AND EVALUATE WITH PRACTITIONERS

For researchers to evaluate and research effectively with practitioners in a genuinely collaborative manner goes way beyond the transfer of knowledge from researchers to practitioners. This involves:

- *Recognition and respect* for the different kinds of knowledges researchers and practitioners bring to a task that is actively exchanged, each learning from the other
- *Collaborative codesign* that explicitly factors in different knowledge and skills and addresses researcher and practitioner needs, interests and tensions
- *Leadership* (from the managers of LH, FS and FS Legal) that supports and guides staff as they grapple with the changes a significantly new service model represents as it seeks to integrate very different ways of working
- *The use of frameworks and tools* that support the dynamic interaction between generating quality data, program development and practice change with each informing the other. This includes sound project management and governance, the application of a theory of change and transition [9] to guide the project, implementation guidance, reflective practice, collaborative data gathering and sense making
- *A focus on dissemination not just publishing in journals.* Seeking a variety of ways to get the evidence-based findings out there to different audiences to promote and accelerate change

A WORD ABOUT IMPACT AND OUTCOMES

"You get better outcomes when working in a collaborative way. We work with highly complex people so no one person can be expert in all these areas. When you have lots

of people involved and everyone has [a] different role and everyone is addressing a different barrier."

This quick overview will give you a sense of RH impact and outcomes. The team have reported the following:

- Barriers are removed and active, timely support to access services is provided – these include legal issues such as accumulated fines, significant mental health issues, addiction and medical problems.
- Clients experience services as responsive, flexible and supportive
- There have been demonstrable improvements in mental and physical health, legal, and tangible housing outcomes
- There has been a tmelier identification and management of clients at risk.
- Increased client engagement and help seeking behaviours have increased
- Staff have reported reduced stress, a more effective use of time and an increased sense of safety and satisfaction with their role
- There has been a reduction in siloed responses through the integrated, multidisciplinary teamwork model with much better client engagement and outcomes
- The upskilling of staff about how to work with mental health, legal and health factors to achieve improved client housing outcomes has been significant.

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