



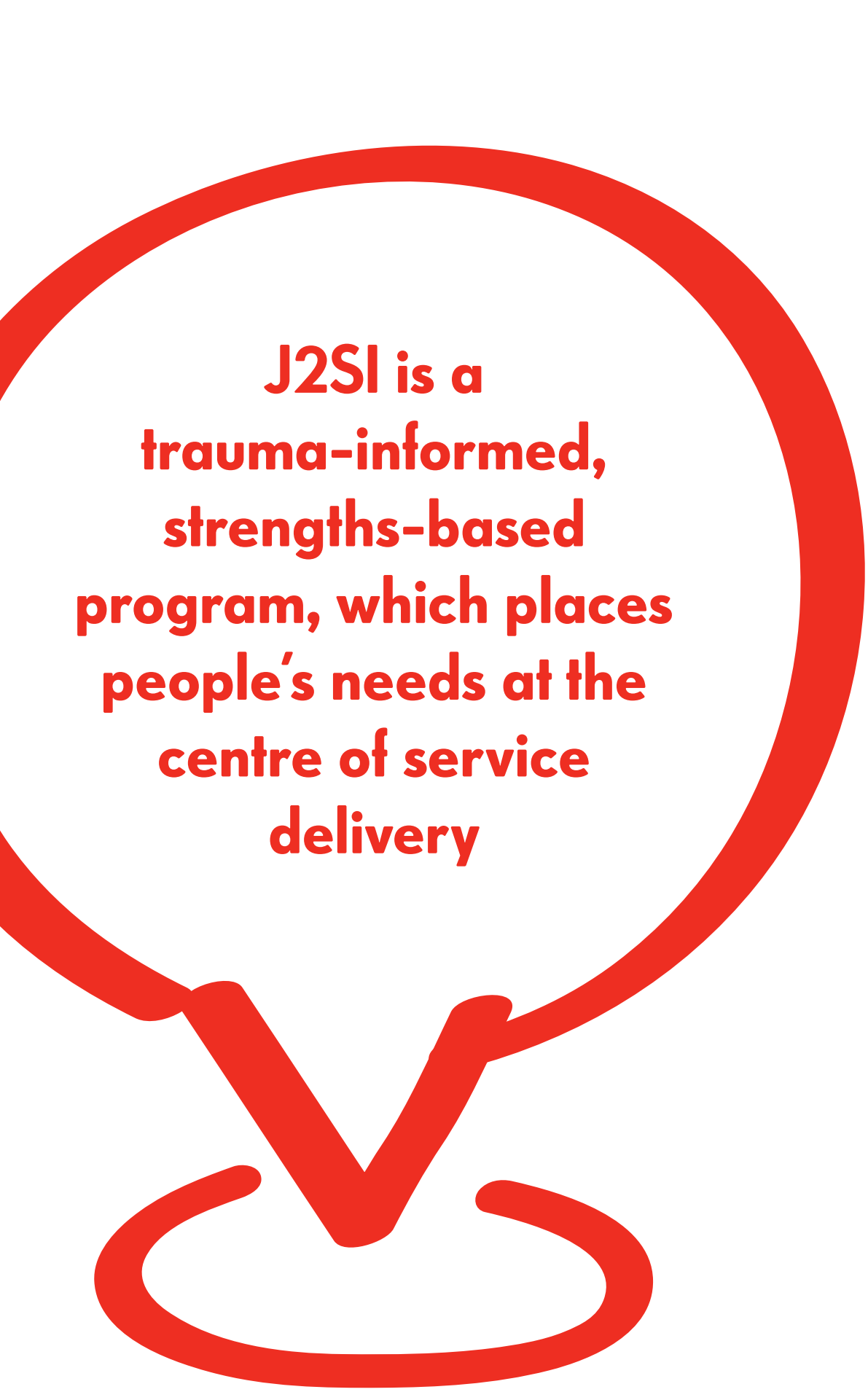
# J2SI

## JOURNEY TO SOCIAL INCLUSION

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**Ending Chronic  
Homelessness  
in Melbourne:**

Outcomes of the  
Journey to  
Social Inclusion  
Phase 2 Study



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# Journey to Social Inclusion (J2SI) program is a three-year homelessness support program developed by Sacred Heart Mission (SHM)

The J2SI program supports people to exit homelessness by providing those most in need with housing and long-term support. It is a model of care for the most disadvantaged and marginalised people in our community – those who are experiencing long-term, chronic homelessness. Unlike short-term, crisis driven support programs, J2SI works to end homelessness, rather than simply manage it.

J2SI is a trauma-informed, strengths-based program, which places people's needs at the centre of service delivery. Intensive support and case management is provided to improve all areas of people's lives. In addition to exiting homelessness, people are supported to improve their health and well-being, and to build the skills, independence and social connections required to experience and maintain a better quality of life.

J2SI Phase 2 was implemented in 2016 and supported 62 people across inner Melbourne. The program built on the success and learnings of the J2SI Pilot (2009-12), which supported 40 people in the St Kilda area. J2SI Phase 3 is currently underway and incorporates learnings from the delivery of Phase 2 as part of SHM's practice of continuous improvement. Phase 3 is funded by a Social Impact Investment with the Victorian Government to support 180 people in Melbourne.

J2SI is an evidence-based model, with both the Pilot and Phase 2 independently evaluated. Phase 2 was evaluated by a team of researchers from the Centre for Social Impact (CSI) at The University of Western Australia (UWA) and Swinburne University of Technology (SUT). Participants were randomly assigned to two groups, with one group receiving support through J2SI and the other continuing to receive support as usual. Outcomes for the two groups were captured over seven survey waves and are presented in CSI and SUT's reports (links are provided at the end of this report). This report compares outcomes at the end of the study.

These evaluation findings contribute to the continuous improvement of J2SI program delivery and support SHM's ambition to scale J2SI nationally through the J2SI Evaluation and Learning Centre (ELC). In partnership with service providers, the ELC will enable J2SI to support more people out of homelessness across Australia.



# KEY FINDINGS OF J2SI PHASE 2

J2SI Phase 2 successfully supported people to exit homelessness through rapid access to housing and supporting people to settle into and sustain their housing. Participants in the program realised improvements in their mental health, increased employment, and a reduction in substance use. The evaluation also evidenced a large reduction in participants' use of public services such as hospitals and drug and alcohol facilities, which created significant cost savings to government.

## EVALUATION FINDINGS AT THE END OF THE THREE-YEAR J2SI PROGRAM INCLUDE:



### HOUSING

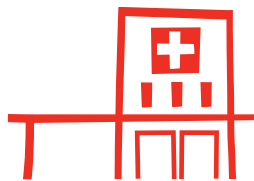
**88% of people** in the J2SI group were provided with **permanent housing** during the program

**82% of people** in the J2SI group **remained housed**

**64% of people** in the J2SI group successfully **maintained their housing** for over a year, compared to 27% in the comparison group

**41% of people** in J2SI **reported feeling safe in their housing** all of the time at the end of the program, compared to 13% at the start

People in the J2SI group **were very satisfied with the housing support** provided by the program, with an average score of 4.4/5



### PHYSICAL HEALTH

**29% of people** in the J2SI group **reported their health as 'better' or 'much better'** in the final year of the program

On average, **nights spent in hospital reduced by 50%** for the J2SI group compared to the start of the program, and increased by 100% for the comparison group

*"Well, accommodation. I have got steady accommodation. [J2SI case manager] got me a nice place and I like it. That's the biggest advantage I've had. I've been there nearly three years. If you know where you're gonna lay your head every night, where you're gonna get a feed from, it does take a lot of stress out of you. It takes a lot of stress out of your life."*

J2SI Phase 2 participant



### MENTAL HEALTH

*I actually had somebody that was an advocate for myself, rather than trying to have to do everything myself. I'd be back on the streets if that was the case."*

J2SI Phase 2 participant

**Depression, anxiety, and stress levels fell by 30%** for the J2SI group, and overall mental health satisfaction increased by 23%

People in the J2SI group **were satisfied with the mental health support** provided by the program, with an average score of 4.1/5



## COST SAVINGS TO GOVERNMENT

Reduced use of public services by the J2SI group was estimated to have created a **saving** to government of \$32,293 per person

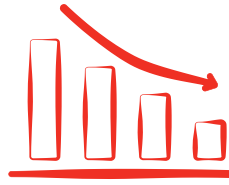
Taking the estimated cost saving and dividing it by the cost per client of delivering the J2SI program generates a **benefit-cost ratio of 0.52**

For every **\$1** invested in J2SI, **\$0.52 is returned** in government health and justice cost savings over the course of the program

The program **“pays” for itself** in less than six years

The use of public services by the comparison group increased by \$66,335 per person, meaning total comparative savings for the J2SI group were estimated to be **\$98,627 per person over the life of the program**

Therefore, J2SI created Government Savings of **\$1.84 for every \$1 spent** on the program



## SUBSTANCE USE

The number of people in J2SI reporting they **hadn't used illicit substances** in the previous three months **increased by 160%** compared to the start of the program

Nights required in drug and alcohol **rehabilitation facilities fell by 67%** for the J2SI group

*J2SI have helped me get to all my [outreach] appointments and my doctors, my psychiatrists, places like here, and generally just try and keep me involved in society.”*

J2SI Phase 2 participant



## ECONOMIC PARTICIPATION

The percentage of the J2SI group in the **labour force increased by 100%** over the course of the program, and reduced by 25% for the comparison group

The percentage of the J2SI group **able to work and looking for work increased by 67%** over the course of the program, and reduced by 57% for the comparison group

**J2SI Phase 2  
successfully  
supported people  
to exit homelessness  
through rapid access  
to housing**

# SYSTEM CHALLENGES FOR J2SI PHASE 2

## Physical Health

A key focus of J2SI is connecting people to health services. While many experienced positive physical health outcomes, 39% of people in the program reported their health was 'worse' or 'much worse' in the final year.

These results reflect the extremely high levels of chronic illness amongst participants. Nearly all (91%) participants reported having at least one diagnosed physical or mental health condition at the start of the program, and 74% reported having three or more. The self-assessed decline in health outcomes is likely to be driven by deterioration of the many chronic health conditions present at the start of the program.

The results show that even with support to connect people to relevant health services and attend appointments, the severity and complexity of health issues for some require greater efforts to integrate the health and homelessness service sectors' responses to avoid the worsening of people's health conditions over time.

In addition to the high level of chronic illness present, there was a very high mortality rate among participants in the study, with 13 of the original 179 study participants known to have died. While we do not have details of the cause of death, the prevalence of long-term health conditions, diagnosed mental health conditions and substance use issues may have contributed to this very high death rate.

## Social Inclusion

Participants were asked to rate their satisfaction with their social connections and participation throughout the program, which revealed mixed results. While the J2SI group did see small improvements to their feelings of social inclusion, by the end of the program they were slightly lonelier and felt less supported than the comparison group.

This may be explained by the shift caused when moving from long-term homelessness into housing, which can often leave people with fewer social connections as they adjust to being housed and are separated from their usual social connections associated with the experiences of homelessness. For many who may have lost contact with friends when moving from rough sleeping into housing, J2SI became their social support or 'pseudo-family', by offering stable, compassionate support and advocacy.

## Employment

There were small and steady increases for the J2SI group in the amount of people who were employed and who were ready to look for work, but the rates remained low. These results reflect the challenges of re-entering the labour force following prolonged experiences of homelessness, particularly where many were also unable to work as a result of chronic illnesses.

## Learnings and considerations

The low rates of improvement in the areas of physical health, social supports and employment are areas to address in future J2SI programs. Program enhancements in these areas must address the complex challenges faced by people who have experienced years of housing instability and homelessness. High levels of chronic illnesses caused by long-term disadvantage, and the traumas of rough sleeping, are difficult to eradicate even with three years of support.

The limited improvements across physical health, social supports and employment may also be a result of increased awareness of health issues and other shifting priorities once people are housed and safe.

As part of the qualitative study, ten people from the J2SI group were interviewed at the end of the program. Through the interviews, a 'hierarchy' of need and order of priorities became apparent.

At the start of the program, when people are experiencing homelessness, survival needs such as accessing housing and securing a meal is a first priority, so health and other areas of well-being may seem less important. Once people are stably housed, they begin to focus on other areas of their well-being, such as health and social connection. Increasing focus on these priorities at this stage of support may make these areas seem worse than previously considered or may require more than three years to show measurable improvements.



Hierarchy of service priority needs for individuals with a history of chronic homelessness, adapted from A Qualitative Study of Sacred Heart Mission's Journey to Social Inclusion (J2SI) Phase 2 Program: Experiences and Perspectives of J2SI Study Participants (Thielking et al., 2020).

The ten J2SI participants interviewed in the qualitative study reported J2SI was particularly helpful in meeting their basic, practical needs and securing housing (Priorities 1 and 2). This included providing access to stable housing and connecting them to essential and specialised services.

There were mixed improvement levels seen in Priorities 3 and 4, which reflects a greater length of time is needed for some people before improvements will be seen in these areas.. This suggests that while for some people, three years of support is long enough to experience improvements in all areas of their lives, others may need a greater length of support to fully recognise the benefit of safe and secure housing.

# PARTICIPANT FEEDBACK OF THE PROGRAM

Throughout the study, most J2SI participants spoke highly about the program, with seven out of ten speaking of the positive impact on their lives. People praised the support received by case managers and their willingness to prioritise their individual needs.

## Practical Support

- Offered timely, streamlined and uncomplicated service access
- Worked hard to ensure rapid access to housing
- Provided practical support with everyday tasks that are difficult to navigate or complete
- Advocated strongly on their behalf

*“If they are homeless and needed help, to get in contact with them (J2SI), because they’re really good. They’ll be able to help you, so it’d be right, from housing to medical, to just getting you help for you to get to appointments... so there is always a duty worker to talk to. If they can get accommodation for you, they will work with you to find something. But just be honest and open, you will get the services.”*

J2SI Phase 2 participant

## Relational Support

- Provided a trustworthy, accountable and authentic service
- Genuinely cared and did not lose hope
- Allowed for self-determination in relation to service provision
- Provided continuity of care throughout the support period
- Offered companionship, which reduced social isolation

*“If you get a chance to deal with them (J2SI), do it. They do nothing but help you. They don’t criticise, they don’t look down their nose. They’re just there to help. That’s what I like.”*

J2SI Phase 2 participant

**Participants  
praised the  
support received  
by case  
managers**



# J2SI CONTINUES TO EVOLVE AND IMPROVE

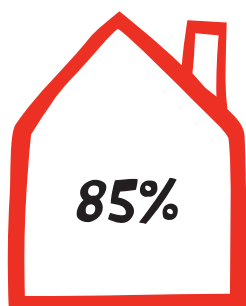
Phase 2 built on the success of the Pilot and improved the program in some areas. While the Pilot program successfully relied on public housing for all participants, a significant decrease in public housing availability for Phase 2 meant it was necessary to seek alternative forms of housing. Phase 2 consequently developed strong partnerships with Community Housing Providers, with 33% of people in J2SI housed in community housing at the end of the program, as well as private rental properties.

Other improvements were introduced in Phase 2, including the development of a partnership with an employment service and with AOD providers, which resulted in better outcomes for clients in these areas. A phased approach was also introduced to promote

independence, and results revealed the wide range of support needs required, with some people requiring greater lengths of support than others. The study revealed it was especially important to ensure the transition to reduced support is carefully managed.

Trauma Informed Practice was embedded in the service model, including the measurement of client outcomes through a Trauma Informed Case Management Framework. The outcomes data provided greater insight into participants' experience of J2SI, reflecting the extent to which they felt they had improved in each aspect of their lives and their level of satisfaction with the support received.

## J2SI PILOT



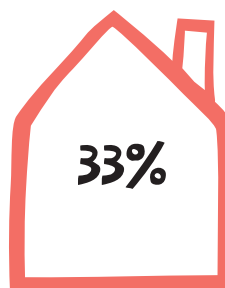
Public housing



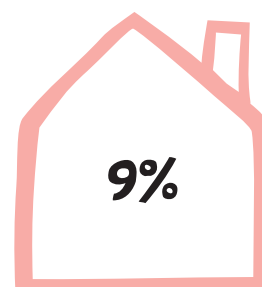
## J2SI PHASE 2



Public housing



Community housing



Private rental

# CONCLUSION

The J2SI Phase 2 program generated positive outcomes and successfully built on the learnings from the Pilot. The program addressed the key needs of those experiencing long-term, chronic homelessness and supported the majority into permanent, stable housing. For some, the study shows it may take longer than three years of support to eradicate the disadvantages associated with

long-term homelessness and to fully recognise the benefit of safe and secure housing.

This study will be used to strengthen and continually improve the J2SI program in order to support more people into stable housing and end their chronic homelessness.

## **SHM would like to thank CSI at UWA and SUT for the reports produced as part of this study:**

- Thielking, M., McLeod, B., Mackelprang, J., Spiers, J., Callis, Z., Seivwright, A., & Flatau, P. (2020). *A Qualitative Study of Sacred Heart Mission's Journey to Social Inclusion (J2SI) and the Broader Service System in Melbourne: Perspectives of J2SI Study Participants*. Swinburne University of Technology. doi: 10.25916/5ed7156eebc96
- and
- Seivwright, A., Callis, Z., Thielking, M., & Flatau, P. (2020). *Chronic Homelessness in Melbourne: Third-Year Outcomes of Journey to Social Inclusion Phase 2 Study Participants*. St Kilda, VIC: Sacred Heart Mission. doi: 10.25916/5ee6e3e9c2b35.

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## **To cite this report**

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