EVALUATION OF SAFE SPACES

Emma MacDonald
Romy Winter
Isabelle Bartkowiak-Théron

FINAL REPORT

APRIL 2022

Tasmanian Institute of Law Enforcement Studies (TILES) is committed to excellence in law enforcement research. Collaborative research that links academics with practitioners is a hallmark of that research. The Institute focuses on four strategic priorities namely research, teaching, communication, and professionalism.

TILES Vision | To achieve an international reputation for excellence in law enforcement research.

TILES Mission | To conduct and promote evidence-based research to improve the quality of law enforcement and enhance community safety.

Tasmanian Institute of Law Enforcement Studies (TILES)
University of Tasmania, Australia
CRICOS Provider Code 00586B
admin.tiles@utas.edu.au
www.utas.edu.au/tiles

ACKNOWLEDGEMENT OF COUNTRY

We acknowledge, with deep respect, the traditional owners of the lands on which we work and live.

The Tasmanian Institute of Law Enforcement Studies is sited on *lutruwita* (Tasmania) Aboriginal land, sea and waterways, and our scholars work across the lands of the *muwinina* people of *nipaluna* (Hobart), and the *palawa* peoples of *palanwina lurini kanamaluka* (Launceston) and *pataway* (Cradle Coast).

The muwinina and palawa peoples belong to the oldest continuing cultures in the world. They cared and protected Country for thousands of years. They knew this land, they lived on the land and they died on these lands.

We honour them.

We acknowledge that it is a privilege to stand on Country and walk in the footsteps of those before us. Beneath the mountains, along the river banks, among the gums and waterways that continue to run through the veins of the Tasmanian Aboriginal community.

We pay our respects to elders past and present and to the many Aboriginal people that did not make elder status and to the Tasmanian Aboriginal community that continue to care for Country.

We recognise a history of truth which acknowledges the impacts of invasion and colonisation upon Aboriginal people resulting in the forcible removal from their lands.

Our Island is deeply unique, with spectacular landscapes with our cities and towns surrounded by bushland, wilderness, mountain ranges and beaches.

We stand for a future that profoundly respects and acknowledges Aboriginal perspectives, culture, language and history. And a continued effort to fight for Aboriginal justice and rights paving the way for a strong future.

ACKNOWLEDGEMENTS

This evaluation was only possible due to the cooperation of those involved in the project. Our appreciation is extended to the clients of Safespace, program staff and representatives of stakeholder organisations for their feedback. The clients, especially given their lived experience, have offered invaluable and important insights into how best to meet the needs of homeless people in Southern Tasmania.

ABBREVIATIONS

AH-FD	After Hours Front Door
HC	Housing Connect
HC-FD	Housing Connect – Front Door
HCC	Hobart City Council
HCM	Hobart City Mission
PIE	Psychologically informed environment
S2H	Street to Home
SHS	Specialist Homeless Services
TILES	Tasmanian Institute of Law Enforcement Studies
TSA	The Salvation Army
UTAS	University of Tasmania
YA	Youth Arc

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

EXECUTIVE SUMMARY

This document represents the final report of an evaluation of homelessness services provided in Southern Tasmania by Hobart City Mission (HCM) between mid-December 2019 and late November 2021. The purpose of this report is to better understand the pattern of service usage; and the evolving model of practice in providing hub services for rough sleepers and those at risk of homelessness. The evaluation was undertaken by researchers from The Tasmanian Institute of Law Enforcement Studies (TILES) at the University of Tasmania. A multi-method approach was adopted which included a quantitative analysis of data provided by HCM; a rapid review of best-practice service provision for the homeless; and collation of feedback from program staff and management, service clients and representatives of organisations using the Hub to deliver services to the homeless.

The Safespace program has undergone five iterations since the establishment of the pilot of Safe Night Space at the Youth Arc premises in central Hobart in December 2019. The program became a 24/7 service at Youth Arc in May 2020, after which the model changed to include provision of a Nightspace shelter at Youth Arc and a Dayspace in Barrack Street on the CBD fringe in August 2020. In August 2021, Nightspace moved to premises at 47 Davey Street, and with Dayspace continuing at Barrack Street.

The client group of Safespace corresponds to our understanding of the homeless as a heterogenous group, covering many social and individual risk factors. Safespace clients are most likely to be, episodically or chronically homeless as a result of a combination of risk factors but often including substance usage issues and poor mental and physical health. The national and international literature has concluded that 'the longer someone is homeless, the more difficult it is to assist them to stabilise their life' (National Mental Health Commission, 2020, p. 3). Persistent rough sleepers have been identified as having the most complex needs and vulnerability conditions, in comparison to rough sleepers that 'service cycle' or who are transitory service users (AIHW, 2018). Clients often present with challenging behaviours that preclude many services being able to engage with clients.

The key performance indicators that the Tasmanian government has requested are whether homeless clients are better off as a result of the Safespace service; how much help has been provided and how well has it performed.

The Nightspace program has provided over 10,000 beds to people experiencing homelessness over the 706 nights operation of the program to end November 2021. The number of daily

clients fluctuated depending on phase of the program (see table 6) and the time of year. Average occupancy per month has been 76% – ranging from 52% during the pilot to 87% in November 2021. Highest occupancy is in the colder weather although the pattern is not stable (Table 7). The services have consistently catered for more male than female clients; although the number of female clients has gradually been increasing.

On most nights someone with a mental health concern, or regular issues with alcohol and other drugs is seeking shelter at Nightspace. Frequently one person leaves through the night. Number of turnaways due to poor behaviour has decreased markedly since the pilot period – as clients came to understand the conditions of shelter, and Nightspace program rules. The number of clients turned away due to being under the influence of drugs peaked during the Night YA phase and is three times that of the pilot phase.

Referrals to other homelessness services increased over time. Homeless persons, like many vulnerable persons, can have a distrust of services. The Dayspace Hub program was originally conceived as COVID-19 response to provide shelter to homeless clients during the lockdown period of the pandemic. During this time, Communities Tasmania funded a health screening telephone service, the Moreton Group Medical Service and the Mental Health Homelessness Outreach Support Team. Clients had responded well to organisations and agencies providing services on site at the YA 24/7 but it was not until the Dayspace moved to Barrack Street that a hub model was fleshed out. The client group was consulted about its needs and a range of organisations and agencies were invited to work from the Dayspace or to attend on a regular basis.

The model of practice that informs the Safespace program is a person-centred approach that draws on the identified service needs of this cohort. Repeated experiences of homelessness and negative early childhood experiences, contribute to clients with complex trauma histories. From an organisational perspective, the HCM has a demonstrated history of identifying service gaps and niches and developing innovative solutions to address these issues. The Safespace model of practice (MOP) was developed by the Housing Services Program Manager and Program Leader at the commencement of the Nightspace program with the assistance and advice of the HCM Senior Manager – Families, Housing and Community Services; and the involvement of an external trauma specialist (Dr Ron Frey). The Safespace MOP occurs in the context of the 'psychologically informed environment' (PIE) targeted to meet the service needs of the clients utilising the program. The resulting PIE and the MOP utilised by program staff to support Safespace clients draws on three key elements: the principles of attachment theory, trauma informed care and reflective practice. An understanding of trauma and its impact on behaviour is at the core the Safespace MOP utilised by Safespace staff and the PIE in which it

occurs. Training has been provided to staff to support their capacity to provide trauma informed care to clients and it has been well received by Safespace staff.

All clients reported to the evaluators that attending Safespace has had a positive impact on their life. Clients reported the best thing about Safespace was that it allowed them rest, they felt accepted and provided with unconditional support and it allowed them to get to know others/make friends. Additional feedback was that it provides them with security, and that they felt supported. Comments included that 'it makes me feel much better' (C4), 'it's helpful' (C8) and 'I hate to think where I would be without it' (C5). Both the Day and Nightspace provided clients with support, belonging and a sense of community.

All partner agencies reported that attending the Hub and working with Safespace clients has positively impacted on their practice. For many, it makes their service more accessible to this cohort and through ongoing interactions with clients, it builds a positive view of the service (SP1). One stakeholder reported that Safespace allows them to provide more assistance to clients, whereas previously they had no way of finding them (SP8).

Our conclusion is that the Safespace program meets the immediate, basic physiological needs of this cohort. It does so in a PIE which provides the opportunity for clients to reengage with the housing service needed to secure a permanent housing situation. To facilitate this opportunity, staff utilise a MOP which acknowledges and understands the challenging needs of this cohort. The focus of this MOP is for clients to build trust with staff and reconnect with others. This rebuilding of trust is crucial to support the reengagement of clients with housing and support services needed to secure and sustain housing. The relationship building between staff and clients during this time supports a connection and ongoing support from the Dayspace Hub staff who facilitate client engagement with services and connection to others. Safespace staff utilise the same MOP to support Dayspace Hub only clients to meet the same short-term outcomes.

The longer-term objective of the program is to secure housing. Both programs contribute to long term outcomes of sustained housing, connection to community; stabilisation of health, mental health, alcohol and drug issues. By assisting clients to meet the short-term outcomes, the Safespace program provides the underlying work needed to achieve positive post-housing outcomes. This work is viewed a preparedness to have a 'continuum of care' and is necessary to mitigate a return to homelessness after housing is secured.

Recommendations

1. Given that the program has exceeded expectations beyond providing temporary shelter and has addressed a known service gap (of service disengagement) for this cohort, continuation of funding is recommended. This program provides the crucial stepping stone on the path out of homelessness and rough sleeping for this cohort and supports those who are already housed that are at risk of homelessness.
2. We recommend that funding is increased substantially to address significant rates of unmet need in areas beyond the city centre. Considering that three data sources have indicated that rates of homelessness is three to four times more prevalent than official data suggests, we recommend that this program (both the Dayspace Hub and Nightspace) be extended to other areas in the Greater Hobart region – e.g., the Eastern Shore, Glenorchy and Huon regions. This program has demonstrated its capacity to adapt to the identified service needs of clients which may differ due to geographic location.
3. We recommend HCM adopt a regular program of needs assessment and strategic response. Due to unique context in which the program evolved and drawing on the preliminary program logic model, it would be beneficial for HCM to undertake strategic planning to clarify the objectives of the two services and to identify data to measure output and collect rich outcome data for future planning and evaluation[1].
4. We recommend expansion of training using the trauma-informed approach. Given the success of the program's model of practice and the psychological informed environment in which it occurs, we recommend the development of a training package (or standalone modules) to enhance the existing training provided to staff.
5. Partner organisations should be included in training exercises to facilitate seamless adoption of the Safespace philosophy and model of practice.. Consideration of an induction workshop for partner agency workers attending the Dayspace Hub, to provide them with the necessary understanding of the Safespace MOP and to further enhance the practice modelling currently demonstrated by Safespace staff.
6. Informed by strategic planning, we recommend the inclusion of output and outcome measures are developed into an internal evaluation and monitoring framework which

[1] The 'Psychologically informed services for homeless people - Good Practice Guide' recommends the evaluation of outcomes at a policy level, service level and individual measures (Keats, Maguire, Johnson & Cockersell, 2012, p. 26)

draws on Specialist Homelessness Information Platform (SHIP) data or from new data sources. We strongly reiterate the finding of the previous TILES evaluation, that this data should be recorded in software format to streamline the data collection and analysis capability. We also recommend a dedicated staff member to undertake this task, external to the program delivery with a specialised data analytical skillset.

BACKGROUND

The Safespace program

Safespace is a 24-hour program providing 'shelter, safety and support for people experiencing homelessness' (Hobart City Mission [HCM], 2020, p. 18). The trialling of this program commenced in December 2019. The HCM and The Salvation Army (TSA) developed Safespace in response to the lack of options for people sleeping rough.

This occurred in the context of a homelessness and housing affordability crisis occurring in Southern Tasmania over the 2018-2019 period (HCM, 2019, p. 5). During this time, HCM worked with a range of stakeholders from welfare and government and formed the 'Greater Hobart Homelessness Alliance' to develop solutions to address this problem (City of Hobart, 2020a, p. 2). Further, the Hobart City Council (HCC), agreed to approach both State and Federal Governments to do more to address this situation (HCM, 2019, p. 5).

However, it was HCM and TSA that developed a practical solution to the growing homelessness crisis by establishing an overnight shelter for people experiencing homelessness. In August 2019, John Stubley (the then HCM Chief Executive Officer) and Don McCrae (the TSA Street 2 Home [S2H] program leader), rapidly developed the model for this program, determined the costings and raised $300,000 to fund a six-month pilot with the State Government contributing $150,000 (HCM, 2020, p. 9, 18). In September 2019, Hobart City Council 'resolved to provide in-principal support' for the six-month trial of the 'Safe Night Space' pilot program at the Youth Arc building, a council-owned facility located at 44 Collins St, Hobart (HCC, 2021, p. 12). The building operated as a youth support service in business hours. Youth ARC provided one large open space where all 20 clients would set up beds each night and a small art studio which could be utilised as a "Safe" room for the more vulnerable clients i.e. those referred by Police due to family violence.

The program commenced on 17 December 2019, offering shelter between the hours of 8pm and 7am as a pilot program entitled 'Safe Night Space' (SNS) (HCM, 2020, p. 18). A mutual understanding was held between HCC and HCM that the usage of Youth Arc was temporary and that an alternative location should be sought for the overnight program. SNS initially provided nightly shelter for 13 persons, increasing to 17 persons per night by the end of the pilot phase. TILES provided an evaluation of the pilot and recommended that the service continue. Additional recommendations were made in regard to location, expanded opening hours,

further service integration into daily operation, ongoing training provision to staff, and changes to the administration of program service data (Haestrup & Bartkowiak-Theron, 2020, p. 35-41).

In response to the COVID pandemic (which translated to the Youth Arc facility not being used in the day), HCM approached the Tasmanian government to run the space on a 24/7 basis (HCM, 2020, p. 9). Funding was secured for a six-month period (p. 18) with HCC supportive of expansion of operating hours on a temporary basis. Although there had been a strong collaborative relationship between the HCM and HCC, there were issues with the collocated services where a youth program was provided during the day and a night program utilised by clients with challenging needs and behaviours. When COVID restrictions were subsequently lifted in August 2020, the Safe Space Day program relocated to the HCM building in Barrack Street. While HCM were seeking a new facility, license agreements were extended the HCC until 31 December 2020 and subsequently until 31 March 2021. During this time, the facility was provided by HCC at no rental cost to HCM, with the outlays for utilities covered by HCC at a cost of $53,345 (HCC, 2021, p. 12). A further extension of the license agreement was made (with a weekly rental contribution made by HCM) until the night program relocated to 47 Davey St on 13 August 2021 (HCM, 2021, p. 14). Figure 1 illustrates the timeline relating to adjustments to the program to date.

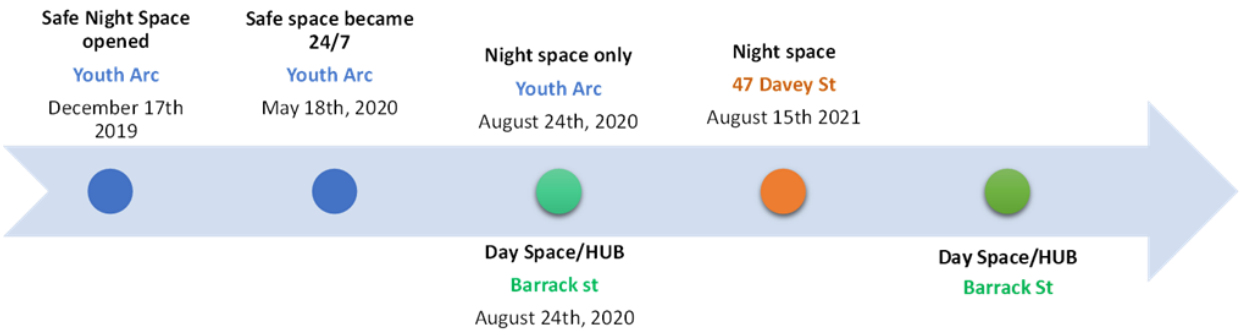


Figure 1: Summary of location changes

Homelessness

Defining homelessness

Homelessness can take many forms and there is no universal definition. To estimate persons experiencing homelessness, the Australian Bureau of Statistics (ABS) defines homelessness as 'a lack of one or more of the elements that represent home—which may include a sense of security, stability, privacy, safety and the ability to control living space' (ABS, 2012, p.11). The academic literature classifies three types of homelessness – primary, secondary and tertiary (Australian Institute of Health and Welfare [AIHW], 2018). Primary homelessness is defined as a lack of access to conventional housing and is considered as 'sleeping rough' with no shelter or in improvised dwellings. Secondary homelessness occurs when people are forced to move from one temporary location to another. Tertiary homelessness is when the accommodation provided falls below the minimum standards and does not provide adequate access to bathroom and kitchen facilities and guarantee of tenure (Chamberlain & Mackenzie, 2008, p. 3). People experiencing primary homelessness (or rough sleeping) account for approximately one fifth of total Australian homeless population. However, they are considered the most visible and the most disadvantaged cohort within broader society (AIHW, 2018, p. vii).

Pathways into and out of homelessness

There are multiple individual and structural factors that have been identified as contributing to how people become homeless (AIHW, 2018, p. 5). Individual factors relate to low educational attainment, ill health, trauma, neglect, etc. Structural factors include lack of income, employment or affordable housing. Further there is an overlap between these factors with individual factors influenced by structural factors and vice versa (Flatau et al., 2021, p. 182). Figure 2 demonstrates the interrelationship between these individual and structural factors on people becoming homeless. It provides an understanding of the types of services needed across a range of situations to address homelessness (Nooe & Patterson, 2010, p. 107). Further it demonstrates the impact that the experience of homelessness can have on future individual and social outcomes and the importance of early intervention approaches on first presentation to Specialist Homelessness Services. These services 'assist people who are homeless, or at risk of homelessness, by assessing their needs, providing direct assistance such as emergency accommodation, and referring clients to other services as required' (AIHW, 2018, p. 4). Specialist Homelessness Services (SHS) are funded on the basis of the acknowledged impact that homelessness has on a person's mental and physical health, employment and educational opportunities and full participation in society (p. 1). Both national and international literature has strongly established that 'the longer someone is homeless, the more difficult it is to assist

them to stabilise their life' (National Mental Health Commission, 2020, p. 3). Persistent rough sleepers have been identified as having the most complex needs and vulnerability conditions, in comparison to rough sleepers that 'service cycle' or who are transitory service users (AIHW, 2018, p. vii).

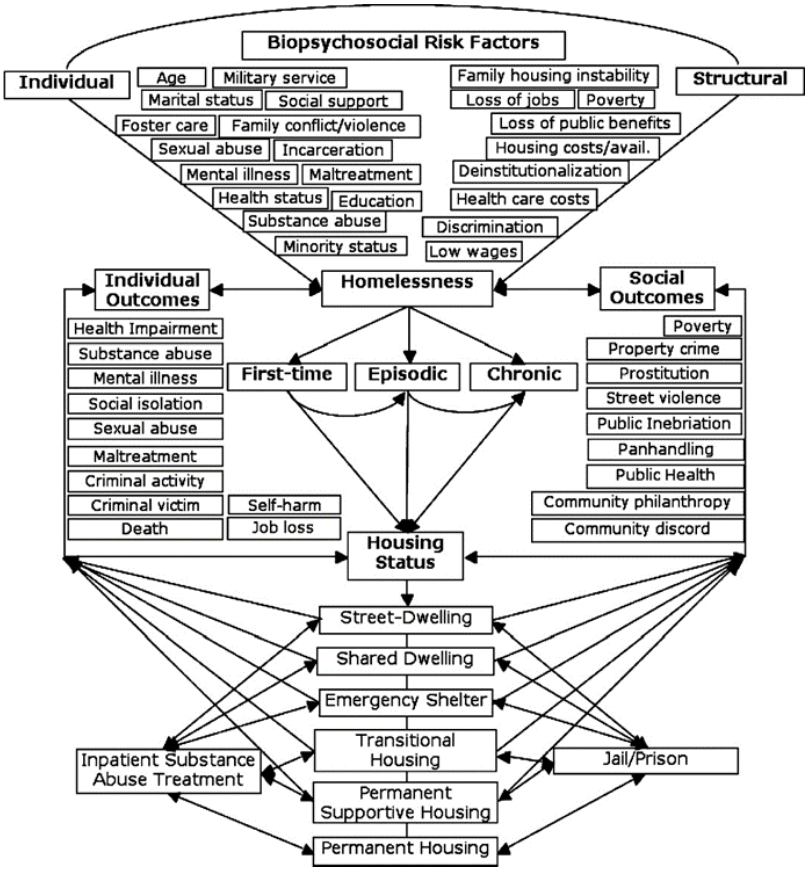


Figure 2: The ecological model of homelessness

What do rough sleepers and homeless people need?

As Figure 2 shows, the factors leading to homelessness and the outcomes that may occur from it are diverse, resulting in a heterogenous cohort with complex and multiple needs. In a recent national profile of 20,953 homeless Australians, Flatau et al. (2021, p. 151) identified that many respondents had physical and medical conditions, mental health conditions, and alcohol and drug use; at higher rates than the general population. However, there is evidence to suggest that support for this cohort is often not prioritised as they are considered 'too-chaotic' (Pleace, 2011). Further, early adverse experiences and attachment difficulties have been linked to range of mental health problems within the homeless cohort (Phipps et al., 2017, p. 29). It has been suggested that 'many homeless people lack any concept of a home as a safe space' (Seager, 2011). Being 'psychologically unhoused' is expressed in 'alienation, self-neglect and the inability to transition to and sustain a housed state' (Scanlon & Adlam, 2006, p. 10). Relatedly, adults who

experience homelessness, report extensive trauma histories and experience higher rates of Post-Traumatic Stress Disorder (PTSD) than the general population (Taylor et al., 2020, p. 1).

To assist homeless clients with multiple and complex needs requires an integrated approach across the homelessness, health, mental health and substance abuse support sectors (Turner & Krecsy, 2019, p. 1). However, there is a reluctance by some service providers to engage with these clients due to the nature of their challenging needs. As a result, homeless service providers are often required to push 'existing service boundaries', persevering with these services and advocating for their clients to receive the support they need (Lord, Tickle & Buckell, 2021, p. 2). Further, evidence suggests that service integration and provision for homeless clients with complex needs, should occur in a 'psychologically informed environment (PIE]' (Johnson, 2018). To assist clients beyond providing immediate physical shelter, requires an environment in which they feel psychologically safe, and which allows them to rebuild damaged attachment relationships (Phipps et al, 2017, p. 30). This type of service is required outside the provision of safe sleeping facilities. A homeless 'Dayspace Hub' provides the necessary context in which this can occur. These types of spaces range from those who provide basic facilities (such as toilets, kitchens, phones and computers) to homeless people, to those who link clients to housing and social support and facilitate this service provision on site (Petrovich et al., 2017, p. 65).

Within the literature and broader homeless services context, 'homeless hubs' have been referred to as service hubs (Keast, Waterhouse, Brown & Murphy, 2008, p. 12), engagement hubs (UnitingWA, 2022), open access centres (Kelaher, La Brooy & Feldman, 2016) or day shelters (Petrovich et al, 2017). Homeless hubs seek to address the barriers to service engagement by people experiencing homelessness, with these barriers emanating from the services themselves – who may not know 'how' to engage with them - and from the clients whose life histories and complex needs result in a distrust of the service system (Humphrey & Killeen, 2020, p. 15). Currently, there are multiple homeless hubs operating in Australia – examples can be found in Townsville and Cairns in Northern Queensland (NQ) to Shoalhaven and Wollongong in New South Wales (NSW), to Tranby in Western Australia (WA) and to St Kilda, Victoria (; Queensland Council of Social Services, 2021; Sacred Heart Mission, 2018; SAHSSI, 2022; UnitingWA, 2022; Wollongong Emergency Family Housing, 2021). Despite variations in place-based needs, hubs assist clients to meet basic needs, provide support and facilitate client engagement with co-locating and visiting services. Given the acknowledged disengagement from services that clients experiencing homelessness present with, it is vital that a person-centred approach informs practice with clients. Evidence suggests that the method of practice in the context of homeless service provision should occur in a psychologically informed environment that is trauma and attachment informed (Cash et al., 2014, p. 17; Theodorou et al., 2021, p. 428). This

evaluation will document the method of practice and program logic utilised by the HCM Safespace program to assist people experiencing homelessness in Southern Tasmania.

Homelessness in Southern Tasmania

Rates of homelessness and rough sleepers

On Census night 2016, *1,622* Tasmanians were counted as homeless (ABS, 2018). This represented an increase of 28% from 2001 Census (1,264). The Census reported 139 rough sleepers who accounted for 8.6% of the Tasmanian homeless population. It was estimated that 57% of Tasmania's homeless were located in Southern Tasmania (Hobart region) equating to *924* homeless individuals in this region.

More recent data from the *Specialist Homelessness Services* (SHS) for the 2020-21 period, identified that there were *3,630* clients In Tasmania who were homeless on first presentation to SHS. This accounts for 55% of all clients presenting, which is contrast to the national rate of 43%. From this number, *554* clients had 'no shelter or improvised/inadequate dwelling' (rough sleepers) [AIHW, 2021a] accounting for 15% of the total Tasmanian homeless population compared to the national average of 10.3%. Unsurprisingly, inadequate or inappropriate dwelling conditions accounted for 40% of the reasons given for seeking assistance from Tasmanian SHS. This is in contrast to the national average of 27% (AIHW, 2021b, p. 1).

Rough sleepers in Southern Tasmania

Although a regional breakdown of rates of homelessness and rough sleeping is not available in the SHS data, Parkinson, Batterham, Reynolds & Wood (2019, p. 20) confirmed the Census estimate that Hobart accounted for half of the total Tasmanian homeless population. Conservatively, there could be *1,815* homeless people in the Hobart area and from that population – *277* categorised as rough sleepers. This is supported by the findings of our earlier evaluation report of the pilot phase of Night Space which identified that there were *272* 'known' Safespace clients (Haestrup & Bartkowiak-Theron, 2020, p. 42). Further, in their submission to the 2020 *Senate Inquiry into Homelessness*, the City of Hobart (through a survey of local service providers) identified that there were *245* individuals on a 'by-name' list maintained by the providers (2020b, p. 4). In contrast, State Government data (from Housing Connect), during this same period only recorded 63 rough sleepers.

As the City of Hobart emphasised in their inquiry submission, disparity exists between data sources and that ABS and State Government data does not provide an accurate representation of the scale of homelessness in Southern Tasmania. Client data from SHS, the Safespace

program and from local service providers, indicates that the rates of homelessness and rough sleeping in Southern Tasmania, is three to four times more prevalent than official data indicates. As such, it could be suggested that this is an area that is underfunded to address the scope of the issue.

Safespace program objectives

Although the initial objective of the Safespace program was to provide a nightly bed for rough sleepers, HCM identified that many participants were disconnected from both housing and social support systems (HCM, 2020, p. 9), client characteristics that are consistent with literature. To address this issue, HCM established a booking procedure which required those seeking nightly accommodation to contact Housing Connect. Through their Front Door program, Housing Connect helps connect people to immediate and longer-term housing assistance through engagement with housing support workers from 5 southern service providers – Anglicare, Catholic Care, HCM, Colony47 and The Salvation Army (Communities Tasmania, 2019). To secure a booking, clients must maintain connection with their housing worker, who can assist them to secure longer term accommodation. In August 2020, to further facilitate this connection, an in-reach worker from Colony47 commenced co-locating at the HCM Barrack St Dayspace Hub. To address the disconnection from support, other agencies and organisations commenced visiting the Nightspace, such as The Salvation Army Street2Home and Bridge (alcohol and other drugs) programs, the Moreton group, the Mental Health Homelessness Support Team. The capacity for the Dayspace Hub program to facilitate service integration was enhanced when the program relocated to the HCM barrack St. Over the three months, 16 services accessed the space to provide services to Dayspace Hub participants.

Key Performance indicators

Further, State Government funding necessitated the development of key performance indicators (KPI's) to evaluate the efficiency and effectiveness of the service provided. These outcome and performance indicators are located in Table 1.

Table 1: Key Performance Indicators

Outcome indicators	Performance indicator	Performance target
Are clients better off?	Temporarily housed	Proportion of occupied bed by eligible persons each night
	connected to housing or specialist support	Proportion of assisted clients who are connected
	repeat assistance	Proportion of assisted clients who have used the service on a previous occasion
	Serious incidents	Number of client-related serious incidents

How well was it achieved?	Positive impact	Proportion of clients who report that the service has had a positive impact on their wellbeing.
	Satisfied clients	Proportion of clients who report that they are satisfied with the service
	Satisfied partner agencies	Proportion of partner agencies who report that they satisfied with the service
How much was achieved?	Clients assisted - night	Number of households assisted
	Clients assisted – day	Number of households assisted
	Unmet Need	Number of people who seek the night service but are not accommodated.
	Rough sleeper numbers	Number of people sleeping rough in the Hobart area.
	Support referrals	Number of outgoing referrals made each night

(Department of Communities, 2020, p.43)

The initial collection of service data occurred through the use of daily booking sheets and daily KPI's. The type of data collected by HCM evolved over the course of the program as a result of government funding requirements and in response to patterns of behaviour observed by program staff (an example KPI is located in the appendix). Adjustments were also made to streamline the data collected, to allow for data comparison through the program

The Tasmanian Institute of Law Enforcement Studies (TILES) at the University of Tasmania was contracted in 2020 to conduct an evaluation of the pilot phase of the program (December 2019 – May 2020), completed in July 2020 (Haestrup & Bartkowiak-Théron, 2020b); and subsequently the ongoing evaluation of the project during the 2-year implementation. This is the final evaluation report.

RESEARCH DESIGN & METHODOLOGY

The aim of this evaluation is to assess the effectiveness of the Safespace program against the program objectives – to provide temporary shelter to rough sleepers and to reconnect them to housing and support services. To achieve this, process and outcome evaluations were incorporated into the research plan. The process evaluation involved ongoing consultation with program staff and observation of program activities, and interviews with a range of stakeholders to gain information about program implementation. This consultation and observation enabled the documentation and analysis of the model of practice utilised by the HCM to undertake the Safespace program. Further, it allowed for the development of a program logic inclusive of this model of practice. A range of stakeholders – government and partner agencies - were consulted through semi-structured interviews to gain information about the implementation of the program and identify operational strengths and weaknesses.

In addition to evaluating processes, program outcomes were also assessed to evaluate the effectiveness of the program at the outcomes set by government funding. Data was obtained from program service data, specifically daily booking sheets and daily key performance indicators (KPIs). Semi-structured interviews were conducted with program staff and management. This assisted in the documentation of the effectiveness of the program and the extent to which the overall objectives of the program were achieved. Further, semi-structured interviews were conducted with Safespace clients (attending day and/or night programs) to document their experience of the program, to capture its impact on their circumstances and if they have any suggestions for its improvement.

Methods

To achieve these aims, the evaluation undertook the following work:

- Collection and analysis of program documentation
- A review of current best practice approaches in regard to homelessness, rough sleeping and the hub model
- Collection and analysis of service data
- Interviews with HCM staff and clients, agency partners and stakeholders.

The evaluation employed a mixed methods approach using both quantitative and qualitative analysis to address the aims of the evaluation.

Quantitative data

Sources

Daily KPI data for the period of 19 December 2019 to 21 November 2021 was obtained from the Safe space program leader. This data was then manually entered into a computer program and prepared for analysis. 2021 client profiles in excel were also provided which recorded service use (day, night, both), homelessness type (rough, couch surfer, episodic), housing status (while using Dayspace Hub, after Safespace).

Table 2: Service data sources for this evaluation

Performance area	Source	Example – quantitative service data
Temporarily housed	Daily service data	No of clients on site Bed occupancy rates
Connected to housing or support services		No of clients connected with Housing Connect No of referrals made to external services
Repeat assistance		No of repeat clients
Client health and wellbeing		No of clients with mental health concerns No of clients with alcohol or drug dependencies
Client behaviour		No of clients turned away - for being under the influence of alcohol - for being under the influence of drugs - for bad behaviour - for other reasons No of clients requested to leave
Serious incidents		No of incidents of - self harm - harm to others - verbal abuse to other clients - verbal abuse to staff - police intervention - ambulance intervention
Positive impact		No of clients who identified that staying on site had a positive impact
Satisfied clients		n/a
Satisfied partner agencies		n/a
Clients assisted - night		No of clients assisted onsite by SS staff No of clients assisted on site by external organisation/agency
Clients assisted – day (HUB)		No of clients assisted onsite by SS staff No of clients assisted on site by external organisation/agency
Unmet Need		No of clients turned away from the Nightspace due to being full.

Qualitative data

Sources of information included observations of key activities performed by Safespace staff, semi-structured interviews with all stakeholders (clients, staff, service providers and State and local government) and document analysis of relevant program service documents, was undertaken to ascertain the processes and practices which occurred during the provision of the program.

The collection and analysis of qualitative data expanded on information derived from analysis of performance areas and indicators identified in the outcome evaluation. This qualitative data either filled the information gaps that the quantitative data could not provide or enhanced this data.

Data sources

Observations were of key activities at the day and night Safespace locations. Document analysis was performed on Hobart City Mission annual reports (2019-2021), Communities Tasmania grant deeds, Hobart City Council, license agreements, client intake forms, partner agency site inductions (Dayspace Hub service providers).

Interviews

Over the course of the evaluation, 30 semi-structured interviews were conducted with 35 interviewees. This comprised of ten interviews with Safespace clients, ten interviews with HCM senior management/Safespace staff, eight interviews with service providers and two interviews with representatives from the Hobart City Council and Communities Tasmania.

Table 3: Interviews

Participant type	Number of contacts	Interviews concluded	Percentage interviewed
Staff	12	10	83%
Service providers / stakeholders	31	15	48%
Clients	10	10	100%
Total	53	30	77%

Ethics

Ethics approval was sought from the University of Tasmania Human Resources Ethics Committee (Social Sciences) in September 2021, prior to the commencement of the interviews. Ethics approval was received in October 2021.

Limitations of the research

Number of participants

The researcher attended the Dayspace Hub on four occasions and the Nightspace on one occasion. Given the vulnerability of the cohort, client interviews were facilitated by Safespace staff who provided the necessary support to clients for their interview participation. Given the complex needs and trauma histories of Safespace clients and the sensitive nature of the program, only ten interviews were conducted. Interviews with service providers and stakeholders were also restricted as interviews were conducted over the Christmas / New Year period whereby some contacts were still on leave when contacted for an interview.

Administrative processes

Daily service (KPI) data was provided to the research team. However, the format of the data necessitated manual entry into an electronic spreadsheet to enable analysis to be undertaken. In total, 706 lines of daily service data was entered with each line having up to 50 indicators to be entered. This took between 40-50 hours for the research team to complete and limited the depth of the analysis conducted. It was a recommendation of the TILES evaluation of the pilot phase that an excel spreadsheet be utilised for the recording of KPI data and to facilitate further understanding of trends and issues. The 2021 client profiles were provided in this format. However, it is unclear why this did not occur for the daily KPI data.

It was noted during the entry of the data, that there were inconsistent data entry practices. For example:

- No data was available for 11% of all KPI service data.
- Noting of mental health referrals or incidents, yet not noting clients having mental health concerns in the daily KPI.
- Noting of six referrals to The Bridge program, yet no recording of clients 'who had disclosed drug or alcohol dependencies'
- Using a single attendance and service provision sheet for both night and day created lack of clarity regarding where advocacy or referral was provided.
- Confusion regarding what constitutes 'services provided', advocacy or referral. Differences and mistakes in data entry e.g., calling the police on a client who has a two-day ban should not be counted or noted as advocacy
- Not noting the reason for a client being turned away (i.e., alcohol, drugs, behaviour, or other) - by only listing the client's name in this box.
- If critical incident resulted in a client leaving, this being put in 'left during the night' (which is different to being asked to leave) – this needs to be defined.

RESULTS AND DISCUSSION

This section contains service data from five different phases of the project. The phases included a six-month pilot; a three-month pilot of 24/7 provision of service at Youth Arc; Nightspace only at Youth Arc over a 12-month period; Dayspace Hub only at Barrack Street; and Nightspace only at the new location at 47 Davey Street.

The following table provides the context for the interpretation of these results:

Table 4: Program phases, locations, dates and capacity

Program phase	Location	Date	Capacity
Pilot	Youth Arc	17 December 2019 – 16 May 2020	13, 15, 17
24/7	Youth Arc	18 May – 23 August 2020	20
Night space	Youth Arc	24 Aug 2020 – 13 Aug 2021	20
Dayspace Hub only	HCM – Barrack St	24 Aug 2020 - ongoing	n/a
Night Space	Davey St	13 August 2021 - ongoing	20[2]

Capacity during the pilot commenced at 13 beds, increasing to 17 over the pilot phase. From mid-May 2020, capacity was increased to 20 beds per night.

The following tables present the results of the service data analysis. From examining the service usage in the different permutations of the Safespace services provided; we can see how well each iteration of the program meets the needs of homeless persons in Southern Tasmania.

Nightspace

Table 5 outlines some baseline characteristics of the clients in each phase. We can see some fluctuation in the number of male clients in each location, and a gradual increase in uptake by female clients and Indigenous clients.

Table 5: Client demographics – nightly average per phase

Phase/location	Male clients on site	Female clients on site	Under 18 clients on site	No of clients identified as Indigenous	No of clients who identified as CALD
Pilot	8.4	2.6	1	0.82	0.02
24/7 Youth Arc	13.4	3.6	0.06	1.47	0.14
Night only Youth Arc	11.5	4.5	0.54	2.15	0.38

[2] This number has since increased after the data collection phase concluded

Night Davey Street	10.6	4.4	0.38	n/a[3]	n/a[4]

During the pilot phase, there was a nightly average of 11 clients on site. Program capacity at this time ranged from 13 in the first 2 weeks of the program, to 17 by the end of the pilot. Male clients represented 74% of clients using the space during the pilot phase.

The nightly average during the 24/7 phase was 17 clients with 79% of clients being male. During the night-only phase at YA, the nightly average decreased to 16 clients. This may be explained by the availability of the Federal COVID financial supplement during this part of this phase which provided Centrelink recipients with a $550 increase in their fortnightly income (Klapdor, 2020). This period saw a decrease of 7% in the number of male clients attending.

Since the program moved to the Davey Street location the nightly average has been 15 clients on site with a slight decrease of male clients to 71%. Although, less than previous phases, the reduction may be due to the very recent change in location. The data does not include figures from Hobart's coldest months (see table 7). During the pilot phase, the nightly average for young people attending the space was 1, however this has decreased as the program has progressed. The number of clients who identify as Indigenous rose from almost 1 client per nightly average, during the pilot phase, to double that number during the Night Only Youth Arc phase. As similar result was observed for CALD clients.

Table 6: Temporary shelter provided – nightly average per phase

Phase/location	Time period (days)	Total no of beds provided during phase	No of clients on site	No of repeat clients	Unmet need
Pilot	153	1689	11	10	0.58
24/7 Youth Arc	98	1489	17	16	0.48
Night only Youth Arc	354	5439	16	14.8	0.54
Night Davey Street	101	1449	15	14	0.23

[3] Data is available for the Night Davey St phase due to category changes in the daily KPI's.
[4] ibid.

During the pilot phase, 90% of the clients onsite were repeat clients. During the 24/7 phase this rose to 94%, dropping to 92% during the night-only YA phase and increasing again to 93% during the Night at Davey St.

The nightly average of unmet need (clients turned away due the space being full) during these phases has decreased since the initial pilot phase. Importantly, there has been a total of 10,066 beds provided to clients during this time.

Analysis of the monthly daily occupancy rates (the percentage of available beds occupied) over the course of the program (Table 7), identified that there are higher rates of occupancy are in the peak winter and summer periods.

Table 7: Monthly daily bed occupancy rates and monthly daily minimum temperature averages

YEAR	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
2019												53%	
2020	52%	81%	78%	67%	78%	86%	86%	75%	65%	84%	79%	83%	**76%**
2021	85%	80%	81%	71%	71%	83%	74%	80%	71%	65%	87%		**79%**

Key: 0-5°C 5-7.5°C 7.5-10°C 10-12.5°C 12.5-15°C

Support

As well as meeting the overall program objective of temporarily housing people experiencing homelessness, the program succeeded at linking clients to housing and support services (see table 8). An analysis of the nightly averages of clients connected to Housing Connect, referrals to other homeless supports (S2H, HC-FD and AH-FD) and external organisations[5], indicates that there was an increase in all of these area over the course of the program. During the pilot phase, 63% of clients attending the space were connected with Housing Connect and there was a nightly average of almost 2 referrals made to other support services. There was a slight increase during 24/7 phase. However, it was during the post-lockdown phase that there was an increase to 90% of the number of clients connected with Housing connect and a six-fold increase in the number of referrals to support services. Further, as clients became connected to housing support workers from the five main agencies, there was a decrease in number of referrals made to other homeless supports. This coincided with the colocation of a HC-FD in-reach worker at the Dayspace Hub. Over the course of the program, the Moreton group has

[5] The most frequently referred to agencies are listed.

been consistently referred to in each phase – demonstrating that this is an unmet need for Safespace clients in the community.

Table 8: Connection to housing and support services (nightly average per phase)[6]

Phase / location	No of clients connected with Housing Connect	No of referrals made to S2H / HCFD/ AHFD	No of referrals made to external services	External referrals (3 most frequent)
Pilot	7	n/a	1.8	Child safety services, Moreton group, Hobart City Mission (HCM) – emergency relief
24/7 Youth Arc	9	9	4.2	Moreton group, Bridge program, Mental Health Homeless Outreach Support Team (MHHOST)
Night only Youth Arc	14.5	6.1	12	Housing: Salvation Army Supported Housing (SASH), HCM-housing, Colony 47 front door (Jess); health: MHHOST, Moreton group, Bridge program
Night Davey st	n/a[7]	n/a[8]	4	Moreton group, SASH, catholic care

The number of clients with mental health concerns remained steady over the course of the pilot and 24/7 phases and decreased slightly during the Night YA phase.

Table 9: Client health and wellbeing (nightly average per phase)

Phase/ location	No of clients with mental health concerns	No of clients with alcohol or other drug dependencies	No of clients who identified that staying on site had positive impact	No of clients who left of their own accord
Pilot	0.77	0.43	1.44	0.89
24/7 Youth Arc	0.78	0.98	0.53	0.72
Night only Youth Arc	0.69	0.54	0.11[9]	1.41
Night Davey st	n/a[10]	n/a[11]	n/a[12]	0.70

The number of clients with alcohol or other drug dependencies increased during the 24/7 YA phase. This could be as a result of the challenges of lockdown confinement.

[6] Referral data in this section may be from the Dayspace Hub. It is unclear in the KPI's in which space these referrals occurred.
[7] Data not available for the Night Davey St phase due to category changes in the daily KPI's.
[8] ibid.
[9] From daily KPI data, it was identified that this category was frequently not filled it, in comparison to previous phases..
[10] Data not available for the Night Davey St phase due to category changes in the daily KPI's.
[11] ibid.
[12] ibid.

Clients leaving of their own accord in the night increased from the pilot phase to the Night YA phase. This may be explained by the lack of smoking area at this location. Upon relocation to Davey St (with a smoking area) the number of clients leaving during the nigh has halved.

Table 10: Client behaviour – turn aways (nightly average per phase)

Phase / location	No of clients due to bad behaviour	No of clients due to being under the influence of alcohol	No of clients due to being under the influence of drugs
Pilot	0.7	0.6	0.01
24/7 Youth Arc	0.25	0.15	0
Night only Youth Arc	0.16	0.15	0.06
Night Davey st	0.05	0.11	0.03

As table 10 indicates, over the course of the program, there has been improvement to the number of clients turned away due to bad behaviour or under influence of alcohol. The number of clients turned away due to being under the influence of drugs peaked during the Night YA phase and is three times that of the pilot phase.

Table 11: onsite incidents (nightly average per phase)

Phase / location	No of incidents of self harm	No of incidents of harm to others	No incidents of verbal abuse to other clients	No of incidents of verbal abuse to staff	Police intervention	Ambulance intervention	No of clients requested to leave
Pilot	0.07	0.03	0.06	0.05	n/a		0.10
24/7 Youth Arc	0.15	0.33	0.15	0.20			0.14
Night only Youth Arc	0.10	0.04	0.08	0.15			0.15
Night Davey St	0.01	0.03	0.03	0.05	0.051[13]	0.02[14]	0.10

Analysis of onsite 'incidents' reveals that there are less incidents of self-harm and 'verbal abuse to other clients' during the current Night Davey phase compared to the pilot phase. The number of incidents of verbal abuse to staff and the number of clients requested to leave compared between these two periods remained stable. However, during the 24/7 YA phase,

[13] Added to daily KPI critical incident category – 21/6/21

[14] ibid.

numbers peaked significantly in all areas. As with client health, wellbeing and behaviour data; this may be a reaction to the confinement of lockdown. Since the relocation to Davey St, there has been improvements in all areas.

Dayspace Hub

The number of clients on site at the Dayspace Hub upon its relocation to Barrack St contracted slightly – from 22.5 to 21 clients on average per day. Considering that the client numbers reported in the 24/7 phase at YA were primarily due to an enforced lockdown period, it is significant that client numbers have only decreased slightly on the move to Barrack St.

Table 12: Daily averages per phase - client use, demographic breakdown and onsite service provision

Phase/location	No of clients on site	Male clients on site	Female clients on site	Under 18 clients on site	No of clients assisted on site (SS staff)[15]	No of clients assisted site (external service)[16]
24/7 Youth Arc	22.5	16.7	5.8	0.25	1.5	4.7
Barrack St	21	15.5	5.5	0.6	2.8	3

Male clients represent the majority of clients visiting the Dayspace Hub during both phases – 74% and 73% respectively.

As with Nightspace, clients under 18 years of age represent a small proportion of clients visiting the Dayspace Hub. However, this number has doubled between each phase. Further, there has been an increase in the number of clients assisted onsite by Safespace staff through advocacy provision.

With regard to the number of clients assisted onsite by the external agencies, there is some lack of clarity as to whether this occurred during the Dayspace Hub period. It is therefore difficult to make comparison between the two phases and provide interpretation of this data.

[15] Category added to daily KPI service data - 10/9/20. There is no clear delineation if this was provided in the day or night, only that it occurred on this date.
[16] ibid.

Analysis of the Dayspace Hub client profiles indicates that it is clients who are already housed that are the most frequent visitors to the Dayspace Hub program. This is followed by clients who use both the day and night space and who are couch surfing; day and Nightspace clients who are rough sleeping, and day and night clients who experiencing episodic homelessness. Following this are Dayspace Hub only clients who have been housed after using Safespace and Dayspace Hub only clients residing in shelters.

Table 13: 2021 Dayspace Hub/hub client profiles – monthly service use [17]

Service use / housing status	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ave
Dayspace Hub only client / housed	17	11	19	19	13	13	12	15	13	7	18	18	14.6
Dayspace Hub only / housed after Safespace	4	7	5	5	8	11	5	7	8	12	10	19	8.4
Day only client (shelter)	7	1	1	2	3	3	3	3	1	1	4	5	2.8
Day and Nightspace client (rough sleeper)	13	15	12	15	18	14	10	6	6	3	6	5	10.2
Day and Nightspace client (couch surfer)	16	17	13	20	12	9	11	11	10	12	16	21	14
Day and Nightspace client (episodic)	10	11	16	8	8	8	8	9	9	13	6	10	9.7

This profile data demonstrates that the Dayspace Hub program meets not only the needs of the people who homeless, but it also assists clients at possible risk of homelessness and addressing an unmet service need for clients in terms of housing and support service provision.

[17] Number of clients who have attended the space on a minimum of one occasion during that month.

Stakeholder feedback

Interviews

Ten clients of Safespace provided feedback for the evaluation. These were nine current clients of Safespace were interviewed plus one client that had recently been housed and had attending the program since it opened. Seven male guests and three female guests were interviewed. Four guests were aged over 50 years of age, three aged over 40 years and three aged over 20 years. All guests had previously histories of homelessness. Nine out of the ten guests utilised (or had previously) both the day and night space. The guest who attended the Dayspace Hub only had attended every day for the previous six months. The time spend attending the spaces ranged from 2 weeks to 6 months. Four guests were from interstate – originally or recently arrived (two from New South Wales, three from Queensland).

Eleven staff members were interviewed. Of these interviews, three were support workers, five team leaders (day and night programs), plus the Housing Services Program Manager (HS-PM), the program leader, and the Senior Manager, Family, Housing & Community Services (SM-FHCS). Of these eleven staff members, seven had been involved with the program since it commenced.

Twelve interviews with fifteen stakeholders were conducted. These stakeholders ranged from those involved in the initial planning stage of Safespace and its co-location with the program at the Youth Arc facility, to service providers who visit the Dayspace Hub to provide support to Safespace clients or support Safespace clients offsite. Interviews with representatives from Hobart City Council and Communities Tasmania were also conducted.

Program logic

Analysis of interviews in conjunction with observations and document analysis, led to the development of a program logic which firstly identified the service needs of Safespace clients. From this, the relevant inputs, activities, outputs, short term and long-term outcomes were identified. The 'inputs' are the resources required to deliver the program – physical space, staff, training and knowledge. The activities relate to the mode of delivery of the program (the model of practice), the outputs are program measures (KPI and interview data). The short-term outcomes are the immediate outcomes for the clients of the program which support the longer-term outcomes. These are briefly summarised in figure 3 and then discussed in further detail.

Figure 3: Safespace program logic model

Needs summary

Safespace clients are not connected with housing and support services necessary to secure and sustain housing. Why – unaddressed health/mental health/AOD/trauma issues; that contributed to their pathway to homelessness or occurred as a result of their experiences of homelessness. Clients are reluctant to engage with services due to previous negative experiences or the issues themselves. Services find it challenging to engage with this cohort. The following program logic model demonstrates how the safespace program addresses this need:

Inputs	Activities	Outputs	Short-term outcomes	Long-term outcomes
Resources	Model of practice			
NIGHT AND DAY CLIENTS				
Shelter and Sanitation Safety and support Access to services	trauma attachment Reflective (supports low barrier)	service data interview data	Trust built with staff Connection to others Connection with housing and support services	secure housing sustained housing connection to community stabilisation of health, mental health, alcohol and drug issues.
DAY ONLY CLIENTS				
Access to services Safety and support	trauma Attachment reflective (supports low barrier)	service data Interview data	Trust built with staff Connection to others Connection with housing and support services	sustained housing connection to community stabilisation of health, mental health, alcohol and drug issues.

Service needs

Beyond immediate need for temporary shelter, interviews with Safespace clients indicated that many have health, mental health and alcohol and drug issues. Further, many have had multiple experiences of homelessness, exposure to family violence and have no family support. This is consistent with the literature. The interviews with staff indicated that mental health issues, followed by alcohol and drug addiction were a common need for the clients they worked with. This was supported by stakeholders who identified that access and support to address these issues was needed. However, due to the challenging behaviour that arises from these issues, many clients from this cohort have been ostracized and marginalised from services. As the HCM Housing Services Program Manager (HS-PM) identified:

> *'What we picked up on really early on is that most of the guys we were dealing with had been dropped by services who saw them as difficult and aggressive and angry. People wouldn't talk to them; they had no places they go. And they had very limited options - they had given up. And we realised that and I think we got to the point where we need to do more and how can we bring that together?'*

As the HCM Senior Manager, Family, Housing & Community Services (SM-FHCS) identified:

> *'We knew we needed to bring in a low barrier program – so that if person comes in agitated, we needed a to construct a process around it – that doesn't marginalize them completely from the group and from service'.*

However, this also present challenges to staff as:

> *'it's a lot of hard work to constantly review or to watch every little nuance that happens, a lot of incidents can occur and do occur, and to respond to them in a way that keeps moulding the program without putting that barrier up. Which is why a lot of the folks are sleeping rough. And once they lose contact, they're out of the system completely and forgotten'*

As highlighted in the literature, many of the Safespace clients reported trauma histories – from previous experiences of homelessness and from early and ongoing life experiences. Further, as the Safespace program leader (PL) highlighted:

> *'What we acknowledge here is that our guests are currently in trauma'.*

The disengagement of Safespace clients from housing and support services was recognised in the pilot stage of the Nightspace program. In addition to the clients excluded from accessing

housing and support services, many clients expressed a distrust and wariness of these services. One client (aged in his early 50's) expressed that:

> *I have a lot of trust issues with males and females; so to find somewhere comfortable at this point in time, is good and reassuring'* (C6).

In the early stages of the Nightspace program, it was recognised by program management and staff that the approach to booking clients into the program (asking them) was contributing to no show rates. The approach was to go around to clients currently staying at the space and ask them if they wanted to stay the following night. But as the Housing Services Program Manager articulates:

> *'Half the time that people wouldn't come back and stay. Because there was no investment in that commitment. That's what we were able to identify - that the clients were not asking for this. We're asking for them. Because that's what we think they should want. But actually, by putting the onus back on the client, we find that more often than not, when they make the effort, they do turn up. If they don't have to make the effort. They don't care whether they come or not'*

A nightly booking process was established in collaboration with Housing Connect Front Door (HC-FD) to support this process and also to also motivate clients to reconnect with support services; with the acknowledgement that extra support was needed for this cohort:

> *'Many homeless clients are not ready to engage with support the first time they make contact with us. We knew that we needed to be flexible, and we needed to have something else for people'* (SP5).

The need to facilitate this engagement was enhanced with the co-location of an HCFD in-reach worker at the Dayspace Hub program in July 2020, who stated:

> *'We've already done a lot of a lot of work around supporting this particular cohort, just because it was one that previously had fallen through the cracks (due to the need to have the services very available). Because they're in a state of crisis all the time'* (SP4).

Despite the need to incentivise Nightspace clients and provide extra support to Dayspace Hub clients, the Safespace program leader emphasises that

> *'Every client is met where they are at. We're not putting expectations that they're meant to be. It's not saying you have to do this. And you have to do that. There should be no barriers to access'.*

The Dayspace Hub program was originally an implemented as a COVID-19 response to provide shelter to homeless clients during the lockdown period of the pandemic. During this time, Communities Tasmania funded a health screening telephone service, the Moreton Group Medical Service and the Mental Health Homelessness Outreach Support Team. It is acknowledged that many homeless clients are distrusting of services:

> *'I know services are stretched and busy …. But it is about going to safe space services fairly regularly and developing rapport and relationship with people. It can take a while to build up trust in a relationship so that they're in the frame of mind where they're happy to engage with services' (*CT1).

The attendance of these services on site at Safespace was well received by clients and observed by program staff as working well with this previously disengaged cohort:

> *'It really works when services come here. We had the Moreton group involved, they were coming into the safe space to see clients, clients would turn up to the safe space knowing that that was happening. So suddenly, you start to go, okay. This works. It works to bring services here. And we then just looked at it, what is the need? Talk to the clients and identify what is the need* (HS-PM).

Dayspace Hub

Although the concept of a 'Dayspace Hub' originated during the time that Safespace was running 24/7 at the Youth Arc facility, it was not until Dayspace moved to the HCM premises in Barrack St that the full benefits of co-location of services was realised and a 'hub' model emerged to support the Dayspace program. Further, the move to Barrack St of Dayspace normalised an approach to clients which brought them to the main centre of business for the organisation. As the Senior Manager, Family, Housing & Community Services articulates:

> *Usually, a group like this is isolated away from everyone else. That's you over there - compounded up - taken out of society. To bring them into barrack Street and to let them mix with workers and to just to walk around the place and be respected that you're just another person and to be said g'day to and stuff. That was a huge change.*

Services were identified through ongoing feedback based on client need and from this, service organisations and agencies were invited to either work from the Dayspace premises (co-location) or have a presence on a regular basis. A model of practice (MOP) was developed that informed the activities of both the Nightspace and Dayspace Hub programs. Further it was

established that these programs could occur concurrently in separate locations yet build and support the work of the other.

Inputs / resources

Nightspace

Location and capacity changes

The Nightspace pilot program commenced on December 17, 2019 at the Youth Arc building at 44 Collins St, Hobart. There were thirteen people booked in the first night and for the first 4 weeks, referrals came directly from The Salvation Army's Street 2 Home (S2H) program as they were working with people rough sleeping within Hobart. In the new year 2020, capacity increased to 15 and by this time Police were of the understanding they could drop people to Safespace if there was availability. Extra spaces were opened to 'after hours' bookings for HC After Hours, the hospital or police. The capacity expanded to 18 referrals and 2 after hour spots on May 18, 2020. The Nightspace transitioned to 47 Davey St, Hobart on August 13, 2021. Subsequently, the capacity increased in a two step approach with an initial expansion to 28, then to 35 (SM-FHCS).

Shelter and sanitation

At a most basic level, the Nightspace provides clients with shelter from the elements and the security to fall asleep. One client expressed that

> *'It is the reassurance that I am not in danger'* (C6).

Another expressed:

> *'I'm 58, I can't do parks on the streets anymore'* (C1).

For many clients, the Nightspace is the only option for shelter:

> *'I got off the bus and did not know what to do. I was 'that' homeless'* (C2).

> *'I hate to think where I would be without it'* (C5).

This was reiterated by a stakeholder who stated that prior to Nightspace opening, there had been no referral options for this cohort:

'I just can't stress that enough - these 22 people were on the street. That was the 'other' option. So, to have an option where they can go and sleep for the night was a real relief' (HC-FD in-reach co-ordinator)

The relocation to the Davey St building in August 2021 has allowed the program to provide access to showers and laundry facilities. There were no shower facilities at the Youth Arc building and one client reported that publicly available facilities were dirty and often vandalised (C9). The provision of bathing facilities go hand in hand with the concept of providing a safe environment and the equipment (beds, bedding, pillows), that is needed for clients to meet their basic needs; and be the starting point for a reconnection to others. The Davey Street building has a kitchen available for clients to use and two clients reported that they enjoyed cooking for others, washing up and taking out rubbish. One of the clients reported that the felt that it gave him a purpose (C6).

Staff

The program is overseen by the HCM Housing Services Program Manager (HSPM) with the Safespace team lead by a program leader who is supported by two Dayspace and four Nightspace team leaders, 19 support workers and 10 volunteers.

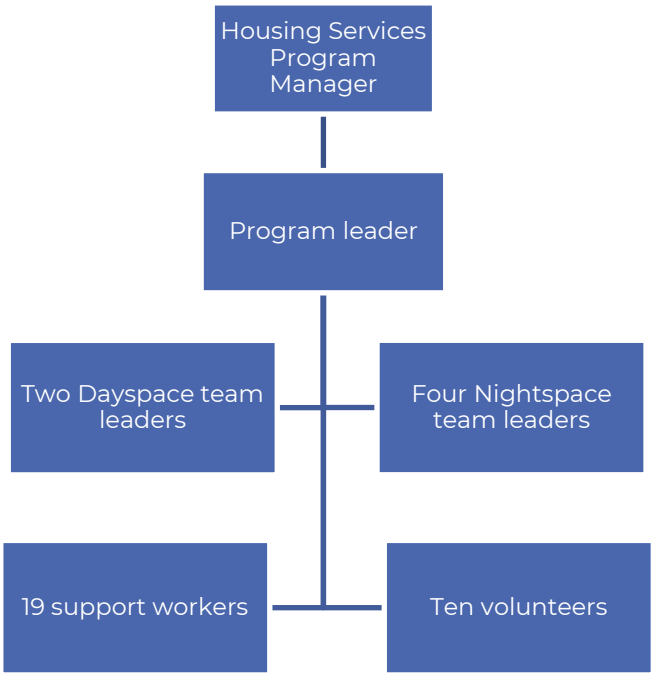


Figure 4: Safespace team members

During the initial pilot phase and the subsequent 24/7 covid-lockdown period, staff from the S2H and the Bridge programs supported HCM staff. However, as capacity and location changes

occurred, HCM have progressed to a night shift model which involves two shifts – the first shift from 3.45pm – 12 midnight, the second from 11:45pm till 8am.

For a Nightspace team leader, this involves a check in and handover with Dayspace Hub staff at Barrack St, then setting up the night space prior to the opening time of 6.00pm. The team leader establishes that the Nightspace is a welcoming environment by firstly meeting the basic needs of clients:

> *'You make sure that everyone has enough bedding, that any food that we might have is readily available; And you know, tea, coffee, sugar is all available. Making sure we are on top of washing and making sure everyone who wants to have a shower has a shower'* (SM7).

Further, support workers and team leaders, facilitate a safe environment for clients through ongoing supervision of client behaviour:

> '*Making sure that people are meeting the program requirements in terms of toxication and how we can manage them safely if they are intoxicated*' (SM6).
>
> *'Making sure that making sure that any behaviours that are unsettling are kind of discouraged'* (SM7).

This safety aspect is further supported by the established procedures for the clients of the Nightspace:

> *'They all do an intake and they know that there are certain rules to follow and guidelines and behaviours. To know that the staff do checks through the night and that once the doors are closed, they know that that's all that's coming in. So once they are in there and familiar with everyone in there, they are comfortable'* (SM3).

Recruitment and training

To support Nightspace staff to undertake their role, HCM has focused on recruitment of staff with the 'right attitude' and an open mind to working with this cohort. This has involved ongoing work with staff on reflective practice and the introduction of a trauma informed approach for working with clients across the broader the HCM service through training provided by Dr Ron Frey (SM-FHCS). Further, HCM has invested in the training of a peer support worker to facilitate the connection between clients and alcohol and other drug services. This worker has a lived experience of substance use and supports the wellbeing of clients with alcohol and drug issues (Drug Education Network, 2020).

Dayspace Hub

Similarly, to the Nightspace, the Dayspace Hub provides clients with shelter from the elements and the opportunity to rest and relax. It has been operating at HCM Barrack St offices since August 24, 2020. Although it has toilet facilities, it does not have a shower. Clients are able to access a small kitchen and are able to utilise lockers to secure their belongings. Further, support is provided to Safespace clients through the HCM emergency relief program which is located in the same building. This program provides access to clothing, shoes, food sleeping bags and support with financial budgeting/debt relief (SM-FHCS).

Importantly, the Barrack Street premises provides the colocation of a HC-FD in-reach worker to providing housing support to clients and the opportunity for services to visit clients on-site. After the relocation of the Hub to Barrack St, it was observed by program staff that there were many new clients that had never utilised the Nightspace program and who had housing, yet required assistance from the housing and support services visiting the space[18]. This is an acknowledged service gap:

> *'We have seen some people over the years that cycled through homelessness into housing then back, because they weren't well set up'* (SP4).

For Nightspace clients who access the Dayspace Hub, the Dayspace staff continue on from the rapport building work and support provided by Nightspace staff. This collaboration is articulated by the Housing Services Program Manager:

> *'The night space builds the relationships and it's because you get the time to hear the stories, listen to someone without a great deal of interruptions, you can get some really good one on one time. So, then you've built the trust, and the rapport, which carries over to the day space, even though it might be a different staff member, it's the same program. And you get treated the same and carry the knowledge about you'.*

Support is facilitated across the programs through the use of a daily log which is used by staff to document any issues or behaviours. However, these same behaviours can present a challenge to services visiting the Dayspace Hub. This has created tension between the Safespace program and these services. However, due to the low barrier nature of the program, supporting

[18] See table 12.

services to remain engaged with these clients, is seen as another aspect of their role – through practice modelling for other services. This has been observed by visiting services:

> *'We really have to take our lead from the staff. We sit back in are happy for people to approach us. We don't really kind of go and force ourselves upon people. So just being there in the background, and then they get used to you being there, and they start to build rapport. And they see other people approaching you'* (SP8).

Activities

The model of practice that informs the Safespace program is a person-centred approach that draws on the identified service needs of this cohort. These needs were identified during the early stages of the Nightspace pilot program and during the unique service delivery context of the COVID-19 lockdown period. This context provided the flexibility needed to adapt to the service needs of this client group rather than adopt a traditional service centred approach. However, from organisational perspective, the HCM has a demonstrated history of identifying service gaps and niches and developing solutions to address these issues.

The Safespace model of practice occurs in the context of the 'psychologically informed environment' (PIE) created to meet the service needs of the clients utilising the program. The PIE created to undertake this task and the model of practice utilised by program staff to support Safespace clients draws on three key elements: the principles of attachment theory, trauma informed care and reflective practice. The Safespace model of practice was developed by the program co-ordinator and program leader at the commencement of the Nightspace program with the assistance and advice of the HCM-HSPM and the involvement of the external trauma specialist (Dr Ron Frey).

Trauma informed care

As supported by the literature and articulated by the Safespace program leader, experiencing homelessness is a traumatic event. Repeated experiences of homelessness and negative early childhood experiences, contributes to clients visiting Safespace with complex trauma histories. An understanding of trauma and its impact on behaviour is at the core the Safespace MOP utilised by Safespace staff and the PIE in which it occurs. Extensive training has been provided to staff to support their capacity to provide trauma informed care to clients and it has been well received by Safespace staff:

> *'Everyone has taken a fair bit from the training, and they now get that a particular behaviour that's not directed at you. That's a trauma response. It's nothing to do with*

you. You've just got a hold the space for someone and try and teach them the different way to respond in that scenario' (SM2)

'We can tell once we have known someone for a while, we ask if anything is up. Some of them will actually just come up and say that they are not well today and have a private chat to you. And then you go from there' (SM3)

'Increasingly it becomes every worker base line. And you're also often educating other guests in, you know, 'don't worry about that behaviour. That's just where they're at'. People will trigger each other. So, you're also informing guests, encouraging them to be trauma informed as they might be (SM7).

This understanding of trauma and its impact on client behaviour informs the low barrier approach of the program which does not enforce a 'zero tolerance' policy to negative or challenging behaviour. An example of this is the two-day ban approach, whereas many services permanently ban clients for their behaviour. Safespace instituted a 'time-out' process in cases such as these. As the program co-ordinator articulates:

'They appreciate the fact that its only two nights, two nights is nothing to these guys, when they've been spending weeks and or months out on the street two nights, they can deal with that. But over time, they don't want to have to, because they get more comfortable. So they learn to change their behaviour. It's not because we're forcing anything but it's through choice'

This is supported by the program leader who states:

'We don't have the expectation that you have to come back and apologize or go back over it. … we've got a very difficult man that is not allowed at any other service. He now has trust in our service, and he'll come back and say - sorry. We don't have an expectation on that. He also sent a handwritten note to staff the other day, apologizing for the way the way he exploded'.

The 'trust' and relationship built with the man referred to in this example is an important aspect of healing from trauma. Trauma severs connections and isolates.

Many of the Safespace clients interviewed have no family or social support available to them. The opportunity to reconnect to others is an important first step to healing.

Attachment

Related to the trauma experiences of Safespace clients, there is also an association between early life experiences and 'disrupted attachment' with similarly challenging behaviours as a result. Due to disrupted attachment experiences, many clients may never have had the experience of a secure base. Even in the example of the 'two-day bans', clients have 'the safety of being able to come back' to a secure base. Importantly, many clients with disrupted attachments have not had a 'secure base' to co-regulate their behaviours. The Safespace staff provide the necessary strong base for clients to improve their co-regulating behaviours (SM6). This is supported by the program leader who states:

> *'We have seen particular, difficult individuals who would become quite volatile, we would just time them out for two nights to come back. There's that rupture and repair and then it'd be like, but how long has it been since the last time he was timed out? It's actually been three months and what led up to it and what happened it'*

Further, many clients have forgotten the feeling of safety and when that does return they need further support:

> *As Ron* (Frey) *says, these guys are, feel safest when they're most unsafe. They know how to be unsafe. They know how to respond. That's the state that they've lived in. So, they learn how to live with that. We provided somewhere that was safe. And we'd actually see that people didn't know what to do with it. And found that quite traumatic in itself because when you're not worried about where you're going, where you may have come from, or you're going to be attacked; suddenly, then you start to think, why am I here? What's happened in my life?'* (PC).

The Safespace staff support clients in the Dayspace Hub to feel safe and comfortable to engage with housing and support services. This is facilitated by continued advocacy to other services to reiterate the importance of the clients feeling comfortable in the space and educating these services to 'how' to engage with them. As the Program Co-ordinator articulates:

> *'One of the real struggles is to say to people, how about you come out of your office and come and meet the client so that they feel comfortable and safe. I think there is resistance from the other services is that the cohort can be scary and intimidating. But they're scared too. Part of that is education, by showing what we do, how we build the rapport, how we built the trust and how we how we talk to the clients'.*

Reflective practice

The capacity for staff to reflect on their interactions with clients and to process client behaviours, crucially supports the trauma and attachment informed aspects of the Safespace model of practice. Given the challenging behaviours and experiences of this cohort and the PIE required to work with them, it is vital that staff are provided with the support to reflect on their learnt experience. Further, this practice facilitates an approach that is consistently person focused:

> *'Sometimes with staff I keep coming back to what is it that we do we providing a safe space? How does that look for this person? How does it look for the team? How does it look for everyone else in this space?'* (PL).

> *'We can work to make what the client wants comfortable – this is for the client. Change for them is a big, scary change. For us, it's something we should be able to cope with. It's big and scary, but we deal with it. We have an incredibly flexible team that works at Safespace when you think about the changes that we've made'* (HCM-HM).

This is supported by the literature which states that 'the definitive marker of a PIE is simply that, if asked why the unit is run in such and such a way, the staff would give an answer couched in terms of the emotional and psychological needs of the service users, rather than giving some more logistical or practical rationale, such as convenience, costs or health and safety regulations' (Johnson & Haigh, 2010, p. 32)

Outputs

In addition to service data, interviews with clients, staff, service providers and stakeholders; provided further insight into measures of program effectiveness.

Clients

All clients reported that attending Safespace has had a positive impact on their life. Three clients reported that it provides them with security, three stated that they felt supported, another stated that 'it makes me feel much better' (C4), 'it's helpful' (C8) and 'I hate to think where I would be without it' (C5). Clients reported the best thing about Safespace was that it allowed them rest, they felt accepted and provided with unconditional support and it allowed them to get to know others/make friends. One client emphasised the non-judgemental support provided to clients:

'They don't judge you here. We've had people come in who have urinated on themselves and things like that. So, everyone feels accepted here. That's probably the best thing' (C2).

Staff

Regarding the Nightspace, staff reported that clients appreciated that they had someone to sleep that was safe. Both the day and the Nightspace, provided them with support, belonging and a sense of community. One staff member shared feedback from a client who stated:

'One of our clients not long ago, she's just got housed. She put it so beautifully when she was leaving, she's like, if it wasn't for you guys, I'd just be on the street. And I would be out in the cold [it was raining] *I'd be out in the cold, I'd be wet. And I would just be sitting in the street, because there's nothing to do during the day to do* (SM2).

Service providers

For partner agencies, who collaborate, visit or co-locate with Safespace; themes such as safety and support, socialisation and community and rest, were reported as ways in which the program had had a positive impact on clients. As one commented:

'The people who access Safespace, they are amazing people that have survived a lot and they have amazing skills and abilities. And I think safe space allows them the space to have somewhere quiet to sleep, and rest so that they can think about the rest of their life and maybe the rest of their day' (SP5).

All partner agencies reported that attending the hub and working with Safespace clients has positively impacted on their practice. For many, it makes their service more accessible to this cohort and through ongoing interactions with clients, it builds a positive view of the service (SP1). For another service, it allows them to provide more assistance to clients, whereas previously they had no way of finding them (SP8).

Stakeholders

A representative from the HCC reported that the Safespace program is a highly valued service that has made a huge difference to number of people of the street. The numbers have reduced quite a bit and are not anywhere near the level they were previously (HCC1). A representative from CT reported that Safespace has become the missing piece to fill the gap that existed between rough sleepers and getting them involved with services – which is a key focus for them (CT1).

Short term outcomes

The nightly Safespace program meets the immediate basic physiological needs of this cohort. However, it does so in a PIE which provides the opportunity for clients to reengage with the housing service needed to secure a permanent housing situation. To facilitate this opportunity, staff utilise a method of practice which acknowledges and understands the challenging needs of this cohort. The focus of this MOP is for clients to build trust with staff and reconnect with others. This rebuilding of trust is crucial to support the reengagement of clients with housing and support services needed to secure and sustain housing. The relationship building between Nightspace staff and clients during this time supports a connection and ongoing support from the Dayspace Hub staff who facilitate client engagement with services and connection to others. Safespace staff utilise the same MOP to support Dayspace Hub only clients to meet the same short-term outcomes.

Long term outcomes

Assisting clients to meet these short-term outcomes contributes to the longer-term outcomes of the program – in the case of Nightspace clients it is to secure housing. However, both programs contribute to long term outcomes of sustained housing, connection to community; stabilisation of health, mental health, alcohol and drug issues. By assisting clients to meet the short-term outcomes, the Safespace program provides the underlying work needed to achieve positive post-housing outcomes. This work is viewed a preparedness to have a 'continuum of care' and is necessary to mitigate a return to homelessness after housing is secured (homelessness churn) [PC]. This was supported by a service provider who has housed Safespace clients who stated:

> *'A few years ago, we would have had to the necessary bridgework for clients entering our program. Now they come to us already connected to support. That makes things a lot easier for us as all we have to do is focus on keeping them housed. it hasn't been a 'drop on you' kind of thing. It's been worked on for months. It's been a lot of dialogue back and forward, which has been really good. So that they're prepared to succeed in a house situation'* (SP6).

Stakeholder feedback on program challenges

Although many Safespace clients have been assisted by the program and there has been positive feedback from clients, staff, service providers and stakeholders; negative feedback was

identified during the interviews. This primarily related to issues regarding co-location and differences in practice methodologies.

Co-location

During the time that the Nightspace was run as a 24/7 facility and a night-only facility at Youth Arc, the HCC reported that there were multiple challenges involved with the sharing of the space. Stakeholders reported incidents of alcohol and drugs being secreted in spaces within the facility (in the toilet systems and the roof) and problematic drug and alcohol taking behaviour outside to the facility (prior to the Nightspace opening time). Anti-social behaviour by Safespace clients was reported by surrounding businesses (HCC1). There were ongoing issues with young people visiting Youth Arc feeling intimidated by large groups of SS clients waiting for the Nightspace to open (HCC3). However, interviewees reported that HCM program staff were very responsive and open to addressing these issues. Overall, HCM and YA worked well together with really good communication. The flexibility of the program and HCM was noted (HCC1). Further co-location issues upon the relocation of the Dayspace Hub to the HCM Barrack St building. Adjacent to this building is a housing services provider supported clients with complex needs and histories of homelessness. Issues arose in this location due to the close proximity of the car park smoking area to where the provider's 'most supported' clients were located. It was in this location that incidents of anti-social behaviour, violence and drug use; were noted. However, once identified the Safespace program management made practical changes to the layout of the space and the stakeholder reported that the behaviour reduced by 90% (SP6).

Practice methodology

Although a major strength of the Safespace program is its collaboration with partner agencies, the evaluators received reports of issues that occurred during the pilot Nightspace phase. This primarily related to the low barrier nature of the program and service provision. It was reported that the practice approach to working with Safespace clients presented a risk issue to visiting services and clients onsite – in terms of aggressive client behaviour and drug use. Further issues were reported in regard to the sourcing and provision of food to clients, the collection and recording of service data and the Nightspace client booking process (SP).

CONCLUSION

This evaluation of the Safespace program demonstrates that the program has achieved its objective to provide temporary shelter to rough sleepers and to reconnect them to housing and support services.

The outcome evaluation component of this report finds that the Safespace program is effective at achieving the objectives. This was identified through the analysis of quantitative service data and qualitative interview data relating program outputs. The evaluation found that the Nightspace program has provided over 10,000 beds to people experiencing homelessness over the course of the program. It identified that male clients represented the majority of clients utilising either service. It found a relationship between occupancy rates and the peak weather periods. It identified an increase in referrals to housing and support referrals as the program during its implementation, and a consistent use of the Moreton Group health service by Safespace clients.

During the 24/7 Covid-19 lockdown periods, Safespace observed an increase in the number of clients with mental health concerns, alcohol or other drugs dependencies; and an increase in the number of incidents of self-harm, harm to others, verbal abuse to other clients and to staff, and requests to leave. However, since the lockdown ceased and the relocation of Nightspace to the Davey Street premises, these issues have decreased markedly; as have the nightly averages for clients leaving of their own accord and clients turned away due to bad behaviour or being under the influence of alcohol or drugs.

The evaluation found that number of clients attending the Dayspace Hub program after an enforced lockdown period only slightly decreased. Again, male clients represented the majority of clients attending this program. Importantly, it identified that the most frequent clients of this program were those that were already housed and were not previous Nightspace clients. This demonstrates that the program is meeting an unmet need for this cohort which the current community context does not provide.

The process evaluation component of this report was informed by qualitative interview data and service documents to determine the model of practice utilised by Safespace staff to achieve the program objectives. Through an analysis of interview data and service documents, it identified the service needs of Safespace clients – within the Nightspace and Dayspace Hub contexts. From this, a program logic model was developed which identified the resources provided by the program, the activities conducted (model of practice) and the outputs

generated from the program. It identified the short- and long-term outcomes the program produces and provided a summary of operational weaknesses identified by stakeholders that occurred during the program.

Overall, it concluded that the Safespace program has demonstrated a responsiveness to the emerging needs of clients who are currently experiencing or are at risk of homelessness. Further, it utilises a model of practice which is cognisant of the challenging needs they may present with it and is inherently person centred in its approach.

RECOMMENDATIONS

1. Given that the program has exceeded expectations beyond providing temporary shelter and has addressed a known service gap (of service disengagement) for this cohort, continuation of funding is recommended. This program provides the crucial stepping stone on the path out of homelessness and rough sleeping for this cohort and supports those who are already housed that are at risk of homelessness.
2. We recommend that funding is increased substantially to address significant rates of unmet need in areas beyond the city centre. Considering that three data sources have indicated that rates of homelessness is three to four times more prevalent than official data suggests, we recommend that this program (both the Dayspace Hub and Nightspace) be extended to other areas in the Greater Hobart region – e.g., the Eastern Shore, Glenorchy and Huon regions. This program has demonstrated its capacity to adapt to the identified service needs of clients which may differ due to geographic location.
3. We recommend HCM adopt a regular program of needs assessment and strategic response. Due to unique context in which the program evolved and drawing on the preliminary program logic model, it would be beneficial for HCM to undertake strategic planning to clarify the objectives of the two services and to identify data to measure output and collect rich outcome data for future planning and evaluation[19].
4. We recommend expansion of training using the trauma-informed approach. Given the success of the program's model of practice and the psychological informed environment in which it occurs, we recommend the development of a training package (or standalone modules) to enhance the existing training provided to staff.
5. Partner organisations should be included in training exercises to facilitate seamless adoption of the Safespace philosophy and model of practice.. Consideration of an induction workshop for partner agency workers attending the Dayspace Hub, to provide them with the necessary understanding of the Safespace MOP and to further enhance the practice modelling currently demonstrated by Safespace staff.

[19] The 'Psychologically informed services for homeless people - Good Practice Guide' recommends the evaluation of outcomes at a policy level, service level and individual measures (Keats, Maguire, Johnson & Cockersell, 2012, p. 26)

6. Informed by strategic planning, we recommend the inclusion of output and outcome measures are developed into an internal evaluation and monitoring framework which draws on Specialist Homelessness Information Platform (SHIP) data or from new data sources. We strongly reiterate the finding of the previous TILES evaluation, that this data should be recorded in software format to streamline the data collection and analysis capability. We also recommend a dedicated staff member to undertake this task, external to the program delivery with a specialised data analytical skillset.

REFERENCES

Australian Bureau of Statistics (2018). *Census of population and housing: estimating homelessness*, 2016. Retrieved from: https://www.abs.gov.au/statistics/people/housing/census-population-and-housing-estimating-homelessness/2016/20490do001_2016.xls

Australian Bureau of Statistics (2012). *Information paper – Methodology for estimating homelessness from the census of population and housing*, 2012. ABS cat. no. 2049.0.55.001

Australian Institute of Health and Welfare (2021a). *Specialist homelessness services 2020–21 - Supplementary table CLIENTS30*. Retrieved from: https://www.aihw.gov.au/getmedia/5f604810-d674-42a7-a547-82e3eec318e2/AIHW-HOU-327-SHS-data-tables.xlsx.aspx

Australian Institute of Health and Welfare (2021b). *Specialist homelessness services 2020–21: Tasmania*. Retrieved from https://www.aihw.gov.au/getmedia/c6e374d2-f9b6-4c69-a491-2a9e9857b441/TAS_factsheet.pdf.aspx

Australian Institute of Health and Welfare (2018). *Sleeping rough: a profile of Specialist Homelessness Services clients*. Cat. no. HOU 297. Canberra: AIHW.

Australian Red Cross (2022). *Homelessness services*. Retrieved from: https://www.redcross.org.au/services/homelessness-services/

Cash, R., O'Donnell, M., Varker, T., Armstrong, R., Di Censo, L., Zanatta, P., Murnane, A., Brophy, L., & Phelps, A. (2014). *The Trauma and Homelessness Service Framework*. Retrieved from: *https://www.mindaustralia.org.au/sites/default/files/publications/Trauma_and_homelessness_initiative_service_framework.pdf*

Chamberlain, C. & Mackenzie, D. (2008). *Counting the homeless 2006*. Retrieved from: https://www.abs.gov.au/AUSSTATS/subscriber.nsf/log?openagent&20500-2008Reissue.pdf&2050.0&Publication&57393A13387C425DCA2574B900162DF0&&2006&18.09.2008&Latest

City of Hobart (2020a). *Affordable Housing and Homelessness Commitment 2021-23*. Retrieved from https://www.hobartcity.com.au/files/assets/public/council/strategies-and-plans/affordable-housing-and-homelessness-commitment-2021-23.pdf

City of Hobart (2020b). *Response to the Senate Inquiry into Homelessness in Australia*. Retrieved from https://www.aph.gov.au/DocumentStore.ashx?id=2ec00838-6d50-4fac-9808-3ffee25c1cf8&subId=684598

Communities Tasmania (2019). *The Housing Connect System*. Retrieved from https://www.communities.tas.gov.au/__data/assets/pdf_file/0015/40452/Fact-Sheet-The-Housing-Connect-System.pdf

Department of Communities (2020). Safe Space *Grant Deed*. Unpublished document

Drug Education Network (2020). *Why Tasmania Needs an Alcohol and Other Drug Peer Workforce*. Retrieved from http://interactive.den.org.au/toolbox/DEN_DiscussionPaper_AlcoholAndOtherDrugPeerWorkers_2020_Ver1.0.pdf

Flatau, P., Lester, L., Seivwright, A., Teal, R., Dobrovic, J., Vallesi, S., Hartley, C. and Callis, Z. (2021). *Ending homelessness in Australia: An evidence and policy deep dive*. Perth: Centre for Social Impact, The University of Western Australia and the University of New South Wales. DOI: 10.25916/ntba-f006

Haestrup, J., & Bartkowiak-Théron, I. (2020). *Safe Night Space – Final Evaluation Report*. University of Tasmania, Hobart

Hobart City Council (2021). *Safe Space - Utilisation of Youth Arc for night program*. Retrieved from http://hobart.infocouncil.biz/Open/2021/03/CCEC_09032021_AGN_1539_AT_EXTRA.PDF

Hobart City Mission (2021). *Annual report 2021*. Retrieved from https://hobartcitymission.org.au/wp-content/uploads/2021/10/2021-HCM-Annual-Report-web.pdf

Hobart City Mission (2020). *Annual report 2020*. Retrieved from https://hobartcitymission.org.au/wp-content/uploads/2020/10/0350-HCM-Annual-Report-2020-FINAL_web.pdf

Hobart City Mission (2019). *Annual report 2019*. Retrieved from https://hobartcitymission.org.au/wp-content/uploads/2019/10/HCM_AnnualReport_2019_FINAL.pdf

Humphrey, C. & Killeen, O. (2020). *Inquiry into homelessness in Australia - Submission 42*. Retrieved from https://www.aph.gov.au/DocumentStore.ashx?id=a03579b7-79cd-4303-a3c4-9bd763e56272&subId=684558

Johnson, R. (2018). Principles and practice in psychology and homelessness: core skills in pre-treatment, trauma informed care and psychologically informed environments. In J. S. Levy and R. Johnson (Eds), *Cross-Cultural Dialogues on Homelessness From Pre-treatment Strategies to Psychologically Informed Environments* (pp. 13-34). Ann Arbor: Loving healing Press.

Johnson, R. and Haigh, R. (2010). Social psychiatry and social policy for the 21st century - new concepts for new needs: the 'psychologically-informed environment'. *Mental Health and Social Inclusion, 14*(4), 30-35.

Keast, R., Waterhouse, K. Brown, K., & Murphy, G. (2008). *Closing gaps and opening doors: The function of an integrated homelessness service system*. Retrieved from: http://www.networksandcollaborations.com.au/files/1108 Homelessness Report.pdf

Kelaher, M., La Brooy, C. & Feldman, P. (2016). *Open Access Services Evaluation: An Appraisal of Four Open Access Centres in Melbourne*. Menzies School of Population and Global Health: Melbourne

Klapdor, M. (2020). *COVID-19 Economic response—social security measures part 1: temporary supplement and improved access to income support*. Retrieved from https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/7259171/upload_binary/7259171.pdf;fileType=application%2Fpdf#search=%22library/prspub/7259171%22

Lord, A., Tickle, A. & Buckell, A. (2021). Change readiness in individuals experiencing homelessness and multiple complex needs. *Housing, Care and Support*, *24*. Doi: 10.1108/HCS-11-2020-0017.

National Mental Health Commission (2020). *Submission to the Inquiry into homelessness in Australia*. Retrieved from https://www.mentalhealthcommission.gov.au/getmedia/26e4e04e-b3fc-425e-a8c5-196e1d7af4da/Submission-Inquiry-into-Homelessness-34(c)

Nooe, R. M. & Patterson, D. A. (2010). The ecology of homelessness. *Journal of Human Behaviour in the Social Environment 20*(2), 105-152, DOI: 10.1080/10911350903269757

Parkinson, S., Batterham, D., Reynolds, M., and Wood, G. (2019) *The changing geography of homelessness: a spatial analysis from 2001 to 2016*, AHURI Final Report No. 313, Australian Housing and Urban Research Institute Limited, Melbourne, https://www.ahuri.edu.au/research/final-reports/313 , doi:10.18408/ahuri-5119601

Petrovich, J. C., Roark Murphy, E., Hardin, L. K. & Koch, B. R. (2017) Creating safe spaces: designing day shelters for people experiencing homelessness, *Journal of Social Distress and Homelessness, 26*(1), 65-72, doi: 10.1080/10530789.2016.1260879

Phipps, C., Seager, M., Murphy, L. and Barker, C. (2017). Psychologically informed environments for homeless people: resident and staff experiences, *Housing, Care and Support*, *20*(1), 29-42. https://doi.org/10.1108/HCS-10-2016-0012

Pleace, N. (2011). The ambiguities, limits and risks of housing first from a European perspective. *European Journal of Homelessness, 5*(2), 113-127, doi: 10.1080/23303131.2019.1673864.

Queensland Council of Social Services (2021). *Homelessness Services Hub: Working with the community to curb homelessness* https://www.qcoss.org.au/homelessness-services-hub-working-with-the-community-to-curb-homelessness/

Sacred Heart Mission (2018). *More than just a free meal.* Retirevied from: https://www.sacredheartmission.org/more-than-just-a-free-meal/

Scanlon, C. and Adlam, J. (2006). Housing 'unhoused minds': inter-personality disorder in the organisation? *Housing, Care and Support, 9* (3), 9-14.

Seager, M. (2011). Homelessness is more than houselessness: a psychologically-minded approach to inclusion and rough sleeping, *Mental Health and Social Inclusion, 15*(4), 183-9

SAHSSI [Supported Accommodation and Homelessness Services Shoalhaven Illawarra] (2022). *Shoalhaven Homeless Hub*. Retrieved from https://www.sahssi.org.au/services/shoalhaven-homeless-hub/#

Taylor, K. M., Thielking, M., Mackelprang, J. L., Meyer, D. Quinn, S. & Flatau, P. (2020). When trauma violates trust: PTSD symptoms among chronically homeless adults in Australia, Journal of Social Distress and Homelessness, doi: 10.1080/10530789.2020.1819076

Theodorou, N., Johnsen, S., Watts, B. and Burley, A. (2021), "Improving multiple exclusion homelessness (MEH) services: frontline worker responses to insecure attachment styles", The Journal of Mental Health Training, Education and Practice, Vol. 16 No. 6, pp. 421-432. https://doi.org/10.1108/JMHTEP-02-2021-0016

Turner, A. & Krecsy, D. (2019). Bringing it all together: integrating services to address homelessness. *The School of Public Policy Publications, 12*(1), 1-32. Retrieved from https://ssrn.com/abstract=3313701

Uniting WA (2022). *Crisis support (Tranby)*. https://unitingwa.org.au/services/homelessness/crisis-support-tranby/

Wollongong Emergency Family Housing (2021). *Wollongong Homeless Hub* Retrieved from https://www.wefh.org.au/wollongong-homeless-hub/

APPENDIX 1: INFORMATION AND CONSENT

Information sheet – Safe Space

<to be read out to clients if appropriate, or explained in case of low literacy>

Evaluation of the Safe Space Programs

1. Invitation

We would like to invite you to take part in the evaluation of the Safe Space Initiative. The Tasmanian Institute of Law Enforcement Studies (TILES - University of Tasmania) is conducting the evaluation of the program, on behalf of Hobart City Mission.

2. What is the purpose of this research?

The Safe Space program is a safe 24-hour service for people who are experiencing homelessness in Hobart. The program launched in December 2019 in partnership with The Salvation Army, and has changed the lives of people living on the streets of Hobart. It is a safe and secure place for people to find shelter from the elements, rest and link with support services. The day and night program are run out of two separate locations. The day program is in Hobart City Mission's offices in Barrack St, Hobart from 9am to 6pm every day of the week for about 25-30 people. A night space is run out of the 47 Davey Street every day of the week with capacity for 25 people. Hobart City Mission is seeking feedback from clients and service providers regarding their experience of the service and explore the current barriers and challenges of homelessness, in particular rough sleepers.

The aims of the project are to:

- Document the Safe Space Initiative
- Analyse all administrative data recorded by program management
- Seek the views and feedback of staff, service providers and clients about the program
- Identify new pathways for the improvement of the initiative and its sustainability.

3. Why have I been invited to participate?

You are invited to take part in this project as a person involved in program as a client, a staff member or a service provider. Your input in this process, via a recorded interview (30-45 minutes), can provide a nuanced understanding of the functioning of the scheme, and its impact on clients.

4. What will I be asked to do?

We would like to invite you to take part in an interview. Whichever way you decide to participate is completely your choice.

Your participation is voluntary; there are no consequences if you decide not to participate, and you may withdraw at any time. After you are interviewed, you will be provided with a transcript for you to check, you will be able to withdraw your data, up to 2 months following your interview.

Your participation will be de-identified after the interview is transcribed. However, please note that if you are a staff member or a service provider, you might be reidentified by virtue of some of statement you may make during your interview. You may also choose to be identified altogether, should you wish to.

Tasmanian Institute of Law Enforcement Studies (TILES)
University of Tasmania
Private Bag 22
Hobart Tasmania 7001
Australia

Tel: + 61 3 6226 2328
Fax: + 61 3 6226 2864
e-mail: tiles.admin@utas.edu.au
www.utas.edu.au/tiles
ABN 30 764 374 782 / CRICOS 00586B

5. Are there any possible benefits from participation in this study?

The evaluation is aiming to pinpoint the extent to which the safe space program is meeting its overall objectives, and to understand its impact on clients. While there might be no direct personal benefit to you, you may indirectly benefit from this study by providing your views on a scheme that tries to tackle a difficult social issue, which might bring you some personal satisfaction.

6. Are there any possible risks from participation in this study?

As your participation consists of an interview about the scheme and its impact, the researchers do not anticipate any risk from your participation. However, you may experience some minor discomfort in thinking of a social issue that is known as being somewhat sensitive. Should you feel any level of discomfort, please do not hesitate to mention this to us or to Safe Space staff members. You may also reach out to Dr Ron Frey, whom you already know from his work at the Hub, and who has volunteered to help should anyone feel any discomfort.

7. What if I change my mind during or after the study?

You are free to withdraw at any time, and you can do so without providing the researcher with any explanation.

8. What will happen to the information when this study is over?

All research data will be securely stored on the chief investigator's password protected computer, and any hard copy of this material will be kept on UTas (TILES) premises, in the chief investigator's office, in a locked cabinet, for five years from the publication of the study results, and will then be destroyed. All electronic data will be stored up to the UTAS Cloud on a weekly basis

9. How will the results of the study be published?

The researchers will provide a written report to Hobart City Mission. In addition to this, they may publish results in academic journals. TILES will also publish a short report in 2022 on the TILES website, on the TILES research theme webpage.

10. What if I have questions about this study?

Please do not hesitate to contact the investigators, should you have any question about this research. Contacts are as follows.

Dr Romy Winter
UTAS – TILES
Romy.winter@utas.edu.au
03 6226 2319

Dr. Isabelle Bartkowiak-Théron
UTAS – TILES
Isabelle.bartkowiaktheron@utas.edu.au
03 6226 2739

This study has been approved by the University of Tasmania Human Research Ethics Committee (HREC). If you have concerns or complaints about the conduct of this study, you can contact the Executive Officer of the HREC on (03) 6226 6254 or email human.ethics@utas.edu. The Executive Officer is the person nominated to receive complaints from research participants. You will need to quote H0026451.

This information sheet is for you to keep.

UNIVERSITY of TASMANIA

TASMANIAN INSTITUTE OF LAW ENFORCEMENT STUDIES

Consent Form

<to be read out to clients if appropriate>

Evaluation of the Safe Space Pilot Initiative

1. I agree to take part in the research study named above.
2. I have read and understood the Information Sheet for this study.
3. The nature and possible effects of the study have been explained to me.
4. I understand that the study involves an interview, conducted on an individual basis, and that the purpose of this interview is to further inform the ways in which the initiative works, and its impact on clients.
5. I understand that participation involves no foreseeable risk.
6. I understand that all research data will be securely stored on the chief investigator's password protected computer, uploaded on the UTAs Cloud for safe keeping, and that any hard copy of this material will be kept on UTas (TILES) premises, in the chief investigator's office, in a locked cabinet, for five years from the publication of the study results, and then destroyed.
7. Any questions that I have asked have been answered to my satisfaction.
8. I understand that the researcher(s) will maintain confidentiality and that any information I supply to the researcher(s) will be used only for the purposes of the research.
9. I understand that the results of the study will be published so that I will not be identified as a participant.
    i. However, as a staff member, I understand that I may be re-identifiable due to my attendance at the centre.
    ii. However, as a service provider, I understand that I may be re-identifiable due to my attendance at the centre.
    iii. I wish to be identified altogether (you may change your mind later)
    iv. As the program manager at Hobart City Mission, I understand that I am identifiable
10. I understand that my participation is voluntary and that I may withdraw at any time, and within 2 months of being interviewed, without any effect.

Participant's name:_____signature: _____Date: _____

Statement by Investigator

☐ I have explained the project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

If the Investigator has not had an opportunity to talk to participants prior to them participating, the following must be ticked.

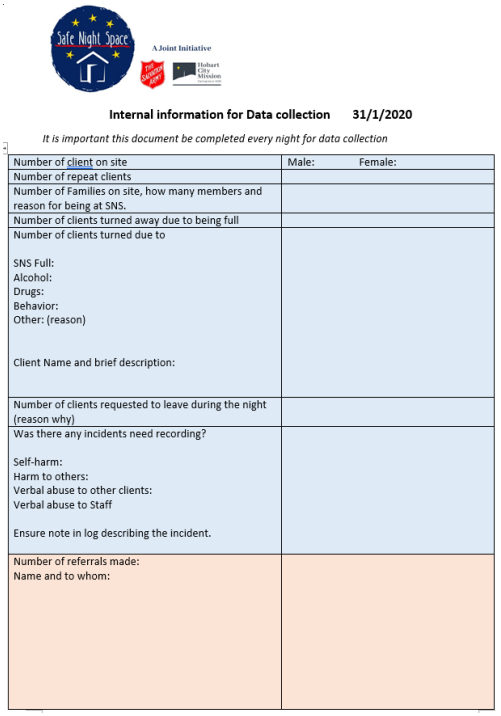
☐ The participant has received the Information Sheet where my details have been provided so participants have had the opportunity to contact me prior to consenting to participate in this project.

Investigator's name: _____ Investigator's signature: ____Date: _____

Tasmanian Institute of Law Enforcement Studies (TILES)
University of Tasmania
Private Bag 22
Hobart Tasmania 7001
Australia

Tel: + 61 3 6226 2328
Fax: + 61 3 6226 2864
e-mail: tiles.admin@utas.edu.au
www.utas.edu.au/tiles
ABN 30 764 374 782 / CRICOS 00586B

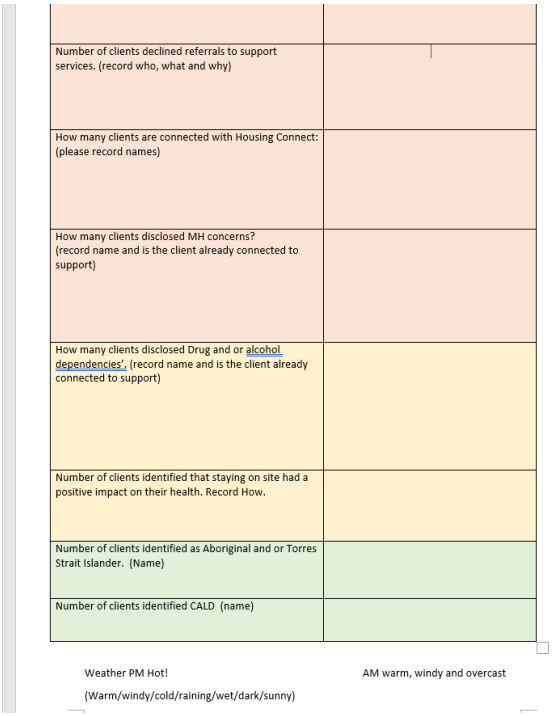
APPENDIX 2: DATA COLLECTION - KPI EXAMPLES



Internal information for Data collection 31/1/2020

It is important this document be completed every night for data collection

Number of client on site	Male: Female:
Number of repeat clients	
Number of Families on site, how many members and reason for being at SNS.	
Number of clients turned away due to being full	
Number of clients turned due to SNS Full: Alcohol: Drugs: Behavior: Other: (reason) Client Name and brief description:	
Number of clients requested to leave during the night (reason why)	
Was there any incidents need recording? Self-harm: Harm to others: Verbal abuse to other clients: Verbal abuse to Staff Ensure note in log describing the incident.	
Number of referrals made: Name and to whom:	

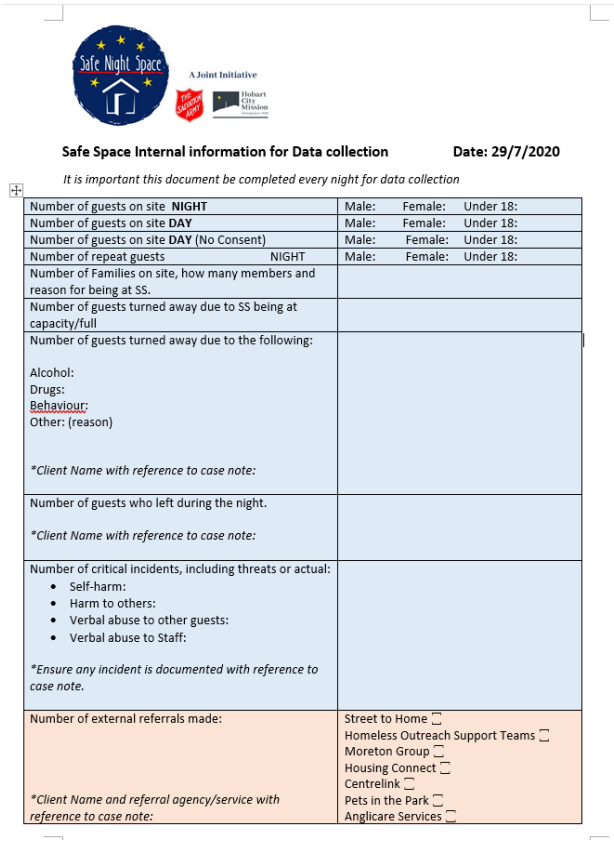


Number of clients declined referrals to support services. (record who, what and why)	
How many clients are connected with Housing Connect: (please record names)	
How many clients disclosed MH concerns? (record name and is the client already connected to support)	
How many clients disclosed Drug and or alcohol dependencies', (record name and is the client already connected to support)	
Number of clients identified that staying on site had a positive impact on their health. Record How.	
Number of clients identified as Aboriginal and or Torres Strait Islander. (Name)	
Number of clients identified CALD (name)	

Weather PM Hot! AM warm, windy and overcast

(Warm/windy/cold/raining/wet/dark/sunny)

Nightspace pilot phase – example



Safe Space Internal information for Data collection Date: 29/7/2020

It is important this document be completed every night for data collection

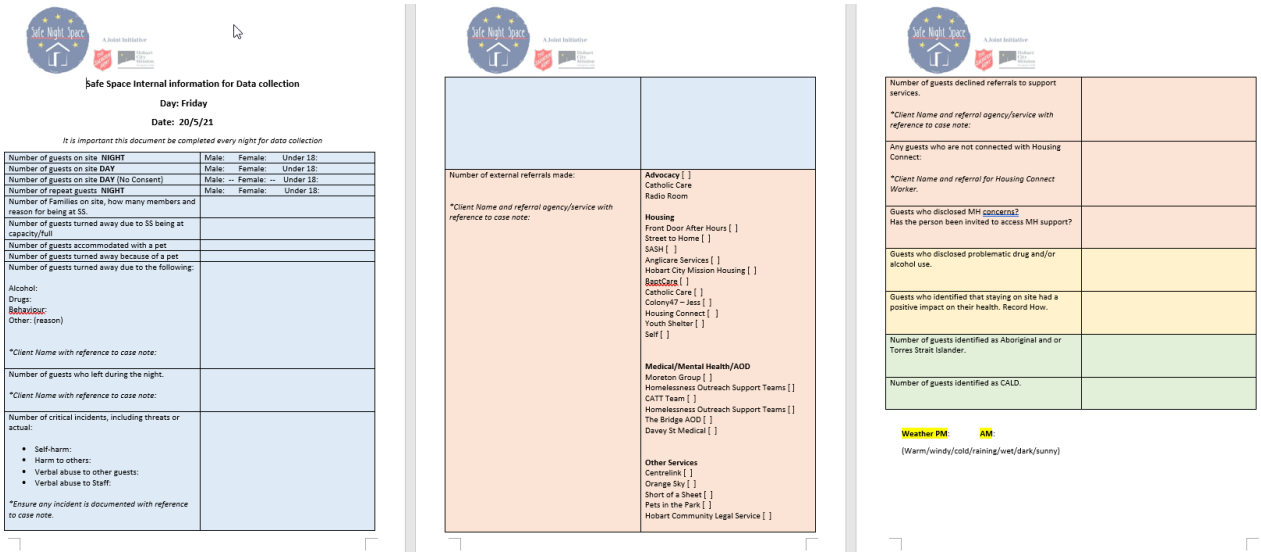
Number of guests on site **NIGHT**	Male: Female: Under 18:
Number of guests on site **DAY**	Male: Female: Under 18:
Number of guests on site **DAY** (No Consent)	Male: Female: Under 18:
Number of repeat guests NIGHT	Male: Female: Under 18:
Number of Families on site, how many members and reason for being at SS.	
Number of guests turned away due to SS being at capacity/full	
Number of guests turned away due to the following: Alcohol: Drugs: Behaviour: Other: (reason) **Client Name with reference to case note:*	
Number of guests who left during the night. **Client Name with reference to case note:*	
Number of critical incidents, including threats or actual: • Self-harm: • Harm to others: • Verbal abuse to other guests: • Verbal abuse to Staff: **Ensure any incident is documented with reference to case note.*	
Number of external referrals made: **Client Name and referral agency/service with reference to case note:*	Street to Home ☐ Homeless Outreach Support Teams ☐ Moreton Group ☐ Housing Connect ☐ Centrelink ☐ Pets in the Park ☐ Anglicare Services ☐

	The Bridge AoD ☐ Youth Shelter ☐ A Paw up - RSPCA - Sandy Bay Dental - TAFE - Hobart City Council - Taxi Transport -
Number of guests declined referrals to support services. **Client Name and referral agency/service with reference to case note:*	
Any guests who are not connected with Housing Connect: **Client Name and referral for Housing Connect Worker.*	
Guests who disclosed MH concerns? Has the person been invited to access MH support?	
Guests who disclosed problematic drug and/or alcohol use.	
Guests who identified that staying on site had a positive impact on their health. Record How.	
Number of guests identified as Aboriginal and or Torres Strait Islander.	
Number of guests identified as CALD.	

Weather PM cold AM Very cold

(Warm/windy/cold/raining/wet/dark/sunny)

24/7 Youth Arc phase



Safe Space Internal information for Data collection

Day: Friday

Date: 20/5/21

It is important this document be completed every night for data collection

Number of guests on site **NIGHT**	Male: Female:	Under 18:
Number of guests on site **DAY**	Male: Female:	Under 18:
Number of guests on site **DAY** (No Consent)	Male: -- Female: --	Under 18:
Number of repeat guests **NIGHT**	Male: Female:	Under 18:
Number of Families on site, how many members and reason for being at SS.		
Number of guests turned away due to SS being at capacity/full		
Number of guests accommodated with a pet		
Number of guests turned away because of a pet		
Number of guests turned away due to the following: Alcohol: Drugs: Behaviour: Other: (reason) **Client Name with reference to case note:*		
Number of guests who left during the night. **Client Name with reference to case note:*		
Number of critical incidents, including threats or actual: • Self-harm: • Harm to others: • Verbal abuse to other guests: • Verbal abuse to Staff: **Ensure any incident is documented with reference to case note.*		

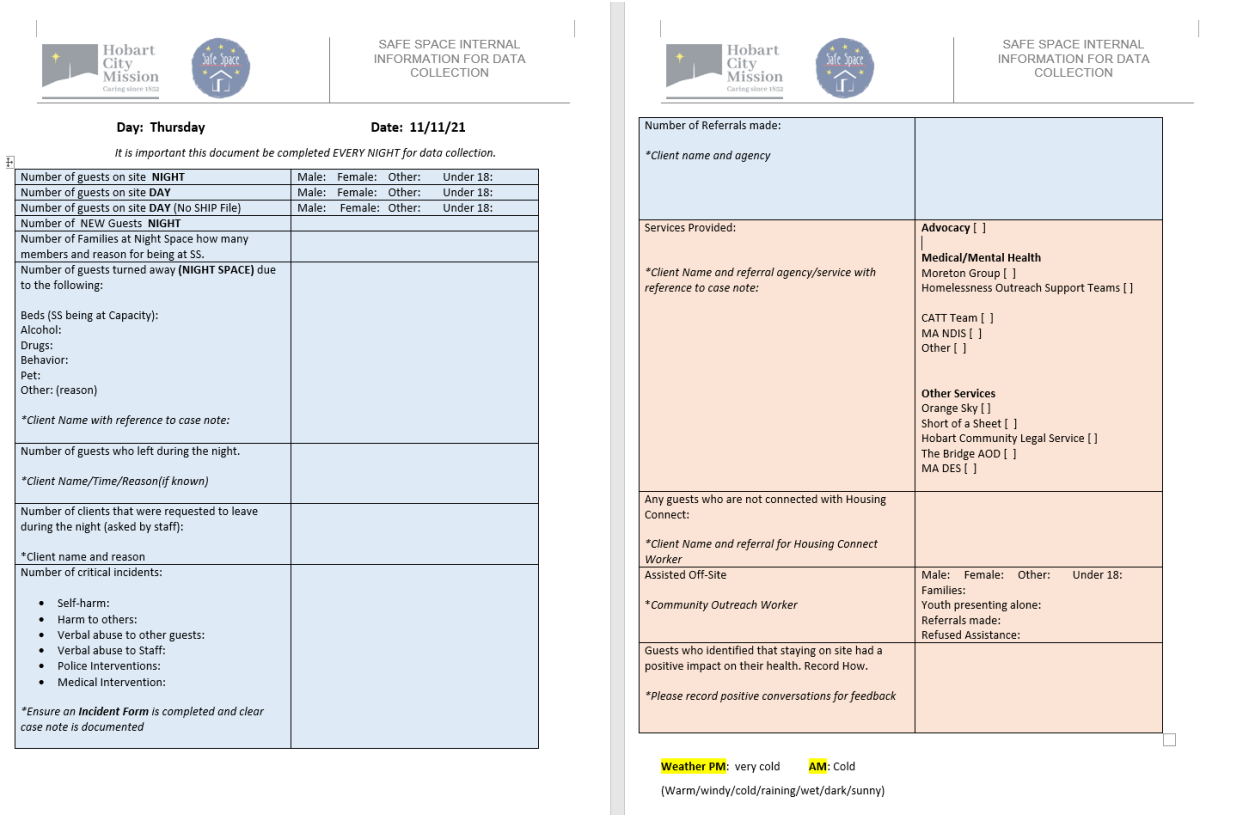
Number of external referrals made: **Client Name and referral agency/service with reference to case note:*	**Advocacy** [ ] Catholic Care Radio Room **Housing** Front Door After Hours [ ] Street to Home [ ] SASH [ ] Anglicare Services [ ] Hobart City Mission Housing [ ] RapidCare [ ] Catholic Care [ ] Colony47 – Jess [ ] Housing Connect [ ] Youth Shelter [ ] Self [ ] **Medical/Mental Health/AOD** Moreton Group [ ] Homelessness Outreach Support Teams [ ] CATT Team [ ] Homelessness Outreach Support Teams [ ] The Bridge AOD [ ] Davey St Medical [ ] **Other Services** Centrelink [ ] Orange Sky [ ] Short of a Sheet [ ] Pets in the Park [ ] Hobart Community Legal Service [ ]

Number of guests declined referrals to support services. **Client Name and referral agency/service with reference to case note:*	
Any guests who are not connected with Housing Connect: **Client Name and referral for Housing Connect Worker.*	
Guests who disclosed MH concerns? Has the person been invited to access MH support?	
Guests who disclosed problematic drug and/or alcohol use.	
Guests who identified that staying on site had a positive impact on their health. Record How.	
Number of guests identified as Aboriginal and or Torres Strait Islander.	
Number of guests identified as CALD.	

Weather PM: **AM**:

(Warm/windy/cold/raining/wet/dark/sunny)

Night only Youth Arc / Dayspace Hub (Barrack Street)



Hobart City Mission

SAFE SPACE INTERNAL INFORMATION FOR DATA COLLECTION

Day: Thursday **Date: 11/11/21**

It is important this document be completed EVERY NIGHT for data collection.

Number of guests on site **NIGHT**	Male: Female: Other: Under 18:
Number of guests on site **DAY**	Male: Female: Other: Under 18:
Number of guests on site **DAY** (No SHIP File)	Male: Female: Other: Under 18:
Number of NEW Guests **NIGHT**	
Number of Families at Night Space how many members and reason for being at SS.	
Number of guests turned away **(NIGHT SPACE)** due to the following: Beds (SS being at Capacity): Alcohol: Drugs: Behavior: Pet: Other: (reason) **Client Name with reference to case note:*	
Number of guests who left during the night. **Client Name/Time/Reason(if known)*	
Number of clients that were requested to leave during the night (asked by staff): *Client name and reason	
Number of critical incidents: • Self-harm: • Harm to others: • Verbal abuse to other guests: • Verbal abuse to Staff: • Police Interventions: • Medical Intervention: **Ensure an **Incident Form** is completed and clear case note is documented*	

Hobart City Mission

SAFE SPACE INTERNAL INFORMATION FOR DATA COLLECTION

Number of Referrals made: **Client name and agency*	
Services Provided: **Client Name and referral agency/service with reference to case note:*	**Advocacy** [ ] **Medical/Mental Health** Moreton Group [ ] Homelessness Outreach Support Teams [ ] CATT Team [ ] MA NDIS [ ] Other [ ] **Other Services** Orange Sky [ ] Short of a Sheet [ ] Hobart Community Legal Service [ ] The Bridge AOD [ ] MA DES [ ]
Any guests who are not connected with Housing Connect: **Client Name and referral for Housing Connect Worker*	
Assisted Off-Site **Community Outreach Worker*	Male: Female: Other: Under 18: Families: Youth presenting alone: Referrals made: Refused Assistance:
Guests who identified that staying on site had a positive impact on their health. Record How. **Please record positive conversations for feedback*	

Weather PM: very cold **AM**: Cold

(Warm/windy/cold/raining/wet/dark/sunny)

Night Davey Street / Dayspace Hub (Barrack St).

APPENDIX 3: THE RESEARCH TEAM

TILES has established an inter-disciplinary research team with expertise in migrant and refugee settlement, social integration and social inclusion as well as family violence and community policing. All members of the team have extensive experience in developing and implementing rigorous, evidence-based research practices as well as leading small, medium and large-scale research projects. All are active researchers and educators within the University of Tasmania and have previously delivered on contract research projects in the sphere of policing and criminal justice.

Ms Emma MacDonald

Emma is a PhD Candidate in the Politics and International Relations (P&IR) program. She has taught and administrated units in the P&IR and Criminology programs. She has an ongoing research assistant appointment on an ARC DECRA research project. Her background is in social work and community development in the Hunter region of New South Wales, in the areas of family support and relationship education programs. Emma's specific research interest is policy and program evaluation, particularly in the areas of social policy and programs which seek to address disadvantage. She has an emerging interest in best practice engagement of vulnerable populations with the criminal justice system. Her most recent publication is a co-authored book chapter on The Slow Progress to Social Inclusion in Policing with Professor Emeritus Roberta Julian and Associate Professor Isabelle Bartkowiak-Théron from the Tasmanian Institute of Law Enforcement Studies.

Dr Romy Winter

Romy (BA, MAppSoc, PhD) is a lecturer in the Police Studies and Emergency Management program at the University of Tasmania. She teaches a range of units for the professionalisation of Tasmania Police, including risk assessment and policing family violence and sexual assault. Romy's specific research interest is interpersonal violence and she is Research Stream Leader for the Violence and Abuse Research Unit (VARU) within the Tasmanian Institute of Law Enforcement Studies. Romy has significant experience in evaluating programs targeting vulnerable and hard-to-reach populations including parenting programs for at-risk families; young people on bail; Aboriginal men and boys in the criminal justice system and women with marginal attachment to the workforce. She has co-authored training programs around family violence for The Salvation Army (Start Today Again: assisting men to understand the impact of

family violence on children) and Lifeline (DV Alert: Men who use violence – a program for frontline workers). Both these programs are being delivered across Australia in 2021.

Associate Professor Isabelle Bartkowiak-Théron

Isabelle is a senior researcher within the Tasmanian Institute of Law Enforcement Studies, University of Tasmania. Isabelle specialises in the interaction of police officers with vulnerable people, and the intersection of law enforcement and public health. Her research work and publications focus on vulnerability, police education, and law enforcement and public health. She sits on various international journal editorial committees, and on international and Australian charitable, professional and research governance boards, such as Connect42 (a Tasmanian charity that aims to promote literacy as a public health issue) the Australian Institute of Police Management Ethical Review and Research Governance Advisory Committee, and the Australia New Zealand Society of Criminology. She sits on the Tasmanian Sentencing Advisory Council, and nationally, on the Australian Crime Prevention Council as the executive member for Tasmania.

TASMANIAN INSTITUTE OF LAW ENFORCEMENT STUDIES

Innovative, Collaborative & Interdisciplinary Research