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Health and Housing Partnership Objective One

Mapping the Relocation Process for Opportunities for Health Impact and Future Evaluation Recommendations

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Glossary of Abbreviations

FACS = Family and Community Services

RT = FACS Communities Plus Relocation Team

LAHC = Land and Housing Corporation

CHETRE = Centre for Health Equity Training Research and Evaluation

CRT = LAHC Community Renewal Team

DT = LAHC Development Team

SWS = South West Sydney

SWSLHD = South Western Sydney Local Health District

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Executive summary

Background

The Housing and Health Partnership between the Department of Family and Community Services (FACS) – South Western Sydney Area, NSW Land and Housing Corporation (LAHC), Population Health, South Western Sydney Local Health District (SWSLHD), NSW Health and the Centre for Health Equity Training Research and Evaluation (CHETRE) has developed an implementation plan for 2018-2021. Objective One of the Housing and Health Partnership Agreement is: To facilitate the integration of actions to improve the social and health and well-being outcomes of South West Sydney residents affected by housing relocation and renewal. This document brings together previous work related to the Housing and Health Partnership and suggests future directions for new work.

Methods

From January to June 2018, a document review, interviews with RT staff and brief literature reviews were undertaken. From this a process map and program logic for the current work of the RT process was created, as well as options for future work.

Findings

Document Review

Internet and organisational file searches yielded a high number of relevant documents, most of which were created by or within partnership between CHETRE, SWSLHD, NSW Housing or local councils. Documents ranged from meeting minutes to conference abstract proposals and formal reports of evaluation work. A number of Health Impact Assessments (HIAs) have provided insight into how different redevelopment stages might affect community health, and literature reviews have been conducted ranging in topics from developing a model intervention for social housing transition to place-based interventions in locationally disadvantaged communities.

Process of Relocation

With the input of different teams at FACS, a process map (Figure 2) was created which indicates seven milestones in the relocation process:

- redevelopment stage determination,
- client notification,
- relocation interview,
- relocation statement,
- housing offer,
- relocation,
- and follow ups.

Details regarding the actors involved at the various milestones as well as a simplified outline of the contextual factors to consider are included in a second process map that more completely describes the process (Figure 3). Facilitating factors described by staff were described across non-partnering organisations/community/policy level, organisational level and staff personal knowledge and attributes (Table 2).

Program Logic for Relocation

A program logic was created to encompass the entirety of the relocation process from the perspective of the RT. This program logic outlines the essential elements of the relocation process (Figure 5).

Potential for Future Work

Evaluating the Relocation Process

An evaluation of the relocation process would inform understanding if the program is meeting its goals as outlined in the program logic, as well as identifying critical points within the process for supporting health and wellbeing and barriers and enablers to a successful outcome. An evaluation would allow for evidence to be created that could be used to support current work, as well as identifying how best to support the relocation team to enable positive client outcomes (for example, through tools and resources). Evaluation would require first establishing evaluation goals and identifying resourcing requirements. The evaluation could be co-designed with the HHP groups to allow for broader input into the design.

Referral Pathways for Relocation Clients Requiring Health Services

It has been reported by the relocation team that occasionally during the relocation process the case managers identify that clients have unmet medical needs. Delays in linking clients to the appropriate referral service has been identified as potentially harmful for the clients and relocation process, as well as generating extra work for the RT who may not be adequately resourced to create referrals. This solution consists of creating a resource for the RT that provides information and contacts for various SWSLHD, private and NGO services that are available to refer clients to would help in reducing this burden.

Conclusions

Much of the work within the HHP partnerships so far has been foundational in nature, setting up HHP to take on more in-depth evaluation and monitoring work. Moving forwards, a formal evaluation of the Relocation Process could demonstrate the ways in which the relocation process is impacting on health and wellbeing (and to what extent and for whom), and also provide feedback on areas that could be strengthened. Another identified need was creating additional resources for the relocation team staff to facilitate improved connection of the clients with health and other services. Both of these projects will allow for development of the health and housing work in regard to relocation processes.

Background

The Housing and Health Partnership between the Department of Family and Community Services (FACS) – South Western Sydney Area, NSW Land and Housing Corporation (LAHC), Population Health, South Western Sydney Local Health District (SWSLHD), NSW Health and the Centre for Health Equity Training Research and Evaluation (CHETRE) has developed an implementation plan for 2018-2021. The Housing and Health Partnership Agreement 2018-2021 Implementation Plan considers three main objectives, with established working groups progressing meeting each of these goals.

This project falls under Objective One of the Housing and Health Partnership Agreement 2018-2021 Implementation Plan: To facilitate the integration of actions to improve the social and health and well-being outcomes of South West Sydney residents affected by housing relocation and renewal.

Aims

The Health and Housing Partnership (HHP) Objective One Working Group has identified a need to understand and document how the **relocation support process** affects tenants' and their families' health and to identify recommendations for:

1. Maximising potential positive health impacts and minimising negative impacts
2. Data collection and processes that would enable monitoring and evaluation of the impact of relocation process on tenants.

The Communities Plus Relocation Team (RT) identified as an important potential outcome of evaluating the relocation support process would be documenting and validating good practice that currently is not being captured by normal reporting processes. This project distinguishes impacts of the relocation process from urban renewal (physical regeneration) and community renewal (addressing locational disadvantage within community) (see Figure 1).

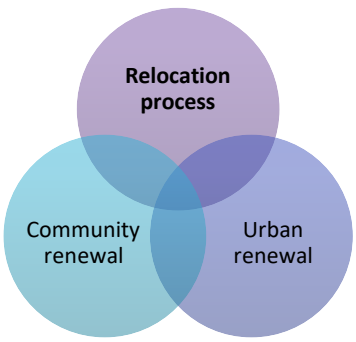


Figure 1 Types of relocation related areas of impact

Purpose of this document

This document is intended as a commencement point for future Objective 1 Work Group activities as well as HHP more broadly. The intent of this work is to identify and collate previous HHP work in relation to relocation, map the relocation process and identify potential points for intervention to support health and health equity and well as identifying potential future projects.

Methods

From January to June 2018, CHETRE engaged in a mixed methods approach to:

1. Determine what work had been completed within the HHP in regard to HHP Objective 1 up to this date.
2. Utilising information collected through documents reviews, stakeholder engagement and literature reviewing, a process map and program logic for the current work of the RT process was created.
3. Through discussion with the HHP Objective 1 working group and the RT staff, priority projects for future work were identified and future works developed.

Process	Action	Participants
Document Review	Scan of documents in CHETRE files, Population Health files, and SWSLHD website. HHP members requested to identify relevant documents. Documents were reviewed to identify further project reports or proposals Documents were reviewed, and relevant articles included in a catalogue.	HHP
Stakeholder input	Meetings Informal focus groups Validation workshops	Communities Plus Relocation Team Objective 1 workgroup
Brief Supplementary Literature Review	Review relevant literature to identify health implications of relocation [abridged/ truncated literature review conducted by hand searches of terms in Scopus --"relocation" AND "housing" AND "evaluation" AND ("impact" OR "process")]	CHETRE

Findings

Document Review

Internet and organisational file searches yielded in over 500 documents related to HHP dating back 12 years. Documents ranged from meeting minutes to conference abstract proposals and formal reports of evaluation work. Some of this work was produced by SWSLHD or FACS, however other documents are from external entities such as universities or non-governmental organisations (NGO's). Table 1 summarises the different documents produced by SWSLHD or FACS that were directly related to Relocation collated, organised in reverse chronological order. Table 2 summarises documents from external entities. For the full table with links to each document embedded, password protected website page.

Table 1 Findings from the literature search of papers relevant to the HHP via SWSLHD and Housing

Date	Document	Type of Document (Report, Proposal, Other)
2017	Supporting the mental health and wellbeing of the residents of Airds - during and beyond housing renewal	Report
	The relocation of public housing tenants in SWS - HIA recommendations and potential health impacts	Other
2016	Evaluating Housing Renewal in South Western Sydney: Options paper and considerations	Proposal
2015	The Relocation of Public Housing Tenants in South Western Sydney HIA	Report
2014	Wilton Junction Health Impact Assessment	Proposal
	Longitudinal Claymore Study* (proposal)	Report
	State-wide strategy on hoarding and squalor issues* (Client Service Operations Team in Ashfield, Housing NSW)	Report
	Housing, Health and Masterplanning: Rules of Engagement	Other
2013	Villawood East Masterplan HIA	Report
	The health sector collaborating with the housing sector on Master Planning: A case study.	Other
2012	Developing a Model of Intervention in Social Housing Transition. Phase 1 Integrative Evidence Review.	Report
2011	Input into Council Community Strategic Plans and other plans, policies and programs.	Report
	Oran Park & Turner Road Health Impact Assessment: Evaluation of the recommendations - Oran Park Town and Gregory Hills • Oran Park & Turner Road Health Impact Assessment - Evaluation of the recommendations Oran Park Town June 2011	Report Report

Date	Document	Type of Document (Report, Proposal, Other)
	Oran Park & Turner Road Health Impact Assessment - Evaluation of the recommendations Gregory Hills July 2011	
	Seniors Living Project • Housing and Health Partnership - Seniors Living HIA • HIA Seniors Living Award Poster • Seniors Living - Living Cities Conference Presentation 2011 Health Impact Assessment and Housing for Older Australians A Case Study Presentation 2012	Report Other Other
	Housing density and health: A review of the literature and Health Impact Assessments.	Report
	Evaluation of Urban Renewal program in Rosemeadow*	Report
	Bonnyrigg Renewal Project*	Report
	Chester Hill Master Planning*	Report
	Claymore Environmental Assessment Report • Part 1 • Part 2	Report
2010	Macquarie Fields Regeneration Partnership Plan 2007-2010	Other
2008	Health Impact Assessment Oran Park/Turner Road - Recommendation Report	Report
2007	The health impacts of place-based interventions in areas of concentrated disadvantage	Report
2006	Granville HIA Report	Report
	*missing	

Table 2 Findings from the literature search of papers relevant to the HHP by external entities

Date	Document	Author	Type of Document (Report, Proposal, Other)
2017	Supporting the mental health and wellbeing of the residents of Airds - during and beyond housing renewal	Western Sydney University	Report
2014	Claymore Renewal Project – Strategic Social Plan	NSW Land and Housing Corporation	Report
2013	Estate renewal and child wellbeing: investigating processes of community effects to support the evaluation of renewal projects in Australia	Author Unknown	Proposal

2011	Airds Bradbury Social Sustainability and Health Impact Assessment	Heather Nesbitt Planning and Community Dimensions Pty Lt for Landcom	Report
2009	Airds Bradbury Baseline Community Survey	Sweeney Research for Housing NSW	Other

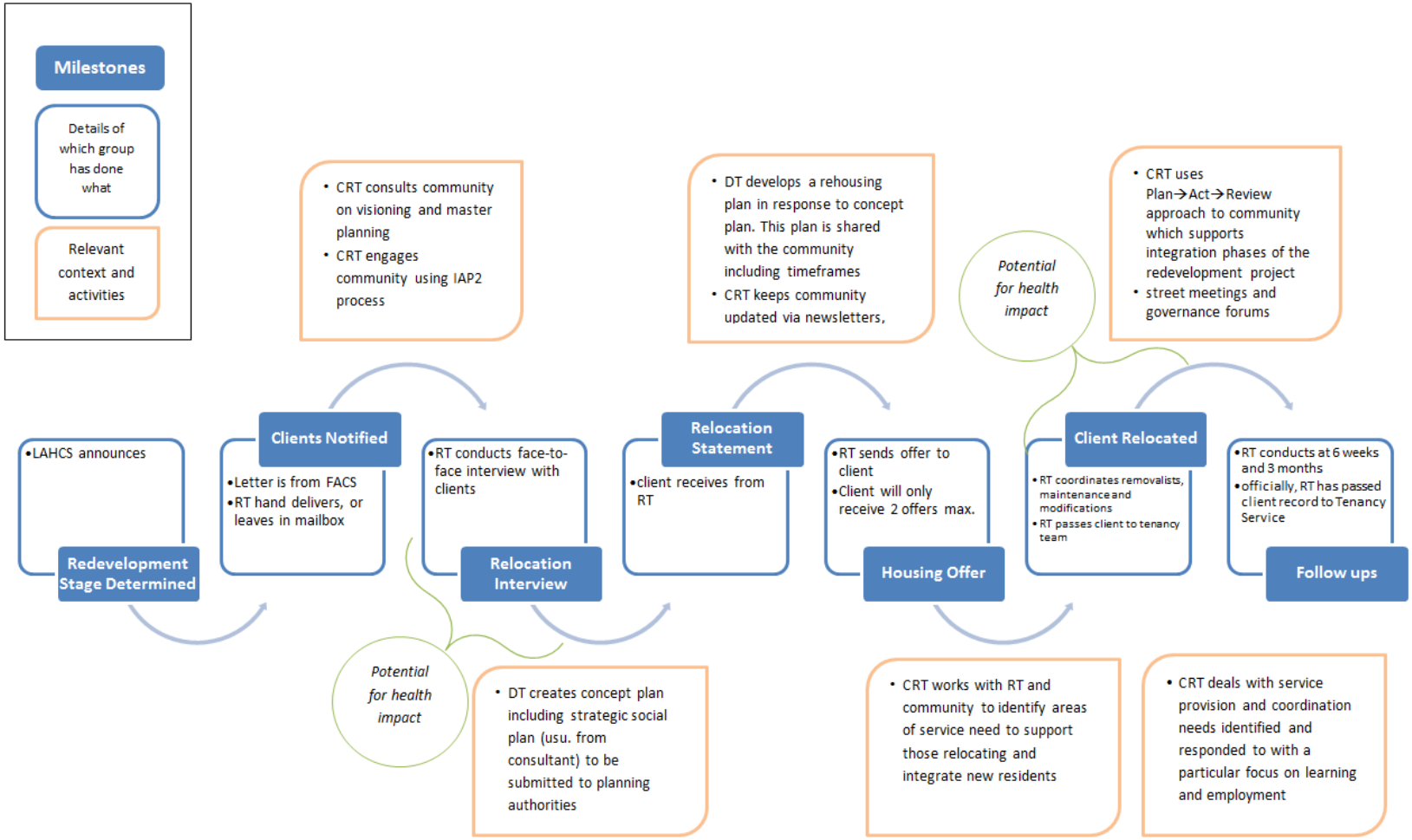
The documents identified included a number of Health Impact Assessments (HIAs) that have provided insight into how different redevelopment stages might affect community health, and literature reviews have been conducted ranging in topics from developing a model intervention for social housing transition to place-based interventions in locationally disadvantaged communities. Most of these documents, reports and proposals have been directly linked to SWS or one of its individual suburbs or housing estates. By and large, the documents discuss or inform best practices and planning, but do not actually evaluate relocation. In addition, meeting records and reports suggest that the HHP has considered developing more ambitious, resource-intensive projects (e.g. longitudinal studies of relocation impacts) however these have not progressed beyond initial planning stages.

Process Map of Relocation

With the input of different teams at FACS, a process map (Figure 2) was created which indicates seven milestones in the relocation process: redevelopment stage determination, client notification, relocation interview, relocation statement, housing offer, relocation, and follow ups. Details regarding the actors involved at the various milestones as well as a simplified outline of the broader contextual factors to consider are included in a second process map that more completely describes the process (Figure 2, see page over).

Figure 2 Simplified Process Map for Relocation Milestones

Figure 3 Process Map of Relocation Milestones



Facilitating Factors

In addition to the process of relocation, facilitating factors of a successful relocation were identified by RT staff. These factors were identified as key to enabling successful relocations - successful relocations are contingent on these factors being in place. These factors are listed in Table 2. Future work could involve asking other stakeholders (such as clients) to identify facilitating and hindering factors as well as evaluating the role of these factors in relocation case studies. Understanding and documenting the role of these factors in the relocation process could provide valuable evidence and support for the RT.

Table 2 Facilitating Factors for Successful Client Relocation

Staff personal knowledge and attributes:

• Highly-skilled, experienced staff
• On-going communication with client
  ○ Enables building of trust and rich knowledge- also provides a process to, in some cases, change clients' thinking
• Close relationship with clients, characterised by mutual respect
  ○ Allows for caseworkers to explain rationale for decisions- expectation management and trust building
• Up-to-date knowledge/ awareness of groups and organisations to which they can refer clients

Organisational (FACS):
• Manageable caseloads for RT • Clear process, but allowing for flexibility in information that can be gathered, considered, and acted upon • Process allows for some negotiation with clients (e.g. install blinds, garden sheds etc.) • Interviews held at client's property – relaxed, unintimidating atmosphere • Ability to gather new data is limited by workload/capacity to deal with extra data enabled through tablets • RT has good relationship with those dealing with upcoming properties, can be made aware of properties that will be available in near future-
Broader context
• Available housing stock • Linking to doctors for accurate medical assessments

Actors

An important consideration is the process map is that there are number of potential actors that are missing. Depending on the individual relocation, a variety of different organisations and entities can become involved throughout the relocation. Some of these organisations may include (but are not limited to) legal advocates, healthcare workers or organisations, National Disability Insurance

Scheme, and other community-based organisations. Their role in the relocation process can be facilitating or hindering, depending on the unique circumstances and clients. An example of this provided by the RT team was that the RT may have already conducted a face-to-face interview to understand a client's needs, it has been finalised and a physician has given certification of any medical conditions, but an advocacy group with which is supporting the client may dispute all or part of the resulting relocation statement.

Further, a large piece of the relocation process is when RT coordinators make referrals to clients in their new communities. These referrals are to organisations that can meet clients' identified needs. At virtually any time in the process, an outside entity can affect the relocation process (either positively or negatively). Because of the myriad of ways and points in which these effects can take place, those outside entities are not included in this process map.

Creating pathways

The way and processes through which housing is allocated during the relocation process has implications for tenants self-perceived health and wellbeing (Arthurson, Levin, and Zierch, 2016). Mapping the range of pathways associated with the relocation process is beyond the scope of this stage of the project but could be incorporated into future evaluation work. As an example of how a pathway can work, a discrete pathway of the interview process was created (Figure 4).

This pathway suggests that in the short term, a successful interview will increase client confidence that they will be appropriately housed, as well as their feeling of autonomy. A successful interview (in effect, the first personal interaction the client is having with the bureaucratic system) might also have the effect of putting clients at ease with the entire process and working with government officials. At the same time, a successful interview will also increase the RT Case Manager's confidence in their ability to house the client well and provide information that enables successful relocation planning and decision making. This in turn leads to improved mental wellbeing outcomes for clients (and also potentially RT case managers) as well as increasing the chances of successful relocation. From this simplified process, it can be seen that evaluation of the program could be through an evaluation of the outputs (number of interviews) or through measure short or longer-term outcomes of interviews (confidence levels of clients and staff, cooperation in the process, number of clients appropriately housed). Further elaboration of the pathway would also integrate facilitating factors demonstrating how these factors enable (or act as barriers) to the pathways.

Figure 4 Example of relocation interview pathway

Inputs ↓	Mechanism →	Short term outcome →	Long-term

<table>
<tr>
<td>

1 Case Manager (RT)
1 Client (and family)

Activities ↓

Interview to determine needs

Outputs ↗

# of interviews conducted by Case Managers

</td>
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Increased confidence among Clients that they will be appropriately relocated
Increased sense of autonomy/ control over their “housing fate” among Clients
Case manager has increased knowledge of client needs
Increased confidence among Case Managers that they will be able to appropriately relocate Clients
Client has increased knowledge of relocation process

</td>
<td>

Positive productive relationship developed between client and housing services
Increased Client cooperation in housing relocation process
Case managers have appropriate level of understanding of client needs

</td>
<td>

Reduction in number of people living in poor quality housing
Increase in appropriately-housed Clients
Increase in trust in RT case managers among Clients/ community at large
Increase in clients’ perceived health and wellbeing (especially mental)

</td>
</tr>
<tr>
<td colspan="4">Key (contingent) facilitating factors

Highly skilled experienced staff
Flexibility in interview content
Interviews held at client’s location

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<tr>
<td colspan="4">Contextual Factors:

Local council and state-level housing policies
LAHC policies and procedures

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<tr>
<td colspan="4">Assumptions:

Clients are being relocated into housing of equal or better quality housing than their original situation

</td>
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</table>

Program Logic

Program logic models are a way of representing the resources, processes, outcomes and contexts of a program, allowing for a visual representation of the relationships between these elements. A program logic model can be used for program planning but is also used in program evaluation.
A larger program logic was created with the assistance of RT for the entire relocation process from the perspective of the team (Figure 5). This outlines the whole process and identifies contextual considerations. This program logic could be used to begin identifying an evaluation framework for the program.

Figure 5 Program logic for the Housing Relocation Process

Inputs

- Resources including caseworkers, time, place & budget
- Client information/ tenant profile
- Size of relocation stage
- Number of tenants
- Relocation Policy

Goals

- Completion of Relocation program
- Successful relocation from tenants perspective
- Positive reputation for redevelopment and relocation teams
- Successfully renewed housing estates
- Improves social outcomes for tenants

Guiding principles

- Relocation policy and process
- Residential tenancies act 2010
- Housing Act 2001

Assumptions

- Vacant properties will become available for relocation clients
- The relocation team can complete relocations within budget and time restrictions
- Adequate resources are available to the relocation team
- Relocation is necessary and beneficial to the client
- Clients are agreeable to relocation

Activities by Relocation Team	Outputs
Redevelopment Stage determined	
Clients Notified	
RT caseworker delivers letter (via post or hand delivered)	
Relocation Interview	
Face to face interview with client	• # of interviews conducted by Case Managers
	• # of Medical Forms approved by physician
Relocation Statement	
Housing Offer	
RT send offer to client	• # of offers a client receives
Client accepts or rejects	
Repeat of (what stage) until client/RT is satisfied	
Client Relocated	• # or % of Clients relocated
Move coordination	• # of formerly occupied units in housing estates open for sale or redevelopment
New residence maintenance and or modification	
Handover of client to tenancy team	
Follow Up	
Follow up at 6 weeks	
Follow up at 3 months	

External/contextual factors

- Housing
- LAHC policies and procedures
- Local council and state-level housing policies
- Local council requirements
- History of partnerships with Housing/FACS, Liverpool City Council, South Western Sydney Local Health District
- Current and potential stakeholders
  - Other agencies and/or services (government, community, other health services
- Aligned activities
- Political environment
- Property market
- External stakeholders (advocacy services, Local MPs, etc)
- Media attention for relocation programs
- Infrastructure NSW

Short to medium term outcomes (<2 years)

For clients

- Successful relocation
- Successful relationship between relocation staff and clients
- All “upgrades” to new dwelling completed
- Increased level of trust
- Increased willingness and ability to collaborate
  - Increased confidence among Clients that they will be appropriately relocated
  - Increased sense of autonomy/ control over their “housing fate” among Clients
  - Increased Client cooperation in housing relocation process

For FACS

- Achieve Relocation targets
- Increased confidence among Case Managers that they will be able to appropriately relocate Clients

Long term outcomes (>2 years)

For clients

- Improved health and wellbeing
- Increased level of trust
- Ongoing supportive and collaborative practices
- Ongoing community engagement and participation
- Improved health associated with improved housing environments
- Client settled in new dwelling
- Client settled in new community
- Ongoing community participation
- Reduction in number of people living in poor quality housing
- Increase in appropriately-housed clients
- Increase in trust in RT case managers among Clients/ community at large
- Increase in clients’ perceived health and wellbeing (especially mental)

For FACS

- Completion of relocation stages/programs
- Successful mixed communities
- Client satisfaction for redevelopment programs
- Lower average age of public housing stock
- Less anti-social behaviour resulting from high density public housing
- Higher rate of clients in dwellings suitable to meet their housing requirements

Impacts

- Rehousing processes are resource efficient and timely
- Clients rehoused from old estates with high social housing density to new estates with low social housing density
- Clients have successful rehousing processes resulting in confidence in FACS processes
- Clients able to positively engage and participate in their new communities post relocation

Potential Future Works

Recommendations for potential future work to strengthen health within the relocation process stemmed from two major needs identified by stakeholders in the HHP Objective 1 working group. There are;

1. A need to evaluate the relocation process to better understand the critical points and barriers and enablers,
2. Difficulties experienced by the relocation team in referring clients to health services.

Suggested for future work in both areas have been elaborated on below.

Evaluating the Relocation Process

Components	Explanation
Rationale and Aims	An evaluation would create evidence that could be used to support current work, identify areas to strengthen or support the relocation team and enhance health and wellbeing outcomes for clients. It has been identified by the RT that they currently have insufficient evidence to demonstrate that their work is effective in successfully relocating clients. The evaluation of the relocation process would demonstrate whether the program is meeting its goals as outlined in the program logic, identify critical points within the process and barriers and enablers to a successful outcome and equity related impacts.
Process/ Approach	The evaluation process suggested in the working group meetings included completing an evaluation of the process by following a number of clients through their relocation process and/or conducting an audit of a number of completed relocations that were deemed successful or unsuccessful by the RT team. Following a variety of relocations would enable investigation of the presence or absence of the enabling factors identified in the relocation mapping process. Both of these processes would likely require a mix of observational, interviewing and document audit to gain a more comprehensive understanding of the process.

Components	Explanation
	The evaluation would first require the development of clear goals for and identification of resourcing. The program logic can be used to guide the creation of the evaluation questions as it shows the expected goals, stages and outcomes of the relocation process. The evaluation should be co-designed with the HHP groups to allow for broader input into the design. It is recommended that the evaluation include both process and impact evaluations. Process evaluations may be formative, and answer "Was our process appropriate?", or summative "Did we do what we set out to do?" Impact or outcome evaluations aim to answer the questions, "Did we create an impact on the participants or outputs?" " how did the relocation process work for whom and in what circumstance?"e
Expected outcomes	These are dependent on the type of evaluation to be completed but could include; • Create evidence whether the program is meeting its goals, • Improved understanding of the process and critical areas, barriers and facilitators in the process, • Identification of equity related impacts, • Understand how to improve the process if required.
Further considerations	• Set clear goals for why the evaluation is required and what the evaluation will be used for. • Consider where resourcing for the evaluation work will come from, as the process will likely be outside the resource allocations of the HHP.

Referral Pathways for Relocation Clients Requiring Health Services

Components	Explanation
Rationale and Aims	It has been reported by the relocation team that during the relocation process the case managers sometimes identify that clients have unmet medical needs. Currently, it is stated by the team leaders that case managers have insufficient health training and awareness of the health system to suggest where an appropriate referral platform is for these clients. This is outside the scope of case manager's role to provide health related support to these clients. It has been suggested that a solution could be creating a resource for the RT that provides information and contacts for various SWSLHD, private and NGO services that are available to refer clients to..
Process/ Approach	In order to understand what resources are required and useful to case managers and clients it is necessary to first collect evidence from previous cases about the types of gaps that exist in staff knowledge and capacity, as well as the health issues identified in working with clients where gaps exist. This could be completed through discussions with staff about the health issues they have come across and surveying them to understanding their knowledge. Once the gaps are identified, health and housing staff can collaborate to determine the appropriate resources required for staff and clients. Ideas that have been suggested include; • Providing staff a repository of services available, • Creating targeted kits for clients, • Adding health and referral information in introductory packs for clients.
Expected outcomes	Expected outcomes include; • Understanding of the challenges faced by case workers and clients in regards to unmet health and referral needs

Components	Explanation
	• Creation of referral or information resources to meet these needs.
Further considerations	• Set clear goals for the outcomes of this piece of work. • Understand what resources will be required to conduct the evaluation and create the resources. • Will need to consider how resources will be kept uptodate. • Consider evaluating the usefulness of the resources once they are implemented to ensure they are successful.

Conclusions

As evidenced by the document audit, HHP has a long history of rigorous work connecting two distinct government entities with overlapping mandates and goals. Much of the work has been foundational in nature, setting up HHP to take on more complicated and in-depth evaluation and monitoring work. Moving forwards, it would be beneficial to carry out an evaluation of the Relocation Process, including opportunity for feedback on the process itself for clients. The relocation process is interacting with some of the neediest populations in SWS. An evaluation would afford HHP partners the opportunity to demonstrate the ways in which the relocation process is succeeding (and to what extent and for whom), and also provide feedback on areas that could be improved through the partnership.

Future steps could include using the program logic to develop a multi-level evaluation which considers not only individual perceptions of relocation and self-reported health and wellbeing, but which also seeks to factor in the systems that influence health in the relocation process, and by what process this might occur. Other steps could be developing resources and pathways for the RT to provide their clients resources and pathways for better management of their existing or developing health conditions.

References

Arthurson, K., Levin, I., Zierch, A. (2016). Public housing renewal and social determinants of health. *Journal of Prevention & Intervention in the Community 44*(4), 233-246.

Chaskin, R.J., Joseph, M.L., Voelker, S., Dworsky, A. (2012). Public housing transformation and resident relocation: Comparing destinations and household characteristics in Chicago. *Cityscape: A Journal of Policy Development and Research 14*(1), 183-214.

Goetz, E.G. (2010). Better neighborhoods, better outcomes? Explaining relocation outcomes in HOPE VI. *Cityscape: A Journal of Policy Development and Research 12*(1), 5-31.

Keene, D.E., Geronimus, A.T. (2011). "Weathering" HOPE VI: The importance of evaluating the population health impact of public housing demolition and displacement. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 8*(3), 417-435.

Oakley, D., Ruel, E., Wilson, G.E. (2008). A choice with no options: Atlanta public housing residents' lived experiences in the face of relocation. Atlanta, GA. Partnership for Urban Health Research, Georgia State University

Oakley, D. Ruel, E., Reid, L. (2013a). "It was really hard…it was alright….it was easy." Public housing relocation experiences and destination satisfaction in Atlanta. *Cityscape: A Journal of Policy Development and Research 15*(2), 173-192.

Oakley, D. Ruel, E., Reid, L. (2013b). Atlanta's last demolitions and relocations: The relationship between neighbourhood characteristics and resident satisfaction. *Housing Studies 28*(2), 205-234.

Popkin, S.J., Levy, D.K., Buron, L. (2009). Has HOPE VI transformed residents' ;oves? New evidence from the HOPE VI panel study. *Housing Studies 24*(4), 477-502.

Ruel, E., Oakley, D.A., Ward, C., Alston, R., Reid, L.W. (2013). Public housing relocations in Atlanta: Documenting resident's attitudes, concerns and experiences. *Cities 35*, 349-358.

Webb, M.D., Rohe, W.M., Nguyen, M.T., Frescoln, K., Donegan, M., Han, H. (2017). Finding HOPE: Changes in depressive symptomology following relocation from distressed public housing. *Social Science & Medicine, 190*, 165-173.