Homelessness NSW

SPECIALIST HOMELESSNESS SERVICES
ASSERTIVE OUTREACH GOOD PRACTICE GUIDELINES

ACKNOWLEDGEMENTS

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1. INTRODUCTION

The assertive outreach practice guidelines provide a framework for Specialist Homelessness Services (SHS) to effectively deliver assertive outreach to people who are sleeping rough in NSW.

The methodology used to develop these guidelines included a literature review of international and national practice models, consultations with assertive outreach practitioners and peer workers with lived experience of rough sleeping. The consultations were undertaken by interviewing service providers and conducting two workshops to explore assertive outreach practice issues.

The AOPG product is divided into two sections:

- Practice Guidelines to provide direction to Specialist Homeless Services on the fundamental management and operational aspects for effective delivery of assertive outreach services to rough sleepers;

- A resource manual providing explanatory notes on operational models, a framework for policies and procedures and a literature review on international and national responses relative to assertive outreach and people who are sleeping rough.

1.1 PURPOSE

The key purpose for the practice guidelines is to equip SHS providers with the necessary tools and resources to deliver effective assertive outreach responses to people who are sleeping rough. The objectives of such a response seeks to address gaps in service provision and to assist people to potentially exit primary homelessness.

It is recognised that people experiencing primary homelessness are less likely than other homeless people to access on-site services; the lack of service utilisation may be due to individual reasons or institutional barriers. In recognising the complex challenges of supporting this cohort within the broader homeless population it is necessary to deliver place-based services that are targeted to effective client engagement and collaboration. Therefore, the concept of 'outreach' is used in the context of providing place-based outreach as opposed to alternative forms of outreach.

A central aim of the guidelines is to improve the health and housing outcomes of people experiencing primary homelessness. It is hoped the tools and good practice models presented in the guidelines will assist Specialist Homelessness Services to effectively

collaborate with the broader service network, to achieve improved health and housing outcomes for people who are sleeping rough.

The purpose of providing a literature review on international and national assertive outreach models is to build sector knowledge in line with contemporary evidence-based practice.

Such information provides consideration of the most appropriate models and the necessity to adapt responses per individual needs, variances in urban and remote locations and enhance practice capability.

1.2 WHO ARE THE GUIDELINES FOR?

The guidelines provide an overview of the key aspects to developing an assertive outreach program: evidence-based practice models, required resources; collaboration with the broader service network, human resources, and effective service delivery. The guidelines are aimed at sector employees engaged in the following roles:

- operational managers considering developing an assertive outreach program;

- assertive outreach workers delivering services to people sleeping rough;

- caseworkers providing case management services;

- FACS Housing employees responsible for assessing Housing Pathways applications;

- Link2home employees wishing to increase their knowledge of the issues affecting people sleeping rough, and the models of service delivery to this homelessness cohort.

1.3 LIMITS AND INTENDED APPLICATION OF THE GUIDELINES

The elements highlighted in the guidelines are considered as good practice in the provision of assertive outreach to people experiencing primary homelessness. The determination of good practice is supported by the completion of a literature review and conducting two workshops with sector practitioners skilled in the delivery of assertive outreach to people who are sleeping rough.

The guidelines are not exhaustive of every aspect to operating an assertive outreach service. However, it is hoped the resource manual will assist the SHS sector with the necessary tools and information to enhance existing practice, or to expand their response repertoire.

2. RELATIONSHIP BETWEEN THE AOPG GUIDELINES AND THE SHS PRACTICE GUIDELINES

The guidelines are intended to complement the SHS Practice Guidelines and the Framework for Multi-Agency Client Transition Planning to Reduce Homelessness.

This is achieved by incorporating principles such as the person-centred approach and service collaboration to prevent and reduce homelessness through the delivery of services within the paradigm of the four core responses.

http://www.housing.nsw.gov.au/__
data/assets/pdf_file/0003/326055/
Framework_for_MultiAgency_Client_
Transition_Planning.pdf

3. PRIMARY HOMELESSNESS IN NSW

In 2011, the ABS produced statistics on homelessness in Australia for the 2011 Census – the total national calculation for primary homelessness was 6813. Across the states and territories, NSW recorded the highest number, being 1920.

Over the decade to 2011, there was a decrease in primary homelessness in Australia across most States and Territories. The greatest change was apparent in the Northern Territory, Australian Capital Territory, and South Australia where there was a decrease of around 50 percent in the number of persons classified as rough sleeping. In the same period, the number of persons classified as rough sleeping in New South Wales increased by over 13 percent. Such an increase may be a result of a range of factors, including the lack of specialised support services, and of affordable and social housing.[1]

The most recent Census was conducted in 2016 – the outcomes of the census information on homelessness will not be released until 2018.

The link below provides information on the 2011 homelessness Census.

http://abs.gov.au/ausstats/abs@.
nsf/Latestproducts/2049.0Main%20
Features22011

[1] Coleman, A. MacKenzie, D and Churchill, B (2013). The Role of Outreach: Responding to Primary Homelessness. Homelessness Research Collaboration National Homelessness Research Agenda 2009-2013. School of Social Sciences, University of Tasmania Swinburne Institute for Social Research, Swinburne University

4. ASSERTIVE OUTREACH DEFINITIONS AND CONCEPTS

4.1 WHAT IS ROUGH SLEEPING?

Rough sleeping is broadly defined as people sleeping, or bedded down, in the open-air, or in shelter not fit for human habitation.[2] This type of homelessness is categorised as primary homelessness.

Rough sleeping is also referred to as street-based homelessness. Street-based homelessness is used to describe those people who routinely find themselves on the streets during the day with nowhere to go at night. Some will end up sleeping outside, or in a derelict building, stairwells or in other temporary makeshift shelters.

4.2 WHAT IS OUTREACH?

Morse (1987) provides a "process definition" of outreach, referring to "contact with any individual who would otherwise be ignored or un-served in non-traditional settings for the purposes of improving their mental health, health, social functioning or to increase their human service and resource utilisation" (1987, p. 9).

Outreach can take various forms such as meeting a person at a service or visiting their home. The common element of all forms of outreach work is to actively approach clients with the intention of offering supports related to service provision and / or to establish engagement.

4.3 WHAT IS A STREET-BASED ASSERTIVE OUTREACH?

Street-based outreach is a model that provides assertive outreach services to individuals in public places. Workers actively approach potential people on the streets and offer supports related to accommodation and services. Street-based outreach enables workers to respond directly and immediately to a persons' needs by bringing services to people rather than waiting for individuals to come to services on their own.[3]

Street-based assertive outreach services engage homeless people in locations they frequent, such as train stations, bus stops, streets, alleys, bridges and overpasses, parks, vacant lots, abandoned buildings and vehicles, riverbanks, and camps.

There is considerable debate about the term 'assertive' and what this implies. Based on workshop consultations, participant feedback and the literature review, the term 'assertive' refers to a consistent and persistent approach

[2] VITIS, L., GRONDA, H. and WARE, V. A. 2010. International Rough Sleeping. Melbourne: Australian Housing and Urban Research Institute (AHURI), Research Synthesis Service for the Australian Government, Melbourne, Australia.

[3] McMurray-Avila, M. (2001). Organising Health Services for Homeless People: A Practical Guide. Nashville, TN: National HCH Council.

when engaging with people experiencing primary homelessness. The purpose of such an approach is to support the process of engagement, in doing so, validating the process and the time it takes to establish positive rapport and engagement between the outreach worker and client relationship.

4.4 WHAT IS THE PURPOSE OF STREET-BASED OUTREACH?

Street-based outreach is a harm reduction approach that aims to provide a quality service by reducing the adverse effects of living outdoors. The primary goal of outreach when working with people who are sleeping rough is to assist people to improve their health and housing outcomes.[4] This may be achieved by prioritising people who are entrenched in rough sleeping and who exhibit complex needs. However, in order to reach these goals, focus should initially be placed on the prevention of harms associated with rough sleeping rather than focusing on the prevention of rough sleeping itself.

4.5 WHAT DISTINGUISHES IT FROM OTHER FORMS OF OUTREACH?

The distinguishing features of assertive outreach is its intent to work towards resolving homelessness by delivering services in an integrated response in partnership with a range of services.

Furthermore, engagement is not time limited and support is provided to people in their street locations as opposed to providing outreach in fixed sites.

4.6 WHAT IS A HOT SPOT?

A homeless hot-spot is an area where a large group of people are sleeping rough and where there are multiple compounding issues including anti-social behavior and decreased public amenity.[5]

It is important to note, that hot-spots can be transient as people move between locations where there may be better access to amenities or shelter. Given this transience, it is good practice for service providers to compile information on hot-spot locations as this can be a useful tool when planning services.

It is worthwhile noting, that not all people experiencing primary homelessness access hot-spots. To ensure access to services, it is imperative that assertive outreach workers visit locations that are not identified as hot-spots.

4 Broadway Homelessness and Support (2009). Assertive outreach: Broadway's approach. London: Broadway Homelessness and Support.

5 http://www.cityofsydney.nsw.gov.au/community/community-support/homelessness

5. THE FOUNDATIONS OF STREET-BASED ASSERTIVE OUTREACH

5.1 PRACTICE PRINCIPLES

Based on the literature review and sector consultations the following principles are highlighted as critical to effective practice when delivering assertive outreach to people who are sleeping rough:

TRAUMA INFORMED CARE AND PRACTICE

Assertive outreach workers need to understand a person's previous exposure to trauma and how these experiences have shaped their life trajectory. To reduce the likelihood of re-traumatisation all interactions and engagement with a person should be based on trauma informed care principles.

Refer to the Section 6.1 of the Assertive Outreach Resource Manual for further information on implementing TICP principles into service delivery.

CULTURALLY SENSITIVE PRACTICE

The above principle of trauma informed care facilitates the provision of various outreach services to people whose unique needs may differ widely. It is particularly important to be mindful of trauma informed care when providing outreach services to culturally diverse people as a slightly different approach may be more culturally relevant and appropriate.

It is imperative that all assertive outreach workers receive training in culturally sensitive practice. A lack of awareness about the needs and issues affecting culturally diverse people can result in re-traumatisation and perpetuate damaging stereotypes.

PERSON CENTRED PRACTICE

Person-centered practice promotes a person's right to have choice and control over the process of exiting the streets, and is an effective strategy to empowering people. Involving the person in all decision-making process supports a persons' right to autonomy, develops their living skills and capacity to live independently.[6]

HARM REDUCTION

Harm Reduction is a critically important principle of effective outreach. It is a means through which outreach workers can establish trusting relationships with homeless individuals, promote safety and continuously monitor safety issues while

[6] Coleman, A. MacKenzie, D and Churchill, B (2013). The Role of Outreach: Responding to Primary Homelessness. Homelessness Research Collaboration National Homelessness Research Agenda 2009-2013. School of Social Sciences, University of Tasmania Swinburne Institute for Social Research, Swinburne University

intervening as needed. A harm reduction approach aims to provide a quality service by reducing the adverse effects of living outdoors. The primary goal of outreach when working with people who are sleeping rough is to assist people to improve their health and housing outcomes.

Furthermore, it involves providing a broad range of risk reduction, health, social and related services. Harm reduction involves a non-judgmental and respectful approach; assisting people in identifying the harmful effects of drug and alcohol use as well as benefits of decreasing or ceasing use; exploring alternate and safer activities; celebrating small successes; and developing flexible plans to address a range of issues.[7]

CONSISTENT AND TRUSTING RELATIONSHIPS

Assertive outreach is often described as a process.[8] In recognition of the outreach process, effective practice should be centred on the development and maintenance of a trusting relationship between a worker and the person. The building of such relationships can begin to rectify mistrust of services and the trauma of demeaning behaviours and attitudes.

HONEST COMMUNICATION

The process of effective engagement involves the development of a common language between workers and clients to enable the full consideration and exploration of possibilities for healthy changes from a common frame of reference. When outreach workers pay attention to subtle meanings in a person's language, they can learn to use this understanding to form meaningful connections with the person. As part of this process, workers attempt to genuinely comprehend and respond to the words and gestures communicated.

PERSISTENT APPROACH TO OUTREACH

A persistent approach to street-based outreach requires repeated contact with individuals initially unwilling to engage. To provide a persistent approach the following support systems are required:

- an awareness by service management of the issues involved in supporting persistence, such as caseload size and capacity issues to prevent worker burnout

- ensuring assertive outreach attracts employees with the necessary skills and personal attributes to successfully engage with people

- providing appropriate training to employees throughout the process of recruitment

- frequent contact between outreach workers and individuals is a central component of assertive outreach and can increase the likelihood of successful engagement

[7] Levy, J. S. (2000). Homeless outreach: On the road to pretreatment alternatives. Families in Society: The Journal of Contemporary Human Services, 81(4), 360-368.

[8] Thompson, S. J., McManus, H., Lantry, J., Windsor, L., & Flynn, P. (2006). Insights from the street: Perceptions of services and providers by homeless young adults. Evaluation and Program Planning 29, 34-43

PREDICTABILITY AND FLEXIBILITY

Given the challenges people who are sleeping rough experience in accessing services, it is important that assertive outreach patrols are organised at predictable time/s, days, and locations. Such a structure assists people to receive a service and facilitates the process of developing trust with individuals.

Whilst predictability is an important facet, there is also the need for flexibility for patrols to manage unexpected events such as an increased group size in hot spots and rough sleeper transience to new locations.

COLLABORATION

The development of providing assertive outreach services requires an integrated service response based on effective collaboration. Such an approach addresses gaps in the service system and strengthens the sectors capacity to support the holistic needs of people.

FOUR CORE RESPONSES

To ensure a consistent response across the Specialist Homeless Service (SHS) system; the SHS four core responses is endorsed as evidence-based practice when delivering assertive outreach services. The four cores responses are prevention and early intervention, rapid re-housing, crisis and transitional accommodation and intensive responses for people with complex needs.

5.2 PRACTICE MODELS: APPROACHES TO DELIVERING STREET-BASED ASSERTIVE OUTREACH

To develop an effective framework, it is critical to understand the individual demographics and the proportion of people sleeping rough in a particular area. The following groups may / or are experiencing primary homelessness:

- people who have been sleeping rough for a long period

- people with complex needs

- people new to primary homelessness with complex needs

- people who return to primary homelessness after a period of stable accommodation or housing, and

- people new to rough sleeping who may not have complex needs but are experiencing primary homelessness due to situational factors

Evidence indicates that the needs of people experiencing long-term primary homelessness and those new to rough sleeping can be vastly different. This is because the longevity and exposure of

long-term homelessness can significantly compound the severity of complex needs, while a person new to primary homelessness will have less exposure to the breadth of conditions accompanying rough sleeping.

Given this distinction, it is important that the needs of individuals and their presenting issues are assessed according to the four core responses. Furthermore, to prevent people becoming entrenched in primary homelessness it is necessary to develop early intervention strategies for people new to rough sleeping.

While there are various approaches to delivering street-based assertive outreach to people experiencing primary homelessness the following approaches are considered as good practice:

5.2.1 TRAUMA-INFORMED CARE

Assertive outreach programs should be based on the principles of trauma informed care, as such practice supports clients to become empowered by providing opportunities for skills development, focusing on individual strengths and promoting choice.[9]

Evidence suggests that people experiencing primary homelessness have a high prevalence of historical and current exposure of multiple experiences of trauma.[10] Given this, it is important for assertive outreach workers to understand how such traumatic experiences

perpetuate the cycle of homelessness and to ensure current practice does not potentially re-traumatise people.

Refer to the Section 6.1 of the Assertive Outreach Resource Manual for further information on implementing TICP principles into service delivery.

5.2.2 PERSON-CENTRED PRACTICE

Consistent with the Specialist Homelessness Services Practice Guidelines (2014) – it is good practice to ensure service design is centred on the needs of an individual.

A person-centred approach is a strengths-based framework which focuses on building individual capacities, skills, resilience, and connections to community. It is a way of discovering what people want, the support they need and how they can get it. It is evidence based practice that assists people in leading an independent and inclusive life.[11]

Given assertive outreach is delivered in an external environment it is important for workers to be mindful that the way services are provided requires a high level of flexibility comparative to traditional responses.

The following strategies support a person centred approach:

• Responses that focus on client needs

• Flexible engagement

• Individual choice and involvement

[9] Jennings, A 2006, p15, `Models for Developing Trauma-Informed Behavioural Health Systems and Trauma-   Specific Services'.

[10] Prestidge, J (2014). Trauma Informed Care. Transatlantic Practice Exchange. Homeless Link | National Alliance to End Homelessness

[11] Valuing People – A New Strategy for Learning Disability for the 21st Century. Guidance for Implementation Groups, http://valuingpeople.gov.uk

- Collaboration with other services

- Assessment tools that link client needs to the best service response

- Culturally appropriate responses

- Case management and coordination

- Skilled outreach workers

- Reintegration to family and community

- Timely engagement with individuals

Refer to the Sectvrson-centred practice.

5.2.3 PRIORITISATION BASED ON VULNERABILITY

It is recommended that services apply evidence based tools to assess the vulnerability of rough sleepers in order to respond to those individuals that are most vulnerable and require a rapid response. The rationale of the prioritisation approach is to assist the person to exit homelessness, reduce the likelihood of severe trauma, illness, and / or potential death.

The Vulnerability Index – Service Prioritisation Decision Assistance Tool, conducted during Registry Week, is a valid and reliable method used as a pre-screening, or triage tool that is designed to assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available.[12] The assessment provides a detailed measure of a persons' needs, the level of support required to assist the person and determines whether a client is at risk of further decompensation – people are prioritised based on the assessment results.

Refer to Section 6.4 of the Assertive Outreach Resource Manual for further information on Registry Week and VI-SPDAT.

5.2.4 EARLY INTERVENTION

As highlighted earlier, to prevent people becoming entrenched in the rough sleeping community it is important to intervene early. The No Second Night Out approach (NSNO) based on a UK model, is an example of an early intervention strategy for people new to rough sleeping. While the NSNO is considered good practice, the intent of highlighting this practice is to spotlight the key principles of the NSNO, as opposed to endorsing the model in its entirety.

NSNO seeks to resolve a persons' homelessness quickly, ideally on the first night or within 72 hours. The goals are to bring people to safety and to prevent and end homelessness, especially to prevent long-term episodes of homelessness, through rapid intervention. The purpose of the approach is to ensure a person's safety and to connect them to alternative housing options 'before living on the streets becomes a way of life'.[13]

The five key principles of the NSNO are:

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[12] http://www.homelessnessnsw.org.au/images/stories/documents/Absolutely_FINAL_registry_week2015_report.pdf

[13] Villanueva, D (2014). No Second Night Out. Transatlantic Practice Exchange. Homeless Link | National Alliance to End Homelessness. United Kingdom.

1. People new to rough sleeping should be identified and helped off the streets immediately so that they do not fall into a dangerous lifestyle of sleeping rough

2. Members of the public should be able to play an active role by referring people sleeping rough to service providers

3. People should be helped to access a place of safety where their needs can be quickly assessed and they can receive advice on their options

4. They should be able to access emergency accommodation and other services, such as healthcare, if needed.

5. If people have come from another area or country and find themselves sleeping rough, the aim should be to reconnect them back to their local community unless there is a good reason they cannot return.[14]

5.2.5   NO WRONG DOOR (NWD)

Consistent with the SHS service delivery framework, the NWD should be used to support streamlined access.

While it is acknowledged the nature of initial contact with people sleeping rough is different compared to clients requesting a service, the NWD approach can be applied to clients that are willing to engage with assessment and / or referral. For those clients that are not ready for an assessment, the NWD can still be utilised as the relationship progresses with the client.[15]

There are a few practice tools that enable assertive outreach providers to operate within a NWD service system. The practice tools also support an integrated service response which is essential when working with people sleeping rough. These include:

- the use of the SHS initial assessment tool that identifies the safety, accommodation, and support needs of individuals

- the sharing of client information and knowledge of how, when and where information can be shared, as well as mechanisms for collecting consent

- access to up-to-date and accurate service information

- referral mechanisms that allow information to be shared in an effective and timely way

- close alignment with the state-wide information and referral service, Link2home

- access to the Client Information Management System to support and capture these practices[16]

5.2.6   COLLABORATION

Working with people who are sleeping rough requires an integrated and cohesive service response from a combination of mainstream and non-government services.

[14] Adopting The No Second Night Out Standard. Homeless Link http://www.homeless.org.uk/our-work/resources/adopting-no-second-night-out-standard

[15] Specialist Homelessness Services - Practice Guidelines (2014). Module 2: NSW FACS

[16] Specialist Homelessness Services - Practice Guidelines (2014). Module 2: NSW FACS

Such cohesive practice can be achieved through the development of partnerships that deliver streamlined access and a holistic response to the needs of clients. It is good practice for organisations delivering assertive outreach programs to develop partnerships or approaches based on the principles of a collective impact model in order to provide a structured framework for successful collaboration.

Refer to the Assertive Outreach Resource Manual Section 5.3 for further information on implementing a Collective Impact Model and / or Communities of Practice.

5.2.7 COORDINATED CASE MANAGEMENT

Case management is a fundamental component of the SHS program. Given the complex needs experienced by rough sleepers it is imperative that case management is delivered in a coordinated and collaborative approach with multiple organisations. Such delivery reflects an integrated and holistic response to the needs of clients. To support coordination, it is essential that each person has 'one case plan' that all collaborators / partners are working from.

The examples below highlights the work of the Homelessness Assertive Outreach Team (HART). The program is based on the collective impact model and provides coordinated case management to rough sleepers.

EXAMPLES: HOMELESSNESS ASSERTIVE OUTREACH RESPONSE TEAM (HART) AND WENTWORTH COMMUNITY HOUSING (PROJECT 40)

HOMELESSNESS ASSERTIVE OUTREACH RESPONSE TEAM (HART)

Objectives of the HART

The purpose of the HART is to share skills, resources and knowledge among specialist services to support people sleeping rough in Inner City Sydney to exit homelessness and access long-term housing with support.

All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions. Participant activities are differentiated while still being coordinated through a mutually reinforcing plan of action.

HART's Inception

In September 2014, Walla Mulla Park in Woolloomooloo saw an increase in people sleeping rough and an increase in drug and alcohol related crime. This was coupled with numerous rough sleepers becoming victims of serious assaults and robberies. Other issues in the area included decreased amenity and reports from people sleeping rough that they were not accessing support services. In response, NSW Police, the City of Sydney, and FACS developed a collaborative action plan to improve the local amenity, increase support provided to people sleeping rough and reduce anti-social behaviour. All partners have defined actions and continue to work intensively in the area.

The group used its collective power to find ways around systemic barriers, for example, many people could not access services as they had no identification. Police agreed to write personal references using their ID database and FACS Housing agreed to accept them. Police advocated for people sleeping rough by writing letters of support and linking new sleepers with appropriate support services. A monthly case coordination meeting is held at the local Police station with all partners to identify actions to assist rough sleepers to exit homelessness and identify systemic barriers. The first meeting was held in November 2014, and through this process 20 people sleeping rough with complex needs have been supported to access long term sustainable housing with support.

The group consists of staff from:

- Department of Family and Community Services

- City of Sydney Council

- NSW Police

- Aboriginal Corporation for Homelessness

- Innari Housing

- Launchpad Youth Services

- Missionbeat Outreach

- Neami Way2Home

- St Vincent Homelessness Health

- NSW Police

NSW Police were also leading a patrol group across the City bringing a range of services to an area to increase engagement with people sleeping rough. The City council, NSW Police, and FACS brought all the stakeholders together to form coordinated case management groups in key Hotspot areas. The group evolved over time to cover the whole LGA.

The Stages of Implementation

IIn early 2013, a group was formed by the NSW Police to coordinate services for people sleeping rough in and around Central Railway Station. This group included NSW Police, Department of Family and Community Services, City of Sydney- Homelessness Unit, Central Rail Station Transport Police, St Vincent's Homeless Health Team, Mission Australia and Neami. Through improving coordination, this group's objective was to link people sleeping rough to services, provide a more coordinated service response and better facilitate exits from homelessness. Initially, this response was focused on Central Station, Belmore Park, Wentworth Park, and Woolloomooloo.

In 2015 City of Sydney Council, FACS,

Launchpad, Missionbeat, Neami Way2Home, NSW Police, and St Vincent's Homeless Health continued to build on existing coordinated outreach initiatives. This group developed a collaborative response targeting various homeless "hot spots" across the inner city. This group also lead the 2015 Registry Week initiatives, the success of which can be directly attributed to the foundations established by existing coordinated outreach.

Building on the success of these initiatives a working group was formed to develop a strategic response to ensure coordinated outreach across the whole of Sydney LGA. A Terms of Reference formalised the group's commitment to the project; key to this was establishing fortnightly case coordination meetings, a process for

managing client consent and developing information sharing and data management systems. The HART data base was developed to manage systematic case planning and triage support for the large number of people experiencing homelessness in Sydney LGA. Information collected from 481 people who had provided consent through Registry Week was reviewed by FACS to initially establish a housing history. Some of those 481 who had consented to HART were prioritised and were added to the HART database.

The HART project is still in the early stages of implementation and a process of developmental evaluation has informed the group's practise of ongoing review. The group retain shared responsibility for all decision making, and fortnightly meetings provide the space for negotiating strategic direction. To date, this process has informed changes to the structure of case coordination meetings, assertive outreach initiatives and weekly patrols.

Project Outcomes

The scope of outcomes directly related to the HART is yet to be fully realised or formally evaluated. Outcomes that can be readily quantified are measured through the HART case coordination database and associated HART case coordination. HART has achieved further outcomes supporting sector reform, addressing SHS services gaps and advocating for systemic changes across the broader inner-city service network.

Weekly HART Patrols have provided ongoing coordinated assertive outreach initiatives across the Sydney LGA. Weekly patrols form the basis for HART case coordination and provide the opportunity for follow up and case planning with new and existing clients.

All people engaged on patrol are offered support to access housing/accommodation (at a basic level, reconnection to place, Link2Home referral). All people engaged on patrol are offered access to immediate medical assistance and ongoing to access health care. Those who provide consent are signed up to the HART and are provided with information about how the group can support them, how they are prioritised for support, and how they can opt out if they change their mind. The time is used to follow up with existing clients to give them updates and check on their welfare.

Approximately 10-15 staff from the HART provides weekly patrols focusing on different locations across the city. Through assertive outreach in October 2016 HART Patrols:

- Engaged **92** people sleeping rough

- Obtained **11** consents for HART case coordination

- Provided health assistance to **17** people sleeping rough

The HART convenes fortnightly to review the progress of joint clients' access to housing and other supports.

Each meeting employs a systems approach to identify client needs for new referrals and identify existing HART clients whose desired outcomes are not being achieved and who may require a review of the approach to co-case management, and/or access to other supports beyond HART's membership.

The HART data base is currently used as a tool to track case planning progress and client wellbeing for approximately 1014 clients. The HART database is compiled data form the three inner city case coordination groups, this included the Collaborative Support Initiative (CSI), the Woolloomooloo Homelessness Case Coordination Group (WHCCG) and the HART. Between 1 July-30 September Outcomes achieved by the HART 2016 between 1 July – 30 September 2016:

- Monitor **254** clients with active consent for HART Case coordination.

- Engaged **237** people sleeping rough through assertive outreach HART Patrols.

- Supported **10** people who were sleeping rough to access sustainable long-term housing

- Supported **17** people to complete a Housing Pathway Application, all are now awaiting a property offer.

- Provided **32** people with direct access to health services.

The HART format has significantly improved the systems and practices of all agencies. This includes FACS Housing workers attending weekly patrols on the street engaging with people sleeping rough, NSW Police creating new positions in their teams to support people sleeping rough, and services improving communication with each other and clients. The HART continually changes and adapts the model and approach while maintaining the common agenda and the shared goals. Participants report high trust, feelings of shared accountability and renewed enthusiasm and energy. All participants bring extensive knowledge and a commitment to working together.

Sector support and reform

Recent HART support and reform initiatives include;

- Ongoing referral and support to the Collaborative Support Initiative complex case review panel.

- Ongoing referral and support to satellite case coordination partner the Central Station Homelessness Help Desk

- Woolloomooloo Homelessness Case-coordination group.

- Direct support to FACS Housing NSW Pop Up offices

- Homelessness NSW submission "Improve responses to rough sleeping in Sydney"

ASSERTIVE OUTREACH PROGRAM – WENTWORTH COMMUNITY HOUISNG (PROJECT 40)

Program Development

The Assertive Outreach program was introduced through Wentworth Community Housing in 2010. Project 40 was funded by the Federal government in the attempt to end homelessness. The Assertive Outreach program was a key component of the tender submitted by Wentworth Community Housing at the time of the SHS reforms. Following the success of the tenders, Wentworth Community Housing has continued to provide assertive outreach to people who are sleeping rough in the Nepean Blue Mountains District.

Identifying Local Need

At the time of the commencement of Project 40, Wentworth Community Housing was aware that there were several rough sleepers who had formed "a community" in the Hawkesbury area – this knowledge was provided by council staff and through the development of the Regional Taskforce on Homelessness. Wentworth Community Housing provided outreach staff to attend the area and engage with the people that were sleeping rough.

Program Objectives

The key objectives of the Assertive Outreach program are to engage with those people who have dis-engaged with service providers, have been excluded from services or who have a dis-trust of service providers. By engaging with people sleeping rough the organisation can deliver support services in a place they feel comfortable in and over time will connect with other centre-based services. Further, a key objective is to ensure that people access housing products that will assist the person to end their homelessness.

Practice Principles Underpinning Service Delivery

The principles underpinning assertive outreach are based on Housing First – that is, to engage with rough sleepers, find a home as the priority, then provide the wrap-around support needed to address the issues that were barriers to housing, and continue assistance to maintain the tenancy.

Services Offered

Consistent and persistent case management/support, housing support, linkage to support services needed to address issues impacting on a persons' life and brokerage support.

Mental Health services are delivered as part of the Assertive Outreach service by Partners in Recovery (PIR). A PIR worker is co-located with assertive outreach staff on a part time basis and accompanies staff to directly deliver mental health support and to coach and mentor assertive outreach staff in supporting people with severe mental illness.

The range of service types is extended through services provided together with the Assertive Outreach service including a first aid and medical first response service (StreetMed), a range of local food services and local grass roots community groups/charities such as Hawkesbury Helping Hands, including others.

Partner Organisations

The program has numerous informal partnerships that contribute to the Assertive Outreach Service, including StreetMed, a variety of meal service providers, local doctors, Like Mind (a one-stop soft entry point to mental health services), Penrith and Hawkesbury City Councils and Penrith CBD Corporation.

Formal partnerships are in place with Partners in Recovery Mental Health Outreach, WestCare - a local homelessness-focused charity for emergency accommodation, and the Hawkesbury Baptist church for short term accommodation units.

Program Outcomes

Approximately 40 people received support through the initial Project 40. Although CIMS doesn't allow for reports on Assertive Outreach as a separate category within the Adult Homelessness Support Service, approximately 90 people have received services in 2015/2016 financial year.

All 40 clients of Project 40 were housed and received support. 90% of clients were still housed 12 months later. Several clients are no longer supported either because their housing was stable, they left the area or have deceased. It is difficult to know their current situation. However, of those people who are still supported, most have sustained their tenancy, and at least

five people have improved relationships or access to their children and several have sustained their links with mental health services.

A Registry Week (a methodology that targets street homelessness) was held in November 2016 and 78 individuals and families participated in the VI-SPDAT survey to screen for health and housing needs, and to prioritise for a service response. In the 3 months from Registry Week till end February 2017, over twenty people on the Register were housed with support either through Wentworth SHS or other local SHS services. Of the twenty people, most were from the high priority group. Registry week clients are housed in social housing, transitional SHS housing and through the private rental market and supported by SHS and mainstream services.

In addition to these two specific projects, assertive outreach is ongoing through the SHS Adult Homelessness Support service established in November 2014.

The average period of engagement has depended upon a persons' willingness to engage. Quite often, due to the transient nature of the client group, engagement can occur over a period of time. For example, the outreach team engaged with a person for a period of over 12 months before he was trusting enough to accept help. The outcome was very positive as the person secured permanent housing through a community housing provider.

The average engagement for many clients is in the 2 – 6 months' range. It's not unusual for clients to disengage and re-engage with the Assertive Outreach Service several times before being housed.

The Assertive Outreach team regularly patrols in three locations across the district. In the Hawkesbury, outreach is weekly and includes street patrols, the Hawkesbury riverbanks, sporting pavilions and parks, as well as food services.

In the Blue Mountains and Penrith, outreach is provided through food services at Katoomba and Penrith CBD. Patrols are initiated in response to information received at these services, or from Council Rangers, NPWS Rangers or local community services. CBD Carparks in Penrith are patrolled fortnightly or more frequently during times when people are sheltering in the carpark.

The Assertive Outreach service also participates in Homelessness Hubs held quarterly in the Hawkesbury and Penrith.

The assertive outreach provided by Wentworth Community Housing is only provided during daylight hours in line with funding for one FTE Support Worker. Additional Wentworth staff are utilised when a risk assessment indicates the need for two person visits and when partner organisations such as StreetMed and PIR accompany the Wentworth Assertive Outreach staff.

5.2.8 HOUSING FIRST

One of the key objectives of working with people who are sleeping rough should be to end homelessness through the provision of housing. Programs such as Street2Home is an example of a successful model based on the Housing First philosophy.

Housing First is an approach that centres on providing homeless people with housing quickly, and then providing services as needed. What differentiates a Housing First approach from other strategies is the commitment to respond immediately to a persons' need to be safely and permanently housed.

A Housing First approach rests on the belief that helping people access and sustain permanent, affordable housing should be the central goal of working with people experiencing homelessness.

A distinguishing feature of the Housing First philosophy, is that people are not required to first demonstrate that they are 'ready' for housing - housing is not conditional on sobriety or abstinence. Program participation is also voluntary. By providing housing assistance, case management and supportive services responsive to individual needs (time-limited or long-term) after an individual is housed, communities can significantly reduce the time people experience homelessness and prevent further episodes of homelessness.[17]

There are five core principles of Housing First:

1. Immediate access to permanent housing with no housing readiness requirements;

2. Consumer choice and self-determination;

3. Recovery orientation;

4. Individualised and client-driven supports;

5. Social and community integration.

While Housing First offers a sustainable solution to ending a person's homelessness, the success of the program is dependent on robust partnerships between housing providers and multi-disciplinary services working collaboratively to deliver a holistic service response to the individual needs of people. The development of such collaborative partnerships is central to a Housing First approach.

5.3 POLICIES AND PROCEDURES

It is good practice for organisations providing assertive outreach services to develop clear policy guidelines to support service delivery. Such policies assist workers in their practice and reduce the risk of re-traumatisation to people.

Consideration of the following operational policy areas is critical to ensuring the delivery of diligent practice to people who

[17] National Alliance to End Homelessness Solution Brief (2006) Http://Www.Endhomelessness.Org/Library/Entry/What-Is-Housing-First

are sleeping rough:

Risk assessment and management:

- When undertaking a risk assessment, it is necessary to determine the level of harm a client is potentially exposed to, the clients' willingness to engage, identify any risk issues / needs and develop a plan to manage the risk.

- In line with work place safety, all assertive outreach workers should have access to mobile phones, undertake outreach in pairs, communicate information on ETA's visits to hot spot locations and maintain an activities log.

Data collection and sharing information:

- Not all SHS providers use CIMS. However, all SHS are required to submit monthly data to FACS consistent with the FACS Homelessness Data Specifications to collect and record individual data.

- It is recommended that services keep separate data on engagement with individuals as the CIMS platform has limitations in being able to capture the nuance of this work.

- Effective assertive outreach is dependent on an integrated collaborative response to support the holistic needs of individuals. All communication between collaborator agencies should be in line with the organisation's confidentiality and information sharing protocols to ensure

a person's privacy is protected and maintained.

Working with diverse cultures:

- To support a person centred approach it is essential that responses are flexible and tailored to the cultural needs of individual clients. This can be achieved by access to training in cultural competence, engaging culturally specific service providers and workers being guided by the clients stated cultural needs.

Staff supervision, training, and development:

- To reduce the likelihood of vicarious trauma and to support professional development, all assertive outreach workers should receive professional supervision on a regular basis.

- Given the often-complex needs of people experiencing primary homelessness, it is imperative that workers are trained in mental health, alcohol and other drugs, cultural competence, trauma informed care, domestic and family violence and the effects of chronic homelessness.

- All workers should complete a formal induction process, be continuously engaged in reflective practice, and undertake regular appraisals with their line manager. As part of this appraisal, training and personal development needs are identified and negotiated.

- Individual assertive outreach services should have partnerships that reflect a range of expertise and skills sets to utilise sector knowledge.

Protocol for visiting hot spots:

Given assertive outreach workers enter hot spots in an uninvited capacity, it is essential that organisations have clear protocols in place when visiting hot spots. Such a protocol minimises risks to worker safety and promotes respectful practice when providing services to people who are sleeping rough. The following issues are considered as central to effectively working in hot- spots:

- Planning when visiting hot spots: a key element of good practice is the necessity to develop clear plans when visiting hot-spots. Such a plan provides a practice framework and supports an efficient response to the immediate needs of people. The plan should include accessible tools to respond to individual needs, street-based risk assessment tools, streamlined referral processes to appropriate services, access to phones, first aid, shifts should be planned around a persons' needs and follow-up processes.

- When entering a hot-spot where Aboriginal Torres Strait Islander people are situated it is particularly significant to seek permission to enter the area.

- Risk management strategies: providing services to people sleeping rough can

be a highly unpredictable environment, due to the complexity of client issues and unknown environments. It is critical for organisations to implement well-defined risk management strategies to reduce the likelihood of vicarious trauma to workers and re-traumatisation to clients. The following strategies should be implemented as operational policies when working in hot spots: induction and training for all workers; planned visits to hot spots; delegated roles within the outreach team; skills in assessing the environment; back-to-base communication strategies; access to debriefing for workers, and excellent knowledge and engagement of the broader service system.

- Communicating with anchors: when entering a hot-spot on the first occasion, it is good practice for workers to assess which person in the homeless group takes a lead in the group dynamic and activities – such a person is referred to as an anchor and is generally regarded by other members of the group with respect and a spokesperson. Acceptance from the anchor can reduce ambivalence for other group members as they observe interactions along with potential outcomes. Communicating with anchors is particularly respectful when working in hot-spots where Aboriginal Torres Strait Islander (ATSI) people gather. The anchor in such a culturally significant hot-spot is the group Elder and is the spokesperson for the group.

Severe Weather Response Protocol

As a prevention strategy, it is good practice for assertive outreach services to develop a severe weather emergency protocol to protect clients from exposure to harsh elements when sleeping rough. It is recommended that such a plan be developed collaboratively with local government and non-government agencies. Such a collaborative response increases the capacity of resources and delivers a unified response.

Local government and non-government agencies should proactively identify any weather that could increase the risk of serious harm to people sleeping rough and put measures in place to minimise this. This includes extreme cold, wind, rain, and heat.

For further information on Operational Policies and Procedures refer to Section 9 of these Practice Guidelines.

5.4 UNDERSTANDING YOUR CLIENT GROUP- COLLECTING DATA

Understanding the vulnerability of people and collecting the demographic data assists organisations to effectively plan and organise services around the individual needs of people.

Upon initial contact with a person, a risk assessment should be completed to determine and manage any potential risks. Such an assessment can be undertaken by administering the SHS Initial Assessment (IA). The IA plays a fundamental role in identifying a person's safety, demographic information, and the health and social needs of a person. The IA is endorsed as a common assessment tool and assists practitioners to identify what other services and actions are required to address the complex needs of a person. Naturally, this process includes gaining the consent of the person, in line with the FACS-produced "Client Consent, Information Sharing and Referral Protocol"

http://www.housing.nsw.gov.au/__ data/assets/file/0003/381639/SHS- ClientConsent-Protocol.pdf

When working with people experiencing primary homelessness, it is good practice to understand the size of the population and the vulnerabilities of a person. Such information can be accessed by applying methods such as the Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT) and undertaking a Registry Week in specific geographic locations.

The Vulnerability Index – Service Prioritisation Decision Assistance Tool is a valid and reliable method used as a pre-screening, or triage tool, that is designed to be used by providers to assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available[19]

[18] SWEP and Extended Winter Provision: Engaging Rough Sleepers in winter. Innovations and Good Practice Team (2013)

[19] http://www.homelessnessnsw.org.au/images/stories/documents/Absolutely_FINAL_registry_week2015_report.pdf

Registry Week is the name given to a methodology used to develop an accurate registry of the needs of the primary homelessness in a city, town or suburb by identifying individuals who are permanently, or frequently, living on the street.[20] The purpose of registry week is to identify the most vulnerable homeless people by name and location in order to prioritise them for housing and to determine the required levels of support for each person.[21] Understanding the level of support assists service providers to develop an integrated service response to meet the needs of people.

6. ENGAGEMENT

6.1 ROLE AND ATTRIBUTES OF THE ASSERTIVE OUTREACH WORKER

The role of assertive outreach is to develop effective rapport with individuals, respond to immediate needs, provide linkages to services and resources, support clients to connect to services and ultimately to end rough sleeping. To assist people to work towards this change, it is imperative that outreach workers possess a range of personal attributes to inform their practice and purposefully establish effective relations with a person.

A collaborative relationship between an outreach worker and a person is critical to the process of successful engagement. Erickson & Page (1998) highlight the tenuous nature of engagement as an art, best described as a dance, requiring a balance between assessing a clients' interest in receiving support and understanding their ability to lead.[22] Such a balance requires outreach workers to possess attributes such as discernment, transparency, and resilience in order to adjust their response to support person-centred practice. By doing so, a trauma informed care approach is adopted.

Evidence highlights primary homeless populations as having a high prevalence of historical and current exposure to trauma. It is, therefore, the responsibility of outreach workers to take measures to ensure a safe and dependable experience for clients. Such an experience requires workers to have a good understanding of the service system and to be able to accurately assess the needs of a person in order to develop an integrated service response to a person's individual needs.

Transparency in service provision is also key to enhance a feeling of safety and control for people. Staff should involve

[20] http://www.commongroundaustralia.org.au/other-initiatives/

[21] http://www.commongroundaustralia.org.au/other-initiatives/

[22] Erickson, S & Page J (1998, p1). To Dance With Grace: Outreach & Engagement To Persons On The Street. The 1998 National Symposium on Homelessness Research

a person in all conversations relating to their needs and support so that they know what to expect. It is also critical to build upon the person's strengths, positive behaviors and to encourage a sense of hope for the future.

Effective assertive outreach workers are required to possess a range of skills and qualifications in working with complex needs - mental health, AOD, trauma, culturally sensitive practice, advocacy, and effective sector collaboration. In terms of academic qualifications, a good minimum starting point is the Certificate IV Community Services, offered by TAFE and other providers. Within the role of assertive outreach worker are various sub-roles, such as advocate for the homeless consumer with the broader homelessness sector and with mainstream services, a therapeutic alliance-builder with the client so that they feel safe and free to express themselves authentically, as well as a 'salesperson' to a new life.

For further information on engagement and assertive outreach worker attributes refer to Section 7 of the Assertive Outreach Resource Manual.

7. ASSESSMENT

Assessment can be defined as the process of discovering the immediate, short- and long-term needs of a person and consider these against the skills, resources, and capacity of the outreach program to meet these needs. It is a process of identifying the most appropriate interventions for the individual and how to address these in an efficient and constructive way. Again, reference must be made to the FACS-produced "Client Consent, Information Sharing and Referral Protocol". See page 26 of this document for the link to that tool.

The assessment process may take considerably longer when working with people who are rough sleeping as opposed to in-service clients. This is due to the necessity to develop rapport and to be able to engage with people in an environment that encourages relationship building.

Assessment commonly occurs in three stages: initial screening, comprehensive assessment, and reassessment. Assessment can be ongoing throughout the engagement process. Every interaction, intervention and observation accumulates to provide an informed perspective about the person, their needs, and strengths.

Initial screening involves undertaking a

street-based risk assessment to determine any potential risks and immediate needs. Immediate needs are the issues that the person first presents with and those most important to them. They may include safety, housing, financial support, relationship, or material aid.

It is useful to identify any needs quickly because if some of the immediate needs can be resolved promptly, this can contribute to build trust and engagement with the person. These immediate needs may be the basis of engagement with the person in the first few days or weeks of support whilst a more comprehensive assessment is completed.

It is vital that the holistic needs of people are reflected in case planning. Determining such needs involves an ongoing process of engaging with people through observation and gathering information from a range of sources including the person and other support providers.

As the person's needs change it is necessary to undertake a reassessment. The process of reassessment may be based on new information and/or changed circumstances for the person. The persons' case plan should be updated regularly to reflect growth and changing needs.

For further information on Policies and Assessment refer to Section 9 these Practice Guidelines.
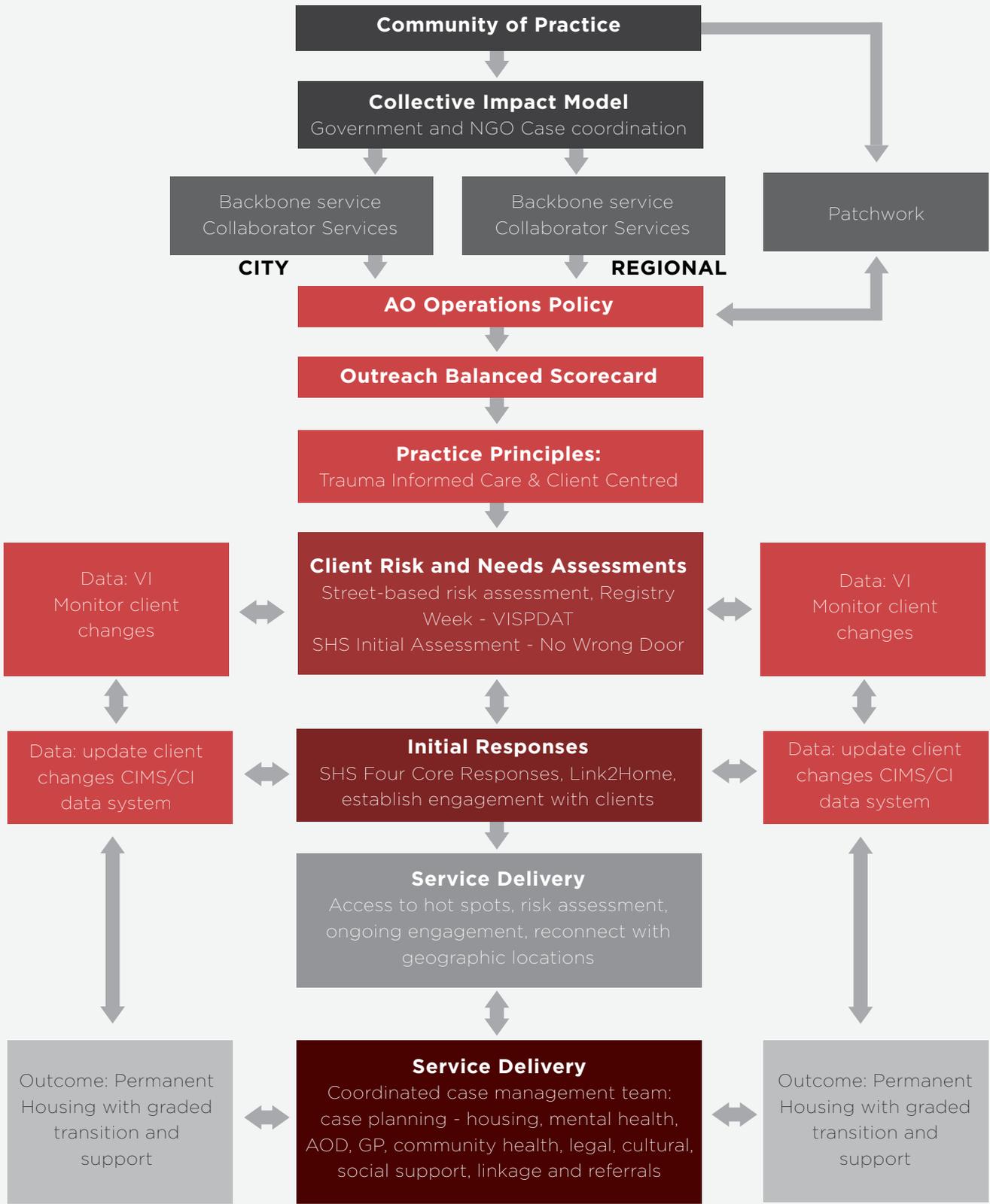
8. MONITORING AND EVALUATION

Specialist Homeless Services use the Quality Assurance System (QAS) to undertake regular reviews and evaluate the effectiveness of service activities.

Services providing specific assertive outreach programs should consider implementing the Outreach Balance Scorecard to undertake a self-assessment relative to improving assertive outreach practice.

See link for the Balance Scorecard Template:

http://webarchive.nationalarchives. gov.uk/20120919132719/http://www. communities.gov.uk/documents/ housing/pdf/1328010.pdf

PROPOSED MODEL FOR SHS ASSERTIVE OUTREACH (AO) FOR PRIMARY HOMELESSNESS

Community of Practice

Collective Impact Model
Government and NGO Case coordination

Backbone service
Collaborator Services

Backbone service
Collaborator Services

Patchwork

CITY

REGIONAL

AO Operations Policy

Outreach Balanced Scorecard

Practice Principles:
Trauma Informed Care & Client Centred

Data: VI
Monitor client
changes

Client Risk and Needs Assessments
Street-based risk assessment, Registry
Week - VISPDAT
SHS Initial Assessment - No Wrong Door

Data: VI
Monitor client
changes

Data: update client
changes CIMS/CI
data system

Initial Responses
SHS Four Core Responses, Link2Home,
establish engagement with clients

Data: update client
changes CIMS/CI
data system

Service Delivery
Access to hot spots, risk assessment,
ongoing engagement, reconnect with
geographic locations

Outcome: Permanent
Housing with graded
transition and
support

Service Delivery
Coordinated case management team:
case planning - housing, mental health,
AOD, GP, community health, legal, cultural,
social support, linkage and referrals

Outcome: Permanent
Housing with graded
transition and
support

APPENDIX 1

9. ASSERTIVE STREET-BASED OUTREACH OPERATIONAL POLICY

INTRODUCTION

These policies aim to provide guidance to Specialist Homeless Services (SHS) assertive outreach programs to effectively deliver services to people who are sleeping rough. In doing so, workers collaborate with people to work towards improving the person's quality of life, in an environment that facilitates personal growth and provides opportunities to end homelessness and reintegrate into the community.

Effective assertive street-based outreach service delivery is ultimately about improving a person's quality of life, and experience of services. The service aims to:

- Proactively engage and collaborate with people sleeping rough, whenever possible, with the view to identifying personal aspirations and working towards their expressed goals.

- Provide an intensive and coordinated team approach, to support people who experience complex needs

- Minimise the harmful effects of rough sleeping

- To undertake effective case coordination in collaboration with government and non-government organisations.

9.1 OBJECTIVES

- To develop proactive engagement skills to facilitate effective working relationships with people reluctant to engage with traditional services.

- To work in an integrated manner with other locally based services to address the holistic needs of people.

- To provide a service that recognises local demographic factors that affect service uptake and to target marginalised groups.

- Offer emotional and practical support to people living in street-based environments.

- Use the person centred approach to build on the person's strengths and encourage their ability to make choices about their life by fostering movements

towards independence.

- Support people to define and make sense of their experiences, and facilitate progress towards resolution of personal dilemmas.

- Facilitate access to a full range of health services, for promoting physical and mental wellbeing.

- Being flexible in the intensity and timing of support offered.

- Support each person to obtain or retain the most suitable accommodation.

- Support each people to obtain and retain financial benefits.

- Where appropriate, collaborate with the person to reconnect with family and social relationships, and develop supportive social networks.

- Deliver support, which is sensitive to the cultural beliefs, values, and cultural practices of the person.

- Collaborate with the person and specialist services to identify and reduce the effects of mental illness and substance misuse.

- Respond rapidly to changing needs and identify increased associated risk factors.

- Offer people living in primary homelessness a range of social inclusion activities, based on their expressed needs.

- Link people up to multi-disciplinary health services / practitioners that will assist individuals to address their physical and mental health needs.

9.2 PURPOSE

The purpose is to provide operational policies for the delivery of assertive outreach services to people who are sleeping rough, and outline how the core components of effective practice can be delivered across a diverse geographical area. It is a document that can be adapted and reviewed in line with local needs.

It provides an operational framework to support collaboration and provide guidance to assertive outreach workers and / or teams on response procedures.

9.3 OPERATIONAL CRITERIA

Manageable caseloads, agreed individually with workers, using the line management process. Caseload numbers should be dependent on the individual needs of people who are sleeping rough - taking into consideration complexities and risk. Service delivery should provide the following:

- offer a comprehensive range of interventions;

- provide service in team approach;

- provide ongoing engagement where appropriate;

- multi-disciplinary response with relevant specialist services;

- develop a co-case management plan when providing case management services;

- develop 'one plan' co-case management approach to include all services providing support to an individual;

- triage intake assessment to asses a person's vulnerability.

9.4 AIMS OF ENGAGEMENT

Assertive outreach is a street-based response that aims to provide services directly to homeless people living in public spaces. Street-based outreach enables workers to respond directly and immediately to a person's needs by bringing services to a person rather than waiting for them to come to services on their own.

People who have complex needs and have difficulty maintaining engagement with services can be referred to the assertive outreach service.

9.5 SERVICE CRITERIA

People must be experiencing or are at risk of primary homelessness. The following criteria might be evident when engaging with clients:

- the person is experiencing primary homelessness;

- the person has a history of homeless transience;

- the person has trouble in maintaining meaningful engagement with traditional services;

- the person has a range of complex needs;

- the person has a history of violence or persistent offending;

- the person experiences difficulties in accessing mental health treatment;

- the person is at risk of persistent self-harm, neglect, and/or social exclusion / isolation, vulnerable to abuse or exploitation by others.

9.6 REFERRAL

Generally, people who are sleeping rough are not referred to an assertive street-based outreach program due to the ad-hoc nature of engaging with people living in public spaces or through self-referrals. However, the assertive outreach program will receive referrals and collaborate with external service providers wishing to refer people who are located and / or identified as sleeping rough or at risk of primary homelessness.

9.7 ASSESSMENT

Assertive street-based outreach workers will undertake the following assessment process:

- workers will attend the location where the person is situated

- depending on the person's capacity or interest to engage, a street-based assessment should be completed

- if the person does not wish to engage and is not at risk of harm, workers will leave their details should the person wish to engage in future

- if the person is open to engaging but not wishing to have an assessment completed, workers will continue to engage informally

- a response will be developed according to the person's identified needs

- responses may include the following:

  · complete a Specialist Homeless Service (SHS) Initial Assessment form

  · determine the current level of risk/s

  · determine one of the SHS four core responses

  · refer to an appropriate provider and / or Link2Home

  · referral to housing and health services and

  · where necessary; a duty of care response to emergency services

9.8 REFERRAL TO THE ASSERTIVE OUTREACH TEAM

As highlighted in the community of

practice and collective impact model literature, it is good practice for assertive outreach services to collaborate as part of a team with existing specialist services. Such collaboration addresses individual service limitations and provides an integrated response when working with people who are sleeping rough.

Following the initial engagement and assessment period, it is expected that assertive outreach workers will arrange referrals to specialist services.

9.9 COORDINATED CASE MANAGEMENT

Where appropriate, following initial engagement, the delivery of case management practice should be provided to assist people to work towards their identified goals.

Given the multiple and complex needs of people with a history of long-term homelessness, it is recommended a coordinated case management model is adopted to ensure an integrated service response.

9.10 TEAM SKILL SET

Individual assertive outreach services should have partnerships that reflect a range of expertise and skills sets. In collaboration with the broader service network, the following knowledge and skills are required to provide an effective assertive street-based outreach response:

- frontline workers with the required attributes to engage effectively with people who are rough sleeping

- qualified social workers

- psychologists

- drug and alcohol services

- workers trained in mental health

- staff trained in cultural competence

- ATSI and CALD identified workers

- trained in trauma informed care and practice

- training in delivering assertive outreach services

- access to community mental health services

- housing workers

- local council representatives

- workers or representatives with lived experience

9.11 TEAM MEETINGS

There are two forms of team meetings that should occur on a regular basis.

- Internal staff meeting: A minimum standard of daily handover, which should provide detailed feedback of engaging with people sleeping rough, and any follow up actions.

- Coordinated case management

meetings: Convened fortnightly to review the progress of a person's access to housing and other supports. Identify the individual needs for new referrals and identify existing clients whose desired outcomes are not being achieved and who may require a review of the approach to coordinated case management, and/or access to other supports beyond the existing team.

All team meetings require effective documentation strategies to ensure relevant client information is recorded appropriately and accessible, if follow up is required.

9.12 MANAGING SHIFTS

To support Work Health & Safety practice, it is recommended that workers always pair up when working in hot spots and accessing unknown environments.

It is good practice for services to develop an 'activity sheet' which identifies the periods of access, ETAS's visits to hot-spot locations, engagement with people, actions taken, and a record of any required follow up.

All assertive outreach workers should be aware of the progress of each person the organisation is working with. This is to ensure a continuum of care across shifts. Each patrol is required to follow up any outstanding work or issues from the previous shift.

Any risk issues discussed in handover or reported will be immediately documented in the person's risk assessment and included in their support plan.

9.13 WORK HEALTH & SAFETY

The assertive outreach service should follow the existing policies and procedures governing the safe and effective practice of Work Health & Safety.

Work Health and Safety legislation should be adhered to, and necessary precautions taken to ensure the welfare of workers and people who are engaged with the outreach program.

In line with the organisations work place safety strategies, all workers should have access to mobile phones and undertake outreach in pairs.

9.14 STAFF SUPERVISION

To reduce the likelihood of vicarious trauma, and to support professional development, all assertive street-based outreach workers should receive professional supervision regularly.

9.15 TRAINING AND DEVELOPMENT

The training and development competencies across the service will be reviewed by line management and through team discussion and individual supervision. This is to ensure the use

of resources focuses on the needs for delivering an effective assertive outreach service.

New workers will be given a formal induction program when commencing with the team. The team will follow a course of continual evolution and review. Team development will be given priority and met by development training and supervision days. Individual team members will be encouraged to develop specialisms, which will benefit the target group and team.

Each staff member will participate in a system of appraisal with their line manager. As part of this appraisal, training needs and personal development will be identified and negotiated.

9.16 ROLE OF ASSERTIVE OUTREACH WORKERS

All assertive outreach workers will be involved in all client related activities, whilst still recognising individual personal and professional specialist skills, attempting to match these to specific needs. The following is not an exhaustive list, but covers the main expectations of activities of workers:

- creative, meaningful engagement with people experiencing primary homelessness;

- assessment (including risk, needs, goals and strengths)

- case planning, implementation, evaluation, and review (to include relapse prevention, crisis resolution/ contingency planning)

- referring people to appropriate accommodation resources and housing providers

- facilitating access to physical and mental health support services

- consideration for cultural and spiritual well-being

- collaboration with substance misuse services

- collaboration with the criminal justice system

- collaboration towards social inclusion

- person centred advocacy

- interagency and multidisciplinary liaison

- reconnecting people with family, friends, and social supports where appropriate

- advocacy to reduce stigma and discriminatory practices of people who are sleeping rough

9.17 COLLABORATION

Effective functioning of an assertive outreach service largely depends on integration and good communication with other government and non-government organisations. The aim is to promote continuity of care, and to ensure that identified needs of individuals is met by the appropriate service providers.

Ideally, all communication with these providers will be discussed with the individual first. All communication to other providers will be in line with the organisation's confidentiality policy and information sharing protocols to ensure the persons' privacy is maintained at all times.

9.18 EXITS

While assertive outreach work is not time limited, changes can occur in a person's circumstances where exit arrangements are appropriate. The following changes may be conducive to exiting a client from receiving support:

- the person is linked up with a good support network and is no longer requiring assistance

- when the person determines they either no longer need the support or are unwilling to receive support

- the person is living in permanent housing, is linked in with a support network and is therefore no longer sleeping rough

- the person has relocated to another area; in this case, and with the person's consent, a referral to an area provider should be completed

9.19 DATA COLLECTION

All SHS organisations providing assertive street-based outreach will submit monthly data to FACS consistent with the FACS Homelessness Data Specifications to collect and record individual data. Most SHSs will use the Client Information Management System (CIMS) to collect and record data for this purpose. Any information which is beyond the capacity of the CIMS should be recorded in an agencies alternative data collection system.

9.20 MONITORING AND EVALUATION

SHS organisations use the Quality Assurance System (QAS) to undertake regular reviews and evaluate the effectiveness of service activities.

An Outreach Balance Scorecard can also be used by service providers to undertake a self-assessment relative to monitoring and improving assertive outreach services.

See link for the Balance Scorecard Template:

http://webarchive.nationalarchives. gov.uk/20120919132719/http://www. communities.gov.uk/documents/ housing/pdf/1328010.pdf

10. CULTURALLY SENSITIVE PRACTICE CHECKLIST

It is good practice for assertive outreach workers (AOW/s) to have a good knowledge in culturally sensitive practice when delivering services to people who are sleeping rough. It is recommended AOW/s receive formal training to increase their skills in developing positive relationships and enhance their knowledge of the issues relevant to diverse identities.

The following is a checklist to assist organisations and assertive outreach workers to practice cultural sensitivity when working with diverse identities / communities.

CULTURALLY SENSITIVE PRACTICE	YES	NO
Does the organisation have policies and procedures in place to inform culturally sensitive practice?	☐	☐
Are AOW/s trained in culturally sensitive practice?	☐	☐
Do AOW/s have an awareness of culturally significant locations / history where people who are rough sleeping congregate?	☐	☐
Are culturally specific responses developed in collaboration with the person who is sleeping rough?	☐	☐
Are culturally specific services / representatives / materials easily accessible?	☐	☐
Does the Assertive Outreach Team regularly collaborate with culturally specific community organisations?	☐	☐
Do AOW/s recognise the role that family and kinship plays in a person's life?	☐	☐
Where appropriate, are there strategies in place to include family and kinship into planning?	☐	☐
Are AOW/s open to learning and asking questions about the person's culture?	☐	☐
Are interpreter services easily accessible when required?	☐	☐
Do AOW/s understand the impacts of trauma relative to marginalised cultural groups?	☐	☐
When working with Indigenous people - are AOW/s aware of the importance in seeking permission to enter a location?	☐	☐

11. TRAUMA INFORMED CARE & PRACTICE CHECKLIST

It is good practice for assertive street-based outreach programs to be embedded on the principles of trauma informed care and practice (TICP). Trauma informed care acknowledges the impact of trauma in a person's life and aims to reduce the likelihood of re-traumatisation through practice. Such practice supports a person who is sleeping rough to work towards empowerment by focusing on the person's strengths and promoting choice.

The following is a checklist to assist service providers to determine whether their practice is based on trauma informed care principles.

ORGANISATIONAL CHECKLIST	YES	NO
Does the organisation have a clear TICP policy statement?	☐	☐
Does the policy statement identify the relationship between trauma and providing street-based assertive outreach to people who are living in primary homelessness?	☐	☐
Is the policy endorsed by the organisation's leadership?	☐	☐
Are all assertive outreach workers informed of the TICP policy statement?	☐	☐
Are all assertive outreach workers trained in TICP?	☐	☐
Do assertive outreach workers receive supervision regularly to reduce the potential risk of vicarious trauma?	☐	☐

SERVICE DELIVERY CHECKLIST	YES	NO
Are services based on an optimistic, strengths-based, and evidence-informed TICP model?	☐	☐
Is the assertive outreach program delivered in collaboration with other service providers?	☐	☐
Is collaboration inclusive of people who are rough sleeping?	☐	☐
Do assertive outreach workers demonstrate flexibility, respect and a non-judgmental attitude when delivering services?	☐	☐
Is the person who is primary homeless involved in the decision-making process regarding service options?	☐	☐
Is a person centred approach maintained throughout service delivery?	☐	☐
Are assertive outreach workers (AOW/s) trained in cultural competence and deliver services in a culturally respectful manner?	☐	☐

ENGAGEMENT WITH PEOPLE WHO ARE EXPERIENCING PRIMARY HOMELESSNESS	YES	NO
Is engagement aimed at building a relationship with the person based on respect, trust, and safety?	☐	☐
Is engagement focused on a strengths-based perspective?	☐	☐
Are questions and statements framed with empathy, being careful not to be judgmental?	☐	☐
Are the person's coping behaviours framed as ways to survive?	☐	☐
Do AOW/s explore with the person alternative ways to cope?	☐	☐
Are responses to disclosure validated?	☐	☐
Do AOW/s feel equipped to engage with people about a possible history of trauma if the person has behaved or is currently behaving abusively to themselves or others?	☐	☐

Do AOW/s ensure there is enough time for questions and concerns that the person may have?	☐	☐
Do AOW/s check-in with the person to ensure they are comfortable with the conversation and know that they do not need to answer questions and/or go into detail?	☐	☐
Do AOW/s acknowledge a person's abilities to survive and highlight resilience as a strength?	☐	☐
Do AOW/s ensure people feel comfortable during assessments and procedures, and adjust these processes if / when required?	☐	☐
During an assessment - do people experiencing primary homelessness set the pace, slow down and have any breaks if / when required?	☐	☐
Do AOW/s ensure the person understands they have choices about referrals?	☐	☐
Do AOW/s understand the significance of cultural sensitivity relative to trauma?	☐	☐

REQUIRED STRATEGIES BASED ON CHECKLIST OUTCOMES

12. WORKING IN HOT-SPOTS CHECKLIST

It is good practice for assertive outreach workers (AWO/s) to have good knowledge and skills when visiting hot-spot areas. Such knowledge supports work health & safety practice and enhances the opportunity for more effective engagement and collaboration with people accessing hot-spots.

The following is a checklist to assist organisations to effectively plan their visits to hot-spots and to consider the resources required to deliver assertive outreach services.

PLANNING CHECKLIST	YES	NO
The organisation has policies and procedures in place for working in hot-spots.	☐	☐
Staff are appropriately inducted into the role of AOW and working in hot-spots is included in the induction.	☐	☐
AOW/s document and record their locations and ETA in the Outreach Log.	☐	☐
AOW/s are equipped with mobile phones and lap-tops to address any immediate needs relative to referral and access to information.	☐	☐
AOW/s are aware and trained in back-up security responses and can assess environments for potential risks.	☐	☐
AOW/s are equipped with a first aid kit, fit packs, a sharps disposal container, gloves, safe sex equipment, referral to emergency services.	☐	☐
AOW/s have access to templates to conduct a Street-based Risk Assessment	☐	☐
When working in a team the role of each team member is clarified prior to accessing a hot-spot.	☐	☐
AOW/s have access to service pamphlets and a good understanding of the broader service network.	☐	☐
AOW/s access hot-spots in pairs and have an active communication plan in place to reduce risk and respond effectively.	☐	☐
AOW/s are appropriately supported through access to team supervision or one-one debriefing.	☐	☐
The program has service agreements with a range of providers that outlines an efficient referral pathway; potential partnerships include, housing providers, crisis and transitional accommodation, Centrelink, health services, AOD and mental health.	☐	☐

REQUIRED STRATEGIES BASED ON CHECKLIST OUTCOMES

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