Homelessness NSW

SPECIALIST HOMELESSNESS SERVICES
ASSERTIVE OUTREACH RESOURCE MANUAL

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INTRODUCTION

The assertive outreach resource manual aims to equip Specialist Homelessness Services (SHS) with the necessary information to effectively deliver assertive outreach services to people who are sleeping rough.

The manual is intended to compliment the assertive outreach practice guidelines by providing explanatory notes and a literature review on international and national evidence-based practice models, guidance on good practice in service delivery and conceptual frameworks to assist practitioners.

1. UNDERSTANDING THE CONCEPT OF ROUGH SLEEPING AND OUTREACH

Rough sleeping is broadly defined as people sleeping, or bedded down, in the open-air, or in shelter not fit for human habitation.[1] This type of homelessness is categorised as primary homelessness.

Street-based outreach is based on the principle of harm reduction, by aiming to reduce the adverse effects of living in public places and improve the health and housing outcomes of people experiencing primary homelessness. Outreach workers actively approach people on the streets and offer supports related to accommodation and health services. Street-based outreach enables workers to respond directly and immediately to the individual needs of people by bringing services to them rather than waiting for individuals to access services on their own.[2]

A distinguishing feature of assertive outreach is its intent to work towards resolving homelessness by government and non-government organisations working collaboratively. Such an arrangement delivers an integrated services response and increases the potential for people who are sleeping rough to access both specialist health professionals and permanent stable housing.[3]

Assertive outreach programs work with people over extended timeframes to support their transition from rough sleeping to housing and support. This

[1] 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.

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

[3] Phillips & Parcell (2012). The Role of assertive Outreach in ending 'rough sleeping' https://www.ahuri.edu.au/__data/assets/pdf_file/0010/2062/AHURI_Final_Report_No179_The_role_of_assertive_outreach_in_ending_rough_sleeping.pdf

strategy supports person-centred practice as service provision is tailored to individual needs as opposed to a time-bound programmatic response.[4]

One of the fundamental tasks of assertive outreach is to form and sustain relationships with people experiencing primary homelessness. Such a relationship is embedded in trusting communication, respect for personal autonomy and the promotion of empowerment.[5] It is important that outreach workers and / or teams possesses the ability to facilitate the process for change, accurately assess a person's needs, advocate on behalf of a person, work collaboratively with a range of service providers and possess knowledge in mental health, AOD, housing options and cultural specific services.

1.1 UNDERSTANDING DATA ON ROUGH SLEEPING

When accessing data on rough sleeping it is important to determine the definition of rough sleeping and the specific information that a data set aims to collect.

In Australia, homelessness is commonly defined in three categories, primary, secondary, and tertiary homelessness.

1.2 HOW IS HOMELESSNESS DATA COLLECTED?

There are three key methods to collecting data on homelessness;

- The Australian Bureau of Statistics (ABS) collects data on homelessness, including primary homelessness every five years during the national Census.
- The Australian Institute of Health & Welfare (AIHW) collects statistical information on people engaged in the Specialist Homeless Services program.
- The homeless street-count occurs across regions in NSW every six months, most regularly by the City of Sydney City Council, Parramatta City Council, and in the Nepean region. The data set is used to provide demographic information about the key issues affecting people experiencing primary homelessness and to assist community organisations to plan and deliver services according to the identified needs of the homeless population.

More recently, Registry Week is an additional data set used to collect information. Registry Week is the name given to a methodology used to develop an accurate registry of the needs of the

NSW	ABS (2011) 1920 people counted as sleeping rough	Primary homelessness: people without conventional accommodation - living in the streets, in deserted buildings, improvised dwellings, under bridges and in parks.

[4] Phillips & Parcell (2012). The Role of assertive Outreach in ending 'rough sleeping' https://www.ahuri.edu.au/__data/assets/pdf_file/0010/2062/AHURI_Final_Report_No179_The_role_of_assertive_outreach_in_ending_rough_sleeping.pdf

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

rough sleepers in a region. The purpose of registry week is to identify the most vulnerable homeless people living on the street by name and location in order to prioritise them for housing and to determine the required levels of support for each person.[6]

1.3 NSW HOMELESSNESS DATA

In 2011, the Australian Bureau of Statistics recorded the national calculation for primary homelessness was 6813, across the states and territories. NSW recorded the highest number of primary homelessness, being 1920.

Comparative to the 2001 census, in 2011 there was a 23 percent decrease in primary homelessness nationally. However, over the same period, the number of persons classified as rough sleeping in NSW increased by over 13 percent. Such an increase may reflect the lack of affordable housing in NSW,[7] as well as other factors such as a lack of support services.

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

1.4 HOMELESS STREET COUNTS

The homeless street count aims to collect accurate and up-to-date information about the number of people sleeping rough in local areas. People occupying beds in temporary shelters and homelessness hostels are also counted. This information assists organisations to develop responses to homelessness according to need and is used to advocate to state and federal governments for the resources necessary to achieve sustainable solutions to homelessness.[8]

In Australian states and territories, street counts commonly occur in February and August; this is to reflect seasonal changes that may contribute to homelessness. In August 2016, the City of Sydney's street count found an 18 per cent decrease in the number of people sleeping rough on Sydney's streets compared to the February 2016 street count. While the decrease reflects seasonal change, it is also due to the success of more people being assisted into stable housing because of the Homelessness Assertive Outreach Response Team (HART), a partnership between City of Sydney's and NSW Family & Community Service working collaboratively with health, housing and homelessness services.

Refer to the Assertive Outreach Practice Guidelines for information on the HART model and outcomes.

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

[7] 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

[8] http://www.cityofsydney.nsw.gov.au/community/community-support/homelessness/street-count

1.5 SPECIALIST HOMELESSNESS SERVICES COLLECTION (SHSC)

The Specialist Homelessness Services Collection commenced in July 2011 (previously the Supported Accommodation Assistance Program SAAP) and is the main source of current data providing information about access and outcomes in specialist homelessness services. Each year the AIHW produces reports on the Specialist Homeless Services Collection. The annual SHSC reports include information about the following:

- the number of people supported by the program each year
- the demographic characteristics of people accessing SHS
- the type of support required by SHS and the extent to which support was provided
- the circumstances of people before and after accessing SHS support
- unassisted requests for service

2. PRACTICE MODELS

Coleman et al (2013) distinguish two models of providing services to people who are sleeping rough: the traditional model and the contemporary model.[9]

Traditional model

Traditional outreach is focused on providing services through street-based contact and places emphasis on providing a continuum of care whilst a person is sleeping rough.

In such a model, services are provided to offer emergency relief through material aid such as food, drink, clothing, and referral to shelters.[10]

Contemporary model

The contemporary model of assertive outreach is focused on a more 'persistent' approach when delivering services and seeks to develop long-term outcomes. An example of this is ending homelessness by providing permanent housing with wrap-around support.[11]

Another key distinction between the two models is in the composition of service delivery. In traditional outreach, there is a greater propensity for organisations to work as silos as opposed to an integrated response that delivers a multi-disciplinary approach to support people.

[9] 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

[10] Quine, S., Kendig, H., Russell, C., & Touchard, D. (2004) Health promotion for socially disadvantaged groups. Health Promotion International, 19(2), 157- 165.

[11] 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

Phillips (2012: 13) articulates three distinctive features of contemporary assertive outreach:

- Its aim to permanently end homelessness through sustainable resources
- Its use of an integrated approach
- Its persistent long-term engagement with people to support the transition from rough sleeping to stable housing.[12]

2.1 CONTEMPORARY MODELS OF ASSERTIVE OUTREACH

The delivery of contemporary assertive outreach in Australia has essentially centred on the Housing First approach – such as Street to Home (S2H) programs funded under the National Partnership Agreements on Homelessness (NPAH) between the Commonwealth and the states and territories.[13]

2.2 STREET TO HOME (S2H)

Street to Home (S2H) is the most prominent program delivering assertive outreach services in Australia. Since 2008, it has been introduced in several states and territories: Way2Home in NSW, the Micah Project in Brisbane and Homeless to Home in South Australia.

The S2H program targets people sleeping rough with 'persistent and long-term engagement'.[14] S2H attempts to end homelessness by delivering persistent and purposeful street-based outreach services through the provision of housing and access to support when a person has been accommodated.

Parsell & Jones (2012: 21) describe the S2H program as a 'collective of ideas and responses to homelessness'. Street to Home was first developed in New York and is based on the Housing First and Common Ground approaches from the United States, England, and Scotland.[15] There are four guidelines for the Common Ground Street to Home program:

- identify and record people who are permanently homeless;
- establish a priority list of those who are most vulnerable using the 'vulnerability index tool;
- simplify the process for people needing services; an example of this is for partner organisations to work from one-plan per person, and
- Organise services for people.[16]

Assertive outreach is a critical element in the S2H programs. In New South Wales, the 'Way2Home' service, based on the S2H model, was developed under the Homelessness Action Plan (NSW

[12] Phillips, R., & Parsell, C. (2012). The role of assertive outreach in ending 'rough sleeping'. Melbourne Australian Housing and Research Institute

[13] Black, C. & Gronda, H. (2011). Evidence for improving access to homelessness services. Australia Housing and Urban Research Institute: Melbourne.

[14] Phillips, R., Parsell, C., Seage, N. & Memmott, P. (2011). Assertive Outreach. Melbourne: Australian Housing and Urban Research Institute

[15] Phillips, R., & Parsell, C. (2012). The role of assertive outreach in ending 'rough sleeping'. Melbourne Australian Housing and Research Institute

[16] 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

Government 2009) and the NSW National Partnership Agreement on Homelessness (NPAH). Under this partnership agreement, assertive outreach services were established in Sydney and Newcastle.

Way2Home is an outreach program that aims to assist people experiencing homelessness to move into permanent housing and re-engage with the community. It is operated by NEAMI, a non-government organisation, and funded by the City of Sydney and FACS Housing. A crucial aspect of the program is its inclusion of health care services.[17] The St Vincent's Hospital Homeless Health Services includes specialists in mental health, drug and alcohol issues and medical care with links to a range of other health workers. The health team works closely with the assertive outreach group.

The assertive outreach team includes community rehabilitation and support workers, as well as peer support workers who have experienced homelessness. The outreach team offers support from the first point of contact on the streets through to independent living.[18]

2.3 HOUSING FIRST

Housing First is an approach that centers 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.

The guiding principle underlying housing first is the notion that homeless people 'do not choose to be homeless' and that any rejection of offers of support should not be taken as the final answer.[19] 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. By providing housing assistance, case management and support services after a person is housed, communities can significantly reduce the time people experience as homeless and prevent recidivism.

A central tenet of the Housing First approach is that providing services to enhance individual and well-being can be more effective when people are in their own home.

There are five core principles of Housing First:

- Immediate access to permanent housing with no housing readiness requirements.
- Consumer choice and self-determination.
- Recovery orientation
- Individualised and client-driven support[20]
- Social and community integration

[17] http://www.cityofsydney.nsw.gov.au/community/community-support/homelessness/way2home

[18] http://www.cityofsydney.nsw.gov.au/community/community-support/homelessness/way2home

[19] Phillips, R., & Parsell, C. (2012). The role of assertive outreach in ending 'rough sleeping'. Melbourne Australian Housing and Research Institute

[20] National Alliance to End Homelessness Solutions Brief (2006) https://www.endhomelessness.org/library/entry/what-is-housing-first

Refer to the link below for information on Housing First:

A Framework for Housing First (2010)

homelesshub.ca/sites/default/files/HFCanada-Framework.pdf

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.**

2.4 COMMON GROUND

Another model founded on the Housing First approach is Common Ground. Breaking Ground, formerly Common Ground, is a homelessness / housing model that originated in the USA in 1990. Breaking Ground's key goal is to create high-quality permanent and transitional housing to homeless people with complex needs.

Complex needs are measured by the longevity of homelessness and the accompanying multiple needs creating barriers to housing. These are people who have been homeless continuously for six months or more, or who have experienced multiple episodes of primary homelessness over a 12-month period, and often have substantial barriers to housing stability such as a disability, mental illness, or substance misuse disorder.[21]

The housing type is a socially mixed community housing model offering supportive housing to people who have been chronically homeless and affordable housing to people on a low income. Its philosophy holds that supportive housing costs substantially less than homeless shelters.[22]

Among Breaking Ground's activities is conducting street outreach, which consists of documenting the homeless population and then assisting the most vulnerable people into permanent housing with wrap around support.

The strategies used to document the homelessness population demographics are data collection methods such as the Vulnerability Index (VI) and The Vulnerability Index-Service Prioritisation and Decision Assistance Tool (VI-SPDAT). Generally, the VI-SPDAT is administered during the process of Registry Week.

2.5 COMMON GROUND AUSTRALIA

Following Common Grounds success in the USA and London, the Australian Common Ground Alliance (ACGA) was formed in 2008. The ACGA consists of a range of participants such as business, government, corporate, philanthropic and

[21] Homeless Link: Transatlantic Practice (2014) McDonnell, D. Permanent Supportive Housing

[22] Ending Chronic Homelessness. http://www.commongroundaustralia.org.au/common-ground/

community stakeholders to promote and deliver innovative supportive housing solutions for chronic homelessness.

The common ground model has successfully been implemented across the following Australian states:

Adelaide: **commongroundadelaide.org.au**

Brisbane: **commongroundqld.org.au**

Victoria: **launchhousing.org.au**

New South Wales: **sd.missionaustralia.com.au/40-common-ground-support-services**

Tasmania: **commongroundtas.com.au**

3. INTERNATIONAL RESPONSES TO ASSERTIVE OUTREACH

As highlighted previously, contemporary approaches to assertive outreach are based on the philosophy of coordinating and delivering services in an integrated response. Such a strategy requires collaboration at various levels and the configuration of multi-disciplinary teams to support the complexity of client needs.

3.1 COLLABORATION

Research highlights the importance of collaboration in the interests of securing the best possible outcome for homeless people and organisations. Collaboration results in better outcomes as services are delivered in a streamlined manner.

The benefits of collaboration for organisations is the opportunity to address individual service gaps by providing a broader spectrum of specialist skills as partner agencies complement each other by combining their resources. Such collaboration enhances the skills, knowledge, and expertise of the sector.

The Making Every Adult Matter (MEAM) and No Second Night Out (NSNO) programs in the United Kingdom (UK) are examples of effective programs based on collaborative approaches.

3.2 MAKING EVERY ADULT MATTER (MEAM)

The Making Every Adult Matter (MEAM) program set up in the United Kingdom is an example of a model based on collaboration. The program was designed to serve the Chronically Excluded Adult (CEA) population and as such – is a relevant adjunct to considering effective measures in setting up an assertive outreach team that caters to people experiencing primary homelessness.

In this example, the assertive outreach team collaborates by wrapping support around the person and communicates across service providers on the person's behalf. The CEA works very closely with the Single Adult Service (SAS) – who focus their efforts on finding accommodation for individuals with lower acuity.[23] The two teams work closely together and complement each other. The SAS team works to help individuals establish housing placement and the CEA wraps support around the person, so that when housing is found the person has the best possible chance of remaining housed.

One of the key components in this collaboration model is that staff are encouraged to utilise pre-existing services instead of creating new ones. It is understood that if existing systems can be improved upon, it is more cost efficient to the State and has the additional benefit of improving overall operations.

Refer to the link below for further information on the MEAM program.
meam.org.uk/wp-content/uploads/2014/03/An-Interim-Evaluation-of-the-Making-Every-Adult-Matter-Final-Report-24-March-2014.pdf

3.3 NO SECOND NIGHT OUT (NSNO)

Another UK project that is based on collaboration is the No Second Night Out (NSNO) program operating across the major boroughs of London.

The NSNO program is built on the belief that rough sleeping is urgent, harmful, dangerous, and unacceptable. NSNO, therefore, seeks to resolve a person's homelessness quickly, ideally on the first night or within seventy-two 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. NSNO consists of three assessment hubs dotted throughout London – with each hub functioning as an assessment center and very temporary shelter until more permanent, suitable accommodation can be found. The entry criteria to the NSNO is the following:

- people must be new to rough sleeping;
- have no prior contact by assertive outreach workers; and
- must not appear on the homelessness data base.

[23] Patoni, A. (2014) Chronically Excluded Adults: the MEAM Approach. Transatlantic Publishing

Furthermore, the onus on speed is at the core of the program's ideology – which posits that the purpose of the program is to ensure the person's safety and to connect them to alternative housing options 'before living on the streets becomes a way of life'.

The program components of the NSNO are the following:

Establish a local connection

To determine which geographic location a person has a local connection with, outreach workers collect information about the persons housing history and affinity with a specific region.

Based on the local connection and if the connection is to a London borough, staff consider support needs, vulnerability, and priority. Staff then determine a single service offer and present it to the person.[25]

Single Service Offer (SSO)

An SSO is an option of accommodation tailored to an individual's support needs and eligibility. Based on the initial assessment information, the person is made one offer of accommodation – which they can accept or deny. Regardless of the person's decision, that SSO will stay with that person unless their eligibility changes. SSOs can include the following options:

- Long-term accommodation
- Temporary accommodation
- Reconnection to home area[26]

CHAIN Database

The NSNO is supported by the Combined Homelessness and Information Network (CHAIN) database. This database captures information related to programs the person has currently or previously accessed.

Assertive outreach teams can access this database remotely. The information assists workers to access information efficiently and without the necessity for clients to repeat their access history.

NSNO collaboration

The NSNO model requires collaboration between local councils, mainstream, and non-government organisations. The UK NSNO model assessment involves collaborating with the police, mental health teams and health care workers.

The NSNO also requires a commitment from senior management to negotiate with local authorities in sharing the responsibility of ending rough sleeping. In this capacity, management highlight the issue of rough sleeping at the forefront of social issues – and this involves developing and fostering close working relationships across various sectors of the community.[27]

[25] http://www.homeless.org.uk/our-work/resources/adopting-no-second-night-out-standard

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

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

Refer to the link below for further information on the NSNO program

homeless.org.uk/our-work/resources/adopting-no-second-night-out-standard

3.4 CONTINUUM OF SUPPORT

The reviewed literature emphasises a continuum of support as necessary to effectively support people transitioning from rough sleeping.

To effectively respond to the diverse experiences and needs of people sleeping rough, a variety of housing and support options must be in place across a continuum of supports. If it is not feasible for every outreach team to include a variety of specialist workers, then streamlined and timely referrals must be made to ensure people receive services relative to their needs.[28]

Harm reduction philosophy and practice should provide a framework for the continuum of supports offered in outreach. Rather than coercing people into seeking services that are unrealistic given their current circumstances, the services offered by outreach workers should be grounded in a person's current needs to facilitate a move towards seeking help and housing by meeting the individual where they are at. Thus, the options offered by outreach workers should be incremental with more feasible options offered to begin with (e.g., those that keep clients safe). In addition to a range of housing programs, from low intensity rapid re-housing to medium and high intensity case management, as well as options for permanent supportive housing, a continuum of care should include common intake, and assessment tools and practices by outreach teams regardless of who is engaged or by whom.[29]

The above continuum of support strategies is reflected in some of the core concepts in the SHS service delivery framework. Appropriately assessing and determining the level of support a person may require provides an opportunity to respond to the holistic needs of people. By recognising the complexity of such needs, a continuum of support requires SHSs to develop partnerships with specialist services. Furthermore, streamlined access is also reflected through the No Wrong Door approach and use of the SHS common assessment tool.

[28] Dimensions of Promising Practice for Street Outreach Supports in Ending Homelessness 30-April 2013. Calgary Homeless Foundation.

[29] Dimensions of Promising Practice for Street Outreach Supports in Ending Homelessness 30-April 2013. Calgary Homeless Foundation.

4. A FRAMEWORK FOR THE DELIVERY OF ASSERTIVE OUTREACH

To provide an efficient and responsive service to people who are sleeping rough, it is necessary for SHS providers to deliver assertive outreach services within the existing concepts of the SHS service delivery framework. The following concepts can be adapted to support a consistent approach:

- The No Wrong Door
- SHS Four Core Responses
- Link2Home
- Collaboration between mainstream and non-government organisations
- Coordination groups – District Homelessness Implementation Group (DHIGS)
- Access to brokerage

4.1 NO WRONG DOOR

The SHS service delivery framework operates within a No Wrong Door approach. This means that when a person or family presents or contacts an SHS provider they will, at a minimum, be provided with information, advice, and referral (if required) to an accommodation or housing provider, a support provider or both. They will also receive an initial assessment (including risk assessment) from the SHS at which they first present.

The aims of the No Wrong Door approach are to ensure people who are homeless or at risk of homelessness:

- have easy access and a clear pathway to the services they need
- where appropriate, receive an initial assessment to determine their immediate needs and any safety issues
- do not have to visit multiple services before their needs are assessed
- receive consistent and accurate information and advice
- do not need to re-tell their story

There are numerous practices tools that enable services to operate within a No Wrong Door service system. These include:

- the use of the SHS initial assessment tool that identifies the safety, accommodation and support needs of people who present
- the sharing of a person's 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
- understanding the needs of specific target groups
- referral mechanisms that allow information to be shared in an effective and timely manner
- close alignment with the state-wide information and referral service, Link2home
- access to the Client Information Management System to support and capture these practices[30]

While it is acknowledged the nature of initial contact with people experiencing primary homelessness differs compared to other forms of homelessness, the No Wrong Door approach can be applied to people that are willing to engage with assessment and / or referral. For those people that are not ready for an assessment, the No Wrong Door can still be utilised as the relationship progresses with the person.[31]

4.2 LINK2HOME

While it is recognised working with people experiencing rough sleeping may require considerable engagement prior to any referrals being undertaken, it is important that available SHS systems such as Link2Home be utilised when a person indicates their readiness for a referral to accommodation and / or support.

Link2home functions as a 24/7, state-wide telephone referral service for people seeking homelessness services, is the first point of access into the SHS system and performs a state-wide role in the no wrong door approach.

The relationship between Link2home and SHS is important in connecting people to the right service and ensuring they receive the services required. Link2home also works in partnership with a network of local FACS Housing and community housing providers to deliver a broad range of housing and homelessness products and services.[32]

4.3 RESPONDING TO PEOPLE EXPERIENCING PRIMARY HOMELESSNESS

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

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

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

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

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

Evidence shows that the needs of a person experiencing long-term primary homelessness are vastly different to a person new to rough sleeping. This is because the longevity and exposure of long-term homelessness can significantly compound the severity of complex needs, whilst 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 individuals are assessed on their identified needs and the response is determined according to the four core responses. Furthermore, to prevent people becoming entrenched in the rough sleeping some of the key concepts of the No Second Night Out approach could be utilised as an early intervention strategy for people new to rough sleeping.

DIAGRAM 2: FOUR CORE RESPONSES RELATIVE TO PRIMARY HOMELESSNESS COHORTS

COHORT	FOUR CORE RESPONSES
People sleeping rough for long periods with complex needs	Intensive responses for clients with complex needs • establish rapport and ongoing engagement with clients • provide intensive, multidisciplinary support is needed for clients with a history of entrenched homelessness • provide a Housing First approach based on assisting clients to access and establish permanent housing linked to intensive and integrated support • work with clients and other services to undertake coordinated case planning where multiple providers work together to wrap-around the services needed to address the client's needs[33]

[33] Specialist Homeless Services Practice Guidelines: Module 1 (2014) http://www.housing.nsw.gov.au/__data/assets/pdf_file/0009/327996/GHSHPracticeGuidelines.pdf

	Crisis and transitional response • arrange and refer clients to safe short-term or medium-term accommodation while the client's homelessness is resolved • provide coordinated management and support to mitigate the impacts of rough sleeping • assist clients to reconnect with family and community networks • link clients up with services to assist them to work towards exiting temporary arrangements into permanent housing and post crisis support
People new to sleeping rough and / or with complex needs	Prevention and early intervention response Adopt the No Second Night Out Principles: • New rough sleepers should be identified and helped off the streets within 24 hours so that they do not fall into a dangerous rough sleeping lifestyle. · Such a response requires outreach workers to collaborate with Link2Home directly and / or access SHS brokerage to assist clients into accommodation or reconnection to previous locations. • assist clients to access a place of safety where their needs can quickly be assessed and they can receive advice on their options • they should be able to access emergency accommodation and other housing options • If the person has 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 why they cannot return. · For guidance on reconnecting clients to their local community; refer to the Homeless Link Assessment & Reconnection Toolkit: **homeless.org.uk/sites/default/files/site-attachments/Reconnection%20toolkit%20Dec%202014_0.pdf** · Clients who are supported to reconnect to a location may require financial assistance through SHS brokerage.

Crisis and transitional response

- arrange and refer clients to safe short-term or transitional accommodation while the client's homelessness is resolved
- link and refer the client to a SHS service for case management support to prevent recidivism to rough sleeping
- assist clients to reconnect with family and community networks where appropriate

Rapid re- housing response

- rapid re-housing refers to short-term targeted assistance to minimise the time that a person spends being homeless, where appropriate accommodation can be readily sourced and the client's needs are such that rapid re-housing is feasible
- establish collaborative arrangements with real estate agents and social housing providers that facilitate access to long-term accommodation
- aim to assess clients within 24 hours of becoming homeless to determine whether a rapid re-housing service response is feasible and appropriate
- organise referral to short term accommodation while private rental housing options are sourced
- short term accommodation provider to commence implementing individual rapid re-housing case plan for suitable clients within 48 hours

Intensive responses for clients with complex needs

- establish rapport and ongoing engagement with clients
- provide intensive, multidisciplinary support is needed for clients with a history of entrenched homelessness
- provide a Housing First approach based on assisting clients to access and establish permanent housing linked to intensive and integrated support
- work with clients and other services to undertake coordinated case planning where multiple providers work together to wrap-around the services needed to address the client's needs[34]

[34] Specialist Homeless Services Practice Guidelines: Module 1 (2014) http://www.housing.nsw.gov.au/__data/assets/pdf_file/0009/327996/GHSHPracticeGuidelines.pdf

4.4 SETTING UP AN ASSERTIVE OUTREACH PROGRAM

Based on the literature review and consultations with sector practitioners it is evident that assertive outreach programs require collaboration with a range of stakeholders.

To deliver an effective assertive outreach response, it is critical that the management and administrative elements of the program are supported by a structured framework to guide program development, implementation, and service delivery. As earlier indicated, working with people experiencing primary homelessness often requires an integrated response from a combination of mainstream and non-government services.

To mobilise collaboration, establishing a community of practice can generate interest in responding to rough sleepers. Such community interest increases awareness of issues and creates opportunities for organisations to contribute their resources according to their area of expertise. The configuration of such collaboration / partnerships is also referred to as collective impact models.

5. PROGRAM MANAGEMENT AND ADMINISTRATION

The assertive outreach practice guidelines endorse the principle of collaboration, the principles underpinning communities of practice and collective impacts is reflected in the following sections to provide guidance on program management and administration when delivering assertive outreach programs.

5.1 WHAT IS A COMMUNITY OF PRACTICE?

Communities of practice are groups of people who share a concern, a set of problems or a passion about a topic and who deepen their knowledge and expertise in this area by interacting on an on-going basis.

Communities of practice create formal and informal opportunities for collaboration. By bringing together a multi-disciplinary group, communities of practice act as knowledge pools during and outside of meetings. The sharing and integration of different practitioner knowledge and experience can support the development of creative solutions and new knowledge about responding to rough sleepers.

Communities of practice provide a space for case-based interdisciplinary discussion that facilitates self-reflection by the case presenter and provides a space for peer

feedback on work undertaken. As mutual trust among members develops, the community can act as a supportive space for honest reflection on practice and the sharing of challenging aspects of work with peers who provide both support and challenge.[35]

Refer to the link below for further information on Developing a Community of Practice:

Toolkit: Developing a Community of Practice – Using Communities of Practice to improve frontline collaborative responses to multiple needs and exclusions. Revolving Doors Agency & King's College London 2013
kcl.ac.uk/sspp/policy-institute/scwru/res/roles/copdp/cop.aspx

5.2 ASSERTIVE OUTREACH AND COLLABORATION

International and national evidence identifies cross-sector collaboration as a key component to delivering effective assertive outreach programs.[36]

While Specialist Homelessness Services (SHS) have a history of delivering assertive outreach programs in partnership with other providers, these partnerships have traditionally been organised in an informal manner.

A key outcome of the SHS reform is to develop programs that deliver streamlined access for clients. Therefore, it is recognised as good practice, when delivering assertive outreach programs to adopt a collaborative framework. An example of such a framework is the collective impact model.

5.3 COLLECTIVE IMPACT MODEL

Collective Impact is a framework for facilitating and achieving social change. It is a structured and disciplined approach to bringing cross-sector organisations together to focus on a common agenda that results in long-lasting change.[37]

Collective Impact challenges the impact of a fragmented unitary response by highlighting that impact is enhanced when organisations work collaboratively within a common purpose.

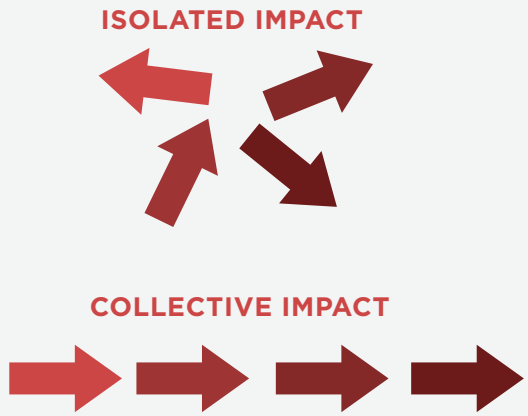

DIAGRAM3: HIGHLIGHTS A FRAGMENTED IMPACT WHEN SERVICES ARE DELIVERED IN ISOLATION – THE COLLECTIVE IMPACT IMAGE DEMONSTRATES A STREAMLINED APPROACH AND ENHANCES IMPACT.[38]

[35] Toolkit: Developing a Community of Practice – Using Communities of Practice to improve frontline collaborative responses to multiple needs and exclusions. Revolving Doors Agency & King's College London 2013

[36] Phillips, R., & Parsell, C. (2012). The role of assertive outreach in ending 'rough sleeping'. Melbourne Australian Housing and Research Institute https://www.ahuri.edu.au/__data/assets/pdf_file/0021/2892/AHURI_Positioning_Paper_No136_Assertive-outreach.pdf

[37] https://collectiveimpactaustralia.com/about/

[38] Early Childhood Development Initiative: Monterey County Children Council http://mcchildren.org/initiatives/ecdi

Five Conditions of Collective Impact

CI has five conditions underpinning the approach. Each condition is dependent on the individual elements of the framework. The conditions are:

- A common agenda: all participants have a common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.
- All partners use common progress measures - collecting data and measuring results consistently across all the participants ensures shared measurement for alignment and accountability.
- Expertise is leveraged as part of the overall group – a plan of action that outlines and coordinates mutually reinforcing activities for each participant.
- Promotes a culture of communication - open and continuous communication is needed across partners to build trust, assure mutual objectives, and create common motivation.
- Is supported by a backbone organisation – a backbone organisation(s) with staff and specific set of skills to serve the entire initiative and coordinate participating organisations and agencies.[40]

Refer to the Assertive Outreach Practice Guidelines for the Example of the Homelessness Assertive Response Team (HART) program based on a Collective Impact Model.

Refer to the Collaboration for Impact website link below for a detailed guide on developing and coordinating a Collective Impact Model.

collaborationforimpact.com/collective-impact/common-agenda/

5.4 COLLABORATION IN RURAL LOCATIONS

It is recognised that establishing such a model for collaboration in rural and remote locations may be problematic due to the limited availability of a broad service network.

To address such an issue; it is recommended that organisations focus greater attention on using technology to address isolation and enhance collaboration. Applications such as Patchwork enhances the capacity of services to access the person's information and their support networks in real time.

5.5 PATCHWORK NSW

Patchwork is a NSW Family & Community Services secure web-app that assists individual services to collaborate with a clients' support network. Service providers can share their contact details with the practitioners who are working

[40] What is Collective Impact? Collective Impact Australia 2011. https://collectiveimpactaustralia.com/about/

with a client, and by doing so, improve the coordination of a clients' care.

Patchwork creates an online team of people involved in a clients' care. The lead service working with a client can invite other Patchwork members involved in the clients care to join the team. If a client is experiencing difficulty and is requiring a greater level of support, the lead service can advise the other Patchwork team members by sending them an 'alert', or contacting them as a group to arrange a case conference.

Patchwork case coordination benefits

Understanding what other services are working with clients can assist a practitioner to clarify their role in providing support. Understanding the clients full case plan means connections aren't missed, and information can be shared in a more timely and effective manner.

When a practitioner is aware of the range of providers working with a client it is easier to coordinate their efforts before a situation escalates and requires a more serious intervention. Traditional agency silos can be broken down quickly by practitioners having easy access to member services contact information. Workers then start to see a 'visible support network' around a client. Risks to clients is reduced when workers understand who does what and where the gaps in service provision might be.

For a short video resource explaining the Patchwork system refer to the following link: **patchworknsw.net.au**

5.6 OUTREACH BALANCED SCORECARD

When developing an assertive outreach program, it is good practice to implement a framework that assesses the quality and effectiveness of the program activities.

In 2009, Thames Reach in London commissioned the development of an outreach balanced scorecard. The Scorecard is a quality assurance and audit framework designed specifically for use in relation to outreach services. It provides a commonly-agreed set of standards through which outreach teams can demonstrate the quality and effectiveness of their work with rough sleepers and other stakeholders and assess the extent to which they are working within national and local standards and expectations. The Scorecard is also intended to be of benefit for use as a good practice tool for contract monitoring processes.[41]

What is the balanced scorecard approach?

The Balanced Scorecard approach works by grouping together work functions or activities into four areas, each with a set of statements or standards. Teams then assess, or are assessed against, each of these using a range of evidence to reach their judgement. Standards and areas

[41] Balanced Scorecard for Outreach Services Report on Pilot Project. Crunch Consulting Ltd September 2009 Department for Communities and Local Government http://webarchive.nationalarchives.gov.uk/20120919132719/http://www.communities.gov.uk/documents/housing/pdf/1328010.pdf

are 'balanced' in the sense that each are considered of equal importance when assessing levels of performance.

The Balanced Scorecard approach been previously used internationally in services for single homeless people, supporting teams to assess their current performance and prioritise service

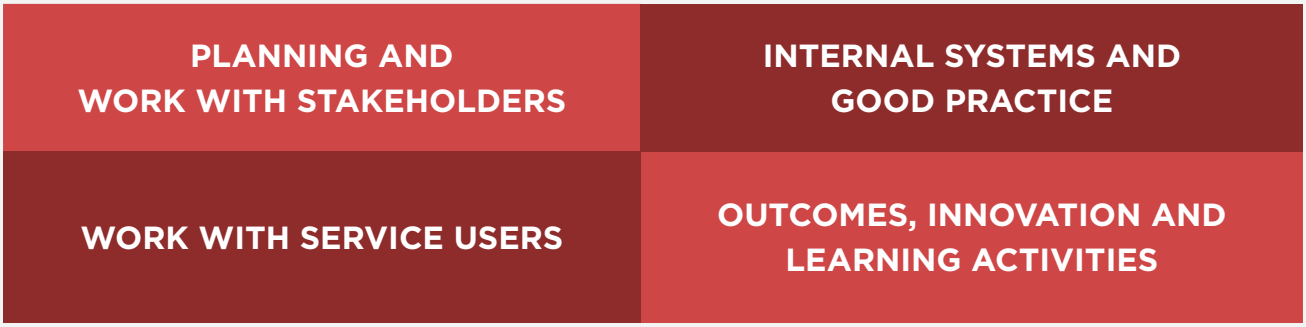

DIAGRAM 4: BALANCE SCORECARD APPROACH FOR SELF-ASSESSMENT

The Outreach Balanced Scorecard contains both qualitative and quantitative standards which cover strategic and operational-level practice. Whilst not prescriptive about the model of outreach work teams adopt, it sets expectations around outreach teams providing services which are appropriate and responsive to local circumstances. It also asks outreach services to demonstrate that they consider both social care interventions and enforcement-led approaches in helping rough sleepers leave the streets and make changes in their lives.

The Scorecard represents the 'ideal' outreach service. Therefore, the standards it contains are deliberately challenging and it is not expected that outreach services will be able to meet all of the standards in an initial review. It is intended that using the Scorecard will provide a useful starting point for outreach teams in discussions around work and service development, either internally or externally with local authority commissioners or other outreach managers.

Unlike other commonly-used quality assurance frameworks, the Outreach Balanced

Scorecard does not utilise a grading system. Instead, it uses a 'traffic light' scoring system to indicate areas of good performance (green); areas needing urgent (red) or less urgent attention (amber).[42]

[42] Balanced Scorecard for Outreach Services Report on Pilot Project. Crunch Consulting Ltd September 2009
Department for Communities and Local Government
http://webarchive.nationalarchives.gov.uk/20120919132719/http://www.communities.gov.uk/documents/housing/pdf/1328010.pdf

Refer to Balanced Scorecard Standards: Reporting Template. Balanced Scorecard for Outreach Services: Report on Pilot Project: Appendix 6
webarchive.nationalarchives.gov.uk/20120919132719/http://www.communities.gov.uk/documents/housing/pdf/1328010.pdf

5.7 POLICIES

It is good practice for assertive outreach programs to develop clear policy guidelines to support the service delivery. Such policies assist workers in their practice and reduces the risk of re-traumatisation to people experiencing primary homelessness.

Development and implementation of the following policies is critical to effective program operations:

ASSERTIVE OUTREACH OPERATIONAL POLICIES	
POLICIES	TEAM MEETINGS
OBJECTIVES	WORK HEALTH & SAFETY
PURPOSE	STAFF SUPERVISION
OPERATIONAL CRITERIA	TRAINING & DEVELOPMENT
ENGAGEMENT	ROLE OF AO WORKER
SERVICE CRITERIA	COLLABORATION
REFERRAL	CLIENT EXIT
ASSESSMENT	DATA COLLECTION
REFERRAL TO AOT	MONITORING AND EVALUATION
CASE MANAGEMENT	SEVERE WEATHER EMERGENCY PROTOCOL
TEAM SKILLS	

DIAGRAM 5: LIST OF POLICIES REQUIRED TO DELIVER AN ASSERTIVE OUTREACH PROGRAM

See Section 9: Assertive Outreach Practice Guidelines for a Template of the above Assertive Outreach Operational policies.

6. DEVELOPMENT AND IMPLEMENTATION

When developing an assertive outreach program, it is important to consider the tools and practices required to support service delivery. The following evidence based concepts underpin good practice when providing assertive outreach services to rough sleepers:

- Trauma Informed Care and Practice
- Client centred approach
- VI-SPDAT
- Registry Week

6.1 TRAUMA INFORMED CARE & PRACTICE

A review of the literature emphasises the importance of providers in understanding trauma as it relates to people experiencing primary homelessness and how such experiences perpetuate the cycle of homelessness. Some of the key issues relative to this target group is exposure to trauma is the following:

- homelessness itself is traumatic and it precipitates or exacerbates post-traumatic symptoms and mental disorders[43]
- substance abuse
- untreated mental health conditions
- effects of social stigma
- exposure to severe environmental elements
- increased exposure to violence

What are trauma informed services?

Trauma-informed services `are informed about, and sensitive to, trauma-related issues' (Jennings, 2006).[44] They do not directly treat trauma or the range of symptoms with which its different manifestations are associated. The possibility of trauma in the lives of all people is a central organising principle of trauma-informed care, practice, and service-provision. A trauma-informed service is one which:

- commits to and acts upon the core organising principles of safety, trustworthiness, choice, collaboration, and empowerment
- has reconsidered and evaluated policies, procedures, and practices in the light of a basic understanding of the role that trauma plays in the lives of people
- applies this understanding to design service systems that accommodate the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid inadvertent re-traumatisation and facilitate client participation

[43] Taylor, K. M. & Sharpe, L. (2008). Trauma and post-traumatic stress disorder among homeless adults in Sydney. Australian and New Zealand Journal of Psychiatry, 42(3), 206-213.

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

- supports clients to become empowered by providing opportunities for skills development, focusing on strengths and promoting client choice[45]

EIGHT PRINCIPLES OF TRAUMA INFORMED CARE

Understanding trauma and its impact: Understanding that behaviours may be related to the impact of trauma. Such an understanding provides a cultural shift from viewing the individual as problematic as opposed to perceiving the behaviour as a symptom of trauma.

Promoting safety: Wherever possible developing harm minimisation strategies in the physical and emotional environment. Delivering services where basic needs are met, safety measures are in place particularly in relation to responding to suicidality, and provider responses are consistent, predictable, and respectful.

Ensuring cultural competence: recognising the importance of workers being trained in cultural competence and the significance of service delivery being able to reflect and respond to the needs of diverse cultures.

Supporting client control, choice, and autonomy: assisting clients to regain a sense of control over their daily lives and to build skills and knowledge that will strengthen their sense of personal autonomy; being transparent as to when and how services will be delivered and encouraging clients to actively participate in decision-making processes.

Sharing power and governance: providing opportunities for clients to participate in service delivery planning. This may be through gathering feedback, conducting consultations or people with lived experience on Boards representing the views of rough sleepers. This principles challenges power differentials as they are equalised as clients are viewed as an equal partner in the organisations governance.

Integrating care: ensuring services are organised in an integrated way to meet the holistic needs of clients and that effective communication occurs between all partner and networks involved with the client.

Healing Relationships: understanding that safe, authentic, and positive engagement can aid recovery through restoration of core neural pathways.

Fostering a sense of hope: fostering and promoting a sense of hope, ensuring clients are involved in all aspects of their case plan, ensuring consumer participation opportunities are created and that service delivery reflects the needs of clients.

DIAGRAM 6: EIGHT PRINCIPLES OF TRAUMA INFORMED CARE & PRACTICE

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

The above principles have been adapted to reflect delivering assertive outreach to rough sleepers. Adapted from Mental Health Coordinating Councils Position Paper 2013 - Trauma Informed Care and Practice: towards a cultural shift in policy reform across mental health and human services in Australia.

Resources to assist organisations to embed trauma informed care practice

The Trauma Informed Organisational Toolkit for Homeless Services is a resource endorsed by NSW Family & Community services to assist organisations to implement TICP. The resource provides a self-assessment for organisations to examine their current practices and take specific steps to implement any required changes. It is recommended that the self-assessment be completed by all employees and board members.

A link to the Trauma Informed Organisational Toolkit for Homeless Services is provided below:
air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf

6.2 PERSON CENTRED APPROACH

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. It shifts the power from professionals to people who use services.[46]

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 client centred approach when delivering assertive outreach services to rough sleepers:

Responses that focus on individual client needs

- A key element of providing effective outreach is the ability of outreach workers to adapt engagement to the pace and needs of clients. Given the transient nature of people who are sleeping rough it is important that case workers demonstrate a high level of flexibility relative to location when meeting with people.

Linkages with the person's family and community

- When working with a homeless person an assumption can be made that the person does not have any family or friends. This assumption is reinforced if

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

outreach workers do not enquire with the person about the possibility of whether any family and friends could be engaged in the person's support plan. Facilitating such a discussion can provide an opportunity for an individual to reconnect with natural supports and foster opportunities to rebuild relationships.

- While it is acknowledged that a person's sense of community may exist in the rough sleeping population it is also valuable for workers to explore with the person what other community linkages could be established to support their identified needs. The United Kingdom Homeless Link emphasise the following: **reconnection is the process by which people sleeping rough, who have a connection to another area where they can access accommodation and/or social, family and support networks, are supported to return to this area in a planned way.**[47]

Individual choice and involvement

- Integral to effectively delivering person centred services is the philosophy of promoting individual choice by ensuring the person is involved in all decision-making processes about the development and actions of their support.
- Despite significant support needs and challenges associated with service access and use amongst people experiencing primary homelessness, many people are open to working with service providers towards ending their homelessness. Facilitating opportunities for engagement in the decision-making process supports active involvement.

Culturally appropriate responses

- It is important to be aware that mainstream approaches may not be appropriate for specific cultures
- In collaboration with the person develop a response that is culturally specific
- Develop relationships with culturally specific community organisations
- Facilitate access to cultural competence training for outreach staff to ensure culturally safe services are provided
- Recognise the role that family and kinship plays in the person's life
- Where appropriate, develop strategies to include family and kin into planning
- Develop policies and procedures that demonstrate the organisations commitment to delivering culturally appropriate responses

Skilled outreach workers

- To reduce the likelihood of vicarious trauma and to deliver effective services, it is imperative that front-line staff receive appropriate training in effective engagement, assessing client needs and responding to risk.

[47] Homeless Link, (2014, p3). Assessment & Reconnection toolkit. Good practice guidance for homelessness services.

- Outreach staff need to be trained in a range of interconnected issues such as, pathways into and out of homelessness, the relationship between mental illness and addictions, crisis assessment and crisis intervention techniques. Understanding how these issues compound each other is vital to supporting people with complex needs.

Collaboration with other services

- Central to providing assertive outreach is the need to establish strong collaborative relationships to deliver a range of services and specialist responses relative to individual needs. Reviewed literature highlights the necessity for partnerships to include a mix of mainstream and non-government organisations.

6.3 ASSESSMENT TOOLS TO DETERMINE RISK, NEEDS AND VULNERABILITY

Evidence-based assessment tools assists organisations to identify the range of needs a person is experiencing and to plan services around the needs of the person. Upon initial contact; it is recommended a street-based risk assessment be completed to determine any potential risks.

A more personalised assessment should be undertaken once engagement has been established with the person. The SHS Initial Assessment plays a fundamental role in identifying safety, accommodation, and support needs and in determining the response and actions required to enable the person to receive the services they need. The SHS Initial Assessment is endorsed as a common assessment tool which supports the principle of streamlined access.

As highlighted earlier, to effectively address the needs of people experiencing primary homelessness it is necessary to understand the size of the population and the vulnerabilities of individuals. Such information can be accessed by applying methods such as the Vulnerability Index – Service Prioritisation Decision Assistance Tool (VI-SPDAT) and organising a Registry Week in specific geographic locations.

6.4 REGISTRY WEEK AND VI-SPDAT

What is Registry Week?

Registry Week is the name given to a methodology used to develop an accurate registry of the needs of people sleeping rough in a city, town, or suburb by identifying individuals who are permanently, or frequently, living on the street.[48]

- The purpose of registry week is to identify the most vulnerable homeless people by name and location to prioritise them for housing and to determine the required levels of support for each person.[49]

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

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

How Is Registry Week Conducted?

A lead agency mobilises and coordinates other local community organisations to come together to survey everyone who is homeless (streets, couch surfing, TA, crisis services). In the early hours of the morning, for three consecutive days, teams of volunteers and outreach workers in each city survey homeless individuals sleeping in parks, other public spaces and in emergency accommodation and homelessness services programs.

Volunteers use a survey tool (Vulnerability Index) to capture housing, health, institutional history, and other relevant data so the most vulnerable people can be prioritised for housing and support services. The data collected during registry week is used to establish a vulnerability register that records the person's details - including health and housing needs – people who require assistance with the aim of securing housing and support services.

Once a Registry Week has been completed in a particular location, the individual's specific data is entered into a secure data system that captures the demographic information of survey respondents. The data system also provides a statistical portrait of the data collected during the Registry Week. This information can then be used to address the issue of rough sleeping in various locations.

It is envisaged the data system assists government and non-government organisations to form partnerships to end homelessness by prioritising services to the most vulnerable people who are rough sleeping. Importantly, the database can be updated to reflect updated information on any changes that have occurred for the person since the initial assessment.

Refer to the link below for information on what is measured in the Vulnerability Index – Service Prioritisation Decision Assistance VI-SPDAT: **everyonehome.org/wp-content/uploads/2016/02/VI-SPDAT-2.0-Single-Adults.pdf**

7. SERVICE DELIVERY

Good outreach practice is underpinned by outreach workers having a detailed knowledge of the issues effecting people experiencing primary homelessness and a skilled workforce.

It is imperative that outreach workers have a good awareness about the broad context in which they work (policy and service delivery imperatives) and a grounded understanding of the history, culture, and concerns of the local communities where they work. They build up over time a deep understanding of the sub culture of the target group, connections with the local service networks and engage in continuous evaluation and reflection on their knowledge and their practice.

There are a range of characteristics in workers required to assist the development of worker – client relations. These include: a non-judgemental stance; flexibility; focus; curiosity; courage; openness; and reflective practice. It is important that workers are genuine in their interest for their work and perceived to be so by the clients they engage with.

Outreach is a challenging area of work requiring a body of implied knowledge, skills, and teamwork. It is an area of practice that can sometimes deal with uncertainty and requires a degree of flexibility beyond standard case work.

7.1 THREE LEVELS OF GOOD OUTREACH PRACTICE

Coleman et al. (2013) highlight good outreach practice as consisting of three organising concepts that are operationalised as a series of interrelated activities: scoping and negotiating the context; building social capital; and working with individuals.

Outreach workers move between these categories, even in one interaction, and use several of the activities purposefully to engage and work with people on the street. The way worker's approach and engage with people creates an environment where people are encouraged to talk about their needs and hopes as they work towards changes in their life.[50]

[50] 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

LEVELS OF GOOD OUTREACH PRACTICE

DIAGRAM 7: LEVELS OF GOOD PRACTICE IN ASSERTIVE OUTREACH

Scoping the context

Scoping the context focuses on the significance of outreach workers' knowledge. Organisations that have outreach as part of their core business have access to rich, real time data about what is happening in the local community and on the street, potential conflicts control and use of public spaces, policing, and the availability of drugs. This information assists organisations (and their centre-based workers) to understand and manage group dynamics within the service, anticipate emerging local issues, and position the organisation to respond to these issues.

In addition to the informal knowledge that outreach workers bring, their connections with networks of homelessness service providers and involvement in working partnerships gives them access to formal knowledge about what other services provide, referral protocols, housing, and information about shared casework / contact with people.

Local outreach workers also use the knowledge they gather in their roles to identify 'safe' services that work well with people sleeping out. Their position of proximity to those they work with gives them good insight into how various agencies respond to public space

dwellers. Assertive outreach workers require a combination of knowledge about individuals (both housed and homeless) and about the local community, its services, and its key stakeholders. It also requires intimate and sometimes real-time information about individuals, this information is gathered over time when workers are embedded in, and trusted by, the groups they work with.[51]

Building social capital

The ability of workers to build their social capital among the target group is crucial to positive outcomes for individuals. The way outreach workers respond to people can greatly impact on how a worker is viewed by the rough sleeping community.

Coleman et al (2013), emphasise practical strategies such as advice aimed at harm minimisation can assist to demonstrate a worker's non-judgemental attitude. Similarly, being visible and present amongst the target group provides an opportunity for workers to establish their credibility and develop purposeful and work focused relationships with people.[52]

Working with Individuals

The reviewed literature indicated the tentative nature of outreach work. Whether engaging with the target group generally or with specific individuals, it is important for workers to have the ability to gauge readiness of people to engage and negotiate blocks to engagement. The ability to establish and sustain rapport is not only a critical first step in purposeful work with individuals, but a time-consuming and continuing activity that is informally but continually evaluated by clients.

Another defining feature for developing rapport and sustaining relationships is the necessity for workers' to be transparent about the availability of resources and the process required to access those resources. Such transparent communication indicates a respectful relationship with people and supports the workers' credibility.

[51] 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

[52] 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

7.2 ENGAGEMENT

Effective engagement is critical to ensuring rough sleepers receive services. Transparency, adopting a flexible approach and respecting a clients' process is imperative to successful engagement.

7.3 TRANSPARENCY

As previously stated, developing effective rapport through engagement is a process that requires time and considerable communication skills. One of the key factors that contributes to positive engagement is a transparent and consistent approach.

It is vital that workers are transparent about what services they are able to provide and what will require follow up with other organisations. Such clarification in the initial stages of engagement can assist people with managing their expectations and provides a more realistic and honest basis to the relationship.

7.4 ADOPTING A FLEXIBLE APPROACH

While the above highlights the necessity for workers to be consistent in their availability it is also important that a flexible approach be adopted. This could mean meeting individuals in alternative locations, being flexible with time arrangements and acknowledging a person's achievements regardless of whether the achievements reflect the organisations expectations.

A critical success factor in building the necessary trust and purposeful relationship between outreach workers and clients is practice that is flexible and tailored to the needs and circumstances of each individual. The 'ideal' assertive outreach process can generally be understood as comprising an approach of engaging with people in public spaces; providing information about what services can be offered; undertaking an assessment of their needs and aspirations; case planning; dealing with immediate priority needs; pursuing social housing applications; assisting with health, income, legal or other needs; addressing potential barriers to accessing and maintaining housing; assistance with moving in and establishing a home; support with homemaking skills; social engagement; linking in ongoing health and other services, and exit planning. In practice, however, the sequence, timing and methods need to be flexible and sensitive to the day-to-day challenges and imperatives faced by the individual client.

7.5 WORKING WITH RELUCTANCE

A consistent and persistent approach when delivering assertive outreach is necessary. As highlighted earlier, a person may be reluctant to engage for a range of reasons.

It is important that workers are able to manage reluctance appropriately and understand that their continued presence keeps the door open for a person to receive a service. A persistent approach does not mean pursuing the person relentlessly, but rather focuses on being physically present and available, if and when, they request a service. Such a regular presence usually occurs at specific times and locations where people who are sleeping rough may congregate – known as 'hot-spots'.

Workers usually attend hot-spots at a specific time, for a set period and as part of a team. Such a structured approach assists people to know where and when they can receive a service. While some individuals may be reluctant to engage, this can change over a period of time as they slowly start to recognise workers a sense of rapport starts to develop.

7.6 THREE STAGE PROCESS OF ENGAGEMENT

The above communication techniques provide some of the fundamental elements required to develop effective relationships with clients.

In 2013, the Calgary Homeless Foundation, researched effective practice strategies when working with rough sleepers. The research identified the process of engagement commonly develops in three phases- the pre-engagement phase, the engagement phase, and the formal relationship phase.[53]

THREE STAGE ENGAGEMENT PROCESS	
Pre-Engagement	The pre-engagement phase involves the identification and observation of potential clients, while respecting personal space and considering safety issues. Activities can include safety assessments, crisis response, verbal or non-verbal communication attempts and offering essential items focused on the development of trusting relationships.
Engagement	The engagement phase involves empathetic communication and the learning of client 'languages'. This phase also focuses on issues of trust. Accomplishments include the identification of needs and the reinforcement of client strengths, addressing basic/immediate needs, the introduction of roles, and the initial development of healthy boundaries, aiming to establish a working relationship. Local outreach workers emphasised the importance of honest communication and a commitment to the client.

[53] Calgary Homeless Foundation (2013) Research Report: Dimensions of Promising Practice for Street Outreach Supports in Ending Homelessness.

Formal Relationships	The formal relationship phase is specific to beginning the formal activities of outreach while keeping client needs and wishes at the forefront. This may include the identification and examination of feelings of fear, guilt, and anger, as well as joint assessments of goals, strengths, and obstacles; the development of skills and supports; the enhancement of coping strategies and the mobilisation of client strengths; the reinforcement of positive change; advocacy and referrals to identified services. Once the relationship has been formalised, workers can support clients into conversations specific to housing and case managed supports.

7.7 ATTRIBUTES OF ASSERTIVE OUTREACH WORKERST

The following worker attributes reflect the qualities and characteristics required by assertive outreach worker to develop effective rapport and engagement with people sleeping rough. These attributes reflect the principles of trauma informed care.

ATTRIBUTE	EXPLANATION
Kindness	While there are a variety of attributes that assertive outreach workers need to possess to deliver an effective service, kindness is undoubtedly a quality that is required to build a positive connection with clients. People experiencing street-based homelessness can be exposed to a consistent level of harshness and social stigma from society. Demonstrating kindness is a quality that will assist the development of positive rapport. It is also a quality that demonstrates respect and care which can influence a gradual sense of hope and change in a persons' life. It is essential that clients are treated with warmth, empathy, and positive regard, regardless of their presentation.
Intuition	It is important for workers to be able to assess potential risk and to adapt their approach accordingly. This includes assessing worker and client safety - strategies may include going out with a partner, avoiding closed spaces, remote or dangerous areas, being aware of emergency contacts and locations and having access to a mobile phone.
Non-judgemental attitude	Regardless of the worker's personal beliefs, it is critical that workers do not place their personal judgements on a clients' circumstances or actions. If a client feels judged they are less likely to be able to feel comfortable in receiving support, hence creating barriers to service access.

Team player	Central to effective assertive outreach services is the necessity for individual workers to recognise the team approach as fundamental to service delivery. Such an understanding assists individual practice and builds the skills of the team as expertise is shared within the team. The nature of street-based outreach carries an element of potential risk – such risks can be minimised when team members work cohesively and implement strategies to avert possible threats.
Flexibility	Outreach workers require the skills to adapt their daily work priorities to the needs of clients. Such an approach is person centred and ensures services are responsive to client needs as opposed to a programmatic response.
Realistic expectations	It is helpful that workers do not measure client outcomes according to the organisations requirements – rather, a more realistic approach needs to considered based on the skills and capacity of the client. Such consideration needs to include the social and physical barriers which prevent clients from achieving their desired outcomes.
Hope	It is important that workers can connect to a sense of hope: such a belief fosters a sense of hope for clients while helping them maintain positive, realistic expectations. Unrealistic expectations may produce frustration, despair, and hopelessness, as well as anger at the outreach worker.
Commitment	It is good practice for outreach workers to possess the ability to be consistent and persistent in their dealings with clients. Such consistency requires skills in effective communication, transparency, and the ability to continue to work with the client when they are reluctant to engage or follow through on agreed actions. In the beginning stages of engagement there is less application of intensive responses, less professional distancing, less rigidity, less intrusiveness, and less structure.[54]
Resourceful-ness	The ability to be resourceful when working in an environment that is limited in options is crucial to assisting clients. Such resourcefulness requires workers to strategise beyond the norms of access by developing relationships with a broader network of services.
Cultural Competency	Workers demonstrate competence across ethnicity, gender, transgender, lifestyle, and age spectrums. It is recommended that workers receive training in cultural competence to increase the potential of developing positive relationship with clients and understanding the issues relevant to specific identities.[55]

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

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

Resilience	One of the key attributes for assertive outreach is resilience and patience. If a worker does not demonstrate these qualities it is vital that they are supported with the necessary training to develop these skills. Assertive outreach work is an environment marked by high turnover, difficulty tracking clients, high stress, lack of resources, and lack of immediate improvement in the clients they serve. In order for worker to remain effective it is important they are able to continue delivering services despite the difficulties endured by their clients and without personalising them.
Client centred approach	Crucial to successful engagement and ongoing responsiveness is the requirement for services to be tailored to the needs of clients and for clients to have as much opportunity to participate in the change process. The aim of a client centred approach should be to restore the dignity of homeless persons by recognising clients' strengths, uniqueness, and survival skills.
Empower-ment	Workers can facilitate this by presenting options and potential consequences, rather than solutions. Encouraging the process for clients to take a lead in actioning tasks supports a balance of power between clients and outreach workers. Client-driven goals are tailored to meet the individual needs and characteristics of clients. While workers assist the process of working towards the goals it is the client that ultimately needs to take ownership of the goals.
Behaviour changes	Crucial to the development of effective rapport is ensuring that small successes are recognised and any change toward safer/healthier activities is viewed as a success. Clients need to recognise for themselves how change may be beneficial, in relation to their own goals.[56]
Respect	It is imperative that workers demonstrate respect to clients, including their territory and culture. Outreach workers view themselves as a guest and make sure they are invited, welcome, or at least tolerated. Workers must take care not to interrupt the lifestyle of the people they are trying to help. Lopez (1996) makes the point that clients don't lose the right to be left alone in the privacy of their home even when that client calls the streets home. Clients are viewed as the experts in their life and on the streets. The worker takes the role of consultant into that lifestyle.[57]

DIAGRAM 8: LIST OF PERSONAL AND PROFESSIONAL ATTRIBUTES REQUIRED BY ASSERTIVE OUTREACH WORKERS.

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

[57] Lopez, M. (1996). The Perils of Outreach Work: Overreaching the Limits of Persuasive Tactics. In Dennis, D. & Monahan, J. (eds.) Coercion and Aggressive Community Treatment: A New Frontier in Mental Health Law. Plenum Publishing Corporations, 85-92.

7.8 ADVOCACY

Central to the effective delivery of assertive outreach services is the requirement for workers to possess the ability and skills to effectively advocate for the needs of people. The following levels of advocacy is required when working with people who are rough sleeping:

- Individual advocacy: this type of advocacy aims to improve the circumstances of the person, focusing on their immediate presenting issues. Such advocacy may require direct referrals to organisations providing emergency relief such as food, health assistance or emergency accommodation.
- Organisational advocacy: aims to improve the efficiency, effectiveness, and responsiveness of services; such advocacy requires outreach workers and management to develop a range of sector partnerships and networks to respond to the complex needs of clients and address any identified gaps in the existing service system.
- Individual controlled advocacy: aims to support and build consumer resilience; to enable marginalised people to have more control of their lives and foster a more positive representation of their identity.[58] While this strategy gives greater attention to projects such as social enterprise opportunities the philosophy of resilience is similarly reflected in person centred practice.

8. WORKING IN HOT SPOTS

The working in hot-spots information relies on the qualitative experience of assertive outreach workers who provided their expertise on what constitutes a hot-spot and some of the factors that require consideration when delivering services to homeless people in hot-spots.

The following issues were considered as central to effectively working in hot-spots:

- A definition of what constitutes a hot-spot
- Effective planning when visiting hot-spots
- Robust risk management strategies

[58] Moore, E (2009): Case Management for Community Practice, Oxford University Press.

8.1 WHAT CONSTITUTES A HOT-SPOT?

The City of Sydney provides the following definition of a hot spot:

A homeless hot-spot is an area where a large group of people sleep rough and where there are multiple compounding issues including anti-social behavior and decreased public amenity.[59]

The definition above identifies some of the basic elements that constitutes a hot-spot. The key variances to this definition is the group size and geographic locations.

There was consensus that the term hot-spot can be identified where three or more homeless people gather regularly in a public space. While the size of the group may change the relevance of homeless people frequenting a specific location is purposeful in terms of challenging isolation, increasing safety through visibility and increasing the likelihood of receiving a service through street patrols.

A key distinction between urban and rural hot-spots is also on the population size – given there is a greater concentration of services in city areas there is an increased likelihood that hot-spots are larger in the city as opposed to rural areas. A key factor to consider in rural areas was the challenges experienced by assertive outreach patrols to reach rough sleepers in wider geographic locations. Given these factors, rural services placed greater emphasis on responding to rough sleepers individually and in an ad-hoc manner as it was less likely that the person would be receiving services through predictable street – patrols.

8.2 PLANNING WHEN VISITING HOT-SPOTS

A key element to good practice is the necessity to develop a plan when visiting hot-spots. A plan provides a practice framework and supports an efficient response to the immediate needs of people. The following elements should be included in the planning process when visiting hot-spots:

- Outreach workers have easily accessible tools to respond to a person's needs, such as referral to crisis and transitional services, access to transport, access to phones, first aid kits, fit packs, a sharps disposal container, gloves, safe sex equipment, referral to emergency services.
- Access to Street-based Risk Assessment Templates
- Services should plan outreach shifts according to the needs of the people sleeping rough. These shifts should be scheduled at times and conducted in ways that maximise services' chances of finding all people who are sleeping rough.
- Services should visit all locations where there is good reason to believe that people may be sleeping rough and

[59] http://www.cityofsydney.nsw.gov.au/community/community-support/homelessness

should not avoid particular types of location (for example, stairwells, bus shelters, garages, car parks or parks), or larger groups of rough sleepers.

- Develop a plan to assess and respond to people new to rough sleeping as soon as possible. It is hoped such a rapid response will prevent the person becoming entrenched in homelessness.
- Ensure follow up is provided where an assessment was not completed due to time constraints.
- Maintain contact with Link2Home for potential vacancies
- Establish service agreements with a range of service providers that outlines an efficient referral pathway; potential partnerships include, housing providers, crisis and transitional accommodation, Centrelink, drop-in services, health services, AOD and mental health.
- Ensure outreach workers are equipped with technology such as laptops and phones to address any immediate needs relative to referral and access to information.

8.3 RISK MANAGEMENT STRATEGIES

Providing services to people experiencing primary homelessness can be can be a highly unpredictable environment, due to the complexity of 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 of people sleeping rough. The following strategies provide guidance on some of the key factors requiring risk management consideration:

RISK MANAGEMENT STRATEGIES	
Provide induction training to all workers	While there are a variety of attributes that assertive outreach workers need to possess to deliver an effective service, kindness is undoubtedly a quality that is required to build a positive connection with clients. People experiencing street-based homelessness can be exposed to a consistent level of harshness and social stigma from society. Demonstrating kindness is a quality that will assist the development of positive rapport. It is also a quality that demonstrates respect and care which can influence a gradual sense of hope and change in a persons' life. It is essential that clients are treated with warmth, empathy, and positive regard, regardless of their presentation.

Develop an Outreach Log	An Outreach Log provides updated information on the activities of outreach staff and work outcomes. This information can be used to update other team members on the progress of homeless people and highlights any actions requiring follow up. It also identifies the locations and expected time of arrival (ETA) of staff.
Planning for a patrol	It is important that outreach teams regularly plan their actions before they go out on patrol. This may include deciding who will take the lead role in situations or how roles and tasks will be shared.
Provide contact details	Document the contact details of all members of the outreach team in the Outreach Log. Maintain back-to-base communication for any occurring issues or updates.
Provide contact details	Document the contact details of all members of the outreach team in the Outreach Log. Maintain back-to-base communication for any occurring issues or updates.
Environmental assessment	Due to the unpredictability of hot – spot environments outreach workers should be aware of back – up security responses at all times. It is vital that staff are aware of the following strategies: • Wherever possible meet with people in an open space • Withdraw from, or avoid getting into, potentially violent or threatening situations • If a situation arises that is potentially harmful to a persons' life or health, notify the police and/or emergency services immediately. • When in the outreach environment, it's important to show respect to clients involved. Listen to clients before voicing any suggestions. Don't base everything on observation. Explain your role and the purpose of your visit - openness and respect help to break down barriers. • Ensure mobile phones have good reception
Be well-equipped	Always have outreach service pamphlets, cards, and relevant brochures on you. Also, sterile wipes, mouth-to-mouth masks, clean syringes, condoms, and lube. Make sure telephone numbers and availability of other services are programmed into mobile phones. Always have easily accessible mobile phones, as well as pen and paper. Be prepared to cope with acute crises or uncomfortable situations.

Understand the service network	Assertive outreach workers need to have a thorough knowledge of the services available to people sleeping rough and the referral processes.
Never go out alone	Always go out in pairs or as part of a team. Never let your partner out of your sight. If it's not safe, withdraw from the situation. Your safety and the safety of client(s) is paramount. Stay together on the street, deal with any disagreements together by withdrawing from the situation. Talking out loud with your partner can help you figure out different options and find solutions together.
Access to supervision	It is important that outreach workers are appropriately supported; this can be achieved by providing access to regular supervision - either one-one or in a team approach.

DIAGRAM 9: RISK MANAGEMENT STRATEGIES TO REDUCE THE DEVELOPMENT OF VICARIOUS TRAUMA.

8.4 CULTURALLY SENSITIVE PRACTICE: INDIGENOUS COMMUNITY

Assertive outreach workers should be trained in working with diverse cultures and have an awareness of culturally significant locations. Such knowledge can be attained by attending training, researching the symbolic history of a culture relative to location, employing Aboriginal Torres Strait Islander (ATSI) workers and developing partnerships with ATSI services.

When entering a hot-spot where ATSI people are situated it is particularly significant to seek permission to enter the area. Such a symbolic gesture demonstrates respect for Aboriginal peoples' history and connection to land. Wherever possible, it is preferred that Aboriginal identified people have access to Aboriginal identified outreach workers, and that other outreach team members be guided by this worker.

9. ASSERTIVE OUTREACH AND CASE MANAGEMENT

The Calgary Homeless foundation (2013) highlights the similarities and differences between the roles of outreach and case management workers. If outreach is considered the first point of contact in engaging rough sleepers off the streets and into support programs, then case management is the intervention that can sustain housing and prevent return into homelessness. Once a person has been engaged by an outreach worker, assessed for need and program eligibility, and has initiated a referral, a transitioning period commences whereby the individual is assigned a case manager.[60]

Outreach workers and case managers represent two different roles, yet are mutually dependent in service delivery for rough sleepers. Outreach workers engage individuals at the street level in a non-judgmental and person centred capacity. They work with people experiencing primary homelessness to foster a positive sense of self, provide information about available services and promote harm reduction.

Primarily, the central role of the outreach worker is to engage people at the street level. Secondly, outreach workers and case managers employ different mandates and exhibit different skill sets. Outreach workers help to facilitate access to services and case managers aid the clients once they are there.[61] Furthermore, case management is often delivered in collaboration with a range of providers, with each provider bringing a specific skill set to the support plan. Such an arrangement is identified as coordinated case management.

An example of the above arrangement is evidenced in the Homeless Assertive Outreach Response Team (HART) model. 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 case management, and/or access to other supports beyond HART's membership.

9.1 COORDINATED CASE MANAGEMENT

The Case Management Society of Australia (2008) describes case management as 'a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes'.[62]

[60] http://calgaryhomeless.com/content/uploads/Outreach-Dimensions-of-Promising-Practice-Oct-2013.pdf

[61] http://calgaryhomeless.com/content/uploads/Outreach-Dimensions-of-Promising-Practice-Oct-2013.pdf

[62] Guransky, D. 2012.The Practice of Case Management. Allen & Unwin, Sydney

Case management is a fundamental component of the SHS program. Given the complex needs experienced by people rough sleeping it is imperative that case management is developed in a coordinated manner and delivered in collaboration with partner organisations. Such delivery reflects collaborative practice and seeks to develop an integrated and holistic response to the needs of people. To ensure a coordinated approach is delivered it is essential that each person has 'one case plan' that all collaborators / partners are working from.

When is coordinated case management suitable?

Coordinated case management is best suited to situations where a person has multiple needs that requires an integrated response to assist individuals to work towards their agreed goals. Given the complexity of issues experienced by rough sleepers, a collaborative approach with a combination of mainstream and specialist services such as mental health, AOD, physical health, housing providers and financial management services is considered as good practice. Consideration needs to be given to the following when discussing the option of providing coordinated case management:

- coordinated case management includes a range of activities to support people to reach agreed goals and to access supports
- informal casework is appropriate if the person doesn't want or need formal case management support
- coordinated case management includes advocating for a person's rights
- should be purposeful with clearly articulated processes of planning, implementation, and review
- should ultimately be aimed at building a person's personal capacity and resources to end homelessness
- the roles of each partner agencies should be clearly defined

DIAGRAM 10: HIGHLIGHTS THE POSSIBLE NETWORKS REQUIRED TO APPROPRIATELY SUPPORT AND / OR REFER A PERSON BASED ON THEIR NEEDS. THE DIAGRAM ALSO EMPHASISES THE IMPORTANCE OF ACCESSING SERVICES IN THE BROADER SERVICE SYSTEM TO ENSURE PEOPLE RECEIVE AN INTEGRATED RESPONSE TO MEET THEIR NEEDS.

Elements of coordinated case management

The elements of coordinated case management can be summarised under four headings:

1. Assessment
2. Planning
3. Action
4. Review

It is important to note that the above steps may not necessarily follow a linear process. Rather, to support a flexible and responsive approach, case workers may need to adapt the elements to meet a person's immediate needs.

9.2 ASSESSMENT

Assessment can be defined as the process of discovering the short- and long-term needs of a person and considering 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.

The assessment process may take considerably longer when working with people sleeping rough as opposed to people accessing an on-site service. 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 can occur in three stages: initial screening, comprehensive assessment, and reassessment. Assessment can be ongoing throughout the case management process. Every interaction, intervention and observation accumulates to provide an informed perspective about the person's needs and strengths.

9.2.1 STREET-BASED RISK ASSESSMENT

As earlier emphasised, upon initial engagement with people it is beneficial to undertake a street-based risk assessment to determine potential risks for a person and outreach workers. Such an assessment tool will inform the team of the measures required to develop a risk management plan.

9.2.2 INITIAL ASSESSMENT

Once a relationship has been established with a person it is good practice to complete an initial assessment in order to gather further information about the range of needs and develop a support plan. Given the tenuous nature of initial engagement, the initial assessment can be completed in an informal manner. As the relationship progresses it may be necessary to gather more information about the person to fulfil duty of care obligations and to move forward with the assessment process.

9.2.3 ESTABLISHING IMMEDIATE NEEDS

During initial assessment and screening it is important to identify the immediate or presenting needs. These will be the issues 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. 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 done.

9.2.4 COMPREHENSIVE ASSESSMENT PROCESS AND CASE PLANNING

It is vital that the holistic needs of a person are reflected in case planning. Determining such needs involves an ongoing process of observation, information gathering, reflection and engagement. Gathering information about the person from a range of sources such as support providers can assist to understand the holistic needs of a person.

A practical application of a genogram and / or ecomap can assist to understand the individuals' family history and connection to significant life domains.

Refer to the link below for further information on genograms and ecomaps:.
ncbi.nlm.nih.gov/pubmed/18180467

9.2.5 DISTINGUISHING SHORT AND LONG-TERM NEEDS

Caseworkers must be able to distinguish between short- and longer-term needs so that the person's needs can be prioritised and targeted appropriately. Caseworkers must also review these needs regularly as they will change as circumstances change. The following examples provide a definition:

- **Short-term needs** are generally those concerned with safety or that are most important, such as security, safe housing, food assistance, health check, legal protection.
- **Longer-term needs** are generally those that can wait while other needs are addressed. It may include needs that the person has not yet recognised. Some examples of long term needs are finish a qualification, re-entry to work, access to regular social activities.

One of the values of separating out immediate and longer-term needs is that it enables the coordination team to plan and focus on the whole range of needs, rather than just the presenting immediate needs.

9.2.6 RISK ASSESSMENT

While there may be a range of risk assessment tools available across services it is important that the coordination team is consistent with the practice tools used to assess risk. Such a determination may depend on the service types and the partnership configuration. The sample tool below is the SHS Risk Assessment Tool which provides a useful and comprehensive assessment of potential risk factors and supports the casework teams to consider appropriate risk management strategies.[63]

[63] Specialist Homelessness Services, Case Management Resource Kit, V1: 2012, p55

RISK ASSESSMENT FRAMEWORK

DIAGRAM 11: RISK ASSESSMENT FRAMEWORK FOR ASSESSING AND DETERMINING LEVELS OF RISK.

Ask trigger questions – This means asking open ended questions which will provide a trigger for discussion, an example of a trigger question might be: can you tell me about any health conditions for which you are or should be taking medications or treatment?

Ask more detailed questions – A trigger question response will provide an opportunity for more detailed questioning such as: have you had any difficulties remembering to take your medication or remembering to attend appointments?

Establish severity of risk – Establishing severity will assist in the development of risk management strategies. An example of questions to establish severity could be: how often do you forget to take your medication? What is the likelihood of forgetting? What has been the result of not taking your medication?

Identify risk management options – This section identifies what techniques the person would find helpful in remembering to take medication, what the team can do to manage the risk to assist the person and what external services could be accessed to reduce the likelihood of the risk occurring.

Making a decision – Consider and balance the risk based on the information collected and the management options discussed, determine the level of risk, develop a risk management plan if the level of risk is acceptable, refer the client to a more appropriate service if the risk is too high.[64]

[64] http://www.housing.nsw.gov.au/NR/rdonlyres/D0BA36B7-39D1-4C2B-8CF4-360A53E778A7/0/SHSCMRK.pdf

9.3 COORDINATED CASE MANAGEMENT AND PLANNING

Planning involves setting goals in partnership with the person and coordinating a team to develop a list of strategies and actions to reach these goals. As evidenced in the HART model, it is important that services work together to support people and apply the ethos of "one person one plan" to reduce duplication, improve efficiencies and communication.

Planning in coordinated case management requires that the roles, responsibilities, and expectations of the team members are clear and unambiguous. Good planning and communication ensures there is no duplication and that people receive seamless service provision.

Developing a case plan is an opportunity for partner services and the person to step back, work out what the end goal is, and strategise the steps that are needed to achieve those goals. Collaborative planning with service users helps the person to build self-reliance and play an active role in achieving results.[65]

STAGES OF PLANNING SERVICES

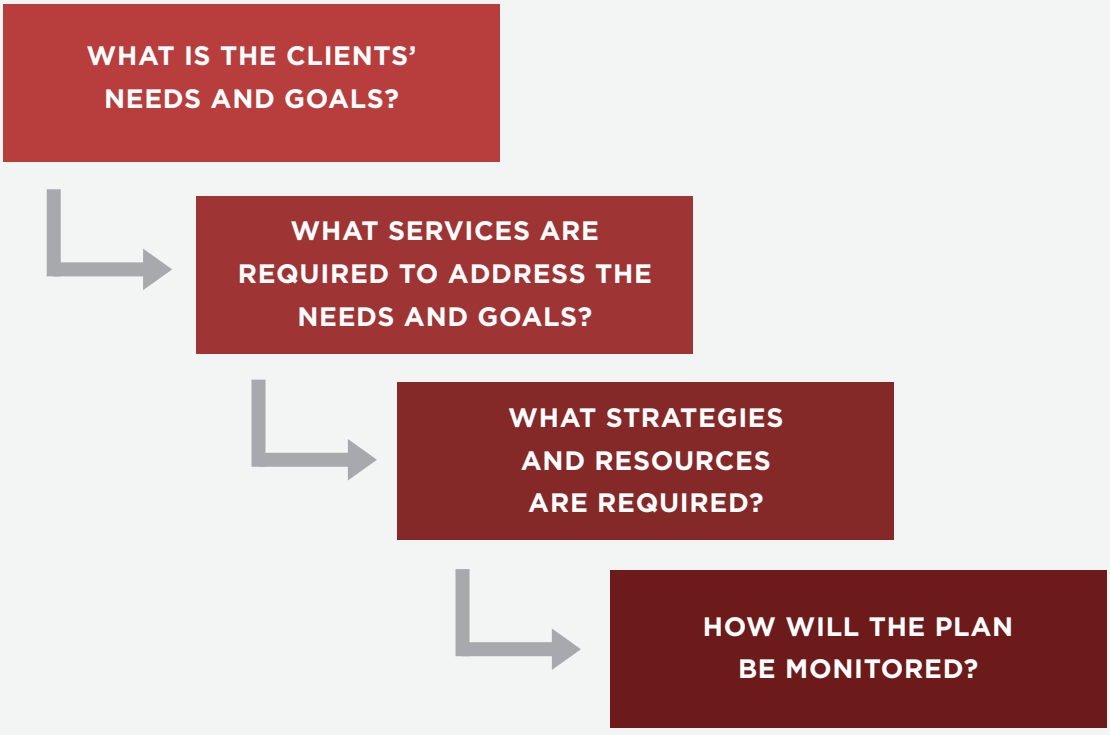

DIAGRAM 12: THE DIAGRAM IDENTIFIES THE STAGES OF PLANNING SERVICES

[65] Queensland Council of Social Service. (2013). planned support guide: An approach to case management (p. 10).

9.3.1 DEVELOPING A STRENGTHS-BASED CASE PLAN

It is important that teams develop a case plan around the strengths of a person rather than their problems. Case plans can be overwhelming for people when they present a whole range of problems and lots of actions that seem impossible to them. Some strategies to achieve a more strengths-based case plan are:

- Reframe items from the negative to the positive
- Build in opportunities for success
- Identify strategies that use the person's strengths

9.3.2 CASE PLAN TEMPLATE

A case plan is a document that outlines the agreed goals/outcomes that the person hopes to achieve and the actions and strategies to work towards these goals. A case plan should therefore include:

- a list of goals
- a list of actions or strategies to achieve these goals
- who is responsible for each action?
- the date when each action needs be reviewed or completed

9.4 ACT

Acting means providing direct support to a person. Acting is a crucial part of the case management process as it is where the team share their professional expertise with a person. It is also where the client and worker relationships are strengthened and the person's capacity to help themselves is increased.

Acting includes a whole range of supports including the following:

- referrals to appropriate services
- providing information and resources
- advocacy and rebuilding a positive social and community network
- Facilitating agreed outcomes
- Coordinating case management reviews[66]

9.4.1 COORDINATED CASE MANAGEMENT REVIEWS

Reviewing is a key component to monitoring the success of case management practice and provides a consistent framework for regular communication between the case management team.

Reviewing is about monitoring and checking that everything is on track with the case plan and that the current support is still relevant. It also ensures the person understands the process and is being supported appropriately. It evaluates if the team is operating effectively and efficiently to meet the needs of the person.[67]

[66] Specialist Homelessness Services, Case Management Resource Kit, V1: 2012, P75

[67] Specialist Homelessness Services, Case Management Resource Kit, V1: 2012, P108

9.4.2 PERSON'S FEEDBACK IN REVIEWS

It is important to continually assess whether the case management provided is appropriate, effective, and well-received. Questions could include:

- Is the person satisfied with the assistance they have received?
- Has it made a difference to their situation?
- Has the influence been positive or negative?
- Are there things that need to be changed?
- Does the person feel that the information, support, or other services they have received have been appropriate?
- Has the person felt comfortable with the processes involved?[68]

9.5 RECORDING WORK

It is crucial that all work undertaken and documents used in coordinated case management is accurately recorded and updated in the person's. Such records include the following documents:

- the street - based risk assessment
- the assessment identifying the short and long-term needs
- any informal engagement or interaction undertaken
- the coordinated case management plan
- minutes of case reviews and meetings
- any progress notes on outcomes and activities

9.6 DATA COLLECTION

It is good practice for coordinated case management teams to collect data about the services, support, and outcomes of interventions.

As highlighted in the HART model, the data base is used as a tool to track case planning progress and wellbeing of people. The database also compiles data from the three inner city case coordination groups, this included the Collaborative Support Initiative (CSI), the Woolloomooloo Homelessness Case Coordination Group (WHCCG) and the HART. The database can monitor consent, provide statistics on how many people are engaged through the assertive outreach patrol, how many people accessed permanent housing and the range of services offered to people.

The above model provides an example of a database external to SHS. Similarly, the SHS Client Information Management System (CIMS) also offers a function for the coordination of case management.

[68] http://www.dss.gov.au/sites/default/files/documents/12_2013/ccs- evaluation_access.pdf

Refer to the SHS Case Management Resource Kit, VI 2012 for detailed information on case management practice for Specialist Homeless Services.
housing.nsw.gov.au/__data/assets/pdf_file/0020/325226/SHSCMRK.pdf

10. CREATING A SUPPORTIVE WORK ENVIRONMENT

10.1 TRAINING

Based on the reviewed literature, assertive outreach training varies between different countries in terms of the content of how it is organised. In the USA, training places greater emphasis on theory, in comparison to the UK, which prioritises practical experience and the exchange of knowledge through mentorships. Regardless of the different approaches, consensus exists in understanding the necessity for outreach workers to be inducted appropriately into the role.[69]

Organisations need to ensure that outreach workers have an opportunity to access training relative to working with people who are rough sleeping. The training should include updated information about issues concerning the target group and how to engage effectively with people with complex needs. Another key component of training is on effective collaboration with other services, understanding what services are available in the broader service network and the access pathways.

The target group for outreach work is usually defined as people experiencing a range of complex issues that negatively impacts their opportunities and creates marginalisation. Outreach work does not meet just one type of need, but aims to see the person holistically as he/she is at the time when contact is made. Training is a continuous process and it is especially important for workers to be updated regularly on the following information:

- existing services
- harm minimisation, prevention, and health promotion
- impacts of legislation
- human and civil rights

[69] Outreach work Among Marginalised Populations in Europe: Guidelines on providing Integrated Outreach Services (2013. pp 47 – 52). Pub Foundation Regenboog AMOC Correlation Network, Netherlands.

10.2 SUPERVISION

The reviewed literature highlighted the lack of adequate supervision for assertive outreach workers as problematic and recommends the need for a structured framework to appropriately support workers.[70]

In recognising the complex and highly demanding role of providing outreach services it is a duty of care for service managers to provide a safe environment for workers to regularly debrief, reflect, receive feedback, and develop their skills in consultation with more experienced practitioners.

Supervision should always be encouraged and the process defined by the worker.

Such a strategy supports an open and constructive dialogue between the supervisor and the worker. Supervision aims to assist workers to internalise the organisation's goals and vision, strengthen their professional identity and support them to cope with the stress factors and frustrations caused by work. The criterion for successful supervision is that any work-related issue / topic can be reflected on together with others in a supportive environment.

Supervision can be divided into three different functions, administrative, educational, and supportive.[71] The following supervision functions model originally developed by Kadushin (1990) is still recognised as good practice:

THREE FUNCTIONS MODEL OF SUPERVISION	
Administrative function	Administrative supervision is primarily concerned with the correct, effective, and appropriate implementation of agency policies and procedures. The supervisor is responsible for ensuring the following: • Ensure that agency policy is implemented – which implies a controlling function – and a parallel responsibility to enable supervisees to work to the best of their ability. (Brown and Bourne 1995: 10) • It also entails a responsibility not to lose touch with the rationale for the agency – core business.
Supportive function	The primary goal is to improve morale and job satisfaction (Kadushin 1992: 20). Workers are facing a variety of job-related stresses which, unless they have assistance to deal with them, could seriously affect their work and lead to a less than satisfactory service for clients. The supportive function is also serves as a prevention strategy of vicarious trauma and reduces the potential of re-traumatising clients.

[70] Outreach work Among Marginalised Populations in Europe: Guidelines on providing Integrated Outreach Services (2013. pp 47 – 52). Pub Foundation Regenboog AMOC Correlation Network, Netherlands.

[71] Schon, D.A. (2008). The Reflective Practitioner: how Professionals Think in Action. Basic Books, USA.

Educational function	In educational supervision, the primary goal is to enhance the knowledge, attitude, and skills of workers. The classic process involved with this task is to encourage reflection on, and exploration of the work. Workers are supported in the following: • understand the client better; • become more aware of their own reactions and responses to the client; • understand the dynamics of how they and their client are interacting; • look at how they intervened and the consequences of their interventions; • explore other ways of working with similar client situations

DIAGRAM 13: THREE FUNCTIONS MODEL OF SUPERVISION

10.3 SELF-CARE

It is essential that workers develop effective strategies and skills in self-care. While the implementation of such strategies is reliant on the individual motivations and commitment of workers; the message of self-care can be actively promoted by senior managers as good Work Health and Safety practice.

11. APPENDICES

Appendix 1: Severe Weather Emergency Protocol

Appendix 2: Protocol for Homeless People in Public Spaces

11.1 SEVERE WEATHER EMERGENCY PROTOCOL

International literature identifies the issue of severe weather as a high-risk factor for people rough sleeping. Such exposure to weather conditions can cause acute illness and possible death.[72] The reduction in rough sleepers during winter is evidenced in the City of Sydney's street count. The street count is conducted annually in February and August. Since 2010 – 2016 the count has consistently produced a decrease in people sleeping rough in the August winter period as opposed to the summer season in February. The count also shows an increase in access to crisis accommodation services during the winter months.[73]

It is good practice for assertive outreach services to develop a severe weather emergency protocol to protect clients from exposure to harsh elements when rough sleeping. 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.

There is no strict definition of what counts as 'severe weather'. However, local 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 and rain. It is important not to presume when, or in what form, severe weather will occur.[74]

Cold: extreme cold can cause serious health problems and death for those who are exposed overnight or for long periods of time. The impacts of rain and wind chill should be considered in developing a response.

Wind: high winds lead to an increased risk of injury through uprooted trees, falling walls, and blown-off roofs and other debris. Where there are common sleeping sites, local councils should consider the risk of extreme wind and gales on these sites and the potential resulting harm.

Rain: excessive or sudden prolonged rain can lead to flooding and landslides. Those sleeping under bridges, on river banks and near the sea, streams, and canals, may be particularly at risk, but this can also extend to other areas including near drains. As well as increased risk of drowning, extreme rain can result in health problems from being wet and loss of important belongings such as identification.[75]

Heat: Exposure to heat conditions can place people at physical risk of dehydration and respiratory problems. It is good practice for organisations to have existing arrangements in place to support people through extreme heat conditions. Heat beyond thirty-eight degrees is considered a risk. The following practices should be followed in such conditions:

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

[73] http://www.cityofsydney.nsw.gov.au/community/community-support/homelessness/street-count

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

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

- provision of a hat to reduce sun stroke;
- provision of sun screen to minimise the potential for sunburn;
- provision of water to assist with hydration;
- referral to crisis accommodation services

COLLABORATIVE STRATEGIES

- Prioritise people experiencing primary homelessness into Temporary Accommodation
- Allocate additional Temporary Accommodation funds specific for a SWEP response.
- Advocate for access to public space with local facilities such as Churches and Neighborhood Centres.
- Source safe places near hot spots
- Provide Opal Cards to transport people to accommodation sites.
- Planning SWEP early in senior management meetings – DHIGS
- Include mainstream services such as the police and local councils into planning.
- Consider varied responses based on temperature differences between urban and rural locations.
- Include a Severe Weather Emergency Protocol into the Homelessness Protocol.

ELIGIBILITY FOR ASSISTANCE

The following guidelines apply for eligibility to assistance:

- The person is sleeping rough;
- assistance is not dependent on housing eligibility;
- the person has no other options for accommodation;
- the person has no local connections to assistance;
- it is preferable that the person is known to the local assertive outreach team, however flexibility should be practiced

RECORDING AND MONITORING DATA

Capturing the demographic and support needs of individuals accessing SWEP will allow government and non-government organisations to plan effectively for future responses.

Recording information is necessary to demonstrate the work that services are doing. Sharing information between services can save time and resources. The more information that can be collected about clients' needs the more effective future provision can be.

To maintain a consistent approach client information should be recorded in CIMS. Given the requirement of a rapid response, as a minimum, the following information should be collected:

- names and contact numbers/emails (if person has details);
- demographic data: gender, date of birth, nationality, ethnicity;
- whether the person is experiencing primary homelessness;
- what are the primary support needs;
- the amount of previous contact the person has had with services;
- where people move on to when they leave the services

11.2 PROTOCOL FOR HOMELESS PEOPLE IN PUBLIC SPACES

http://www.housing.nsw.gov.au/__data/assets/pdf_file/0003/326046/ImplementationGuidelines.pdf

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Homelessness NSW