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The role of assertive outreach in ending 'rough sleeping'

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Rhonda Phillips and Cameron Parsell

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Authors	Phillips, Rhonda	The University of Queensland
	Parsell, Cameron	The University of Queensland
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ACRONYMS

ABS	Australian Bureau of Statistics
ACT	Assertive Community Treatment
AHURI	Australian Housing and Urban Research Institute Ltd
CRSW	Community Rehabilitation and Support Worker
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
HEAL	Health Engagement and Assistance in the Long Grass (Northern Territory)
HHOT	Homeless Health Outreach Team
HRPA	Homelessness Research Partnership Agreement
I-CHOSS	Inner City Homelessness Outreach and Support Service
ICMS	Intervention and Case Management Service (Northern Territory)
ITCG	Inter-agency Taskforce and Coordination Group (Northern Territory)
LOTS	Larrakia Outreach Transport Service (Northern Territory)
NBESP	Nation Building Economic Stimulus Plan
NGO	Non-government Organisation
NPAH	National Partnership Agreement on Homelessness
NSW	New South Wales
NT	Northern Territory
NTER	Northern Territory Emergency Response
PSW	Peer Support Worker
SAAP	Supported Accommodation Assistance Program
QLD	Queensland
RSI	Rough Sleepers Initiative
RSU	Rough Sleepers Unit
UK	United Kingdom
USA	United States of America
VIT	Vulnerability Index Tool

EXECUTIVE SUMMARY

This study examines 'assertive outreach' as a recent and developing, policy-driven approach to ending homelessness for people sleeping rough in Australia. It is concerned with how assertive outreach has been conceptualised and implemented into practice in Australia and the extent to which it is achieving its policy intent. The study is essentially a formative review and aims to elicit the perspectives and experiences of policy-makers, service providers and service users within diverse contextual environments, drawing on three Australian case studies.

The Australian Government has identified programs using assertive outreach as central to their homelessness strategy and assertive outreach approaches are being embraced on a national scale. Assertive outreach forms a key feature in the adoption of Street to Home programs that have recently been, or are planned to be, initiated in most states and territories. The interest in adopting an assertive outreach approach in Australia is influenced by the positive outcomes this approach is reported to have achieved internationally (Australian Government 2008). In light of the current policy and practice focus on assertive outreach as a new model to achieve permanent homelessness reduction objectives, it is timely to critically examine this approach and the outcomes it is achieving.

We can describe assertive outreach as an approach that often, but not always, involves the deliberate and strategic attempt to end a person's homelessness. Further to this, assertive outreach is usually presented as a model to achieve sustainable solutions to homelessness through a Housing First philosophy. In turn, as a theoretical model, assertive outreach involves street-based outreach to immediately end homelessness on the one hand; with outreach into people's homes, intended to promote tenancy sustainment on the other.

As an 'ideal' model, assertive outreach can be conceptualised as incorporating many of the features of traditional outreach approaches and notions of supported housing. A distinguishing feature is an emphasis on assertive outreach as part of an integrated approach that requires multi-disciplinary teams and access to both specialist health professionals and availability of permanent stable housing. We present the current national policy focus on assertively offering rough sleepers support and housing with the goal of ending their homelessness as a genuinely 'new' policy approach. Further we argue that the 'ideal' assertive outreach service model is essentially different in intent and practice to pre-existing outreach practice, despite sharing some similarities. We also note that assertive outreach as it has been conceived in Australia draws heavily on international health, homelessness and housing models.

The report sets out an analytical model (Figure 1) that conceptualises the process of ending homelessness as requiring actions from three domains: homelessness policy, homelessness service delivery, and service users. The model points to the importance of understanding the manner in which these domains act and interact in order to achieve the policy goals ascribed to assertive outreach. This model is adopted as an analytic device for interpreting empirical materials from the fieldwork.

The empirical research involved three assertive outreach case studies located in Brisbane, Sydney and Darwin. In order to respond to the research aim of providing a contextualised understanding of the practical implementation of assertive outreach, our considerations of assertive outreach are embedded within, and illuminated by, the nature of rough sleeping in the individual case study areas. Drawing on empirical work from the Brisbane and Sydney case studies, we examine the assertive outreach approach with reference to the experiences of service users. Our analysis takes

account of the prevailing policy and service delivery contexts that assume influential roles in shaping assertive outreach in all three case studies.

In all three case studies, the dominant focus of assertive outreach is street outreach and purposeful engagement with highly vulnerable people in public spaces where alcohol and drug intoxication and mental illness are prevalent. The assertive outreach provided in Brisbane and Sydney is similar in terms of objectives, methods and the perspectives of service users while the Darwin service is quite different. Whereas assertive outreach in Brisbane and Sydney has the overarching objective of permanently ending rough sleeping (at both a policy and practice level), Darwin's assertive outreach is a policy response to 'antisocial' behaviour and differs by its focus on short-term 'move on' interventions, and also by the presence of a return to country focus. In spite of the broad similarities in Sydney and Brisbane, there are also important differences in how the assertive outreach models have been conceived and operationalised. The differences between the case studies reflect differences in the ways that the 'problem' is conceptualised and its scale, the local context, and also in the characteristics of the target population. In particular, Darwin presents an example of the complexity and contested nature of Indigenous homelessness as well as the unique structural and cultural factors influencing the use by Indigenous people of public spaces within urban and regional centres.

The study findings emphasise the importance of distinguishing between two very different approaches to assertive outreach in terms of their objectives and service delivery models. The first approach is concerned with moving vulnerable people from rough sleeping to permanent stable housing. This approach is integral to new service models commonly referred to as 'Street to Home'. The second is concerned with moving on people who are frequenting or dwelling in public places, preventing public intoxication and 'antisocial' behavior. The target populations in both cases are commonly referred to as 'homeless', which tends to conflate the two separate but overlapping 'problems' of homelessness and public intoxication. This conflation leads to a tendency toward 'one size fits all' policy discourse and service responses that fail not only to recognise the distinctions between homelessness and public intoxication, but also fail to acknowledge the unique historical and cultural context for Indigenous public place dwelling.

Some of the most vulnerable rough sleepers in Sydney (42) and Brisbane (79) are reported to have been assisted to move to stable housing and the support services assert that more could have been housed if the housing were available. According to service providers, tenancies have largely been sustained to date, with Brisbane reporting only approximately 7 per cent of tenancies breaking down and, in most of these cases, transfers to alternative housing options have been achieved. This indicates considerable progress in implementing the intended policy and evidence of some early success. It should be noted, however, that the scope of this study did not include verification of the data provided by services on housing access and sustainment.

Since ending homelessness is not a goal of the Darwin services and housing opportunities are unavailable, this criterion is not relevant. Return to country can, however, be seen as a legitimate and successful way to assist people who wish to return to their home communities to end their sleeping in public places.

The Brisbane and Sydney services in particular, have taken a comprehensive approach to focusing their efforts toward not only rough sleepers, but also people who present with significant health and social problems. The use of the Vulnerability Index Tool is seen as enhancing the capacity of street outreach to target the most vulnerable. Further to this, when housing is available, the assertive outreach services

are very successful at assisting their service users to commence social housing tenancies and exit homelessness. If they had the available housing stock, both the Brisbane and Sydney services, and also the assertive outreach service in Darwin, advised that they would have had no problem in assisting significantly more people to access housing and exit rough sleeping.

The early signs from this research are promising and indicate that assertive housing outreach is providing a genuinely new and successful response to rough sleeping The questions that this study is unable to answer are whether the initial success in accessing stable housing and moving rough sleepers into permanent accommodation can be maintained, whether those who are housed are able to sustain their tenancies and, importantly, whether their well-being and circumstances improve over the long term. Furthermore, it is not possible for this study to draw any conclusions about cost-effectiveness of the services, either as that relates to the providers' utilisation of resources in delivering the service or to the long-term economic benefits of housing rough sleepers. Nevertheless, inferences can be made from other research that suggests ending homelessness, rather than managing homelessness in various forms of homeless accommodation or public institutions, equates to an overall saving to the 'public purse' (Flatau et al. 2008; Gulcur et al. 2003).

We conclude that the policy and service delivery domains have played an important role in establishing the settings necessary for success. However, just as critical in the success to date are the skills, knowledge, personal traits and practice models of the workers and the aspirations, motivations and capacities of the people using the services who actively engage with the assertive outreach intervention. Service users' engagement with assertive outreach services appears to be most productive in the presence of a trusting professional relationship; when the relationship is purposeful and goal-orientated; when service users feel that they are listened to, having ultimate say in determining their personal goals and the pace of change; and when workers are able to provide practical and meaningful assistance/resources and follow through on what they say they will do. This is where access to health services and housing are crucial underpinnings of the approach.

In considering the implications of the findings, we identify issues that are critical to the success of the assertive outreach model and propose principles to underpin its further development.

First, the study highlights the fundamental role that available housing plays in the capacity of the services to engage with people who are deemed the most vulnerable and assist them to exit rough sleeping.

Principle 1
Clear pathways for timely access to appropriate, stable and affordable housing for all service users must be integral to the assertive housing outreach model.

Principle 2
Decisions about the most appropriate and sustainable housing options for people exiting rough sleeping should be informed by research evidence.

Second, we confirm previous research findings that rough sleepers experience significant physical and mental health problems and substance misuse and argue that these not only put them at risk of premature death but act to subvert their capacities to change their circumstances without assistance.

Principle 3
Timely access to multi-disciplinary health services comprising primary and mental health as well as drug and alcohol professionals and that are well integrated with housing responses and mainstream health services should be a core feature of assertive housing outreach models.

Third, given that assertive outreach often focuses on individuals on the basis of acute vulnerabilities, the research raises important questions about what the provision of housing for these people can, and cannot, achieve. The longer term benefits that are associated with assertive outreach and assumed to follow on from housing should be considered cautiously. Achieving participation in the labour market, training, education, health, well-being, community connectedness and indeed social inclusion are difficult objectives for some people.

Principle 4
The objectives of assertive outreach should recognise that many rough sleepers will experience chronic health problems and functional impairments.

Principle 5
Provision of ongoing support tailored to individual needs should be available for those ex-rough sleepers who require assistance with managing their health and with daily living tasks.

Additionally, the findings have significant implications for the practice of assertive housing outreach.

Principle 6
Assertive housing outreach workers should maximise self-determination by service users while providing persistent and practical assistance in achieving their housing and other goals.

Finally, the findings highlight the need to recognise the unique nature of public place dwelling and associated public intoxication by Aboriginal and Torres Strait Islander people, especially in regional centres in proximity to discrete Indigenous communities. This includes recognising the diverse socio-economic, lifestyle, cultural and spiritual factors involved and that public place dwelling by Indigenous people cannot necessarily be equated with ‘rough sleeping’ as it is generally understood in the homelessness discourse.

Principle 7
Homelessness policies and program design should acknowledge the unique nature of public place dwelling by Aboriginal and Torres Strait Islander people and the need for responses that are specifically targeted to their diverse needs and the local context.

1 INTRODUCTION

1.1 Background

This report presents the findings of a study that examines 'assertive outreach' as a service model for ending homelessness for people sleeping rough in Australia. As a recent and developing, policy-driven approach, there is some diversity in the manner in which assertive outreach is conceptualised and implemented into practice. The empirical research challenge for this study, therefore, was to examine how assertive outreach models operate in practice and the extent to which they are able to achieve their policy intent. This report examines some of the salient features and characteristics of the assertive outreach approach in homelessness services, drawing on three Australian case studies.

The diversity in the way that assertive outreach is conceptualised in Australia notwithstanding, we can describe assertive outreach as an approach that often, but not always, involves the deliberate and strategic attempts to end a person's homelessness. Further to this, assertive outreach is usually presented as a model to achieve sustainable solutions to homelessness. In turn, as a theoretical model, assertive outreach involves street-based outreach to immediately end homelessness on the one hand; with outreach into people's homes intended to promote tenancy sustainment on the other.

As noted, assertive outreach is deliberately targeted toward people who are sleeping rough. Rough sleeping is a colloquial term used to refer to the state of literal homelessness, and it includes sleeping in derelict buildings ('squats'), cars and public places. Parsell (2011a) observes that this colloquial term is often incorrectly conflated with Chamberlain and MacKenzie's (1992)[1] primary homelessness. While the primary homeless category does consist of people sleeping rough, this category also includes people living in improvised dwellings, for example, people living in sheds or temporary structures on land which they often either own or to which they have legal tenure rights. Further to this conflation, it is also common for the terms 'rough sleeping' and 'chronic homelessness' to be used interchangeably (see Council of Australian Governments 2009).

Despite their statistically small numbers relative to the broader homeless population, people who sleep rough are receiving considerable public policy attention. The Australian Government has outlined an ambitious plan to not only reduce overall rate of homelessness by half, but to 'offer supported accommodation to all rough sleepers who seek it by 2020'[2](Australian Government 2010). In part this policy priority recognises that people literally without shelter are among the most disadvantaged and vulnerable in contemporary Australian society. Similarly, the contemporary policy focus on rough sleeping acknowledges previous service responses to rough sleeping have been inadequate and largely unsuccessful.

The Australian Government has identified programs using assertive outreach as a key plank of their homelessness strategy and assertive outreach approaches are being embraced on a national scale. Assertive outreach forms a central feature in the adoption of Street to Home[3] programs that have recently been, or are planned to be,

[1] Chamberlain and MacKenzie's (2009a) work does not make this conflation, rather it is a misinterpretation of their categorisations.

[2] These targets are amendments to those outlined in the White Paper (Australian Government 2008) and raise interesting questions about the capacity for rough sleepers to 'seek' assistance, including about the role of assertive outreach in enabling access.

[3] In 2010 Sydney adopted the Way2Home program informed by the evidence base of Street to Home.

initiated in most states and territories. The interest in adopting an assertive outreach approach in Australia is influenced by the positive outcomes this approach is reported to have achieved internationally (Australian Government 2008).

In light of the current policy and practice focus on assertive outreach as a new model to achieve permanent homelessness reduction objectives, it is timely to critically examine the assertive outreach approach and the outcomes it is achieving.

1.2 Research aims and questions

In this study we have aimed to examine how assertive outreach has been conceptualised and implemented into practice in Australia and to review implementation issues and impacts. The study, therefore, is essentially a formative review and aims to elicit the perspectives and experiences of policy-makers, service providers and service users within diverse contextual environments.

More specifically, the research questions are:

1. What are the objectives and features of models of assertive outreach implemented in Australia and overseas that engage people experiencing homelessness who occupy public spaces or are sleeping rough? What mix of features, services and housing options do the models provide?
2. What is known about the outcomes of these models, including their success in assisting rough sleepers to access and sustain accommodation? How is success measured and, what are the factors and features that contribute to successful outcomes?
3. What are the experiences of people who are homeless, service providers and other key stakeholders relating to the development, implementation, delivery and outcomes of assertive outreach models?
4. What principles, policies and practice should underpin efforts to engage with rough sleepers and assist them to make successful transitions to appropriate and sustainable accommodation?

1.3 Research approach

This research involved two distinct phases. The first involved literature and policy reviews and was reported in the Positioning Paper (Phillips et al. 2011). That report focused on answering research questions 1 and 2 and provided a basis for the empirical phase of the research. The second phase is the empirical study detailed in this report. The two reports are complementary and designed to be read together as this report does not replicate the material in the previous report and refers to it only to the extent that it frames and informs the empirical research design and the findings.

For the empirical phase, an embedded case study approach (Yin 2009) involving multiple sites, multiple levels of analysis and mixed methods was chosen because it allowed a contextualised study of the implementation and operation of assertive outreach services in a number of different locations. Three cases were undertaken to provide the widest range of service delivery and policy contexts possible within the resources available for the project.

Further to this, the methodological approach and the areas chosen were informed by one of the researcher's later involvement in Australian Government funded research through the Homelessness Research Partnership Agreement (HRPA) between the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and the University of Queensland. As part of the HRPA, one of the authors, Parsell, is involved in a study examining client outcomes of Brisbane's Street

to Home and Sydney's Way2Home programs. Participation in the assertive outreach study and the HRPA demonstrated that many assertive outreach and rough sleeping programs across Australia were engaged in evaluative studies. Service providers articulated some of the challenges involved when their service and indeed service users are required to participate in numerous studies concurrently. Conscious of the significant number of homelessness studies being undertaken at the time of this research, we sought to mitigate the impact upon the service users and service providers by complementing the fieldwork for this assertive outreach study with similar research being conducted by Parsell through the HRPA. In practice, this meant that gathering some of the data for the assertive outreach case studies (Brisbane and Sydney) occurred alongside data collection for the HRPA studies.

1.3.1 Choosing the case study locations

Assertive outreach in Brisbane, Sydney and Darwin were chosen for investigation in this study. These sites were chosen as they comprised diversity in the nature and extent of rough sleeping (especially in terms of Indigenous people sleeping rough, see Darwin case study) and differences in terms of program objectives, features, funding sources and institutional arrangements. Further, the three case study sites allowed for an examination of assertive outreach models that were at differing levels of program maturity, covered different geographical and social areas within Australia, and had significant support from stakeholders agreeing to facilitate access to the study. Thus all three case studies met the selection criteria for inclusion which consisted of:

- A mix of jurisdictions to provide differences in policy and service delivery contexts.
- A mix of smaller and larger cities.
- At least one site with high levels of Indigenous rough sleepers.
- Differences in housing market conditions.
- Differences in climatic conditions, for example, Darwin has a tropical climate with extreme wet seasons, whereas Brisbane's sub-tropical and Sydney's temperate climates are much more moderate.

1.3.2 Case study questions

The empirical fieldwork was developed to directly respond to the core research questions outlined above and the key themes and issues identified through the first phase of the study as detailed in the Positioning Paper (Phillips et al. 2011). These themes and the characteristics of assertive outreach that were examined are summarised in Table 1.

The specific fieldwork questions included:

- What are the characteristics and preferences of rough sleepers in the study sites? Are they similar across study sites?
- What are the objectives of assertive outreach models? Are they consistent with state and national policy intentions and do they differ between services?
- What are the core features of individual assertive outreach models? In what ways do they differ and what are the reasons for differences?
- What are the characteristics and experiences of the clients of assertive outreach services? How have their circumstances and well-being changed, and what do they value about the assertive outreach services?

- What sorts of accommodation options do assertive outreach clients access and how much choice do they have? Do housing options differ across study sites? How successful are the services in assisting clients to access appropriate housing and sustain long-term housing outcomes?
- What are the factors that contribute to or constrain success in achieving sustainable housing outcomes?

Table 1: Assertive outreach key characteristics

Themes	Characteristics
Target population	Rough sleepers (or public place dwellers, see Memmott et al. 2003).
Objectives	Targeting those most vulnerable. Permanent solution to homelessness—sustaining tenancies. Targets: significant reduction in rough sleeping.
Core features	Engaging with people in situ: either in public places or in houses post-homelessness. Persistent and proactive approach in the absence of a referral. Client-directed—understanding and responding to individual need. Targeting through 'Vulnerability Index Tool'. Multi-disciplinary approach—either through intra-agency or inter-agency linkages. Providing collaborative, integrated, long-term service. Case management—ongoing relationships with key workers. Housing First—immediate access to housing rather than transitioning through homeless accommodation. Long-term support—pre and post accessing housing.
Housing options	Tenure—transitional or long-term. Client choice—location; form; quality.
Contextual factors impacting on success	Extent of Indigenous people in rough sleeping population. Housing market conditions—social and market housing availability, accessibility and cost. Service system capacity—access to range of mainstream and specialist human services. Maturity of assertive outreach model. Level of resourcing for assertive outreach model.

Source: Phillips et al. 2011

Specific interview questions were tailored to elicit the interests, experiences and views of the three prime stakeholder groups, namely: policy-makers, service providers and service users.

1.3.3 Data collection and analysis methods

In each of the three case study sites we drew on a mixture of data collection methods. These included: qualitative interviews, participant observations, and document analysis. For the document analysis we sampled assertive outreach programs tender specifications, funding agreements, reports on outcomes and outputs, promotional material and broader homelessness, housing and related policy documents. Not all of these documents were available for each of the three case studies. We relied upon both publicly accessible material and documents provided to the research team by

stakeholders for the purposes of this study. The documents were subject to qualitative thematic analysis to respond to the research questions—for instance, documents were scrutinised to identify the features, characteristics and aims of assertive outreach.

Building on and extending empirical materials obtained from the document analysis, stakeholder interviews represented a means to confirm factual and descriptive detail about the assertive outreach approaches, as well as gaining insights into the challenges and practical 'on the ground' program implementation. We sought to identify the processes of implementing the assertive outreach services. Interviews particularly focused on the extent to which program implementation was an iterative process that evolved in response to lessons learnt during program establishment.

Fifty individuals participated in qualitative interviews. This included 36 stakeholders involved with the assertive outreach program at the three case study sites working in director, funding, policy, program management and frontline service delivery roles. These interview participants were invited to participate on the basis of their position in, or association with, the assertive outreach programs. Thus they were purposively recruited as they had knowledge of different dimensions of the assertive outreach approach pertinent to the study's aims. Eight of the stakeholders interviewed were working in the capacity of frontline outreach workers. Our interviews with these eight workers sought to identify their understanding of, and approach toward, assertive outreach. We similarly posed questions to the outreach workers eliciting responses about their perspectives on the efficacy, appropriateness and challenges of assertive outreach achieving its objectives.

The remaining 14 interview participants were working with the assertive outreach service in the capacity of service users. These 14 individuals represented diversity in terms of their engagement with the assertive outreach programs: some were sleeping rough, some were living in homeless accommodation, and others had been supported to access permanent housing. In Chapter 3 we provide more details about these interviews, the 14 people that participated and the convenient and snowballing methods (Bryman 2004) of recruitment into the study when we discuss their perspectives on assertive outreach. At this point, however, it should be noted that due to the rough sleeping population in Darwin and the assertive outreach approach, the 14 people that participated in 'service user' interviews were drawn exclusively from the Sydney and Brisbane case studies.

The participant observation component of the methodology broadly focused on the overt observations of the direct delivery of assertive outreach services. Observations were informal and the specific area of focus became refined over the course of the fieldwork (Jorgensen 1989; Wolcott 1994). Informed by the literature raising questions about coercion (Fitzpatrick & Jones 2005) on the one hand; and assertive outreach as a client directed approach on the other (Priebe et al. 2005), our observations became particularly focused on the manner in which outreach workers approached people in public places, and the interactions between the outreach workers and service users. In this respect, observation provided perspectives to extend and locate information obtained through interviewing about the nature of the assertive outreach approach, including how it was initiated and conducted, and the manner in which people responded to the service providers.

Further to the appropriateness of observations as a data source to extend and contextualise information obtained through interviewing, observations acted as a means to facilitate and enhance qualitative interviewing. Similar to what Parsell (2010) found recruiting people sleeping rough into research, the familiarity and modest rapport developed during brief observations assisted with potential interview

participants' willingness to participate in interviews. Indeed, it was during observations that service users were approached and asked to participate in interviews. All people invited to participate consented to do so, and at that point they were immediately interviewed. Service user interviews therefore occurred in public places, homeless accommodation and people's homes.

Observations were recorded in a fieldwork journal after the field was exited. Some interviews were audio recorded and transcribed, whereas others were recorded in note form by the interviewer at the time of the interview. The fieldwork journal, the interview transcripts and notes taken down from the interviews were all analysed thematically. The analysis was guided by both a deductive and inductive approach (Bryman 2004). Salient themes and concepts identified in the literature (see the next chapter) scaffolded and provided some pre-determined structure for analysing the empirical materials. For instance, we overtly scrutinised the empirical materials to identify indications of coercion, agency and client-directed practice. On the other hand, our analysis was sufficiently open to allow unexpected observations and themes to guide our interpretation and understandings.

Research with people who are homeless raises important ethical questions. When they are unlikely to benefit from the research and when they live and conduct their day-to-day lives in public places the ethical concerns are arguably heightened (Third 2000). People who are homeless are often research subjects, and their day-to-day lives can be characterised by disclosing their life experiences to access services. Further, observing the daily lives of those without access to 'private' places can be intrusive. Notwithstanding these concerns, the study received clearance from the University of Queensland's Behavioural and Social Sciences Ethical Review Committee. Ethical approval was granted on the basis that illegal activity was not observed, and that the researchers would contact emergency or medical services in the event that a person was at significant risk of harm.

Ethical approval for this study is broadly consistent with the ethnographic literature which views observations in public places as unproblematic (Morrill et al. 2005). Recognising the potentially intrusive nature of the study and the potentially vulnerable nature of research participants, however, we actively attempted to mitigate the risks posed to research and potential research participants.

First, we obtained informed and written consent from all interview participants. Second, by working closely with the services delivering the assertive outreach and by disclosing our research status, we ensured that people were aware of our research intentions. That is to say, we overtly distinguished ourselves from the service providers. Third, we recognised that the service users were to varying degrees reliant upon the service providers. Conscious of this power disparity, we took proactive measures to ensure that potential research participants knew that their refusal to participate had no bearing on their relationship with the service providers they work with.

1.4 The report

In this chapter we have outlined an overview of the research purpose and approach. This has included an introduction to the study, a discussion of its policy relevance and details of the research aims, questions and methods. In the following chapter we establish a conceptual and analytical foundation for the study by proposing an inter-active model for understanding the dynamics of policy, service delivery and service user agency in determining whether assertive outreach succeeds in achieving its aim of ending homelessness for people sleeping rough. An analysis of the data collected through each of the three case studies is reported in Chapter 3. The key themes and

findings regarding the implementation of assertive outreach models, their achievements to date and the factors facilitating and constraining success are then discussed in Chapter 4. Conclusions and implications for policy and practice are presented in the concluding Chapter 5.

2 THE ANALYTIC FRAMEWORK

This chapter first provides a brief discussion of the characteristics and origins of assertive outreach models as they are being developed in Australia. We then propose an inter-actionist model for conceptualising and analysing assertive outreach and its role in ending homelessness. The chapter draws, in part, on the literature, policy reviews and analysis reported in the Positioning Paper for the study (Phillips et al. 2011) and also on subsequent literature examined during the second research phase.

2.1 Assertive outreach: characteristics and precedents

The Positioning Paper presented an overview of assertive outreach as a response to people sleeping rough in Australia. It began by describing recent changes in the national policy and institutional arrangements for responding to homelessness that emphasise holistic and permanent solutions to homelessness and an increased focus on rough sleeping. The Positioning Paper then examined the approaches being taken in each jurisdiction implementing assertive outreach as integral to achieving national policies aimed at reducing rough sleeping. This examination highlighted some of the apparent similarities and differences in service delivery models and pointed to the challenges in achieving multi-disciplinary responses and ensuring the access to stable housing that are the hallmarks of the Street to Home philosophy.

2.1.1 Characteristics of outreach

We conceptualise outreach as the provision of a service to people (service users) outside of the premises or offices of the service provider. Within the homelessness service provision context, outreach is usually presented as 'street-based outreach'. Street-based outreach is the provision of services to people in public places. There are a range of traditional street-based outreach services to people who are homeless both in Australia and internationally. These include charitable organisations that provide services such as food and drink, blankets, and even companionship and social interactions (Parsell 2011a). Street-based outreach likewise includes the delivery of welfare and health services. The former can involve engagement with the objective of commencing an intensive case management relationship within a more traditional service centre setting (Perry 2010), especially focusing on and attempting to engage with people deemed less motivated (Lam & Rosenheck 1999).

Health outreach services are diverse in terms of the intervention offered, for example, primary, mental health and harm minimisation services; and they also differ in terms of the client group they focus on. Assertive Community Treatment (ACT) teams, for example, have a strong focus on the delivery of psychiatric services to all people in the broader community, but the ACT philosophy on engaging with people disengaged from the mainstream health sector means that they often provide mental health services to people who are homeless. Indeed, in a comprehensive meta-analysis focused on the USA context, it is suggested that ACT teams are a more effective means to meet the mental health needs of people who are homeless compared with centre based approaches (Coldwell & Bender 2007). Queensland's Homelessness Health Outreach Teams (HHOT) were established on the mental health principles from the ACT model (Lloyd et al. 2010). Unlike traditional ACT teams, however, the HHOT have a broad health focus and specifically focus on, and work exclusively with, people who are homeless.[4]

[4] HHOT may work with an individual for a short period after they have exited homelessness.

Acknowledging the diversity that characterises the charitable, welfare and health outreach services to people who are homeless, Parsell (2011a) suggests that they are similar in that they are rarely intended or resourced to permanently end homelessness for their service users. As we will explain below, this traditional type of outreach is often juxtaposed with assertive outreach.

To a lesser extent, but also of importance, outreach to people who are (or were) homeless occurs in homeless accommodation, or into people's homes. Health providers, for example, provide routine outreach into designated homelessness accommodation facilities as an efficient way of delivering health services to people in a constant environment that is more predictable than public places, and thus arguably more conducive to the delivery of health services. Likewise, there is a tradition in Australia of outreach services working with people in their own homes post-homelessness. Similar to street-based outreach this type of service provision is diverse, but it is often health and welfare in nature. Outreach into people's homes post-homelessness is routinely presented as a means to assist people with the transition from homelessness and to facilitate tenancy sustainment. This type of outreach is often referred to as 'housing support', and it can be long-term, or simply a short-term strategy focused on people in new tenancies. Housing support can also assume the form of specific clinical interventions that address people's primary and mental health problems. By virtue of providing this clinical support into people's homes, however, it often has the consequence of assisting with tenancy sustainment. In this report we take a broad definition of housing support, to include interventions specifically targeted toward tenancy and housing issues, and also clinical and health type supports that contribute toward housing outcomes.

It is at this point where outreach support into a person's home post-homelessness is difficult to distinguish from some forms of supportive housing. Tabol, Drebing and Rosenheck (2010) illustrate the inconsistency with which the term supportive housing is used, and the many forms that support or indeed supportive housing can assume. Their analysis of the homelessness literature shows that supportive housing can be taken to be congregate or dispersed housing in the broader community whereby people live alone (post-homelessness) and receive (to varying degrees and lengths of time) outreach support into their homes.[5]

2.1.2 Distinguishing assertive outreach

As an 'ideal' model, assertive outreach can be conceptualised as incorporating many of the features of traditional outreach approaches, and even notions of supported housing (Tabol et al. 2010). One new and distinguishing feature of the assertive outreach model is its intent, involving deliberate and strategic attempts to end a person's homelessness and to achieve sustainable solutions to homelessness through a Housing First philosophy. The second distinguishing feature is an emphasis on assertive outreach as part of an integrated approach that requires multi-disciplinary teams and access to both specialist health professionals and availability of permanent stable housing. The third distinguishing feature is that assertive outreach models work with people over extended timeframes in order to support not only their transition from rough sleeping to housing, but also the stabilisation of their tenancy to avoid tenancy failure and a return to homelessness.

In comparing these new 'assertive outreach' services with previous homelessness outreach models, it is clear that there are both overlaps and differences in objectives

[5] Supportive housing also includes Common Ground type congregate living accommodation that have service providers located on, or specifically attached to, the supportive accommodation.

and conceptualisation. There is evidence that in the past some homelessness outreach services have aspired to achieve goals of permanently moving rough sleepers into stable housing, but these attempts have been thwarted in the absence of necessary enabling policy or resources. With limited access to specialist health services or housing options and consistent with dominant practice ideologies, traditional outreach services generally operated with modest goals that emphasise 'risk minimisation'.

Importantly, the objectives, practices and philosophies of outreach responses to Indigenous people who are homeless or who are living in public places can also be differentiated from those espoused for new assertive outreach services. The differences reflect the unique and cultural context within which Indigenous homelessness occurs and the contested nature of how Indigenous use of public spaces is conceptualised and problematised (See Memmott et al. 2003; Phillips et al. 2011).

2.1.3 Origins of the Australian assertive outreach model

Although the health-related literature on ACT provides insights into the origins of assertive outreach, the housing focus typified by the Rough Sleepers Initiative (RSI) and Rough Sleepers Unit (RSU) from the UK, and Housing First and Common Ground from the USA are commonly presented as having greater influence for assertive outreach in the Australian homelessness context. While assertive outreach differs across these four homelessness approaches, they share similar features and objectives of drawing on multidisciplinary teams to transition people out of the rough sleeping population. Whereas the RSI and RSU has often relied on homeless crisis and transitional accommodation, the Housing First and Common Ground models aim to provide immediate access to independent tenancies and permanent housing. All four models proactively engage rough sleepers, but the latter two models target people deemed to be the most vulnerable or otherwise not considered to be 'housing ready'. Similarly, assertive outreach as part of Common Ground and Housing First approaches places ongoing support as a central feature and an important means to sustain housing after exiting from homelessness.

Assertive outreach as part of the Housing First and Common Ground models can be further distinguished from that provided by the RSI and RSU in that research has identified the former responses with more holistic and long-term outcomes. The provision of long-term housing is associated with less need to persistently engage rough sleepers and also to better meet their long-term needs rather than just the need to end their rough sleeping or move them from contested public spaces. Thus, the availability of long-term housing, whether that housing is used as a means to facilitate exits from rough sleeping or as a resource to base long-term services around, is central to how assertive outreach works, and what outcomes it can achieve.

Even though the supply of long-term permanent housing most clearly distinguishes Housing First and Common Ground from the RSI and RSU approaches, another fundamental point of departure is the focus on consumer choice and self-determination. Whereas the RSU has been critiqued on the grounds of pursuing social control and coercion (Fitzpatrick & Jones 2005), there is no indication that the Housing First and Common Ground approaches attempt to persuade people off the streets. With reference to Housing First, the level of engagement with and the nature of support services required, is determined by the service user (Stefancic & Tsemberis 2007).

A number of evaluative studies have demonstrated the effectiveness of the Housing First approach in achieving housing retention rates compared to traditional housing

programs (Gulcur et al. 2003; Stefancic & Tsemberis 2007; Tsemberis 1999; Tsemberis & Eisenberg 2000). In the same way that housing tied to outreach reduces services users' scepticism (Kryda & Compton 2009), perhaps the provision of desirable accommodation would make a 'more assertive approach' unnecessary (Phillips et al. 2011). The literature suggests that the RSI and RSU achieved significant success in reducing literal homelessness (Randall & Brown 2002). The temporary homeless accommodation that former rough sleepers were transitioned into, however, was seen as undesirable by some people who were either unwilling, or unable to move into or remain in this type of accommodation. This reluctance to accept homeless accommodation was informed by both concerns about their personal safety or people's inability to comply with hostel regulations relating to substance use.

While the literature suggests more positive longer-term outcomes when housing is placed at the top of the agenda, the assertive approach adopted by the UK was less successful, arguably due to the absence of choice, and quality, of accommodation. In the absence of suitable accommodation, it becomes less feasible to adopt a consumer-led approach to reducing homelessness. This is further illustrated under the RSU model whereby outreach workers develop action plans *for* their homeless clients as distinct from empowering clients to steer their own course. As Kryda and Compton (2009, p.145) note, outreach is meaningless if people sleeping rough do not trust the outreach worker. The evidence demonstrates that trust is achieved when outreach is holistic, informed by the perceived needs of the people who are homeless, and when practical outcomes can be realistically delivered.

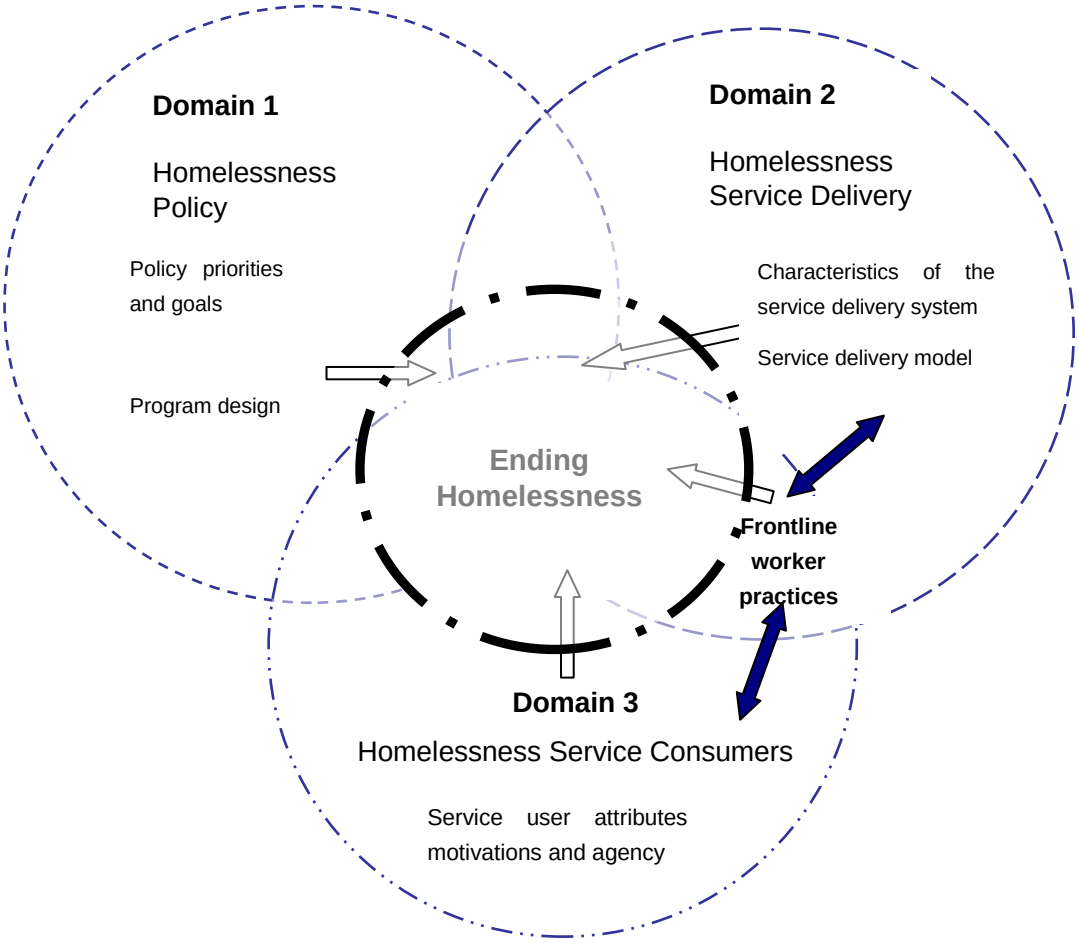
As mentioned above, assertive outreach does have an Australian homelessness context that pre-dates the current policy and practice focus. For instance, Middendrop and Hollows (2007) suggested that Hanover Welfare Services had been delivering assertive outreach in Melbourne to people sleeping rough since 1989. Likewise, and as we reported in the Positioning Paper (Phillips et al. 2011), there is a view among some people working within the homelessness sector that an assertive outreach type of approach has long been advocated for in Australia. This view purports that it is a lack of policy commitment to ending homelessness and limited resources that has been the fundamental barrier to homelessness services practicing an assertive outreach model prior to the current emphasis placed on this approach.

2.2 An inter-actionist model

Informed by an analysis of the existing literature, this section sets out a model for conceptualising assertive outreach as a strategy for ending homelessness for people sleeping rough in Australia. The model has three core domains: homelessness policy, homelessness service delivery and people who are homeless themselves in the capacity of service users. The model takes into account actions originating from each domain, and also the manner in which they interact and relate to each other in a dynamic process. Figure 1 below depicts these relationships and illustrates the contribution that each domain makes. Additionally, the model highlights the role of frontline workers in spanning the service delivery and rough sleeper domains. A logical implication of this model is to assert that the outcome of ending homelessness is more likely to be achieved where the goals and actions of policy-makers, program managers, service providers and rough sleepers are aligned. This inter-actionist model is adapted from Phillips (2007) and has informed the case study approach that seeks to not only focus on assertive outreach as a service delivery model, but to also examine the policy and service delivery context and the perspectives, experiences and motivations of service users. We believe that a close analysis of these separate factors, and their interactions and relationships, provides a more comprehensive

understanding of the assertive outreach approach and the factors individually and collectively that influence the outcomes achieved.

Figure 1: An inter-actionist model for ending homelessness



Source: Adapted from Phillips 2007

To further explore the relevance of this analytical model, the following sections provide a discussion of the role of each domain and their interdependencies.

2.3 The homelessness policy domain

It is within the policy domain that homelessness policy goals and targets, program design and budget allocations are developed and mandated. The importance of this domain is exemplified by the strong policy focus on rough sleeping under current national homelessness policy settings and the central role of assertive outreach in national policy priorities, program design and resource allocation.

As discussed in our Positioning Paper, the estimated 6500 rough sleepers enumerated on census night in 2006 make up a relatively small proportion of Australia's overall homelessness population and not all of these experience chronic homelessness (Phillips et al. 2011). Rough sleeping is, however, the most visible form of homelessness and this visibility has increased as inner cities have gentrified. Public spaces such as parks and riverbanks, previously the domain of rough sleepers, are increasingly used by the broader population for social and recreational purposes leading to contestation over the use of these sites (Coleman 2000). People who sleep rough also represent a highly marginalised and vulnerable population with poor

physical and mental health status and high rates of drug and alcohol use (Australian Government 2008).

These factors of visibility, vulnerability and the contested use of public spaces have contributed to increased policy attention to the 'problem' of rough sleeping. Policy concern also focused on the ineffectiveness of pre-existing policy and service delivery responses to rough sleeping. In particular, questions have been raised about the appropriateness and accessibility to rough sleepers of traditional crisis models such as night shelters (Erebus Consulting Partners 2004) and about the narrow objectives for risk minimisation approaches, as exemplified in traditional street outreach approaches responding to, rather than working towards permanently ending, homelessness.

Current policy directions, as articulated in the homelessness White Paper, *The Road Home* (Australian Government 2008), the National Partnership Agreement on Homelessness (NPAH) (Council of Australian Governments 2009) and state homelessness strategies and implementation action plans, have a strong emphasis on goals of ending homelessness. People sleeping rough constitute a specific target group (Council of Australian Governments 2009). As opposed to a bottom up or ad hoc initiative, assertive outreach is a component of a macro homelessness and policy framework and is often positioned as an important component in achieving targeted reductions in homelessness.

A significant proportion of the recurrent funding allocated in each jurisdiction since 2008 to support these homelessness policies has been directed to 'Street to Home' services. These service responses have assertive outreach as a core component and have been adopted as an approach to people sleeping rough in large urban areas, and to a lesser extent, in some regional centres across Australia. As discussed previously, the origins of policy support for Street to Home and assertive outreach approaches can be traced to the reported success of health and homelessness ideas and models of service delivery. These include ACT teams, and the RSI and RSU in the UK, and Housing First and Common Ground in the USA. The influences of these international programs and ideas are unambiguously important for the contemporary policy focus afforded to assertive outreach in Australia.

In the Positioning Paper we pointed to areas of potential tension in these international approaches to assertive outreach and in their translation and implementation in the Australian policy context (Phillips et al. 2011). First, assertive outreach is presented as client-centred practice where clients exercise choice and self-determination. It is an empirical question as to whether this ideal is achieved in practice in an environment where often measurable targets have been set for exiting rough sleepers from homelessness and where assertive outreach services are characterised as persistent and goal orientated.

Second, there is a potential contradiction in the policy goals of assertive outreach. On the one hand, it is presented as having the potential to promote social inclusion by targeting the most vulnerable, contributing to broader strategies to improve rough sleepers' wellbeing including their health, housing and legal status and, ultimately, social and economic participation. By contrast, assertive outreach has also been characterised as an instrument of policy promoting control and coercion that disadvantage rough sleepers, especially Indigenous people dwelling in public places. Viewed in this way, assertive outreach complements other law and order approaches such as the use of 'move on' powers by local authorities, security services and police (Goldie 2008; Walsh 2006; Walsh & Taylor 2007).

Criticism on these two points is particularly strong in the UK where Christian, Clapham and Abrams (2011) suggest that the contemporary policy focus on achieving clear outcomes of reducing homelessness and rough sleeping has led some to question whether these objectives are imposed upon, and incongruent with, the views of people experiencing homelessness. Others have noted likewise when analysing the British RSI/RSU. Randall and Brown (2002) note a perception that the assertive outreach approach at the centre of these initiatives is a move away from social work, and arguably is 'interventionist' in nature.

Fitzpatrick and Jones (2005) have taken these concerns further. They do acknowledge the positive dimensions of assisting people to exit rough sleeping. Nevertheless, they suggested that the dominant British approach was also about coercion and social control. Fitzpatrick and Jones' analysis and critique of strategies to end rough sleeping are nuanced and embedded within a firm understanding of the broader context in which these practices and the policy context are located. They are conscious of how a determination of coercion must be attuned to the presence, or absence, of alternatives. They note:

> We have to consider whether some of the alternatives into which street homeless people may be coerced could be even more damaging to them than rough sleeping. (Fitzpatrick & Jones 2005, p.398.)

Third, it is questionable whether the policy and resource settings enable assertive outreach to live up to the policy aspirations it is charged to achieve. A persistent claim in the policy literature is that assertive outreach is a genuinely new and different service response in that it is integrated, multi-disciplinary, intensive, persistent and supports rough sleepers in the transition to successful housing. This is often associated with conceptions of assertive outreach as a key component of Housing First. However, there is a tension, evident in most Australian jurisdictions, whereby the Housing First approach is espoused as policy but without clarity about the pathways to appropriate and affordable long-term housing or the associated long-term support services. Similarly, the achievement of integrated and multi-disciplinary approaches is particularly dependent on adequate resources and inter-agency coordination across government policy areas, especially homelessness, housing and health. Further, differences in the implementation by state and territory governments of national homelessness policy intent point to the adaptation that occurs as broad policy is translated into program design and specifications.

The preceding discussion of the policy settings for assertive outreach demonstrates the critical role and mandate of the policy domain in steering and resourcing homelessness strategies and ultimately influencing outcomes. Further, it is decisions emanating from this domain that determine program parameters and contract conditions for service providers. Taking a realist perspective, however, it is common for policy to be ambiguous and to have multiple goals that are potentially in conflict (Pawson & Tilley 1997). Further, control over policy implementation is partial at best, especially in situations such as homelessness where program implementation is driven by state governments and most service delivery is undertaken by non-government providers, each of whose interpretation or interests will influence implementation.

2.4 The homelessness service delivery domain

The homelessness service domain is inhabited by a diversity of government and non-government service providers who make up what is often, mistakenly, portrayed as a 'system' of provision. Individual non-government services are constrained by contracting obligations and government services by bureaucratic rules and legislation.

However, the nature of outreach service provision provides service managers with discretion to interpret program specifications and design service delivery models within the resources available and in accordance with their organisational values, capacity and interests. Indeed, policy-makers and program managers also depend on service providers' knowledge and capacity to adapt and innovate in applying policy intent and program specifications in specific contexts in ways that capitalise on local opportunities and compensate for local deficiencies.

Similarly, in implementing the assertive outreach model, service provider organisations are dependent on workers who also have their own values, capacities and interests that affect their practice and relationships with service users (Brodkin 2000; Maynard-Moody & Musheno 2000). The case studies reported and analysed in chapters three and four examine these issues in order to understand how services are actually delivered and how the service approaches are influenced by the service providers and workers in each site.

In its simplest and most ideal form, assertive street outreach represents a means to purposively identify people sleeping rough and assist them to move into permanent housing; whereas outreach services provided to people in housing aims to support them maintain their tenancies (and thus avoid 'cycling' back into homelessness). Underpinning the sustainable housing objectives of assertive outreach is an expectation of integration. The two-pronged approach to practice: street outreach and home-based outreach, are conceptualised as integrated within a coherent model. Further, assertive outreach is often drawn upon within a broader and holistic strategy of achieving targeted reductions in homelessness. Accordingly, assertive outreach invariably requires the links and complementary policies and resources that ensure the access to stable, affordable housing and health services—often health services that are ongoing.

Assertive outreach in Australia is not simply directed toward people sleeping rough, but often purposefully directed toward certain sections of the rough sleeping population. For example, and as will be demonstrated in the next chapter, assertive outreach often draws upon assessment tools to identify and thus target those individual rough sleepers that are the most vulnerable. In a similarly purposeful manner, assertive outreach can be used as a response toward people sleeping rough in 'hot spot' areas or whose presence is represented through a prism of 'antisocial' behaviour. Whether directed toward people on the basis of their needs, or because of tensions over public amenity and public space, assertive outreach is a targeted and deliberate strategy to intervene into people's lives.

Unlike ACT teams on which assertive outreach approaches are modelled, there are no Australian accepted criteria for delineating or prescribing the assertive outreach approach to homelessness. Thus questions of model fidelity are not at this stage pertinent for assertive outreach in Australia in the same way they are for studies examining ACT teams (Lloyd et al. 2010; Teague et al. 1998).

Rather than focusing on whether or not assertive outreach in the case study sites aligns with an ideal representation of assertive outreach, this study is concerned to understand the extent to which intended policy settings and outcomes are reflected in the models as they have been implemented and to understand the factors influencing the models in practice. This includes how service providers mediate the expectations of policy-makers and the interests and aspirations of their service users.

The reality is that frontline outreach workers who operate at the interface with service users have considerable discretion and autonomy and their interests and values may not completely coincide with those of their employing organisation. We are therefore

also interested to explore the role of workers in adapting their practices and achieving outcomes. The client/worker relationship is of particular importance in working with rough sleepers because in assertive outreach this means much more than simply taking the service to the individual. It means engaging in constructive long-term relationships and flexibility in roles and relationships beyond the mere professional' (Firn 2007, p.329).

We have argued here that while the broad parameters of the assertive outreach model are prescribed in policy and program specifications, homelessness service providers have considerable discretion in designing and implementing the service and frontline workers are pivotal to delivering the service through relationships with service users.

2.5 The rough sleepers domain

Inclusion of Domain 3 in the model recognises that agency of people who are homeless has to be at the centre of analysis of assertive outreach. We contend that issues of agency pervade both the delivery of, and engagement with, assertive outreach services. While the literature, both Australian (Teesson et al. 2003) and international (Fischer & Breakey 1991), clearly identifies a range of health and social problems that people sleeping rough experience in addition to their homelessness, it is important that their homelessness is not perceived as something that defines them. Nor are they the passive recipients of outreach services. An understanding of an assertive outreach approach, and the outcomes it can achieve, must be grounded in accounts of the people accessing the service and how their subjectivities and individual experiences determine the nature of their engagement. Our conceptualisation of assertive outreach is informed by the assumption that assertive outreach is not something 'done' to people sleeping rough, rather they play an active role—their agency constitutes an important element of how assertive outreach can be understood.

It is important, for example, to take account of the mechanisms and practices that promote an environment whereby people who are homeless working with assertive outreach services are enabled to exercise agency. Likewise, the manner in which agency is exercised, focusing on the extent to which people actively engage with or reject service, must inform the analysis. Rather than a persistent and assertive approach that may have the consequence of being too interventionist (Randall & Brown 2002) or coercive (Fitzpatrick & Jones 2005), Parsell (2011a) highlighted the potential capacity of assertive outreach to individually engage with people sleeping rough and achieve socially just macro housing objectives. He argued that it is an absence of desirable alternatives, as manifest in rough sleeping, which mitigates people's ability to make choices. Outreach thus has an important role to play in making available alternatives for people who are homeless. It is the availability of these alternatives that is required to empower people who are homeless with the capacity to exercise choice and to realise self-determination. Recognising that people sleeping rough are heterogeneous and have diverse needs, Parsell suggests that:

> An assertive outreach response to people sleeping rough, whereby the provision of services are flexibly delivered in a manner that enables people otherwise not accessing services to engage, represents an important progression. (Parsell 2011a, p.13)

Other researchers examining individual factors that contribute to, or undermine, people's engagement with outreach services have looked at relationships and identification. Without taking into account whether the outreach service has anything meaningful to offer people sleeping rough, Christian et al. (2011) took the view that it

was identification with the outreach service that explained whether people would access the service. This research suggests that internalising a homeless identity is a predictor of taking up the outreach services on offer. Levy's (2004) research adds more depth and meaning to illuminate the role of agency. Drawing on a therapeutic perspective, Levy (2004, p.373) argues that outreach workers need to adopt a slow process whereby the worker understands the person's individual needs and then can engage with the person using common frames of reference, 'thereby establishing a trusting relationship while respecting client autonomy'.

Given that assertive outreach is presented as a proactive intervention to work with people who are otherwise marginalised from services and deemed to be difficult to engage, the centrality afforded to the method and capacity to engage is highlighted. The limited literature indicates that the initial engagement within the service process is fostered by the people's identifications, the relationships with outreach workers, and also the resources that the outreach service has to offer. Indeed, Parsell (2011a) argued that the availability of resources that people who are homeless deem meaningful is not simply essential for whether they engage with the service, but the availability of resources also shapes the dynamic of the relationship and creates an environment where people sleeping rough can make their own choices and exercise autonomy.

A framework for understanding the agency that people who are homeless can exercise, and also the way that an assertive outreach approach can enhance agency, must take account of paternalism. There are questions to be asked about the extent to which an assertive outreach approach, whereby workers proactively guide people out of homelessness and then work to keep them housed, undermines people's autonomy and sense of agency. In the same way that the elements of Housing First may be paternalistic (Nicholls & Atherton 2011), the proactive and persistent attempts to engage people, and the significant resources dedicated to accessing and then retaining housing for people could be seen as paternalistic. On the other hand, the assertiveness and 'hands on' nature of these methods of assertive outreach may instead be presented as an appropriate means to achieving reductions in homelessness for people that are otherwise not engaging with, or having their homelessness ended by, more traditional approaches.

Therefore, it is necessary to understand the factors influencing how people sleeping rough engage with assertive outreach services. This includes taking into account how their agency influences the types of services accessible and the extent to which they are used. Is assertive outreach something 'done' to people sleeping rough, or is it an interactional approach that is determined and continuously shaped by the experiences, subjectivities and assertiveness of the person working with the service?

2.6 Concluding comments

This chapter has presented a critical analysis of the policy origins, goals and implementation of assertive outreach as a response to end homelessness for rough sleepers. We have considered this context and embedded it within an analytical framework that emphasises the inter-relationships between policy, service delivery and service user agency in achieving those objectives.

We present the current national policy focus on assertively offering rough sleepers support and housing with the goal of ending their homelessness as a genuinely 'new' policy approach. Further, we argue that the 'ideal' assertive outreach service model is essentially different in intent and practice to pre-existing outreach practice, despite sharing some similarities. We also note that assertive outreach as it has been

conceived in Australia draws heavily on overseas health, homelessness and housing models.

Importantly, the chapter outlines the argument for conceptualising efforts to end homelessness for rough sleepers as an inter-dependency of actions that emanate from the policy and service delivery domains and, fundamentally the agency of people using the services themselves. This analytical device will be used throughout this report as an organising framework to describe and interpret the case studies data and present the research findings.

3 THE CASE STUDIES

3.1 Introduction

This chapter reports on the three assertive outreach case studies located in Brisbane, Sydney and Darwin. In order to respond to the research aims of providing a contextualised understanding of the practical implementation of assertive outreach, our considerations of assertive outreach are embedded within, and illuminated by, the nature of rough sleeping in the individual case study area. Drawing on empirical work from the Brisbane and Sydney case studies, we examine the assertive outreach approach with reference to the experiences of service users. Our analysis also takes account of the prevailing policy and service delivery contexts that assume deterministic roles in shaping assertive outreach in all three case studies. We will argue that the features and objectives of the three assertive outreach models considered here are contingent upon the policy and practice contexts.

Furthermore, it is a consideration of the broader factors, and the different objectives and features of assertive outreach in the case study areas that shapes the structure of this chapter. Assertive outreach in each of the case study sites differed in important ways. These differences, in turn, have meant that the specific research methodologies varied to respond to the different environments.

3.2 Brisbane

3.2.1 Rough sleeping in Brisbane

The 2006 census identified 2070 people homeless in inner Brisbane on census night (Chamberlain & MacKenzie 2009a). Of these 2070 people, 288 or 14 per cent, were in the primary homeless category, nearly all of whom were sleeping rough (Chamberlain & MacKenzie 2009a). An inner Brisbane street count organised by Micah Projects and conducted in June 2010 identified 156 people sleeping rough. We do not have sufficient information to know exactly what explains the lower number of people enumerated in 2010 compared with the 2006 census, but this difference may be attributed to the census collectors covering a larger geographical area rather than an overall reduction in prevalence.

The available empirical material about Brisbane's rough sleeping population largely corroborates the view that people sleeping rough present with a range of health and social problems in addition to their homelessness (Australian Government 2008). The 2010 Micah Projects' street count of homelessness in inner urban Brisbane found that the majority of people sleeping rough disclosed high rates of primary and mental health concerns, alcohol and illicit substance use, and experiences of trauma. Parsell's (2010) 2007–08 ethnographic fieldwork with people sleeping rough in similar locations also reported significant rates of long-term disadvantage and alcohol and substance use. Similarly, findings from Parsell and the Micah Project's street count along with Coleman's (2000) earlier research in inner urban Brisbane's Fortitude Valley illustrates the disproportionate rate of Indigenous people identified among the rough sleeping population.

3.2.2 The Queensland policy/program context

The 2005 Responding to Homelessness Policy (Queensland Government 2005) along with the subsequent National Partnership Agreement on Homelessness between the Commonwealth Government and the Queensland Government (Queensland Government 2009) and the recently released *Opening Doors: Queensland Strategy for Reducing Homelessness 2011–2014* (Queensland Government 2011) shape

Brisbane's homelessness policy context. The former had a broad focus that included crisis accommodation, two homelessness service hubs within the city, and the establishment of Brisbane's Homelessness Health Outreach Team. The latter two documents reflect a changed direction, significantly with a focus on achieving measurable and permanent reductions in homelessness[6] by 'ensuring every Queenslander is empowered to find and keep a home' (Queensland Government 2011, p.4). The establishment of Brisbane's Street to Home initiative was a core output from the National partnership Agreement (Queensland Government 2009).

Assertive outreach is presented as a key feature of Brisbane's Street to Home program. In this program assertive outreach involves 'actively' seeking out and engaging with clients in their own environment (Queensland Government 2008, p.3). This type of street outreach is intended to be different to models where clients approach or are referred to a service; Street to Home is funded to conduct persistent and coordinated outreach that is tailored to client needs (Queensland Government 2008). Further to this, the funding model dictates that the street outreach will be a method of identifying and supporting people experiencing homelessness where they are located, for example, in public places or homeless accommodation (Queensland Government 2008).

Assertive outreach is thus a mechanism to achieve stable and long-term housing outcomes for people experiencing chronic homelessness and rough sleeping (Queensland Government 2008, 2009). In line with the expectation of achieving sustainable housing outcomes, assertive outreach in the Brisbane context is presented as a method of coordinating or delivering a multidisciplinary range of support services to people in housing. The assertive outreach service has not been set specific targets of reducing rough sleeping; rather it was implemented more broadly to achieve the targets agreed under the National Partnership Agreement on Homelessness (Queensland Government 2009).

3.2.3 The service provider—Micah Projects

This case study focuses on assertive outreach delivered by Micah Projects. Through its delivery of the Street to Home program, Micah Projects is the primary provider of assertive outreach to people experiencing homelessness in Brisbane.[7] Micah Projects is a Brisbane-based community organisation that has delivered a range of services to people who are homeless for more than fifteen years. The current assertive outreach Street to Home initiative commenced operations in April 2010. Comprising a combination of Commonwealth and Queensland Government funding, the program receives $911 016 per annum for three years (Queensland Government 2008).

It is important to note, however, that prior to the funding for the current assertive outreach service, Micah Projects conducted intensive outreach work to assist rough sleepers in a South Brisbane location who were being moved on by the Queensland Police Services. Internal program documents refer to this earlier program as involving an assertive outreach approach.

[6] At the time of writing the Queensland Government released a new policy, *Opening Doors: Queensland Strategy for Reducing Homelessness 2011–14* (Queensland Government 2011). This policy's vision of ending homelessness by empowering people to find and keep a home is in line with the National Partnership Agreement on Homelessness.

[7] Note that the Brisbane HHOT provides health outreach based on the ACT model (Lloyd et al. 2010).

3.2.4 The outreach service

Brisbane's assertive outreach service operates in the 189 suburbs that comprise the Brisbane City Council. This area is geographically broader than inner Brisbane as defined by the Australian Bureau of Statistics (ABS) for their census, but the majority of people sleeping rough live in the inner Brisbane area, rather than the greater local government area that includes suburbs in Brisbane's middle and outer rings. Consistent with the policy intent, Brisbane's assertive outreach consists of both outreach into public places and outreach into people's homes post-homelessness.

Assertive street outreach

In the Brisbane context, assertive street outreach is a means of identifying the location of people sleeping rough, identifying and assessing their needs, and assisting them to exit from homelessness. Outreach workers conduct patrols throughout the Brisbane City Council boundaries proactively looking for people who are sleeping rough. In addition to general patrolling, street outreach workers travel to specific public places on the basis of referrals or information about the presence of people sleeping rough. Referrals are often received from the Queensland Police Service, Brisbane City Council Public Space Liaison Officers, or at times other service providers or members of the broader public.

The street outreach workers' proactive patrolling and identification of people sleeping rough is a means to engage people into the service with the overarching objective of assisting the individual to exit homelessness. At or near to the point where an individual first engages with the outreach worker, the workers use the Vulnerability Index Tool (VIT) to identify the individual's needs. The assertive outreach service coordinates and individually directs the response in accordance with the identified needs. The VIT is seen as important in assisting the development of a structured and tailored response, and it similarly represents an assessment guide to direct responses to those individuals with the greatest identified vulnerability to death. An outreach worker described how they (he and his colleagues) simply go up to people in public places and ask them how they are. From the initial engagement, he explained:

> We let people know that we can assist them accessing housing. And we ask people whether they would like help. People are generally happy to work with you, or at least just chat with you first of all. (Outreach worker)

There are a range of different types of services that street outreach workers deliver to people sleeping rough, but they could be primarily categorised into efforts that either (1) assist people exit rough sleeping at the earliest possible point, or (2) that facilitate the engagement of health services. In terms of the former, street outreach workers often focus on assisting service users to register for social housing. With the aid of mobile technological devices, street outreach workers can assist service users complete an online social housing application in public places, and then have the application electronically submitted in situ. A key stakeholder described this technology as important, because it helps to overcome barriers that arise when people sleeping rough are required to present at housing offices to complete and submit housing applications.

> When clients say that want help to get housing, we need to be able to do something about that straightaway. If we can complete the housing application on the spot, it saves us the trouble of following up and finding the person at a later time to complete the form, or later having people not willing to complete the housing application. You need to be able to complete the form on the spot. (Outreach worker)

The assertive outreach workers articulated their approach to street outreach that is guided by efforts to streamline the housing application process as much as possible for their service users. They saw the obtainment of social housing as the most likely means for service users to exit homelessness (discussed more below). In turn, at the direct delivery of the street outreach service level, workers understood that assisting people complete a social housing application was one of the primary means to facilitate people's exits from homelessness. Indeed, in the latter half of 2010, assertive outreach identified considerable numbers of people sleeping rough who were not successfully registered for social housing. Assisting large numbers of people register for social housing was seen as a significant early success of the assertive outreach service (2010 pers. comm., 14 December).

In addition to the direct delivery of practical resources to enable exits from rough sleeping, the delivery of assertive street outreach services often includes responding to the immediate health or crisis needs of the service users in public places. The assertive outreach workers do not have primary or mental health, or specific drug and alcohol qualifications, and responding to health needs invariably involves the workers facilitating the engagement from other service providers. Street outreach workers thus draw on collaborative relationships with a Community Clinical Nurse at the Brisbane Homelessness Service Centre and the state government funded HHOT to have the health needs of their service users sleeping rough met. In terms of crisis needs, the assertive outreach service receives additional Queensland Government funding that provides the means for outreach workers to transport people in public places to their homes or other accommodation.

Housing

As explained in Chapter 2, the provision of permanent housing to service users is central to the assertive outreach model. On the one hand, housing is fundamental to realising an exit from homelessness,[8] and on the other, housing is a place in which people are provided with a range of services, where necessary, in order for them to address other problems they may have.

The provision of housing to people sleeping rough represents an important success of the assertive outreach approach. Accessing permanent housing is seen as the fundamental first step in achieving the program's objective (2011 pers. comm., 13 May). The service reports that 69 people had been assisted to access permanent social housing in the first 14 months of operation (2011 pers. comm., 15 June).[9] The assertive outreach service has no housing of its own, and it does not have specific allocations of social housing or the financial means to access housing from the private rental sector. The service has been able to access social housing for their service users through significant lobbying and partnerships with the state housing authority and community housing providers. Without formal housing policy dedicating the supply or specific access to assertive outreach service users on the basis of their engagement with the service, housing has been accessed through the positive relationships with, and open communication between, the assertive outreach service and the local housing allocations officers. Similarly, in the first 14 months (April 2010–June 2011) that the assertive outreach service had accessed 69 social housing

[8] In Australia, people living in temporary accommodation, in crisis type accommodation, or living in accommodation that does not meet cultural standards of an adequate house are all defined as homeless. Thus, permanent housing is required for a person to exit homelessness: that is to say, if people sleeping rough exit rough sleeping and move into crisis accommodation they are still officially considered and defined as homeless (see Chamberlain & MacKenzie 2008).

[9] Other service users had access to private rental (seven people) or were reunited with family (three people).

tenancies, many of Brisbane community housing providers had received new housing stock constructed through the Commonwealth's Nation Building Economic Stimulus Plan (NBESP). Many of these new units of housing stock were made available to assertive outreach service users.

While tied to the broader initiative of achieving overall reductions in homelessness, the assertive outreach program was not set specific targets for the numbers of people it is required to exit from rough sleeping. Nevertheless, the significant numbers of people that have accessed social housing—69 after 14 months of operation, is largely seen as a notable success (Parsell 2011b). This success in providing houses has also been perceived as positive by outreach workers from a practical service delivery perspective. An experienced worker delivering the assertive outreach service spoke about the rewarding nature of his work now that the service has the capacity to actually meet the needs of the people they work with. This worker juxtaposed the provision of housing through the assertive outreach service with other services he had previously worked with. He commented:

> We can now give homeless people the houses that they want and need. (Outreach worker)

This outreach worker went on to explain that providing the service users with housing was professionally beneficial in two ways. First, he described working in the assertive outreach service as rewarding because he had the resources behind him to achieve the types of client-directed outcomes that motivated him to commence and continue to work in this field. Second, the outreach worker spoke about how the capacity to provide housing had significant implications for the establishment of trusting and fruitful professional relationships with service users. The outreach worker explained that by providing service users with housing and supporting them for a period after they received housing, they (the service users) had practical and concrete evidence of the worker's commitment to work toward responding to their needs. This had positive implications for his self-perception as a worker, and also for the manner in which service users perceived him as a worker.

Housing support

It is indeed the provision of services to people post-rough sleeping that is central to Brisbane's assertive outreach model. With such a large number of service users exiting rough sleeping and moving into housing over a relatively short period, the delivery of outreach into people's homes constitutes a critical feature of Brisbane's assertive outreach. We define this type of outreach as housing support. As we will explain below, a lack of available external support services means that the majority of outreach into people's homes is conducted by the assertive outreach service rather than being brokered out to other service providers.

Assertive outreach service users that are assisted to access permanent housing are provided housing support at the point at which their tenancies commence. This initial outreach housing support involves assertive outreach workers proactively ensuring that people have a smooth and positive start to their new tenancies. Outreach workers, for example, assist in practical ways with not only moving furniture into people's new houses (the outreach workers have delivery utes), but by providing them with significant furnishings (beds, couches, white goods, televisions, DVD players etc.) and day-to-day living essentials (groceries, kettles, cutlery, cups and plates etc.). Micah Projects has secured donations, partnerships and resources to provide these 'start up packages' to people upon commencement of their tenancies. The initial housing support and provision of practical resources is seen as essential in helping people to feel at home and enhance the sustainability of the tenancy (Walsh 2011).

The assertive outreach housing support is client-focused. The continuation and exact nature of the housing support post-tenancy commencement is generally determined by people's level of engagement and their willingness to work with the housing support. For a minority of people, they may never work with or contact the assertive outreach service after they have accessed housing. For others, outreach workers will conduct home visits to respond to immediate needs, including making referrals. We observed many service users' pleasure and obvious comfort at being met by outreach workers presenting at their homes. The informal conversations and offers of support were received with enthusiasm.

The provision of this important source of housing support notwithstanding, Brisbane's assertive outreach has been conceptualised at the policy level with a focus on street outreach. The funding information guidelines note:

> Assertive outreach is often used when working with hard to engage clients and refers to the activity of actively seeking out and engaging with clients in their own environment, rather than waiting for the person to request a service or waiting for another agency to make a referral. Assertive outreach involves repeated, intensive, highly coordinated and flexible support for clients with longer term needs, with a focus on engagement and rapport, building up, often over the long term, strong relationships. (Queensland Government 2008, p.3)

While the long-term nature of assertive outreach is acknowledged, the policy focus is directed toward initial engagement with people sleeping rough, or at least, primarily directed toward working with people in public places. The funding model likewise emphasises street outreach over the provision of longer term housing support services. Brisbane's assertive outreach is funded through a case mix model whereby funding is sufficient to work with 180 service users per year. This case mix model enables the service to work with service users for an average of four months. Because averages are taken into account, assertive outreach workers will work with people with varying degrees of need to varying degrees of intensity. Under this case mix funding model there is some capacity for the assertive outreach service to work for shorter periods with those service users that need less support, thereby leaving them more capacity to work longer with those who require more support.

In addition to the length of time the service is funded to work with service users, the composition of Micah Projects' assertive outreach team has implications for the nature of the housing support provided. Many of the service users that have been assisted to exit rough sleeping and to access housing have a range of health and social problems. Indeed, it is the service's use of the VIT that ensures people with the most acute vulnerabilities will be overrepresented in their client group. As noted above, the assertive outreach workers do not have health (primary or mental) or drug and alcohol qualifications. In terms of providing housing support, the assertive outreach team does not have the professional capacities or qualifications to provide the assertive outreach housing support that many of their service users require. In line with the policy recognition of service provision that at times needs to be long-term (Queensland Government 2008), the assertive outreach service provider stresses a view that some of the people they work with will need to receive ongoing support for many years, if not the rest of their lives. A key assertive outreach stakeholder explained that in order for some of the service users to be able to sustain their tenancies over the long term, they would require clinical support indefinitely (2011 pers. comm., 8 March).

The significant and ongoing support that some assertive outreach service users require to sustain their housing has presented a problem for the practice of Brisbane's assertive outreach. As explained, the service provider does not have the professional resources, or the funding capacity, to provide the long-term health and drug and

alcohol support their service users may require. But further to this, the assertive outreach service has identified significant barriers in accessing this type of long-term and specialised housing support from external agencies. While the assertive outreach provider is supported by, and collaborates with, the Brisbane HHOT, this service has limited capacity to provide housing support to people over the long term. HHOT focuses on people who are homeless, and to a lesser extent, HHOT can provide some services to people post-homelessness for short periods of time. Furthermore, the assertive outreach service forms part of an inter-agency group that meets weekly to discuss individual client needs and to work through the capacity of collaboration. This meeting is seen by the assertive outreach service as an important component of practice because it assists in identifying service user needs. Nevertheless, it does not mitigate the barriers to actually accessing the long-term housing support services required. There are limited services in Brisbane that have the capacity to provide the ongoing primary and mental health, and drug and alcohol support, into people's homes post-homelessness.

The limited capacity of Brisbane's assertive outreach service to either directly deliver multidisciplinary health services into their service users' homes, or to access necessary services from elsewhere is recognised as a limitation of the approach, at both a policy and practice level. Indeed, limitations in housing support have been attributed to early tenancy failures[10], or to a reluctance to actually even allocate a tenancy to a person when there is a perception by the housing provider that the ongoing support to the individual is not available (2010 pers. comm., 14 December). There were similarly concerns expressed about the sustainability of tenancies, and experiences of tenancy failure, with reference to housing allocation processes. There were questions raised about the appropriateness of housing many people that were exiting rough sleeping into the same block of units. While this method of allocation may enhance social interactions, without appropriate onsite support, it was thought to contribute to tenancy and neighbourhood problems.

3.2.5 Service users' perspectives

Seven service users were interviewed for the Brisbane case study. Five of these people were living in permanent housing, with two people living in boarding houses. Each of the seven individuals commenced working with the assertive outreach service when they were sleeping rough, but they had since been assisted by the assertive outreach service to access housing (five people) or boarding houses (two people). The seven people were aged between 40 and 70 years; three people were female, and one person identified as Indigenous.

The seven individuals were recruited to participate in this study using a purposive non-representative sample. The service provider introduced the individuals to the researchers on the basis that they were actively working with them and they were at home when the service providers presented at the home/boarding house for the purposes of locating people to participate in the study.

Assertive outreach as positive

All seven research participants described assertive outreach in favourable terms. For five of these people, they explicitly embedded their positive descriptions of assertive outreach with direct reference to what they attributed the service provider had achieved for them: namely the provision of permanent housing. Indeed, it was difficult for people to speak about assertive outreach without talking about the housing that

[10] In most of the between 6 and 7 per cent of tenancies that have failed, the assertive outreach service has assisted people to access new tenancies and thus avoid returns to homelessness.

the service had enabled them to access. Each of the five people with housing were interviewed in their housing, and they were asked questions about their perspectives on the assertive outreach service, for example: 'tell me about the way the service has worked with you'? or 'tell me about the service'? George's[11] response to this line of questioning poignantly represents the sentiments of the five individuals in housing. George had been sleeping rough on and off and living in different forms of homelessness for more than a decade. He was interviewed in his home that he had been allocated about four weeks earlier. When asked about the assertive outreach service as he was sitting on his couch, George warmly looked around his lounge room and replied:

> I want my friends to see what I've come from: coming from under a bush to this house. It's beautiful mate … This is the closest I've had to home since I left my parents' place [George was aged 64 and left his parent's house as an adolescent].

George's comments were representative of the five other people who had accessed housing. They assessed the assertive outreach service and described it as synonymous with their feelings of pleasure at being assisted to exit rough sleeping and access housing. Being interviewed in their housing meant that the five interview participants looked around their house and pointed out what was good about it, or how the house was made possible by the assertive outreach service they were being questioned about. Another male participant, aged in his forties, spoke about recently being released from prison and sleeping rough after exiting prison. He responded to questions about assertive outreach by commenting on how he wanted to buy the assertive outreach worker flowers.

To further unpack the interview participants' perspectives on assertive outreach, they were asked more closed and guided questions about the assertive outreach approach. They were questioned with the intention of eliciting responses that moved beyond their perspectives of the outcomes attributed to the approach. The interview participants, for instance, were asked questions that sought to identify how they first heard about or knew of the assertive outreach service; how they started working with the service, and what they thought about the service directly approaching them, both in public places and in housing.

People could not always clearly remember or articulate how they first started working with the assertive outreach service, but they all stated that they were supportive of assertive outreach services approaching them in public places. In fact, all of the seven interview participants had slept rough for at least twelve months of their lives, and they explained that it was relatively common for workers of some description (police, health providers, council rangers, charities, etc.) to approach them in public places. The seven people in this part of the study exclusively articulated positive comments about being approached in public places.

They saw the initial street outreach and engagement of the assertive outreach service as particularly important, because the service had been able to meet their needs. George reflected upon the assertive outreach workers initially working with him in public places and described what they had done with reference to his own inabilities to exit homelessness without the service. George saw the assertive outreach service as achieving:

> Something for me that I should have done myself, but I never did it. (George)

[11] All service users are referred to with pseudonyms to protect anonymity.

George explained that he had been living in a bus shelter, and lost motivation and 'direction' to actually access housing without the intervention of the assertive outreach workers. George indicated that with the benefit of hindsight, he always wanted to exit rough sleeping and to access housing, but it took the assertive outreach workers being organised, friendly and helpful for him to actually achieve it. When asked about the assertive outreach approach, George pointed out that the service had not pressured him to get housing; rather they had just assisted him to do something he long wanted to and knew he needed to do. He described this assistance in terms of the outreach workers on the one hand, asking him whether he would like to access permanent housing of his own, and then on the other hand, as a service that actually delivered the things that were promised.

Karl, another male interview participant had spent many years of his life travelling around Australia. Karl described that for the eighteen months prior to accessing his housing (he had been in housing for less than two weeks when interviewed) he had been sleeping rough. Karl said that he had a lot going on in his mind, and that at the point in which the assertive outreach service first approached him 'I didn't know what I wanted to do. I didn't know if I wanted to travel more or what'. He stated that the assertive outreach service approaching him in public places and offering assistance with housing 'helped me make my decision to get housing'. Karl said he didn't know where he would be in a year's time. Without going into detail, he said that he had many problems he needed to work through. Nevertheless, he described being provided housing as 'the best thing that happened'. He held some optimism that having the security of housing would provide him with opportunities to deal with some of his problems.

Another male interview participant, Gough, who had been assisted by the assertive outreach service to exit rough sleeping and access permanent housing, responded to questions about the assertive outreach approach with reference to comparisons. When commenting on the assertive outreach approach in public places, Gough said that he liked being approached by outreach workers trying to help him. He said that after about 12 months of rough sleeping, a charity and a Brisbane homelessness service hub was unable to do anything useful for him. On the other hand, Gough said that the assertive outreach service was the only one that was able to deliver results. Again, rather than emphasising or describing the approach of assertive outreach, people generally described assertive outreach with reference to the concrete outcomes they had experienced. For the five people interviewed in their housing (that the assertive outreach service had assisted them in obtaining), purposefully glancing at their housing when they were asked about assertive outreach indicated that assertive outreach for them was the housing they were sitting in. Direct questions posed to interview participants about whether the assertive outreach approach was too intrusive, coercive or restrictive were answered with reference to the housing outcomes they had realised. While no one described the approach of outreach workers in negative terms, it was the outcome of the assertive outreach intervention that appeared most salient in people's understanding of the approach.

All of the seven interview participants described assertive outreach positively. For the five people in housing, these positive descriptions were tied to the housing the assertive outreach service had been able to access for them. People's positive portrayals of being approached by the assertive outreach service were closely linked with what the service had provided. Even the two people who had not been assisted by the assertive outreach service to access permanent housing outlined favourable comments. They were glad to have been approached in public places and offered services. They were, however, dissatisfied with their boarding house accommodation and both wanted the assertive outreach service to assist them to access housing. In

fact, to a large degree they linked their aspirations to access housing to the assertive outreach service.

They both described how their plans to exit homelessness exclusively involved the assertive outreach team assisting them to access social housing. While the assertive outreach team had only assisted them to access boarding house accommodation that they largely described in negative terms, they expressed faith in the service assisting them accessing social housing. Indeed, they had no other plans or ideas as to how they would exit homelessness.

While the assertive outreach approach was described in positive terms by all interview participants, it was at times difficult to distinguish these positive descriptions from people's views on Micah Projects. People saw Micah Projects as either having achieved much for them, or they held out hope that the service would be able to access housing for them. Recall that people were not simply provided housing, but they were assisted with moving into their housing and they were also provided with 'startup' packages that included furnishings to the value of thousands of dollars. In fact, when reflecting upon the assertive outreach service, one interview participant asked: 'Is Centrelink listening to this, 'cause I think I've been given too much'.

Two interview participants made comments that shed further light on their perspectives on assertive outreach. Both of these people were in housing, and they remarked on the housing support. Elizabeth, a female interview participant, spoke about her unhappiness with working predominantly with the one worker rather than other workers she had previously worked with when engaged in public places or at the commencement of her tenancy. Elizabeth did not express concerns about the amount or type of assistance received, or even about the assertive approach into her home (or the assertive approach when initially engaged when sleeping rough). Instead, her concerns were expressed on more of a personality dimension directed toward an individual worker. Elizabeth said that she did not like the personality of a particular worker in the same way that they liked the other workers in the assertive outreach team. In turn, she explained how disliking this particular worker subverted her willingness to engage with the service more comprehensively and meaningfully.

Anna, another female research participant articulated her satisfaction with the assertive outreach approach, especially the manner in which she was supported into housing. But she expressed some dissatisfaction about the workers no longer visiting her in her own home as much as she would like. Anna saw the housing supports, such as workers presenting at her home and enquiring about her well-being in positive terms. Her only concern was that this type of housing support was not as frequent as it was soon after she commenced her tenancy, nor was it as frequent as she would like. Anna did not articulate a specific unmet need, other than the social contact that the housing support workers provided. This comment, while not raised by anyone else, belies the challenges that housing people independently may present in terms of isolation. It highlights the importance of addressing loneliness and promoting social interactions and engagements to foster tenancy sustainability for people who have been recruited into an intervention on the basis of their acute vulnerabilities.

Notwithstanding these concerns, research participants were unanimous in their acclaim for an assertive outreach service. People were happy with being approached in public places. While most had only been in housing less than three months, often they could not recall the specifics of their first engagement with the street outreach workers. Nevertheless, they all spoke favourably of the proposition of being approached in public places, or in their homes, and being provided support. But with more emphasis and consistency, five people linked their positive descriptions of assertive outreach with direct reference to the permanent housing that they attributed

to the service. People responded to questions about their experiences with assertive outreach as if they were responding to questions about being provided with housing, and significant resources to establish their new tenancies.

3.3 Sydney

3.3.1 Rough sleeping in Sydney

The 2006 national census identified 388 people in inner city Sydney's primary homelessness category (Chamberlain & MacKenzie 2009b). The geography and built environment of the inner Sydney area suggests that all of these people were likely to have been sleeping rough rather than in improvised dwellings. A street count held in late 2010 enumerated a similar number: just fewer than 400 people were counted sleeping rough in Sydney's inner city. These numbers are broadly consistent with street counts conducted by the City of Sydney during 2008 and 2009, whereby between 342 and 399 people sleeping rough have been counted on given nights (New South Wales Government 2009a).

Of the 4163 people counted as homeless in inner city Sydney on 2006 census night, people sleeping rough represent the clear minority. Sydney's inner city homeless population of 4163 people, for instance, comprised 2164 living in boarding houses, 944 people in Supported Accommodation Assistance Program (SAAP) accommodation, 667 people staying temporarily with friends or relatives, with 388 people, that is, 9 per cent of the homeless population, sleeping rough (Chamberlain & MacKenzie 2009b, p.47).

Most people who sleep rough in the greater Sydney basin are located in the inner city area (referred to by the ABS as the City Core). The largest concentration of people sleeping rough are located in, or adjacent to, the inner eastern suburb of Woolloomooloo (close to the Mathew Talbot Hostel, crisis accommodation for single men); and there are also smaller concentrations of rough sleeping in and around Central Railway Station and the State Library/Parliament House. In addition to concentrations of publicly visible rough sleeping, many individuals sleep rough alone or in inner city locations in which their presence is largely concealed. Both service providers and people who were homeless spoke about benefits and disadvantages from either sleeping rough in a large group or sleeping rough physically isolated from other people sleeping rough. On the one hand, sleeping rough close to other people can provide protection in terms of safety in numbers, but the concentrations of people sleeping rough can similarly lead to significant violence among the people sleeping rough in the one area. On the other hand, sleeping rough away from other people provides little in terms of group protection and may leave people feeling vulnerable.

3.3.2 NSW policy/program context

Assertive outreach has been introduced as one of the primary mechanisms of responding to rough sleeping, and indeed, reducing the number of people sleeping rough in inner city Sydney. The New South Wales (NSW) Government recognises that people sleeping rough are not homogeneous; nevertheless people sleeping rough are a recent policy and practice focus due to a view that they have a range of complex health and social problems that place them at significant risk of premature death (New South Wales Government 2009a).

The NSW Homelessness Action Plan aims to reduce rough sleeping in Sydney by 25 per cent by 2013. Assertive outreach is presented as a central means to achieve these targeted reductions. An assertive outreach approach was formally launched in Sydney in April 2010, and it forms part of the City of Sydney Homelessness Strategy

2007–2012, the NSW Homelessness Action Plan and the National Partnership Agreement on Homelessness. The former NSW Minister for Housing said that assertive outreach would engage all rough sleepers, would provide support to 'high needs clients', and would 'help rough sleepers transition into housing, providing them with appropriate support to sustain their tenancies and avoid becoming homeless again' (Borger 2010).

There are two teams providing assertive outreach to people sleeping rough in Sydney. There is an 'assertive outreach housing support' team, provided by Neami, and an 'assertive outreach health' team, provided by St Vincent's Hospital. Both of these two teams are conceptualised under the one Way2Home program. Way2Home receives joint funding of $840 000 per annum through the Australian Government and Housing NSW and also $600 000 per annum from the City of Sydney for the assertive outreach housing team. The Australian Government also provides $900 000 per year to the assertive outreach health team.

While the two assertive outreach teams comprise the integrated Way2Home service, there are some policy and program differences between the two teams. The City of Sydney and Housing NSW-funded assertive outreach housing support team has superseded a former outreach service also funded by the City of Sydney and Housing NSW. The former outreach service, the Inner City Homelessness Outreach and Support Service (I-CHOSS) was disbanded because the City of Sydney and Housing NSW had determined that the introduction of an assertive outreach type service was required to reduce, rather than just manage homelessness. Thus, from the initial conceptualisation, the assertive outreach support team represented a strategy to achieve permanent and measurable reductions in homelessness.

With the introduction of Commonwealth funding and the engagement of the NSW Department of Health, the assertive outreach health team was established to complement and enhance the capacity of the assertive outreach support team. Indeed, it is the integration of these two assertive outreach teams that constitutes the one Way2Home service. Contemporary policy documents that refer to Sydney's assertive outreach invariably do so with reference to the Way2Home program.

With the enhancement of the assertive outreach health team, and in addition to the overarching objective of achieving a 25 per cent reduction in rough sleeping by 2013, assertive outreach through Way2Home has been set a number of aims and objectives. Important among these is the intention to achieve housing sustainability and positive health outcomes. Over the four-year term of the funding arrangement, Way2Home is to 'ensure that 80 per cent of rough sleepers housed retain this accommodation' (New South Wales Government 2009a, p.6). Reflecting the involvement of the assertive outreach health team, Way2Home has been set a number of health aims. These include, improving service users' health on the one hand, and minimising their presentation at health facilities or their exiting from health facilities into homelessness, on the other (New South Wales Health 2009).

In line with the recognition that Way2Home targets the most vulnerable people sleeping rough in the most urgent need of assistance, the assertive outreach health team aims to provide primary health, mental health and drug and alcohol services to people that are not engaged with mainstream service providers (New South Wales Health 2009). Indeed, one of the aims of the assertive outreach health team is to work toward linking their service users in with mainstream health services.

Sydney's assertive outreach model was informed by a synthesis of pertinent national and international homelessness literature. The model is intended to comply with the evidence base for the effectiveness of the Street to Home approach (New South

Wales Government 2009b). As conceptualised at the model level, Sydney's assertive outreach involves persistent and deliberate street outreach, focused on identifying people in the highest need, and then assisting them to exit rough sleeping. Informed by the evidence base, the Sydney model was to enable people to exit rough sleeping by immediately accessing permanent housing, rather than moving through various forms of homeless and transitional accommodation. Finally, housing sustainment would be realised with the provision of individually tailored support services to people in their homes (New South Wales Government 2009b).

3.3.3 The service providers

As mentioned above, assertive outreach in inner city Sydney constitutes a core element of the Way2Home program. In this context, assertive outreach is delivered by two teams: Neami and St Vincent's Hospital. Neami is a non-government mental health provider, whereas St Vincent's Hospital is a large public and teaching hospital that has been located in Sydney's inner eastern suburbs for 150 years.

Neami's assertive outreach support team consists of practitioners working in Community Rehabilitation and Support Worker (CRSW) roles. Many people working in these roles have social work and welfare backgrounds, but specific qualifications are not a requirement. The assertive outreach support team also employs two full-time equivalent workers who have previously experienced homelessness. This role is referred to as Peer Support Worker (PSW), and it closely correlates to a position used by the Pathways to Housing Programs in the US (see Tsemberis & Eisenberg 2000). The CRSW and the PSWs practice from a team-based approach, whereby they are not allocated specific clients. The PSWs focus on outreach into public places, whereas the CRSWs work in both public places and people's homes or accommodation. The team-based approach assists with providing service users with access to workers who bring a range of different skills and have the capacity to work with people through their engagement with, and movement through, the service.

The service provision of the assertive outreach health team, on the other hand, differs from that of the assertive outreach support team. The assertive outreach health team is comprised of specific roles that require individuals with specific qualifications to fill. This includes: two drug and alcohol workers, two mental health workers, one full-time and one part-time registered nurse, and a part-time specialist consultant psychiatrist. Reflecting the different medical specialities of each worker, the assertive outreach health team contrasts with the support team in that it practices from a case management approach (rather than a team approach). The assertive outreach health team is located within the St Vincent's Hospital 'Homelessness Health Services' Division. By virtue of this location within the hospital, the assertive outreach team has the capacity to draw upon the resources of a range of medical professionals.

3.3.4 The outreach service

Embedded within the expectation that assertive outreach is about persistent street-based outreach and ongoing wrap-around support post-homelessness, Sydney's assertive outreach (similar to Brisbane's) consists of two dimensions: outreach into public places (street-based outreach) and outreach into people's homes (housing support), the latter also can include outreach into people's temporary accommodation. The two dimensions of assertive outreach are provided by both teams.

Below we will demonstrate that a paucity of housing constitutes the primary challenge to assertive outreach meeting its objectives. But, of salience to the present discussion, an absence of housing played a deterministic role in shaping the nature of the assertive outreach work in the first 12 months of its operation. As a direct result of

limited availability of housing options for assertive outreach service users, the majority of assertive outreach could be classified as outreach into public places, or street-based outreach. Indeed, whereas the model allocated for between 25 and 40 per cent of the assertive outreach support team's resources to be directed to street-based outreach, a lack of service users in housing meant that after approximately one year of operation, the team was dedicating approximately 90 per cent of its resources to street-based outreach.

Street-based outreach consists of daily patrols of public places to identify people sleeping rough and to engage them with the service. Patrolling takes place in 'hot spots', which are referred to as places with high numbers of rough sleepers (New South Wales Government 2009a). Patrolling also occurs in public places where people sleeping rough are known to isolate themselves. Assertive outreach workers approach people in public places and initiate dialogue. The initial approach can be seen as both casual and purposeful. It is casual in that workers approach people in an informal manner and greet them, and perhaps ask how the person is. This informal and casual initial contact is invariably followed by the assertive outreach worker establishing whether the individual is sleeping rough/constitutes a potential client, and determining their needs (see below). The contact is similarly purposeful because the outreach worker outlines to service users the purposes of the service, and what services they can provide.

An outreach worker explained that the exact nature of the street outreach is determined by the person sleeping rough. Some people, for example, may present as:

> … unwell, some will be shy, others keen to engage, some people may be hostile, and others may be intoxicated or drug affected. (Outreach worker)

These factors, along with many more, all have the potential to change the way that outreach is delivered to people in public places. The outreach worker described that the interactions and relationships with service users were always purposeful, but the precise purpose, the timing and the method of engaging will be influenced by the individual's needs. Practice that accords with services users' pace of engagement was stressed as central (2011 pers. comm., 24 February). A stakeholder went on to describe that an important skill was active communication and relationship building, as this was a necessary means to understand the service users' needs—and thus tailor a response.

Key practice stakeholders view the Peer Support Worker (PSW) as playing a central role in facilitating the engagement with people sleeping rough. Through their lived experiences as homeless, the PSW often knows many of the people the service attempts to engage with, and their life experiences provide them with added credibility and provide optimism to people sleeping rough that exiting homelessness is a reality (2011, pers. comm., 29 June).

In addition to patrolling public places, street-based outreach consists of more purposeful efforts to locate specific individuals for the purposes of providing pre-arranged services in situ. This may include, for example, the support team locating a person to complete a housing application. During our fieldwork in public places, the outreach workers made arrangements to meet a service user on the following morning to provide transport to the bank for the purposes of obtaining information necessary for a housing application. For the assertive outreach health team, street-based outreach may involve locating a person for the purposes of a health assessment or to administer medication. The street-based outreach provided by the assertive outreach health team was described as 'opportunistic health intervention' (2011, pers. comm., 24 February). That is to say, people living in public places are often difficult to locate.

When the assertive outreach health team identifies a person with a health need, they will do what they can reasonably do to respond to that need in public places.

There is another dimension to the assertive outreach health team's work that has implications for their engagement with people sleeping rough. Many of the people they work with have mental illness; a number of their service users move in and out of the psychiatric inpatients hospital, and some of their service users are involuntary clients scheduled under the *Mental Health Act*. Some of the work that the assertive outreach health team undertakes is therefore involuntary in nature. For instance, they conduct mental health assessments on involuntary clients to either ensure they comply with the conditions of the Community Treatment Order or to place them under the control of the *Mental Health Act*.

Intake and assessment forms and procedures also constitute an important component of the street-based outreach. These processes are not only a means to identify unmet need and to inform the nature of the intervention to be delivered, but the use of the Vulnerability Index Tool (VIT) provides a basis for prioritising service provision to people deemed to be in most urgent need of attention. The assertive outreach support team has developed categories to illustrate the nature and pathway of service user engagement. This includes five levels of support provided to people, ranging from people not yet fully engaged in the capacity as client, to people at the binary end of the spectrum who have successfully exited the service after obtaining stable, secure and manageable housing. The five levels of service user engagement include:

1. People who have been contacted, but who are not engaged are likely to be new to the outreach team and are not considered to be service users.
2. People who have been provided with basic assistance, for example, people may be simply assisted with accessing their welfare entitlements.
3. People who are actively engaging and working with the team.
4. People living in stable housing, and who have started to transition out of the service. For people in this phase the intensive work is complete, and they are receiving a minimum of fortnightly contacts. The service will disengage completely when it is deemed that the individual's housing is completely stable, either because their need for support no longer exists or because another service provider is meeting the need.
5. People who are housed and no longer working with the service—their status is closed.

The different staffing levels and different focuses among the two teams mean that most street-based assertive outreach is conducted by the two teams separately. Due to the integrated nature of the Way2Home model, and informed by the close relationship between health and housing needs, however, the two assertive outreach teams also provide joint street-based outreach. Joint outreach is particularly effective when, for example, the assertive outreach support team requires medical assessments and interventions from the health team. A medical assessment can be one of the most powerful means of enhancing a person's application for priority housing or documentation to Centrelink, for example, applying for a Disability Support Pension.

Housing and housing support

As explained in the section above, Sydney's assertive outreach approach is intended to be a Housing First model. In line with the Housing First approach, the policy documents suggest that assertive outreach service users will be provided with immediate access to permanent housing and the follow up support services to enable

them to sustain their housing, and thus exit from homelessness over the long-term (Borger 2010). In the first 12 months of practice, the assertive outreach teams have had limited capacity to provide their service users with housing. The research team learnt of a proposal in May 2011 that would see the Way2Home service receive funding to access housing for 70 of their service users over a three-year period from the private housing market. This proposal notwithstanding, for the first 12 months of operation, the assertive outreach services have been primarily reliant on housing from the social housing system. There are a number of communication based strategies, for instance, to promote ease of social housing access for assertive outreach service users. On the other hand, there is no quarantined housing or specific allocations of housing for people working with the assertive outreach service. The assertive outreach service assists in accessing housing for their service users by relationships, networks and communicating with the social housing system. What this has all meant is that assertive outreach service users have experienced significant difficulties accessing housing. Indeed, the housing they are provided with is within the existing social housing system rules—they are not provided with housing on the basis of their status as assertive outreach (Way2Home) service users.

A paucity of housing options, in turn, has meant that the assertive outreach services have not been able to comply with the central premise of the Housing First approach. While the service reports that it had successfully assisted 42 people to access 'permanent' housing in the first twelve months of operation, they had engaged 291 people in the first year (2011 pers. comm., 25 May). The numbers of people sleeping rough that are engaged by the service far outstrips the housing resources the service can access and make available to their service users. The defining characteristic of Housing First is the immediate provision of permanent housing, rather than homeless accommodation (Stefancic & Tsemberis 2007). Service users of the Housing First approach delivered by the Pathways to Housing program in New York City, for instance, wait on average two weeks before commencing a tenancy (Tsemberis & Eisenberg 2000) and they are offered the choice of three different properties (Pearson et al. 2009). In contrast, the street-based outreach provided by Sydney's assertive outreach support team in the first twelve months of operation assists people to exit rough sleeping, initially at least, by assisting with access to homelessness accommodation. In practice, the assertive outreach support team provides those people living in public places who articulate a desire to immediately exit rough sleeping with a referral to, and assistance with, accessing the Homeless Persons Information Centre (operated by the City of Sydney with some funding support from the NSW Government). This Homeless Persons Information Centre refers people to available temporary accommodation and other immediate services.

The outreach team can also assist service users to directly access a range of homeless accommodation options, for example, short-term shelters, boarding houses and transitional housing providers. The outreach team has found that a number of people sleeping rough do express a desire to exit rough sleeping, but are unwilling to do so if entering homeless accommodation is the only means to achieve this exit. This practice experience is consistent with a theme in the research literature, both Australian and international, that has identified people consciously deciding to sleep rough rather than take up homeless accommodation (McNaughton 2008; Parsell 2010; Ravenhill 2008). This research has not suggested that people sleeping rough enjoy rough sleeping. On the contrary, rough sleeping was considered to be dangerous, unpleasant and undermined people's capacity to exercise agency (Parsell forthcoming 2012). Rough sleeping, however, was deemed to be the lesser of the two evils (Snow & Anderson 1993). It was problematic, but less problematic than the prospects of homeless accommodation. When Sydney's assertive outreach teams

identify service users who continue to sleep rough, but at the same time also desire permanent housing, the service puts considerable effort into ensuring housing access is expedited as much as possible (2011, pers. comm., 24 February).

For those service users who had accessed housing, the assertive outreach service continues to provide support. This type of service provision has an entirely different function from that of street-based outreach, and it can be referred to as housing support or housing-based outreach. Whereas street-based outreach is a purposeful means to exit people from rough sleeping, the assertive outreach housing support is a means to ensure people sustain their tenancies. The presence of the two assertive outreach teams provides significant capacity to deliver housing support. The outreach into people's houses is still client-focused, but the ultimate goal is housing stabilisation and the exiting of the assertive outreach service. The assertive outreach health team focuses on establishing links and working relationships between their clients and mainstream health providers. The health team invariably targets people on the basis of non-engagement with the mainstream health system, and connecting people back into this system, after housing is stabilised, representing a means for the team to withdraw from service provision.

3.3.5 Service users' perspectives

Seven people who were service users of Sydney's assertive outreach were interviewed for this component of the study. This included five people who at the time of the interview were sleeping rough; one person in permanent housing and another person living temporarily in an alcohol rehabilitation facility. The latter two individuals were sleeping rough when the assertive outreach service initially engaged with them, but they had since exited rough sleeping. All seven people were male and aged between 40 and 65 years, one person identified as Indigenous.

The seven interview participants were recruited using a purposive method. The five people interviewed that were sleeping rough were first approached by the outreach worker as they were in public places and asked whether they would like to participate in an interview for this study. The two researchers accompanied the outreach workers at the time they approached the service users, and the five interviews occurred immediately after the individual indicated their willingness to participate. No person asked to participate refused to do so.

The method of approaching the five people in public places and asking them to participate does not constitute a means of identifying a representative sample of all people sleeping rough using the assertive outreach service. Nonetheless, these people were approached on a first seen first asked basis; they were selected because they were the first people seen in each location and thus invited to participate on the basis of their presence at the time of the fieldwork. The two people interviewed who were no longer sleeping rough were purposively recruited through the service because they had been assisted to exit rough sleeping. Our sampling method was deliberately targeted to recruiting people working with the assertive outreach services who: (1) were sleeping rough, (2) had exited rough sleeping and were living in temporary accommodation, and (3) had exited rough sleeping and entered permanent housing.

Empirical material obtained from the seven interviews was augmented with participant observations that focused on the means by which assertive outreach workers approached the service users in public places. We were similarly interested in focusing on the interaction between the outreach worker and the service user, particularly the manner in which the service users responded to the outreach workers.

The seven participants were asked open questions about the outreach services they accessed, what they saw as helpful, any unmet needs, and we asked them to comment on the ways that outreach workers approached them. To this end, we tried to grasp how people understood the practice of assertive outreach, and what they saw as constituting the positive and negative dimensions of the approach. From the seven individuals included there were a number of pertinent points that each individual raised that were not mentioned by other people. The overarching and consistent theme coming from these interviews was the unanimous depiction of assertive outreach as a positive intervention aimed at providing people sleeping rough with housing. This theme was articulated in similar ways by each of the seven interview participants. We discuss this dominant theme first, before moving on to consider some nuanced elements articulated by only two research participants that illustrate the way assertive outreach was experienced as especially effective vis-à-vis perceptions that the response was specifically tailored to cater to individual need.

Assertive outreach as positive and housing focused

All people referred to assertive outreach in favourable ways. People generally described the assertive outreach provided by Neami as helpful, friendly and delivered by individual workers who were approachable and respectful. In line with this favourable consensus, no one made any substantive comment indicating a negative view or experience with the approach. In fact, toward the end of some of the interviews we asked closed questions about whether people saw the assertive outreach approach as problematic, for example, as too coercive, persistent or interventionalist (without using these terms). No one expressed a view to support this interpretation of assertive outreach. We interviewed the five people who were sleeping rough away from the outreach workers and we emphasised to them that their comments would be kept in confidence. Likewise, we stressed our intention of wanting to hear the opinions of people who were the recipients of outreach so that services, if and where necessary, could be improved in accordance with their perspectives. We thereby endeavoured to facilitate an interview environment where people felt comfortable offering critical and negative reports on assertive outreach. The interview participants, however, invariably responded by making comments about how the outreach workers simply came around and tried to help people access housing.

The only critical type of comment was expressed by one participant, Alex, who suggested that the outreach provided by Neami could be enhanced in two ways. First, Alex said that the outreach workers approached him and his friends/family (at Central Railway Station) too early in the morning. He suggested that in the early mornings he and his group of friends/family were tired and still experiencing the unpleasant symptoms of alcohol use from the night before. These realities, he pointed out, meant that early morning contact with the outreach team was not always conducive to actively communicating and making future plans.

Second, Alex spoke about sleeping and interacting with a large group of friends/family, whereby the focus was socialising and shared alcohol consumption. In turn, he said that while he was always happy to be approached by the outreach workers while interacting with a group (unless it was too early), he said that being approached in a group for both him and his friends/family was a barrier to meaningful engagement with the outreach workers. He explained that the group dynamics and priorities often meant that people were not focused on what outreach workers had to say. Alex said that, while literate, he had no interest in reading and completing forms (housing applications). In order for him to engage in this otherwise undesirable process, the outreach workers needed to break down the barriers that make it easier to just avoid actively engaging. He said, for example, that outreach workers would be

better served by approaching people individually or in pairs, as being approached in a group just made it too easy to not participate in a dialogue with the outreach workers.

This individual was not critical of the assertive outreach team's focus on actively engaging with people to provide them with housing. In fact, Alex spoke about the service's endeavours to house people sleeping rough as laudable. He did, however, outline some specific elements that he believed would enhance the capacity of the assertive outreach team in achieving their housing objectives. In addition to the broadly favourable descriptions, we asked people questions to understand whether they distinguished assertive outreach from the range of other street-based outreach services that work in Sydney's public places. In response to this type of questioning about how people understood assertive outreach, if at all different from other outreach, people articulated what assertive outreach was with reference to its focus.

All seven interview participants described working with numerous outreach services. While it was not always clear that the distinction between assertive outreach and other types of street outreach were meaningful to them, when asked specific questions about Neami or assertive outreach, people understood the assertive outreach approach with reference to it being the outreach service that 'gets people housing'. Like assertive outreach, all people in this study spoke in generally positive ways about all of the outreach services available, and indeed services they relied upon daily. One interview participant explained how, in contrast to Glasgow, it was much easier to live on the streets in Sydney because of the presence of so many outreach services. People were clearly conscious that most outreach services provided food, blankets and transport. Assertive outreach, on the other hand, was depicted as the service delivered by Neami that helped people access housing.

The understanding that assertive outreach was characterised by its housing focus was interesting in light of the seven people we sampled. Recall that only one of these seven individuals had actually accessed permanent housing with Neami's support: at the time of the interviews five people were still sleeping rough and one person was in an alcohol rehabilitation facility. Despite only one person being assisted to access housing by assertive outreach, four of the five people sleeping rough described assertive outreach (in contrast to other outreach) as focused on providing them with housing. These people all articulated their desire to access housing, and they cited the assertive outreach services as important in helping them achieve this objective, even though it was not at that stage realised.

The uniqueness of the assertive outreach approach

In addition to the general theme identified from all seven interview participants that portrayed assertive outreach as generally positive on the one hand, and an approach that was focused on housing provision on the other, two people provided some nuanced detail on what they saw as the distinctiveness of the assertive outreach approach. These two people first started working with the assertive outreach service when they were sleeping rough, but at the time of the interview one had been assisted to access permanent housing and the other a place in a temporary alcohol rehabilitation facility. The descriptions of the approach from these two individuals differed in content. They were similar, however, in that they clearly resonated with some of the fundamental tenets of what is presented as embodying the effectiveness of assertive outreach, particularly the manner in which emphasis is directed to the usefulness of the approach being tailored to individual need.

First, let us consider the way the purposefulness and persistence of assertive outreach was conveyed by the interview participant who was living in permanent

housing. When asked to comment on what the approach was like in practice, Bill explained:

> I don't like services that are pushy. Neami puts suggestions into your head, let you think it's your idea, but it's theirs. They let you work out what you want.

This comment forms part of a broader narrative where Bill was trying to articulate what the assertive outreach approach looked like and meant to him. He was suggesting that the Neami approach was not directive, but rather the outreach workers skilfully worked with him to help him to a place whereby he was ready to accept housing. Bill cited his independence and life experiences as a 'shearer's cook'[12] for instance, as supporting his initial rejections of Neami's help. He explained that when the assertive outreach workers first approached him in public places and offered him help, he initially declined the offer. Bill suggested that despite his homelessness, he was a person capable of looking after himself and not reliant on others. He did not romanticise his experiences of homelessness or his abilities. Instead, he comfortably outlined the ongoing threats to his safety and the bitter cold that sleeping rough amounted to. But to manage these problems himself, Bill spoke about slowly sipping alcohol all night long, and tying his valuable belongings around his arm as he slept. He was happy to articulate some of the challenges he experienced, while also outlining how he addressed these challenges independently.

It is within this context whereby Bill values his capacity for self-reliance and autonomy that the individual assertive outreach approach was appropriate to his sense of self. After engaging with the workers over a period of weeks and months, Bill described assertive outreach, not only as an intervention that helped him to obtain permanent housing, which he was appreciative of, but also as an approach that enabled him to see and accept the support on offer. Bill unambiguously saw the street-based assertive outreach as culminating in him accessing housing and exiting a three-year stint of rough sleeping. He explained that engaging with the service also coincided with health concerns that increased his motivation to exit rough sleeping. Furthermore, his remarks suggest that he attributed this success to the outreach workers approaching him and providing their services in a way that ensured his autonomy and sense of self was not compromised.

The other research participants did not articulate a view of assertive outreach that illustrated the same reflection and thought given by Bill. On the basis of the unanimously positive descriptions, and by virtue of no one seeing assertive outreach as too intrusive, however, Bill's comments arguably belie the subtle and respectful way in which the assertive outreach is delivered to people living in public places. Further to this, the way that Bill described assertive outreach is important as his descriptions highlight the value of the individually-tailored response provided. The policy documents supporting the Sydney assertive outreach approach emphasise the importance of a response that meets the individual's needs (New South Wales Government 2009a). Assertive outreach is not and arguably cannot be a 'one-size fits all' approach. Bill's experience, coupled with the insights from another research participant considered below, demonstrates the efficacy of assertive outreach when it is able to be delivered flexibly and in a way that is responsive to an individual's needs. The service was known for its focus on providing housing (or at least trying to) to all people sleeping rough. At the same time, assertive outreach was not perceived as

[12] In Australia, a shearer, a person who shears sheep, has an image of toughness and displaying the 'hard work ethic'. A shearer's cook, similarly, works hard to provide meals to these people. Indeed, they are valued for the important role they play. The shearer's cook can thus be seen as evoking an image of the individual that keeps these tough and hard worker shearers satisfied and in line.

imposing an agenda that sought to move people from public places against their wishes.

Another research participant, Marty, outlined some thought-provoking views on assertive outreach that illustrate how the approach was useful to him, and how this usefulness can be juxtaposed to other types of service provision he had encountered. Marty had slept rough for approximately three years when he was first approached by the assertive outreach workers. He explained that when the assertive outreach service approached him early in 2011 and told him that they could help him to access housing, he was sceptical. Marty said that his scepticism was the result of services previously either not providing him with any assistance, or making offers of assistance but failing to follow through on what was promised. Marty signalled out the former Sydney outreach service as inadequate because the workers merely handed out information. Indeed, he commented on the former outreach service as only giving him Housing New South Wales' phone number, but he asked rhetorically: 'Why can't they use the mobile phone in their hand to call housing for you?'

Marty was lamenting the passive approach employed by the former outreach service. Moreover, he explained that the former outreach service, like a homeless accommodation provider that promised counselling but failed to deliver, did not go to the trouble to follow through with things they said they would. Marty contrasted what he saw as the passive and unreliable approach of other services with that of the proactive, persistent and reliable response he had received from assertive outreach. He explained how he appreciated and required a very active approach, whereby outreach workers went through things every step of the way. Marty extended this notion of service provision with some reflections on his own experiences and personal problems that illuminated what was effective about assertive outreach for him.

Marty suggested that it was not only scepticism of services actually delivering that was a barrier to him accessing accommodation prior to assertive outreach, but also his confidence and capacity to seek help. He said that as a child he was constantly told he was worthless, and his attempts to receive attention and love from his parents, and then foster carers, were met with disdain, rejection and violence. He said that he had acquired a self-perception of being worthless, and from childhood experiences, he had learnt that it was best to not ask for help.

Marty attributed previous life experiences and his current sense of worth as contributing in deterministic ways to the challenges he experienced in exiting homelessness. In articulating a view that is arguably beyond the most ideal description of what assertive outreach could realistically achieve, Marty said that the assertive outreach workers 'could see what I couldn't see, that I'm a good bloke'. When Marty was asked to identify what it was with the assertive outreach approach that was effective, what it was that represented such a profound shift from previous services he had worked with, he explained the assertive outreach workers as having the 'care factor'. He described the 'care factor' in terms of a feeling as though the assertive outreach service genuinely cared for his welfare.

Marty's experiences with assertive outreach, both in terms of how he viewed the approach and what outcomes he attributed to it, are noteworthy to further unpack when considering the nature of the approach and what contributes toward its success. Marty had not accessed housing, and from his perceptive, it was not just a lack of housing that explained why he had not, or why it was likely be some time before he did obtain a permanent tenancy. He pointed out that the assertive outreach workers had already organised for him to attend two priority housing interviews with the social housing provider. Marty said that he did not attend these two interviews because he

did not feel confident enough to do so.[13] Marty suggested that it was important for the assertive outreach worker to first, take the time to get to know him and understand his situation and personal problems, and second to work with him to address these problems. Marty was at pains to suggest that it was not merely an absence of housing that he required to be addressed, but also his self-perception and self-worth problems that he saw as contributing to the challenges he experienced in taking full advantage of the type of services that he had never been able to previously access. That is to say, while Marty was optimistic about the opportunities that assertive outreach presented for him, namely access to housing, and how these opportunities were not seen as available with other services he had previously worked with, the presence of housing was not sufficient for him to exit rough sleeping in the short term. Marty took the view that the capacity of assertive outreach to enable him to access housing was contingent upon his willingness and ability to make the personal changes required to exploit the potential of assertive outreach.

Marty said that assertive outreach had been able to assist him exit rough sleeping and look to housing as a realistic option because he had decided to make changes in his life, for example, abstain from the use of alcohol and illicit substances. Marty made these changes as part of a broader desire to be a positive role model for his children. He said that it was this self-directed purpose that had put him in the position to make the most of what assertive outreach had to offer. Marty conveyed a belief that assertive outreach had been effective for him because he understood the intervention as a 'two way street'. He described this as 'I need to match the help from Neami with my own effort'. Indeed, he extended this notion of an interactional dimension by explaining that the approach adopted by the assertive outreach workers who conveyed to him his self-worth, helped to create an environment where he was able to engage in a two-way relationship with the service. Thus, in Marty's case, the ongoing delivery of assertive outreach services was not simply reliant upon both him and the outreach workers, but also on the outreach workers initially fostering an environment where he was ready to embark upon an interactional relationship between service user and service provider.

3.4 Darwin

3.4.1 Rough sleeping in Darwin

An understanding of assertive outreach in Darwin requires an understanding of the extent and nature of rough sleeping in Darwin's long grass.[14] On census night in 2006, 393 people were identified in the primary homeless category in the area of Darwin and the satellite city of Palmerston 12 kilometres to the south (Chamberlain & MacKenzie 2009c). Chamberlain and MacKenzie (2009c) suggest that nearly all of these people were sleeping rough, and the 393 people enumerated most likely represented an under count of the rough sleeping population at the time.

We conducted one week of intensive fieldwork during November 2010. This involved interviews with 15 stakeholders at policy and practice levels, and observations of the delivery of assertive outreach. We did not develop any rapport with service users, and the fleeting engagements we observed with service providers did not enable the recruitment of any service users to participate in this study. During the fieldwork, however, we observed significant numbers of people who were sleeping and conducting day-to-day private lives in public places (Parsell 2011c)—rough sleeping

[13] The assertive outreach team has organised a third interview which Marty advised he will attend.

[14] The 'long grass' is a colloquial term widely used to refer to the places where people sleep rough in Darwin. It is not literal, and the 'long grass' can include people sleeping rough on footpaths and car parks (in addition to bush or grass areas).

was overtly on public display in Darwin. At the time of fieldwork more contemporary numbers (than the 2006 census) of the rough sleeping population were not available. Nevertheless, discussions with stakeholders for this project put the number at up to 2000 people sleeping in Darwin and Palmerston's public places on any given night. We cannot corroborate these numbers but they do broadly accord with our observations. We were advised that this number fluctuates on the basis of numerous factors, including: weather, season and the presence or absence of local events (see below). The combined population of Darwin and Palmerston was approximately 100 000 people at the 2006 census.

Thus, in the first instance, the distinctiveness of rough sleeping in the Darwin area can only be grasped by considering its magnitude. If the estimate of 2000 people is an accurate reflection, this is significantly higher than the numbers of rough sleeping identified in Brisbane (approximately 300 people), Sydney (approximately 400 people) and Melbourne (approximately 200 people) at comparable times. If the proportion of people sleeping rough in Darwin relative to the broader population is then compared with Sydney, Brisbane and Melbourne's relative populations, the distinctiveness of rough sleeping in Darwin is magnified to an additional extent.

The estimated numbers and rates of rough sleeping in Darwin far exceed those in other Australian capital cities. The distinctive nature of rough sleeping in Darwin, however, lies not merely in the extent of the problem. While the causes of homelessness in Australia have long been debated and are not unambiguously agreed upon (Chamberlain & Johnson 2003; Neil & Fopp 1992), there are a range of causal and contributing factors that are unique in, or at the very least, exacerbated by, the Northern Territory context. Many of these factors centre on the temporary movement of Indigenous people into Darwin from locations outside of the greater city, often locations in remote Indigenous communities. These communities are primarily located within the Northern Territory's borders, but some people also travel into Darwin from other areas of Australia, especially Queensland, Western Australia and South Australia. This mobility into Darwin, and the rough sleeping that often follows it, can be understood in ways that are specific to Indigenous cultural and social practices, and also in ways that are not uniquely Indigenous.

With reference to the former, the temporary mobility of Indigenous people forms part of a cultural tradition that has endured for thousands of years. Indigenous cultural mobility is a complex and contingent phenomena that is both opportunistic and planned. The diversity is informed by, among other factors, individual motivation, stage of the life-cycle, and geographical location (Prout 2008). Indigenous cultural mobility is not static or one-dimensional—nor is it a 'product of an inherently Indigenous predisposition to wander' (Prout 2008, p.5). Rather, temporary cultural Indigenous mobility is understood within a context that includes travel to cultural festivals and sporting carnivals, seasonal conditions, participation and involvement with ceremonies, and connecting with and extending family and kinship networks (Prout 2008).

These cultural dimensions of Indigenous mobility can be drawn upon to problematise objective definitions of homelessness. Memmott et al. (2003) for instance, has suggested that the notion of homelessness is perhaps not appropriate for some Indigenous people sleeping rough. In fact, drawing upon research that included the perspectives and experiences of people living in Darwin's long grass, Memmott et al. (2003) argued that people experience the long grass as their home. Further, homelessness for some was more about dispossession from country and disconnection to Aboriginal identity (Memmott et al. 2003). Like Memmott et al. (2003), Taylor (1992) has spoken about home for Indigenous people as not physically

located within place, but embedded within social relationships and connections. Darwin outreach workers contributing to this study pointed out that sleeping outdoors in the long grass was consistent with the way many people in remote communities lived. Sleeping rough in the long grass was therefore not an unusual way of living and, depending on specific circumstances, sleeping in the long grass was not stigmatised or perceived of as problematic by some Indigenous people.

The temporary mobility of Indigenous people is not, however, an exclusively cultural phenomenon. Indeed, representatives from organisations in Darwin that respond to people sleeping rough expressed a strong view that many people temporarily sleeping in the long grass had travelled to Darwin to access or to be with family accessing medical services not available elsewhere in the Northern Territory. In this respect, many people sleeping rough in the long grass are considered to be temporary visitors. These people do not necessarily perceive Darwin's long grass as their home, but rather they have homes (and houses) in communities outside of the Darwin area. In fact, given that these temporary visitors to Darwin have a usual address and home outside of Darwin, on the basis of this they would not be included in the homeless population for the purposes of Australian Bureau of Statistics enumeration (Chamberlain & MacKenzie 2008). Thus it is difficult to ascertain whether the high numbers of people observed sleeping rough in Darwin (and the numbers reported to us by service providers) are actually homeless, or indeed what homelessness means in this cultural, geographical and social context. Without a comprehensive engagement in this complex and contested terrain, we will argue that this blurring of the boundaries between homeless, temporary visitor (with a house elsewhere) and public place dweller has significant implications for the model and practice of assertive outreach in Darwin.

Further, and similar to non-Indigenous migration and temporary mobility, service providers spoke about Indigenous people (especially adolescent and young adults) who lived in Darwin's long grass as people who had left problems and boredom in their home communities for the excitement and prospects that Darwin offered. This includes people travelling to Darwin to access retail, services and employment opportunities not available in their home communities. Indigenous temporary mobility, and thus the nature of rough sleeping in Darwin's long grass, has a structural element. Prout (2008) suggests that, rather than being exclusively cultural, temporary Indigenous mobility is explained by Indigenous people's engagement with the Australian economy and mainstream service systems.

Indigenous temporary mobility into the long grass is also informed by broader structural factors that specifically impact upon the lives of Indigenous people living in the Northern Territory. While there is no available supporting data, assertions from homelessness service providers and the Northern Territory Housing Minister at a local homelessness forum attended as part of this study (2010 pers. comm., 11 November) indicate that the rough sleeping population in Darwin had increased in direct response to the Northern Territory Emergency Response (NTER). The NTER, as well as other locally based initiatives, has resulted in the prohibition of alcohol and the restrictions of welfare entitlements to Indigenous people in some Northern Territory Indigenous communities. Homelessness service providers in Darwin suggested that a significant number of people in Darwin's long grass were there to avoid the consequences imposed upon life in their home communities following the NTER.

While Indigenous people represent the overwhelming majority of the Darwin rough sleeping population, and while there are cultural dimensions that explain some of this rough sleeping, it is not useful to overemphasise this as a uniquely or specific cultural Indigenous problem. There is a significant housing shortage in both Darwin and many

remote Indigenous communities (Northern Territory Government 2009). Likewise, there is a shortage of short and medium term accommodation in Darwin. Outreach workers and homelessness service providers interviewed for this study lamented the difficulties they experience acquiring this type of accommodation for their service users. Arguably these shortages shape the nature of rough sleeping in Darwin in deterministic ways. Further to this, it is false to set up discrete dichotomies between Indigenous cultural practices and non-Indigenous Australian culture (Prout 2008). As Memmott et al (2003) note, Indigenous temporary mobility is an ongoing and day-to-day negotiation between enduring and transformed practices.

3.4.2 The service provider

The primary mode of assertive outreach in Darwin is funded by and delivered through the Northern Territory Department of Justice's Intervention and Case Management Service (ICMS). Also operating in what can be considered Darwin's assertive outreach model are outreach services delivered by Mission Australia, Centrelink and the Healthy Engagement and Assistance in the Long Grass (HEAL) program.

3.4.3 The outreach service

The model of assertive outreach in Darwin is a product of the local context. This context is underpinned by the high numbers and rates of rough sleeping in the Darwin area. The magnitude of rough sleeping in Darwin means that it is a problem that the broader public is confronted with on a daily basis. Irrespective of whether people sleeping rough in Darwin's public places have houses elsewhere (thus may not actually be defined as homeless), their overt presence in the long grass is indisputable. It will be suggested that this public visibility influences the way that the problem is constructed as well as influencing the type of outreach that is implemented to respond to the problem. Likewise, the significant numbers of people sleeping rough in Darwin and the high proportion of rough sleepers relative to the broader population mean that the ability of social or welfare type responses will be limited accordingly. That is to say, there will be significant barriers to services providing housing and multidisciplinary teams of support services to respond to the health, social and housing needs of an estimated 2000 people sleeping rough in a region that has a population of little more than 100 000 people. As a final introductory note to the models of assertive outreach in Darwin, the view that rough sleeping for many people in Darwin is a matter of temporary transience (visitors) from their home communities outside of Darwin also plays a profoundly influential role.

Assertive outreach in Darwin comprises a range of service providers delivering different types of outreach to people sleeping in the long grass. The diverse service providers, the different objectives that underpin their services, and the different ways they implement their services means that it is not meaningful to think of assertive outreach in Darwin as representing a unified and integrated model. Rather, the different types of outreach provided respond to different needs and priorities. Indeed, it will be proposed that the assertive outreach provided by Mission Australia and the HEAL program are not only distinct from the assertive outreach delivered under the ICMS, but also that these two types of assertive outreach have evolved to respond to the approach underpinning the ICMS model.

Intervention and Case Management Services

The ICMS is a program of the Northern Territory Government's Department of Justice that is principally directed toward Indigenous people sleeping rough in town areas, providing return to country, intervention and referral, and identification of services across the Northern Territory (Northern Territory 2009). Darwin's ICMS sits within a

whole of government Public Safety Model. ICMS has three distinct, but broadly related service provision teams. These include the Larrakia Outreach Transport Service (LOTS), the Information and Referral Service, and the Aboriginal Night Patrol. The Northern Territory Government says that the ICMS aims to 'reduce 'antisocial' behaviour in the Darwin and Palmerston' areas (Northern Territory Government 2009, p.16).

An assertive outreach approach assumes an important component of the ICMS model, and in achieving reductions in 'antisocial' behaviour particularly. Assertive outreach is presented as proactively engaging with individuals living in Darwin's long-grass, on the one hand; and implementing measures to move people from those public places, on the other. Under the ICMS model, however, there are a number of dimensions and rationales that underpin practices of moving people on. The features and principles of assertive outreach relate to rough sleeping being seen as both a matter of temporary transience from home (visitors) and a problem of 'antisocial' behaviour.

With reference to the former, assertive outreach under the ICMS model is a mechanism to enable people sleeping rough in Darwin to return to country. Return to country simply means assisting people in Darwin's long grass to travel back to their homes outside of Darwin. Return to country is a user pays service. It can be initiated by service providers approaching people living in the long grass and ascertaining whether they would like to be assisted to leave Darwin. In practice, return to country is often enabled by the collaboration of a number of services. These may include outreach workers[15] identifying the need for return to country; the Information and Referral Service booking travel arrangements and producing identification documents; Centrelink's Place Based Initiative assisting people to access their welfare entitlements so that they can fund transport and, where necessary, the LOTS providing the transfer to the point of departure from Darwin (airport, bus terminal or ferry).

Assertive outreach workers proactively engage with people in the long grass, in that they will approach unannounced and initiate conversation. Similarly, outreach workers will ask people directly whether they would like to return to country. The outreach worker never tries to force or convince people to return to country. Further, outreach workers note that they are aware of people who do not want to return to country, and they ensure that they do not continuously ask people who they know will be reluctant to accept offers (2010 pers. comm., 8 November). Outreach workers and other stakeholders in Darwin referred to persistent and active attempts to move Indigenous people on from the long grass as 'humbugging'. Outreach workers delivering assertive outreach services stressed the importance of practicing in a manner that was not perceived as humbugging people in the long grass. Despite the client-directed approach that outreach workers identified with (and that we observed), the assertive outreach service enables a significant number of people to return to country. From 1 July 2010 until the end of October 2010, the assertive outreach service assisted 1279 people to return to country (2010 pers. comm., 10 November).

In terms of rough sleeping as a problem of 'antisocial' behaviour, assertive outreach is used as a diversionary strategy or temporary and immediate response to people's situation and presence in public spaces. Outreach services funded under the ICMS conduct daily and nightly patrols around the Darwin/Palmerston areas. If people in the

[15] The First Response Patrol service is a common source of identifying people who would like to return to country. Like the ICMS, the First Response Patrol sits within the Public Safety Model. The First Response Patrol is managed by NT Police and primarily gathers information about the locations, behaviours and characteristics of people in the long grass, and provides referrals to other stakeholders.

long grass request, or accept offers of assistance, services can provide them with transport to leave certain public places. Assertive outreach likewise provides people with transport from the city police watch house following their early morning release. People are transported to crisis accommodation services, to the accommodation of friends or family who are able to take them in, and to Darwin's only Sobering up Shelter/Intoxication Unit operated by Mission Australia. In addition to being in public places (or discharging from the watch house and thus an impending presence in a public place), it is an individual's intoxication that most frequently brings them into contact with the assertive outreach services. Intoxicated people are identified and reported to police or the council, and then the outreach services are notified and requested to respond to the intoxicated individual. In this respect, assertive outreach is about immediately responding to intoxicated people in Darwin's long grass and moving them on.

Further to this immediacy, assertive outreach in Darwin also responds to what are seen as more enduring problems of 'antisocial' behaviour. Enduring problems of 'antisocial' behaviour are referred to as 'hot spots'. The difference between an enduring problem of 'antisocial' behaviour and an 'antisocial' behavioural problem that has just arisen can simply be an issue of time. Enduring problems are often public intoxication or individuals or groups of people camping in areas over a period of time and that have led to public complaint. Their presence may be perceived as 'antisocial' behaviour, or as presentation that needs to be responded to early in order to mitigate the likelihood of more punitive responses if not addressed. In this latter respect assertive outreach is presented by government as fulfilling an early intervention role, providing direct assistance (moving people on) so their behaviour/presence in public places does not lead to a criminal offense being committed (2010 pers. comm., 10 November).

Enduring problems of 'antisocial' behaviour are often identified and responded to by the Interagency Taskforce and Coordination Group (ITCG). The ITCG is chaired by the local Police Commander, and comprises membership from numerous Darwin and Palmerston government agencies and relevant not-for-profit organisations. The ITCG meets fortnightly and is responsible for identifying 'antisocial' behaviour issues and developing and implementing problem solving plans to address these issues through collaborative approaches. This may involve immediate removal, return to country, and referral to service providers. With reference to the latter, apart from resources that enable people return to country, the ICMS has limited capacity or resources to support people or address their needs within the Darwin area. There is no allocation of housing or even short-term accommodation linked to the assertive outreach model. The LOTS does have minimal resources to provide some essential support to people once they have commenced a social housing tenancy, but this service is not funded to provide the support many new tenants require (2010 pers. comm., 9 November). Indeed, the delivery of this support impacts upon the capacity of LOTS to provide outreach into public places.

Likewise, despite the significant rates of Post-Traumatic Stress Disorder and mental illness among people in the long grass (Holmes & McRae-Williams 2008), mental health service providers are not integrated within the assertive outreach approaches. Rather than responding to health and well-being, the assertive outreach model has been developed with a priority of moving people on. From January 2010 until October 2010, the Aboriginal Night Patrol alone provided transport to move on 9694 people, approximately 97 per cent of these people identified as Indigenous (2010 pers. comm., 9 November). The lack of resources and limited capacity to address problems other than the immediate presentation of intoxicated people in public places is evident in the description and use of the sobering up shelter. Outreach workers consistently

referred to the sobering up shelter as the ‘spin dry’. References to the ‘spin dry’ were a metaphor to capture the role that this intervention plays for so many of their service users. If the sobering up shelter is used rather than more intrusive police intervention or as an early intervention strategy to avoid future police intervention it arguably assumes an important function. Nevertheless, assertive outreach workers explained that the ‘spin dry’ is a facility to transport intoxicated people in the long grass to, at which point they will be released (‘spun out’) early the next morning. Outreach workers explained that a critical absence of drug and alcohol rehabilitation resources meant that the ‘spin dry’ assumed the primary, and short-term function of immediately dealing with people’s alcohol problems, homelessness and other social and health problems. Stakeholders interviewed for this study widely saw the Sobering up Shelter as an appropriate component to a response to the immediate needs of some people sleeping rough in the long grass; without additional health, social and housing resources, however, the Sobering up Shelter was seen to be inadequate.

The focus on ‘antisocial’ behaviour is consistent with a broader public perception in Darwin that people living in the long grass are problematic. In fact Holmes and McRae-Williams’ (2008) research indicates that the Darwin public holds hostile and profoundly intolerant views toward Indigenous people sleeping rough in public places. If not directly informative of, these reported public perceptions are supported by, political responses in Darwin that position rough sleeping as synonymous with ‘antisocial’ behaviour (Northern Territory Government 2009). It was widely conveyed during this research that the public accessibility of local state members of parliament in Darwin results in, on the one hand, members of the public easily conveying their concern about people in the long grass and, on the other, members of parliament ensuring that state authorities and service providers funded by the state respond to this problem of ‘antisocial’ behaviour accordingly.

We have suggested that assertive outreach under the ICMS is about either returning people to country or responding to ‘antisocial’ behaviour by immediately moving people on. While this distinction does approximate the features and objectives of the interventions, it is important not to overemphasise the distinction. The numbers of people successfully returned to country suggest that this type of intervention is playing an important client-directed function. This view of return to country is supported by the assertive outreach workers interviewed for this study, who stressed the importance of not pressuring people to return to country or imposing an intervention upon them. Assertive outreach workers, while they articulated a lack of resources to achieve significant long-term outcomes for service users, they were committed to practicing in a manner that prioritised service users’ intentions, even if their practices were considerably constrained. Return to country, however, is also presented as a means to reduce ‘antisocial’ behaviour (Northern Territory Government 2009).

Furthermore, a tension can be gleaned from the manner in which assertive outreach is conceptualised and the manner in which it is practiced. The ICMS and ITCG models place emphasis on responding to ‘antisocial’ behaviour. Assertive outreach delivered through the ICMS, however, is more than a response to ‘move on’ those people deemed to be behaving in an ‘antisocial’ manner. In practice, assertive outreach is delivered in ways that attempt to achieve beneficial outcomes for people engaged with the service. Notwithstanding the significant barriers LOTS and Aboriginal Night Patrol face in accessing health, drug and alcohol, accommodation, housing and related services for their service users, the service providers aim to meet a range of health and social outcomes. Outreach workers on the ground see the problem of public place dwelling in terms of homelessness, housing, health and welfare problems, not just an immediate problem of ‘antisocial’ behaviour.

The assertive outreach providers are conscious of balancing priorities where the Department of Justice funds them to respond to 'antisocial' behaviour, they are also inclined toward responding to the individual needs that people present with. Indeed, stakeholders involved in delivering assertive outreach services believe that there is capacity for the more socially located response that occurs on the ground to influence the future policy development. That is to say, it is not simply that the service providers are constrained by the policy and contract conditions of the service model, they see scope for their assertive outreach practice to shape how the ICMS model will be conceptualised in the future.

Finally, notwithstanding the limited health, accommodation, housing and welfare services that form part of the ICMS assertive outreach model, the broader approach does have some of the hallmarks of a collaborative and integrated approach. The assertive outreach focus on return to country and moving people on relies upon intergovernmental and interagency collaboration for all components of the service, including the identification of service users, the engagement with them, and the availability of resources (primarily transport-related) to meet the service objectives. Further to this, it is often more than rough sleeping in the long grass that acts as a trigger for the assertive outreach service to engage with people. While many or perhaps even most people approached by the assertive outreach service will be sleeping rough (some of whom will be temporary visitors with a usual address elsewhere), it is often not their rough sleeping that brings them to the attention of assertive outreach services. Rather, people are approached by assertive outreach services on the basis of being perceived as a problem of 'antisocial' behaviour occurring in public places. Public intoxication is seen as 'antisocial' behaviour.

Assertive outreach separate to ICMS

The assertive outreach funded and delivered through the ICMS is the primary source of assertive outreach in Darwin. As noted, ICMS makes funding available for outreach workers to continuously patrol public places and to respond to people as identified. There is also the provision of assertive outreach outside of the funding and legislative mechanism of ICMS. Mission Australia and Larrakia Nation's Healthy Engagement and Assistance in the Long Grass (HEAL) program can be considered as assertive outreach approaches.

The Mission Australia assertive outreach model consists of one worker who approaches people in public places and provides support in situ. Mission Australia's approach to outreach is premised on the position that people in the long grass are invariably subject to being harassed (2010 pers. comm., 9 November). As such, the assertive outreach provided by Mission Australia intends to work positively with people in the long grass and build relationships. The positiveness of the outreach is referred to in terms of a client-directed approach. The client-directed approach fosters the development of relationships that create options and possibilities for service users to choose from. In addition to what services and supports can be provided in the long grass, the relationships developed by the outreach worker also assist people in the long grass to feel comfortable and safe in accessing the Mission Australia service centre (2010 pers. comm., 10 November). This centre includes Darwin's only Sobering up Shelter, which is at capacity most nights (discussed above). Similarly, the Mission Australia service centre operates a weekly clinic for people in the long grass to access (the outreach worker, as well as other outreach services, will transport people to the clinic). The clinic uses a multidisciplinary approach, providing health, legal and Centrelink services. It thus provides a range of services not always easily available to people by the street outreach provided through the ICMS-funded assertive outreach.

Like the assertive outreach provided by Mission Australia, the model of assertive outreach delivered by the HEAL initiative is conceptualised as different from that funded under the ICMS. HEAL is a program of the Larrakia Nation Aboriginal Corporation and the program receives funding from the Northern Territories Department of Health and Families. The HEAL program delivers assertive outreach into Darwin's long grass. The program aims to respond to people's deteriorating health and immediate day-to-day needs. The service does not have access to any housing or accommodation—it recognises that services must be delivered in the absence of housing. HEAL provides a range of harm minimisation and essential daily services. These include food, bedding (including swags and tarps), hygiene, haircuts, insect repellent, first aid and organises the return of belongings that have been confiscated when people are forced to move on.

The provision of these services, as opposed to moving people on, means that the HEAL program has developed a reputation for being supportive to people in the long grass. HEAL prides itself on knowing that people in the long grass appreciate that the service will not humbug them (2010 pers. comm., 11 November). In addition to the practical assistance that is provided, the program operates a number of art and wider community engagement initiatives. With reference to the former, art programs represent a means for people to earn money from the sale of their works. Similarly, the display and promotion of the art can be seen as a community engagement strategy, which attempts to counter public misconceptions and negative stereotypes of people in the long grass as problematic (Holmes & McRae-Williams 2008). In addition to other strategies that aim to challenge the stigmatised status of people in the long grass, the HEAL program sees this type of community engagement with Darwin's broader population as an important part of outreach that can have direct significance to the lives of people in the long grass. For instance, the public perceptions of people in the long grass as a problem that requires moving on has the effect of people in the long grass going to further lengths to conceal their presence from the public and service providers (2010 pers. comm. 26 November). Outreach efforts to undermine these public misconceptions, therefore, are presented as strategies to reduce the violence and forced removal of people in the long grass. In turn, people in the long grass will have a reduced need to hide themselves away from the public.

The HEAL program and assertive outreach provided by Mission Australia differ in significant ways. They both, however, play a role in responding to the environment in which the ICMS assertive outreach has been conceptualised. Without being integrated within broader policy frameworks that have the objective and resources to permanently end homelessness, HEAL and Mission Australia's assertive outreach work at an individual level to provide assistance. Moving people on assumes no function within this type of assertive outreach. Instead the HEAL and Mission Australia models endeavour to respond to some of the consequences of people being moved on. In the case of the HEAL program, this type of assertive outreach also operates at a level that aims to alter public perceptions that foster an environment whereby homelessness is seen as a problem of 'antisocial' behaviour that warrants the dominant move on response.

3.5 Concluding comments

In all three case studies the dominant focus of assertive outreach is street outreach and purposeful engagement with highly vulnerable people in public spaces where alcohol and drug intoxication and mental illness is prevalent. The assertive outreach provided in Brisbane and Sydney is similar in terms of objectives, methods and the perspectives of service users while the Darwin service is quite different. Whereas assertive outreach in Brisbane and Sydney has the overarching objective of

permanently ending rough sleeping (at both a policy and practice level), Darwin's assertive outreach is a policy response to 'antisocial' behaviour and differs by its focus on short-term 'move on' interventions, and also by the presence of a return to country focus. In spite of the broad similarities in Sydney and Brisbane, there are also important differences in how the assertive outreach models have been conceived and operationalised.

The differences between the case studies reflect differences in the ways that the 'problem' is conceptualised and its magnitude, the local context, and also in the characteristics of the target population. In particular, Darwin presents an example of the complexity and contested nature of Indigenous homelessness as well as the unique structural and cultural factors influencing how Indigenous people use public spaces within urban centres.

The case studies also illustrate the important interplay between the policy, service delivery and consumer domains in determining the outcomes of assertive outreach. The next chapter will discuss the consolidated findings of the empirical research studies including the commonalities and differences between the three assertive outreach models examined through the case studies; the nature of interactions between policy, service delivery and service users; the achievements to date, and emerging issues impacting on the success of the model.

4 SUMMARY OF FINDINGS AND DISCUSSION

The empirical material presented in Chapter 3 highlights the proposition put forward in Chapter 2 that in attempting to resolve long-standing and intractable social problems such as rough sleeping, it is necessary to focus on integrated action within both the policy and service delivery domains. Similarly, Chapter 3 illustrates the importance of ensuring that the policy and service delivery practices are aligned to and support the aspirations, capacities and agency of service users.

This chapter analyses and discusses the findings from the case studies with reference to the analytical model presented in Chapter 2. The intention is to better understand the characteristics of emerging approaches to assertive outreach in Australia and to better understand how the actions of, and interactions between policy, service delivery and service users impact on the success of ending homelessness for people sleeping rough.

4.1 Assertive outreach service features

Chapter 3 concluded with the observation that the Sydney and Brisbane assertive outreach models share many features while the Darwin model is substantially different. Table 2 below outlines some of the key features of the three models and outlines their similarities and differences.

Table 2: Assertive outreach features by case study site

	Case study site		
Features	**Sydney**	**Brisbane**	**Darwin**
Objective	Permanently ending rough sleeping	Permanently ending rough sleeping	'Moving on' public place dwellers and preventing 'antisocial behavior'.
Service provider/s	Mental health NGO Public hospital	Homelessness NGO	Justice Department Indigenous NGO National welfare NGO
Service elements and practices	Street-based outreach Team-based case management Housing support	Street-based outreach Key worker-based case management Housing support	Street-based outreach Case coordination Practical assistance to 'move on'
Staffing	Two teams: Health specific workers Non-specialist housing outreach workers Peer support workers	One team: Non-specialist outreach workers	Three teams (ICMS): Non-specialist information and referral Night patrol and transport workers plus health and outreach workers
Target population	Vulnerable rough sleepers	Vulnerable rough sleepers	Primarily Indigenous, people intoxicated and dwelling in 'antisocial' behaviour 'hot spots'.
Housing responses	→ Interim (boarding houses, transitional, rehabilitation) → Long-term (subsidised private rental headleases,	Long-term social housing: priority access	→ Sobering up place → Return to country

	social housing)		
Health Responses	Formally coordinated and dedicated health outreach team with hospital back up	Locally initiated coordination with government HHOT and NGO community nurse.	Loosely linked with weekly health clinics and NGO health outreach team
Integration	→ Integrated outreach teams → Integration improving re housing → Tight integration re health	→ Loose integration with other outreach services → Tight integration re housing → Loose integration re health	Integrated inter-agency case management No integration with housing

Source: the Authors

Given that Sydney and Brisbane's assertive outreach are similar, and Darwin's entirely different, in the following summary we consider the Darwin case study separately.

4.1.1 Sydney and Brisbane service features

In line with the implementation of assertive outreach as a mechanism to achieve reductions in rough sleeping, in Sydney and Brisbane assertive outreach included both street outreach and outreach support into people's homes post-homelessness. These two assertive outreach services drew on the Vulnerability Index Tool to identify and prioritise services towards people sleeping rough that were deemed most vulnerable. The street outreach component of Brisbane and Sydney's assertive outreach models were characterised by their purposefulness. Outreach workers approach people sleeping rough with the intention of ending their homelessness. While the Brisbane and Sydney assertive outreach approach had assisted different numbers of their service users to access permanent housing, the key stakeholders clearly articulated that the assertive outreach service's capacity to provide housing to people sleeping rough was almost entirely contingent upon social housing providers making available housing stock.

The presence of available housing stock determined the extent to which the assertive outreach services assisted their service users to access housing. There were always more people sleeping rough (thus the intended client group) that required housing than the assertive outreach service could assist to access housing. The assertive outreach services exercised different means to access housing, but whenever housing became available they were able to assist their service users to access housing immediately.

The provision of outreach into people's homes differed from Sydney to Brisbane, and indeed, in both of these areas the provision of this outreach type housing support differed in many ways from street outreach. Street outreach has the clear purpose of identifying people in greatest need and assisting them to exit rough sleeping as a priority. Outreach into people's homes was a means to assist people to sustain their tenancies and, in the long term, this type of outreach was a means to assist people achieve broader health, social and economic well-being. Because of these diverse and ambitious aims, the housing support component of assertive outreach is arguably more complex than street outreach, and requires the involvement of multidisciplinary support teams. The Sydney assertive outreach model, which comprises a multidisciplinary health team located within a large hospital, has significant capacity to directly provide the required post-housing support. The Brisbane assertive outreach

service did not have the resources or professional capacity to provide a multidisciplinary team of support services to their service users upon the commencement of their tenancies. While the assertive outreach team continued to provide outreach housing support, support that people in this study spoke positively about and which played an important function (see below), there was a view among Brisbane stakeholders that the model needed to be enhanced so that a full range of ongoing health services were available to assist with the sustainment of tenancies.

In terms of service user perspectives, it was clear that the persistent or indeed assertive approach was seen as desirable by the people included in this study. There was no indication that people were coerced to exit rough sleeping or to have a type of service or intervention imposed upon them. At the same time, however, a persistent and assertive approach meant different things to different people, and it is anything but a 'one size fits all' approach.

A number of people, for example, identified the importance of outreach workers actually going through the whole entire housing application and actively assuming control over the process. This included outreach workers calling the housing provider and completing the forms. Furthermore, another research participant explained the importance of the assertive outreach workers, not simply persistently engaging with him, but doing so in a way that mitigated the barriers people faced to engagement. For instance, outreach workers should approach people individually or in pairs (away from bigger groups) and ideally avoid approaching people too early in the morning. Another research participant spoke about the importance of a persistent approach, but he noted how assertive outreach was effective for him because this approach did not compromise his sense of self-efficacy. Other research participants described positive outreach services as those that followed through and did what they promised they would do. A service user from Sydney spoke of the importance of assertive outreach juxtaposed to the passive and unreliable (and thus untrustworthy) previous outreach, but for him assertive outreach needed to also assist with helping address his feelings of worthlessness and readiness to actively engage with the service in the housing application and allocation process. For other research participants, gaining confidence that housing was a realistic outcome from assertive outreach was closely associated with their aspirations and motivations to address health, relationship and other issues that they associated with their lifestyle and realities sleeping rough. Examples of this include the importance people attached to practical achievements affecting their self-esteem such as having dental work to address rotting and missing teeth and making contact with family members.

The empirical material from Sydney and Brisbane strongly indicates that assertive outreach is not disrespectful or coercive, but rather it is interventionist—directed toward people accessing and keeping housing. This change is important for service users, as it constitutes a radical shift in how they perceive and experience the services they work with. The service users who participated in this study, for instance, initially at least, were not expecting a service to be able to offer them the housing that it is supposed to. In addition to this, the assertive outreach approach may represent a significant change because some people may not be used to asking for or receiving significant help. Drawing upon the insights from research participants, we noted the importance of the interventionist type approach negotiating potential tensions with people's notions of self-reliance.

4.1.2 Darwin service features

As we have shown, assertive outreach in Darwin differed from that in Brisbane and Sydney, and it was meaningful to consider Darwin's model with reference to the

Northern Territory context and the extent, nature and indeed perception of rough sleeping in Darwin. Memmott et al's (2003) work has demonstrated the differences in the meaning of homelessness, home, and living in public places (including the long grass) for Indigenous people. This is not only spiritual and cultural in nature, but the differences also relate to the issues surrounding short-term visitors to Darwin's public places. The recent research from Holmes and McRae-Williams (2008) further illustrates influential dynamics within the Darwin context in which the problem of rough sleeping is constructed. This research has shown that the Darwin public widely perceives people sleeping rough in antagonistic and problematic ways. People sleeping rough are seen as a problem of 'antisocial' behaviour (Holmes & McRae-Williams 2008). These perceptions of rough sleeping as synonymous with 'antisocial' behaviour, transience and short-term visiting, and possibly as people culturally at home in the long grass are important to consider when examining Darwin's assertive outreach model, and the manner in which it is characterised by an absence of housing.

First, and most clearly, assertive outreach in Darwin has not been conceptualised as a model to achieve permanent housing outcomes for people sleeping rough. Through the dominant ICMS model, assertive outreach is a means to respond to 'antisocial' behaviour and a strategy to assist with return to country. While return to country is linked to reducing 'antisocial' behaviour objectives (Northern Territory Government 2009), it should be emphasised that this approach does achieve housing type outcomes. Notwithstanding the problematic nature of return to country when conducted against the wishes of the people involved (Memmott et al. 2003), return to country can play a positive role in assisting people sleeping rough to access their homes and communities.

In terms of rough sleeping in Darwin being seen as 'antisocial' behaviour, assertive outreach is a means to move people on, nearly always Indigenous people, and often intoxicated, from certain public places. In a similar manner to the social control and coercive element of assertive outreach in the UK being associated with and enabled by homelessness being represented through a prism of 'antisocial' behaviour (Fitzpatrick & Jones 2005), Darwin's assertive outreach is embedded within similar perceptions of homelessness (Holmes & McRae-Williams 2008).

Darwin's ICMS assertive outreach approach is informed by collaboration and interagency communication. Primarily, however, this joint approach is a means to ensure that the problem of 'antisocial' behaviour is identified and responded to immediately. The assertive outreach model contains very little resourcing or support to assist people sleeping rough to address their housing, economic, social and health needs.

4.2 The policy/service delivery interface

The case studies provide empirical evidence of the important and multi-faceted relationships in the space where policy and service delivery domains intersect and how these impact on the design, implementation, success and limitations of the assertive outreach models.

4.2.1 Policy governance

The implementation of assertive outreach as a homelessness service response as exemplified in the Sydney and Brisbane sites is underpinned by a strong national homelessness policy and governance framework. Under the NPAH, the Australian, state and territory governments formally agree to policy goals and state-based implementation plans that allocate resources to priority strategies. These

arrangements provide a strong public accountability framework as well as a unifying structure under which specific programs and services are designed and funded.

The policy and governance situation regarding assertive outreach in Darwin differs from the largely similar Sydney and Brisbane models. While assertive outreach in Darwin is linked to the Street to Home output identified in the Northern Territory Implementation Plan for the NPAH (Northern Territory Government 2009), assertive outreach is primarily driven by law and order policy considerations. This is demonstrated by the ICMS 'aims to reduce 'antisocial' behaviour in Darwin and Palmerston' (Northern Territory Government 2009, p.16). Reflecting the ICMS priorities, the intervention is managed and funded by the Department of Justice; it has no provision of housing and is not integrated within a health policy framework.

The very public nature of the national and state homelessness policy commitments to 'offering accommodation to all rough sleepers who seek it' (and the public accountability that entails) provided strong incentives for policy-makers in Sydney and Brisbane to address the housing issues when confronted with evidence that the success of the models was impeded by lack of housing. These responses included changes to social housing application and allocation processes to fast track and prioritise service user applications; identification of dedicated social housing properties; and, in Sydney, the future allocation of 70 rent subsidies for private rental properties. It is difficult to understand how and why the housing component of the model was not addressed in the program design and it is still unclear whether the housing commitments will be adequate to achieve the policy targets.

The policy and program goals, and performance targets and the way they are operationalised in contracting services and accountability arrangements can also be important in shaping the actions of policy-makers and service providers. For example, it is noted that the Sydney service has explicit goals and outcome targets such as an 80 per cent target for sustaining tenancies, whereas in Brisbane the accountability is couched in terms of outputs such as number of clients supported and length of engagement. This indicates that while the governance arrangements provide direction and parameters within which policy is implemented, there is considerable latitude at state and service provider level in interpreting and operationalising the policy intent.

4.2.2 Policy coordination and service integration

Integrated housing, health and homelessness policy and service delivery are clearly required to achieve the policy objectives and the integrity of the assertive outreach model as it is espoused in the Australian policy literature. Linkages with the law and order system are also important, especially but not exclusively for Indigenous homelessness. The case studies identify various instruments that are applied to support cross-sector and inter-agency coordination. These include whole of government homelessness strategies in NSW and Queensland, a federal-state-local government partnership in Sydney, an inter-agency group in Brisbane and the ITCG in Darwin. Despite these integrative structures and processes, our study points to areas of dissonance between the policy rhetoric and the reality on the ground. As we will explain below, such dissonance is clearly evident in relation to the policy coordination with housing and health and the important role of services in pursuing 'bottom up' responses to these deficits.

4.2.3 The housing interface

One of the most prominent issues emerging from the findings of this study is the initial failure to integrate housing policies and service responses with the homelessness policies promoting the new initiatives of Street to Home and assertive outreach. The

case studies confirmed the findings from the policy review in phase one of the research that dedicated supply and clear pathways for rough sleepers to permanent social housing were not in place to support roll out of these programs. This lack of policy attention to the housing provision constitutes a concerning lack of policy coordination in light of the considerable resources allocated to the Street to Home services, the promotion of Housing First principles, and the clearly articulated policy targets of offering housing to people sleeping rough and permanently ending their homelessness.

The following discussion of this issue has less relevance to Darwin where access to permanent housing is not a key feature or goal of the assertive outreach service model design and where the nature and scale of the problem is so great and social housing responses so constrained. The scope of this study did not allow in-depth examination of the housing issues in Darwin or even a meaningful assessment of the potential demand for housing from those people living in the long grass.

The experience of service providers in the relatively short time they have operated assertive outreach demonstrates the heavy reliance of rough sleepers on social housing. Only a small number of those who achieved housing in Sydney and Brisbane were reunited with family or moved into private rental or other non-social housing options. The vast majority were housed in social housing.

Examining the service providers and policy-makers' responses to the initial lack of dedicated housing options for assertive outreach service users provides an interesting insight into the roles and relationships between these policy and service delivery domains. The early response from the policy domain, as articulated in program documentation, was an attempt to position responsibility with service providers to locate and negotiate private market or social housing options as well as to weaken the policy commitment to permanent housing under the Housing First principle (see Phillips et al. 2011). The latter is exemplified in specifications for the Brisbane service suggesting that 'some clients may require a period of transition to move from rough sleeping into stable, long-term housing' (Queensland Government 2008, p.3). The proposition that some people require a phase of transition from rough sleeping prior to accessing permanent housing is not only inconsistent with Housing First principles (Stefancic & Tsemberis 2007), but fails to recognise that many people sleeping rough refuse options such as boarding houses and homelessness accommodation that they perceive as unsafe or coercive—and thus more undesirable than rough sleeping (Parsell forthcoming 2012).

In the early stages of implementation, service providers in Sydney and Brisbane attempted to negotiate priority access for their service users with public housing service centres and community housing providers with varying success, and simultaneously advocated with policy-makers to address the issue. In Brisbane the highly publicised and successful 50 Lives 50 Homes campaign added profile to the issue. The Brisbane service had early success in achieving policy agreement that rough sleeping service users would have priority access to social housing and fortuitously, at the same time, significant numbers of new NBESP-funded social housing properties came on line, enabling a significant number of service users to be housed. Although the Sydney service also succeeded in working more productively with Housing NSW, this took longer than in Brisbane, less people were allocated housing, and the agreements largely centred on opening up and assisting communication. This left the Sydney service with no alternative but to use interim housing options for those service users prepared to accept homeless accommodation while waiting for permanent housing. Subsequently there has been an announcement by the NSW Government to allocate access to 70 subsidised private rental properties

to be managed under headleases by community housing providers for three years. While these responses have provided much needed housing options, it remains an unknown how service users in both locations will access housing once the additional supply provided under the NBESP dries up and when the 70 private rental houses are allocated or the subsidies run out.

In addition to the supply of housing, the case studies point to the appropriateness of housing form, density and location as important factors in housing sustainment. It is beyond the scope of this research to examine these issues in depth, but emerging indications from Brisbane suggest that tenancy problems for some assertive outreach service users were attributed to problems that became apparent when people who exited rough sleeping were allocated properties together (i.e. a number of social housing units in the one block). This research identified tensions inherent when people who had been sleeping rough were allocated tenancies close to each other. On the one hand there are benefits to such congregate living, for example, social connections, support and to mitigate loneliness. But, on the other hand, some of the neighbourhood problems that lead to tenancy failures or forced moves, for example, violence, intimidation, concentrations of alcohol misuse, were attributed to too many assertive outreach service users living near each other. Some stakeholders interviewed for this study speculated whether the combined effect of people living near each other exacerbated individual problems, or created an environment where people who were not assertive outreach service users living in the one area (and thus not formerly rough sleepers), felt intimidated or scared of the assertive outreach service users.

Evidence for this rationale for tenancy failure among assertive outreach service users was by no means clear or consistent. Nevertheless, these ideas form part of a broader debate about the consequences to individuals living in concentrations of disadvantage (Randolph & Holloway 2005). The type and frequency of support provided to people post-homelessness will arguably have significant implications on the presence of neighbourhood problems. The Housing First approach delivered by the Pathways to Housing program in New York City addresses these types of problems by acquiring housing stock for their service users that is dispersed within neighbourhoods (Tsemberis & Eisenberg 2000). Consistent with the focus on street outreach, but arguably in tension with the sustainable housing outcomes, the models of assertive outreach in Australia have paid less attention to these broader issues.

The findings indicate that more is required at the policy and program design and review stages to ensure that the intended integration of housing with the assertive outreach model is facilitated and supported. This must take account of both the potential barriers to housing access and the housing/neighbourhood factors that enhance, or undermine, tenancy sustainment.

4.2.4 The health interface

Another critical integration issue emerging from the case studies relates to the central role of health services in the assertive outreach model. The high presentation of poor physical health, mental illness and drug and alcohol dependencies within the rough sleeping populations is well documented and confirmed by this study. The assertive outreach model is premised on this evidence and promotes multi-disciplinary teams comprising health professionals as the key to improving the health and well-being of rough sleepers and to supporting their capacity to access and sustain housing.

It is therefore interesting that only in the Sydney case study site are health professionals significant and integral to the assertive outreach model. In that case a dedicated health outreach team complements the work of the housing outreach team

and is supported by the resources and expertise of St Vincent's Hospital. When the health outreach team is combined with the mental health focus of the Neami organisation, the Sydney service has a considerable health capacity that is well used in both the street outreach and housing support phases of the service.

By contrast, the Micah Projects service in Brisbane has no dedicated health professionals in their outreach team and has limited back up from other health services. The street outreach service can call on a community nurse at the homelessness service hub and the Queensland Health HHOT but both these services have a wider scope and catchment and are therefore not available exclusively to work with the assertive outreach service users. The capacity to access health services for clients post-homelessness is even more constrained because the HHOT team has only limited capacity to provide support for those who are housed and there is a dearth of other ACT capacity within the local health system in Queensland. In Darwin the HEAL service and a weekly clinic provide basic services to people sleeping rough, but the service has limited resources and therefore does not have the capacity required to respond to the overwhelming scale of the health needs of people sleeping rough in Darwin.

4.2.5 Service provider discretion

We have argued throughout this report that the assertive outreach services examined in this study are significantly shaped by the policy intentions and program design emanating from the policy domain. It is clear however, that service providers retain scope for exercising considerable discretion in implementation and that the values, capacities and practice orientation of the organisation and its workers influence the way the approach is operationalised. Further, the opportunities and constraints of the local context also have an influence.

Areas where the exercise of discretion by service providers in delivering assertive outreach services was evident include:

- The allocation of resources between street outreach and housing support.
- Whether to have a key worker allocated to individual clients or team-based approaches.
- Whether teams continue to work with clients pre and post housing or specialise in either street outreach or housing support.
- The hours of operation and locations for street outreach work.
- Role descriptions and skills mix of workers.
- Relationships and collaborations with other service providers.

In addition, the Sydney and Brisbane service providers exercised agency in that they were active in seeking out and negotiating housing opportunities for service users and in advocating for changes in policy to improve pathways into social housing.

4.3 The service/consumer interface

How service providers interact in the space where assertive outreach services interface with their service users is critical to achieving exits from homelessness. The interviews with workers and service users, in addition to the observations of their interactions, provided strong evidence about the importance of this relationship.

4.3.1 Client agency

One of the more dominant themes to emerge from the study was the importance of recognising the agency of people using the service as a critical factor in the success of any attempts to change their circumstances. This is a perspective that receives some lip service but is rarely at the centre of designing and implementing homelessness responses. Too often policy prescriptions and program logics fail to take account of the motivations, capacities and agency of the target population. All too often it is implicitly assumed that services 'take' people out of homelessness and homeless people are constructed as passive recipients of interventions.

Whether intentional or not, assertive outreach as it is embodied in Street to Home approaches and implemented in Sydney and Brisbane, appears to be succeeding in providing a catalyst for motivating rough sleepers to engage and change their lives. As discussed above, a number of factors, including the purposive, persistent, practical and respectful nature of the service, appear to contribute to this outcome. Of equal importance is that service users are able to retain control of the objectives they set and the pace and nature of change and in so doing build their self-determination, self-esteem and confidence in their ability to make the transition out of homelessness. All of these factors are underpinned by the capacity of the outreach service to provide services and alternatives that the service users deem meaningful. That is to say, the extent to which agency is expressed, the manner in which people choose to engage with or avoid the service, is largely contingent upon the service offering a resource that people believe they want. As we demonstrated, a number of service users articulated that they long knew that they both wanted to and needed to exit rough sleeping, but it took the presence of the appropriately resourced and delivered assertive outreach service to assist them to a place where achieving housing was a conceivable reality.

4.3.2 Service practice

A critical success factor in building the necessary trusting and purposeful relationship between workers and people using the service 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 and 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 service user.

We provided the insights from a service user who articulated what constituted useful service practice to respond to his needs. Underpinned by active communication that enabled the outreach worker to understand the individual needs, we showed the importance of the outreach worker prioritising the service user's worldview and values in order to foster an environment where the resources on offer could be accessed. While the provision of housing structurally determined whether service users could exit rough sleeping, the practice of the outreach worker that enabled the individual sleeping rough to exercise their agency and express their wishes played a fundamental role in whether the available housing would be accessed.

4.4 Concluding comments

This chapter has presented an analysis and discussion of the key findings of the empirical study. It highlights the similarities and differences between assertive outreach services that have been implemented across Australia in response to national policy priorities for ending homelessness for rough sleepers. While ascribing to the same policy intent and even adoption of the concepts of Street to Home, all of the three case study sites display unique features that represent adaptations by the states and the Northern Territory in translating the policy intent into programs and service models. Similarly, frontline practice is contextualised and reflects local opportunities, constraints and the specific nature of homelessness. Importantly, the findings highlight the agency of service users in determining the way they engage with services and influencing relationships with frontline workers.

These findings, in turn, confirm our proposition in Chapter 2 that each of these domains of policy, service deliver and service users play important but partial and contingent roles in determining the nature of assertive outreach services and their success.

5 CONCLUSIONS AND IMPLICATIONS

This chapter presents a summary of the conclusions based on the research findings and discusses these findings and their implications. It draws on both the findings reported on the Positioning Paper and in this Final Report. The chapter first presents conclusions regarding the nature of assertive outreach as an Australian response to rough sleeping and its success to date. Conclusions about the factors contributing to and impeding its success are then presented, followed by a discussion of the implications for policy, practice and research. Based on this discussion, a set of principles to underpin the further development of assertive outreach are proposed.

5.1 Assertive outreach goals and features

The study findings emphasise the importance of distinguishing between two very different approaches to assertive outreach in terms of their objectives and service delivery models. The first approach is concerned with assisting people deemed vulnerable to move from rough sleeping to permanent stable housing. This approach is integral to new service models commonly referred to as 'Street to Home'. The second approach is concerned with moving on people who are frequenting or dwelling in public places with the aim of preventing public intoxication and ''antisocial'' behavior. The target populations in both cases are commonly referred to as 'homeless', which tends to conflate the two separate but overlapping 'problems' of homelessness and public intoxication. This conflation leads to a tendency in policy and public discourse towards 'one size fits all' responses that fail not only to recognise the distinctions between homelessness and public intoxication, but also fail to acknowledge the unique historical and cultural context for Indigenous public place dwelling.

Further, the study highlights the common use of the term 'assertive outreach' to refer both to a mode of engagement with service users that is persistent and to a service model that also has a specific goal of ending homelessness. The former narrow use is applied, for example, in Darwin, while the latter broader use is applied in Sydney and Brisbane. A similar lack of specificity is noticeable in the use of the term 'Street to Home' which, in some cases is associated strongly with the notion of Housing First and in others is used to refer more generally to moving people sleeping in public places into any alternative form of accommodation, including return to their community of origin or homeless accommodation.

Based on these conclusions, there is a case for more careful definition of terms both in the policy literature and in specifying service delivery models. Distinctions may be useful, for example, in the terms applied to the different service purposes of 'assertive housing outreach', 'assertive health outreach' and 'assertive public order outreach' and to those applied to the accommodation outcomes being pursued, i.e. between 'Street to Home' and 'Street to Shelter' service models. In addition, further attention could be applied to more explicit definition of outcomes with particular attention to defining terms such as 'exiting homelessness', 'permanent' and 'stable' housing.

5.2 Outcomes and success factors

It is too early in the establishment and development of assertive outreach approaches in Australia to make definitive conclusions about long-term outcomes. The small sample of case studies also means that care should be taken in generalising from the study findings. The study has, however, provided a basis for indicating the extent to which assertive outreach is being implemented as intended and to assess initial success in assisting people sleeping rough to exit homelessness.

5.2.1 Establishment and success to date

As discussed above, the actions of the Australian and state and territory governments under the auspice of the NPAH has provided the policy and budgetary setting for the establishment of new approaches to ending homelessness for rough sleepers. The implementation, under this policy, of Street to Home services across Australia is well advanced with assertive outreach as a central feature. The practice of assertive outreach and the focus on Housing First appears to be well received by service providers and rough sleepers.

The Brisbane and Sydney services in particular, have taken a comprehensive approach to focusing their efforts toward not only rough sleepers, but those rough sleepers who present with significant health and social problems. The use of the VIT is seen as enhancing the capacity of street outreach to target the most vulnerable. Further to this, when housing is available, the assertive outreach service are very successful in assisting their service users to commence social housing tenancies and exit homelessness. Both the Brisbane and Sydney services, and also the assertive outreach service in Darwin, advised that they would have no problem assisting significantly more people to access housing and exit rough sleeping if they had the necessary housing stock. The 'on the ground' assertive outreach service is unambiguously governed by enabling policies and resources external to them.

In the first year or so of operation, 121 of the most vulnerable rough sleepers in Sydney (42) and Brisbane (79) are reported to have been assisted to move to stable housing and services argue that more could have been housed if the housing were available. According to service providers, tenancies have largely been sustained to date, with Brisbane reporting only approximately 7 per cent of tenancies breaking down and, in most of these cases, transfers to alternative housing options has been achieved This indicates considerable progress in implementing the intended policy and evidence of some early success. However, it should be noted that the scope of this study did not include verification of the services' data on housing access and sustainment.

The assertive outreach model adopted in Darwin is very different from those in Brisbane and Sydney. As discussed above, this reflects the local Indigenous homelessness context where the people dwelling in the long grass are characterised as conceptually distinct from the homeless rough sleepers of Sydney and Brisbane. This difference relates, in large part, to the law and order objectives and the imperatives to adopt 'move on' and 'return to country' tactics as the predominant service approach. Since ending homelessness is not a goal of the Darwin services and housing opportunities are unavailable, this criterion as a measure of success is not relevant. Return to country can, however, be seen as a legitimate and successful way to assist people who wish to return to their home communities to end their sleeping in public places.

5.2.2 Achieving stable housing

A significant policy disconnect in all three cases is that the assertive outreach services were established without dedicated housing supply or clear policy and procedures for service users to access housing. This put the onus on service providers to negotiate and lobby for housing on behalf of their service users. As the recognition of this shortcoming became obvious to policy-makers in NSW and Queensland, efforts were made to overcome the problem, albeit through very different strategies. No such response was evident in Darwin. It is yet to be seen whether the housing responses in Sydney and Brisbane are sustainable or will be adequate. The 70 rent subsidies recently announced in NSW will be quickly taken up. Likewise, the supply of new

NBESP social housing that the Brisbane assertive outreach services has benefitted from to date will dry up. This will leave both locations dependent on priority access to diminishing social housing vacancies. In both Brisbane and Sydney, however, Common Ground social housing facilities currently under construction may provide another one-off housing opportunity when it is completed. Despite these potential sources, there is still no policy that dedicates or quarantines housing for users of assertive outreach services that are commissioned to permanently end homelessness.

Empirical material from the Brisbane case study clearly shows that enabling some people to sustain their tenancies requires significant resources (in addition to housing) and appropriate housing allocations. With reference to the latter, the allocation, location and type of housing that people exit rough sleeping and move into has implications for their tenancy sustainment. A number of tenancies failed in the months after people exited rough sleeping, and many more tenancies that did not fail were in jeopardy because of a broad range of tenancy issues. Consistent with literature in this area, some stakeholders expressed a view that these tenancy problems were associated with not only a lack of ongoing support, but also with the inappropriateness of the housing provided that compounded the inadequacy of the support arrangements in place. One stakeholder interviewed in this study saw the Common Ground facility as representing one way to address these types of housing-inappropriate problems for some service users.

5.2.3 Improving health status and well-being

The story to date is also mixed in relation to achieving the health sector linkages necessary for assertive outreach within this population group to achieve its potential. This can be seen as a problem of both policy and service design. These issues are best addressed in Sydney where the mental health experience of Neami and the existence of the health outreach team, with back up from St Vincent's hospital, means that multi-disciplinary health services are integral to the model and support both street outreach and housing support functions. These arrangements are supported by the policy and program design as well as the service level relationships. Nevertheless, the efficacy of this model should not be over-emphasised. In the first year of operation, there were significant concerns expressed by numerous stakeholders in Sydney about the challenges of integrating the health approach in with what can be considered the housing and homelessness approach.

In both Brisbane and Darwin, health outreach services are provided through coordination and referral with the HHOT service in Brisbane and the weekly clinics and the HEAL service in Darwin. The integration of health services was not formalised through the policy and program design process. The resources available are limited in comparison to Sydney and coordination depends heavily on relationships initiated locally between service providers.

5.2.4 Summary

The early signs from this research are promising and indicate that assertive outreach is providing a genuinely new and successful response to rough sleeping. Services appear to have been highly successful in engaging positively with the intended population and maintaining a focus on ending their homelessness. Given the short time the services have been operating and the challenges discussed below regarding housing options, significant progress has been made in assisting people sleeping rough to access housing and sustain that housing. Provision of permanent housing has been most successful in Brisbane and is progressing in Sydney where there has

been a higher initial reliance on interim accommodation options. In Darwin, the high rates of return to country represent success in assisting people who may otherwise have extended stays dwelling in public places to return home.

The questions that this study is unable to answer are whether the initial success in accessing stable housing and moving rough sleepers into permanent accommodation can be maintained, whether those who are housed are able to sustain their tenancies and importantly, whether their well-being and circumstances improve over the long term. By focusing on people with significant vulnerabilities, the provision of housing, even with support services, should not be seen as synonymous with achieving other labour market, well-being and socially inclusive objectives. The role of assertive outreach must be understood as limited. However, for some people, permanently ending their homelessness, but not addressing many of their other problems, may be an appropriate response.

5.2.5 Success factors

Following from the analysis in Chapter 3 and above in this chapter, a number of factors can be identified as variables contributing to success in ending homelessness for rough sleepers. These factors are listed below according to the domain in which they originate. It is our contention that success is dependent on the mutually supporting decisions and actions from the following three domains and the interactions between them.

Policy settings that support the service delivery model by providing:

- Adequate resources for both street outreach and post housing support outreach.
- Availability of dedicated health services integrated with both street outreach and post housing support.
- Availability of ongoing health services for those with chronic health issues, especially mental health.
- Availability of ongoing personal support services for those who require assisted living, especially for those with diminished decision-making capacity.
- Dedicated, flexible supply options and clear access pathways to enable timely provision of appropriate long-term housing.
- Access to interim accommodation and residential rehabilitation services for those who prefer such options before making decisions about their permanent housing preferences.

Service delivery settings that are aligned to policy intent and that feature:

- Practice that is client-centred and maximise self-determination.
- Persistent engagement with rough sleepers at times and in locations that enable relationship building and the provision of information about housing and other service options.
- Practical strategies that aim to address barriers that people sleeping rough face in accessing housing, particularly in terms of enabling the social housing application process.
- Assessment of client needs and vulnerabilities with a specific focus on health and emotional well-being.
- Assertive case management with clients that supports them to identify their goals and the steps needed to achieving them.

- Practical assistance to rough sleepers in obtaining permanent housing, health and other services that clients identify as a priority.
- Support during the transition into housing including both practical assistance with furniture etc., connecting utilities, and maintaining or establishing new social connections.
- Post housing support for as long as necessary to ensure tenancy establishment and sustainability as well as formal and informal supports and services that facilitate social well-being and opportunities to participate in community, education, training and or employment.
- Exit planning that balances the need for service continuity but avoids over-dependency.

Client motivations, perceptions and actions that align with the assertive outreach service model whereby they:

- Are prepared to accept contact and information from workers.
- Are motivated to end their homelessness.
- Come to trust the workers to follow through.
- Are able to recognise the barriers they face and the actions needed to exit homelessness.
- Are prepared to engage in actions that overcome barriers (attend health appointments, make applications for housing, and attend interviews etc.).
- Reach a point where they believe that housing is an obtainable goal.
- Achieve enough self-confidence to believe that they can change how they live and sustain their housing.

In summary, we conclude that the policy and service delivery domains have played an important role in establishing the settings necessary for success. However, just as critical in the success to date are the skills, knowledge, personal traits and practice models of the workers and the aspirations, motivations and capacities of the people using the services who actively engage with the assertive outreach intervention. Service users' engagement with assertive outreach services appears to be most productive in the presence of a trusting professional relationship, when the relationship is purposeful and goal-orientated, when service users feel that they are listened to and have the ultimate say in determining their personal goals and the pace of change, and when workers are able to provide practical and meaningful assistance/resources and follow through on what they say they will do. The ability of the assertive outreach service to facilitate access to priority health services and housing are crucial underpinnings of the approach.

5.3 Implications for policy, practice and research

The study highlights the fundamental role that available housing plays in the capacity of the services to engage with people who are deemed to be the most vulnerable and assist them to exit rough sleeping. The Sydney and Brisbane case studies demonstrate the centrality of housing to the integrity of the assertive outreach model and to achieving the policy goals of permanently ending homelessness. Further, tenancy instability and neighbourhood problems point to the need for further research into questions about what type of supportive housing represents the most appropriate means to sustain tenancies (i.e. scattered site dwellings, multi-unit apartments, or Common Ground style supportive living). Our study also points to the critical role that the prospect of housing plays in engaging rough sleepers and maintaining their trust

and motivation. It is therefore of crucial importance to the success of the model that policy-makers and service providers work together to facilitate timely access to appropriate housing and surprising that the housing access processes were not established as part of the Street to Home policy and program development process.

Principle 1
Clear pathways for timely access to appropriate, stable and affordable housing for all service users must be integral to the assertive housing outreach model.

Principle 2
Decisions about the most appropriate and sustainable housing options for people exiting rough sleeping should be informed by research evidence.

People who sleep rough experience disproportionate rates of physical and mental health problems and substance misuse that not only puts them at risk of premature death, but may also undermine their capacity to change their circumstances. Health outreach services, both while they are on the streets and when housing is attained, is therefore a critical factor in ending their homelessness and sustaining tenancies. The Sydney case demonstrates the value of a multi-disciplinary health outreach service that is integrated with housing response and supported by mainstream health services.

Principle 3
Timely access to multi-disciplinary health services comprising primary and mental health as well as drug and alcohol professionals and that are well integrated with housing responses and mainstream health services should be a core feature of assertive housing outreach models.

The research also raises important questions about what assertive outreach services can achieve in relation to housing people and assisting them to sustain tenancies. A common outcome of the assertive outreach sustainable housing objective is to assist people formerly rough sleeping to address a range of their problems (in addition to their homelessness). Being housed is either seen as synonymous with achieving other health, economic and social outcomes, or is presented as a first step, or an essential means to work toward achieving these broader positive outcomes. By focusing on people sleeping rough who are identified as the most vulnerable, the assertive outreach services have illustrated that it is not enough to assist with sustainment in the initial stages of tenancies. Some people will require long-term or indefinite intensive support to sustain their tenancies. It is clear that for some assertive outreach service users who were helped to obtain a tenancy, achieving other positive outcomes, for example, participation in the labour market, was an aspiration difficult to see realised.

Principle 4
The objectives of assertive outreach should recognise that many rough sleepers will experience chronic health problems and functional impairments.

Principle 5
Provision of ongoing support tailored to individual needs should be available for those ex-rough sleepers who require assistance with managing their health and with daily living tasks.

The findings also have significant implications for the practice of assertive housing outreach. In particular they point to how essential it is for service users to exercise

self-determination in setting personal and housing goals and for the practice to be client-centred and to avoid coercion. The evidence strongly suggests that this is a pre-condition for the active engagement of service users in the actions necessary for them to exit homelessness and sustain housing. Equally important is that information and intentional and persistent support is provided to assist service users to overcome personal and institutional barriers that they face in achieving their goals and accessing housing.

Principle 6
Assertive housing outreach workers should maximise self-determination by service users while providing persistent and practical assistance in achieving their housing and other goals.

Finally, the findings highlight the need to recognise the unique nature of public place dwelling and associated public intoxication by Aboriginal and Torres Strait Islander people, especially in regional centres in proximity to discrete Indigenous communities. This includes recognising the diverse socio-economic, lifestyle, cultural and spiritual factors involved and that public place dwelling by Indigenous people cannot necessarily be equated with 'rough sleeping' as it is generally understood in the homelessness discourse. It is clear that specifically targeted responses are required to address the diverse needs of Indigenous public place dwellers and to mediate conflicts over the use of public spaces. This study demonstrates the difficulties inherent in trying to conceptualise and address these issues under generic homelessness and rough sleeping policies and programs.

Principle 7
Homelessness policies and program design should acknowledge the unique nature of public place dwelling by Aboriginal and Torres Strait Islander people and the need for responses that are specifically targeted to their diverse needs and the local context.

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Australian Housing and Urban Research Institute
Level 1, 114 Flinders Street, Melbourne Victoria 3000
Phone +61 3 9660 2300 Fax +61 3 9663 5488
Email information@ahuri.edu.au Web www.ahuri.edu.au