

What role does assertive outreach play in ending homelessness for people who are sleeping rough?

ASSERTIVE OUTREACH IS ONE STRATEGY IN EFFORTS TO END HOMELESSNESS FOR PEOPLE SLEEPING ROUGH. HOWEVER, IT REQUIRES THE INTEGRATION OF MULTIDISCIPLINARY SERVICES, STABLE HOUSING AND THE PROVISION OF ONGOING SUPPORT WHERE REQUIRED.

KEY POINTS

- Assertive outreach differs from traditional street outreach programs; it is a purposeful, proactive and persistent approach and, while it is applied differently in different contexts, it typically has the common goal of ending homelessness for those sleeping rough.
- Trusting, goal-focussed relationships between service users and providers are a critical success factor, requiring specialist skills and a commitment by services providers to persistent follow-up. Ensuring those who sleep rough have a voice in the decision making process is also crucial to sustaining positive changes and ultimately ending homelessness.
- Other success factors include the integration of multidisciplinary services and the provision of ongoing support and resources for service users, where required. In particular the provision of ongoing social support is necessary for service users as they may continue to experience significant physical, mental, chronic health or substance misuse issues.
- However, the success of assertive outreach services is compromised without a dedicated supply of or clear policy and procedures for service users to access affordable

This bulletin is based on research conducted by Ms Rhonda Phillips and Dr Cameron Parsell at the AHURI Queensland Research Centre. The research examined the role of assertive outreach in ending rough sleeping.

housing. The development of the assertive outreach approach requires the timely access to appropriate, stable and affordable housing as a necessary and integral component.

- While preliminary outcomes about the effectiveness of assertive outreach are promising, further research would usefully track the development of these models and assess long-term outcomes for service users.

CONTEXT

Assertive outreach is a central feature of Street to Home programs initiated in most states and territories in Australia through the National Partnership Agreement on Homelessness (NPAH). It is also a key plank in the Australian Government's *White Paper on Homelessness* to halve the rate of homelessness and to 'offer supported accommodation to all rough sleepers who seek it by 2020'. This study provides a formative assessment of the initial implementation of new assertive outreach models in Sydney, Brisbane and Darwin.

RESEARCH METHOD

The research undertook a review of relevant Australian and international literature, which was complemented with a review of national, state and territory rough sleeping policies and programs. This review was augmented by case studies of assertive outreach services located in Brisbane, Sydney and Darwin.

The case studies entailed a total of 50 interviews comprising: 14 service users who were sleeping rough, and 36 policy-makers and service providers who either fund, undertake policy, program managed or delivered services. These interviews were used to confirm factual and descriptive detail about the assertive outreach approaches, and to gain insights into the challenges and practical 'on the ground' program implementation.

These interviews were complemented by participant observation and a document analysis conducted by the researchers. This later analysis sought to identify the features, characteristics and aims of

assertive outreach through an examination of key documents such as program tender specifications, funding agreements, reports on outcomes and outputs, and broader homelessness, housing and related policy documents.

KEY FINDINGS

Diverse application of assertive outreach

Assertive outreach differs from traditional street outreach programs because it is a deliberate and strategic attempt to end homelessness. It includes the provision of outreach services to immediately intervene in an individual's rough sleeping and encompasses the provision of outreach to an individual's home so as to sustain their tenancy.

Two variations of the assertive outreach approach informed the research. The first approach, as examined in the case sites of Street to Home in Sydney and Brisbane, assisted vulnerable people sleeping rough to move to permanent, stable housing. The Sydney program assisted 42 people into permanent housing in the first 12 months and engaged with a further 291 people. Its principle aim was to move people from rough sleeping to permanent housing. This was achieved through high levels of coordination between the assertive outreach health and outreach support teams. The Brisbane-based program successfully assisted 69 people into permanent social housing in the first 14 months of operation. It provided a range of multidisciplinary support services and outreached to public places and homes post-homelessness.

The second approach (as analysed in the Darwin case study) worked exclusively with Indigenous people. Assertive outreach was designed to 'move on' people who frequented or dwelled in public places, with the aim of preventing public intoxication and 'antisocial' behaviour. This approach included outreach to public places, transport to temporary and diversionary accommodation and practical assistance including returning Indigenous people back to home communities. Over a four-month period the program had assisted 1279 people to return to country.

Service/consumer interface

Assertive outreach requires flexible practices that are tailored to the particular needs and circumstances of individual service users.

Critical in providing such a responsive service is the development of a trusting and purposeful relationship between the worker and service user. This includes engaging with people in public spaces; providing information about available services; 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 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 have to be flexible and sensitive to the day-to-day challenges and imperatives faced by the individual service user.

Integral to operational success are the skills, knowledge, personal traits and practice models exercised by assertive outreach workers. This requires services providing the training and professional development to sustain the prerequisite skill levels of staff.

Assertive outreach service users

Assertive outreach, as implemented in the Street to Home approaches in Sydney and Brisbane, was providing a catalyst for motivating those sleeping rough to engage with services and explore options to change their current life circumstance. Productive engagement by a service user required the presence of a trusting, professional relationship that is purposeful and goal-orientated. Service users needed to feel they were listened to, and able to retain control of case goals and the pace and nature of change.

The ability to achieve this level of engagement was dependent on a worker's ability to provide practical and meaningful assistance and resources for an individual, and to follow through on what they say they will do. These factors combine to build

a service user's self-determination, self-esteem and confidence in their ability to transition out of homelessness.

The need for sufficient and appropriate housing

A significant policy disconnect for the three case studies 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. In all three case studies workers advised that they would have no problem assisting significantly more people to commence social housing tenancies and exit rough sleeping if they had the necessary housing stock.

The allocation, location and type of housing for people exiting rough sleeping have implications for sustaining a tenancy. In particular, the 'density' of housing was especially important. Tensions between residents can arise when service users are allocated a tenancy that requires living in close proximity with others who too had been sleeping rough. Whilst there are benefits to congregate living, such as social connections and support to mitigate loneliness, it can also lead to neighbourhood problems such as violence, intimidation and concentrations of alcohol misuse. This may ultimately lead to tenancy failure or forced moves.

The role of a multidisciplinary approach for assertive outreach

Health services have a central role for the overall success of the assertive outreach approaches examined in the three case studies. The high presentation of poor physical health, mental illness and drug and alcohol dependencies for those sleeping rough is generally well documented and is confirmed by this study. Multidisciplinary teams that include health professionals are critical in improving the health and wellbeing of those sleeping rough, and in supporting their capacity to access and subsequently sustain their housing.

The provision of ongoing social support is necessary for service users as they may continue to experience significant physical, mental, chronic health or substance misuse issues. For example, the Sydney-based service has considerable health capacity that is well used in both the street outreach and housing support phases of the service. This entails the integration of resources and expertise from St Vincent's Hospital with the expertise of the assertive outreach team.

POLICY IMPLICATIONS

The following principles have been identified to inform an assertive outreach model for rough sleepers. These principles derive from the initial evaluation of the assertive outreach approach undertaken by this study. Further research is required to determine if the initial success in moving those who sleep rough into permanent accommodation can be maintained and how this affects (or not) the overall wellbeing and circumstances over the long term.

The policy issues for consideration in designing assertive outreach services include:

- Timely access to appropriate, stable and affordable housing as a necessary and integral component of the assertive housing outreach model.
- Consideration of the most appropriate and sustainable housing options for people exiting rough sleeping, as factors such as the density, allocation, location and type of housing can adversely affect tenancy outcomes.

- Timely accesses to multidisciplinary health services since many people sleeping rough experience chronic health problems and functional impairments. The mainstream services involved should comprise primary health, mental health and drug and alcohol professionals to provide a response integrated with the provision of housing.
- The provision of ongoing support for those service users who are no longer sleeping rough but require tailored assistance with managing their particular health needs and daily living tasks.
- The delivery of assertive outreach services by workers in a manner that both maximises the self-determination of service users and provides continuing and practical assistance to achieve an individual's housing and other goals.
- Acknowledgement of the unique nature of public place dwelling for some Aboriginal and Torres Strait Islander people and the need for responses that specifically target their needs and take into account the local context.

FURTHER INFORMATION

This bulletin is based on AHURI project 20607, *The role of 'assertive outreach' in addressing primary homelessness*.

Reports from this project can be found on the AHURI website: www.ahuri.edu.au or by contacting AHURI Limited on +61 3 9660 2300.

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ACKNOWLEDGMENTS This material was produced with funding from Australian Government and the Australian States and Territories. AHURI Limited acknowledges the financial and other support it has received from the Australian, State and Territory Governments, without which this work would not have been possible.

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