



Positioning Paper

Assertive outreach

authored by

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ACRONYMS

| | |
|---------|---|
| AOT | Assertive Outreach Team |
| ACT | Assertive Community Treatment (US) |
| AHURI | Australian Housing and Urban Research Institute |
| CAT | Contact and Assessment Team |
| CSHA | Commonwealth State Housing Agreement |
| HHOT | Health Homelessness Outreach Teams |
| HSW | Housing Support Workers |
| I-CHOSS | Inner-city Homelessness Outreach and Support Service |
| ICMS | Intervention and Case Management Service |
| LITS | Larrakia Intervention and Transport Service |
| MCOT | Mobile Clinical Outreach Team |
| NAHA | National Affordable Housing Agreement |
| NPAH | National Partnership Agreement on Homelessness |
| NSW | New South Wales |
| RSI | Rough Sleepers Initiative |
| RSU | Rough Sleepers Unit (UK) |
| SAAP | Supported Accommodation Assistance Program |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| UK | United Kingdom |
| US | United States |

EXECUTIVE SUMMARY

This Positioning Paper reports on the first stage of research into the adoption, in Australia, of new models of assertive outreach as responses to homelessness. The aim of the study is to explore the 'assertive outreach' approach, with a specific focus on the potential for this approach to reduce rough sleeping. The study can be conceptualised as a formative evaluation in that it examines the early stages of implementing these new approaches to assertive outreach services.

New *Street to Home* service delivery models promoted under national homelessness policies have assertive outreach as a core component (Australian Government 2008). Support for these reportedly new service approaches to addressing rough sleeping is heavily influenced by reported successes overseas. The researchers ascribe to the view that care needs to be taken in translating policies, programs and service delivery models uncritically from one context to another and thus the study reviews the overseas literature and will examine the benefits and challenges for successful translation of homelessness responses from the urban centres of Europe and the US to diverse Australian contexts.

The research focus and methodology are designed to examine responses to rough sleeping in various locational and cultural contexts where concepts of homelessness may differ. In particular, the appropriateness of assertive outreach models to the situation of Indigenous 'public place dwellers' (Memmott et al. 2003) requires further investigation and is one focus of this study. Similarly, it is important to understand external factors contributing to or constraining the success of assertive outreach such as the availability and appropriateness of longer term housing options.

Rough sleeping closely approximates what can be considered a stereotypical image of homelessness (Saunders 1981), and primarily consists of people sleeping in derelict buildings ('squats'), cars or in public places. The 6500 people who sleep rough represent a statistically small section of the 104 676 people defined as homeless (Chamberlain & MacKenzie 2008).

National homelessness policies as expressed in the white paper *The Road Home* and the National Affordable Housing Agreement (NAHA) are premised on an assumption that homelessness policy needs to be holistic and integrated within a broader model of service provision comprising both housing and other human services. Further to this, the NAHA presents the fundamental role of homelessness policy as providing permanent solutions to homelessness. Recognising that service provision to rough sleepers in Australia is underdeveloped (Australian Government 2008), another central theme focuses on the 'Street to Home' concept, with assertive outreach as an integral component. Indeed, four states¹ and one territory have introduced Street to Home and or explicit assertive outreach models and another state, South Australia, reconfirmed and extended its use of the Street to Home and assertive outreach approach. Most of these assertive outreach models espouse a Housing First approach, whereby people exit homelessness directly into an independent and long-term tenancy.

These new models of assertive outreach services to rough sleepers share some common features with pre-existing or what can be considered 'traditional' outreach responses. However, many elements of traditional outreach are distinct from the more contemporary assertive outreach approaches. First, assertive outreach, in contrast to traditional outreach, is presented as a specific means to end service user's

¹ The newly-implemented Sydney rough sleeping response is known as 'Way2Home'.

homelessness. Second, assertive outreach differs from traditional outreach in the way it is conceptualised as part of a broader, integrated and intentional policy response that requires both a multidisciplinary team and the availability of long-term housing. Third, assertive outreach is a model of service delivery that is described as persistent and aiming to work with people over the medium to long-term as a means to assist people to access housing and sustain their tenancies post-homelessness.

The models of outreach, both assertive and more traditional forms, work with Indigenous and non-Indigenous people. A number of Australian outreach models, however, are directed more specifically toward Indigenous people who are homeless, or are public place dwellers (see Memmott et al. 2003). These outreach services can be seen as responses to displacement or conflicts over the use of public places and are essentially different to contemporary models of assertive outreach in that the provision of permanent housing has not generally been a primary function.

A number of underlying themes emerge from the findings to date and will be further examined in the phase two empirical study. These themes reflect a number of tensions and contradictions inherent in responses to rough sleeping in contemporary Australian society. These include:

- Questions about the extent to which assertive outreach is client centred in practice and whether clients are able to exercise choice and self-determination.
- Conflict over the purpose and impacts of assertive outreach. While assertive outreach is viewed by promoters in terms of social inclusion through access to housing and mainstream services, detractors see it as an instrument of control and coercion that disadvantages rough sleepers and Indigenous public space dwellers in conflicts over the use of public spaces.
- Concern about whether related policies, available resources or other factors will constrain implementation of assertive outreach as a genuinely new and different service response that achieves integration, multi-disciplinary service delivery, long-term support and successful housing outcomes.
- An underlying contradiction whereby assertive outreach is promoted as integral to a 'Housing First' approach while the policy and service design does not provide direct access pathways to secure housing options.

This Positioning Paper reports our findings to date and provides the policy context and frameworks for the phase two empirical study. Through the empirical research we will examine the identified themes to assess how they play out in practice. Three case studies will be undertaken in Brisbane, Darwin, and Sydney. A multi-level, mixed methods case study approach has been chosen because it allows the in-depth study of the implementation and operation of assertive outreach services in a number of different settings.

The empirical, case study methodology provides an opportunity to examine the implementation of these ideas as service models in a number of specific, real life contexts across Australia. The findings of that study will be reported in a Final Report that will describe the characteristics of the models and their contextual setting; examine stakeholder perspectives of their implementation and operation and assess early performance and outcomes. The aim is to inform future development of the models by a better understanding of what works, where it works and why it works.

1 INTRODUCTION

This Positioning Paper reports on the first stage of research into the adoption of models of assertive outreach in Australia under national homelessness reduction plans. The paper reports findings from an Australian and international literature review and a national review of emerging Australian assertive outreach policy and service responses. It also describes the research approach proposed for the second and final stage of the study.

1.1 Project aims and scope

The purpose of the research is to explore the 'assertive outreach' approach to addressing homelessness, with a specific focus on the potential for this approach to reduce rough sleeping in Australia. A key aim is to generate an appreciation of different approaches to assertive outreach and to understand what works, and why, in different contexts. The study will examine the program logic behind a variety of 'assertive outreach' service models and details their objectives, features and, where possible, early performance and outcomes. The study can be conceptualised as a formative evaluation in that it examines the early stages of implementing assertive outreach services in Australia.

New 'Street to Home' service delivery models promoted under national homelessness policies have assertive outreach as a core component (Australian Government 2008). Support for these reportedly new service approaches to addressing rough sleeping in Australia, including assertive outreach, is heavily influenced by reported successes overseas. This research aims to review the overseas literature and examine the potential and challenges for successful translation of overseas homelessness response models to Australian contexts. The researchers ascribe to the view that care needs to be taken in translating policies, programs and service delivery models uncritically from one context to another and this applies to translating homelessness response models from the urban centres of Europe and the US to diverse Australian contexts.

The research focus and methodology are therefore designed to examine responses to rough sleeping in various locational and cultural contexts where concepts of homelessness may differ. In particular, the appropriateness of assertive outreach models to the situation of Indigenous 'public place dwellers' (Memmott et al. 2003) requires further investigation and is one focus of this study. Similarly, it is important to understand external factors contributing to or constraining the success of assertive outreach such as the availability and appropriateness of longer-term housing options. This study aims to critically examine these issues, review the outcomes achieved to date and identify factors contributing to success or limitations of different approaches with a view to informing future development of the service delivery models.

The study is significant and timely because it examines and contributes to an understanding of a new and emerging approach to homelessness that is central to national targets to reduce rough sleeping. It is consistent with AHURI and the Commonwealth's research priorities of ensuring that research and evaluation contribute to policies, systems, service models and practice responses to homelessness that are the best they can be.

1.2 Background

As already discussed, assertive outreach services are currently being implemented to respond to the needs of the 'rough sleeping' section of the homeless population. Rough sleeping is a colloquial term used to refer to the state of literal homelessness

or residing in dwellings not intended for human habitation. The majority of people who sleep rough move in and out of different forms of homelessness as well as moving in and out of the homeless population (Chamberlain, Johnson & Theobald 2007; Chamberlain & MacKenzie 2008). People sleeping rough do not therefore constitute a static group or type of 'homeless people' (Parsell 2010). Nonetheless, the rough sleeping population is small relative to the broader homeless population, and people sleeping rough are thought to experience a range of problems, such as mental illness and substance use, in addition to their homelessness. Often people sleeping rough are referred to as the chronic homeless or people with complex needs who are difficult to respond to (Australian Government 2008; Chamberlain & Johnson 2002; Chamberlain & MacKenzie 2006; Erebus Consulting Partners 2004).

Despite their statistically small numbers relative to the broader homeless population, rough sleepers are receiving considerable public policy attention. The Australian Government has outlined an ambitious plan to not only reduce overall homelessness by half, but to 'offer supported accommodation to all rough sleepers who need it by 2020' (Australian Government 2008). In part this policy priority recognises that people literally without shelter are among the most disadvantaged and vulnerable in contemporary Australian society, and that a range of previous homelessness and related policies have failed to adequately address their needs. Indeed, 'services targeting people sleeping rough in Australia are underdeveloped' (Australian Government 2008).

The Australian Government has identified the assertive outreach programs as a key homelessness strategy and assertive outreach is being embraced on a national scale, with adoption of assertive outreach approaches initiated or planned 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 overseas. Assertive outreach as a response to rough sleeping is strongly influenced by Common Ground and Housing First in the US, as well as the Rough Sleepers Unit (RSU) in the UK. The international and Australian literature indicates that assertive outreach routinely involves far more than outreach. It involves an integrated range of services including access to appropriate housing options, including supported or intensively managed accommodation. The Australian Government publications appear to be using the term to describe integrated and ongoing multidisciplinary support to assist people exit homelessness and sustain housing. This latter understanding of assertive outreach closely approximates the model outlined by Common Ground (Common Ground 2007).

The current study is located within this policy context, where assertive outreach is a key component of contemporary strategies to significantly reduce the number of people who live in public spaces throughout Australia.

1.3 Research questions and methodology

As discussed above, this study examines the implementation of assertive outreach in order to inform further development of the approach. The research will primarily focus on the characteristics of assertive outreach models, as well as their applicability and success in the various Australian contexts. Specifically, the research questions explore:

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?

The questions will be addressed through a two-phase methodology. Questions 1 and 2 are partially responded to in this Positioning Paper, reporting on phase one of the study. This involved reviews of relevant academic research and published reports and other policy and program documentation, including evaluations, of assertive outreach models implemented in Australia and overseas. The literature sources include existing Australian Housing and Urban Research Institute (AHURI) and secondary data sources (e.g. Australian Bureau of Statistics), searches of relevant databases for journal articles and examination of policy literature. The literature and policy reviews were complemented by telephone, email and where possible face-to-face interviews with informants, including service managers, policy-makers and researchers who have direct experience of these service models

Phase one has informed the development of the analytical framework and methodology for phase two of the study. This second phase will empirically study the Australian evidence and address all research questions. The empirical research will comprise four case studies that examine the implementation of assertive outreach services in a variety of contexts. Details of the analytical framework and phase two methods are provided in Chapter 4 and the findings will subsequently be reported in a Final Report.

1.4 Outline of report

This chapter provides an introduction to the study including its aims, context, research questions and methodology. In Chapter 2, we position assertive outreach in the contemporary Australian homelessness policy and service delivery context. An overview is provided of the nature and scale of rough sleeping in Australia and the policy environment. We then review recent developments in the implementation of assertive outreach services in each jurisdiction across Australia. Finally, we contrast contemporary models of assertive outreach with past approaches to outreach in homelessness services and in responses to Indigenous people residing in public spaces.

Chapter 3 provides a review of Australian and international literature regarding assertive outreach. In particular, we review policy, practice and evaluation literature that examines the objectives, features and outcomes of assertive outreach in a health context, in rough sleeping initiatives in the UK and in responses to homelessness in the US.

In Chapter 4, the key themes emerging from the previous chapters are identified and an analytical framework presented that provides a typology of assertive outreach characteristics. To conclude the report, details of the methodology for stage two of the research is then presented.

2 ASSERTIVE OUTREACH IN AUSTRALIA

2.1 Rough sleeping in Australia

Rough sleeping closely approximates what can be considered a stereotypical image of homelessness (Saunders 1981), and primarily consists of people sleeping in derelict buildings ('squats'), cars or in public places. This form of homelessness is often mistakenly taken to be synonymous with Chamberlain and MacKenzie's (1992) primary homelessness. Under the cultural definition of homelessness, primary homelessness does include rough sleeping, but this form of homelessness also includes what is known as 'improvised dwellings'. Whereas the 2006 national census identified 16 375 people in the primary homeless category (Chamberlain & MacKenzie 2008), 'only' 6500 people within this category were estimated to be sleeping rough (Chamberlain & MacKenzie 2009, p.84).

In comparison to other forms of homelessness, therefore, people who sleep rough represent a statistically small section of the 104 676 people defined as homeless (Chamberlain & MacKenzie 2008). It is important to recognise, however, that rough sleeping, like any other form of homelessness, is not static and does not constitute a specific type of 'homeless person' (Parsell 2010). Rough sleeping is often temporary. People who sleep rough routinely move in and out of the homeless population as well as moving in and out of different forms of homelessness (Chamberlain, Johnson & Theobald 2007; Chamberlain & Johnson 2001; Chamberlain & MacKenzie 2003; Chamberlain & MacKenzie 2008; Robinson 2003). Nonetheless, it has been theorised that as homelessness becomes long-term, people are more likely to sleep rough (Chamberlain, Johnson & Theobald 2007). Given that people who sleep rough are often people who are long-term homeless, interventions that reduce rough sleeping have the potential to reduce the numbers of people experiencing long-term homelessness as well.

Only a small number of Australian studies have focused on people sleeping rough. Coleman's (2000) work broadly supported Ward's (1977, 1979) early suggestions that people sleeping rough formed homeless communities and even saw the public places in which they resided as home. Drawing on the experiences of people in inner urban Adelaide, Zufferey and Kerr (2004) also argued that people sleeping rough can experience these places as home. Both Coleman and Zufferey and Kerr's assertions were informed by the experiences of Indigenous people. There are distinctive elements to Indigenous homelessness, and these will be considered below with reference to outreach responses to Indigenous public place dwelling (Memmott et al. 2003). Differing to the aforementioned rough sleeping studies, Parsell's (2010) study with both Indigenous and non-Indigenous people demonstrated that rough sleeping was an exclusively problematic experience. He suggested that the dangerous nature of public places, together with the reliance on social services to meet day-to-day needs, actually contributed to people sleeping rough feeling powerless and indeed homeless (Parsell 2010).

2.2 Australian homelessness policy

The current emphasis on assertive outreach and the way that assertive outreach is positioned as a means to assist with the reduction of rough sleeping can meaningfully be understood within the broader context of shifts in Australian homelessness policy responses over the last 30 years. While the *Homeless Persons Assistance Act* of 1974 highlighted the importance of homelessness being responded to on a national level, it was not until the *Supported Accommodation Assistance Act* of 1985 that a national approach started to take shape. The initiation of Supported Accommodation

Assistance Program (SAAP) saw the consolidation of some disparate homelessness policies and services funded and provided by the Commonwealth and state and territory governments.

Central to SAAP was a collaborative funding agreement between the Commonwealth and the state and territory governments, and thus this policy mechanism meant that homelessness service provision contained elements of coordination at the two highest levels of government. Evaluative reports consistently found that SAAP was largely effective at delivering the crisis and transitional support services that it was mandated to provide, but SAAP was not resourced or had limited capacity to provide long-term and permanent solutions to people who were homeless (Erebus Consulting Partners 2004; SAAP 1999). Similarly, the great demand on SAAP services, and the nature of the case management provided, meant that people who were deemed to have 'complex needs' either did not have easy access to SAAP, or their complex needs were unable to be comprehensively met by the crisis support service (Erebus Consulting Partners 2004). Although people defined as having 'complex needs' represent a group that is both ambiguous and broad (Parsell 2010), SAAP has operationalised complex needs as those multiple needs that compromise an individual's ability to meet daily functioning (Thompson Goodall Associates 2003).

Informed by a public consultation process and the release of the White Paper on Homelessness (Australian Government 2008), on 1 January 2009 the National Affordable Housing Agreement (NAHA) superseded both the Commonwealth State Housing Agreement (CSHA) and SAAP and became the primary housing and homelessness policy mechanism in Australia. The NAHA was premised on an assumption that homelessness policy needed to be holistic and integrated within a broader model of service provision comprising both housing and other human services. Further to this, the NAHA presents the fundamental role of homelessness policy as providing permanent solutions to homelessness. The importance placed on integration and 'joined up' policy responses was an extension and elaboration on ideas presented in the National Homelessness Strategy of 1999.

The NAHA differs from previous homelessness strategies as the current policy focus more clearly recognises that homelessness responses, instead of simply providing crisis and transitional housing, needs to include the provision of housing that is permanent and affordable. Likewise, the NAHA and the subsequent National Partnership Agreements on Homelessness (NPAHs) entered into by the state and territory governments give specific emphasis to the needs of people sleeping rough. Recognising that service provision to rough sleepers in Australia is underdeveloped (Australian Government 2008), a central theme of the policy discourse focuses on the unique needs of people sleeping rough and the 'specialised homelessness services' that are required to adequately respond to those needs. In many respects, the current focus on responding to rough sleeping with coordinated and joined up responses can also be traced to a number of state-based initiatives—for example, South Australia's Social Inclusion Unit, Queensland Government's Responding to Homelessness Strategy (Queensland Government 2005) and the Victorian Homelessness Strategy (Victorian Government 2002).

As described below, current 'Street to Home' approaches have been implemented to specifically achieve permanent housing outcomes for people post-rough sleeping. At a practice and policy level, assertive outreach is positioned as an important component of many 'Street to Home' approaches. Thus assertive outreach has been positioned as integral to meeting the macro policy objective of 'offering supported accommodation to all rough sleepers who need it by 2020' (Australian Government 2008). Recognising this important role that assertive outreach now plays in

contemporary homelessness policy, we will now discuss pre-existing models of homelessness outreach, document the implementation of new approaches and outline some of the diverse features that are commonly defined as assertive outreach.

2.3 Australian assertive outreach models

Assertive outreach approaches to homelessness in Australia can be thought about in a number of ways. First, there is an assertive outreach model discussed above that has gained momentum since the release of the Australian Government White Paper on Homelessness: *The Road Home: a National Approach to Reducing Homelessness* (Australian Government 2008). This model of assertive outreach has been formally introduced through state and territories' NPAHs and in many jurisdictions this is a component of the broader 'Street to Home' approach. Second, prior to the implementation of the NPAHs, numerous organisations have been delivering services to people 'sleeping rough' that share many similarities with what has more recently been known as 'assertive outreach'. In some cases, these services are even referred to as assertive outreach. Third, a number of service providers nationally identify their service as 'assertive outreach', but often these services do not specifically focus on homelessness or 'rough sleeping'. Rather, they are primarily health-based and, while some of their clients are homeless, the objectives are to provide health services to people regardless of their housing or homelessness status.

Leaving aside assertive outreach within a specific health context, this chapter provides an overview of assertive outreach approaches to homelessness in Australia. Some key features of contemporary assertive outreach initiatives will be considered. This will be followed by a brief sketch of what can be thought of as 'traditional' outreach approaches, and outreach focused specifically on Indigenous people defined as homeless. We draw on this descriptive discussion of assertive outreach in the Australian homelessness context to suggest that many current assertive outreach approaches do differ from previous outreach responses to homelessness. Nonetheless, we also note that there is much overlap and pre-existing approaches to outreach share many similarities with current 'new' assertive outreach approaches.

It has already been argued that the broad vision of the White Paper and the subsequent NPAHs has altered the way that homelessness is responded to nationally. The Street to Home concept, and the model of assertive outreach in particular, represent an important component of this broader response direction. Indeed, four states² and one territory had introduced Street to Home and or explicit assertive outreach models into practice through their NPAHs, and another state, South Australia, reconfirmed and extended its use of the Street to Home and assertive outreach approach. Underpinning the assertive outreach in these models is a targeting of 'people sleeping rough' and persistent and long-term engagement with them. Under the Street to Home model, this engagement and rapport building with rough sleepers is a means to realise the central aim of enabling this section of the homeless population to move into and sustain permanent housing. Many assertive outreach models espouse a Housing First approach, whereby people exit homelessness directly into an independent and long-term tenancy. This Housing First approach is in contrast with other models that include the provision of crisis or transitional accommodation and support services aimed at achieving 'housing readiness' prior to accessing permanent housing (Sahlin 2005).

Assertive outreach is positioned as part of a broader whole-of-services-system response, where involvement from all spheres of government, non-government

² The newly-implemented Sydney rough sleeping response is known as 'Way2Home'.

organisations, businesses and local communities are required. This collaborative and purposive model is not only proposed as effective in reducing homelessness, but is also economically responsible. Key elements of the assertive outreach approach and how it is, or will be, implemented in each Australian state and territory will now be briefly sketched.

2.3.1 New South Wales

The NSW NPAH (New South Wales Government 2009a) and the NSW Homelessness Action Plan (New South Wales Government 2009b) identified the establishment of assertive outreach services in inner-city Sydney and Newcastle. The Way2Home³ service in Sydney builds on and refines a former inner-city outreach service. There will be two assertive outreach teams operating within the Sydney Way2Home model: an outreach and support team delivered by Neami⁴, which is funded through Housing NSW and the City of Sydney; and a homeless health assertive outreach team delivered by St Vincent's Hospital, funded by the Commonwealth. These two teams work collaboratively under the one broader Way2Home initiative, and Neami focuses on housing and broader social support outcomes, whereas the service operated by St Vincent's Hospital has an objective of meeting the immediate health needs of clients, and over the longer term assisting people sleeping rough to access mainstream health services. Both teams aim to improve the health and social outcomes of rough sleepers and enable them to move into stable and permanent housing (New South Wales Government 2009a). Thus, assertive outreach is a key component of the Way2Home initiative that aims to meet targets of reducing the number of people who sleep rough in inner-city Sydney. Central to these assertive outreach approaches is the requirement to provide clients with support that is individualised, flexible and integrated within a broader service system.

In terms of staff and service users, Neami is the larger of the assertive outreach teams. Neami commenced operation in April 2010. The Assertive Outreach Homeless Health team commenced operation in mid-2010 and is provided by an interdisciplinary team, including mental health clinicians, drug and alcohol clinicians and a registered nurse. Each key professional will have a maximum of 10 clients on their case loads at the one time, and case management is provided through a team approach, rather than by an individual worker.

The approach implemented in Sydney is strongly influenced by research literature documenting the effectiveness that Common Ground and Housing First initiatives has achieved in the US (E Giles, Manager Homelessness Unit at the City of Sydney, 2010, pers. comm., 14 April). The availability of a multidisciplinary team is seen as essential to assertive outreach achieving its aims. This model of support is not only geared toward people sleeping rough, but is also the model of delivering a suite of individualised services to the client in situ, including helping individuals sustain their tenancies once housed.

The assertive outreach practiced in Sydney is premised on the position that people do not choose to be homeless. This means that when people approached in public places initially reject offers of support, this rejection is not taken as the final answer, and this rejection, moreover, is understood as a result of their lives and experiences of the housing and social service sector. A persistent approach to engaging with people sleeping rough is therefore taken. Ms Giles, Manager Homelessness Unit at the City

³ Way2Home is the Sydney version of Street to Home.

⁴ Neami is a national not-for-profit organisation primarily involved in the delivery of mental health services.

of Sydney points out, however, that success of the intervention is defined in terms of the service's ability to deliver outcomes that the service users want (pers. comm., 11 June). The model also works with the assumption that achieving outcomes for people sleeping rough will have a follow on impact of building credibility with other rough sleepers who may not have been willing to engage in the initial instance.

The assertive outreach service provided by Neami is required to conduct outreach patrols to identify the location of people sleeping rough. Following on from this identification, the Sydney model will use an adapted version of the Vulnerability Index Tool. This tool was developed in the US by physician, Dr Jim O'Connell (Hwang et al. 1998), and involves assessing rough sleepers against criteria that enable prioritisation of those with acute health problems and those most vulnerable to health problems associated with their living conditions. In Australia, the tool represents a means to identify and prioritise responses to those rough sleepers assessed as being most vulnerable. Consideration has also been given to adapting this tool to the application of young people sleeping rough in the inner city of Sydney.

While a Housing First approach underpins the assertive outreach model and this is considered the ideal (E Giles 2010, pers. comm., 2 August), the constraints of the social housing system and housing market will invariably mean that not all clients engaged through assertive outreach will move directly into long-term, independent tenancies. At the time of writing, no information was available about whether specific allocations would be put into place for assertive outreach clients to access social housing. It is envisaged, however, that when the Sydney Camperdown housing project based on the Common Ground model is in operation (2011), this will represent a source of long-term housing for assertive outreach clients. It is also expected that many clients will exit rough sleeping into transitional housing and other types of temporary accommodation.

The assertive outreach model currently being established in Newcastle differs from the program in Sydney, in that it also includes a legal team. In contrast to Sydney where there exists a pro bono legal service targeted towards people who are homeless, Newcastle has not had this. The Newcastle assertive outreach service is provided by Baptist Community Services as part of an integrated approach with Housing NSW, NSW Health, and Legal Aid. The assertive outreach program in Newcastle will supersede the former Night Vision program also delivered by Baptist Community Services. The coordinator of the Newcastle service states that the new assertive outreach program represents a progression in responses to rough sleepers, as the service will have the capacity to work with clients after they have exited rough sleeping (R Dalais 2010, pers. comm., 06 September). Mr Dalais further notes that temporary accommodation is being used to enable people to exit homelessness, but the assertive outreach service plans to draw on links with Housing NSW to make available permanent housing stock for service users.

2.3.2 Victoria

Following a commitment in its NPAH, Victoria has established a Street to Home service incorporating assertive outreach which commenced in June 2010. This initiative is a partnership between the Victorian and Commonwealth governments, HomeGround Services and the Salvation Army. It is asserted that a Housing First approach will be used, focusing on people sleeping rough, and then providing them with 'pathways into home, without having to move through crisis and transitional housing systems' (HomeGround 2010). Like NSW, Victoria's model of assertive outreach is strongly based on and linked to the research evidence from Housing First approaches including that of Common Ground in the US (A Fraser 2010, Manager, Victorian Department of Human Services, pers. comm., 23 April).

In recognition that there are limited assertive outreach services in place, the Victorian Government sees assertive outreach as an opportunity to develop innovative and specialised services to reach rough sleepers, and to bring about positive lifestyle changes and longer term housing outcomes (Victorian Government 2010, pp.5–6). This will be achieved through a collaborative approach, whereby rapid access to housing and intensive client support post-homelessness, are guiding principles (Victorian Government 2010, p.7). Assertive outreach workers will have caseloads of between 1:8 and 1:4. Further, HomeGround Services aims to employ two staff members who will source housing for clients of the service (H Holst 2010, Manager, HomeGround Services, pers. comm., 28 May). Despite these resources and efforts aimed at acquiring housing and a Housing First approach, Ms Holst also noted that accessing permanent housing for approximately one hundred clients a year will be difficult. As such, transitional and temporary accommodation would likely be used to assist people to immediately exit rough sleeping (H Holst 2010, pers. comm., 28 May).

Victoria is also using an adapted version of the Vulnerability Index Tool. Assertive outreach workers will use this tool as a means of identifying and prioritising those individuals assessed to be in greatest need to exit rough sleeping. This is complemented by the model of assertive outreach having a strong health focus, with the Royal District Nursing Service collaborating on the project.

2.3.3 Queensland

Queensland has also committed to implementing a Street to Home approach in the NAHA and in their NPAH. The Street to Home programs will deliver assertive outreach as a means to ‘provide people with the support they need to move and settle into permanent accommodation’ (Queensland Government 2009, p.6). Assertive outreach teams will operate in Brisbane, Townsville, Cairns, Gold Coast and a yet to be identified rural location as part of the Street to Home program—the Brisbane Street to Home and assertive outreach service officially commenced in April 2010. At the time of writing, however, the contracts for the delivery of the Townsville, Cairns and Gold Coast services were being negotiated with the state government. It appears as though the not-for-profit organisations previously providing services funded through the Queensland Government Responding to Homelessness Strategy will refocus their existing services toward a Street to Home model.

The Queensland Government defines assertive outreach as ‘actively seeking out and engaging with clients in their own environment’ (Queensland Government 2008, p.3). This is in contrast to waiting for clients to make access to a service themselves. Further to this, assertive outreach ‘involves repeated, intensive, highly coordinated and flexible support for clients with longer term needs’ (Queensland Government 2008, p.3). This is geared toward long-term engagement and the forming of strong client service user relationships. Assertive outreach, on the one hand, is a response to move people from literal homelessness into appropriate housing and, on the other hand, it aims to provide an integrated support model to help those people who access housing to sustain it.

The implementation of the Brisbane Street to Home and assertive outreach approaches had only recently commenced operation. This service is delivered by Micah Projects, a local community organisation delivering outreach services to people experiencing homelessness in Brisbane for 14 years. Micah Projects coordinator, Ms Karyn Walsh, notes (K Walsh 2010, pers. comm., 26 April) that the assertive outreach services provided by Micah Projects proactively engages with people sleeping rough as a means to provide them with housing. Ms Walsh said that assertive outreach is characterised by respectful, but persistent engagement with individuals so that their needs and individual perspectives can be gleaned. As in the Sydney service, this

model of assertive outreach is premised on the belief that homelessness is almost never the choice of a person sleeping rough. The assertive outreach provided by Micah Projects is not simply about gaining trust, but about gaining an understanding of people's situation so that their individual housing needs could be (ideally) met (K Walsh 2010, pers. comm., 26 April). From Micah's perspective, assertive outreach needs to be able to offer clients different possibilities.

Informed by a comprehensive street survey conducted in June 2010 led by Micah and Dr Jim O'Connell, like Victoria and NSW, Micah is using the Vulnerability Index Tool. It is argued that when assertive outreach focuses on those in the greatest need, not only is it achieving its social objectives, but this prioritising ensures that people with the most complex issues are responded to at the earliest point, thus highlighting the cost savings to the broader community and health and criminal justice systems (K Walsh 2010, pers. comm., 26 April).

Micah's model of assertive outreach is heavily informed by the Common Ground and Housing First approaches from the US. Although explicit allocation processes have not yet been announced, a Brisbane housing development currently under construction and based on the Common Ground model will likely represent a source of permanent housing stock for the Brisbane Street to Home service. This is consistent with the view that assertive outreach is considered to be most effective at reducing long-term homelessness when the intervention continues working with people after they have exited rough sleeping.

2.3.4 South Australia

South Australia was the first place in Australia to develop the specific Street to Home program linked to assertive outreach in 2005. Indeed, the White Paper identifies Adelaide's model as an example of best practice service delivery (Australian Government 2008) on which subsequent assertive outreach approaches through various NPAH have been modelled. While there is no publicly accessible empirical research, it is reported that Adelaide's assertive outreach as part of the Street to Home program supported 256 people into long-term and stable accommodation by December 2008 (Government of South Australia 2009).

The South Australian Department of Health is the lead agency with funding allocated via Health, Housing, Homelessness and Disability, and homelessness is considered to be more than a housing problem. Consistent with models later developed in other Australian contexts, the assertive outreach approaches aim to be client-focused, multidisciplinary and integrated. Similarly, the model has a strong Housing First focus. The overarching principle is to end homelessness for individuals, and assertive outreach workers engage with clients after they have obtained tenancies in order to provide support so that their tenancies are sustained (Haggerty 2006). While Housing First was a guiding philosophical premise, the realities of the housing market dictated that some clients move from rough sleeping into forms of transitional and crisis accommodation.

The South Australian service operates in metropolitan Adelaide with a major focus on the inner city area, and does not have guaranteed access to any type of accommodation. Adelaide's Street to Home program relies exclusively on an assertive outreach team linking and referring clients to various social and market accommodation options. While persistently engaging with people was one characteristic of Adelaide's assertive outreach approach, the service claims that clients are always respected and their priorities guide the individual approach adopted.

Separate to the Adelaide program, the South Australian Government also provides or is in the process of implementing other assertive outreach services to people sleeping

rough. The *Regional Assertive Outreach Program* will target rough sleepers in geographical areas such as the Riverland and the West Coast (Government of South Australia 2009). The Riverland and Ceduna assertive outreach models, while sharing a common focus of responding to rough sleeping, are different in nature. All assertive outreach models in South Australia are based on a needs analysis of the specific local context. As such, assertive outreach in Ceduna has a strong focus on working with the homeless Indigenous population, much of which is transient and moving through Ceduna. The assertive outreach service focuses on immediate health and accommodation needs. The transient nature of many of Ceduna's rough sleepers means that more long-term housing responses are often not the most appropriate responses in the local environment.

The Riverland, on the other hand, has both an Indigenous and non-Indigenous rough sleeping population. Prior to the establishment of the assertive outreach approach, the needs of people sleeping rough in this area had not been appropriately acknowledged or responded to. The local shortage of housing means that many people sleeping rough in the Riverland have nowhere else to go, which represents a major challenge for the assertive outreach response in this area.

2.3.5 Western Australia

The Western Australian NPAH commits to initiating two assertive outreach models across the state: Perth/Fremantle and Kalgoorlie/Broome. The service in Perth/Fremantle commenced in May 2010, the remote rough sleeper assertive outreach program in Broome commenced in early 2010 and the Kalgoorlie program will commence following the completion of contract negotiations for service providers in Kalgoorlie.

The Street to Home model in Perth/Fremantle aims to provide rough sleepers with accommodation and wrap-around, whole-of-person support, to prevent returns to homelessness (Western Australian Government n.d. a). Unlike Street to Home programs in other states, the Perth/Fremantle model has three distinct but integrated components—Assertive Outreach Teams, a Mobile Clinical Outreach Team and housing support workers.

Assertive Outreach Teams (AOTs) have flexibility to work outside business hours to make initial, direct contact with rough sleepers, wherever they may be, address their basic needs, and work toward establishing a relationship built on confidentiality, respect and trust.

A Mobile Clinical Outreach Team (MCOT) provides assertive clinical assessment and treatment, within and outside of business hours, for rough sleepers who have serious mental illness and/or co-occurring substance use issues. Clinicians work alongside the AOTs and provide a flexible response to meet clients' needs.

Housing Support Workers (HSWs) provide active support and assistance to rough sleepers and clients who are living in crisis or transitional accommodation to access appropriate long-term accommodation, based on an assessment of their needs. HSWs liaise with housing providers (including public housing, community housing and property managers in the private sector), to source suitable properties. If appropriate, clients are supported to return to live in the family home, or with other family members or friends, as a member of the household.

Shared case management transitions clients' primary support from AOTs to HSWs over time and according to the need of the client. In some cases, AOTs continue to support clients in accommodation as a relationship with the HSW is being established.

The Western Australian model will be client-focused and directed, and accommodation will be delivered on an individual needs basis. Nonetheless, and despite the partnerships with the state's social housing provider, the limited affordable housing options in Perth means that many clients will transition from rough sleeping into forms of transitional and crisis accommodation.

Although the Kalgoorlie initiative has not commenced and the Broome initiative is in the early stages, it is planned that they will assume different forms and features to the Perth/Fremantle model. The relatively underdeveloped infrastructure and social services available in these regions would invariably reduce the role of broader Street to Home and assertive outreach models. Further, these regional services will have a strong focus on Indigenous homelessness. In addition to linking people to health and accommodation services, they will be able to assist Indigenous people to return to 'country' where appropriate (Western Australian Government n.d. b; Western Australian Government n.d. c).

2.3.6 Australian Capital Territory

A Street to Home program that includes assertive outreach commenced operation in Canberra in early 2010. This program is part of the Australian Capital Territory's NPAH and is delivered by the St Vincent de Paul Society. Like similarly funded and instigated models in other Australian capital cities, this model focuses on providing integrated support to people sleeping rough as a means to improve health and long-term housing outcomes (St Vincent de Paul Society n.d.). Indeed, the assertive outreach provided is linked with the Australian Capital Territory Government's goal of ending rough sleeping by 2013 (Australian Government 2009a). A St Vincent de Paul worker, S Pickles, responsible for delivering this service, explained that assertive outreach was characterised by engaging with people in public places without waiting for referrals (S Pickles 2010, pers. comm., 13 April). The targeting and identification of clients is enhanced by a joint committee, including members from police, council and mental health. In contrast to 'social work' values, this service acknowledges assertive outreach as an approach to people sleeping rough that does not take account of whether they want to engage. This approach means that assertive outreach does not take people's initial refusals to engage as the final response and requires assertive outreach workers to be conscious of the context in which people sleeping rough make decisions. The assertive outreach service in Canberra not only recognises that people sleeping rough are often distrustful of services, but their previous problematic experiences with different types of unsatisfactory accommodation influences how they initially perceive unknown outreach workers.

The persistent and long-term engagement with clients is a process that aims to assist them to a place where they are ready to access accommodation (S Pickles 2010, pers. comm., 13 April). The assertive outreach starts from a premise that people do not want to sleep rough and that a trusting relationship built up over time are important to the results achieved. The assertive outreach worker therefore continues to be the key worker supporting clients after they have obtained housing. While the Street to Home program in the Australian Capital Territory does not have any special allocation of housing, Mr Pickle argued that the key relationships that the Street to Home service builds with other organisations will assist their clients to access housing (S Pickles 2010, pers. comm., 13 April). The model developed in Canberra has been influenced and informed by the successful work conducted by Adelaide's Street to Home program.

2.3.7 Tasmania

At the time of writing, the Tasmanian Government is not providing any formal Street to Home or assertive outreach services in Tasmania. The current Implementation Plan of the NPAH does, however, state that addressing this service gap is a priority. The Tasmanian Government is establishing 'dedicated homelessness facilities', modelled on Common Ground principles, as well as 'specialist intervention tenancy services' which will provide multidisciplinary teams to people who are homeless or at risk of homelessness (Tasmanian Government 2009a, p.13). With reference to the latter, the specialist intervention tenancy services are being rolled out across four areas of the state during 2010 with access for clients to 100 social housing dwellings (Tasmanian Government 2009b).

2.3.8 Northern Territory

The Northern Territory has initiated a Street to Home program through their NPAH. Street to Home in the Northern Territory, however, does not involve assertive outreach. Rather, it involves the refurbishment and construction of beds in homeless accommodation and counselling at a homeless service (Northern Territory Shelter 2010).

An Indigenous outreach model that does engage in more medium-term service provision and supports to people sleeping rough is Mission Australia's Darwin assertive outreach service. This assertive outreach service is a response to public intoxication issues rather than homelessness and does not have housing or formal links with housing providers. Within the context of this service provision model and the housing shortage in Darwin, the assertive outreach program does not aim to end homelessness. Rather, and through a collaborative relationship with other health and welfare services, assertive outreach is implemented to achieve the best health and social objectives that are realistic among people literally without shelter. Indeed, and in what is a stark illustration of the unavailability of housing and the need for a harm minimisation approach, the assertive outreach dispenses 'street swags' to people.

The Tangentyere Council in Alice Springs and the Larrakia Nation in Darwin also provide outreach services to people in public places. This outreach is referred to as the Intervention Client Management Service and it receives funding through the Northern Territory Government. Importantly, different objectives underpin these approaches and they will be discussed in more detail below with reference to Indigenous responses.

2.4 Previous outreach approaches

2.4.1 'Traditional' homelessness outreach approaches

In this section we will show how new models of assertive outreach services to rough sleepers can be distinguished from pre-existing or what can be considered 'traditional' outreach responses. Examining these differences allows us to better identify what is unique about 'new' assertive outreach models and to understand the continuities and discontinuities between these models. In spite of many differences, all homelessness outreach services share common features, in that service delivery takes place within the service user's environment rather than requiring service users to attend a designated service centre. Outreach services to people who are homeless and people in public places can be traced back to at least the early nineteenth century in Australia, when people slept rough in Sydney's domain (Coleman 2000). The diversity of traditional outreach approaches can be understood with reference to the many different services that are provided. These include: the provision of food and drink, blankets and clothes, accommodation support and assessment, assistance to find

housing, legal and welfare advice, hygiene and medical support, including drug and alcohol,⁵ counselling, transport and less structured support centred on relationship building.

The above list is not intended to be exhaustive, but it does cover the most common services provided by outreach teams to people experiencing homelessness in Australia. It is important to highlight the range and broad nature of these 'traditional' outreach approaches, as it provides a context to identify how 'new' models of assertive outreach are both similar and different.

On the one hand, there are similarities between what is known as assertive outreach and what can be considered 'traditional' outreach. In each of Australia's capital cities and in many other regional areas, towns and suburbs, organisations provide outreach to people living and interacting in public places. Emphasis is given here to outreach services not only engaging with people who live in public places, but also to those who interact or congregate in specific public places as a means to access outreach services. Volunteers and workers experienced in delivering outreach to people in public places well know that many accessing the service are not rough sleepers or even homeless. Accessing food and material support from street-based outreach services is a means that low-income households use to supplement their income. Furthermore, many youth-focused 'street-based' outreach services engage with young people who are not homeless, but rather access public places for recreation and socialising. Importantly for the present discussion, most, if not all, of these outreach services do not work on a referral basis. In the same way that assertive outreach is premised on working with people in their environment and in the absence of a referral, traditional outreach models have long done, and do, likewise.

On the other hand, many elements of traditional outreach are distinct from the more contemporary assertive outreach approaches. On the basis of the descriptions of the contemporary assertive outreach models implemented, or about to be implemented, across Australia, it can be suggested that this approach does have features that distinguish it from other, traditional forms of outreach. First, assertive outreach, in contrast to traditional outreach, is presented as a specific means to end the service user's homelessness. Whereas traditional outreach to people who are homeless no doubt provides important services that contribute towards people's health and well-being, these services rarely elevated to ending service user's homelessness as their primary objective. In many respects, traditional outreach can be distinguished as different because it was not resourced to permanently end homelessness. When commenting on a range of outreach models in the UK that can be considered 'traditional', Randall and Brown (2002) note the perception that these type of ad hoc and bottom up charitable outreach approaches can reinforce and encourage homelessness.

Second, assertive outreach differs from traditional outreach in the way it is conceptualised. Unlike most traditional outreach services that are 'bottom up' initiatives that operate on a basis largely independent of government and housing providers,⁶ assertive outreach is fundamentally part of a broader, integrated and intentional policy response. In theory, and as central to many contemporary assertive outreach services, this model of outreach requires both a multidisciplinary team and the availability of long-term support and permanent housing to realise its Housing First

⁵ This encompasses diversionary strategies, such as moving intoxicated people into Intoxicated Persons Units.

⁶ There are exceptions to this characterisation of 'traditional' outreach. For example, and as discussed further below, Sydney's Inner City Outreach and Support Service (I-CHOSS) and Queensland's HHOT outreach were broader government initiatives.

principles. It is access to these wider services and housing stock that is an important distinguisher between the traditional and assertive modes of outreach. In fact, while some 'traditional' outreach approaches to homelessness in Australia have focused on permanently ending homelessness, it has been their limited resources and absence of supporting policies in areas such as access to long-term housing and health care that has made the realisation of this (stated or otherwise) goal difficult to achieve (N Clay 2010, Chairperson Homelessness Australia, pers. comm., 31 May).

Third, assertive outreach is a model of service delivery that is described as persistent and aiming to work with people over the medium to long-term. Informed by the literature which points to the high rates of tenancy failures and thus returns to homelessness (Gale 2003), assertive outreach models continue to provide support to people after they are housed.

Within this long-term context, assertive outreach represents a means to assist people access housing and sustain their tenancies post-homelessness. Assertive outreach further differs from traditional outreach in that it involves persistently attempting to engage with people sleeping rough. As noted by many people involved in assertive outreach initiatives in Australia, initial service refusals are not necessarily taken as the last answer. Randall and Brown (2002, p.16) describe this as a move away from a 'social work' approach, to an approach that is more predetermined and interventionist. In fact, these were the sentiments echoed by a number of service providers involved in assertive outreach considered above.

The above discussion illustrated some clear features that, in theory, distinguish assertive outreach from traditional outreach. In practice, the distinction between an assertive outreach service and a traditional service to people who are homeless is less clear. Some outreach services to people who are homeless share some, but not all, of the features associated with assertive outreach. The Health Homelessness Outreach Teams (HHOT) delivered in Queensland was initiated as part of the state's broader Responding to Homelessness Strategy in 2005. HHOT are integrated within a broader government system and state-wide homelessness policy and the service identifies as 'assertive outreach'. HHOT work with other homelessness services including crisis shelters but do not, however, 'actually address people's homelessness' (Seelig et al. 2008, p.24). HHOT have no housing or formalised policy or service links with housing provision. HHOT is therefore an approach to outreach that is both similar and different to assertive outreach. Similarly, Sydney's former Inner-City Homelessness Outreach and Support Service (I-CHOSS) was part of an inter-government and service provision response. I-CHOSS focused on 'client readiness' as a precondition of accessing housing (Connolly & Giles 2010), and thus this service also is both simultaneously similar and different to assertive outreach.

An additional example of a service that is both similar and different to contemporary assertive outreach models in Australia is Adelaide's 'Metropolitan Boarding House Support Service'. This service practices assertive outreach, with a targeting of people with 'complex needs' as a means to assist them move into permanent housing. This service focuses specifically on people living in boarding houses, and it is therefore somewhat different to the dominant approach of targeting rough sleepers and identifying the most vulnerable of this group as a priority.

Assertive outreach is purported to be different to traditional outreach in that assertive outreach supposedly has access to the housing resources that organisations practicing traditional outreach have long requested (N Clay 2010, pers. comm., 31 May). Here the distinction is being made between a 'new' idea, on the one hand, and a 'new' policy approach premised on an idea that has been long recognised, on the other. Assertive outreach is new in that it is meant to include the housing resources

otherwise not easily accessible to rough sleepers through traditional outreach providers. At the early stages in the implementation of assertive outreach approaches across Australia, some have questioned whether permanent housing will be available—the availability of permanent housing may turn out to be more of an espoused ideal than an empirical reality. Thus, the actual differences between assertive outreach and other forms of outreach will not be known until the assertive outreach approach has matured, and been implemented and evaluated in practical settings.

The persistent approach of assertive outreach is also identified as distinct from traditional outreach practice. Randall and Brown (2002) refer to this persistence as a shift away from a social work approach toward a more interventionist approach. Informed by a view that people sleeping rough do not choose to be homeless, on the one hand, but are often reluctant to initially engage with services, on the other, assertive outreach does not take rough sleepers' initial reluctance to engage as the final answer. This persistent approach, however, has also been challenged. Echoing Coleman's (2000) sentiments about 'people's right to be homeless', a service provider involved in traditional outreach in an Australian capital city spoken to for this study suggested that assertive outreach breached people's rights to be homeless:

Well, we don't necessarily think that assertive outreach is the way to go. What about people's right to be homeless? We have lots of young people who tell us they don't want services, they don't want people hassling them. What about this? (Manager of an inner-city homeless service.)

Another manager responsible for outreach to people sleeping rough was likewise conscious of this critique:

You see there are lots of people out there, especially social workers, who think this persuasive approach breaches someone's right to be homeless. If that's a right, it's not a very good one. (Manager of a homeless outreach service)

Our interviews with a range of service providers and policy officers illustrated the high level of support and, at times, enthusiasm for assertive outreach responses. Nevertheless, it is an approach that may raise, or at least be perceived to raise, tensions about what constitutes an appropriate response to people who sleep rough.

Finally, and as Ms Narelle Clay's comments above allude to, assertive outreach principles have long been known and advocated for by the community sector in Australia. Rather than recognising this Australian knowledge, the White Paper and many subsequent policy documents outlining the efficacy of the assertive outreach have looked to international contexts and models as if the idea is new to Australia. Assertive outreach may well be something of a new policy approach to homelessness in Australia, but it is certainly not a new idea.

2.4.2 Outreach services to Indigenous people in public spaces

The models of outreach discussed thus far, both assertive and more traditional forms, work with Indigenous and non-Indigenous people. A number of Australian outreach models, however, are directed more specifically toward Indigenous people who are homeless, or are public place dwellers (see Memmott et al. 2003). Many of these approaches are operated by Indigenous organisations and are developed to respond directly to local issues. These outreach responses can be considered Indigenous because they mostly work with Indigenous people and operate in parts of Australia with significantly high Indigenous populations, for example, regional locations in northern, central and western Australia. Outreach services to Indigenous people in

public places have a different focus and share different features to other homelessness outreach services.

Consistent with the assertive outreach approach in operation in Ceduna, South Australia (noted above), a dominant theme among outreach responses to Aboriginal people in public places has been 'return to country'. Return to country strategies assist people living in public places return to their local communities. Public places dwelling in regional Australian centres (Darwin, Cairns, Broome, Ceduna, etc.) can be the result of Indigenous people accessing these areas and, because of financial and logistical barriers, they find it difficult to return home. In this respect, public place dwelling is seen as an issue of transience and itinerancy. Outreach strategies accordingly, aim to address this by enabling people, where appropriate, to return to their home.

A return to country approach currently underpins homelessness policy in the Northern Territory (Northern Territory Government 2009), as well as those in remote South Australia and Western Australia and is one component of the strategic response in Queensland. Memmott et al. (2003) point out that return to country initiatives can most appropriately meet the needs of some Indigenous people residing in public places. In some instances, however, this strategy can be inappropriate for both the individuals and the *home* communities. Memmott et al. (2003) document how return to country approaches have often been implemented against the overt wishes of the Aboriginal people involved.

In addition to seeing Indigenous homelessness in displacement terms, outreach responses to Indigenous people have been directed to managing concerns about public intoxication and/or anti-social behaviour. Outreach responses informed by this perception focus on moving people away from public places where they are not wanted by the broader public. These types of 'move on' outreach responses have two related elements. On the one hand, outreach responses to Indigenous people living in public places are of a 'law-and-order' nature. In this case, police and council rangers, often instigated by public complaints, draw upon legislation to forcibly remove people from public places (Memmott et al. 2003). This type of outreach response further exacerbates the problems which people residing in public places have with accessing vital health and welfare services (Australian Government 2006).

On the other hand, there are a range of approaches that, although moving Indigenous people from public places, do not use overt coercion or rely upon legislation. Some of these approaches were developed in response to the Royal Commission into Aboriginal Deaths in Custody. These types of responses can be broadly considered as diversionary, and include engagement and the provision of short and medium term accommodation.

Through a program operated in Darwin, Katherine and Alice Springs, the Northern Territory's Department of Justice funds the Intervention and Case Management Service (ICMS) discussed previously. The ICMS was initially a means towards assisting people return to country and moving people on. Community organisations that operate the ICMS, however, also practice in a more holistic manner, whereby the ICMS is similarly a means of intervention to achieve health and broader social objectives.

An example of this is Darwin's current 'Larrakia Intervention and Transport Service' (LITS). While the LITS does aim to link people in with a broad range of services, moving on Indigenous public place dwellers is also a primary function. An Indigenous worker involved in outreach in the Northern Territory suggested that one aspect of the LITS is simply a means to address the public's concern of Aboriginal people being in

public places. This worker argued that the LITS does not have the resources to address the complex problems people who are homeless have. Rather, and as directed by an inter-governmental working group, LITS workers engage with people in Darwin's public places and move Aboriginal people to other temporary public places from where they are moved again.

Memcott et al. (2003) point to the futility of simply moving Indigenous people out of visible public places. In fact, they argue that 'law-and-order' strategies not only prove to be ineffective, but they also constitute a breach of civil liberties (Memcott et al. 2003, p.17)—others have argued similarly (Goldie 2008). Memcott et al. (2003) advocate for outreach responses that involve Traditional Owners, housing and appropriate supports for the service, return to country, and the consideration of broader issues of public amenity and alcohol and substance use.

With reference to this latter point, it is public intoxication that is often associated with Indigenous homelessness as an anti-social behaviour problem. Related to, but arguably extending 'move-on' approaches, a common outreach response to Indigenous homelessness includes responding to public intoxication and associated problems with incarceration. Indeed, some programs addressing Indigenous public place dwellers have been initiated by local traditional-owner Aboriginal groups whose Elders have become highly stressed about the impacts of the anti-social behaviours of itinerant individuals and groups, e.g. giving the traditional owners a bad image and damaging sacred sites in Darwin and Alice Springs respectively (Memcott & Fantin 2001). Historically, however, responses to Indigenous anti-social behaviour such as noisy excessive alcohol consumption, intoxicated begging and abrasive language, have been largely implemented by Mayors of local councils, Chambers of Commerce and local Members of Parliament, and have typically involved the police or have empowered wardens to arrest and move people (Memcott 2006). In some cases such responses have contravened discrimination laws.⁷

One Queensland approach to anti-social behaviour includes the Public Intoxication Outreach Services in Townsville, Cairns and Mt Isa. This model of outreach focuses on both public safety and the provision of services, including case management, for people sleeping rough in order to divert them from risk of police custody and to facilitate access to alternatives to sleeping rough (Queensland Government 2005). Case management linked to these services aims to identify transitional and long term housing options where that is feasible. A similar service in Darwin is discussed in the previous section on Northern Territory assertive outreach services. Memcott et al. (2003, p.18) point out that Aboriginal Night Patrols and Wardens also fit into this broader category of outreach response. Aboriginal Night Patrols and Wardens seek out Indigenous people living in public places and provide immediate or diversionary strategies (Intoxicated Persons Units, diversionary centres, conflict resolution and simply taking them home) and more medium and long-term responses (accommodation, supports and service referrals).

While it can be meaningful to distinguish Indigenous outreach models for the purposes of explanation, in practice it is difficult to neatly distinguish return to country, diversionary and social and health-based outreach strategies on the one hand, from those of anti-social behaviour and move on strategies on the other. The Northern Territory Government, for example, identifies return to country strategies as a means to 'reduce anti-social behaviour' (Northern Territory Government 2009, p.16). Individual outreach responses to Indigenous people involve what can be considered

⁷ Interestingly, there is only one metropolitan Council that does allow park sleeping at night—the City of Sydney Council (Memcott et al. 2005.)

as competing priorities. Likewise, service providers and Indigenous organisations delivering what may have been intended as 'law and order' responses influence the nature of the outreach provided to include more holistic interventions. Further to this, seeing homelessness as an anti-social behaviour problem, and thus implementing short-term measures to address it, is not exclusive to Indigenous people in public places. In Australia (Spooner 2001; Walsh 2005, 2006; Walsh & Taylor 2007) and internationally (Amster 2003; Fitzpatrick & Jones 2005; Mitchell 1997, 2003), researchers have shown how all people living in public places are viewed through an anti-social lens, and are often responded to with similar 'move on' strategies. Further, it is misleading to characterise the involvement of police in exclusively coercive and 'law-and-order' terms. Like outreach workers, the police too may play an important role in implementing diversionary strategies, and linking people in with services.

While return to country approaches are unique to Indigenous people, this specific strategy is presented as a means to permanently end rough sleeping. Contemporary assertive outreach strategies implemented in other capital cities employ different strategies towards achieving similar ends.

The emphasis given to moving people on illustrates that many Indigenous outreach responses also differ in important ways to assertive outreach. In fact, highlighting even further differences between the two types of outreach, the 2003 Indigenous Homelessness Forum recommended that Indigenous outreach, rather than working towards ending homelessness, should use 'brokerage and other methods that promote accessible and relevant services to support those living in public spaces' (Australian Government 2006, p.25). This recommendation finds support in the suggestion that some Indigenous public place dwellers do actually experience the public places they live in as their home (Coleman 2000; Memmott et al. 2003). Common outreach approaches to Indigenous people in public places that include return to country, moving people on, or supporting them in a public place, are all different to contemporary models of assertive outreach in that the provision of permanent housing has not been a primary function of the service.

Like traditional outreach responses, it is evident that outreach responses to Indigenous people in public places share both similarities and differences with new homelessness assertive outreach services.

2.5 Summary

This section has presented an overview of outreach services as responses to homelessness in Australia. It began by describing recent changes in the national policy and institutional arrangements for homelessness that emphasise holistic and permanent solutions to homelessness and an increased focus on rough sleeping. Next, an examination was provided of the approaches being taken in each jurisdiction implementing assertive outreach as integral to achieving national policies aimed at reducing rough sleeping. This examination highlighted both the similarities and differences in service delivery models and points 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.

In a comparison of these new 'assertive outreach' services with previous homelessness outreach models, it is clear that there are both overlaps and differences in objectives and conceptualisation. However, it is also argued that services have aspired to similar approaches without the support of enabling policy or resources. Similarly, the objectives, practices and philosophies of outreach responses to Indigenous people who are homeless or who are living in public places can be differentiated from those espoused for new assertive outreach services.

The empirical research challenge for this study is to examine how assertive outreach models operate in practice and the extent to which they are able to achieve their policy intent. This will allow us to confirm whether they do indeed constitute a 'new' approach and whether this approach is appropriate and applicable to the diverse needs of Australian rough sleepers.

3 ASSERTIVE OUTREACH: A BROADER CONTEXT

The preceding chapter demonstrated that contemporary assertive outreach responses to homelessness in Australia are often influenced by models of service provision in the US, such as Housing First and Common Ground. While the link and relationship can be ambiguous, assertive outreach type practices within the Common Ground and Housing First approaches can also be traced back to Rough Sleeping Initiatives in the UK, as well as the provision of some health services in both the US and UK. Drawing on a range of different types of research in varying disciplinary contexts, in this chapter we discuss the way assertive outreach has developed. We do not, however, suggest that assertive outreach has progressed in a linear manner. Nor do we assume that assertive outreach practiced in different contexts has been the same: both the features and objectives of assertive outreach have differed. Instead, what we argue in this chapter is that the emerging model(s) of assertive outreach to homelessness in Australia have implicitly and explicitly drawn upon a range of ideas supported by and embedded within models of service provision to people for whom mainstream services have not effectively responded. This chapter first discusses some of the theoretical origins of assertive outreach within the mental health sector, before moving on to an analysis of assertive outreach as it has been used specifically to respond to rough sleeping in both the UK and the US.

3.1 Assertive outreach in the health system

The assertive outreach approach evolved out of a community psychiatric model known as 'assertive community treatment' (Bond, McGrew & Fekete 1995; Schneider et al. 2006; Wright et al. 2003). This approach can be traced back to at least the late 1970s in Chicago, and was initially developed to respond to the needs of some people with mental illnesses who either dropped out of mental health services or failed to attend altogether (Bond, McGrew & Fekete 1995). Assertive outreach not only evolved out of the psychiatric setting, but it is in this context where it is most commonly used in countries such as the US, the UK and Australia. This broad assertive outreach approach of service provision to people with mental illnesses is routinely referred to as synonymous with the related term 'assertive community treatment' (Coldwell & Bender 2007; Wright et al. 2003), and to a lesser extent, synonyms such as 'active outreach' (Graley-Wetherell & Morgan, 2001) and 'case management' (Ryan 2004).

There is some diversity as to what exactly constitutes assertive outreach in the psychiatric field (Wright et al. 2003). Nonetheless, and consistent with its initial principles, assertive outreach is generally presented as a means to meet the treatment needs of otherwise difficult to engage mental health clients (Department of Health, 2000; Grayley-Wetherell & Morgan 2001; Priebe et al. 2005). Others have suggested that assertive outreach is directed by a psychiatrist (Caton, Wilkins & Anderson 2007), and the provision of support is client-directed and provided by a multidisciplinary team (Department of Health 1998; Grayley-Wetherell & Morgan 2001; Williamson 2002; Wright et al. 2003). Building on this, Williamson (2002, p.543) argues that it is the persistent efforts to engage, and then the ongoing service provided, that characterises assertive outreach.

On a more specific practice level, the service provider-service user ratio is positioned as a key feature of assertive outreach. Patient to staff ratios were one of the criteria used to classify assertive outreach teams in one UK study which used a maximum patient to staff ratio of 15 to one (Wright et al. 2003). The UK's Department of Health (1998) referred to a case study with 10 patients for each staff member. In keeping with smaller ratios of patients to staff, other studies have suggested that assertive outreach

case workers are more accessible, invest more time, and provide treatment on a 24-hour open-ended basis (Caton, Wilkins & Anderson 2007; Graley-Wetherell & Morgan 2001; Priebe et al. 2005; Williamson 2002).

The diversity of ways that assertive outreach is practiced in the psychiatric setting is illustrative of the diverse rationales offered to support this approach. Among this diversity, however, exists an extensive body of research and meta-analyses' documenting the effectiveness of the intervention (Coldwell & Bender 2007; Mueser et al. 1998). Assertive outreach has been shown to reduce emergency department and in-patient admissions and duration of hospitalisations, as well as improving housing stability (Bond et al. 1990; Department of Health 1998; Graley-Wetherell & Morgan 2001; Levstek & Bond 1993). Assertive outreach has also proven effective at improving the symptomatology and quality of life of service users (Bond et al. 2001).

The persistent engagement with clients who have otherwise decided to reject the mental health system has been subject to critique. Williamson (2002) has cogently argued that assertive outreach practices that offer people little autonomy and undermine their rights to self-determination are paternalistic and ethically questionable. Other researchers have expanded upon Williamson's point, to show that client autonomy and self-determination are not simply the hallmarks of ethical practice, but fundamental to effective practice. Priebe et al. (2005), for example, demonstrated that assertive outreach is successful when clients feel listened to, when they have autonomy, and when it is a means to receiving practical support. This understanding of assertive outreach places the clients' interests at the centre, and the model of service provided is a means to achieve client-directed outcomes. This is in line with Graley-Wetherell and Morgan's (2001) sentiments. They suggest that assertive outreach is 'primarily about gaining the trust of people who choose either not to become actively involved with, or to actively resist, mental health services' (Graley-Wetherell & Morgan 2001, p.11).

Bond, McGrew and Fekete (1995, p.12) acknowledge that, on the one hand, an assertive outreach approach is appropriate to engage with and maintain working relationships with people often not serviced by 'traditional' mental health services. On the other hand, they take a view that assertive outreach principles of face-to-face contact in community settings, persistence and responsiveness to client needs, are common sense (Bond, McGrew & Fekete 1995). This rather uncontroversial understanding of assertive outreach has been similarly applied within a substance misuse context. While there is far less empirical research available in this field, practitioners working with people with substance addictions have drawn upon assertive outreach strategies to engage clients with motivational techniques and to enhance rates of retention (Doherty & Stuttaford 2007; Fisk, Rakfeldt & McCormack 2006, Fisk, Sells & Rowe 2007; Rowe et al. 2002).

3.2 Assertive outreach and rough sleeping

People who sleep rough and people with mental illnesses and/or substance addictions are often the same group. As such, assertive outreach approaches used in these related health fields to meet the treatment needs of clients who are difficult to engage are also likely to work with people who are homeless. Indeed, Coldwell and Bender (2007) suggest that as a mental health intervention, assertive outreach achieves significant improvements in the level of psychiatric symptoms for people who are homeless. Notwithstanding the ambiguous nature of neatly distinguishing assertive outreach as a mental health/substance use practice from its use as a homeless response, assertive outreach has been used as a specific means to meet the needs of people sleeping rough. In this context, assertive outreach is presented as a deliberate

method of practice to move people from public places and to assist them sustain permanent exits from rough sleeping by addressing related issues of mental health and drug and alcohol use that is perceived to be contributing to that rough sleeping.

3.3 Assertive outreach and rough sleeping in the UK

Arguably, one of the earliest and most noted responses to homelessness that involved assertive outreach was the Rough Sleepers Initiative (RSI). The RSI was first developed in 1990 as a short-term initiative of outreach and resettlement to address homelessness and social exclusion in London (Randall & Brown 2002; Wilson 2010). Although the RSI was not referred to as assertive outreach, this approach aimed to persuade rough sleepers to take offers of accommodation and thereby eliminate the need for people to sleep rough (Wilson 2010). The RSI was reported to have achieved a significant reduction in rough sleeping, and the approach was later extended to other regions of the UK outside of London. An independent evaluation demonstrated, however, that there existed a lack of clarity surrounding the objectives of the RSI and some outreach workers were inclined to provide support to people experiencing homelessness without actually persuading them into accommodation (Randall & Brown 1999). Indeed, it was argued that by taking this supportive role and not actively persuading people to move into homeless accommodation, the outreach supported the 'street lifestyle' (Randall & Brown 1999).

Informed by both the successes and limitations of the RSI, in 1999 the Rough Sleepers Unit (RSU) was established and replaced the pre-existing model. Drawing on the 1999 evaluation (Randall & Brown 1999), the RSU extended the assertive outreach practices of persuasion and explicitly embraced a 'more assertive approach' (Randall and Brown 2002). Outreach became the responsibility of Contact and Assessment Teams (CATs) (Randall & Brown 2002). These teams delivered assertive outreach which was characterised as a style of outreach that would 'persuade', 'encourage' or 'help' rough sleepers to move into accommodation and 'discourage' them from sleeping rough (Randall & Brown 2002). Instead of indefinitely leaving a person who initially refused to engage with services, assertive outreach involved maintaining daily contact with clients (Randall & Brown 2002). In their evaluation, Randall and Brown (2002) found that assertive outreach workers often spent three-quarters of their time on the street. Under the new system, CATs would develop detailed action plans for those experiencing long-term, 'entrenched' homelessness and, in some cases, people living in public places were redirected to their original 'home' area. In addition to the move toward more persuasive responses, assertive outreach was located within a broader context where greater emphasis was placed on shared 'team' responsibility for caseloads rather than individual caseloads. Consequently, an emphasis was placed on developing close working relationships between different service providers and statutory agencies including the integration of housing, mental health services and police authorities.

Randall and Brown (2002) took the view that this represented a shift from a 'social work' approach to an 'interventionist' approach which was specifically focused on the single goal of placing the client in accommodation. The effectiveness of the RSU was said to be illustrative in the achievement of reducing rough sleeping by two-thirds in less than two years. Based on a critical examination of these achievements and an assertive outreach approach in particular, however, the success of the RSU has come under question. In the period in which the reductions of rough sleeping occurred, the number of households in temporary accommodation doubled (Sale 2005). Indeed, it has been suggested that the program's success was at the expense of providing appropriate accommodation and meeting the longer-term housing needs of people sleeping rough (Fitzpatrick & Jones 2005; Pawson & Davidson 2006). The assertive

outreach central to the RSU was seen as unpopular—some people who exited rough sleeping articulated more significant concerns with living in homeless accommodation than they did with living on the streets (Busch-Geertsema 2002; Fitzpatrick & Jones 2005; Johnsen & Fitzpatrick 2007). Homeless accommodation, importantly, was seen as more dangerous than rough sleeping (Randall & Brown 2002).

Pawson and Davidson (2006) stated that the problem was more re-defined than it was resolved. Although the program's success was attributed to the persistence of its workers, it was not always popular among staff (Randall & Brown 2002). Some of the recommendations arising from the evaluation reflected concerns about the quality of temporary accommodation, lack of access to permanent accommodation, and the limited support available once people were housed (Randall & Brown 2002).

Arguably, a reduction in the numbers of street homeless has resulted in a smaller, more marginalised group of rough sleepers with a higher proportion of mental health or substance abuse problems (Randall & Brown 2002). Indeed, many people sleeping rough with illicit substance and alcohol addictions are excluded from the hostel accommodation that they are persuaded to move into (Tickle 2008). Similarly, people with additional needs hid themselves from the authorities in a bid to avoid engaging with service providers (Johnsen & Fitzpatrick 2007; Tickle 2008). Another longer-term outcome appears to have been that those remaining on the streets were increasingly seen as anti-social and there was a later shift toward legislating against behaviours they engaged in, such as begging. Fitzpatrick and Jones (2005) argued that assertive outreach paved the way for more coercive methods of resolving street homelessness and law enforcement action.

3.4 Assertive outreach and homelessness responses in the US

Within a contemporary homelessness context in the US, some principles of assertive outreach have been influential in the Housing First approach and Common Ground initiatives. With reference to the former, Housing First is a philosophy or overarching response to homelessness. It rests on the two key assumptions: (1) housing is a human right, and (2) the provision of housing and support should be distinct. This approach was initially designed by Sam Tsemberis in New York City to direct people with substance abuse problems and mental illnesses away from shelters and into independent housing (Stefancic & Tsemberis 2007).

Assertive outreach is important to the Housing First model. It is used to both engage rough sleepers and to enable former rough sleepers to sustain their tenancies. First, assertive outreach is an initial measure to engage people into housing. The Housing First approach specifically targets people deemed to be the most vulnerable and 'difficult to house' (Tsemberis 1999). Assertive outreach is used to proactively and purposively assess and identify those people most in need of the intervention. Within the Housing First framework, however, people are not persuaded to exit rough sleeping. Rather, once identified as the most in need, the provision of independent housing and the availability of support that is voluntary and client-directed fosters a relationship of trust and encourages people to engage (Stefancic & Tsemberis 2007). Indeed, it is the provision of secure housing in this initial outreach context to people sleeping rough that is presented as important in helping rough sleepers overcome their scepticism toward outreach (Kryda & Compton 2009). As Burt et al. (2004) recognised, outreach without available housing achieves limited success.

Unlike the RSU model and other programs that have been implemented elsewhere in the US (see Mitchell 2003, p.180), however, assertive outreach under the Housing First approach places the provision of an independent housing tenancy at the centre

of the broader response (SAMHSA 2007; Robbins, Callahan & Monahan 2009; Stefancic & Tsemberis 2007). The model was conceptualised as one of outreach, engagement and housing such that all three were immediately available instead of the usual staged continuum; prohibitive rules about, for example, substance use were removed (Tsemberis et al. 2003, p.310).

Second, assertive outreach is offered to former rough sleepers who are provided with an independent tenancy under Housing First programs. A multidisciplinary team, referred to as Assertive Community Treatment (ACT) teams, routinely delivers this assertive outreach. A key feature of assertive outreach to tenants is choice. A range of services and supports are offered, but tenants are not required to engage with any service (other than meet their ACT worker at scheduled periods), nor are they required to adhere to any treatment plans or practice abstinence or sobriety (Stefancic & Tsemberis 2007). The functioning and objectives of ACT support teams are modelled on clinical interventions developed to work with people who have mental illnesses (Tsemberis 1999). The primary function of the ACT support teams is to work with people after they have obtained housing, and to provide ongoing, and flexible support to enable people to sustain their housing (Stefancic & Tsemberis 2007).

A number of studies (Gulcur et al. 2003; Padgett, Gulcur & Tsemberis 2006; Stefancic & Tsemberis 2007) have demonstrated that the Housing First model has achieved greater housing stability and made less use of psychiatric institutions and substance abuse programs when compared to traditional programs where housing was conditional upon mental health treatment and sobriety. Despite the entrenched problems experienced by the client group, retention rates are higher than would otherwise be expected; 88 per cent compared to 47 per cent following the continuum approach (Tsemberis & Eisenberg 2000). The Housing First model more recently reported an 85 per cent retention rate and a model of service delivery which has been followed in 40 cities in America and in other countries (Pathways to Housing 2009).

The Common Ground model similarly draws on an assertive outreach approach to both engage rough sleepers and to support former rough sleepers sustain permanent exits from homelessness. Common Ground has been described as a model for providing long-term, supported, affordable, mixed tenure housing which includes onsite social services (Queensland Government 2009). Assertive outreach in the Common Ground approach is most commonly attributed to the Vulnerability Index Tool. The Vulnerability Index Tool was developed as a means to identify the most vulnerable and at risk of the rough sleeping population, which in turn is a means to ensure that this most vulnerable group are prioritised for intervention (Hwang et al. 1998). The manner in which Common Ground delivers an integrated service system to enable people who have previously experienced homelessness to sustain their tenancies is also associated with assertive outreach principles. Indeed, it is this model of integrated service provision, together with the use of the Vulnerability Index Tool, that much Australian policy material cites to support assertive outreach and Street to Home initiatives (Australian Government 2009b; Queensland Government 2009).

3.5 Conclusions

Although the health-related literature provides insights into the origins of assertive outreach, the housing focus typified by the RSU, Housing First and Common Ground are commonly presented as having greater influence for assertive outreach in the Australian homelessness context. While assertive outreach differs across these three homelessness approaches, they share similar features and objectives of drawing on multidisciplinary teams to transition people out of the rough sleeping population. Whereas the 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 three 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 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 accommodation most clearly distinguishes Housing First and Common Ground from the RSU approach, another fundamental point of departure is the focus on consumer choice and self-determination. The Housing First and Common Ground approaches do not attempt to persuade people, and with reference to Housing First, the level of engagement with and the nature of support services required is determined by the service user. A number of evaluative studies have demonstrated the effectiveness of the Housing First approach in achieving retention rates compared to traditional housing programs. 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. Unlike the UK, there is no mention of targets to be achieved under the Housing First model. In contrast, the RSU has maintained a focus on targets to achieve a reduction in the numbers of people who sleep rough. The literature suggests that the RSU has achieved significant success in reducing literal homelessness. 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 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.

4 FINAL STAGE RESEARCH PLAN

The purpose of this study, as outlined in Chapter 1, is to examine models of assertive outreach to rough sleepers and to assess the contribution of assertive outreach services in reducing the incidence of rough sleeping through assistance to acquire and maintain accommodation. The study is formative in that it is investigating relatively new and emerging service responses being implemented across Australia under national homelessness strategies. The research questions, detailed in Chapter 1, provide the over-arching framework for the study which involves examination of the intent, features and early outcomes of these new assertive outreach models. A key aspect of the study is to identify the experiences to date of potential and actual service users, service providers and other stakeholders, such as complementary services and funding bodies. The study will draw on the information gathered to identify implications for principles, policy, and practices to underpin the further development of assertive outreach models.

In this Positioning Paper, we report the findings of the literature and policy reviews and a desk-top analysis of assertive outreach models being implemented around Australia. This first phase of the study provides a theoretical and contextual basis for the remainder of the study. In this chapter we draw on the findings to date to construct an analytical framework to inform the design of the phase two empirical research, including the detailed research questions.

4.1 Research approach

The proposed empirical study is based on a number of assumptions supported by the findings to date about the intent and design of services identified as assertive outreach. It is assumed that contemporary models of assertive outreach show both continuities and discontinuities with past approaches to providing services to rough sleepers. The most significant differences in the new approaches include an explicit objective of moving rough sleepers into accommodation and continuing support after people are housed to assist them to sustain accommodation. It is also assumed that the features of assertive outreach will and should differ according to local contextual factors, including the characteristics of rough sleepers, the local settlement patterns, the nature of the service delivery system and the availability of housing opportunities.

4.2 Underlying themes

A number of underlying themes emerge from Chapters 2 and 3 that will be examined in the empirical study. These themes, discussed below, reflect a number of tensions and contradictions inherent in the dynamics of and responses to rough sleeping in contemporary Australian society.

A dominant theme in the literature and policy discourse regarding assertive outreach is to present this approach as client-centred practice where clients exercise choice and self-determination. This assertion will be tested through the case studies to determine the opportunities and constraints experienced by clients in realising choice and self-determination in practice.

Another recurring theme is identification of homelessness in terms of social exclusion. Assertive outreach is presented as having the potential to promote social inclusion by targeting the most vulnerable, contributing to broader strategies to improve rough sleepers' access to services (e.g. health, housing, legal) and, ultimately, social and economic participation. By contrast, assertive outreach has also been characterised as an instrument of control and coercion that disadvantages rough sleepers and Indigenous public space dwellers in conflicts over the use of public spaces. 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. The study will examine how this tension plays out in practice in particular case study contexts and the implications for rough sleepers and service providers.

A third persistent theme 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 jurisdictions, whereby the 'Housing First' approach is espoused policy but difficult to achieve in practice. In Queensland, for example, the housing first approach is presented as a key principle of assertive outreach (Queensland Government 2008, p.3). After noting this key principle, the Queensland Government then suggests that 'some clients may require a period of transition to move from rough sleeping into stable, long-term housing' (Queensland Government 2008, p.3). This inconsistency is also evident in the other jurisdictions where concepts of 'Housing First' and 'Housing Readiness' are confused in policy and service design. In other cases, it is acknowledged that achievement of the 'Housing First' ideal is constrained by lack of dedicated pathways to appropriate and affordable long-term housing. Through the empirical research we will examine the ways that assertive outreach and housing access interact for rough sleepers and the policy and service implications for engaging clients and helping their transition from homelessness to sustainable housing.

4.3 Features of assertive outreach models

Drawing on the previous discussion, the key characteristics of assertive outreach can be typified as outlined in Table 1. This framework provides a basis for examining assertive outreach models in the case study sites and informs the research questions and methods. It will be used to analyse, assess and compare the various assertive outreach models as they are operating in practice.

4.3.1 Target population

Assertive outreach is directed toward people sleeping rough. Rough sleepers are those who live in public places or in dwellings not intended for human habitation. While some people do sleep rough for consecutive years, it is recognised that most rough sleepers move in and out of this form of homelessness on a frequent basis. Specific demographic details are not available, but available evidence suggests that rough sleepers are disproportionately male, young to middle age adults, and Indigenous. Further to this, people sleeping rough are routinely thought to experience a range of problems in addition to their homelessness, including chronic illness, mental health disorders and substance use. As such, rough sleepers are deemed to be difficult to engage and adequately respond to using traditional services and interventions.

4.3.2 Objectives

A fundamental objective of assertive outreach is to achieve sustained housing outcomes for people with experiences of rough sleeping. The aim is to prioritise the intervention toward those rough sleepers assessed as being the most vulnerable. On a broader level, assertive outreach is part of a collaborative and integrated model of service provision, which represents a means toward meeting objectives of halving homelessness and providing supported accommodation to all rough sleepers who need it.

4.3.3 Core features

While there are important differences in the way that assertive outreach is conceptualised and implemented across Australia, there are a number of core features identified as integral to this approach. First, a strategic, targeted approach is taken by the use of a Vulnerability Index Tool which ensures that those who are most vulnerable are given the greatest priority for assistance with their housing needs. This entails an active search for, and then engagement with, people sleeping rough. The response occurs in the absence of any referral process, and outreach is persistent; outreach workers do not take an initial reluctance to engage as the final response. Services are provided in situ. An integrated and ongoing model of service provision further characterises assertive outreach. To achieve the core objective of sustainable solutions to rough sleeping, other key features include the provision of services that are client-directed, multidisciplinary and services that continue to support people, once housed to enable them to maintain their tenancies.

4.3.4 Housing options

The Housing First approach is commonly cited as underpinning assertive outreach in Australia. In practice, however, this appears more of an espoused ideal than an empirical reality. The housing and accommodation available to clients of assertive outreach programs include homeless accommodation, supported transitional accommodation, Common Ground inspired housing, as well as other permanent housing in the social and private rental sectors. A key concern is the extent to which client choice is exercised in the location and type of housing and accommodation provided and the impact that this has had on the appropriateness and sustainability of the housing.

4.3.5 Contextual factors impacting upon success

The features of assertive outreach are assumed to be largely a product of the context in which the service is embedded. The broader service delivery system and the funding parameters in which services operate are key considerations. Similarly, the broader policy context plays an important role in what the approach can achieve. Access to housing, and the timeliness and appropriateness of housing, is arguably a principle factor impacting upon success. The type of housing will not only be important in whether that housing is sustainable, but the type of housing or accommodation available will likely determine the extent to which people sleeping rough will engage with the service. The working relationships and integration of the assertive outreach services with other organisations and agencies plays a likewise significant role in the outcomes that can be achieved. Furthermore, given the unique nature of Indigenous homelessness and the subsequent unique responses required to address it (Memmott et al. 2003), the extent of Indigenous people sleeping rough will impact upon what outcomes can be achieved, and what constitutes an appropriate outcome.

Table 1: Assertive outreach key characteristics

| <i>Themes</i> | <i>Characteristics</i> |
|---|--|
| Target population | Rough sleepers. |
| 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. |

4.4 Research methodology

The research findings to date as outlined above have informed the methodology for the final empirical stage of the study. In this next stage a small number of case studies will be undertaken to explore in more detail the features, implementation and, to the extent possible, indications of success for Assertive Outreach models in different contexts. This section describes the rationale for and the details of the proposed methodological approach.

4.4.1 *The case study approach*

A multi-site, multi-level, mixed methods case study approach has been chosen because it allows the in-depth study of the implementation and operation of assertive outreach services in a number of different contexts. Three cases will be undertaken to provide the widest range of service delivery and policy contexts possible within the resources available for the project.

4.4.2 *Choosing the case study locations*

The proposed sites are Brisbane, Darwin, and Sydney and they meet the criteria outlined below. In addition they are the sites for assertive outreach models that are established enough to make the study meaningful and service providers have

indicated agreement to participate. They are also accessible for the researchers who are based in Brisbane.

The criteria for selecting the sites are:

- a mix of jurisdictions to provide differences in policy and service delivery contexts
- a mix of smaller and larger cities
- at least two sites with high levels of Indigenous rough sleepers
- a mix of more established and new services
- differences in housing market conditions
- differences in climatic conditions

4.4.3 Fieldwork research questions

The field work questions will address the core research questions outlined in Chapter 1 and the key themes and issues identified above. The questions include:

- 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?

4.4.4 Data collection methods

In the case studies, a mix of data collection methods will be used including interviews, observation, secondary data and document reviews. Service provider documents and data including policies, funding contracts, promotional materials and administrative data will be collected. A total of approximately 70 individual participants will be interviewed including service managers, frontline workers, clients who are sleeping rough and those who have moved to more permanent accommodation along with other service providers working with common clients, policy-makers and funders. Researchers will spend a week in each location to allow sufficient time to become familiar with the context, allow informal contact with service providers and clients and to arrange optimum conditions for interviews with homeless participants.

Clients of the assertive outreach interventions will be recruited using a combination of convenient and snowballing sampling methods (Bryman 2004). Workers of the outreach services will advise clients of the research and introduce them to the researchers during the fieldwork period. The researchers will have developed some level of rapport or familiarity with service users through the observational component of the fieldwork. Parsell (2010) found that the familiarity and rapport developed during participant observations explained why people sleeping rough saw the research as

credible and were thus willing to participate in formalised interviewing. After service users are introduced to the researchers, the researchers will explain the study to them and invite them to participate.

4.4.5 Ethics

The observations and indeed research of people living in public places raises important ethical questions. People who are homeless are often research subjects, and their day-to-day lives can be characterised by disclosing 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 has received university ethical clearance so long as 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 have tried to mitigate the risks posed to research and potential research participants. First, we will obtain 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 will ensure that people are aware of our intentions. Third, we recognise that the service users are to varying degrees reliant upon the service providers. Conscious of this power disparity, we will take proactive measures to ensure that potential research participants know that their refusal to participate has no bearing on their relationship with the service providers they work with.

4.4.6 Data analysis and interpretation

Interviews will be digitally recorded and transcribed and researchers will compile a journal. A thematic analysis will then be undertaken of these documents using NVivo. The data analysis will be initially based on the themes discussed above and the issues contained in the characteristics framework. Additional themes may emerge from the data and will be identified and analysed. Wherever possible, data will be triangulated by cross referencing interviews, documents and administrative data to enhance validity. The research team will critically analyse and interpret the emerging themes and issues in order to identify key findings for inclusion in the final report.

4.5 Conclusion

This Positioning Paper reports the findings from phase one of the study and provides the conceptual and policy background for the empirical study of new and emerging assertive outreach approaches to responding to rough sleeping in Australia. It establishes the genealogy for the concept of assertive outreach and examines the transition of these ideas from other domains and countries to their application in policy responses to rough sleeping in Australia. It also highlights some of the ambiguities and contradictions inherent in the policy formulation and service design of the broader Street to Home concept, of which assertive outreach is a key component. The empirical, case study methodology outlined above provides an opportunity to examine the implementation of these ideas as service models in a number of specific, real life contexts across Australia. The findings of that study will be reported in a final report that will describe the characteristics of the models and assess their implementation, early performance and outcomes. The aim is to better understand what works, where it works and why it works.

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