

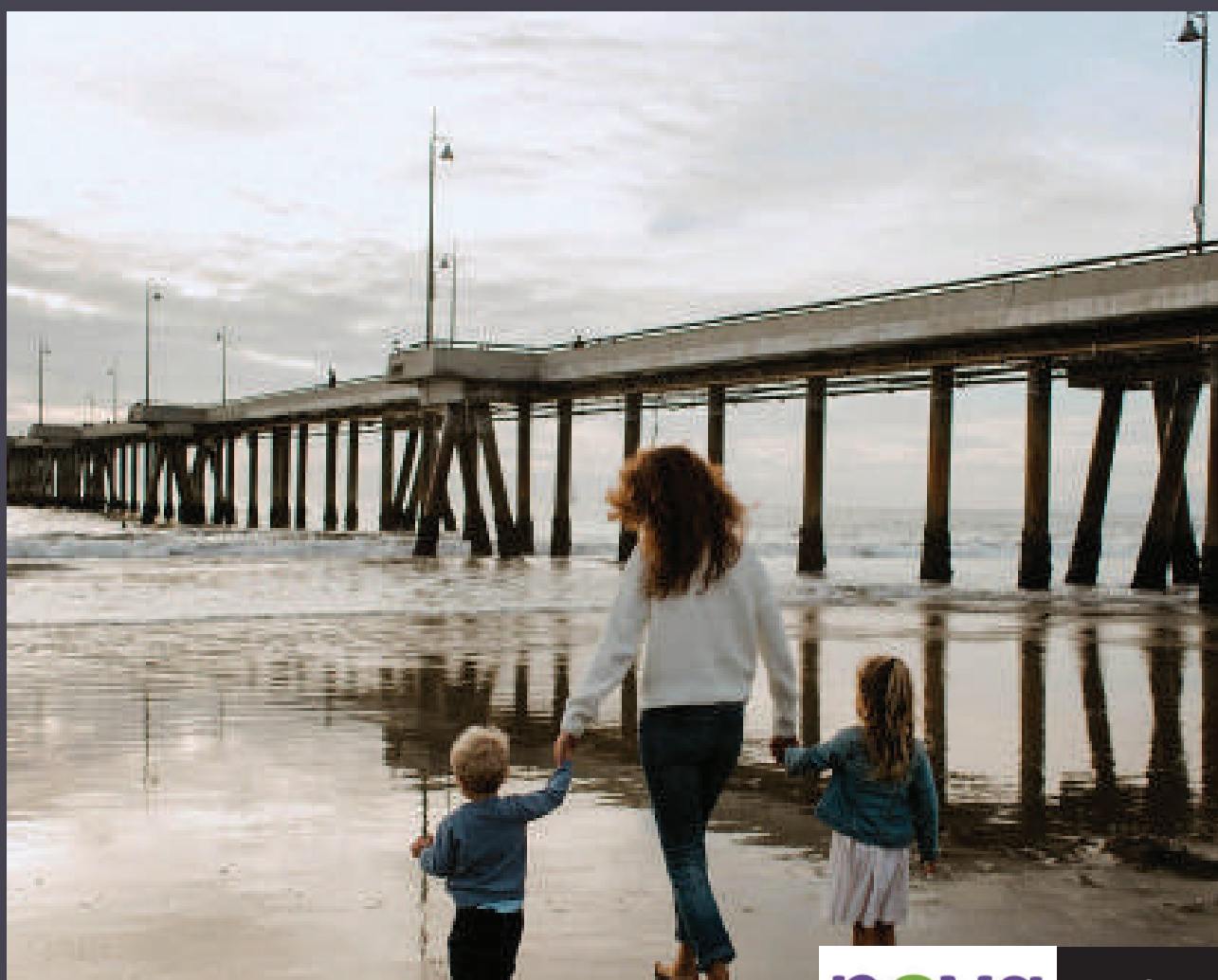
# *The wisdom* **of women and workers:**

PRACTICE CONSIDERATIONS FOR DESIGNING  
ASSERTIVE OUTREACH SERVICES FOR WOMEN  
EXPERIENCING HOMELESSNESS

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**nova**  
for women and children  
WOMEN AND CHILDREN MATTER

  
THE UNIVERSITY OF  
NEWCASTLE  
AUSTRALIA

## ACKNOWLEDGEMENT

*We acknowledge the traditional owners of the land on which we work and pay our respects to Elders past, present and emerging. We recognise the disproportionate experience of disadvantage and domestic and family violence experienced by First Nations women and their children and their experience of structural and systemic dispossession and disconnection. We acknowledge the courage of these women, and all the women we work alongside and honour their experiences and voice in this report.*

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# Executive Summary

*Nova for Women and Children supports women who are at risk of homelessness to remain safely in their home and assists women who are homeless or in housing crisis to be safely housed. The service has been providing support, accommodation and advocacy for women and children in Newcastle and Lake Macquarie for almost 40 years. Over that time, it has evolved to be one of the largest Specialist Homelessness Services in the region, maintaining its feminist and social justice framework to ensure that women and children matter in all aspects of service delivery. In 2020, Nova entered into a partnership with Tamara Blakemore, Graeme Stuart, and Joel McGregor from the University of Newcastle to explore possibilities for a specialist assertive outreach program for women experiencing homelessness in the Hunter region of New South Wales (NSW).*

Assertive outreach practice is distinguished by the situations and settings in which workers come into contact, and work with, people needing support. In practice, assertive outreach usually means taking services to people and working with them where they are at. Assertive outreach approaches to homelessness are often used with people experiencing chronic or cyclic homelessness. Assertive outreach models of practice, particularly as they apply to people sleeping rough, have been a mainstay of community-based crisis and case-management responses in Australia for much of the past three decades. However, assertive outreach policy and practice has largely focused on the visible, and hence male, experience of homeless.

When Nova identified a gap in female focused delivery of assertive outreach for women experiencing homelessness, they undertook this project to ensure their response was not only 'evidence' informed, but also informed by the voices of women. The project team believed it was vital that we heard from women who were experiencing homelessness, and the people who worked with them, when creating a female focused, person-centred model of assertive outreach models for women. This report presents the outcomes of the project undertaken between Nova and the University of Newcastle.

### The project included:

- A rapid review of current literature on assertive outreach.
- Ethics approved interviews with women with lived experience of homelessness alongside practitioners (from Nova and other organisations).
- The development of three broad models of assertive outreach, scaled by expenditure and breadth of service engagement and reach.
- The development of a universal set of practice principles to underpin assertive outreach work with women.

### Research approach

The project was guided by a research reference group including key staff and board members from Nova for Women and Children, other key stakeholders such as mental health care providers, and members of the University research team. Ethics approval for the project was provided by the University of Newcastle Human Research Ethics Committee [H2020-0315].

Using an approach like Khangura et al. (2012), a rapid review of the literature aimed to explore the evidence base for assertive outreach practice with women experiencing homelessness to consider gendered needs and experiences and identify implications for practice. A total of 30 sources were reviewed with key themes identified relating to 'people' and 'practice' both contextualised by 'place'. Conversational interviews were also conducted with (n=5) women with a lived experience of homelessness and (n=15) workers. These interviews explored the experience of homelessness and of support on the journey toward secure housing, aiming to identify what matters and what makes a difference for women in this work.

### Findings

A critical assumption underpinning this project was that gender has a major influence on the experience of homelessness. Understanding women's experiences and how they guide assertive outreach practice was therefore an important starting point in thinking about how responses can be gender defined, responsive, and inclusive, rather than being a 'one size fit's all approach.' Unfortunately, however, review of the existing literature, found the voice of people experiencing homelessness, and especially those of women, is largely missing from the evidence base for practice.

When we spoke to women and workers, we heard stories of chronic and/or cyclic homelessness, often compounded by complex (and intersecting) experiences of disadvantage, domestic and family violence, substance misuse and trauma. Women who had experienced homelessness all discussed, in varying ways, past traumatic experiences. These included the loss of children (through removal, estrangement, or bereavement), domestic and family violence, childhood abuse, violence, sexual exploitation and homelessness as a child or teenager. For these women, traumatic experiences sometimes led to them becoming homeless and/or remaining homeless or cycling in and out of homelessness. A critical learning from these conversations is that trauma can be a 'gateway' to the experience of homelessness.

**WLE04:** *Do you know what? You know they say a gateway drug, gateway drug – do you know what it all boils down to? The trauma and the childhood dramas, traumatising of what someone's been through.*

**Researcher:** *Trauma's the gateway?*

**WLE04:** *It is, it is.*



Women described homelessness as being easy to fall into but hard to climb out of. They spoke of it as an experience that brought with it more (and sometimes different) trauma with a cumulative effect that disempowered their efforts to regain stability, security, identity, and a sense of belonging. Trauma, whether a result of family and domestic violence, systemic and structural oppression, disconnection, disadvantage, or disengagement – was a defining context for women’s homelessness. It also seems to be a gendered experience, particularly when we consider dynamics of vulnerability to, and exertion of, power and control, coercion and force.

Yet when we discussed the gendered experience of homelessness with women and workers there was sometimes a face value assumption that men and women experience homelessness in similar ways. This assumption seems to be reflected in the existing literature and in the current policy and practice responses to homelessness.

Yet in the accounts women shared, there was also thoughtful description of the gendered realities of homelessness as they relate to vulnerability and risk, and the actions women take to stay safe, that may be very different to men. Women involved in the project described how they used drugs while sleeping rough to keep themselves awake (and therefore safe). Women also shared recollections of gendered differences in their experience of homelessness that relate to their role as mothers. Women had slept in their cars with their children, couch surfed with their children, and had lost custody of their children because they were homeless. Descriptions of being a mother and being homeless suggest the experience is one of a struggle within a struggle, and one that was not experienced in the same way by men.

Also present in the conversations we had with women about the experience of homelessness were notions of agency and choice that weren’t well reflected in the literature reviewed. People experiencing homelessness can, and do, make decisions about their housing options – decisions often constrained by circumstance, capacity, and context, but still decisions – that should be recognised and respected by service providers (Coleman et al., 2013; valentine et al., 2020). Some of the women we interviewed spoke about the choices they made or felt they couldn’t make – choices sometimes severely constrained by things beyond their control – that had a major impact on their experiences of homelessness. Some of the women we spoke to highlighted the tension that exists between choice and no choice. One woman suggested that homelessness was often a choice and that the choices people made contributed to them being homeless. But at the same time, she recognised that the ‘choice’ could be very limited or heavily constrained by circumstance (e.g., when she ‘chose’ to be homeless at the age of nine to avoid abuse). In these contexts, women we spoke to voiced different opinions about whether they felt women and men had a different sense of agency and choice when it came to homelessness. One woman was clear that she felt men could, and did, choose to be homeless, while women did not.



## Practice considerations

Assertive outreach is described across the literature reviewed as non-linear (and preferably flexible), rich in complexity, and grounded in an ethic of compassion and care. This style of work requires a person-centred approach to understanding the experience of homelessness. Effective assertive outreach is noted in the literature to involve time-intensive, long-term, and successful two-way engagement. Models of assertive outreach need to ensure that workers have enough time to engage people, show genuine care and provide practical support; be client-led rather than being program-driven; have the time and skills to develop strong relationships with people experiencing homelessness; and to be flexible in their approach. The workers we spoke to noted that making initial contact with women experiencing homelessness is a particularly challenging, time sensitive and safety conscious area of practice.

Workers discussed needing to be aware that in doing assertive outreach work they could be entering somebody else's space and they run the risk of 'invading' somebody's 'safe zone.' For some, this related particularly to women who were sleeping in their cars, but others felt it was relevant irrespective of where women were staying or sleeping. These reflections enhance the understandings offered by the literature. Therein, risks to practitioner safety, including the risk of physical harm and vicarious trauma, are noted considerations, but how to protect the safety of people experiencing homelessness when assertive outreach workers enter their 'safe' space is a notable gap in conceptualising practice.

In the interviews, women commonly spoke of what was helpful and important to them in the workers that supported them. Often this involved being available, knowledgeable, and able to meet their needs in a timely way. Women talked about relationships with workers as being vitally important. They emphasised that without a sense of relationship and connection they would not trust workers with their stories, nor be open and honest with them in the complex and very vulnerable work

involved in exiting homelessness. Consistent with the literature, women described workers providing practical support as demonstrating that they cared and could help make a difference.

An interesting tension arose here, with women suggesting workers need to both support them in ways that were meaningful and timely, but also find a balance between providing support and potentially further disempowering the women they work with. While most workers interviewed had very clear goals of supporting women out of homelessness and into housing as quickly as possible, some women identified needing more time, and more support to be ready to be housed. Women explained their readiness for being housed as a complex mix of getting access to available and appropriate housing, being in the right mindset to be housed and having, or regaining, the life skills required to sustain housing tenure.

In the project we observed that it can be confronting for practitioners to recognise the agency and choices of people who are sleeping rough or living in unconventional situations, particularly when children are involved. At its extreme, this was seen to translate to the perceived complicity of services in contributing to homelessness, and women's perceived lack of choice or power to make choices in this context. This was discussed by women who had experienced homelessness in the context of domestic and family violence. We know that mothers in these circumstances are often faced with an ultimatum to leave an offending partner to retain custody of their children and to receive support to retain (or obtain) safe and stable housing (Cramp, & Zufferey, 2020; Douglas & Walsh, 2010). For complex, contested and often intersecting reasons, women we spoke to felt they did not have the power to make the choice to leave their relationships and thereby retain custody of her children and access housing.

**WLE07:** *Yeah. I found myself homeless when my children were removed. I experienced domestic violence, I was in a relationship for 14 years, and I guess towards the end of that relationship DOCS [Department of Community Services] weren't very – they sort of removed the children due to domestic violence and sort of left me with him. So, I was left pregnant with the perpetrator and the children were removed, and then I was pregnant, so my daughter was removed from me in the hospital.*

Workers too commonly expressed frustration and exasperation at systemic and structural processes influencing their work. These processes and the associated expectations they place on workers and clients were described as degrading, challenging and sometimes, as a seemingly insurmountable obstacle to overcome. Overwhelmingly there was a sense that both workers and the women they worked with felt powerless in relation to these processes they saw as inflexible.

## Project outcomes

Arising from the rapid review and the interviews undertaken is an idea of ideal practice with women experiencing homelessness that is responsive to the experience of trauma and, while desirably long term and slow paced, needs to be time-sensitive and responsive to ensure engagement and rapport. How this is achieved, within existing policies and funding parameters will require considered and collaborative action. It will require a shared understanding of underpinning principles that will make a difference for women supported by assertive outreach and sustain the practitioners delivering this work. Reflecting on the findings of this project, a series of collaborative and curious conversations identified that the work raises important questions for practice including:

- How we talk about our work?
- How our work looks going forward?
- How we ensure best practice in achieving outcomes in our work?







With commitment to a female-focused delivery of support for women experiencing chronic and cyclic homelessness, it makes sense to talk about the work in language that resists 'male' notions of assertiveness and with imagery that is consistent with the aims of targeted engagement and connection. **Instead of 'assertive outreach' we propose the alternative language of the 'Targeted Engagement Activity' (TEA) model.** The TEA model of practice emphasises relationships and connection-based responses built around respect, belonging, transparency and trust. As advocates and facilitators working with women to reach their goals, this model recognises that we are not experts in their lives, and we honour that all women are experts in their personal 'herstory'. The wisdom of women is foregrounded in this work, recognising that in respectfully listening to a woman's story we can hear her unique experience, her needs, strengths, goals and obstacles associated with homelessness.

**As an outcome of this project, three 'TEA' models have been developed to shape work going forward.** Each model has successive reach, responsiveness and potential for proactive change, with each needing a greater commitment of funding, staffing and resourcing. Briefly described, these models are:

#### MODEL 1:

A discrete service offer provided by a small team of NOVA staff, delivered at locations women who have complex needs and who experience chronic and/or cyclic homelessness might spend time. Model 1 would assist with meeting practical needs, linking to services and supports to either get housed or 'get ready' to be housed.

#### MODEL 2:

Extends the service described by Model 1 to include multi-disciplinary providers and peer workers in the delivery of regular, supportive outreach at multiple access points. It would have greater capacity to offer multi-targeted supports for more women, addressing practical need, and co-ordinated support through a shared pathway toward housing.

#### MODEL 3:

Further the reach of Model 2, by co-locating multi-disciplinary providers and peer workers to provide intensive, wrap-round supports with linked outreach and in-house service provision. Model 3 extends service provision to the maintenance of housing tenure through supportive case management and 'upstream' policy response through advocacy and a dedicated research and practice advisory role.

Envisaged outcomes of all TEA models include; women and children's safety being supported, wherever they are at; women and children having improved access and connections to services, community groups and family/friends for improved wellbeing and women and children being supported in their journey towards safe, sustainable housing.

**To ensure best practice a set of key practice principles have emerged from the wisdom of women and workers involved in this project to guide practice with women experiencing homelessness.** Collectively these principles focus practice on prioritising safety, connection and recovery by being committed, consistent, and flexible. The first three principles – safety, connection, and recovery – are consistent with frameworks of trauma-informed care, addressing the trauma-related needs of survivors. The latter three principles – being committed, consistent, and flexible – relate to the dynamics and ways of working which practitioner-wisdom indicate are important for women experiencing homelessness.

This project makes a unique contribution to the evidence base for policy and practice focused on women's homelessness by foregrounding the wisdom of women and their workers. It also demonstrates how this wisdom can shape work with women experiencing homelessness by embedding it in the language we use to describe this work, what that work looks like and how best practice towards client-centred outcomes is ensured.



# Introducing Key Concepts

*In Australia there has been a revival of interest in outreach with homeless people, with a particular emphasis on assertive outreach, since 2008 and the release of the White Paper, The Road Home: A national approach to reducing homelessness (Homelessness Taskforce, 2008). Before introducing the research methods used and discussing the findings, it might be helpful to clarify definitions and understandings of key concepts covered.*

## What do we mean by homelessness?

It is important to clarify what we mean by homelessness, noting that simple definitions can misrepresent the experience of homelessness (Rule-Groenewald et al., 2015), and grossly underestimate its extent – particularly for women (Pleace, 2016). In Australia, a useful distinction has been made between three different forms of homelessness:

- **Primary Homelessness** is used to refer to the experience of being without any form of conventional accommodation leaving people to sleep on the streets or in their cars which is often referred to as 'sleeping rough'.
- **Secondary Homelessness** is used to refer to the experience of relying on stop gap accommodation where people move frequently from one form of accommodation to another (e.g., moving between refuges, couch surfing and homes of family and friends etc).
- **Tertiary Homelessness** is used to refer to the experience of insecure housing where living arrangements may not provide security or stability of tenure e.g., hotels, boarding homes

and caravan parks (Australian Institute of Health and Welfare, 2003; Chamberlain & MacKenzie, 1992; Homelessness Australia, 2021).



Internationally, The European Typology of Homelessness and Housing Exclusion (FEANTSA, 2017; Homelessness Australia, 2021.; Johnson et al., 2017) identifies four main categories of homelessness and housing exclusion, these are:

- **Rooflessness** (e.g., sleeping rough, emergency accommodation)
- **Houselessness** (e.g., accommodation for the homeless, women's shelters)
- **Insecure Housing** (e.g., living temporarily with family or friends and/or living with the threat of eviction or violence)
- **Inadequate Housing** (e.g., temporary or unconventional structures, unfit or overcrowded housing)

In this project we have not distinguished between different types of homelessness, noting that for many women, these experiences may be interconnected, cyclical, chronic, or cumulative.



## What do we mean by assertive outreach?

Assertive outreach practice is distinguished by the situations and settings in which workers come into contact with, and continue their work with, the people they work with. In practice, assertive outreach often means taking a service's support to people, working with them where they are at, and prioritising their preference and pace in any support. In the rapid review component of this project, definitions and understandings of assertive outreach were identified across sectors of mental health, nursing, housing, and homelessness.

Historically, the term assertive outreach was first used in mental health disciplines to describe an alternative to treatment in psychiatric hospitals during the 1970s when there was an emphasis on deinstitutionalisation (Stein & Test, 1980). In reviewing the development of the approach, Cupitt (2009); notes the approach was early on described as having the key features of:

- Services delivered in the community rather than the office
- Multi-disciplinary teams
- Low client to staff ratio
- An emphasis on practical support in daily living
- Efforts to prevent clients withdrawing from care
- 24-hour support
- Long-term commitment to service delivery

In the late 1990s Cuppitt (2009, p.2) suggested that assertive outreach was defined as:

*A flexible and creative client centred approach to engaging service users in a practical delivery of a wide range of services to meet complex health and social needs and wants. A strategy that, requires the service providers to take an active role working with service users, to secure resources and choices in treatment and rehabilitation, psychosocial support, functional and practical help, and advocacy ... in equal priorities. (Cuppitt, 2009, p. 2)*

Although the term assertive outreach was first used in mental health disciplines, it drew on principles and practice that had already been developed in outreach work with people who were homeless (Coleman et al., 2013). Since 2008, with the release of the White Paper, *The Road Home: A national approach to reducing homelessness* (Homelessness Taskforce, 2008), there has been a revival of interest in assertive outreach with people experiencing homelessness.

Phillips et al. (2011) and Homelessness NSW (2017b) suggest there are several differences between 'traditional' outreach with homeless people and 'contemporary' assertive outreach which has been the focus in Australia since the White Paper. For both approaches, one of the main features is that, 'service delivery takes place within the service user's environment rather than requiring service users to attend a designated service centre' (Phillips et al., 2011, p. 15). 'Traditional' outreach approaches are noted for services often working in 'silos' rather than adopting a more coordinated approach (Homelessness NSW, 2017b, p. 10). As such, traditional outreach often provides a street-based continuum of care to those sleeping rough, including providing clothing, food, and emergency relief; facilitating access to counselling, alcohol and other drug services; and assisting with referrals to shelters or accommodation.

'Contemporary' assertive outreach methods, however, is much more explicitly focused on securing housing for those sleeping rough (Phillips et al., 2011, see also Homelessness NSW, 2017b). Three distinctive features of contemporary models include:

1. This explicit aim to end homelessness rather than simply supporting people who sleep rough.
2. A broader and 'intentional policy response' (Phillips et al. 2011, p. 2) with services adopting an integrated, multidisciplinary approach, to attend to needs and potentially root causes of homelessness.
3. A more 'persistent' approach that aims to achieve long-term housing outcomes by providing sustained resources to people who are homeless, and to support them to move into, and sustain, stable housing often with wrap-around support.

In any discussion of practice approaches for people experiencing homelessness, it is important to note that efforts to end homelessness are always dependent on housing options being available. If assertive outreach teams, particularly those working from a contemporary model of work, cannot access emergency and longer-term housing, then the goal of ending homelessness is extremely difficult if not impossible (Coleman et al., 2013; Homelessness NSW, 2017b; Mackie et al 2019; Phillips et al., 2011). Mackie et al. (2019) go as far as suggesting that assertive outreach is 'potentially unethical if it is not accompanied by a meaningful and suitable accommodation offer' (pp. 88-89).



# Research Methods

*This project was underpinned by collaborative research involving a rapid review of relevant literature and interviews (or conversations) with practitioners and women with lived experiences of homelessness. The project was guided by a research reference group including key staff and board members from Nova for Women and Children, other key stakeholders such as mental health care providers, and members of the University research team.*

## The rapid review

Rapid reviews are a relatively quick, but structured, approach to finding and synthesising evidence from research and other literature and are particularly suited to policy and practice contexts (Featherstone et al., 2015). Using an approach similar to Khangura et al. (2012), the rapid review undertaken for this project aimed to explore the evidence base for assertive outreach practice with women experiencing homelessness; to identify key implications for practice and to consider gendered needs and experiences.

Literature searches were conducted in November 2020 using the following search terms:

1. 'Assertive outreach' AND (Homeless\* OR Housing OR Crisis OR crises) AND (Women OR woman OR gender OR famil\* OR girl OR female OR mothers)
2. 'Assertive outreach' AND (Homeless\* OR Housing OR Crisis OR crises) AND (Aborigin\* OR indigen\* OR first nations OR 'first peoples')<sup>1</sup>.

These search terms, were developed in consultation with the research reference group and University of Newcastle library staff. Three databases (ProQuest

Central, EBSCO, and Informit) were searched using these terms, identifying only literature published since 2000. Initial searches identified 809 sources for review. After duplicates and papers clearly not related to assertive outreach were removed, a total of 116 sources were screened and 70 assessed in depth for suitability. To be included, papers needed to discuss assertive outreach in the context of homelessness or crisis, be gender inclusive, and culturally appropriate for an Australian context (see Figure 1). A total of 30 sources (including journal articles, reports and book chapters) were identified as relevant to the review. (See Figure 2.)

It should be noted that evidence for practice is produced within the constraints of available funding, which in turn is tied to policy cycles and funding priorities. It is useful to note that policy cycles during the period 2007 to 2018 were marked by successive periods of rapid change in Government leadership and associated instability in policy portfolios. The impact of this on the available evidence base for practice funded by government policy is uncertain but may have contributed to a period of diminished evidence production.



Figure 1: Focus of rapid review

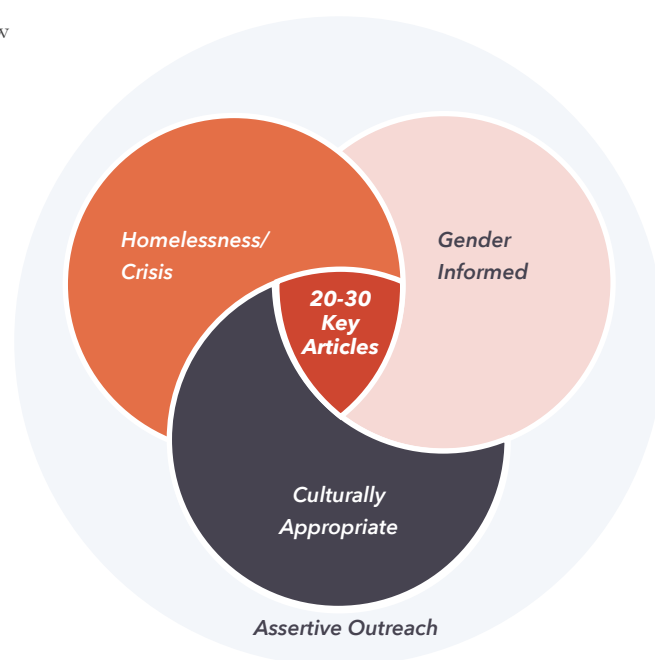
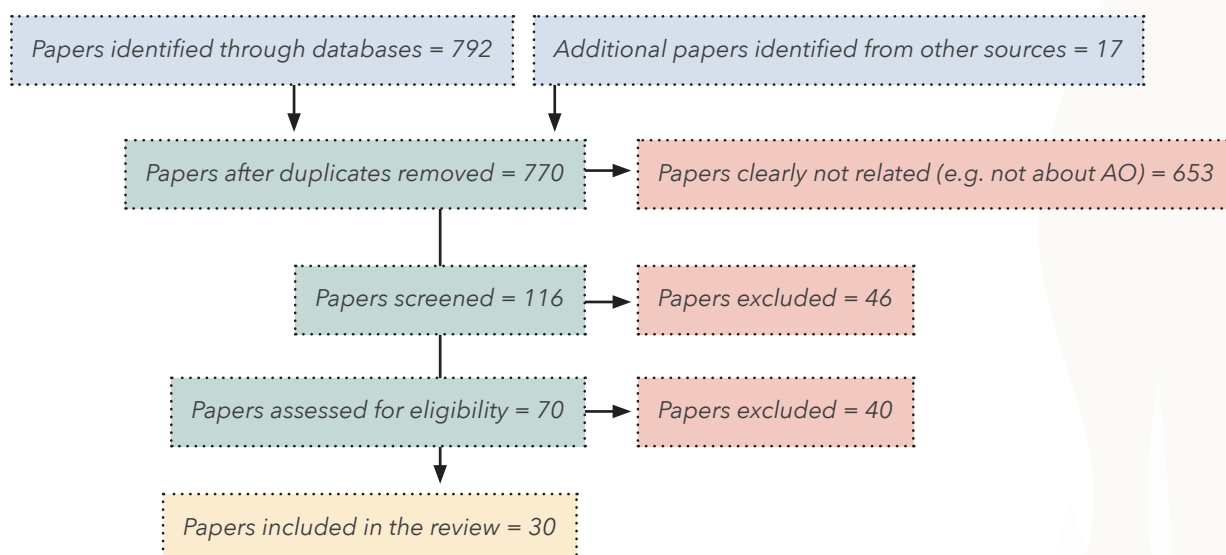


Figure 2: Literature search results

## Number of papers



The asterisk (\*) is used as a wildcard to include any words starting with the preceding letters. E.g., 'homeless\*' includes homeless and homelessness. 'AND' means that all the search terms need to be included and 'OR' means that at least one of the words in the brackets needs to be included.

## The interviews

With ethics approval from the University of Newcastle Human Research Ethics Committee [H2020-0315], conversational interviews with women with lived experience of homelessness and local practitioners were conducted in late 2020 and early 2021. They were conducted by Tamara Blakemore and Graeme Stuart from the University of Newcastle and Louise Dean from Nova. As summarised in Table 1 below; individual interviews, lasting between 59 and 77 minutes were conducted with five women with lived experience ('the women'). These interviews were conducted by Tamara Blakemore

either alone or, where possible, with Louise Dean. Individual interviews, lasting between 18 and 56 minutes were conducted with six practitioners, and three focus group interviews, lasting between 59 and 87 minutes were held with a total of nine practitioners (the 'practitioners' or 'workers'). All the participating practitioners were female except for two male practitioners. Participating women with a lived experience of homelessness were given the choice of being interviewed alone or with a case worker they knew, and four of them chose the latter.

Table 1 : Interview Data Collection

Data collection method	Number of sessions	Number of participants	Duration of discussions	Interviewer(s) involved
Interviews with women with a lived experience of homelessness	5	5	59-77 mins	Tamara & Louise
Interviews with workers	6	6	18-56 mins	Tamara
Focus group interviews with workers	3	9	59-87 mins	Graeme & Louise

N = 20



The conversational interviews and focus group discussions, explored a range of questions developed in collaboration with the research reference group. These included:

1. What do you think homelessness is like for local women?
2. What do you think are the most important things that can help homeless women or women in crisis?
3. What examples of assertive outreach with women do you know of?
4. What makes them successful (or not)?
5. What lessons could we learn from them?
6. Do you think there is a difference between assertive outreach with women and with men? If yes, what do you think is the difference?

In practice, the data collection process was trauma-informed, inclusive, and collaborative. Women were supported to tell their stories in ways that made sense to them. This allowed the interviewers to validate challenges and triumphs, and to honour the bravery and generosity of these women in sharing vulnerable personal histories. The trauma-informed interview process meant women found the interviews a positive experience. It was important to us as practitioner-researchers that the stories of those involved in this project were treated with respect through analysis and presentation of collective themes.

We used qualitative data analysis strategies to identify and distinguish a range of opinions and experiences in the narratives we collected. Through the data analysis we identified key themes with the assistance of the software package NVivo to illustrate the range of opinions and experiences. The data analysis involved an inductive process (drawing from the data) through six stages based on Braun and Clarke (2006):

1. Becoming familiar with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing the themes
5. Defining and naming the themes
6. Producing the report

In presenting findings and themes from the interviews we have deliberately used many quotes and kept our commentary to a minimum. Quotes are prefaced with an identifying descriptor:

- 'P' refers to practitioner reflections
- 'FG' refers to the practitioner focus groups
- 'WLE' refers to women with lived experience of homelessness.

The numeric coding refers to the interview or focus group number. Concentrating on the quotes and experiences of those we interviewed reflects our aim of capturing the insights of the women and the practitioners that already exists and deliberately foregrounding this wisdom. We believe it is important that the focus was on the voices of the women and the practitioners rather than our interpretation of what they said.

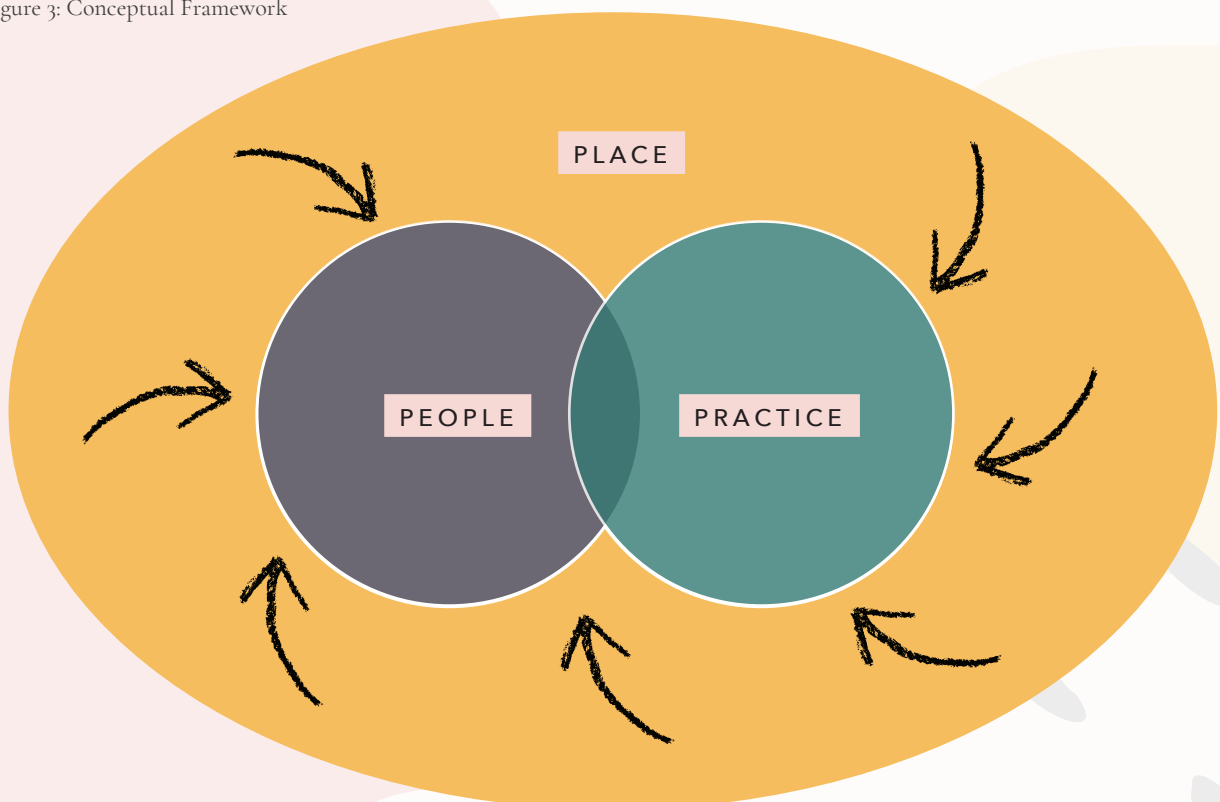
# Key Themes

## FROM THE RAPID REVIEW

Reviewing the literature we identified common and key themes related to the intersecting concepts of 'people' and 'practice' in 'place'. These concepts are depicted in the conceptual framework pictured below (Figure 3). The conceptual framework helped to organise these key themes and identify meaningful links between them. The conceptual framework has three core elements: people (referring to themes in the literature about workers and clients) and practice (themes in the literature about models of work), both of which are understood to intersect and exist in the context of

place (referencing the idea of working with people where they are at). The arrows in the conceptual framework suggest that there are a range of socio-political and cultural forces, specific to the place, that have a major impact on people and practice. The findings from the rapid review presented here focus on evidence relating to people (workers and clients) and practice (models of work), and understands that this takes place in community settings, rather than service settings.

Figure 3: Conceptual Framework



## PEOPLE

Assertive outreach work, as discussed at the beginning of this report, involves meeting people where they are at in terms of need, readiness, pace and, importantly, place. This style of work requires a person-centred approach to understanding the lived experience of homelessness, particularly the types of homelessness targeted by assertive outreach programs. It is worth restating that assertive outreach approaches are often used with people for whom homelessness has become a chronic or cyclic process, rather than a situational crisis where different responses to homelessness may be more appropriate.

In this respect women experiencing homelessness targeted by assertive outreach may have acute needs that differ to women supported by other types of service offers. These needs, while not a specific focus of the rapid review, are complex, spanning mental health, substance use, domestic and family violence, historic and cumulative trauma (Duke & Searby, 2019; Johnson, et al. 2017; Kirkman et al., 2015). For these women, relational rapport with a worker, a sense of safety and established trust have particular importance. The practice aspects of engagement required for assertive outreach are explored more fully in the following section of this review, but the importance of a relationship-based approach to this work cannot be overstated. In the following section we discuss key themes that relate to people: the attributes of assertive outreach workers, safety, and the unsettling silence of the voices of those experiencing homelessness in the existing evidence base for practice.

## Attributes of assertive outreach workers

The literature reviewed emphasised that skilled assertive outreach workers can build and sustain rapport, connect, and work with people in difficult situations, and are willing to undertake practical tasks, displaying sensitivity and genuine care. Homelessness NSW (2017b) identifies 15 attributes that they suggest 'reflect the qualities and characteristics required by assertive outreach workers to develop effective rapport and engagement with people sleeping rough' and that 'reflect the principles of trauma informed care' (p. 40). Most of these practice principles are consistent with good practice generally and include attributes such as kindness, intuition, non-judgemental attitudes, team players, flexibility, realistic expectations, hope, commitment, resourcefulness, cultural competency, resilience, client centred approach, empowerment, behaviour changes, and respect (Homelessness NSW, 2017b).

Addis and Gamble (2004, p. 257) suggest that, in assertive outreach by nursing staff, 'lived experience of the process of developing trusting, effective relationships, and the importance of understanding this process more fully' must be taken together with a focus on outcomes. A study completed by Davies et al. (2014), indicated that mental health clients wanted to continue relationships with staff over time and, therefore, they only wanted to see one or a few workers who were 'friendly and approachable, who really listened, were non-judgemental, seemed to genuinely care, and who made an extra effort to help or keep in touch' (p. 64). In fact, a key consideration and challenge of assertive outreach identified in the literature is building and maintaining rapport with people who report negative experiences with other services, and where continuity, consistency and time-rich capacity of staffing is pressured by funding constraints across the sector.

Workers who bring to their assertive outreach roles qualities of 'flexibility, curiosity, openness, reflexivity, a strong professional orientation and clear framework, bravery, and a service orientation' are suggested by Coleman and colleagues (2013,

p.54) to be particularly effective. But the authors also argue, these worker attributes are not necessarily personality traits but instead are work practices influenced by the context and nature of outreach work. They argue that a workers' capacity to enact these behaviours are the result of 'a sensible and astute reading of the context and their place in it as outreach workers' (p. 54). They found that:

*Outreach workers' interactions with people on the street are shaped by a complex mix of who they are (their personal characteristics), how they think about their work (their framework), and how they view, and are viewed by people sleeping out (their perceptions and preconceptions). It seems that there are no personal pre-requisites for good outreach practice, no single type.... Homeless people's experiences of outreach (based on our observations) were influenced by how outreach workers engaged and interacted with people on the streets rather than by any personality traits exhibited by workers. People sleeping out who we observed interacting with outreach workers responded to genuine interest and care, to clear, honest messages, and perhaps surprisingly to the process (rather than the outcomes) of these interactions. From what we observed, outreach workers who were welcomed by people sleeping out undertook their work with respect, humour, flexibility and a willingness to see the world through the eyes of the people with whom they work. (Coleman et al., 2013, p. 54)*

## Safety

The safety of workers and of the people they support is central to many discussions of assertive outreach in the literature. The safety of workers is discussed in the literature in terms of risk management and the ways that models of practice need to be structured in order to protect the safety of outreach workers. The safety of clients is, in parallel, discussed in terms of harm minimisation strategies and ways of keeping people experiencing homelessness relatively safe and well while they are without access to safe and secure housing.

Harm minimisation strategies are a frequent focus of assertive outreach practice with homelessness, despite the move of contemporary models towards a 'housing first' priority of providing housing (Homeless NSW, 2017b; Phillips et al., 2011). The literature notes a particular focus on the safety of people experiencing homelessness, especially in terms of drug use, mental health, and sleeping rough. Middendorp and Hollows (2007) suggest that, 'sound outreach work with people experiencing primary homelessness operates on a harm minimisation basis – fostering safe and respectful outcomes for clients whatever living situation they are in', including 'unpalatable as it may sound' helping people to 'sleep rough in safety' (p. 37). Given the particular issues of safety experienced by women while homeless (Bretherton & Pleace, 2018; Johnson et al., 2017), safety and harm minimisation are particularly important in assertive outreach with women experiencing homelessness. This raises questions that need to be considered by workers in terms of women's agency and choice, as well as the pace and priorities they bring to their journey out of homelessness. In practice, it may also raise dilemmas for workers in terms of mandatory reporting requirements where children are involved.

For practitioners, assertive outreach raises a number of risks to their safety, including the risk of physical harm and vicarious trauma, that need to be considered. Homeless NSW (2017b) emphasises the importance of risk management, including effective staff induction, careful planning, completing environmental assessments, being well equipped,



working in pairs, and access to supervision. A gap in the literature appears to be on a discussion of how to protect the safety of people experiencing homelessness when assertive outreach workers enter their 'safe' space. As Middendorp and Hollows (2007) suggest, 'Outreach workers are constantly mindful that when they make contact with a person sleeping in a squat or in a park, they had better have a good reason to approach them. A key critical reflection question is: what do workers have to offer clients?' (p. 37).

## The voice of people experiencing homelessness

The voice of people experiencing homelessness, and especially those of women, is largely missing from the evidence base for practice. Only two research papers reviewed spoke directly with people experiencing homelessness. Phillips and Parsell (2012) interviewed 14 people experiencing homelessness (two of whom were women) and Parsell et al. (2013) surveyed 50 people experiencing homelessness (19 of whom were women, and one identified as transgender). Two brief papers about mental health programs for people experiencing homelessness also involved case studies of a woman (Baumgartner et al., 2017) and a man (Pruben et al., 2020). While both women interviewed in the research reported by Phillips and Parsell (2012), were generally positive about assertive outreach as a model of practice; one spoke of her unhappiness with how the personality of her worker was a barrier to her positive engagement with the service and the other was dissatisfied with how often the assertive outreach team visited her once she found housing. Research by Parsell and colleagues (2013), surveying those experiencing homelessness, reported mostly positive perceptions of assertive outreach, but did not provide a gendered analysis in their results.

Possibly related to the lack of the voice of people with lived experience of homelessness in the literature, there was also little discussion about the role of self-agency and choice. Coleman and colleagues (2013) suggest that some literature

'reduces the challenge of engaging with people sleeping out to a simple one of sufficient and sustained assertiveness on the part of outreach workers' (p. 34). They go on to argue that this fails to recognise the role of agency and choice and 'the right of people sleeping out to refuse – and continue to refuse – assistance' (Coleman et al., p. 69). People experiencing homelessness can, and do, make decisions about their housing options – decisions often constrained by circumstance, capacity and context, but still decisions – that should be recognised and respected by service providers (Coleman et al., 2013; valentine et al., 2020). The challenge for assertive outreach is to recognise and build on the ability of people to make decisions and to support the capacity for choices that are constructive to their wellbeing in the short and long term (Coleman et al., 2013; Middendorp & Hollows, 2007; Parsell et al., 2013; valentine et al., 2020). Consistent with this, Parsell and colleagues (2013) found people experiencing homelessness in their study emphasised that role their own agency and 'frames of thinking' were crucial in achieving outcomes (p. 42). The authors concluded that:

*People's decisions and readiness to work with outreach workers or to continue to reside in secure housing are influenced by the capacity of workers to respect the service user's autonomy and sense of self, and also to make available different possibilities and alternatives. (Parsell et al., p.42)*

Similarly, Phillips and Parsell (2012), argue that assertive outreach 'is informed by the assumption that assertive outreach is not something 'done' to people sleeping rough, rather that clients play an active role in the process – their agency constitutes an important element of how assertive outreach can be understood' (p. 20). Finally, the authors suggest there needs to be a balance between being persistent and assertive in working with people experiencing homelessness; and being too interventionist.

*Too often policy prescriptions and program logics fail to take account of the motivations, capacities and agency of the target population. All too often it is implicitly assumed that services 'take' people out of homelessness and homeless people are constructed as passive recipients of interventions. (Phillips & Parsell, 2012, p. 62)*

## PRACTICE

Assertive outreach is described across the literature reviewed as non-linear (and preferably flexible); rich in complexity; and grounded in an ethic of compassion and care. Assertive outreach offers an authentic way to meet those experiencing homelessness where they are at physically and also in terms of their needs, priorities and preferred pace. The existing literature on assertive outreach focuses primarily on men, however themes in the literature related to practice (such as engagement, models of assertive outreach, principles of practice, and interagency collaboration) are all relevant to working with women.

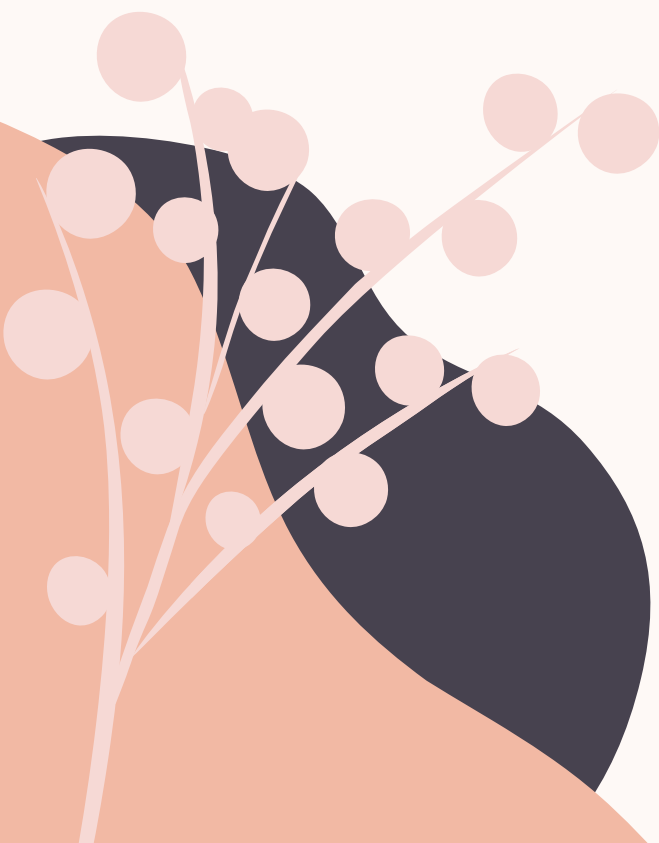
## Engagement

How assertive outreach workers find, form, nurture, and nourish relationships with their clients is often discussed in the literature in terms of 'engagement'. Effective assertive outreach usually involves time-intensive, long-term, and successful two-way engagement. Tonybee and Allen (2009) suggest that engagement, and indeed a process of 'active engagement' (Armytage et al., 2019; Homelessness NSW, 2017b; Priebe et al., 2005; Rots-de Vries et al., 2011; Tonybee & Allen, 2009), needs to be at the heart of assertive outreach.

Homelessness NSW (2017b), suggests there are three stages of engagement, although it should be noted that it is not necessarily a linear process:

- **Pre-engagement** (identification and observation): This includes crisis responses, offering essential items and conducting safety assessments.
- **Engagement** (empathetic communication and learning languages): Focused on building trust with the clients, this stage of work involves workers helping clients address basic and immediate needs whilst establishing a working alliance towards shared goals and establishing worker/client boundaries.
- **Formal relationships** (beginning of formal outreach activities): Once the working relationship between client and worker is formalised, this stage of work moves towards identifying client strengths and challenges faced through case management towards sustained housing solutions.

In a study of disengagement and engagement in mental health services, Priebe et al. (2005), found that the following often contributed to disengagement: challenges in adjusting to being labelled as a patient, wanting to be independent and the side-effects of medication and associated loss of control. While these points refer specifically to a mental health services, they are relevant to assertive outreach services with people experiencing homelessness. The points raised demonstrate that labelling people, not listening



to them, not involving them in decisions, and not recognising their autonomy as well as unintended consequences of service provision can contribute to client disengagement. These points can also prompt practitioners to contemplate the potential influence on client engagement of their own preconceived ideas of what clients need, what drives their experience and what their outcomes might be. Things that contributed to engagement included: giving time and showing commitment to building trusting relationships, staffing stability and consistency over time, having a holistic approach, support with practical day-to-day issues (including financial matters), being taken seriously, and having an active role in decisions.

Tonybee and Allen (2009) suggest engagement is central to assertive outreach particularly when working with people whose experience of homelessness is chronic or protracted and who may have 'fallen through the net' (p. 26). Indeed, assertive outreach is sometimes described as an approach to working with people who are 'difficult to engage' or 'hard to reach' (see for example Addis & Gamble, 2004; Coleman et al., 2013; Firn 2007; Lloyd 2010, et al., 2010; Phillips et al., 2011; Priebe et al., 2005; Rot de Vries et al., 2011). Assertive outreach practitioners interviewed by Rots-de Vries et al. (2011) believed that providing practical support was important when they were engaging people because it helped meet immediate needs and cement trust and rapport. But while practical support was important, the practitioners felt it was easy to get 'bogged down' in practical problems (p. 215) which could make it harder to move to the other aspects of their work.

**Models of assertive outreach need to ensure that workers have enough time to engage people, show genuine care and provide practical support; be client-led rather than being program-driven; have the time and skills to develop strong relationships with people experiencing homelessness; and to be flexible in their approach.** As inferred in the brief discussion following, the nature of assertive outreach means that it can be a challenging model for management and funding bodies. Firstly, assertive

outreach is labour and time intensive because it takes time to build rapport and relationships, to demonstrate genuine care, and to provide practical support (Coleman et al., 2013; Homelessness NSW, 2017b; Priebe et al., 2005; Whitelock, 2105). Assertive outreach workers may need many attempts to locate or contact a person sleeping rough, to build enough trust to engage people, and to persist with them through cycles of engagement and disengagement that are likely to be influenced by situations and circumstances outside the control of the worker and agency. For practitioners to have the time required to effectively engage with clients, Addis and Gamble (2004) argue that reduced caseloads need to be a protected part of the assertive outreach model of practice. As an assertive outreach nurse identified, it is essential that assertive outreach workers have the time to engage slowly:

*Having permission from the Health Authority and everybody to take a lot of time with the family allowed this to happen [connect with families], both to give them a lot of time each week and over long period of time. (Participant quoted in Addis & Gamble, 2004, p. 455).*

Of course, reduced caseloads are dependent on funding conditions, demonstrating the importance of recognising the broader context of assertive outreach.

Second, **the timing and pace of practice needs to be led by clients if it is to be person-centred and responsive to the lives of women.** Homelessness NSW (2017b) argues that it is essential that assertive outreach workers are able to 'adapt engagement to the pace and needs of clients' (p. 31) and that people experiencing homelessness are 'involved in all decision-making processes about the development and actions of their support' (p. 32). Being person-centred and client-led, where people experiencing homelessness exercise choice and self-determination, and where practitioners avoid coercion (Phillips & Parsell, 2012), can be challenging and raise dilemmas for workers.

For example, it can be confronting for practitioners to recognise the agency and choices of people who are sleeping rough or living in unconventional situations, particularly when children are involved. Assertive outreach workers need to be supported to think about how 'person-centred' their work is, and how effective their outcomes are, if the pace and focus of work is determined by the practitioner rather than the person whose life it is.

Third, assertive outreach is dependent on strong relationships. Homelessness NSW (2017b, p. 8) suggest that forming and sustaining relationships is 'one of the fundamental tasks of assertive outreach' and that such relationships are 'embedded in trusting communication, respect for personal autonomy and the promotion of empowerment.' Firth (2007) describes the nature of 'helping relationships' in assertive outreach as being ones that are 'more 'authentic', or closer to a normal friendship than typically observed in other practice settings. He explains that these types of relationships are highly valued by workers and clients alike and seem to complement an emphasis on empowering service users and promoting their community participation and wellbeing. Coleman et al. (2013, p.54) argue that the informal nature of relationships in assertive outreach 'make it almost impossible for outreach workers to maintain any of the hierarchical divisions between workers and clients that characterise most human service work – and on which much of these organisations' work is based.'

Fourth, practitioners need to be very flexible so that they can respond to people experiencing homelessness as individuals, are able to adapt their service provision to their particular circumstances (Coleman et al., 2013; Cupitt, 2009; Homelessness NSW 2017a; Phillips & Parsell, 2012), and are 'sensitive to the day-to-day challenges and imperatives faced by the individual client' (Homelessness NSW, 2017b, p. 38). Rather than a 'programmatic response' (Homelessness NSW, p. 41), practitioners need to be responsive to the unique

circumstances and priorities. As such, having plenty of time, being client-led, having strong relationships and being flexible are closely related and intertwined – each being dependent on the other.

While the people being supported by assertive outreach are often described as being 'hard to reach' or 'difficult to engage' (see for example Addis & Gamble, 2004; Coleman et al., 2013; Firth 2007; Lloyd 2010, et al., 2010; Phillips et al., 2011; Priebe et al., 2005; Rot de Vries et al., 2011), such labels need to be used with caution. The narrative of being 'hard to reach' can place the responsibility for service engagement on vulnerable people and may minimise or hide the ways in which services can also be 'hard to reach' and difficult to access (Crozier & Davies, 2013; McDonald, 2010). As an example of how the responsibility can be placed on people experiencing homelessness, Lloyd, and colleagues (2010) suggest 'people who are homeless and have a serious mental illness are often difficult to engage in services' (p. 131). The emphasis here, consistent with others across the literature, is on how potential clients are perceived as hard to engage in a service, rather than how people needing services might find it difficult to engage with service providers.

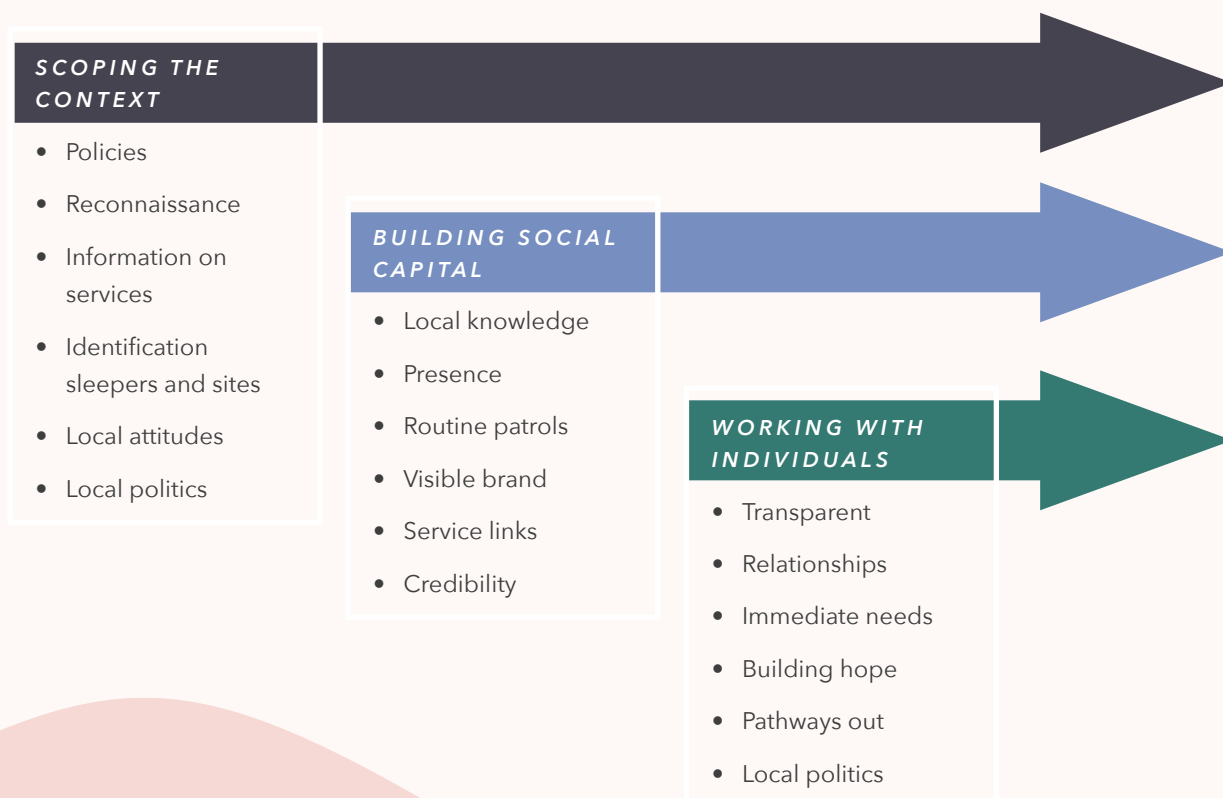


## Models of assertive outreach

Apart from characteristics and needs of workers and clients, and the engagement between the two, a large focus of the literature reviewed describes various 'models' of assertive outreach. 'Models' largely refers to the characteristic attributes of assertive outreach work that vary depending on the intended client base (e.g., individuals or families, men or women) and the focus of the work (e.g., mental health, nursing, homeless). Unfortunately, there is little literature published that specifically focuses on assertive outreach with women experiencing homelessness. As such, much of the following discussion refers to characteristics of assertive outreach more broadly, but it can still provide insights important to assertive outreach with women.

Coleman et al. (2013) identify three central concepts they suggest underpin assertive outreach: 'scoping and negotiating the context, building social capital and then working effectively with individuals to assist them to change their situation for the better' (p. 46). Each concept includes a number of practice-based activities for workers (outlined in Figure 4). The authors argue that building social capital is the 'essential bridge between knowing, and working in, the community and change focussed work with individuals' (p. 46). They suggest that by workers becoming 'part of the street scene' and being 'involved in interactions and events' (p. 52) they are better able to build credibility and relationships with people and can help them build networks, connections and relationships with other services.

Figure 4: Three levels of outreach (Coleman et al., 2012; Homelessness NSW, 2017b)



Homelessness NSW (2017b, pp. 11-17) provides an overview of models of assertive outreach from both Australia and overseas. Other literature that discusses specific models of assertive outreach with people experiencing homelessness include Baumgartner and Erskine (2017), Coleman et al. (2013), Francis (2014), Lloyd et al. (2010), MacKenzie et al. (2017), Parsell, Jones, et al. (2013), Parsell, Tomaszewski, et al. (2013), and Phillips and Parsell (2012). Unfortunately, few of these texts discuss the gender of the people they work with, and even fewer recognise the potential impact of gender on the experience of being homeless. The main exceptions, which include at least a recognition of gender or include discussion of gender, are MacKenzie et al. (2017), Parsell, Tomaszewski, et al. (2013), and Whitelock et al. (2015).

Across this literature, key features of assertive outreach identified include:

- The idea that assertive outreach is suitable for working with people experiencing long term homelessness and/or who are facing multiple complex challenges. One exception to this focus was the example of 'No Second Night Out' from the UK where assertive outreach was used with people new to rough sleeping and who have not had contact with services before (Homelessness NSW 2017b).
- A clear focus on ending homelessness by either providing, or helping people obtain, housing and then providing wrap-around supports to help people maintain their tenancies. Models of assertive outreach not specifically targeting people experiencing homelessness generally still address issues that can lead to homelessness or exist alongside homelessness such as health, mental health and substance abuse.
- Multi-disciplinary and multi-service involvement as important to assertive outreach efforts. Models described often involve more than one organisation or service in assertive outreach efforts and some, such as the 'Street to Home' program, included peer workers (i.e., workers who had experience homelessness themselves).

An exception to the dominant male focus of outreach programs (particularly for people who experience homelessness) is the brief overview of practice provided by Whitelock and colleagues (2015). They discuss assertive outreach by the Outreach Allied Health (OAH) team at Central City Community Health Service in Melbourne. This program had a particular focus on women who were currently homeless. The model involved taking health services to places women slept rough, but also to services and supports where women accessed emergency housing and meal services. The OAH assertive outreach model ran alongside traditional centre-based appointments, with different staff involved in each type of service offer. Outreach workers were able to make appointments for their clients with the centre-based service





through warm handover and a guarantee of health appointments being available on the same-day or within the week. Recognising that many of the women had experienced domestic violence, OAH established a safe space for women which included a shower and bathroom, sanitary products, a baby change table and children's books and toys. There was also a washing machine available.

Other features of the OAH assertive outreach model included (Whitelock et al., 2015):

- A focus on building relationships and 'consistent with trauma-informed care' (p. 50), sensitivity to the need for longer appointments, and time for clients to safely discuss their needs.
- Specialised staff training in working with challenging behaviour and responding to people with mental health issues, who are affected by drug and alcohol use, or who have a history of using violence.
- A proactive response to client disengagement to safely support re-engagement and resolution of issues contributing to disengagement.
- Practical support and assistance in meeting their immediate personal care needs (e.g., shower facilities and washing machine, material aid).
- Flexibility around administrative procedures (e.g., taking time to collect information normally required at intake over a number of sessions).

An important component of the OAH model of assertive outreach was the co-location of a range of relevant services including: Royal District Nursing Service Homeless Persons Program, the Royal Women's Hospital, Wintringham (which provides housing and care to elderly, frail men and women who are homeless or at risk of homelessness), the Council to Homeless Persons, the Homeless Outreach Mental Health and Housing Service, The Community Connections Program, the Australian College of Optometry, Justice Connect, Homeless Law and the Inner and Melbourne Community Legal Service (Whitelock et al., 2015). While Whitelock et al., (2015) provided a descriptive overview of the model of service it does not provide evaluative

or comparative data of the program's efficacy or value – a common observation across the available literature on assertive outreach.

Other examples of models of assertive outreach in the published literature include those discussed by Phillips and Parsell (2012). These authors present a comparison of three models of assertive outreach with rough sleepers. The objective of two of these models (one in Sydney and one in Brisbane) was to permanently end rough sleeping through street-based outreach, case management, and housing support. The objective of the third model of assertive outreach, based in Darwin, was "'moving on" public place dwellers and preventing "antisocial behavior"' (p. 54). As is not surprising, the outcomes, practices, and approaches of the Darwin model are very different to those described for Sydney and Brisbane. The model of assertive outreach described in Darwin, with a focus on 'moving on' and 'preventing antisocial behaviour' had 'very little resourcing or support to assist people sleeping rough to address their housing, economic, social and health needs'(p. 57). This comparison of assertive outreach models highlights how the focus of the model influences its function.



## Principles of practice

The literature search identified a number of papers that discussed features of good assertive outreach practice, or key principles of practice like where practice happens, what it's focus and objectives should be, and what the practice involves, looks and feels like.

Attending to the physical contexts of assertive outreach, Homelessness NSW (2017a), highlights that the place-based nature of this work means models of practice need to be fit-for-purpose to local communities. Ford and King (2005, p. 35), suggest the following factors can assist assertive outreach work to focus on local needs:

- Knowing what agencies exist in the local context, their auspice, role and service eligibility
- Having good relationships and open communication with all stakeholders
- Team members demonstrating leadership in their work
- Consumer involvement in the establishment and continuous improvement of services
- Involvement of carers from the community
- Regular training and updates for all team members
- Good retention of staff
- Integrated approaches that involve a 'whole system' perspective.

Sensitivity to local community contexts can help assertive outreach services to be clear in the focus and objective of the services they offer. Phillips and Parsell (2012, pp. 69-70), suggest seven principles for assertive outreach practice including what it should aim to achieve for the people they work with. These principles include:

1. Service users being able to access clear pathways for timely access to appropriate, stable, and affordable housing.
2. Research evidence informing decisions about the most appropriate and sustainable housing options for people exiting rough sleeping.

3. Timely access to multi-disciplinary health services well integrated with housing responses and mainstream health services.
4. Recognition that many rough sleepers experience chronic health problems and functional impairments.
5. Provision of ongoing support tailored to individual needs throughout the process of exiting homelessness, securing, and maintaining tenancy.
6. Assertive housing outreach workers maximising service users' self-determination while providing persistent and practical assistance in achieving their housing and other goals.
7. Homelessness policies and program design acknowledging the unique nature of public place dwelling by Aboriginal and Torres Strait Islander people and the need for responses that are specifically targeted to their diverse needs and the local context.

These practice principles are aspirational and they suggest a framework for work with people experiencing homelessness that is humanitarian, inclusive and person-centred. Homelessness NSW (2017a, 2017b), suggest a further nine principles of practice that start to unpack how these aspirational objectives might be achieved. The report suggests these are 'critical to effective practice when delivering assertive outreach to people who are sleeping rough' (Homelessness NSW, 2017a, p.11). These practice principles include:

1. Practice should be trauma informed and centralised around creating 'safety, trustworthiness, choice, collaboration and empowerment' (Homelessness NSW, 2017b, p.29).
2. Practice should be culturally sensitive, noting a lack of cultural awareness can result in 're-traumatisation and perpetuate damaging stereotypes' (Homelessness NSW, 2017a, p.11).
3. Practice should be person-centred, ensuring the client is involved in all decision-making processes.

4. Practice should support harm reduction through a non-judgmental and respectful approaches.
5. Practice should be based on consistent and trusting relationships.
6. Practice should value honest communication.
7. A persistent approach to outreach is required, noting this approach requires a skilled, supported, and stable workforce with appropriate caseloads.
8. A mix of both predictability and flexibility in the approach to work where service delivery in the community is both organised and consistent, but also flexible so that it can meet the changing needs of clients and the community.
9. Integrated service responses requiring collaboration between workers and agencies.

## Interagency collaboration

Apart from relationships between workers and clients, relationships between workers from different services and sectors were also identified as important for long-term engagement and ensuring positive outcomes of assertive outreach (Addis and Gamble, 2004; Davies et al., 2014; Firn, 2007; Francis, 2014; Homelessness NSW, 2017b; Phillips & Parsell, 2012). As identified above, a feature of contemporary assertive outreach is its integrated, multidisciplinary approach (Homeless NSW, 2017; Phillips et al., 2011). Interagency collaboration requires time for workers to spend building relationships and renewing, or re-establishing these as staff in agencies change. Working with inevitable sector-change requires workers to be flexible adaptive and collaborative.

Because collaboration is a key component of assertive outreach, Homelessness NSW (2017b) argue that a collaborative framework could be fostered through principles of collective impact (Kania & Kramer, 2011; Smart, 2017). Collective impact approaches to social issues came to prominence in the late 2000s, particularly under policy directives focused on tackling social exclusion. Borrowing heavily from UK policy,

these approaches sought to localise and centralise efforts by multiple agencies through 'no one wrong door', 'one-stop-shops' and 'wrap-around' service delivery for clients. Homelessness NSW (2017b) describe the five conditions that underpin collective impact approaches as follows:

- **A common agenda** – all collaborating service providers have a common agenda for change including a shared understanding of the problem and a joint approach to solving it through agreed upon actions.
- All collaborating service providers use **common progress measures** – collecting data and measuring results consistently ensures shared measurement for alignment and accountability.
- Expertise is leveraged as part of the overall group of service providers and a plan of action outlines and coordinates **mutually reinforcing activities** for each participating service provider.
- Promotes a culture of **continuous communication** – open and continuous communication is needed across participating service providers to build trust, assure mutual objectives, and create common motivation.
- Is supported by a **backbone organisation** which acts as a centralising hub with staff and skills to serve the entire initiative and coordinate participating organisations and agencies.



Collective impact approaches were used by the Sydney Homelessness Assertive Outreach Response Team (HART) to increase the likelihood that all organisations involved in the project were working towards a common outcome. The HART model was built on the understanding that no single organisation can tackle homelessness, rather it requires multiple, and connected responses. Ways they have implemented the five key conditions to make this work include (Brewer et al., 2016):

- **Common agenda:** all members of the group agreed on the shared agenda of ending rough sleeping in the City of Sydney.
- **Shared measurement:** The then Department of Family and Community Services, designed a database where all information is centrally stored so that all HART members had access.
- **Mutually reinforcing activities:** each of the HART aligned services worked together to support the client by working to a 'one person on plan' model.
- **Continuous communication:** HART members met fortnightly to review all clients and communicated daily to share required information or to support each team.
- **Backbone support:** NSW Police, FACS and the City of Sydney were considered the backbone organisations that worked to organise and coordinate the initiative.

Alongside, and sometimes a part of, collective impact frameworks is the co-location of services (Coleman et al., 2013; MacKenzie et al., 2017; Whitelock et al., 2015). Whitelock et al. (2015) suggest that co-locating services for women experiencing homelessness is an important strategy in supporting women to obtain the services they need, particularly those related to health. Although multidisciplinary teams and working in partnership has many benefits, it also raises a number of challenges. For example in the context of mental health, Ford and McClelland (2002) argue one of the challenges of assertive outreach teams can be the multidisciplinary team. They argue that the mix of team members – such as social workers, psychologists, nursing, and support staff – is important but also brings challenges around sharing case notes and balancing confidentiality with the value of sharing information (Brewer et al., 2016; Homelessness NSW, 2017b). The reality of collective impact and coordinated approaches is always an underlying tension informed by competitive tendering service funding. Local cooperative agreements have sometimes supported services to work together outside of these agreements.



# Key Themes FROM INTERVIEWS

Consistent with the conceptual framework emerging from the literature review (see Figure 1), key themes from the interviews are organised to highlight themes relating to people and practice, in the context of place. As a reminder, Table 2 details the specifics data collected and analysed. It notes the number of interviews conducted and the number of participants involved along with the descriptor codes used against quotes from the interviews.

Table 2: Data collected and descriptor codes

Data collection method	Number of sessions	Number of participants	QUOTES	
			Identifying descriptor	Numeric code: interview number
Interviews with women with a lived experience of homelessness	5	5	WLE	1-5
Interviews with workers	6	6	P	1-6
Focus group interviews with workers	3	9	FG	1-3

N = 20

## PEOPLE

Consistent with findings from the rapid review, interviews with women and workers highlighted that assertive outreach practice with women experiencing homelessness could (and should) involve meeting women where they are at in terms of what support they want and how ready they are for change, and going to places they visit rather than expecting them to come to services. In appreciating the importance of people in effective assertive outreach, an important starting point is the experiences of women who are homeless.

### The experience of women who become homeless

Existing models of assertive outreach have generally focussed primarily on men experiencing homelessness and have thus been shaped largely by their experience. While there are many similarities between women and men experiencing homelessness, there are differences that are important.

Women we spoke to who had experienced homelessness all discussed, in varying ways, past traumatic experiences. These included the loss of children (through removal, estrangement or bereavement), domestic and family violence, childhood abuse, violence, sexual exploitation and homelessness as a child or teenager. For these women, traumatic experiences sometimes led to them becoming homeless and/or remaining homeless or cycling in and out of homelessness. Women who had experienced homelessness and their workers discussed the 'cycle' of homelessness in pragmatic ways noting what it looked and felt like, and what might contribute to its experience.

**WLE07:** *It would go from, say, three or four days that the Department of Housing put me up to somebody's house to sleeping rough. It just is a cycle ... I give people rent money and within two or three days after you've paid rent, they're kicking you out and because they've managed to get your pay. Then you're sleeping rough until you can find somewhere else. That's just been a cycle until probably two years ago.*

**FG1.1:** *So then they just end up in this cycle of not being able to have stable accommodation because of the mental health or they end up in a crisis situation and it's like a cycle that they get – they try to get back on track, and I've seen that with clients that have been trying to be clean and working part time in a supermarket or something. Then something happens and then they just go back into that.*

A sense of chronic housing stress and instability were evident in the stories we heard. Some women described multiple experiences of being homeless often from a young age. One woman interviewed first became homeless at age nine, and another was homeless between the ages of 10 and 14. Women described homelessness as being easy to fall into but hard to climb out of. They spoke of it as an experience that brought with it more (and sometimes different) trauma with a cumulative effect that disempowered their efforts to regain stability, security, identity, and a sense of belonging. In this process, women discussed their interactions with social service systems in varying ways, some indicating services were part of the problem in their cycling into homelessness:

**WLE07:** *Yeah. I found myself homeless when my children were removed. I experienced domestic violence, I was in a relation for 14*



years, and I guess towards the end of that relationship DOCS [Department of Community Services] weren't very – they sort of removed the children due to domestic violence and sort of left me with him. So I was left pregnant with the perpetrator and the children were removed, and then I was pregnant, so my daughter was removed from me in the hospital.

Interesting here is the perceived complicity of services in contributing to homelessness, and the woman's perceived lack of choice or power to make choices. Mothers experiencing domestic and family violence are often faced with an ultimatum to leave an offending partner in order to retain custody of their children and to receive support to retain (or obtain) safe and stable housing (Cramp, & Zufferey, 2020; Douglas & Walsh, 2010). For complex, contested and often intersecting reasons, the woman quoted above felt that she did not have the power to make the choice to leave her relationship and thereby retain custody of her children and access housing.

Women with an experiences of homeless we interviewed all spoke about struggles with addiction (including substance and alcohol abuse) and/or mental illness. Like their discussion of trauma, experiences of addiction and mental illness could be enmeshed with homelessness; both coming before homelessness and arising as a consequence of their experiences while homeless. The harsh realities of homelessness meant that some women we spoke to used drugs to help keep themselves safe.

**WLE04:** *Feeling like you're constantly getting pushed into a corner where you have no other choice but to use drugs and alcohol to make you feel alert and awake because you have nowhere to sleep at night. Or getting that blind rotten drunk that it doesn't matter if you don't wake up because you're still on the streets anyway.*

**WLE07:** *I found that I was using speed on the streets to keep myself safe, because I didn't want to sleep in particular people's company because then they would assault me while I was asleep.*

One of the women we interviewed reported that the first time she used drugs was when she had become homeless. She felt it was the only way she could keep safe on the streets. Later in the interview, she reflected that substance abuse had been a part of her life before homelessness, primarily vicariously through her partner.

**WLE07:** *If I want to sit and think about it, most of them are in drug addiction if their partner is. Then again, that's just an assumption that they're in drug addiction because when I think about, I was pregnant, and I didn't use drugs during my pregnancy, and I was just following this bloke around and his addictions.*

Some women highlighted how substance abuse often became part of the domestic and family violence they experienced and contributed to housing instability through missed rent payments, housing damage and eviction. Some women discussed becoming homeless with their partner and that it was at this point, they joined them in their substance abuse patterns on the street.

Women we interviewed also identified the links between past trauma, drug and alcohol use and experiences of homelessness. The following exchange suggests trauma can be understood as a 'gateway' towards drugs and alcohol, and homelessness.



**WLE04:** *Do you know what? You know they say a gateway drug, gateway drug – do you know what it all boils down to? The trauma and the childhood dramas, traumatised of what someone's been through.*

**Researcher:** *Trauma's the gateway?*

**WLE04:** *It is, it is.*

## Differences between men and women

A critical assumption underpinning our interest in assertive outreach for women experiencing homelessness is that gender has a major influence on the experience of homelessness and as such responses should be gender defined, responsive, and inclusive, rather than being a 'one size fits all approach.'

This assumption was supported by the narratives emerging from interviews where a range of opinions arose about the difference in the experience of homelessness for men and women. Some were very clear that there were major differences and that the experience of homelessness was generally more difficult for women.

**P10:** *Look, I don't think homelessness is good anyway for anyone. However, it's definitely a lot more challenging for women.*

**WLE02:** *Yeah. That's what it's like. Like guys are different with like females because the females like they have all these scenarios going through their heads of what could happen*

*during the night if you close your eyes and you do go into a deep sleep. Where the male's more comfortable knowing that he's the male role, okay, he's the leader, he's the one that's*

*going to defend his territory. So, he goes into a deep sleep, and they – the girls don't; like the girls are up and down, have a cigarette every 20 minutes because they heard grass move or a branch fall off the tree.*

**WLE04:** *Well, I've been homeless with my partner and from his experience and from what he said to me is he'll do it easy. But knowing that he has to wake up on the streets and me being beside him, it's the hardest thing he'll ever have to do in his life. It's not the fact that he's asleep on the streets, it's the fact that I am too.*

**WLE09:** *I just don't think men care as much about being homeless as women do.*

One practitioner interviewed questioned if the experience of homelessness is really different for men and women, but still went on to identify a number of differences including visibility, their sense of safety and where they spend their days and nights.

**FG2.2:** *I think in general it's not that it's different for men or women – and I know that sounds quite controversial – but from our experience the men are more visible and on the streets. They experience a higher level of violence... I guess I'll try and quantify that by saying that no matter who you are on the streets, you're going to be a victim of violence. We know that 43 per cent of people are victims of violence if they're sleeping on the streets and by saying people are rough sleeping, we're talking about street sleeping, sleeping in your car and that level*

of vulnerability. So, I think that men generally think they're safe. They have more of a sense of like bravado around I can be safe here when they're not, whereas women have much more of a sense of their own sense of safety.... So, I think women in the sense of rough sleeping, they are much more sensible about where they sleep, so they're harder to find as a result. They will make better decisions in terms of sleeping rough and their locations, so I think that in a sense keeps them safer to some degree. However, where that falls apart is where there's domestic violence and relationships around their partners, because that – I think women will make a decision around, 'oh okay, I'm safe here with this partner, or it won't be as bad.' But their vulnerability is huge in those areas.... We wouldn't see so many women rough sleeping in a doorway. We just wouldn't. Maybe what, 0.1 per cent maybe, but where we see more people that are female would be in cars, parking and moving around, so they're more transient because they're aware of their safety. So, they'll keep moving, so they're a highly transient group.

There was also a sense amongst some of those interviewed that differences between men and women, and between their relative experiences of homelessness, might mean that men were more likely to be homeless long term, compared to women:

**FG3.1:** *Yep. A lot of my male clients are long-term homelessness six plus years. Been 20 years no safe, stable accommodation. That's the big difference also between males and females up this way.*

**Researcher 1:** *Do you think women are homeless for a shorter period of time?*

**FG3.1:** *No, not necessarily but it's more the males that I'm seeing are I think six plus years to probably 34 years homeless.*

**Researcher:** *Do you think men are generally homeless longer?*

**WLE04:** *Men, honestly, it's their pride. It's their pride. They would prefer to sleep on the street and rough it than feel like their pride has been taken away from them. To walk into a place and say, 'Hey, I need help.' But hey, I'm a man that needs to support my family, but I've got to ask for help. It's their pride. Do you know what I mean? Where a woman gets to the point, 'Oh shit, I don't give a fuck about my pride.'*

Another difference was that the women we spoke to felt that existing services were more focused on men who were experiencing homelessness compared to women.

**WLE07:** *I saw heaps of outreach that would touch base with men and men could have had a place that night. As a woman you sit there going, wow, if I was a bloke, I could get heaps of help.*

One practitioner interviewed suggested that a significant difference between woman and men experiencing homelessness was that women were worried about being a burden on others.

**FG3.2:** *I think the biggest difference I find is that women are more likely to think that they're a burden on people, particularly if they have children. I would think that men are more likely to ask a mate if they can stay for a couple of nights. They're less put off by the fact that they might have to move around every couple of nights.*

These sentiments were highlighted in narratives where women who had been homeless recalled not telling their family or friends they were sleeping

rough, being reluctant to ask their friends for a place to stay, and if they did stay leaving early to carry out their day-to-day routines without drawing attention to the fact they had no ongoing accommodation. Some women we spoke to related that when they had been helped by family in the past they often felt shame at being in the same position again.

Women also expressed shame when relating their concerns about personal care and hygiene whilst homeless. Some suggested that women experiencing homelessness were more concerned about personal care and personal hygiene than many of the men.

**FG1.3:** *Then there's also just the usual personal care that comes, that women have to deal with that men don't. We've got also issues of contraception and things like that for women as they always have, so safety, personal hygiene, and contraception I think are the biggest concerns for women compared to men.*

**WLE02:** *I think the worst part for me ever living on the streets was the hygiene. Hygiene. Like, I could go anywhere and get a feed, walk into all, these take something, walk out. But there weren't many places where you could walk in and have a shower and not... be judged because you fucking stink. Like, honestly.*

## Safety and vulnerability

While homelessness is not safe for men or women, narratives from the interviews emphasised that women were particularly vulnerable and the nature of the risks they faced changed their experience of homelessness. For example, the need for safety influenced where, and when, women experiencing homelessness slept.

**FG01.2:** *They're more vulnerable out in the community so they can't go to the sleep the same as men, which is why we see them out couch surfing, staying in cars, sleeping in sheds and garages without facilities, tents.*

**FG3.1:** *Homeless is extremely difficult... like staying at friend's places or in dangerous situations, parks, things like that. Some are in tents and they're trying to get on the outskirts of the bush so they're still safe to – like what they worked out is a more safer place to stay just on the outskirts of the bush so they can still get to someone's house if something happens. Where a lot of the males are more further into the bush.*



**WLE09:** *I used to sleep where there was cameras and stuff, but I used to wake up every few seconds just because I was scared. We were at the Central Coast when I was really young, and I used to sleep down there. I just used to sleep where I knew there was cameras and stuff like that.*

At times, the need for safety led women to make decisions that increased their vulnerability or had other potential negative impacts. At times these decisions were transactional in nature, prioritising a place to sleep over personal safety and wellbeing.

**WLE09:** *On the street. Lived on the street and then in refuges. Then the refuge system didn't want me, so I couch surfed. Then you know, lived on – then you lived on the street and then in refuges. Then slept with men to get places to sleep.*

Some women had to also think about the safety of their children. (See below for further discussion about children and motherhood.)

**FG1.3:** *I'm sure safety is an issue across both genders, but women are a lot more vulnerable, just mainly because they're not necessarily just having to worry about their own safety but the safety of their children as well.*

## Visibility

Women experiencing homelessness were generally considered to be less visible than men. While there were examples of women sleeping in places like well-lit and CCTV covered locations, on the beach, in the bush, on trains or under bridges; there was a greater emphasis on women couch surfing or sleeping in cars which meant they were often less visible.

**P06:** *She was sleeping in her car, yeah and then just like grabbing a night or two with friends because she was very wary of burning out friendships. Because she's like, 'When things get really bad and I do need a bed, I don't want my mates to say no.' So, she would just kind of stay one night, then sleep in the car wherever she could, then grab another night.*

During the day, the women were often not highly visible either. Rather than congregating in public places, they would often find safe places or even carry on with the rest of their lives.

**P10:** *It's not that often that you'll see them [women experiencing homelessness] laying on the grass with their bags next to them. We don't see that. They've normally got somewhere that they can put their things and they normally – they can go shower. They have a friend, and they might couch surf between a few different friends.... We know women have slept rough in library buildings, we know where they – people that have slept rough in car parks, in school grounds in – there's a whole lot of areas. They sleep there, they get up and they presume to live a life of some normality through the day.*

Some women spoke about trying to find safe places to sleep and one of the practitioners suggested there was tension between wanting to be visible in order to be safe, and wanting to stay out of view.

**FG3.2:** *it's hard for them because they say they're trying to stay in well-lit areas, so they feel a bit safer but also, it's trying to stay out of view so that they're not seen. It's just incredibly difficult.*

**WLE09:** *[I would sleep on the beach and I used to sleep where – you know, Salvation Army Hamilton and that. Where there's cameras, I used to congregate. Where I knew there was cameras.... Where there were lights.*

As one practitioner suggested, this lack of visibility could present a challenge for assertive outreach workers.

**FG2.3:** *I feel a bit stumped to be honest about how we might do assertive outreach to some people who may well not want to be found as well, yeah.*

## Children and motherhood

Women we spoke to had slept in their cars with their children, couch surfed with their children, and had lost custody of their children because they were homeless. It is worthwhile noting that these discussions occurred between COVID lockdowns in 2020 and 2021 and none of the women we spoke to had experienced homelessness with their children during this time. What we know from follow up discussions with workers is that the experience of women sleeping rough with children in their care since that time seems to be more prevalent. A number of factors may have contributed to this. There has been a recognised rise in the experience of domestic and family violence during COVID (Carrington et al., 2020), which could be associated with women and their children leaving their homes. However, at the same time the Hunter region, like many others has seen a dramatic decrease in housing affordability. Skyrocketing property prices have made accessing rental and even temporary accommodation extremely difficult (Jalal, 2021).

Descriptions of being a mother and being homeless suggest the experience is one of a struggle within a struggle, and one that was not experienced in the same way by men. In the discussions we had

with women and their workers there were two main areas children impacted on women experiencing homelessness. The first, as already identified, was that it made being homeless more complex because the women needed to think about the wellbeing and safety of their children, as well as of themselves, in the daily struggle to survive on the streets.

**G1.2:** *Not always, but usually the children are with mum in that homelessness, so they've got to make sure that their kids are safe otherwise they've got child protection on board as well.*

**FG3.2:** *I think the biggest difference I find is that women are more likely to think that they're a burden on people, particularly if they have children. I would think that men are more likely to ask a mate if they can stay for a couple of nights. They're less put off by the fact that they might have to move around every couple of nights. Whereas when you're looking at women with children, they often will say 'I can't stay there there's not enough room and I get in the way and I don't want to impose.' It's such a burden. Moving kids around every few days is absolutely horrific and traumatic at times.*

**WLE04:** *I guess it's easier because you don't have to worry about anyone else. If you've got nowhere to stay, you can just fall asleep on the street or fall asleep somewhere. You don't have to worry about, 'Oh shit, I've got two kids there. What am I going to do?'*





The other main impact was the judgement they faced as mothers experiencing homelessness. The judgements, which included decisions to remove children from their mother's care, highlighted the interplay of structures and systems in the experience of homelessness for mothers – often in ways they found unhelpful and detrimental to their wellbeing.

**Fg2.2:** *So, this concept of then suddenly people being judged around their ability to be a good parent, a good mother, is hugely – oh like it probably has to go to the core of why people don't ask for help, because you've got to accept that help and accept the fact that you're failing in this.*

**WLE02:** *For a girl, it just takes one thing to bring the wall down, and that's if they've got kids. Like anything ever happened, or if they ever lost their kids, then they just give up the – they just give up their will to survive.*

**WLE:04:** *I've got a six-month-old baby and I've got a two-year-old child and I've just lost the two-year-old. Son passed away and here I am in a jail cell, can't make decisions for myself, can't see my kids. Everyone else around has got what they wanted and here I am the one saying well, hey, hey, hey, this has all been a big cry for help. I was homeless. I've got a drug addiction. I need help. You just pushed me that far to a point where I made the decision that it could have either been a graveyard or a jail cell and you still don't care.*

## Pets

For women who had lost custody of their children, and for those with complex histories of relational trauma, pets provided an important sense of connection, meaning and purpose. While the importance of pets was raised by both women who had experienced homelessness and their workers, they also noted the difficulties faced in finding accommodation with pets.

**FG1.1:** *Also, what we keep seeing, it's people having animals and pets, that places a huge barrier for them. They identify themselves as protective factors, emotional support. it's the only thing I have in my life, I'm not going to – so having to find sometimes temporary accommodation at a place that allows animals to stay is very, very difficult.*

**WLE09:** *Even when I slept in the refuge here, I had to put [my dog] into the RSPCA for a while, didn't I? Which was pretty hard on me. It was pretty hard having to leave her in there for – it was only a few weeks, but it was pretty hard.*

**FG1.2:** *You know, those ladies that are then sleeping on the street, a lot of times when they come into our attention they've got – the last thing that they've got with them is their pet, whether it be a cat or a dog. That's all they've got left. Then we sort of say to them, well, sorry, but you have to surrender that as well.*

## Choice

At a societal level, there can be little doubt that homelessness is largely the result of policy, structural and political failures. At the same time, it is important to acknowledge the role individual choices play in people's experience of homelessness and to recognise that people experiencing homelessness still have agency (or the ability to influence their own future). Some of the women we interviewed spoke about the choices they made, or felt they couldn't make – choices sometimes severely constrained by things beyond their control – that had a major impact on their experiences of homelessness. In addition to the discussion above about choice in relation to domestic and family violence, two women highlighted the tension that exists between choice and no choice. One woman suggested that homelessness was often a choice and that the choices people made contributed to them being homeless. But at the same time, she recognised that the 'choice' could be very limited or heavily constrained by circumstance (e.g., when she 'chose' to be homeless at the age of nine to avoid abuse).

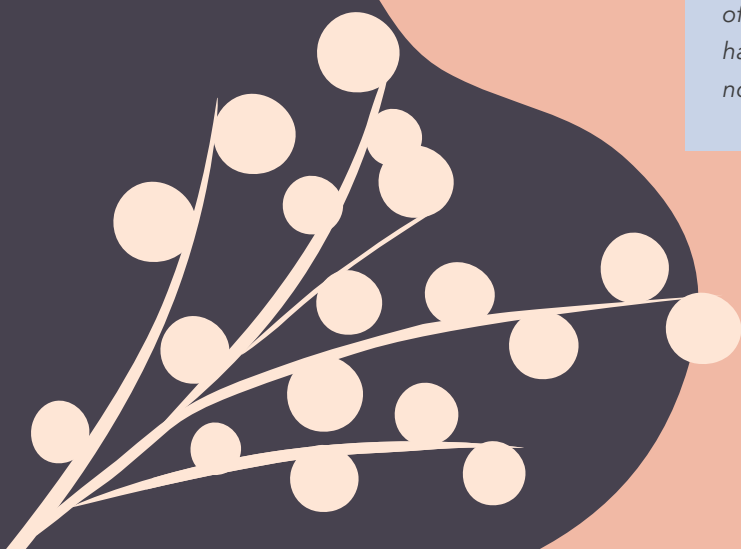
**WLE04:** *I guess homelessness comes under different categories. You have a choice to be homeless or you have no choice. Because at the end of the day, we do get paid. We can secure something. We don't have to be homeless. It's what we choose to do with that money in the moment, but I know when I was younger and homeless, I had no choice. I had no choice. I had to make that choice to feel safe.*

**WLE04:** *Like, a lot of my friends have been homeless for many, many, many, many years, and their outcome from talking to them, they don't look at it like this, but they look at it like they had other things to spend their money on. So, they chose to be homeless and that was a part of their life. But to look at it when I was homeless, I didn't want it to be part of my life but that was the choice that I made to make myself safe.*

**WLE04:** *I become homeless at the age of nine and I chose to do that because I would prefer to sleep on a train at the age of nine than to know who's actually going to be coming into my bedroom at home.*

Women we spoke to voiced different opinions about whether they felt women and men had a different sense of agency and choice when it came to homelessness. One woman was clear that she felt men could, and did choose to be homeless, while other women did not.

**WLE04:** *A lot of men choose to be homeless. Women don't. I can't say that I've come across a woman that's there by choice, whereas a lot of men are on the street by choice. I've watched a number of men at Mayfield Community Centre be offered flats and they don't really want a flat. They're happy to sort of be living rough and be fed and they don't have to pay their way then. That's what I've noticed anyway.*



Another, however, felt that women too had choice and did choose (for a variety of reasons) to be homeless. She recognised that while circumstances beyond their control might lead to women's experiences, their choices play a role in how quickly they could change their circumstances.

**WLE07:** *Yeah, because there would be just as many women that are making the choice to be on the street than there are men.*

**WLE07:** *Most people are homeless by choice. Not – I couldn't say most, yeah, but... there's choices along the way.... I remember when I studied Community Services at TAFE, before I lost my children, and I remember this girl had started the Cert IV with us and she was straight out of high school and she was like, homeless people choose to be on the streets. I was like, 'Who is this little bitch?' She doesn't know what she's talking about. But to now have been someone on the street, there is a level of choice in it at some point. After five years I could have continued to just stay that way, or I could have chosen to do something about the position I was in.*

While there is an element of choice, as another of the women suggested, the journey out of homelessness can be very difficult and determination and support can make all the difference.

**WLE02:** *You have to be very determined to get off the streets.... It's the most hardest thing that you could ever do on your own. I don't care what anyone says, they cannot do it on their own, okay. It cannot be done on their own – it can't be. You have to have some sort of support. You have to have some sort of connection with someone; it's the only thing that will get you more controlling, more – yes,*

*I'm going to take you face-first, you know I'm going to walk into Department of Housing and I'm going to say, I want my house and I want my house you know blah-blah. I'm going to more standing in who I am, you know.*

## Practitioners

The literature review emphasised the need for skilled assertive outreach workers who had the ability to build and sustain rapport, to connect and work with people in difficult situations; who were willing to undertake practical tasks; and who displayed sensitivity and genuine care. These sentiments were echoed, with more nuance and practical consideration by the workers we interviewed. They highlighted that, as well as being skilled in assertive outreach work, practitioners needed to work from an ethos of compassion and care.

**FG3.1:** *I think just understanding and looking outside what's being presented. If they come in and they're crying don't – or they come in upset, look beyond what's being presented and ask why. Because they may be – they may yell at you but it's not a 'you thing.' They've just been probably told Centrelink has been suspended, they needed to get to somewhere for a housing appointment and they've missed that, or they've missed probation and parole requirements. They've got so much going on, it's just trying to break things down bit by bit. Being open and honest with them.*

**FG2.2:** *it's really about having a skilled workforce that can engage people respectfully in those environments, that coax people into understanding that they may need support. How do we do that in a way that's not ramming into them that we're here to save your lives,*

In the interviews, women commonly spoke of what was helpful and important to them in the workers that supported them. Often this involved being available, knowledgeable and able to meet their needs in a timely way. Providing practical support demonstrated that staff cared and could help make a difference but (as suggested by the following quote) practitioners need the ability to find a balance between providing support and potentially further disempowering women.

**WLE07:** *There were things like her helping me get to the doctor's appointments and stuff like that but then she has had team meeting, so she'd ring me, and she'd organised a taxi or something. I held so much weight to her being at that appointment with me, to help me get to the appointment, that it was she was leaving me going, 'Well, fuck you, I don't want to work with you anymore.' Then I was like – sorry about that – I really should be big enough to get myself to the doctors, hey.... Yeah, and in the time that I'd gotten the shits with her to go, 'Oh God, she's been getting me to the doctors, come on [own name], I should have been getting myself to the doctor's, I shouldn't need her to help me get to the doctor.' Just that reality check of, 'hang on a second, I should be able to get myself to these appointments, I really don't need [caseworker] to get me there.'*

Women who had experienced homelessness identified that it was important to them that workers were non-judgemental and had relevant experience to understand their circumstances and situation.

One woman we interviewed said:

**WLE04:** *There is so much judgement out there, whether it be silent judgement, loud judgement, physical judgement. I guess these people are reading from a textbook, not experience, and how – who gives them the right to judge from a textbook, honestly? Because a lot of them do it and I've seen it.*

One woman suggested that workers need to be comfortable with, supportive of, and responsive to, women experiencing homelessness. She reported that she felt the assertive outreach services were better in Sydney, and that this opinion was based on her experience of the staff involved. She noted:

**WLE09L:** *They talk to you more, especially they're more friendlier. They're better with the younger generation.... And, you know, they're better with women. Like they just – the ones in Newcastle, they're only interested in talking to the men.*

The level of comfort and ease with which workers approach assertive outreach practice is not an insignificant issue and not one that is influenced by practitioner experience alone. It is evident that assertive outreach work can involve a range of risks for workers, and it was important to the workers we interviewed that they felt they had the appropriate skills, structures and supports required to keep them safe.



**P08:** *Like we just said, to go out there, it's a huge risk... You don't know what you're going to expect and it's in an environment that you don't really have any control over. It's not like you have a door at the front like we do here or – so you never know what's going to happen or who's going to come out. Or – yep, so you've just got to make sure that you're safe and you're with a team that's going to keep you safe as well as the client.*

Considerations of physical and felt safety for the women supported were also raised in discussions about the gender of assertive outreach workers with women. While one practitioner felt it was appropriate for staff to be both male and female, more of the practitioners we interviewed suggested it was important that the staff were female.

**Researcher:** *Would you need male or female workers?*

**P08:** *I think a bit of mixture.*

**P06:** *I would probably feel that most of my clients want to talk to other women. They don't want to talk to a gentleman, even if it is a gentleman worker.*

**P10:** *What I do know is what hasn't worked for women when they've been homeless. So, for an example, I had a phone call about – because obviously on paperwork somewhere they'd found that I'd been working with this lady and she was homeless, and they said how, 'We can't get her to engage.' I said, 'Well, who is going there?' 'We always go in pairs, there's always a male and a female.' I said, 'Do yourself a favour*

*and get rid of the male. That's what is going to help that woman engage. She has no trust in men, full stop, so she's not going to talk to you if there's a fella standing there.'*

It is also worth considering here the wisdom of one of the women who reminds us that felt safety, in the dynamic of practice, will always be dependent on where a client is at.

**WLE04:** *I guess people have to feel safe within themselves. Until you feel safe within yourself, then you are not ever going to trust someone enough to feel safe in their presence.*



## PRACTICE

In the literature, assertive outreach practice was described as non-linear and flexible, rich in complexity and grounded in an ethic of compassion and care. The interviews confirmed these sentiments noting that assertive outreach involves meeting people where they are at in terms of need, readiness, pace and, importantly, place. This style of work necessarily requires a person-centred and relational approach to understanding the lived experience of homelessness, and particularly the types of homelessness targeted by assertive outreach programs.

## Target group

In our interviews with workers, there was a broad agreement that the focus of assertive outreach with women experiencing homelessness needed to target a wider network of woman than purely rough sleepers. Workers suggested that assertive outreach for women experiencing homelessness needed to be targeted toward women who were facing multiple and complex challenges that resulted in cyclical experiences of homelessness. Workers emphasised that for these women finding a relatively safe place to sleep may involve them staying in their cars, couch surfing, refuge hopping and, when temporary accommodation options were exhausted, sleeping rough. In speaking to the workers who support these women, there was a sense that in the context of complex challenges, housing for these women is often tenuous, insecure, and unstable. Workers described the target group for assertive outreach practice with women experiencing homelessness as:

**FG1.2:** *Someone that doesn't have stable accommodation, stable, affordable accommodation, I guess. I mean, that's probably the easiest way of explaining it. If someone is at someone's house for a week and then they have to move on somewhere else, that's not stable, it's not appropriate. We all have a right to have a home, not just a place...*

**FG1.3:** *I would put that it is unsafe, non-permanent housing, with complex needs.*

Recognising that women's experience of homelessness is significantly more than rough sleeping, workers suggested there is a risk that assertive outreach teams could be called on to service an ever-expanding population with complex needs. For example, workers spoke about the possibility of assertive outreach being used as an early intervention response to women's homelessness rather than 'waiting until somebody is rough sleeping' (FG2.2). Others expanded on this idea and the possible preventive application of assertive outreach practice to those in tenuous housing situations:

**FG1.3:** *it's almost like assertive outreach, particularly for women, needs to be set at a higher level so we can stop the rough sleeping, couch surfing. So going into boarding houses and being like – assisting them getting into more permanent housing, is almost where I see it as being at its most valuable for assertive outreach. It's getting people before they get to crisis.*

**FG1.2:** *Yeah. So, what I'm saying is there are a lot of people out there that have friends that are couch surfing, and maybe it's about giving that permission to sort of say, hey, I've got a friend that comes and stays here every couple of weeks. I don't know, there's a whole lot of consent involved in this. But at some stage they're people that we need to reach out with, and they don't know that there's options at times.*



While the value of reaching out to women, when and where they are at in their housing journey is undeniable, it was also recognised that this may be a step too far for an already overwhelmed workforce. Practitioners we spoke to identified that unless care is taken, a focus on those on the verge of crisis as well as those in entrenched or cyclical housing crisis could be too broad. These workers cautioned that this could lead to caseloads becoming too large and to workers carrying too much risk. This might be particularly the case when assertive outreach involves working with women facing complex challenges, which inherently requires more time and skill.

**P10:** *I like to do intensive work with them to get them settled and moving on as opposed to only seeing clients every couple of weeks, because you've got to keep the momentum going, you've got to get that trust, that communication, all that sort of stuff happen.... For me, it's a really dangerous some support, because there's nothing like giving someone hope and then taking it away or even... then not being able to catch up with them for three weeks. You can't do that.*

## Making initial contact

After discussing the target and focus of assertive outreach programs, conversation with women and workers often turned to how these programs would find and form relationships with the women in need of the service. **Making initial contact with women experiencing homelessness was noted by workers to be a particularly challenging area of practice.**

**P10:** *But you can't just walk up to someone and expect them to be able to engage and to move forward. It's a lot of work that needs to go into that.... You've got to get the person to trust you for a start and to agree – I mean, I've stopped and spoken to people in cars and offered warm meals and that sort of thing for them. They might take the meal, but they'll say, 'Look, I'm all right, I don't need any help at the moment.' Or 'No, no, I'm not homeless, I'm just staying here for the night,' but you might see that car for five or six nights.*

**P08:** *It'd be pretty confronting, I think. I'm just thinking, I guess myself because that's all I can go from but if I was going through a lot, and I know that even just not having enough sleep for myself, I don't function. So I couldn't imagine sleeping out not anywhere comfortable, depending on where it is and not having enough sleep and you start to feel like you're going a bit crazy even if nothing was actually impacting you. So I think if you had strangers coming up to you, you wouldn't know whether you could trust them or not so it would be hard.*

Workers discussed needing to be aware that in doing assertive outreach work they could be entering somebody else's space and they run the risk of 'invading' somebody's 'safe zone.' For some, this related particularly to women who were

sleeping in their cars, but others felt it was relevant irrespective of where women were staying or sleeping. Some practitioners felt that this aspect of assertive outreach work could be managed, particularly by skilled workers.

**P08:** Some clients are like, 'This is still my safe zone. You're invading my safe zone. Don't knock on my door, on my car door.' It's like, 'Who are you? You're freaking me out.' That's another negative that I've had experience with a client. Yeah, I've asked them, I've actually asked the Assertive Outreach team to, 'Call ahead if you can, to let them know that you're in the area and that you'd like to talk to them' and stuff like that. Yeah, because I've had a client with a dog in the car and that was her safety zone so she's like 'don't come near me.'

**FG1.2:** Yeah. Look, I've been guilty of that myself, if I've noticed a vehicle and I have actually worked with a client that was sleeping in cars that I have actually noticed and gone up and talked to. I think there's ways that it can be managed. It's not fantastic but I think there's ways that it can be managed. But we've got to be able to offer something.

**P05:** Yeah, yeah. I've also had another client that goes yeah, I'll accept the referral, but they need to call me in advance. She's a very private person. It took a lot for me to build up trust for her to even give me a little bit of information.

In discussing ways in which assertive outreach workers could find and engage with women experiencing homelessness, some workers raised the possibility of making more use of social media,

and awareness raising campaigns, particularly for those currently staying in places where they can access the internet.

**FG2.2:** The age group that women are, that you're seeing in this space, are women in their 30s and 40s, so they're very tech savvy and they usually go on the internet after eight o'clock, between eight o'clock and nine o'clock you get that flow. So, you're looking at right, these are the tools that they're using, so why don't we use tools that are going to hit that market and what that discussion is and give them the facility to connect with the service. Once they do that, then you've got a private opportunity to engage with them one-on-one and come out and see them and then just provide the service... So, if I can be sitting on my couch privately in my mate's house, resolving my homelessness, that's what I'll do, because I haven't got the time during the day when I'm flocking the kids off to school, or sitting in the library or whatever I'm trying to do to pretend that I'm not homeless or I'm not at risk.

While undoubtedly useful in raising awareness across the community of the availability of services and supports for women experiencing homelessness, these strategies need to also consider the accessibility of this information to women most vulnerable and most in need. Some women experiencing homelessness, particularly women who have been homeless for a while or have complex needs, may not have phones nor internet access through them.

**WLE:07:** I had no phone until I got my flat because it was pointless to me to have a phone that someone was going to steal that I'd have to replace next week. I wasn't going to replace my phone every week or every fortnight. I can't afford to pay for a new phone every fortnight, so I just had no phone.

## Peer workers

When we spoke with women who had experienced homelessness, and the workers who support them, we asked whether they thought it would be useful to have peer workers (or women who have a lived experience of homelessness) as part of an assertive outreach team. Overall, there was strong support for this idea, with some caution from workers about how it would work in practice. Women who had an experience of homelessness identified that peer workers could bring authenticity to the service, and could effectively endorse service providers and help to establish and strengthen connection between workers and women experiencing homelessness.

**WLE04:** *I think a homeless person is going to take more in and advice off a person that's been there and done it than reading from a textbook. It's like giving birth to a baby. You know what I mean?*

**WLE07:** *Yeah, I think – it's probably not necessary that every worker be like that, but to have at least somebody that's got experience, the people that are in that position would have – not that I think that it would have made a difference to me, but I think that we'd come across a lot of people that would be like, you don't understand. Yeah.*

One woman identified that peer workers might also be useful in helping workers to identify where and when to meet women experiencing homelessness, by identifying locations (such as informal community barbecues) and sites in the community that they had used to get food, attend to hygiene, or seek shelter from the weather. Some of the women interviewed had started, or wanted, qualifications in human services industries (e.g., youth work or nursing), wanted to be able to make a difference in people's lives, and could be drawn on as peer workers.

**WLE04:** *So, I went to TAFE and I did my Cert IV in community services and I thought, 'Wow, you know, 'Wow that opened my eyes to so much stuff.' I'm at a point in my life now where I've just started my Cert IV in youth work, and I've got bigger plans. I want to get – finish that and I want to do something for the young homeless children on the street. Not like Night Angels, not just giving them a feed.*

**WLE09:** *It's always been a dream of mine to work with – I've always wanted to work with young pregnant teenagers.*

Practitioners were also supportive of the possibility of peer workers and identified the valuable contribution they make in fields of mental health recovery and the different viewpoints they bring to the work. Practitioners cautioned however, while peer workers may be a valuable addition to the model of practice for some clients, it was important to avoid a one-size-fits-all approach in assuming this will be true for all clients.

**FG3.2:** *Some of the programs that I've worked in in previous roles worked best because of peer support involvement. A lot of those were mental health programs. But when someone can speak to someone who's been in the same situation as them or very similar and has some understanding, they open up a little bit more. We hear the comments for workers all the time, 'You're too young you wouldn't understand, you've got no idea'. How, 'You're sitting here telling me what I need to do but you've never been homeless before. You wouldn't know what it's like.' So, for women who are sleeping rough and that we might approach in an assertive outreach model, I think peers around that would be really invaluable. It would be unreal.*

**P05:** *I've always liked the idea of a peer worker because they do have experience and knowledge and they can come at it from a different angle than what we can. Sometimes I think that clients may actually respond better, but then once again, it does come down to the clients as individuals. One thing may work for one person, the same thing may not work for another. So yeah, it's just finding that fit and it takes time.*

## Relationships

The literature reviewed highlighted that assertive outreach practice has an emphasis on real and trusting relationships. This relational approach could help support workers in meeting those experiencing homelessness where they are in terms of their needs, priorities, and preferred pace of practice. Consistent with the literature, the interviews also emphasised the importance and centrality of relationships in finding a way out of homelessness. **Women who had experienced homelessness talked about relationships with workers as being vitally important. They emphasised that without a sense of relationship and connection they would not trust workers with their stories, nor be open and honest with them in the complex and very vulnerable work involved in exiting homelessness.** They often spoke about specific practitioners and the important role they played in providing support. One of the women highlighted how it was more than just seeking support it, it was about connection:

**WLE07:** *I'm ringing because I've got that much stuff going on emotionally, I just need to connect with her. [When I ring the service,] they just make me an appointment for welfare, and I'm like, 'No, you dickhead, when I ring for [de-identified], I'm not looking for welfare, I'm looking to just try and touch base with her.'*

Workers we spoke to were well aware of the need to build rapport with women experiencing homelessness as a foundation for a relationship of trust, which may take time to establish.

**P08:** *I sometimes do intake as well. So, you have your checklist. You go through your assessment about – ask them to identify their needs and things like that but sometimes they may not disclose it at first. They may not tell you everything that's going on and it's not until later on, a month, two months down that things start to come out once they trust you a bit more. So, I think the first – the most important thing is just to build a rapport with someone so that they can have that conversation with you and that doesn't happen straight away.*

Workers highlighted that the slow build of relationships with women experiencing homelessness was understandable in the context of complex needs, cumulative trauma, and circumstances where they have felt let down or lost to systems of support in the past.

**P12:** *There's a lot of things I don't know, but the thing I do know, like one of the things I do know that works and I do know it has to be part of the solution is relationship. So, these people are frustrated, they're alone, they're desperate for support and what they need is relationship, what they need is community, what they need is someone who will love them in so many ways that they haven't had anyone.*

**FG2.2:** *The charity model is absolutely dead in the water for women. It's never worked for them, ever and so I think that we have to go – we've got to develop these tools that are smarter to actually engage people, that that's the way we want to do it and we want to do it*

*privately. I don't want to go to a generic email address that says hey, I want to connect with you [de-identified] and know that it's you at the end of the line. I don't want to get a general number that's an 1800 number to work out my health options. We're all sick of it. We are all sick with this impersonal approach, so the thing about technology is it actually allows you to personalise it much better and quicker and smarter and privately.*

Interviews with workers, clearly highlighted the importance and centrality of relationships and trust between themselves and the women they work with, and for. This focus on relationships can have far reaching implications and, as the quote above highlights, may suggest a wholly relationship-based approach is warranted. The interviews also highlighted, however, that the relational needs of women with complex needs can form a weighty expectation upon workers. Women were open that they expected workers to meet needs and get things for them or done for them in order to gain their trust. Some of the women reflected openly, at times with their workers present, that they became impatient or dissatisfied and distrusting of workers if they were unable to respond to their calls, needs or expectations quickly.

**WLE09:** *I don't know. All I know is, everyone always lets me down or goes on holidays. Like this is the first time I've seen [de-identified] in a month and that's not like here or there but – I'm not condemning you for going on holidays, that's fine.*

This is perhaps understandable if we consider that these women have likely been let down, left out and left behind in the past by many people, including those in positions of authority and trust. All the same, without skilled work to establish clear boundaries and expectations, it can create a climate that is unhelpful

in promoting empowered outcomes. It is interesting to note that, as highlighted earlier, one woman we interviewed recognised that her expectations of her relationship with her worker were unrealistic, and that she prided herself on being able to problem solve effectively as time went on.

## Flexible, client-led service delivery

Consistent with a relational-approach and a focus on meeting women where they were at, the workers we interviewed emphasised the importance of service delivery that is flexible, person-focused, and client-led. In describing their work, one practitioner captured the necessity of this approach by noting, 'It's hard because every client is so different in what they want from us as a service' (P06). This quote reminds us that women's experiences of homelessness vary and are inherently tied to broader social contexts and circumstances. The female experience of homelessness does not lend itself to a one-size-fits-all approach. Workers we interviewed were keenly aware of this and suggested that services need to be able to adapt to the needs of women experiencing homelessness rather than expecting women to fit in to narrow program requirements.

**P01:** *Well, I think really, it's about offering them support, whatever that may look like for them.*

**Researcher:** *So, flexible support?*

**P01:** *Yes, it doesn't have to be, 'You need to sign this consent and you need to do this and you need to provide a bank statement and an income statement and your ID,' when nine times out of 10, they don't have any of the above. They're the biggest challenges that homeless people face. The first thing that housing asks for, ID, bank statement and income statement. Well, they can't. Most women can't get their hands on that. So, then housing won't provide them with any accommodation until they were able to support, provide that.*

**FG1.2:** *I think there's way too many expectations put on the people that they're meeting with and I think some people are just classified as lost causes. I think that they're the most vulnerable people that we're actually missing out on. The expectation is on them to be able to jump through the hoops.*

Workers were also very clear that a flexible approach to the focus and pace of work had to be balanced with building rapport in a time-sensitive way, in order to avoid women slipping through the cracks of services and supports. They identified that even with a slower pace or flexible focus of work, initial engagement often needed to be done in a short time because of the transience and invisibility of women experiencing homelessness.

**FG3.2:** *I've had a lot of women won't stay in the same place for very long, particularly if they are sleeping rough in the sense that they're in cars or in carparks, underground carparks of secure buildings and things like that. They don't stay put for very long because of the safety risks there.... We have the luxury of time when we have women voluntarily coming to our service to build a rapport, to build up a trusting working relationship.... When you're reaching out uninvited and a lot of the time unwelcome to someone who's sleeping rough, even just getting the information about what your service is, is all you can do sometimes. By the time if we go back there the next day they're not there, they're gone.*

The need for a flexible way of working with women experiencing homelessness is heightened by the inflexibility of policy responses to homelessness. Frustration and exasperation at systemic and structural processes were common in interviews with women who had experienced homelessness and the workers who support them. These processes and the

associated expectations they place on workers and clients were described as degrading, challenging and sometimes, as a seemingly insurmountable obstacle to overcome. Overwhelmingly there was a sense that the women and the practitioners felt powerless in relation to these processes they saw as inflexible.

Apart from changing overarching policy processes to be more flexible, there was also a sense that practice itself could be more flexible. One area where flexibility was identified as being needed was in both the focus and the pace of the service delivery. While most of the workers interviewed had very clear goals of supporting women out of homelessness and into housing as quickly as possible, some women identified needing more time, and more support to be ready to be housed. One woman spoke about it taking her months before she was ready to move fully into a house she was provided, and that it was important that she was given this time to transition. Without the time she needed, her housing may not have been sustained.

**WLE07:** *I knew it was going to take me a while because I already knew from when I'd get temporary accommodation here and there, I knew it was taking me a while to settle into – somebody to go, 'Okay, that's your room now.' It would take me a month to settle into that.*

**WLE07:** *Yeah, you've got a lot of work to do, yeah. That's what makes me say, had they put me in a place straight away I mightn't have dealt with things the same way that I have now. Everything happens for a reason.*

In these responses, women explained readiness for being housed as a complex mix of getting access to available and appropriate housing, being in the right mindset to be housed and having, or regaining, the life skills required to sustain housing tenure. One woman, quoted below, described how



being homeless meant, over time, that she lost skills associated with activities of daily living. She thought it was important for her to regain some of these skills in order to be able to sustain housing. She spoke about this in relation to the focus and pace of the support she received from Nova and why, this time, she was able to exit homelessness and secure stable housing.

**WLE04:** *Being homeless, you've got no responsibility. You get your pay; you can do whatever the fuck you like with it.... Being in a home, you have not only responsibility of paying your rent, you have responsibility of electricity, water, if you've got a phone, phone bill.... You've got responsibility to clean up after yourself but if you're homeless, you can go to a park, put a feed on a barbecue, walk away and not care about the cleanliness of that because look at yourself. Do you know what I mean? That's not being judgemental, that's just being realistic towards how it is, how it is. .... Look, I believe everyone has to show initiative that that's what they want. You've got to help yourself before anyone else can help you, right.*

**WLE04:** *What's been helpful at Nova would be that they allowed me to be me. They allowed me to show them that I didn't just want them to hand me a home. They allowed me to do what I needed to do for myself to prove that when I do get a home, I've earned this home, and I've worked so hard for this home that nothing will get in my way.*

Consistent with these thoughts, some practitioners believed that in order to engage deeply and meaningfully with women experiencing homelessness, practitioners needed the time to be able to go at a slow pace and for women to take the lead in the direction of the work undertaken.

**P10:** *They all do work at different paces. Some clients you can work with really quickly and you can move them on really quickly. Other clients, you can't. They're all very different. I can work with some clients and say, 'Okay, can you go and get this, this, and this, we need to get that there,' and they can follow that. You can say the same thing to other clients, and they can't. They physically cannot do it. For me, the concern is those clients are most vulnerable and they're the clients that we don't want to slip through the gaps.*

**FG1.2:** *Refuges and certainly the TA [temporary accommodation] that we've got going through here is also so fast. So, for me, it's about being able to slow things down for them, give them a chunk of time.*

**P01:** *What we think is best for them isn't what they may necessarily think. It's their life. We just go along on their journey with them.*



## Trauma informed practice

Trauma and its impact were common themes in our discussions with women with an experience of homelessness and their workers. Trauma – whether a result of family and domestic violence, systemic and structural oppression, disconnection, disadvantage, or disengagement – was a defining context for women’s homelessness. Despite this, only one practitioner spoke about trauma informed practice, and this was to lament its absence in the cross-sector services responding to women’s homelessness:

**FG3.1:** Also, I’d add with housing providers, they’re not trauma informed. They don’t understand homelessness. They don’t understand DV et cetera, or all of the gamut that comes [with homelessness]. They’re – everybody is stretched, and everybody is overworked, and everybody’s capacity is just beyond. But being trauma informed, we try and bring that bit in where housing services or the social housing providers are just not necessarily. They’re just saying some of the most horrendous things. For somebody to access a service is sometimes difficult in itself, then to have those questions asked to you and just blatantly say, ‘It’s your fault.’ They just walk out and going ‘I will never go back there again.’

This quote reflects, from a worker’s perspective, how systems of service and support can actually be re-traumatising for women seeking to exit homelessness. The worker explained this seemed to happen through a lack of sensitivity to the experiences and circumstances that contextualise homelessness, especially for women. Workers also identified that fatigue, burn out, or a lack of effective and skilled personal/practice boundaries contributed to a lack of trauma-informed response.

**FG3.1:** It’s looking beyond what you’re seeing. Accepting what you’re seeing and working with it. They just – they need a caring heart, somebody that’s not jaded by being in the industry too long and somebody that is trauma informed absolutely needs to – that’s a must. Yep.

**FG3.1:** Yeah. If it’s a housing provider they definitely need to – and especially a small town like [name of town] is a small town, they need to take the personal out and be professional and understand that how they may be presenting isn’t necessarily all the story you’re getting. There’s the back story. Just because you think you know the partner doesn’t mean they’re a good person. Look beyond what’s being presented and be trauma informed.

## Long term

A trauma-informed approach to assertive outreach with women experiencing homelessness would recognise that the impacts of trauma can be long-lasting and require responses that support safety, connection, and enhanced coping skills. A client-led, flexible approach that is built on relationships, and attentive to contexts of trauma can take longer particularly when working with women facing multiple layers of complex challenges. Workers we spoke to identified that this type of an approach required longer than other models of practice.

**FG2.2:** It’s the small, gentle steps that get to engage people. Sometimes it takes longer with some people than others, but you just – I think the model of assertive outreach is more around being persistent, consistent, and flexible with that person.



**FG3.2:** *I think so. Yeah. I mean, I think when we're working with people with that really complex mental health stuff, absolutely we need more time. Relationship building for those women and those men is already extremely difficult and they often – even when they're coming into our service voluntarily but strongly encouraged by housing or something like that – they find it really confrontational. They almost feel like they're being punished because they have to link in with a service or because they're linked in with a service. That always takes that bit more time to explain who we are and have them form some sort of trust with us that we're not the bad guys and we're not going to make anyone do anything. But we really want to do a plan that's led by them, not by us. Then you throw in the extra things, the extra supports that they need and that can be medical and mental health support like counselling and things. Absolutely, the timeframe has to be much bigger.*

**P01:** *For me, it's about building that initial rapport and engaging with someone who is sleeping rough or has nowhere safe to stay until – it may take weeks or months before they actually want to engage. They've been on the streets sleeping rough for a long time. Sometimes it takes ages before they will ask for help or will receive help, and a lot of them feel that the system has let them down as well and different service providers haven't given them what they need,*

The workers identified two aspects of pace they believed were important in effective assertive outreach with women experiencing homelessness: having the time needed to establish relationships of trust to then work through complex needs, and a longer time frame of available service to address the non-linear trajectory of the journey out of

homeless for many women. The cyclical nature of homelessness, especially for women with complex needs, means that the while engagement with a service provider might be long-term, it is not necessarily continuous and could involve women coming and going.

**P06:** *Like they come back to their DV worker because they're like, 'You said I could have all this stuff last time we talked but I wasn't ready then.' So, then it's like us stepping them through what's happening now, what has happened, what do you need from us as a service right now. guess it's safety as well. They feel safe coming back to us.*

## Multiple services required

For women experiencing homelessness, complex and cumulative adversity can result in significant negative impacts across many facets of wellbeing. These include, but are not limited to, health, mental health, education, employment and engagement with peers, family, and the community. Women who have been experiencing homelessness for some time face multiple, complex challenges and often require a range of services. In providing the multiple services needed, practitioners emphasised the importance of well-coordinated service delivery, wrap around services and strong networking.

**P10:** *Well, we had her in our accommodation for probably 12 months or close to 12 months. But it got to the point where she was really, really unwell and she had to call mental health in and that didn't work. It was a nightmare. It wasn't well co-ordinated, and she did a runner. Then, because of that, she lost trust. It's such a fine line because if you've got trust with someone and you've got their trust, it's very hard to maintain that and be involved in trying to get mental health or something involved.*

**FG2.1:** *I suppose as [de-identified] is speaking, all I'm thinking about is wraparound, like wraparound supports. They're not there, like the housing isn't there to start with, I know, but even if it were a Housing First model, then to engage these people – and I'm talking men, women, anyone – into the services that they require to stay in a tenancy, to not fall back into those cycles that have made them homeless, it's the wraparound services, drug and alcohol, mental health.*

**P08:** *Networking is huge. I guess everyone's under the pump and everyone's busy so having a good network and people that you can turn to is important, definitely. Because especially the way things are at the moment, like I said, everyone's busy so to take time out of your day to help someone else or to add more to your plate, I probably would only want to do that if you actually know the person or know that they're a good service or they're going to look after the clients et cetera.*

As inferred in the last quote, obtaining necessary services for women experiencing homelessness can be difficult. In particular, practitioners spoke about the challenges of accessing mental health and alcohol and other drugs services, and of obtaining housing. These experiences are interconnected and seem to be bound together by structural barriers that workers felt powerless to overcome.

**P10:** *Trying to get mental health on board is a nightmare, trying to get drug and alcohol on board. You can get somebody into a detox, but you can't get them into a rehab program. There's so many things going on. Counselling, there's a waiting list for counselling, there's a waiting list for GPs. Can't even – housing will want you to get a medical assessment form for*

*a client. Well, if they haven't been to a GP for a while, no GP is going to do that paperwork for them. If they're just out of jail with no history with any GPs out here, trying to get that form to try and get them on the register to get things started is just a nightmare. Let alone getting a mental health care plan done and then a referral to services. Because there are no outreach services here for mental health. There are no outreach services for drug – well, there are for drug and alcohol. Got a couple of services that access for the drug and alcohol. But there is a ping-pong between drug and alcohol and mental health.*

The literature review identified a key feature of contemporary assertive outreach with people experiencing homelessness is its integrated, multidisciplinary approach. Relationships between and among workers from different services are important in securing long-term engagement of clients and ensuring positive outcomes. Workers we interviewed agreed with the need for effective assertive outreach to involve a multi-agency or multidisciplinary response. They also highlighted how this had to begin with some form of collaborative or shared understanding of the issues at hand between workers and agencies.

**P10:** *The assertive outreach that was happening in Newcastle when it first kicked in, there just needs to be a whole lot of communication between a whole lot of services, to be quite frank.*

**FG2.1:** *We had a Legal Aid worker. We had a Housing worker and – what have I missed? Mental health, we had a generalist nurse, so we all worked out of [location] and of course the non-government organisation who were the outreach team. As, I said, if we connected*

*with a rough sleeper who had significant mental health, we'd just come back to [the service], grab a mental health nurse and go out and visit together. We had drug and alcohol workers, same thing. So, it worked. We housed people that were saying were unhousable, or you couldn't wrap those services those around.*

While workers we interviewed thought multi-agency and multi-disciplinary responses were necessary, workers were concerned that without available housing, all services (either in isolation or with collaboration), were effectively hamstrung in their response to women's experiences of homelessness. The lack of available housing, and the difficulty of obtaining what housing was available, was a source of major frustration.

**FG3.2:** *I think too there's an expectation particularly from housing providers, but other services indeed that women need to address all these other complex challenges that they're facing before they'll help them to access housing. They're not realising that accessing housing and having that stability will have a better outcome to lead into addressing those other complexities.... Well, we can't assist a woman to address her mental health if she's on the street or sleeping in someone's lounge room with three children and five dogs and their family as well. Then they've got the history of trauma but then they've got new relationships breaking down because of the stress of sleeping in lounge rooms.*

**P08:** *Like what I'm finding at the moment, we're struggling a little bit as workers because options are limited for clients. So, we're starting to feel a little bit of hopelessness having to have the hard conversations with clients and*

*hearing how hard it is for them but having limited options of where we can put them. Obviously, with refuge, big wait list, temporary accommodation funding running out. You know, rental properties so hard at the moment.*

One of the practitioners went as far as suggesting that having access to housing was crucial for assertive outreach to work.

**FG2.2:** *I think my view on that is you don't have housing there's no point in doing assertive outreach [laughs] like honestly, because you really need to be – if you're going to look at a model for women and it's a different model, then it has to go hand in hand. Because otherwise you're saying well here's half of a model.*

This practitioner also suggested that it was important that assertive outreach services had brokerage funds to be able to buy in services that might otherwise not be available.

**Fg2.2:** *The advantage of assertive outreach and the model that we have at the minute is the fact that there is brokerage. So whatever model comes up, you need brokerage, let me tell you, because brokerage can do things outside of the square that other things can't. I mean there's still the confinement of eligibility and all of that stuff, but we can still massage things slightly different than when you're hitting the very clinical guidelines around whether it's the Mental Health Act, or whether it's TA eligibility.*

## A hub

Alongside assertive outreach, a common discussion amongst workers we interviewed was the value of a central 'hub' for women experiencing homelessness. Hub or centre-based facilities are sometimes discussed in the literature as a parallel service, where clients engaged by assertive outreach workers could be referred for additional or ongoing support. Alternatively, hubs could also act as a first point of contact and a way to access women experiencing homelessness by providing them with an identified safe space. Because women are often more invisible, drop-in centres and hubs provide a place that practitioners could first meet women and allowed the women to have a greater role initiating contact.

**FG3.2:** *Look it gives us somewhere to say if we are speaking to women in the community that do engage with us and we can use that time out in the community to form some sort of relationship. It does give them a base that they can access. So that it is there for them but it's more on their terms as well. They can access it when they want to not just when we show up in front of them.*

Both workers and women who had experienced homelessness saw real value in the potential of hub services. Participants spoke about a number of places that women would visit in the local area – e.g., Soul Café, Hope Street (Baptist Care Mayfield), Survivors are Us (Cardiff) and Nova's own hub – as being places that women experiencing homelessness could go to feel safe and access support.

**FG3.2:** *The flexibility of having a drop-in centre – a drop-in hub, women are coming in and just wanting a place to be. They don't need to be talking to case workers all day every day, they just want somewhere they can feel safe for a few hours during the day, where they can actually relax and not be on the lookout for risk all the time. Yeah, they just want somewhere*

*safe that they can just be themselves and just stop for a moment, and probably forget about all the stress and just relax.*

**P12:** *So we do have a laundry, we do have medical services, legal services, chiro, podiatry, we host AA and AGA groups. We run our own smart recovery groups. We invite nearly anyone who will come in, in. Prior to COVID, we had Centrelink outreach coming in, we had DCJ outreach coming in. We had audiologists coming in. We had NDIS providers coming in. We had employment services coming in.*

**WLE04:** *I remember this place in Brisbane. I don't know what it was called but it was only for women because there were so many men's stuff around. It was only for women that you could go there at seven o'clock in the morning, you could do your washing, you could have a shower, you could fall asleep on a clean bed there. There was no judgement about it, you know. Just that, even if it was only one day a week, it felt better to walk out of there having fresh clothes.*





# Practice considerations

## FOR DESIGNING ASSERTIVE OUTREACH SERVICES FOR WOMEN EXPERIENCING HOMELESSNESS

*Homelessness is a growing problem for women, with older women the fastest growing group of people experiencing homelessness in Australia. The Australian Bureau of Statistics (2018), estimated that the number of homeless women aged 55 and over increased by 31% between 2011 and 2016. Women's homelessness intersects with experiences of domestic violence and childhood trauma, mental health and substance use, disadvantage and discrimination. While women's homelessness is a recognised issue of concern there are, as yet, insufficient strategies and service models for engaging specifically with women in relation to their complex and multi-faceted issues of concern. This is especially so for women who experience chronic, or cyclic homelessness.*

Nova for Woman and children has been a lead organisation in domestic and family violence and homelessness, servicing women and women with children for over 35 years in the Newcastle and Lake Macquarie regions of New South Wales. Nova's approach to service delivery has been always focussed on the needs of women and identifying gaps in access and the provision of service. This report has detailed findings from a project proactively seeking to address the issue of women's homelessness in an evidence-informed and practice-led way. In partnership with Tamara Blakemore, Graeme Stuart and Joel McGregor from the University of Newcastle, the project has produced a rapid review of existing literature and qualitative interviews and focus groups with women who have been homelessness and the workers who support them exploring the potential of assertive outreach to support women exiting homelessness.

Assertive outreach involves taking services to people, working with them where they are at and prioritising their preferences and pace. Assertive outreach is often used to connect with people whose homelessness has become chronic or cyclical and is important in building trusting relationships and links to support for people who may be reluctant or find it difficult to access services. However, models of assertive outreach have been designed predominantly based on the experience of males. This is because men's experiences of homelessness have tended to be more visible (such as 'rough sleeping') and in both Australia and internationally those experiencing chronic homelessness are overwhelmingly male (Burt, 2003). Current models of Assertive Outreach are yet to address the specific needs of women and their children. As the rates of women experiencing homelessness, domestic violence, income inequality

and poverty grow, there is a desperate need for new models of support that respond to women's gendered experiences of homelessness. In focus groups conducted as part of this project, a major local outreach service indicated that only 16% of the people they support in an assertive outreach capacity are female. However, Nova's figures for the 2020-21 financial year showed that women's demand for safety and shelter increased by 50% in the region, showing a gap between provision of service and need.

This report brings together the findings from the rapid review and interviews conducted and, drawing on them, explores new directions for practice. In many instances this report has relied heavily on the stories of women who have experienced homelessness and the workers who support them. It was important to us as authors to privilege these words and the wisdom of the women involved. The data collection process involved in this project was trauma-informed, inclusive, and collaborative. Women who had experienced homelessness and their workers were able to tell their stories and share their observations in ways that made sense to them. With skilled interviewing the women found the process of being involved in the project affirming. They were generous and brave in sharing their stories and we hope the process validated their strengths and their survival.

The women who took part in this study talked about the impacts of past traumatic experiences including the loss of children (through removal or death), domestic and family violence, childhood abuse, violence, sexual exploitation and homelessness as a child or teenager. For these women, traumatic experiences were an impetus for women becoming homeless, and sometimes to remaining homeless or cycling in and out of homelessness. These women shared stories that also helped us understand their particular vulnerabilities and the nature of the risks they faced. The need for safety influenced where, and when, women experiencing homelessness slept. Literature considered in the research project emphasised the need for skilled assertive outreach workers who had the ability to

build and sustain rapport, to connect and work with people in difficult situations; who were willing to undertake practical tasks and who displayed sensitivity and genuine care.



The trauma-informed process embodied by the project demonstrated an ethic of care in its application, delivery and in dissemination of its findings. Women we spoke to relayed that compassionate and caring support – that prioritised relationships and was person-centred and sensitive to the impacts of trauma – was critical for empowering women to exit homelessness. There was widespread agreement that workers should be knowledgeable, experienced, and flexible, while also being consistent and persistent in their work. The people we interviewed saw the associated casework as complex and, while desirably long term and slow paced, it needed to be time-sensitive and responsive to ensure engagement and rapport. In thinking about case load, time frames, and other expectations placed on practitioners, it is important to consider the implications for both the practitioners and the women they serve. Likewise, for an assertive outreach model for women who are experiencing homelessness to be trauma-informed, it must consider the safety and coping not only of the women it services, but also of its workers.

How this is achieved, within existing policies and funding parameters will require considered and collaborative action. Underpinning this action must be a shared understanding of underpinning principles that will make a difference for women supported by assertive outreach and sustain the practitioners delivering this work. Reflecting on the outcomes of this project, a series of collaborative and curious conversations identified that the work raised a number of important questions for practice.

These included:

- How do we talk about our work?
- How can our work look going forward?
- How do we ensure best practice in achieving outcomes in our work?

## How do we talk about our work?

In the literature review for this project we reflected on the work of Phillips and Parsell (2012), who argue that assertive outreach 'is informed by the assumption that assertive outreach is not something "done" to people sleeping rough, rather that clients play an active role in the process – their agency constitutes an important element of how assertive outreach can be understood' (p. 20). The authors note there needs to be a balance between being persistent and assertive in working with people experiencing homelessness; and being too interventionist. Our collective discussions reflected on whether there was some naivety to these assertions, and whether they minimised the structural role in (women's) homelessness. It also prompted us to reflect on the very language of 'assertive' outreach and whether it somehow sat at odds with the idea of 'meeting someone where they are at'.

Ultimately while the idea of outreach fits, the idea of being 'assertive' in this process lacks fit with the type of work Nova wants to do. The very language of 'assertiveness' reminds us that client-centred work can become lost in the realities of policy (and funding) realities. These discussions have clarified that in essence, the aims and outcomes of work with women experiencing chronic or cyclic homelessness is about engagement and connection. They have also clarified a commitment to calling out language and actions that are not consistent with client-centred practice and the need to foreground women's wisdom in our work. Instead of 'assertive outreach' Nova for Women and Children propose that work with women experiencing chronic and/or cyclic homelessness is delivered through a 'Targeted Engagement Activity' (TEA) model.



### Targeted Engagement Activity (TEA) model

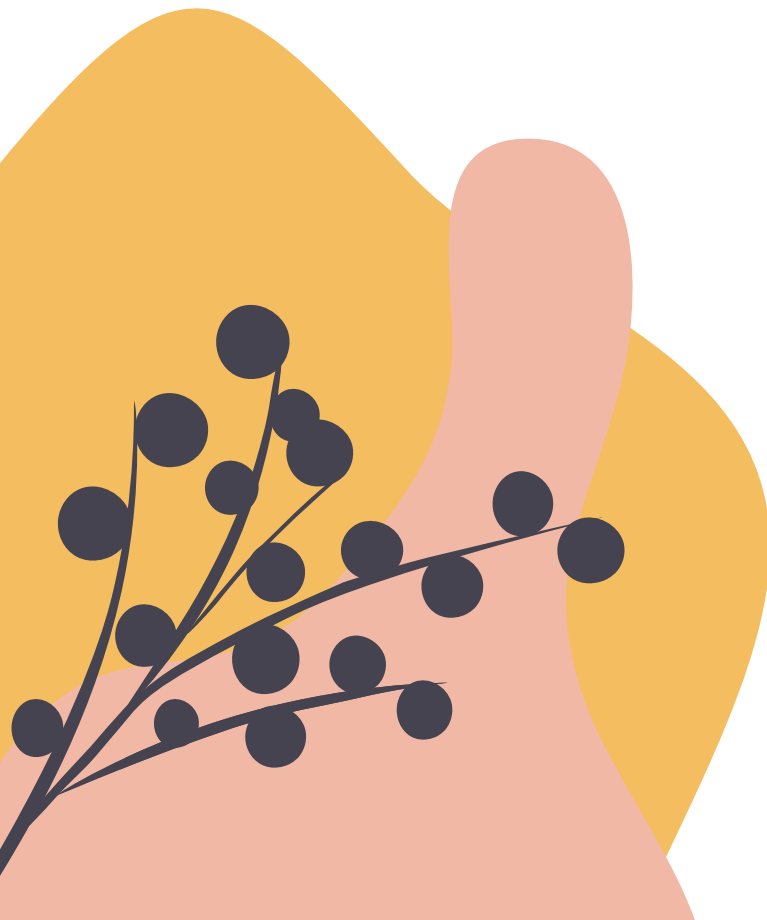
With commitment to a female-focused delivery of support for women experiencing chronic and cyclic homelessness, it

makes sense to talk about the work in language and with imagery that is consistent with the aims of targeted engagement and connection. The symbolism of the 'tea' model is consistent with an approach that brings comfort, shares space and time and recognises that we never know our true strength till we're in hot water. The TEA model of practice emphasises relationships and connection-based responses built around respect, belonging, transparency and trust. As advocates and facilitators working with women to reach their goals, this model recognises that we are not experts in their lives, and we honour that all women are experts in their personal 'herstory'. The wisdom of women is foregrounded in this work, recognising that in respectfully listening to a woman's story we can hear her unique experience, her needs, strengths, goals and obstacles associated with homelessness.

### How will our work look going forward?

Grounding the delivery of the 'TEA' model in the experience of women needs to be an evolving process because homelessness is not a static phenomenon, and experiences of homelessness will vary from woman to woman, over time, and across cultural and community contexts. Nova also recognises that that implementation of the 'TEA' model needs to be an evolving process of building capacity, strengthening networks, and ever-increasing the reach and responsiveness of the work from downstream delivery towards upstream structural change. An evolving approach to implementation is also consistent with observations that good practice with women experiencing chronic and/or cyclic homelessness requires time. Time and a sensitive approach to time and pace, is perhaps a defining feature of the 'TEA' model of practice. This attends to the observation that the paradox of 'assertive outreach' seems bound up in the context of time. Good outcomes, and good practice requires time, but 'time' as a resource is a prohibitive burden for any one agency or service to bear. Many (connected) hands make light, and life-changing work.

In our discussions we flag that from a female-focused service delivery perspective – there is something to ponder about time and how the auspice of our work has increasingly narrowed our thinking about the time we have available to work with clients, and what this then means for the pace of work. When we are trained in an ethos of 'starting where the client is at' but it seems that funded service provision requirements mean that we can find ourselves often leading, if not dragging, a client towards a predetermined goal at a predetermined pace, losing any sense of client-centred practice in our work. How and why this has happened might also come back to time. As the metaphorical frog in slowly heating water doesn't jump, the slow but successive narrowing of practice via policy and funding changes is not something we are unaware of, but inevitably a situation we find ourselves in.



Addressing these connected challenges, as an outcome of this project three 'TEA' models have been developed, each with successive reach, responsiveness and potential for proactive change, and each needing a greater commitment of funding, staffing and resourcing. These models are detailed in the attached Appendix 1, and are briefly described following:



### TEA models

#### MODEL 1:

A discrete service offer provided by a small team of NOVA staff, delivered

at locations where women who have complex needs and who experience chronic and/or cyclic homelessness might spend time. The use of the 'Betty' van<sup>2</sup> will support women to get practical needs met and be linked with services and support to either get housed or 'get ready' to be housed.

#### MODEL 2:

Extends the service described by Model 1 to include multi-disciplinary providers and peer workers in the delivery of regular, supportive outreach at multiple access points. It would have greater capacity to offer multi-targeted supports for more women, addressing practical need, and co-ordinated support through a shared pathway toward housing.

#### MODEL 3:

Further the reach of Model 2, by co-locating multi-disciplinary providers and peer workers to provide intensive, wrap-round supports with linked outreach and in-house service provision. Model 3 extends service provision to the maintenance of housing tenure through supportive case management and addresses gaps in 'upstream' policy response through advocacy and a dedicated research and practice advisory role.

## How do we ensure best practice ?

Envisaged outcomes of all TEA models include:

1. Women and children's safety will be supported, wherever they are at
2. Women and children will have improved access and connections to services, community groups and family/friends for improved wellbeing
3. Women and children will be supported in their journey towards safe, sustainable housing.

To achieve these outcomes, all variations of the 'TEA' model should be underpinned by an ethos, values and ways of working that make things better for women and children. All models need to be built on the fact that new ways of working are needed that recognise women's safety and the inaccessibility of existing services. Women we spoke to in this project reported high levels of complex trauma and cyclical experiences of homelessness over their lifetimes. They reported significant shame about being homelessness and some different patterns in the ways that they dealt with homelessness. In comparison to men, women who experienced homelessness tended not to tell family and friends about their homelessness and were particularly concerned about personal care and hygiene. Safety was a major concern for women and their homelessness tended to be less visible because they would find places to sleep away from men and women, where possible, would sleep in their cars. The lack of visibility of women who are homelessness means that it is important to develop innovative and targeted models that are trauma-informed and sensitive to the gender-specific needs and experiences of this cohort.

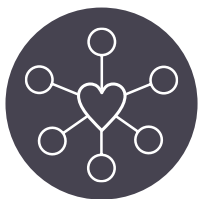
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<sup>2</sup>The 'Betty Van' is a Mercedes Benz Sprinter Van, complete with fold out awning for shade, tables and chairs, a slide out bench style kitchen along with portable power via installed solar panels. Working from the van, workers can provide blankets, small sized toiletries, tea, coffee and snacks along with assistance and connection to Nova and other services. The Betty van was initially purchased with the help of Girl Friday Lunch Group & since been revamped by the Stronger Communities Grant.



### Practice Principles

To ensure best practice a set of six key practice principles have emerged from the wisdom of women and workers involved in this project to guide practice with women experiencing homelessness:



- Safety
- Connection
- Recovery
- Commitment
- Connection
- Flexibility

Each 'Targetted Engagement Activity (TEA)' model embodies practice that will prioritise safety, connection and recovery by being committed, consistent, and flexible. Detailed in Appendix 2, the first three principles – safety, connection, and recovery are consistent with frameworks of trauma-informed care, addressing the trauma-related needs of survivors. The latter three principles – being committed, consistent, and flexible – relate to the dynamics and ways of working which practitioner-wisdom indicate are important for women experiencing homelessness. Taken together the six practice principles suggest a model of practice that is connection-based and person-centred. Of significant promise and potential here is that these suggestions for practice come from the stories of women and their workers. These are voices which have been notably missing from the existing evidence base for practice: their inclusion is overdue, and their importance cannot be overstated.









## Appendix 1 : TARGETED ENGAGEMENT ACTIVITY (TEA) MODELS

2 August 2021

	Model 3	Model 2	Model 1
<b>Who for (intended clients)</b>	Women with long-term, complex, chronic trauma and/or chronic, cyclic homelessness	Women with long-term, complex, chronic trauma and/or chronic, cyclic homelessness	Women with long-term, complex, chronic trauma and/or chronic, cyclic homelessness
<b>Who by (staffing &amp; partners)</b>	<ul style="list-style-type: none"> <li>Co-located multi-agency partners working together with shared case responsibility (e.g., collaborative case management)</li> <li>Multi-disciplinary (e.g., peer workers, housing support workers, mental &amp; other health workers, drug &amp; alcohol workers, outreach caseworker) team available to go out to women where they're at.</li> <li>Supported pathways for peer workers to gain appropriate qualifications</li> <li>The team is employed by the one organisation</li> <li>Links with centre based, specialist practitioners (who can go to women if needed)</li> <li>Strong partnerships with other services</li> </ul>	<ul style="list-style-type: none"> <li>A team with a variety of backgrounds and experiences (e.g., mental health, alcohol and other drugs, case work)</li> <li>The team might be the result of partnerships with other organisations rather than all being employed by the one organisation or have access to specialist services as needed</li> <li>Formal partnerships developed with a range of relevant agencies</li> <li>Peer workers employed on a casual basis and there is an advisory group consisting of women with lived experience</li> <li>Strong networking with other services</li> </ul>	<ul style="list-style-type: none"> <li>A small, experienced team who are purely focused on assertive outreach</li> <li>Partnerships developed with key relevant agencies</li> <li>Peer workers employed on a casual basis to assist with introduction and endorsement</li> <li>Networking with other services and important focus</li> </ul>
<b>What will be delivered</b>	<ul style="list-style-type: none"> <li>Regular intensive multi-disciplinary supportive outreach (e.g., relationship building, information and referral, practical support, advocacy, casework)</li> <li>The approach is trauma-informed, and client-centred and -paced</li> </ul>	<ul style="list-style-type: none"> <li>Regular, supportive outreach (e.g., relationship building, information and referral, practical support, advocacy, casework)</li> <li>The approach is trauma-informed, and client-centred and -paced</li> </ul>	<ul style="list-style-type: none"> <li>Regular, supportive outreach (e.g., relationship building, information and referral, practical support, advocacy, casework)</li> <li>The approach is trauma-informed, and client-centred and -paced</li> </ul>

<ul style="list-style-type: none"><li>Established formalised agreements with housing providers to provide emergency housing, transitional housing, and opportunities for stable long-term housing</li><li>Formal protocols with other service providers to expedite access to systems and services (where needed)</li><li>Access to substantial brokerage funding for client supports unable to be met by existing service supports (e.g., to meet shortfalls in crisis housing, services, supports and practical needs)</li><li>After hour capacity</li><li>Close, intentional links with other services provided by Nova and other agencies</li><li>Policy advocacy and public awareness raising</li><li>A community hub providing related services (the hub and assertive outreach teams would be separate but have strong, collaborative relationships)</li><li>Practice that prioritises safety, connection and coping and are persistent, consistent, and flexible</li><li>Ongoing support once housing has been obtained, to ensure a smooth, but flexible, handover to housing support workers</li></ul>	<ul style="list-style-type: none"><li>Informal agreements with housing providers to prioritise referrals from the assertive outreach team</li><li>Informal agreements with other service providers to expedite access to systems and services (where needed)</li><li>Access to some brokerage funding for client supports unable to be met by existing service supports (e.g., to meet shortfalls in crisis housing, services, supports and practical needs)</li><li>After hour capacity in emergencies, possibly shared with other agencies</li><li>Partnerships with other services provided by Nova and other agencies</li><li>A community hub providing related services (the hub and assertive outreach teams would be separate but have strong, collaborative relationships)</li><li>Practice that prioritises safety, connection and coping and are persistent, consistent, and flexible</li><li>Limited support once housing has been obtained, with an aim of ensuring a smooth, but flexible, handover to housing support workers</li></ul>	<ul style="list-style-type: none"><li>Networking with other agencies to encourage a collaborative approach</li><li>Knowledge of existing brokerage funds and how to access them</li><li>Very limited after-hour capacity possibly in partnership with other agencies</li><li>Partnerships with other key services provided by Nova and other agencies</li><li>A collaborative relationship with the Nova community hub</li><li>Practice that prioritises safety, connection and coping and are persistent, consistent, and flexible</li><li>Minimal support once housing has been obtained, with an aim of ensuring a smooth handover to housing support workers</li></ul>
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Where will it be delivered			
<ul style="list-style-type: none"> <li>Multiple access points will mean that women will be met where they are at in a flexible way</li> <li>Services will go to women including public or private places that are safe, accessible, and convenient for the women, and safe for the workers</li> <li>Regular outreach to services used by the women (e.g., soul café, Hope St Mayfield - Baptist Care Mayfield, Nova's hub)</li> <li>Regular outreach to community spaces where women go (e.g., libraries, ocean baths)</li> <li>A hub could allow women to have greater control over their contact with the team</li> </ul>	<ul style="list-style-type: none"> <li>Multiple access points will mean that women will be met where they are at in a flexible way</li> <li>Services will go to women including public or private places that are safe, accessible, and convenient for the women, and safe for the workers</li> <li>Regular outreach to services used by the women (e.g., soul café, Hope St Mayfield - Baptist Care Mayfield, Nova's hub)</li> <li>Regular outreach to community spaces where women go (e.g., libraries, ocean baths)</li> <li>A hub could allow women to have greater control over their contact with the team</li> <li>The main differences from Model 3 are the intensity of case work and the number of women supported and that the responsibility for service delivery is dispersed over several agencies</li> </ul>	<ul style="list-style-type: none"> <li>Multiple access points will mean that women will be met where they are at in a flexible way</li> <li>Services will go to women including public or private places that are safe, accessible, and convenient for the women, and safe for the workers</li> <li>Regular outreach to services used by the women (e.g., soul café, Hope St Mayfield - Baptist Care Mayfield, Nova's hub)</li> <li>Regular outreach to community spaces where women go (e.g., libraries, ocean baths)</li> <li>A hub could allow women to have greater control over their contact with the team</li> <li>The main difference from Models 2 and 3 is the intensity of case work and the number of women supported</li> </ul>	<ul style="list-style-type: none"> <li>Aim of harm minimisation and targeted trauma-informed engagement:               <ul style="list-style-type: none"> <li>Meeting clients where they are at</li> <li>Building relationships, rapport, and trust</li> <li>Addressing readiness to be housed</li> </ul> </li> </ul>
<b>Why (with what impact)</b>	<ul style="list-style-type: none"> <li>Aim to end homelessness by:               <ul style="list-style-type: none"> <li>Targeted trauma-informed engagement and wrap around, sustained casework</li> <li>Meeting clients where they are at</li> <li>Building relationships, rapport, and trust.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Aim of harm minimisation and reducing homelessness by:               <ul style="list-style-type: none"> <li>Targeted trauma-informed engagement and casework</li> <li>Meeting clients where they are at</li> <li>Building relationships, rapport, and trust</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• Meeting immediate needs for readiness to be housed</li> <li>• Establish a shared vision with the client toward a pathway into and through to sustainable housing</li> <li>• Continued wrap-round support to maintain housing</li> </ul>	<ul style="list-style-type: none"> <li>o Meeting immediate needs for readiness to be housed</li> <li>o Establish a shared vision with the client toward a pathway into and through to sustainable housing</li> </ul>	<ul style="list-style-type: none"> <li>o Establish a shared vision of how they can remain safe while homeless and to find housing</li> </ul>
<b>Questions:</b>	<ul style="list-style-type: none"> <li>• Should the after-hour capacity be 24 hours/day, 7 days/week</li> <li>• Is there a place for 'patrols'? If so, what would they be called and what would they involve?</li> <li>• Is there a place for home visits?</li> <li>• Is there a place for a shuttle service in this model? Is it the role of an assertive outreach team or would it sit better if at all) with something like the hub?</li> </ul>		

Appendix 2 : PRACTICE PRINCIPLES

PRACTICE PRINCIPLE SAFETY	
Key points (ethos &/or evidence)	Putting it into practice
<p>Nova's assertive outreach work with women experiencing homelessness is woman-defined and trauma-informed.</p> <p>Woman-defined advocacy and trauma-informed care are grounded in similar philosophical stances.</p> <p>We understand women's experiences of homelessness arise out of, and perpetuate, experiences of disadvantage, deprivation, disempowerment, and disconnection.</p> <p>Our practice will emphasise collaborating with women who are experiencing homelessness and prioritising their safety, choice, and control in all aspects of their interaction with the service.</p>	<p>Our practice with women who are experiencing homelessness will prioritise physical, emotional, and cultural safety.</p> <p>We will promote physical safety by maintaining safe workplaces and safe work practices that uphold dignity, protection, and comfort for women.</p> <p>We recognise that emotional safety is important in ensuring women feel secure and comfortable in engaging with staff and building rapport and trust. We will 'meet the individual where she is at' by providing a sense of emotional safety through active listening and validation.</p> <p>We will communicate cultural safety through an understanding that meanings of home and homelessness and housing are different across cultures and communities.</p> <p>We will support physical, emotional, and cultural safety by understanding homelessness in the context of interpersonal, intergenerational, and cultural trauma, and by maximising women's choice and agency in their individual journey.</p> <p>Our interventions will be trauma-informed and involve workers considering:</p> <ul style="list-style-type: none"><li>• Is the interaction necessary?</li><li>• What purpose does it serve?</li><li>• Who does this help?</li><li>• Who may this hurt?</li><li>• Does the interaction facilitate or hinder the inclusion of the woman?</li><li>• Is she included in the decision making about the intervention?</li><li>• Is her readiness for this intervention considered?</li></ul>



## PRACTICE PRINCIPLE CONNECTION

### Key points (ethos &/or evidence)

Nova understands that hope and healing cannot occur in isolation, but rather, happen in the context of relationships.

A way of working that focuses on relationships emphasises connection-based responses built around respect, belonging, transparency, and trust.

A connection-based response to women experiencing homelessness means that we always try to 'talk the talk' and 'walk the walk' in embodying nonviolence as a philosophy and strategy for social change.

### Putting it into practice

Because we emphasise relationships and connection-based work with women who are experiencing homelessness, we practice respectful ways of interacting and connecting to one another. We recognise the importance of justice and developing high level skills in dealing with people through communication and building relationships.

We believe that when workers have a welcoming and calm approach, women are more likely to feel safe. It also sets the tone for a helping relationship that is based on respect. This can help women who have experienced trauma feel less anxious and put them at ease in their new environment. At the same time, it can assist in building trust.

We believe our role as workers is to be collaborative partners who walk alongside women in their journey out of homelessness.

We are advocates and facilitators in working with women in reaching their goals, but we are not an expert in their lives. We honour that all women are experts in their personal 'herstory'.

We thus engage with women with a non-judgemental attitude to create an opportunity for dialogue, engagement, and rapport. Working in culturally responsive and safe ways is important, and it underpins connection and trust. Establishing connections built on respect, and focusing on an individual's strengths, establishes a safe and supportive environment.

As advocates for women, we need to find and create connections with them that:

- Are free from coercion and control,
- Encourage awareness of options and new ideas rather than force,
- Value mutuality and agency rather than authoritarian control.

These ways of relating are the opposite of the dynamics frequently involved in violence, abuse and trauma which have so often contributed to women's experiences of homelessness.

We recognise that a sense of belonging is important for women, and sometimes that, at first, the connection might be with the service or individual practitioners. Belonging and connection underpin a sense of trust and safety which are crucial to coping with life's adversities.

PRACTICE PRINCIPLE RECOVERY	
Key points (ethos &/or evidence)	Putting it into practice
<p>Nova's assertive outreach work honours the resilience, grit, determination, coping and strength of women on a journey through homelessness.</p> <p>We acknowledge that trauma (past or current) impacts on the bodies, brains, and behaviour of the women we work with in different ways.</p> <p>We recognise that the ways in which people attempt to cope with trauma sometimes can be confusing or detrimental to the person's wellbeing.</p> <p>By understanding the behaviours of people who have been traumatised as adaptations to threat, we as workers can start to discover new ways of interacting and connecting with women to best meet their needs and support their long-term wellbeing.</p>	<p>As workers we understand that women are the experts on their own lives. She knows what has helped and hurt in the past, what has worked and what hasn't. Women know their experience.</p> <p>We embrace 'people-first' language to reflect this. For instance, rather than saying, 'My client...' we say, 'The woman I work with...' Each woman we work with merits person first language.</p> <p>We will respond with compassion and understanding to encourage women to explore and manage feelings that may overwhelm them. If a trauma survivor can understand trauma symptoms as attempts to cope with intolerable circumstances, this understanding can take power away from abusers and an individual's abusive experiences.</p> <p>We understand that the manner in which women experience traumatic reactions will be affected by the culture to which she belongs. We also recognise that sometimes what people need to recover is not in line with community expectations and does not follow expected timeframes.</p> <p>We will work alongside women on their journey through homelessness by providing non-judgemental support, with an emphasis on in-the-moment-recovery. This means we will try to understand their current wellbeing, their goals, and what they need in-the-moment to cope and conquer life's daily struggles. This supports women to develop skills and confidence, and a readiness for housing stability that will not be achieved by simply meeting housing needs without supporting them to address gaps in coping required to maintain and sustain tenancy.</p> <p>As workers we will also be aware of our own coping, and ability to sit with, tolerate and learn from uncomfortable feelings of distress. We will be aware of triggers that can overwhelm our own coping skills. We are aware that secondary traumatic stress can lead to us losing perspective on the experiences of the women we work with and can lead us to slip from understanding to blame.</p>

<b>PRACTICE PRINCIPLE COMMITMENT</b>	
<b>Key points (ethos &amp;/or evidence)</b>	<b>Putting it into practice</b>
<p>Nova's assertive outreach work is committed to consistently and persistently 'holding the space' for women as they navigate a journey through homelessness.</p> <p>Our work affirms that women and children matter.</p> <p>Our commitment to women experiencing homelessness is to be a persistent, consistent, and flexible space of safety. We honour women's agency and choice and are committed to supporting their wellbeing however long their journey through homelessness takes.</p>	<p>Our commitment to women experiencing homelessness involves walking alongside them in their journey through homelessness, and recognising their journey will involve ups and downs, moments of pause and reflection, mourning and loss, growth, and change.</p> <p>The management and administration of Nova for Women and Children also make a commitment to incorporating knowledge about trauma into every aspect of service delivery and to revise policies to insure trauma-sensitivity.</p> <p>This can include:</p> <ul style="list-style-type: none"> <li>• Non-exclusion policies for women accessing the service to provide assurance of commitment to their needs in the short, medium, and long term.</li> <li>• Assuming that information will need to be repeated from time to time or provided in multiple accessible formats. This reflects an understanding that women experiencing homelessness, are likely to have past or concurrent experiences of trauma and loss, which can impact on how well information is retained and processed.</li> </ul> <p>Our commitment to women experiencing homelessness also includes persistent advocacy for women with other systems, services and structures, and a persistent commitment to challenging stereotypes that lead to discrimination and other structural challenges that make it harder for women to exit homelessness.</p>
<b>PRACTICE PRINCIPLE CONSISTENCY</b>	
<b>Key points (ethos &amp;/or evidence)</b>	<b>Putting it into practice</b>
<p>Nova for Women and Children recognises that women experiencing homelessness will benefit from a consistent yet flexible approach.</p> <p>We believe that ensuring predictability and structure in service delivery will support women to have a sense of consistency, stability, and safety, which are often lacking in chaotic and abusive environments.</p>	<p>Our response to women we be non-judgemental, predictable, and unconditional.</p> <p>We will strive for consistency over time, and across individuals and contexts. Our consistency will be built on our practice values, ethos, and practice principles.</p> <p>We recognise that consistency is different to inflexibility and rigidity and understand that each woman's journey out of homelessness will be different.</p> <p>It is vital that we respond to each woman in an individualized and flexible way, while providing consistent and predictable programming.</p>

PRACTICE PRINCIPLE FLEXIBILITY	
Key points (ethos &/or evidence)	Putting it into practice
<p>Nova for Women and Children recognise that flexibility is important in allowing women to choose how, where and when they choose to engage with our services.</p> <p>We will intentionally meet women where they are at in their journey out of homelessness.</p> <p>We will adjust our timeframes for practice so that they are consistent with the priorities, preference and pace the women need.</p>	<p>We recognise that each woman we meet has a personal, original, individual story and her own life experience that brought her to this point in her life. Her journey is unique.</p> <p>We recognise we need to provide safety and consistency, but at the same time respond to each woman as she journeys through the emotions, losses, strengths, goals and obstacles associated with homelessness.</p> <p>We will be attentive to their individual experience, their survival, and their needs and hopes for their future. We believe it is important that, in listening to a woman's story, we hear what is unique and recognise each woman's distinct experience.</p> <p>We recognise it is important that we have the capacity to respond with flexibility in regards to a woman's specific situation, family, culture or environment obstacles.</p> <p>We recognise that some women will require a longer time of support, some women will come and go, touching base till they feel safe enough to engage, or as per their perceived need.</p> <p>In all areas of service delivery, we will support women to decide the focus of their recovery, goals and healing. We recognise, however, there has to be a balance between flexibility and consistency, so that the service does not become so flexible that it is inconsistent, or so consistent that it becomes inflexible</p> <p>We believe that navigating structural barriers is an important part of the work that we do, this requires lateral thinking and the capacity to pivot and work 'around' and 'outside' to shape the system's responses for women.</p>

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