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ASSERTIVE OUTREACH WITH WOMEN EXPERIENCING HOMELESSNESS

A rapid review of literature

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Executive Summary

The aim of this rapid review was to identify key themes in the existing literature that could help develop a specialist assertive outreach program for women experiencing homelessness in the Hunter region of NSW. 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). This review identified 30 key sources that discussed assertive outreach approaches for working with homelessness that were culturally relevant and did not exclude women. These sources were then analysed for key narratives and themes.

Assertive outreach practice is distinguished by the situations and settings in which workers come into contact with, and continue their work with, clients. In practice, assertive outreach often means taking our work to people, working with them where they are at and prioritising client preference and pace in our work. It is worthwhile noting here 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 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).

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, '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 often provide 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. By comparison, Phillips et al. (2011, see also Homelessness NSW, 2017b), highlight 'contemporary' assertive outreach methods as much more explicitly focused on securing housing for those sleeping rough. Three distinctive features of contemporary models include: the aim to end homelessness rather than simply supporting people who sleep rough; services adopting an integrated, multidisciplinary approach, to attend to the needs and potential root causes of homelessness, as well as a more 'persistent' approach providing sustained resources to people who are homeless and to support them to move into, and sustain, stable housing often with wrap-around support.

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; Homeless NSW, 2017; 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).

Key Themes

Narrative synthesis of the literature noted key themes that largely coalesce around the intersecting concepts of people and practice in place. Key themes that relate to people include: 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. Key themes that relate to practice, including engagement, models of assertive outreach, principles of practice, and interagency collaboration, are all relevant to working with women.

Attributes of assertive outreach workers

The reviewed literature 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. 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 work practices influenced by the context and nature of outreach work. They argue that 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).

Safety.

The safety of workers is discussed in the literature in terms of risk management and the ways that models of practice, and service offers, need to be structured in order to protect the safety of outreach workers. Homeless NSW (2017b) emphasises the importance of risk management, including effective staff induction, careful planning, completing environment assessments, being well equipped, working in pairs, and access to supervision. The safety of clients is discussed in terms of harm minimisation strategies and ways to keep people experiencing homelessness relatively safe and well without having access to safe and secure housing. 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). A gap in literature appears to be in the 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, was largely missing in the reviewed literature. Only two of the research papers spoke directly with people experiencing homelessness. 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. 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).

Engagement

Engagement is suggested to be central to assertive outreach, as it is often used to support people whose experience of homelessness is chronic or protracted and who may have 'fallen through the net' (Tonybee & Allen, 2009, p. 26). Indeed, the model of 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 at., 2011; Priebe et al., 2005; Rot de Vries et al., 2011). This narrative is problematic and can place the responsibility for service engagement on vulnerable clients and may minimise or hide the ways that services can also be 'hard to reach' and difficult to access (Crozier & Davies, 2013; McDonald, 2010).

Indeed, the discussion of engagement, highlights its time intensive nature — a distinctly service oriented issue. Workers may need many attempts to locate or contact a person sleeping rough, to build enough trust to engage the client with the service offer, and to persist with the client 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. Of course, reduced caseloads are largely dependent on funding conditions, demonstrating the importance of recognising the broader context of assertive outreach. The time and pace of practice also, inherently, needs to be led by clients if it is to be person-centred and responsive to the lives of women. 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. This raises an important point of reflection for assertive outreach workers in contemplating 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 client.

Models of assertive outreach

Across the reviewed literature, few sources specifically focused on models of practice with women experiencing homelessness. Literature on models of practice were highly descriptive, meaning there is no definitive evidence for efficacy for particular models or practice approaches (with either men or women). One exception to the male dominated examples provided in the literature, but still heavily descriptive was the brief discussion of the Outreach Allied Health (OAH) team at Central City Community Health Service in Melbourne by Whitelock and colleagues (2015). This program, and its model of assertive outreach practice, had a particular focus on women who were currently homeless. The model involved taking a health service offer to the community including 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 the existing service offer of more traditional, centre and appointment-based engagement, with different staff involved in each service offer. The two service offers interacted by outreach workers being able to make appointments for outreach clients with the centre-based service through warm handover and ready assurance of same-day or within-the-week attention to health needs. The approach focused 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. It also included specialised staff training in areas such as working with challenging behaviour (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, practical support and assistance, and flexible administrative procedures.

Principles of Practice

The literature search identified a number of sources that discuss features of successful assertive outreach practice, or key principles of practice where practice happens, what its focus and objectives should be, and what the practice involves, looks and feels like. Some sources reviewed focused on factors related to physical aspects and contexts, others provided aspirational and humanitarian-based principles to guide work. Drilling down to a more concrete approach, Homelessness NSW (2017a, 2017b) suggests nine

principles they argue are 'critical to effective practice when delivering assertive outreach to people who are sleeping rough' (Homelessness NSW, 2017a, p.11). These practice principles include being trauma informed, culturally sensitive and person-centred, supporting harm reduction, being built on honest communication, being persistent, consistent and flexible, and collaborative.

Interagency Collaboration

Interagency collaboration and integrated, multidisciplinary approaches (Homeless NSW, 2017b; Phillips et al., 2011) are a key feature of contemporary assertive outreach with people experiencing homelessness. Suggested models for interagency collaboration have included those which draw on principles of collective impact and include a shared and common agenda, common metrics for the measurement of progress, mutually reinforcing activities for partners, continuous communication, and a crucial key centralising, hub or backbone organisation. 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 the collective agenda. The HART model, building on collective impact, is built on the assumption that no single organisation can tackle homelessness, rather, the most effective model is a common agenda. Working in partnership with other organisations can have many benefits, but also render significant challenges. In the context of homelessness, there can be challenges for organisations around sharing case notes and balancing the right to confidentiality with the value of sharing information between services (Brewer et al., 2016; Homelessness NSW, 2017b). The reality of collective impact frameworks and cooperative, coordinated approaches to interagency collaboration is always an underlying tension informed by competitive tendering processes for service funding. Local cooperative agreements have sometimes supported services to work together outside of these agreements.

Findings and Implications for Practice

While the reviewed literature is highly descriptive of existing models of work and (hence) largely not focused on female experience, there are hints as to what effective assertive outreach with women might look like. Collectively, these point to the need for assertive outreach for women experiencing homelessness to prioritise safety, connection, coping, persistence, consistency, and flexibility. These six factors are consistent with a trauma-informed approach to assertive outreach and are consistent with person-centred approaches sensitive to concurrent and cumulative trauma, disadvantage, and adversity. Whether these principles of practice are substantively different to those that could (or should) be adopted for work with men experiencing homelessness is debatable. In many ways these practice principles characterise good practice, across contexts, that is sensitive and responsive to the needs of vulnerable people. What might differ, however, is the application of these principles of practice to a model of assertive outreach for women. It is important to think about how these principles of practice could be 'operationalised': what that would look like in practice, who it would involve and where it would occur. There is a strong argument for this information to be gathered from women themselves and from practitioners who support them to maximise the value and fit of service offers to local contexts. Positioning women who have experienced homelessness, and the workers that support them as key informants in the design and development of models of assertive outreach addressing women's experience of homelessness (and publishing on this work) will address a key gap in this report. While the evidence reviewed provides a scaffolding framework, particularly for key practice principles for assertive outreach work, gaps in the existing evidence will be well complemented by attention to local experiences, wisdom, and knowledge.

ASSERTIVE OUTREACH WITH WOMEN EXPERIENCING HOMELESSNESS
A rapid review of literature

This review seeks to explore the evidence base for practice with women experiencing homelessness; identify key implications for practice and responsiveness to gendered needs and experience. The review comes about in response to the reality that policy drivers and funding priorities shaping work with people who experience homelessness have long lacked gendered and cultural inclusivity in approach or application. This has resulted in responses to acute and/or chronic homelessness that are inherently focused on the visible, and hence male, experience of crisis and related housing impact(s). It has also resulted in a fundamental gap in female focused understandings of the people, places, processes, and practices that can (and should) underpin effective assertive outreach models for women experiencing homelessness.

Introducing Key Concepts

Before presenting the review findings it is useful to clarify definitions and understandings of key concepts covered, and the methods used to identify and analyse the evidence base.

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, 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, n.d.).

Internationally, The European Typology of Homelessness and Housing Exclusion (FEANTSA, 2017; Homelessness Australia, n.d.: 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 review 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, clients. In practice, assertive outreach often means taking our work to people, working with them where they are at, and prioritising client preference and pace in our work. In this rapid review, 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) observes 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. (Cupitt, 2009, p. 2)*

Coleman and colleagues (2013) remind us that while the term assertive outreach was first used in mental health disciplines, it drew on principles and practice that had been already developed in outreach work with people who were homeless. Whilst a constant feature of community-based practices across 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).

Phillips et at. (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.

By comparison, Phillips et al. (2011, see also Homelessness NSW, 2017b), highlight 'contemporary' assertive outreach methods as much more explicitly focused on securing housing for those sleeping rough. Three distinctive features of contemporary models include, first, this explicit aim to end homelessness rather than simply supporting people who sleep rough. Second, 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. And third, a more 'persistent' approach that aims to achieve long-

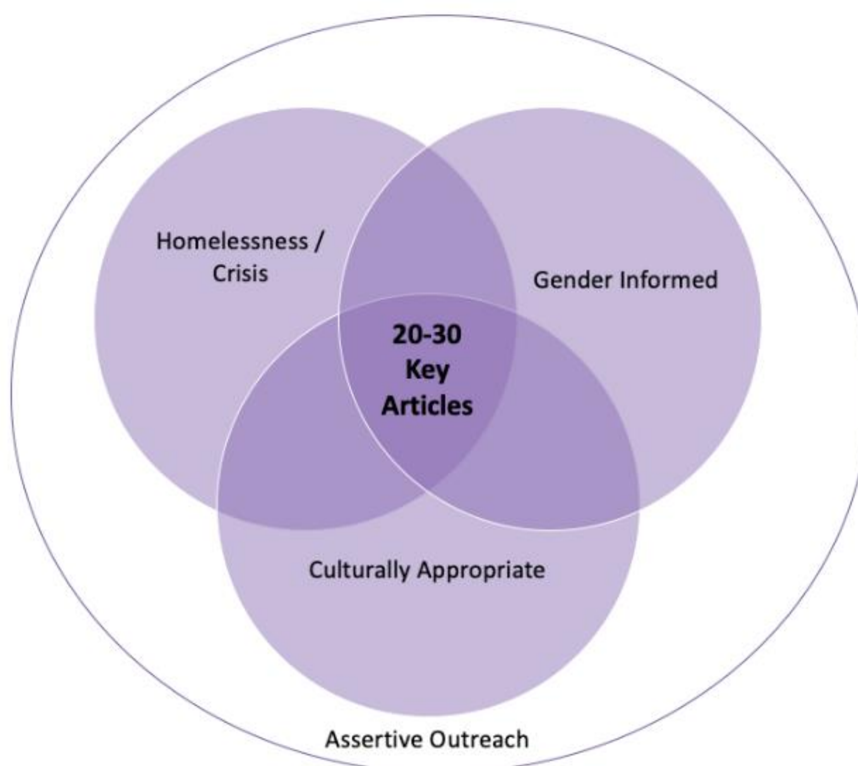
term housing outcomes by providing sustained resources to people who are homeless, and to support them to move into, and sustain, stable housing often with wrap-around support.

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; Homeless 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).

Method

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 focus of this review was to identify 20-30 key sources that discussed assertive outreach approaches for working with homelessness that were culturally relevant and did not exclude women (see Figure 1).

Figure 1: Focus of rapid review



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

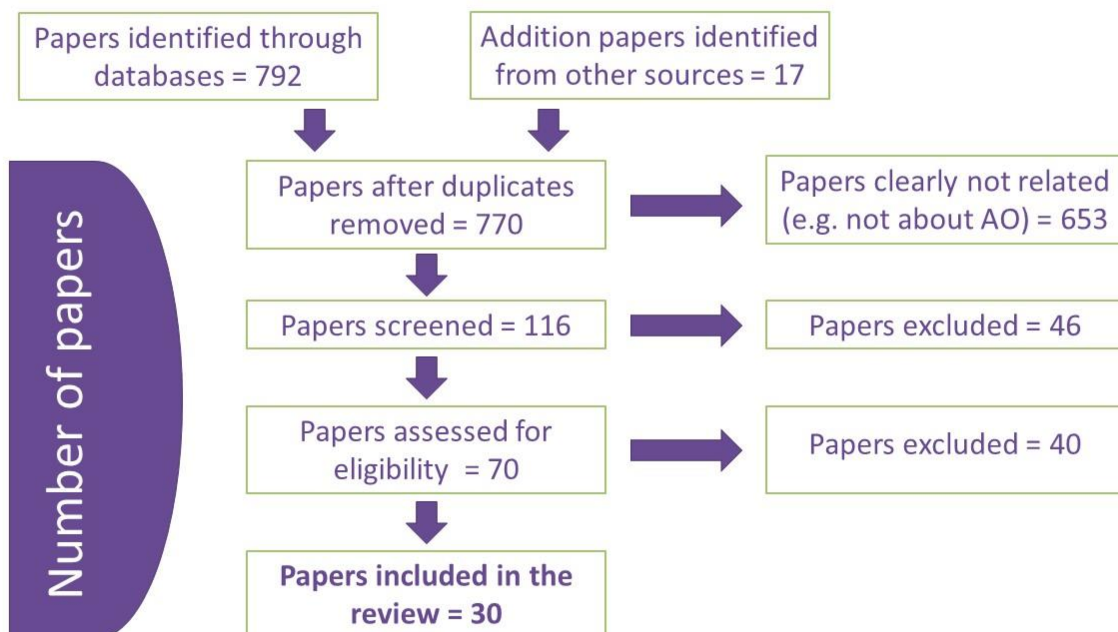
1. 'Assertive outreach' AND (Homeless* OR Housing OR Crisis OR crises) AND (Women OR woman OR gender OR famil* OR girl OR female OR mothers)

2. 'Assertive outreach' AND (Homeless* OR Housing OR Crisis OR crises) AND (Aborigin* OR indigen* OR first nations OR 'first peoples')[1].

These search terms were developed in consultation with Nova for Women and Children and University of Newcastle library staff, including key terms that capture the aim and intent of the review. Using these search terms, three databases were searched: ProQuest Central, EBSCO, and Informit. In addition, the authors contacted a number of services with expertise in Assertive Outreach for additional recommended literature. Only literature since 2000 was included. 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.

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. A total of 30 sources (including journal articles, reports and book chapters) were identified as relevant to the review. (See Figure 2.)

Figure 2: Literature search results



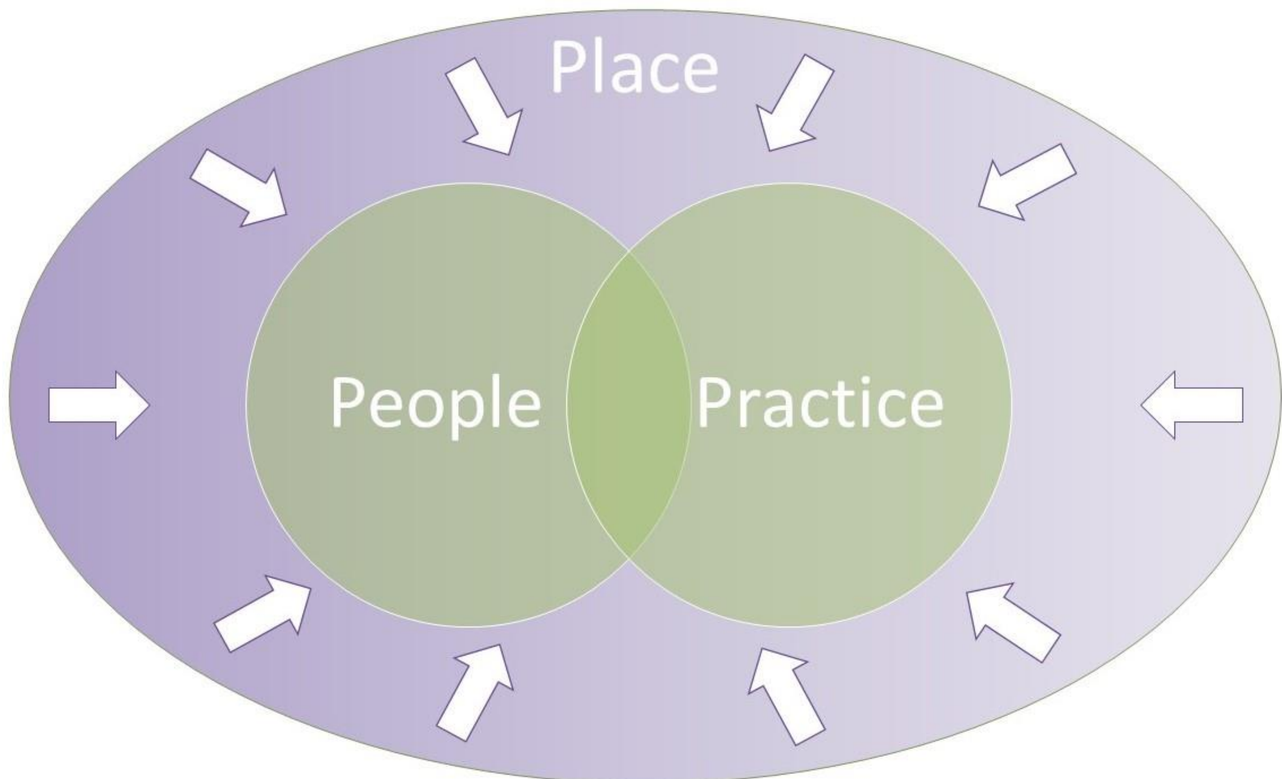
Key Themes

Narrative synthesis of the literature noted key themes that largely coalesce around the intersecting concepts of people and practice in place. These concepts are depicted in the conceptual framework pictured below (Figure 3). The conceptual framework is presented as a way of organising the key themes and

[1] 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.

identifying 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 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 depicted in the conceptual framework below indicate the intersecting influences of people, practice and place which occur over time and influenced by socio-political and cultural forces. This review focuses on evidence pertaining to people (workers and clients) and practice (models of work) understanding 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 necessarily requires a person-centred approach to understanding the lived experience of homelessness, and particularly the types of homelessness targeted by assertive outreach programs. It is worthwhile noting here that assertive

> It is worthwhile noting here 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.

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 service offers. These needs, while not a specific focus of this review, are anecdotally identified as complex, spanning mental health, substance use, domestic and family violence, historic and cumulative trauma. 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 reviewed literature 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. Homelessness NSW (2017b) identify 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, 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 clients 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, and service offers, 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 to keep people experiencing homelessness relatively safe and well while 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 for contemplation and consideration for 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.

This raises questions for contemplation and consideration for 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

For practitioners, assertive outreach raises a number of risks to their safety that need to be considered. Homeless NSW (2017b) emphasises the importance of risk management, including effective staff induction, careful planning, completing environment 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, was largely missing in the reviewed literature. Only two of the research papers spoke directly with people experiencing homelessness. Phillips and Parsell (2012) interviewed 14 people experiencing homelessness (two of whom were women) and Parcell 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 women (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 Parcell 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 the 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 reaching out to and advocating for the needs and rights of clients 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 practice with women experiencing homelessness is described across the reviewed literature as non-linear (and preferably flexible) in its pathways of care, rich in complexity and grounded in an ethic of compassion and care with an emphasis on real and trusting relationships. Assertive outreach practice can offer an authentic way to meet those experiencing homelessness where they are at physically and also in terms of their needs, priorities and preferred pace of practice. As noted, 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 maintain 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), suggest there are three stages of engagement:

- **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 similarly 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

These points also prompt us as practitioners to contemplate the potential influence on client engagement of our own preconceived ideas of what clients need, what drives their experience and what their outcomes might be.

consequences of service provision can contribute to client disengagement. These points also prompt us as practitioners to contemplate the potential influence on client engagement of our own preconceived ideas of what clients need, what drives their experience and what their outcomes might be. Conversely, 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.

Engagement is suggested to be central to assertive outreach as it is often particularly used to support people whose experience of homelessness is chronic or protracted and who may have 'fallen through the net' (Tonybee & Allen, 2009, p. 26). Indeed, the model of 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 at., 2011; Priebe et al., 2005; Rot de Vries et al., 2011). In the context of assertive outreach with 'hard-to-reach families who experience chronic and multiple problems' (p. 212), Rots-de Vries et al. (2011) identified five main stages of the work:

1. Case finding
2. Making contact
3. Sustaining contact
4. Developing a family plan and linking
5. Arranging services to be delivered.

The initial engagement (Stages 1 and 2) took an average of 13.2 days and 1.8 attempts to get first contact. This reiterates that engagement and relationship formation takes time to establish client trust and confidence in the worker. As Rots-de Vries et al., (2011) note, it involves telephone calls, ringing the doorbell, engaging in conversation at other places like schoolyards, and building and sustaining contact. It should be noted that these reflections are based on practice with clients with more stable living conditions, so we might imagine the importance and the time required to meet these objectives are both heightened and extended when people are sleeping rough and/or where there is a real focus on daily survival . In Rots-de Vries et al., (2011) model, they describe the last stages of the engagement process as about 'building bridges' and smooth transfers and connections between families and agencies. Assertive outreach workers in these stages of engagement also offered practical support including activities such as helping with household chores and filling in forms. The practitioners felt this was important to building engagement because it helped meet immediate needs and rapport. But while practical support was important for building trust, providers felt it was easy to get 'bogged down' in practical problems (p. 215) which could make it harder to move to the other stages.

It is also important to recognise that practitioners do not work in a vacuum and that there are many other influences on their practice such as the funding context, management decisions and organisational culture. Within this context, and recognising the many pressures on practice, four characteristics of assertive outreach workers were frequently identified as helping them to build rapport, engage people facing complex challenges, and display genuine care, which includes having plenty of time, being client-led, having strong relationships, and being flexible.

Assertive outreach work is labour intensive because it takes time to build rapport and relationships, to demonstrate genuine caring, 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 the client with the service offer, and to persist with the client 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 is largely dependent on funding conditions, demonstrating the importance of recognising the broader context of assertive outreach.

The time 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. This raises an important point of reflection for assertive outreach workers in contemplating 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 client.

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Firn (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. The author 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 (Firn, 2007). It is also emphasised that these relationships are heavily reliant on more time spent together between workers and clients, time to develop a sense of hearing and being heard, knowing and being known. The genuineness of the relationship between worker and client is firmly based in both practitioner qualities and practice approach but also on the quantity and quality of time spent with the client.

Practitioners also need to be very flexible so that they can respond to people experiencing homelessness as individuals, to adapt their service provision to their particular circumstances (Coleman et al., 2013; Cupitt, 2009; Homelessness NSW 2017a; Phillips & Parsell, 2012), and to be '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.

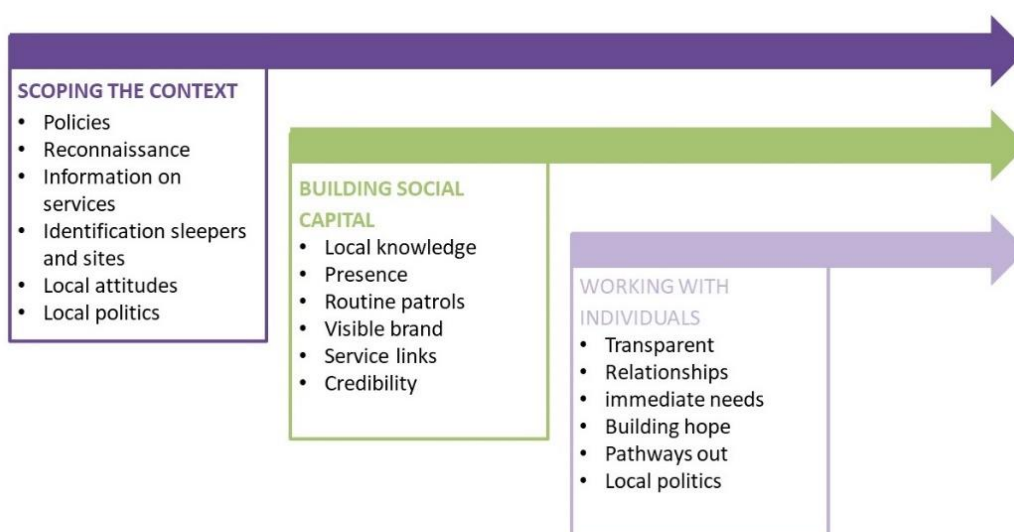
While noted in Rots-de Vries et al., (2011), and elsewhere (see for example Addis & Gamble, 2004; Coleman et al., 2013; Firn 2007; Lloyd 2010, et al., 2010; Phillips et at., 2011; Priebe et al., 2005; Rot de Vries et al., 2011), the notion of clients with whom this model works as 'hard to reach' or 'difficult to engage' needs

to be cautioned. This narrative can place the responsibility for service engagement on vulnerable clients 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 onus of 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 reviewed literature describes various 'models' of assertive outreach. By models we largely refer 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 issues experienced by clients (e.g., mental health, nursing, homeless). Unfortunately, across the searches conducted and literature reviewed, as well as canvas of workers in the sector - there is little published literature specifically focusing on models of assertive outreach with women experiencing homelessness. As such, much of the following discussion on different models of assertive outreach refers to characteristics of approach and practice in broad terms, but still provides insight to issues important to the delivery of assertive outreach for women. Coleman et al. (2013) identify three central concepts they suggest underpin all models of assertive outreach approaches and outreach more generally: '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 sleeping out and can help them build networks, connections and relationships with other services which are necessary in the ongoing work with the individuals.

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



Homeless NSW (2017b, pp. 11-17) provides an overview of a range of models of assertive outreach practice 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, the invisibility of women experiencing homelessness is highlighted because few of them 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 body of literature, common narratives emerged identifying key features of assertive outreach models of practice, including:

- Discussion of assertive outreach as a model of practice with people who have been experiencing homelessness in the longer-term and/or who are facing multiple complex challenges. Notably — one exception to this is the example of 'No Second Night Out' from the UK. This model aims to work with people new to rough sleeping and who have not had contact with assertive outreach workers before (Homelessness NSW 2017b).
- A clear focus across different models of assertive outreach on ending homelessness by either providing, or helping people obtain, housing and wrap-around supports thereafter to maintain tenancies. Other models of assertive outreach discussed address precipitating or concomitant factors such as health and mental health issues and substance abuse among those experiencing homelessness.
- Attention to the value of multi-disciplinary and multi-service involvement in assertive outreach efforts. Models described in the literature often involve more than one organisation or service in assertive outreach efforts and some, such as the 'Street to Home' program describe including peer workers.

An exception to the dominant male oriented focus of outreach programs (particularly for people who experience homelessness) featured in the existing evidence base is the brief overview by Whitelock and colleagues (2015) of assertive outreach delivered by the Outreach Allied Health (OAH) team at Central City Community Health Service in Melbourne. This program, and its model of assertive outreach practice, had a particular focus on women who were currently homeless. The model involved taking a health service offer to the community including 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 the existing service offer of more traditional, centre and appointment-based engagement, with different staff involved in each service offer. The two service offers interacted by outreach workers being able to make appointments for outreach clients with the centre-based service through warm handover and ready assurance of same-day or within-the-week attention to health needs. 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 is also a washing machine available.

Other features of their approach 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 featured in the 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, this one 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 sources that discuss features of good assertive outreach practice, or key principles of practice 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 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 articulating the focus and objective of their service offer. Phillips and Parsell (2012, pp. 69-70), suggest seven principles for assertive outreach practice including what it should aim to achieve and facilitate for service users. 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 for assertive outreach approaches to practice are aspirational. They suggest a framework for the form and function of work with people experiencing homelessness that is humanitarian, inclusive and person-centred.

These practice principles for assertive outreach approaches to practice are aspirational. They suggest a framework for the form and function of 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 for assertive outreach might be achieved. The report suggests that the practice principles outlined 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 and among workers from different services and sectors are also noted to be important in securing long-term engagement of clients, and ensuring positive outcomes of assertive outreach models (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 with people experiencing homelessness is its integrated, multidisciplinary approach (Homeless NSW, 2017; Phillips et al., 2011). Interagency collaboration, once again requires time for workers to spend building relationships, 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 in assertive outreach work, 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 and programme initiatives, these approaches sought to localise and centralise efforts by multiple agencies, services and supports through a 'no one wrong door' policy, 'one-stop-shops' and 'wrap-around' service delivery for clients often experiencing multiple, complex, and connected experiences of disadvantage and disengagement. Homelessness NSW (2017b) describe the five conditions that under pin collective impact approaches:

- **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 organisa**tion 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 the collective agenda. The HART model, building on collective impact, is built on the assumption that no single organisation can tackle homelessness, rather, the most effective model is a common agenda. 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 have access.
- **Mutually reinforcing activities:** each of the HART aligned services work together to support the client by working to a 'one person on plan' model.

- **Continuous communication:** HART members meet fortnightly to review all clients and communicate daily to share required information or to support each team.
- **Backbone support:** NSW Police, FACS and the City of Sydney are considered the backbone organisations that work to organise and coordinate the initiative.

Alongside, and sometimes a part of, collective impact informed frameworks for interagency collaboration 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 with other organisations has many benefits, it is important to recognise that it also raises a number of challenges. For example, Ford and McClelland (2002) argue that, in the context or mental health, one of the challenges of assertive outreach teams can be the multidisciplinary team. For example, they argue that the mix of team members—such as social workers, psychologists, nursing, and support staff — is imperative for this practice, however it also carries considerable challenges. In the context of homelessness, there can be challenges for organisations around sharing case notes and balancing the right to confidentiality with the value in sharing information between services (Brewer et al., 2016; Homelessness NSW, 2017b). The reality of collective impact frameworks and cooperative, coordinated approaches to interagency collaboration is always an underlying tension informed by competitive tendering processes for service funding. Local cooperative agreements have sometimes supported services to work together outside of these agreements.

Discussion

The aim of this rapid review was to identify key themes in the existing literature that could help develop a specialist assertive outreach program for women experiencing homelessness in the Hunter region of NSW. The review identified themes in the literature related to people, practice, and place. The literature contextualises place as the situation and setting of work, acknowledging that assertive outreach practice occurs outside of (but not exclusive of) traditional service settings and is a way of meeting service users where they are at. Themes relating to people include attributes of assertive outreach workers, considerations of safety and the observed invisibility of the voice of women experiencing homelessness in the literature. Themes relating to practice include particulars of the engagement process, differing models of assertive outreach practice and the importance of interagency collaboration for effective outcomes. Each theme prompts practice-based reflection, collectively highlighting the absence of the voices, experiences, needs and knowledge of women who experience homelessness in evidence for practice and policy. At the outset of this report, it was noted that existing policy and programme priorities seem aimed at ending 'rough sleeping', a highly visible and largely male experience. Likewise, the existing literature seems dominated by discussion of assertive outreach practice with male clients. This may reflect the fact that funding for research is often tied to policy and programme priorities and that most available literature is highly descriptive of existing programs and models of work. The implications of this somewhat circular narrative for work with women experiencing homelessness are two-fold. The descriptive nature of the evidence base for assertive outreach practice means there is no definitive evidence for efficacy in this work (with either men or women). The prospect of randomised control trials to determine the efficacy of models of practice with highly vulnerable populations is ethically problematic and counter to the funding models of government policy departments. The descriptive accounts of practice with mostly men experiencing homelessness, makes it difficult to ascertain what works with women experiencing homelessness and why. It should be noted here that this review did not include analysis of differences between men and women who are facing homelessness and their

experiences. Understanding the characteristics and stories of women who experience homelessness will be critically important to the design of an assertive outreach program for women. There is a strong argument for this information to be gathered from women themselves and from practitioners who support them to maximise the value and fit of service offers to local contexts. While the reviewed literature is highly descriptive of existing models of work and (hence) largely not focused on female experience there are hints as to what effective assertive outreach with women might look like. Collectively, these point to the need for assertive outreach with women to be:

- Trauma-informed, prioritising:
  - Safety
  - Connection
  - Coping
- Persistent
- Consistent
- Flexible.

Trauma-informed approaches to assertive outreach with women experiencing homelessness speak to the person-centred approaches sensitive to concurrent and cumulative trauma, disadvantage, and adversity. Trauma-informed approaches address the need for safety (of workers and clients), the importance of two-way engagement and collaboration with and between worker, services, and clients, and the importance of skill development to support pathways out of homelessness. Similarly, approaches that are persistent, consistent, and flexible address the need for time to build rapport and trust, and to adapt to changing circumstances, needs, and priorities of women experiencing homelessness. These six principles of practice (safety, connection, coping, persistence, consistency, and flexibility) can provide a solid foundation for a model of assertive outreach work with women experiencing homelessness.

Whether these principles of practice are substantively different to those that could (or should) be adopted for work with men experiencing homelessness is debatable. In many ways these practice principles characterise good practice, across contexts, that is sensitive and responsive to the needs of vulnerable people. What might differ, however, is the application of these principles of practice to a model of assertive outreach for women. It is important to think about how these principles of practice could be 'operationalised': what that would look like in practice, who it would involve and where it would occur. Considerations may include the gender of workers, the mix of peer workers and interagency collaborators, the target client group, the focus of interventions, and the spectrum of support offered over time. Again, there is a strong argument for this information to be gathered from women themselves and from practitioners who support them to maximise the value and fit of service offers to local contexts. Positioning women who have experienced homelessness, and the workers that support them as key informants in the design and development of models of assertive outreach addressing women's experience of homelessness (and publishing on this work) will address a key gap in the literature reviewed in this report. While the evidence reviewed provides a scaffolding framework, particularly for key practice principles for assertive outreach work, gaps in the existing evidence will be well complemented by attention to local experiences, wisdom, and knowledge.

References

Addis, J., & Gamble, C. (2004). Assertive outreach nurses' experience of engagement. *Journal of Psychiatric and Mental Health Nursing*, *11*(4), 452-460. https://doi.org/10.1111/j.1365-2850.2004.00742.x

Armytage, P., Fels, A., Cockram, A., & McSherry, B. (2019). Royal Commission into Victoria's Mental Health System: Interim Report. http://rcvmhs.archive.royalcommission.vic.gov.au/interim-report.html

Australian Institute of Health and Welfare. (2003). *Australia's welfare 2003*. https://www.aihw.gov.au/reports/australias-welfare/australias-welfare-2003

Baumgartner, B., Erskine, D., & Briony. (2017). Working outside of the box: Community Clozapine commencement for the homeless using assertive outreach. *Parity, 30*(9), 126-128.

Brewer, J., Fitzgerald, M., & Geasley, T. (2016). Creating a collaborative approach: The homelessness assertive response team. *Parity*, *29*(10), 68-70.

Chamberlain, C., & MacKenzie, D. (1992). Understanding contemporary homelessness: issues of definition and meaning. *Australian Social Policy Association, 27*(4), 274–297. https://doi.org/10.3316/ielapa.940302621

City of Sydney. (2020). *A City for All: Towards a socially just and resilient*. Sydney.

Coleman, A., MacKenzie, D., & Churchill, B. (2013). *The role of outreach: Responding to primary homelessness.* Department of Families, Housing, Community Services and Indigenous Affairs.

Crozier, G., & Davies, J. (2007). Hard to reach parents or hard to reach schools? A discussion of home—school relations, with particular reference to Bangladeshi and Pakistani parents. *British Educational Research Journal*, *33*(3), 295-313. https://doi.org/10.1080/01411920701243578

Davies, R. L., Heslop, P., Onyett, S., & Soteriou, T. (2014). Effective support for those who are 'hard to engage': a qualitative user-led study. *Journal of Mental Health*, *23*(2), 62-66. https://doi.org/10.3109/09638237.2013.841868

Featherstone, R.M., Foisy, M., Guise, J.M., Mitchell, M.D., Paynter, R.A., Robinson, K.A., Umscheid, L.A., & Hartling, L. (2015). Advancing knowledge of rapid reviews: An analysis of the results, conclusions and recommendations from published review articles examining rapid reviews. *Systematic Reviews 4* (50). https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-015-0040-4

FEANTSA. (2017). European typology of homelessness and housing exclusion https://www.feantsa.org/download/ethos2484215748748239888.pdf

Firn, M. (2007). Assertive outreach: has the tide turned against the approach? *Mental Health Practice*, *10*(7), 24-27.

Ford, K., & King, M. (2005). A model for developing assertive outreach: meeting local needs. *Mental Health Practice, 8*(10), 34-37.

Ford, K., & McClelland, N. (2002). Assertive outreach: Development of a working model. *Nursing Standard*, *16*(23), 41-44.

Francis, M. (2014). The mental health and homeless program - Mornington Peninsula. *Parity, 27*(1), 6-7.

Homelessness Australia. (n.d.). About homelessness. https://homelessnessaustralia.org.au/about-homelessness/

Homelessness NSW. (2017a). Assertive Outreach Good Practice Guidelines. https://homelessnessnsw.org.au/wp-content/uploads/2021/03/Assertive-Outreach-Practice-Guidelines.pdf

Homelessness NSW. (2017b). Assertive Outreach Resource Manual. https://homelessnessnsw.org.au/wp-content/uploads/2021/03/Assertive-Outreach-Resource-Manual-2017.pdf

Johnson, G., Ribar, D. C., & Zhu, A. (2017). *Women's Homelessness: International Evidence on Causes, Consequences, Coping and Policies.* ARC Centre of Excellence for Children and Families over the Life Course). http://dx.doi.org/10.2139/ssrn.2927811

Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, *9*(1), 36-41. https://ssir.org/images/articles/2011_WI_Feature_Kania.pdf

Khangura, S., Konnyu, K., Cushman, R., Grimshaw, J., & Moher, D. (2012). *Evidence summaries: The evolution of a rapid review approach. Systematic Reviews 1.* http://www.nccmt.ca/resources/search/156.

Lloyd, C., Bassett, H., & King, R. (2010). The Queensland Homeless Health Outreach Teams: Do they use the Assertive Community Treatment (ACT) model? *Advances in Mental Health*, *9*(2), 130-137. https://doi.org/http://dx.doi.org/10.5172/jamh.9.2.130.

MacKenzie, D., McNelis, S., Flatau, P., valentine, k., & Seivwright, A. (2017). *The funding and delivery of programs to reduce homelessness: the case study evidence.* Australian Housing and Urban Research Institute. https://www.ahuri.edu.au/research/final-reports/274

McAdam, M., & Wright, N. (2005). A review of the literature considering the role of mental health nurses in assertive outreach. *Journal of Psychiatric and Mental Health Nursing*, *12*(6), 648-660.

McDonald, M. (2010). *Are disadvantaged families 'hard to reach'? Engaging disadvantaged families in child and family services*. Australian Institute of Family Studies. https://aifs.gov.au/cfca/publications/are-disadvantaged-families-hard-reach-engaging-disadva

Middendorp, C., & Hollows, A. (2007). Primary Homelessness and Assertive Outreach. *Parity*, *20*(30), 36-37.

Parsell, C., Jones, A., & Head, B. (2013). Policies and programmes to end homelessness in Australia: Learning from international practice. *International Journal of Social Welfare*, *22*(2), 186-194. https://doi.org/10.1111/j.1468-2397.2012.00884.x

Parsell, C., Tomaszewski, W., & Jones, A. (2013). *An Evaluation of Brisbane Street to Home: Final Report*. Institute for Social Science Research. https://web.archive.org.au/awa/20141215010805mp_/http://homelessnessclearinghouse.govspace.gov.au/files/2013/09/An-Evaluation-of-Brisbane-Street-to-Home-final.pdf

Phillips, R., & Parsell, C. (2012). *The role of assertive outreach in ending 'rough sleeping.'* Australian Housing and Urban Research Institute. https://www.ahuri.edu.au/__data/assets/pdf_file/0010/2062/AHURI_Final_Report_No179_The_role_of_assertive_outreach_in_ending_rough_sleeping.pdf

Pleace, N. (2016). Exclusion by definition: The under-representation of women in European homelessness statistics. In M. P & B. J (Eds.), *Women's homelessness in Europe* (pp. 105-126). Springer.

Priebe, S., Watts, J., Chase, M., & Matanov, A. (2005). Processes of disengagement and engagement in assertive outreach patients: qualitative study. *The British Journal of Psychiatry*, *187*(5), 438-443. https://doi.org/http://dx.doi.org/10.1192/bjp.187.5.438

Rots-de Vries, C., van de Goor, I., Stronks, K., & Garretsen, H. (2011). Evaluation of an assertive outreach intervention for problem families: intervention methods and early outcomes. *Scandinavian Journal of Caring Sciences*, *25*(2), 211-219. https://doi.org/10.1111/j.1471-6712.2010.00811.x

Rule-Groenewald, C., Timol, F., Khalema, E., & Desmond, C. (2015). More than just a roof: Unpacking homelessness. *Human Sciences Resource Center Review*. http://www.hsrc.ac.za/en/review/hsrc-review-march-2015/unpacking-homelessness

Smart, J. (2017). *Collective impact: evidence and implications for practice*. Australian Institute of Family Studies. https://aifs.gov.au/cfca/sites/default/files/publication-documents/45_collective_impact_in_australia.pdf

Toynbee, L., & Allen, D. (2009). Appropriate referral to assertive outreach teams. *Mental Health Practice*, *12*(5), 26-27.

valentine, k., Blunden, H., Zufferey, C., Spinney, A., & Zirakbash, F. (2020). *Supporting families effectively through the homelessness services system*. Australian Housing and Urban Research Institute. http://www.ahuri.edu.au/research/final-reports/330

Whitelock, S., Plante, A.-F., Platt, C., Fox, D., Mannix, R., & Helquist, L. (2015). Reaching out to the homeless: An innovative outreach allied health service in Melbourne. *Parity*, 28(1), 49-50.

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