

Assertive Outreach Resource

Council to Homeless Persons, 2019

*“It isn’t the client’s job to engage with you.
It’s your job to find effective ways to
engage.”*

This resource draws on the experience of workers and people with lived experience to introduce assertive outreach practice. Their words highlight principles and good practice.

This resource includes the key elements of assertive outreach and practice tips for workers. Links to key resources are provided.

What is assertive outreach?

Assertive outreach is a persistent and purposeful approach used with people who do not present to, and/or have difficulties engaging with, housing, homelessness or health services.

For example, engaging and delivering services to people who are sleeping rough, or living in rooming houses, squats or caravan parks.

“I was buried...you need a gentle push in the right direction.”

Background

Assertive outreach grew out of the mental health Assertive Community Treatment (ACT) model, which was developed in the United States in the late 70s to provide mental health services to people who failed to attend, or dropped out of, treatment.¹ Assertive outreach spread to homelessness services generally targeting a similar population as ACT: people experiencing homelessness who have mental illnesses.

Some assertive community treatment and homeless assertive outreach approaches have been criticised as being paternalistic and coercive. For example, in the United Kingdom assertive outreach teams often work alongside an enforcement approach to rough sleeping.

In Australia, assertive outreach is less associated with enforcement approaches and more widely accepted as combining persistent engagement with consumer choice and self-determination. Research suggests that the most effective assertive outreach approaches are those that combine persistent engagement, practical assistance, self-determination and access to permanent housing.²

Assertive outreach is a feature of Housing First programs, seeking to engage, provide long-term housing, sustain tenancies and end homelessness for people who have complex needs.

1. Phillips R, Parsell C, Seage N and Memmott P January 2011, *Assertive Outreach*, AHURI Positioning Paper No. 136, Australian Housing and Urban Research Institute

2. *ibid*

Why we need assertive outreach

Standard service responses don't work for everybody. Some people are so isolated, alienated, unwell or disabled that they are unable or unwilling to attend services and keep appointments. Assertive outreach is a way of demonstrating through our actions that to us they have value and there is hope.

An experienced outreach worker talks about one of her female clients who had been in foster care. The client felt that,

"No service had ever listened to her or followed through with the things she wanted or needed. I needed to earn my stripes with her: to demonstrate with actions rather than words."

A manager of an outreach program said that assertive outreach is needed to overcome the mistrust of services created by clients' experiences in institutions and out of home care,

"People distrust the service system, and feel let down or failed by the service system, often having come through the service system as children."

A manager of a mental health service explains why taking services out to the streets is needed to break through to people sleeping rough who are very trapped and isolated,

"People can be stuck in a very tight part of their own world whether it's due to mental illness or anxiety, their general fears or substance abuse. They don't want to leave their spot because they don't want to leave their belongings, their patch, the piece of cardboard, their bedding."

The key elements of assertive outreach

■ Persistent efforts to locate and engage with people in their own space, at their own pace

"They might say I don't want to talk to you but if you keep going back again and again, six weeks later they generally will." - Assertive outreach services manager

"Don't launch with a goal focus, don't have a formal intake process. Build the story as it goes. You're not trying to get the whole thing in an hour. I might say, 'How about I just meet you in the park?' I rock up and just have a yarn: changes their perception of services." - Outreach worker

■ Delivering practical services at the point of contact

"You can do all the assertive outreach you like but if you have nothing to offer, 'why would I talk to you, work with you, engage with you?' Clearly there is not enough housing. A client will say, 'I've been on the wait list for years'. However, you can offer something, whatever that may be. It could be services back on site, the ability to bring allied health out or material aid." - Assertive outreach services manager

■ Building rapport and trust before moving to more motivational approaches

"I am the guy that falls in cracks. I get overlooked, don't worry about it. It just happens because I've so many different things happening. My worker said, 'You fall in the cracks! Well it's your lucky day, that is where I specialise!'" - Consumer

"Most successful things: driving, go fishing, go to the supermarket; that is the gold, plant a little seed and see where that goes. Once that opportunity comes you have to take it or it's gone: that is why it is important having all the services on board. After a while, they tell you what they need." - Outreach worker

■ Putting the person's needs, wants and priorities first and tailoring responses accordingly

"It's important not to rush in, as there are often so many needs and complexities. Be persistent, and opportunistic. Do something tangible: food voucher, medical, practical." - Outreach worker

"So much information can be overwhelming. It's hard to know the next step, but often the client will guide this. What do they want? Rather than what you think." - Outreach worker

■ Being flexible, responsive and reliable

"There can be negative connotations from experience of institutions. See people in open spaces. Be client led, be adaptable. I would like the client to come to see a GP with me but that will take more than a year. Once the client agrees, we can never reschedule that appointment." - Outreach worker

■ Being a good advocate, especially in relation to access to other services.

"My worker never made me go to my first appointment with another service alone. With some of the tamer things, she would just do the introduction and go. We had the discussion and made the decision together. I struggled independently to go in, to ask for help and to constantly be told I'm not eligible. As an advocate, she would go 'That box doesn't get ticked but there is a whole heap of stories behind this'. Just pushing that envelope a little bit more and having someone with me from within the sector. I think at times, without being negative, when you are on your own people don't believe you or they want to question you. It desensitises it a little bit by someone else doing it. You can walk in and you don't have to be offended, you don't have to feel uncomfortable or anything like that. The worker has had that phone call. 'I am going to bring this person in. This is why I am bringing them in'. Have that conversation so it is almost like, 'Hi great, you are here.'" - Consumer

"Need a good system to support the person to do the good work." - Outreach worker

Concerns and Practice Tips

Concerns	Practice Tips
<p>What do I say?</p>	<p>As a service manager explained, above all else, "be genuine as people experiencing homelessness are experts in whether or not you are genuine." Be respectful, low key and introduce yourself.</p> <p>"Hi, I'm Anh from Would it be OK to have a chat? It's pretty cold out?" "Hi, I'm Kim from Would it be Ok to have a seat? How are you going?"</p>
<p>What do I do if they don't want to talk?</p>	<p>When people don't want to talk to you, remember that it is quite possible that this person hasn't spoken to anyone for a long time. No one may have taken any interest, and people have just walked past. You could try saying, <i>"Sorry to disturb you. Maybe I'll drop back another time."</i></p> <p>Most people are happy to talk but, as a worker, don't take rejection personally. You don't know what is going on for this person. Try a different day, maybe a different time of day.</p> <p>Think about trying a different worker. The age, gender or personality of the worker might make a difference.</p> <p>A mental health service manager explains why patience, timing and flexibility are important in assertive outreach engagement, <i>"It's about timing. Sometimes you need to wait it out either for the situation to deteriorate or for something to happen to be a catalyst for change. Services need to be flexible to be ready when needed by the client."</i></p>
<p>What if they are asleep?</p>	<p>Generally you wouldn't wake people up. However, you do need to make sure they are not unconscious.</p> <p>If someone is unconscious, or you have an immediate concern about a person's health status, call 000 and ask for the ambulance service who will undertake a screening or triage process.</p> <p>If you do wake a person up don't loom over the person, talk gently, provide space and apologise.</p>
<p>What can I do without housing? (continued overleaf)</p>	<p>Focus on what you can do at the moment. Explore barriers to housing such as reinstatement of applications, debts and backdating options. Can legal or advocacy services assist with addressing barriers or appealing decisions?</p> <p>Explore the full range of housing options (see CHP Housing Support Guides found at: chp.org.au/services/capacity-building/housing-focused-support-good-practice-guides/)</p>

Concerns and Practice Tips

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What can I do without housing? (cont.)	Explore other priorities while waiting for housing like health needs, legal issues and recreational interests. This also helps with keeping the person engaged.
What if people are very drug affected?	<p>It is difficult to do anything when a person is very substance affected. If you feel unsafe, leave and return at a different time. Mornings sometimes can be better than afternoons.</p> <p>You can call 000 if you believe that the person or others are in danger (for example, an overdose, walking in front of traffic, threatening others). Make sure you provide a detailed description of the person, the location and their behaviour.</p> <p>An assertive outreach program manager explains how to work around clients patterns of drug or alcohol use,</p> <p><i>"Ask, 'what might be a good time to talk to you'?"</i></p> <p><i>"I had a client recently, who told me very clearly he gets paid on Wednesday, goes out gets on the grog, scores. Better make it Monday, Tuesday, Wednesday. Avoid Thursday and Friday. He had his own risk assessment. One time we did go out on Friday: absolute disaster. "</i></p>
What do I do if I think a person sleeping rough is a child? (continued overleaf)	<p>Children sleeping rough who are not accompanied by a parent or guardian are at risk of significant harm and should be reported to Child Protection*. In Victoria, this means children under 17 years of age in need of protection or under 18 years of age when a protection order is in place.</p> <p>Before undertaking outreach, be clear about your organisation's child safety policies and procedures. In brief, when making a report try to find out the young person's name, home address or area.</p>

*In Victoria there is also:

- Mandatory child protection reporting requirements for certain professionals.
- A failure to disclose offence requiring any adult who holds a reasonable belief that a sexual offence has been committed by an adult against a child to report that belief to police.
- A failure to protect offence, which applies to people within organisations who knew of a risk of child sexual abuse by someone in the organisation and had the authority to reduce or remove the risk, but negligently failed to do so.

Concerns and Practice Tips

Concerns	Practice Tips
<p>What do I do if I think a person sleeping rough is a child? (cont.)</p>	<p>Ring Child Protection to report. Ring 000 if you believe the child, young person or others are in imminent danger.</p> <p>Where a child is accompanied by a parent or guardian a Child Protection report should be made if:</p> <ul style="list-style-type: none">• There are significant concerns for the wellbeing of the child (including concerns about the wellbeing of an unborn child after its birth).• The child is in need of protection.
<p>How do I respond to anger and abuse?</p>	<p>There is no one response to anger and threats, but safety is the first priority. Unless you know the person well it may be best not to interrupt or take control. Avoid eye contact, keep a safe distance and find a way to remove yourself from the situation.</p> <p>You can address the behaviour another day (hopefully a better day). If you have serious safety concerns call 000.</p> <p>If the person is angry but the situation is not dangerous you can try and establish whether the person is angry at you or about something else.</p> <p>Anger is a very understandable response to being homeless.</p> <p>If the person is angry with your service you can try and work with the person to resolve the problem.</p> <p>If the person is very abusive towards you, let the person know it's not acceptable. If you know the person well you could say, "I'm not going to talk to you when you are this angry." The person may come back and apologise.</p> <p>An assertive outreach clinical mental health nurse describes his framework for understanding behavioural issues,</p> <p><i>"We just listened, that is all it can be at the beginning. Viewing all those behaviours as elaborate defences. The behaviours have been helpful in the past, even if they are no longer helpful. We need to ask, "What is going on for this person to need to act in that way?""</i></p> <p>A consumer who is a former client of a Housing First program is adamant that we shouldn't give up on people,</p> <p><i>"There is no such thing as a hopeless case. You can see someone thriving in hell and think that there is no chance this guy is going to get out. I believe everyone can get out. "</i></p>

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What if the person is in a rural, remote or inaccessible area?	<p>Fostering relationships with park rangers, emergency services and police in rural and regional areas is particularly important. These services often have contact with people living in makeshift accommodation in the bush or National Parks. They are a source of information for risk assessment and will sometimes accompany workers on outreach visits.</p> <p>Factoring in travel times, weather conditions, physical access and safety is also critical for services operating in rural and regional areas.</p> <p>Connecting with local government, community organisations and even local pubs can provide information about people in need while also raising awareness about homelessness.</p>
How do I approach a group of people sleeping rough?	<p>It is good practice to work (at least) in pairs and check that there is no heightened or aggressive behaviour in the group. (See the Hot Spots checklist in the Homelessness NSW Practice Guide for detailed guidance found at www.shssectordev.org.au/resources/good-practice/good-practice-guidelines/assertive-outreach-rough-sleepers)</p>

Resources

Homelessness NSW Resources

- Homelessness NSW have produced the very comprehensive, *Assertive Outreach Good Practice Guidelines* and *Assertive Outreach Resource Manual* for working with people sleeping rough. This resource can be found at, www.shssectordev.org.au/resources/good-practice/good-practice-guidelines/assertive-outreach-rough-sleepers. Homelessness NSW also has a video on Practice Tips for Supporting People Sleeping Rough, www.youtube.com/watch?v=7GlpMtrJBao&feature=youtu.be

CHP Resources

- Council to Homeless Persons Housing First Resource provides an overview of Housing First and includes many references and resources, chp.org.au/wp-content/uploads/2018/06/FINAL-180606-Housing-First-2018-6-June.pdf.
- Council to Homeless Persons, *Housing Focused Support Good Practice Guides*, developed in 2015, provide advice on the core components of housing focused support including engagement, assessment, accessing housing and sustaining housing. The guides can be found at, chp.org.au/services/capacity-building/housing-focused-support-good-practice-guides/

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