THE JOURNEY TO SOCIAL INCLUSION PROJECT IN PRACTICE:

A PROCESS EVALUATION OF THE FIRST 18 MONTHS

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Sacred Heart Mission
The Heart of St Kilda

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LIST OF ACRONYMS

AHURI	Australian Housing and Urban Research Institute
BUDS	Building Up and Developing Skills
CCC	The Salvation Army Crisis Contact Centre
DHS	Department of Human Services
EFT	Effective Full-time
HEF	Housing Establishment Fund
IAC	Intensive and Assertive Case management
ISCHS	Inner South Community Health Service
J2SI	Journey to Social Inclusion
MIFV	Mental Illness Fellowship of Victoria
MOU	Memorandum of Understanding
RCT	Randomised Controlled Trial
SAAP	Supported Accommodation Assistance Program
TIC	Trauma-informed Care

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EXECUTIVE SUMMARY

Sacred Heart Mission's Journey to Social Inclusion (J2SI) project is a three year pilot of an integrated model of intensive support to 40 long-term people who are homeless between the ages 25 to 50 years. J2SI has two broad goals. First, J2SI aims to demonstrate that a well resourced and intensive service model can break the cycle of long-term homelessness. Second, J2SI aims to demonstrate economic savings through reduced use of health, justice and homelessness services. The J2SI project is largely funded by non government philanthropic trusts and evolved out of a process of service consolidation at Sacred Heart Mission that sought to develop more effective responses to people whose complex and multiple needs are not adequately being addressed within existing service models.

Given the limited evidence base in Australia on the effectiveness of intensive support programs for the long-term homeless, J2SI is being evaluated via a longitudinal Randomised Controlled Trial (RCT) combined with an evaluation of service processes. The RCT compares the social and economic outcomes of project participants with those in a similar group receiving standard services over a four year period. The RCT is complimented by a comprehensive process evaluation which aims to document how J2SI orks in practice. This first of two process evaluation reports reviews the project's quality as well as documenting the emerging practices and challenges encountered in the first 18 months of implementation from November 2009 to April 2011. The report draws on service activity data combined with extensive consultations with project staff, management, participants and external stakeholders.

MODEL OVERVIEW

The J2SI service model seeks to provide people who are long-term homeless with the stability and skills to reduce their disadvantage and to help them to successfully transition out of homelessness into mainstream life. The central objective of the project is to work towards addressing the underlying issues that have made it difficult to sustain housing in the past. The J2SI model is based on a key worker system of intensive and long-term case management that connects participants with various supports and skills development activities as required. The underlying philosophical approach is guided by the principles of relationship based practice that is trauma informed and socially inclusive. In addition to intensive case management based around a staff to client ratio of 1 to 4, the J2SI model has the following elements:

→ more rapid access to housing through established MOUs with housing providers;
→ a structured therapeutic response to address underlying trauma, including funding for individual therapy and the availability of ongoing clinical supervision for case managers;
→ a dedicated coordinator focusing on Building Up and Developing Skills (BUDS) that includes both group and individualised training and personal development programs; and
→ direct access to specialised and intensive employment assistance through the co-location of an employment consultant who is employed by the Mental Illness Fellowship of Victoria.

EVALUATION FRAMEWORK

The process evaluation framework of J2SI incorporates five key components:

1. Documenting the service model within an evidence-informed framework
2. Reviewing service model implementation and refinement
3. Monitoring the quality of processes, systems and partnerships
4. Monitoring the services provided to J2SI participants
5. Connecting processes with outcomes

The first stage of the evaluation documents how the elements of the J2SI model can be located within a current evidence informed framework and the modifications made to the project model throughout the phase of implementation. This report has concentrated on documenting the model in its entirety although some elements, including the therapy and BUDS components were still very much evolving at the time of consultations. The process and outcomes evaluation are linked through a program logic model that seeks to collect data through three key stages of project change over time:

→ Short-term service goal: Building trust, engagement, and stabilisation
→ Medium-term service goal: Building self reliance and healing
→ Long-term service goal: Long-term stability in mainstream structures

The review of emerging practices focuses primarily on the service activities surrounding the first short-term service goal, although it does begin to outline practices relating to the medium-term goal.

SERVICE ACTIVITY OVERVIEW

Being so long-term and intensive means that you can pick up on and discuss patterns of behaviour which other services miss out on…
STAFF SURVEY

Service activity data are collected by case managers and recorded in a specifically designed database for the J2SI project. The first stage of the project was to engage, build trust and stabilise. As the service data indicate, activities around this goal remained a critical component of case management for many participants up to the 18 month mark. Specifically:

→ 55 per cent of participants were fully engaged (determined by regularity of contact, progress on the case plan, and individual capacity) in the project within the first month of delivery. This proportion steadily increased to a peak of 80 percent by June 2010.
→ The largest proportion of case management time (30%) in the initial six months was devoted to housing access and stabilisation, followed by engagement (19%). In April 2011, housing related support declined to 14 per cent whilst engagement increased to 24 per cent.
→ The proportion of participants who were considered to be living in stable and appropriate housing reached a peak of 35 out of 40 participants by January 2011. By April 2011, 31 out of 40 participants were in 'stable' and appropriate housing.
→ The majority of case manager time is devoted to third party contacts on behalf of participants, which have generally remained above direct client service contacts throughout the 18 month period.
→ During the first six months there was approximately 84 hours spent on direct contact with each participant, equating to approximately 14 hours per month. This increased to 104 hours per individual by the 18 month mark averaging around 17 hours per month, or around 4.3 hours per participant a week.
→ The number of face to face contacts per participant generally increased in the first six months and has remained around five to six face to face contacts per month. Phone contacts have generally increased over the 18 month period increasing to an average of eight contacts per participant by April 2011.
→ Missed appointments generally remain below one per participant per month.
→ Voluntary participation in therapy reached around a fifth of J2SI participants by April 2011.
→ The most common services that participants have been referred to throughout the project were therapy and general counselling, a more suitable general practitioner, drug and alcohol services, particularly detox and pharmacological support, and employment providers.
→ 28 participants have engaged with the BUDS program at any stage.

Service activities linked to the medium-term goal of promoting self reliance and healing have been incremental. At the 18 month stage, the majority of activities for building self reliance and healing are taking place within the case management role. The time taken to move through this stage is largely dependent on the capacities of the client combined with their willingness to confront past experiences.

CASE STUDY ONE

A more involved relationship between the Office of Housing (OoH) and J2SI was forged after a series of complaints about Amy's frightening behaviour towards other tenants, her aggressive behaviour when approaching OoH staff, and specifically after an incident at the South Melbourne housing office where Amy presented screaming, frothing at the mouth, abusing staff and kicking walls. J2SI, the police and ambulance members were alerted and attended the incident.

At that point, the OoH was unsure whether Amy's tenancy would be able to continue due to her aggressive behaviour. A case conference was arranged and attended by J2SI (myself and the J2SI manager) the manager of the South Melbourne office, Amy's Housing Services Officer (HSO) and the High Risk Tenancies worker from the Southern Metropolitan Region (who knows Amy from when Amy was a MACNI client). At this meeting I noted that I had observed Amy responding more and more positively to the rules/boundaries set in our appointments and I suggested that OoH meet with J2SI and Amy, to discuss the rules and behaviours expected of her in public housing.

I prepared a document for the meeting that highlighted the reason for meeting (to assist Amy to maintain her tenancy), the positives of Amy's housing experience, the challenges being presented, the possible consequences of her aggressive behaviour, and a housing plan specific to Amy (including using J2SI as an initial contact point for housing issues). The document required all three parties to sign it. Amy met with me, the J2SI manager and her HSO to work through and sign the document. Clear discussion of the positive achievements made by Amy, and of the joint aim to assist her to save her tenancy seemed to resonate with Amy and she read the document, signed it and apologized for her behaviour.

Since this meeting reports of aggressive behaviour have reduced and Amy has taken responsibility for her property through improved cleanliness and spending $600 on housing related items. In short – the positive relationship between Amy and J2SI was used to facilitate and encourage a positive relationship between Amy and her HSO. Amy seems to have genuine respect for her relationship with the OoH and seems committed to keeping to the agreed rules, being accountable for her behaviour, and to repaying costs which she has incurred at the property. This relationship has started to become 'real', as opposed to an impersonal relationship with an institution.

EMERGING PROMISING PRACTICES

While there have been some important changes to the original service model, all modifications have enhanced the project in practice. Both internal and external stakeholders expressed high to very high satisfaction with the quality of program delivery and governance. There has been a slight dip in morale amongst some staff as the trial has progressed, although the majority have remained highly positive and committed to the broader goals of the project. Participant satisfaction with case management support and attendance at therapy was generally high to very high, whilst satisfaction with BUDS was slightly lower.

> **My caseworker has brought structure to my life/illness and has given me the strategies to identify and communicate when suffering social phobias…**
> PARTICIPANT FEEDBACK

Existing literature reveals that trauma informed and intensive relationship based case management as part of an integrated approach combining rapid access to housing and skills building activities is likely to yield promising outcomes. This 18 month review indicates several areas where the service response to the long-term homeless has been considerably enhanced with respect to the broader goal of building trust, engagement and stabilisation. The relationship based approach to case management, at the centre of J2SI practice, has been sustained through a conscious effort to ensure that the philosophical, governance and practice elements are fundamentally aligned. From the perspective of improved service practices, it is not any one particular element in its own right but how these are linked that appears to be making a difference on the ground. The broader organisational elements promoting relationship and trauma informed practices included a flexible and accountable management structure that instils a culture of critical reflection, continual investment in building staff capacity and commitment within the team, and valuing partnerships with external providers. On the ground, the intensive and long-term nature of

support was considered to contribute to more effective client to worker relationships by increasing:

→ the capacity and quality of client engagement;
→ leverage for client commitment and change;
→ capacity for more inclusive management of high risk behaviours;
→ flexibility for an individual response;
→ the coordination of care and capacity to address practical needs; and
→ the scope for reflective practice and ability to build on successes.

To be able to name it and understand how behaviour is shaped by underlying trauma….The issue of trauma is on the table at all times and you are able to develop more empathy for the clients…
IAC MANAGER

Many examples of how service delivery practices to this group of long-term homeless individuals have been enhanced through collaborative partnerships with other providers emerged throughout the consultations for this review. Critical among these was improvements made to working relationships with housing providers around issues of tenancy management, exploring new ground through an innovative approach to clinical supervision for the IAC case managers, and the increased ability for a collaborative trauma informed response across the staff team and with external experts through a comprehensive training calendar and forums for joint case management.

The relationship with the Office of Housing and other housing providers has been of crucial importance to J2SI as it has allowed the IAC role to focus on stabilising people in housing and address the underlying issues…
STAFF SURVEY

CASE STUDY TWO

Melissa came horse riding with me to celebrate her 25th birthday. The day involved many different components – all of which were almost unimaginable 12 months ago.

Melissa is historically very hard to engage and has been sleeping rough in and around St Kilda for at least four years. In order to start engaging with Melissa I would try and find where she was sleeping and go and sit with her there. It has taken months of sitting in silence, learning when to respect her space and when it's ok to push questions. It has been incredibly valuable to have the time and resources to be able to respond immediately whenever she has asked me or the program for anything. Initially in working with Melissa there was a sense that buying food was the pay-off for getting information from her. However, now she is willing to chat a lot more freely and offer information. I think that Melissa is starting to trust me and to realize that I'm someone she can use to make her life 'less bad'. She can see the results of this case management relationship in tangible things, and I think she is getting used to me being around and being able to follow through with the things we've promised.

Melissa has had two episodes of potentially long-term housing whilst being in J2SI. Both of these have been unsuccessful. The fact that I've been able to keep talking to her about future housing rather than reflect on 'why she was unable' to maintain the other tenancies has strengthened the working relationship. I think Melissa has been surprised that we haven't chastised her in any way, nor given up once her housing was 'solved'. J2SI is starting to take on a role in Melissa's life that is constant and unconditional. I believe this is an incredibly important foundation for working with Melissa and for having the best chance to support her to have positive outcomes in all areas of her life.

The client in question is very unwell and J2SI is one of the few programs that can work with him. Very important service – has made a big difference and one very patient case manager.
COMMUNITY PSYCHIATRIC CLINIC

The full range of practices aimed at building self reliance and healing are still emerging. However, one important insight at this point of the evaluation is that this process is fundamentally unique for each individual. For some beginning the process of building self reliance and healing has involved concentrating on small incremental activities of overcoming a fear of using public transport on their own. For others it has involved indentifying and confronting self limiting and aggressive behaviours that threaten the stability of housing, whilst for others it has involved attending regular therapy sessions. The important learning here is the necessity of a package of flexible supports that can be offered when and in a manner that will be most receptive to each participant.

EMERGING CHALLENGES

Getting services on side is crucial and once the system around the client is on board things are much easier. Many of the issues we face are actually less about the client and more about services. You have to work hard to get collaboration and it must be done positively and with energy
STAFF SURVEY

Engaging the long-term homeless in a therapeutically based, intensive case management program that seeks to overcome barriers to social and economic participation is difficult. As the project reaches the halfway mark many challenges remain. From the perspectives of both internal and external stakeholder groups some of the critical ones include:

→ the time limited nature of the trial and planning for the end;
→ managing the case load;
→ pitching the training to the right level of competency and interest;
→ integrating general case management and clinical supervision;
→ maintaining the morale of both staff and participants and retaining commitment over an extended period of time;
→ working with a diverse group of clients and getting the right match of support and activities to reflect this diversity;
→ finding the most suitable housing; and
→ continuing to develop and maintain positive working relationships with other providers including those in mental health and drug and alcohol treatment services, as well as general practitioners.

...I do feel however that the location has not been great...the high density living has brought out a number of problems including accessibility for drug use and dealing
PARTNER AGENCY SURVEY PSYCH SERVICE

WHERE TO NEXT

The next process evaluation report will focus on the practices associated with building self reliance and healing, maintaining stability in housing as well as the implications for ending support. It will also emphasise the overall strengths and limitations of the model and seek to understand how the service practices outlined here are linked to participant outcomes over time.

1. INTRODUCTION

This process evaluation is the first of two reports aimed at documenting and reviewing the implementation of the Journey to Social Inclusion (J2SI) project. The J2SI project, based at Sacred Heart Mission, St Kilda, is a three year pilot offering a package of intensive support to 40 people who have experienced long-term homelessness. J2SI provides Intensive Assistance and Co-ordination (IAC) casework, a structured therapeutic response to address the underlying trauma that is both a cause and a consequence of long-term homelessness and a Building Up and Developing Skills (BUDS) program to facilitate reconnection to the mainstream community.

The process evaluation forms part of a broader evaluation that incorporates a longitudinal Randomised Controlled Trial (RCT) that will determine the social and economic impacts of J2SI over a four year period. J2SI is being jointly evaluated by the Australian Housing and Urban Research Institute at RMIT University (social outcomes and process evaluation) and the Melbourne Institute for Applied Economic and Social Research (economic evaluation).

This report documents the first 18 months of service activity and the emerging practices within an evidence-informed framework. It seeks to document how the model is working on the ground, the key challenges arising and how the service has responded to these with a view to contributing to the development of improved service practices for the long-term homeless. The report draws on available service activity data collected throughout the trial as well as extensive consultations with project staff, management, participants and external stakeholders.

1.1 WHY J2SI

The development and implementation of J2SI comes at a time of considerable change occurring within the broader homelessness policy environment and amongst practitioners seeking to identify new ways of working to resolve homelessness. At the National level, the Green and White papers have set out a National agenda for service models focusing on more direct access to permanent housing that include a package of support to 'break the cycle' of homelessness (FaHCSIA, 2008a, 2008b). At the State level, the recent Victorian Homelessness Action Plan 2011 to 2015 outlines a three pronged approach aiming to 'tackle the root causes of homelessness'. In addition to the importance of early intervention and prevention, the plan states that the "service system must also respond to the intensive support requirements of those with complex needs who have experienced long-term homelessness" (Victorian State Government, 2011, p.12). The plan acknowledges that the long-term homeless are

….more likely to require intensive and longer-term personal support and health support, combined with supportive housing. While individual circumstances vary, the road to recovery from the trauma of homelessness to self-reliance and social and community participation is more likely to be longer with this group than with others (Victorian State Government, 2011, p.13).

These changes at a broader policy level are coinciding with increased interest from practitioners. J2SI builds upon years of culminating knowledge on the inadequacies of existing homelessness support models for people who are long-term homeless and was borne out of the broader service consolidation and redevelopment process at the Mission. This redevelopment process included comprehensive surveys of Mission clients and identified that different service models were required to meet the needs of people with multiple and complex support needs . In addition to the development of the J2SI service model the redevelopment of the Mission included:

→ an expansion of the range of accommodation provided by Sacred Heart Mission including the establishment of a 64 bed rooming house where residents are provided with 24 hour support;
→ the establishment of a specialist services team which provides on-site mental health and drug and alcohol services through partnerships with external agencies;
→ the implementation of a quality framework which has embedded a culture of continuous improvement supported by robust systems; and
→ increased staffing levels in the Mission's "open door" services which has enhanced its capacity to engage with the people who use the Dining Hall and Women's House services.

(Sacred Heart Mission, 2009, p3)

1.2 PROCESS EVALUATION FRAMEWORK

The evaluation framework is based on a process-outcomes methodology that combines a longitudinal RCT with a comprehensive review of service implementation and practices over the life of the project. The process evaluation is intended to run alongside and provide contextual meaning to the outcomes observed from the RCT and to document the project's learnings along the way with the view of informing homeless service practices in the future.

The process evaluation ultimately aims to review the quality of the project within an evidence-informed framework. A critical component of reviewing program quality is to understand the essential elements of the service model and how they are intended to bring about improvements for participants as well as to understand how the model is distinct from and builds upon existing interventions. This process involves reviewing where J2SI fits within an evidence-informed framework and how the project has been implemented throughout the trial, including the difficulties encountered and how the project has responded.
A second critical component is to gain an in-depth understanding of the types of practices that are likely to shape positive outcomes for clients.

The process and outcomes evaluation are linked through the project logic model that seeks to collect data through three key stages of program change over time, including:

→ Short term service goal: Building trust, engagement, and stabilisation
→ Medium term service goal: Building self reliance and healing
→ Long term service goal: Long-term stability in mainstream structures

There are 5 key components of the J2SI process evaluation:

→ Documenting the service model within an evidence-informed framework
→ Reviewing service model implementation and refinement
→ Monitoring the quality of processes, systems and partnerships
→ Monitoring the services provided to J2SI participants
→ Connecting processes with outcomes

The main questions guiding the process evaluation are:

1. How does the program model link into current evidence informed practice for people who are long-term homeless? What are the expected outcomes based on existing evidence informed practice?
2. How does the project conform to the initial project design and intentions?
3. What are the elements of the governance of the model and how has this impacted upon service delivery?
4. How well is the project working across key service elements? Does this differ across client groups and service/housing conditions?
5. What are internal and external stakeholders' perceptions of the project?
6. What are the project learnings?

1.3 DATA SOURCES

The process evaluation draws on multiple sources of service data collected throughout the course of the trial to document the program model and assess service quality. In terms of 'input' resources, J2SI maintains a database of records on staff qualifications and retention, training and support, qualifications and experience. Client service activity data are collected in a purpose built client data management system which allows the J2SI team to document service practices as well as detailed quantitative records of service activity. The type of service activity data that will be reviewed include service contacts, degree of engagement in the service, duration of support, allocation of workers, stability of housing and types of services clients have accessed internally (such as BUDS, therapy) and externally (drug and alcohol support, mental health).

The pilot has three governing committees including a Steering Group, a Service Delivery Reference Group and an Evaluation Reference group. All manager's reports, documentation and minutes circulated to these committees are sent to the project evaluators. This provides a record of significant changes within the project and helps determine whether the project is being implemented as intended.

In addition independent surveys on staff, client, and external stakeholder satisfaction are undertaken. These surveys include sections where in-depth information can be collected on what is working well and what is not from the perspective of different stakeholders as the trial progresses. This report draws on three rounds of six monthly staff surveys, participant feedback from six and twelve months into the project and external stakeholder feedback from the first twelve months. The survey of external agencies was augmented by interviews with key stakeholders that include representatives from the Office of Housing, Windana Drug and Alcohol Services, Alfred Psychiatry, the St Kilda Crisis Contact Centre, Lord Mayor's Charitable Foundation and the Lighthouse Foundation.

This report also includes vignettes that have been prepared by IAC case managers to capture detailed service practices such as the process of engaging clients, supporting participants to maintain their housing, and supporting people to engage in training. IAC case management activities have also been recorded in case worker diaries which provide insight into daily activities. This information was further supplemented by a focus group with the IAC casework team and individual interviews with the Sacred Heart Mission CEO, J2SI manager, manager of the IAC case work team and the J2SI clinician.

2. THE JOURNEY TO SOCIAL INCLUSION SERVICE MODEL

2.1 TARGET GROUP AND STAFF-CLIENT RATIOS

J2SI targets people who have experienced long-term homelessness. As the pilot project forms part of a randomised controlled trial, the recruitment of J2SI participants follows a randomisation process from a referral pool of those considered eligible for the project at the time of commencement. Service eligibility at initial randomisation included people who had slept rough continuously for 12 months OR people who have been in and out of homelessness for at least three years including people who:

→ have received support from Sacred Heart Mission;
→ have been assessed as being ready to engage and have the capacity to work on a one to one basis with a support worker; and
→ are aged between 25 and 50 (within 12 months of their 25th birthday or 50th birthday) at commencement of the project.

The method of randomisation of J2SI participants and the comparison control sample is detailed in Johnson et al. (2011). The initial proposed model was based on an intensive case manager to client ratio of 1 to 4. With 10 funded IAC caseworkers the project has capacity to work with 40 participants over the three year period. However, the number of participants initially recruited has fluctuated slightly as some cases did not commence at the outset and new cases were recruited and randomised. Further, others have been periodically classified as 'inactive' due to imprisonment or periods of time interstate. 'Inactive' participants remain in the project and are re-engaged when their circumstances change. This has the potential to increase case loads to five. Allocation of participants to IAC caseworkers was based on factors such as gender, complexity, specific client issues and staff expertise. Changes to caseloads have occurred throughout the project in response to service delivery issues that have arisen.

Client participation data reveal a high degree of retention. Since commencement of the project in November 2009 five cases have been closed, primarily due to problems with the referral. Two people were unable to be located, two people repeatedly informed the project that they no longer wanted to participate and one person did not require the level of support available from J2SI. In addition, four people have been made inactive. Of these two people moved interstate, one person was incarcerated for 18 months and one person withdrew participation when J2SI involved the police in response to activities which posed a significant risk to the community. One of the people who moved interstate returned to Victoria within six months and re-commenced with the project. The person who is in prison is in regular contact with J2SI and case management will commence once the client is released. Decisions to close or make a case inactive are overseen by the J2SI Evaluation Reference Group and endorsed by the J2SI Steering Group.

2.2 PROJECT RESOURCES AND EXPENDITURE

J2SI has been primarily funded by non government philanthropic trusts as shown in Table 1 below. The total amount of funding received or committed for the project over a three year period is $3.92 million. This equates to an annual figure of between $30,000 and $35,000 per participant. Table 2 below lists the operating expenditure and establishment costs.

TABLE 1: J2SI sources of funding received or committed 2009-2012.

	$
Lord Mayors Charitable Foundation	750,000
The Peter & Lyndy White Foundation	750,000
RE Ross Trust	750,000
William Buckland Foundation (managed by ANZ Trustees)	750,000
Victorian Government	350,000
Parish of St Kilda East	150,000
Andyinc Foundation	150,000
Cabrini Health	150,000
Orcadia Foundation	50,000
Limb Family Foundation	30,000
Estimated Interest income	40,000
TOTAL	**3,920,000**

Source: J2SI project records

TABLE 2: Total funds received or committed 2009-2012

	$
Operating Expenditure	**3,774,737**
Staffing costs	2,862,315
Set up costs	**145,263**
Office set up	75,000
Staff time during establishment phase	55,263
Training & Recruitment Costs	15,000
TOTAL	**3,920,000**

Source: J2SI project records

Employment costs comprise the largest proportion (73%) of project expenditure. The budget also includes the social and economic evaluation, development of the BUDS curriculum and therapeutic components of the project as well as operational costs. The operating costs are for support only and do not include the provision of housing by external agencies such as the Office of Housing, HomeGround Services and St Kilda Community Housing.

At the commencement of the project the total number of management and staff funded included:

→ 1 EFT project manager
→ 1 EFT manager of the IAC casework component
→ 10 EFT case managers
→ 1 EFT BUDS coordinator
→ 0.8 EFT Project Officer
→ 0.6 EFT Clinician (from Sept 2010 – March 2011) and .3EFT from March 2011.

In developing the J2SI project, the Mission committed to paying wages that are higher than the industry standard for all positions to attract and retain a skilled team.

The case work team bring a broad range of professional experience and qualifications predominately from social and/or welfare work backgrounds. They have previously worked in various settings including child protection, homelessness support services, mental health and crisis services. As a prerequisite for the position case managers are required to have experience in providing case management, experience working with the most disadvantaged in the community, experience in dealing with challenging behaviour and crisis situations, a commitment to reflective practice and demonstrated energy and resilience.

2.3 THE J2SI PROJECT THEORY

J2SI has two broad goals. First, J2SI aims to demonstrate that a well resourced and intensive service model can break the cycle of long-term homelessness. Second, J2SI aims to demonstrate economic savings through reduced use of health, justice and homelessness services. The central objective of the project stated in the initial project model document:

…..is to assist those entrenched in homelessness to get out of and stay out of homelessness by addressing enduring and deep seated issues and routines that have been built as a result of trauma and an adaptation to the homeless sub-culture (Sacred Heart Mission, 2009, p.26).

During the initial stages of project planning, the Mission undertook an extensive review of the programmatic and homelessness literature to identify the critical service elements required to effectively engage, stabilise and address long-term homelessness. This literature, combined with extensive service experience about how to effectively engage and support people who are long-term homeless helped to inform the final model. Situating the development of the program model within this evidence-informed framework as opposed to an evidence-based approach recognises that, in the Australian setting there have not been many evaluations that comply with an evidence- base framework for the long-term homeless. The broad themes covered in the review focused on:

→ The pathways into homelessness
→ The concept of social inclusion
→ Interventions that work
→ The economic costs of homelessness

The model is informed by local and international research that shows that those who are long-term homeless benefit from individually tailored, on-going, intensive support and assistance (Rog, 2004; Johnson, 2006; Gronda, 2009). Further, the model incorporates a trauma informed approach to service delivery, as well as a systematic understanding of the sociological mechanisms of social exclusion, which combined has helped to inform the project ethos that:

→ Recovery is possible
→ Causal factors and trauma must be addressed
→ Entrenchment in the homeless sub-culture perpetuates homelessness
→ Social exclusion is a significant barrier to getting out and staying out of homelessness

(Sacred Heart Mission, 2009, p.26-29)

The project is also guided by six key principles of intervention, including:

→ The client must drive the process
→ The intervention must be organic, proactive, needs based, tailored to the individual
→ A strengths based approach has the best chance of success
→ The intervention must provide longitudinal, intensive and holistic support to individuals
→ The intervention must involve a multi-disciplinary approach to provide effective support
→ The intervention must be anchored by a strong relationship with a key worker which in turn is supported by a connection with the broader team.

(Sacred Heart Mission, 2009, p.30-33)

In addition, the service model draws on theoretical insights from (McNaughton, 2005) that the people who are long-term homeless commonly go through four key processes of change from existence, to pulling apart the past, rebuilding the future and taking control (Sacred Heart Mission, 2009, p36-39). The service goals of J2SI and how they are evaluated need to be conceptualised in terms of this long-term process of change.

2.4 TOWARDS EVIDENCE INFORMED PRACTICE

WHAT WE KNOW ABOUT INTENSIVE CASE MANAGEMENT

Case management has generally come to be recognised as an evidence-based practice for its capacity to provide coordination of multiple care needs across a wide range of disciplines (Rosen & Teesson 2001; Smith & Newton 2007; Vanderplasschen et al., 2007; Gronda, 2009). Within the broader field of case management practice, intensive case management is a relatively recent advancement that is generally distinguished from other forms of case management by the reduced staff to client ratios and the longer duration for which support is provided. While definitions differ across fields, the Canadian Intensive case management standards for mental health (Ministry of Health Care 2005) provide a useful distinction from other types of case management stating that:

"Intensive case management is more than a brokerage function. It is an intensive service that involves building a trusting relationship with the consumer and providing ongoing support to help the consumer function in the least restrictive, most natural environment and achieve an improved quality of life. The case manager maintains involvement, as consumer needs change and cross service settings" (Ministry of Health Care 2005,p6).

The standards recognise that case loads for any given worker can vary from 1 to 5 or below but should not exceed 1 to 20. Variation in the case load and duration of support within a program as well as diverse program goals, philosophical and practice elements make comparative research into the overall effectiveness of intensive case management difficult (Burns et al, 2007). Further definitions of intensity are likely to differ across various settings of care. For instance, some hospitalised models of assertive community treatment will look different from a community based program with smaller case loads underpinned by different theoretical approaches to care.

Notwithstanding the dilemma of comparative outcomes research, there is growing evidence from overseas studies to suggest that intensive case management is an effective practice with difficult to engage and high support needs clients such as people experiencing

homelessness including high risk young people, and those with co-occurring mental health and substance use issues (reference see King, 2006 for comprehensive overview). Several studies have shown that compared with standard case management, intensive case management provides superior outcomes in terms of physical, mental and social functioning and increased housing stability. Further, depending on the mode of delivery, intensive case management can be more cost effective than standard forms of case management, especially so when combined with access to housing (Nelson et al., 2007; Olivet et al., 2010, Tabol et al., 2010).

While the above findings have some bearing for the Australian context, there have been fewer studies on intensive case management within Australian homelessness settings, particularly for programs targeting the long-term homeless. Evaluations of earlier models of intensive case management for this particular target group, most notably the SANS model that was delivered by the Salvation Army in the late 1980s demonstrated promising outcomes with people who are long-term homeless and have complex needs (McDonald, 1993).

A more recent review of case management undertaken by Gronda in 2009 is perhaps the most comprehensive synthesis of case management within the Australian context. The review focuses on the broader international evidence base and includes a detailed qualitative review of the practice wisdom from services delivering case management to people who are experiencing homelessness. The review extends the current evidence base literature by examining realist ideas of "what it is" that makes case management effective. The central theme from Gronda's review is that the client-staff relationship is the key `mechanism' that makes case management effective. Primarily, it is claimed that case management works because of a persistent, reliable, intimate and respectful relationship that delivers practical support (Gronda 2009, p.32). The review concludes that good case management

...requires an investment of time for relationship formation and maintenance, both in terms of the overall duration and frequency of contact within that duration. This implies a constraint on case load size and recognition of a minimum duration threshold before outcomes can be achieved (Gronda, 2009, p,111).

The importance of the staff-client relationship has to some degree defined contemporary social work approaches because of its effectiveness in `being able to connect' with people who are the most marginalised and difficult to engage. However, the more recent development within the emerging perspective of Relationship-based practice articulates the core practices within psychoanalytical foundations linked to systems and attachment theory (Ruch, et al, 2010, p19-22). Situating relationship-based practice within psychoanalytical theoretical perspectives provides greater scope for recognising the importance of past and current experiences in shaping an individual's presentation and provides the tools for how to respond to these experiences in a way that builds more positive attachments over time. Ruch et al., 2010 argue that the effectiveness of this approach is that "the model focuses on the relationship as the vehicle through which interventions are mediated, as well as potentially being of intrinsic value as an intervention in its own right" (Ruch, et al, 2010, p22). As such it is based on the theoretical premise that with a supportive but challenging and consistent relationship an individual can be effectively stabilised and progress through more meaningful and longer-term changes.

Although there is a growing understanding of effective case management practices, there are still particular gaps in the evidence base. For instance, Angell and Mahoney (2007, p.175-176) identified that there is an absence of practice based research that seeks to delve deeper into how practitioners go about performing case management. They raise important questions that are often absent from many reviews such as;:what happens during a contact between clients and case managers? Where do they go? What do they talk about? What are case managers and clients working to accomplish in these meetings? How do you develop relationships with clients? What aspects of relationships you find easier or more difficult?

TOWARDS TRAUMA INFORMED AND TRAUMA SPECIFIC SERVICES

The 12 months outcomes report for J2SI participants (Johnson et al., 2011) identified significant histories of multiple traumas stemming from sexual abuse, violence, grief and loss affecting both females and males in the project. In particular, it identified that many participants had experienced the early separation from a secure foundation from which to build healthy trusting adult attachments. Moreover, re-traumatisation through extended periods of homelessness was a part of their everyday experience. The report highlighted the critical importance of providing a service response that is both 'trauma informed' and 'trauma specific'.

Within the practice literature being trauma informed requires that the whole approach to service delivery is cognisant of the underpinning traumatic histories individuals present with by ensuring the process of support provides an increased sense of safety and strives to avoid any re-traumatisation. This includes attending to the physical service appearance, the organisational culture, and the management and staff practices. Moreover, within the field of homelessness, it recognises that the process of being homeless is traumatic in and of itself (Hopper et al., 2010, p.80-81). Following a detailed review of the existing evidence base and practice literature Hopper et al propose a 'consensus' based definition in which Trauma-informed Care (TIC):

…is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment (Hopper et al., 2010, p.82).

While the critical need to be delivering services that are both trauma informed and trauma specific has been recognised for some time (Harris & Fallot, 2001, Parkinson, 2004, Robinson, 2010), the wider adoption across the Australian homeless service system is still in its infancy, with few formally evaluated models to draw upon to identify 'what works' and 'what doesn't'. However, as momentum for trauma informed and specific services spreads internationally there are several promising models, particularly emerging from the US, that have recently been evaluated. From their review of multiple evaluation studies, both quantitative and qualitative, Hopper et al., 2010 report that TIC is generally viewed more favourably by service users and providers, has been linked to more effective outcomes across several areas including increased rates of housing stability, and is cost effective to implement. They also identify that there are significant gaps in current knowledge for homelessness specific service models concluding that "…although initial investigations are promising, the research to date is inadequate for evaluating the effectiveness of trauma-informed models within homeless service settings" (Hopper et al., 2010, p.93)[i].

2.5 A FRAMEWORK FOR DOCUMENTING PROMISING PRACTICES

The review of the existing literature reveals that trauma informed and intensive relationship based case management as part of an integrated approach combining rapid access to housing and skills building activities is likely to yield promising outcomes. However, there is no established evidence base for such a model to date. Whilst the J2SI outcomes study will be able to follow changes occurring for participants over time compared with a control group receiving 'treatment as usual' it is also necessary to understand the various service elements of the J2SI model that, in isolation and combined, shape both service practice and longer-term outcomes for those involved. This first process evaluation report on the J2SI model aims to contribute to this emerging practice knowledge base.

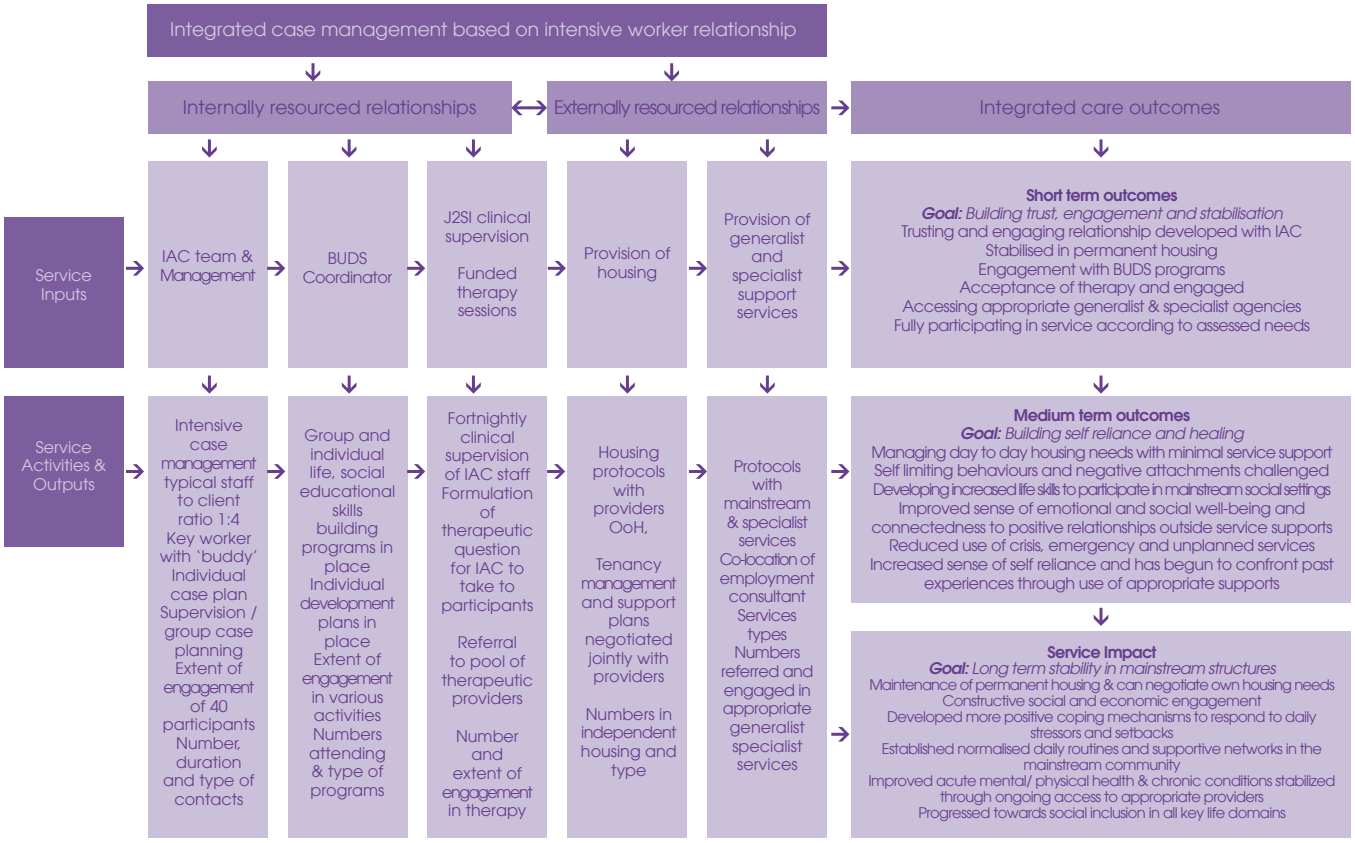
The J2SI model is based on a key worker system of intensive and long-term case management that seeks to integrate participants into differing types of support and skills development as required. The basic approach to case management is built on the fundamentals of good case management procedures within social work that centre on the staff-client relationship. The key difference of the J2SI model of intensive case management is the additional time and flexibility to try different approaches with participants and reflect on what works best for them. J2SI's capacity to provide an individually tailored approach is a significant departure from existing Supported Accommodation Assistance Program (SAAP) approaches which have strict limits

on the amount of time for support and are less able to address the underlying trauma associated with homelessness.

The service background document outlining the central objective, paradigm and principles helped to inform the development of the program logic model that links each of the service elements with expected outcomes to provide an overall visual and logic framework for the evaluation. The logic model was refined following consultations with project management and staff, in particular regarding implementation of the project on the ground. The combined program theory informing J2SI is articulated in the logic model shown in figure 1. This logic model informs the expected direction of change to provide a framework for the evaluation in determining the individual project elements and how they are expected to contribute to client outcomes over time. It is recognised that in practice there is considerable overlap between the elements but for the purposes of articulating the project model they are shown separately, bearing in mind that the case worker is the common link between all elements.

Given that there are many stages of change that participants are likely to progress through, the logic model identifies short-term, intermediate, and long-term goals and the types of indicators that can be expected as each participant progresses through the three year project. This report primarily concentrates on the practices of engagement and stabilisation as well as initial strategies aimed at building greater self-reliance, healing and opportunities for meaningful participation. It is assumed that not all participants will progress through the broad stages of change at the same pace and that the outcomes are likely to be quite different depending on capacity and physical and mental health issues. Implicit in the model design is that each participant's journey will be unique and that support must be flexible. To this end, the three goals are used as a heuristic model for understanding the different practices employed at different stages of the project, recognising that the types of activities and priorities for the participants will shift over time.

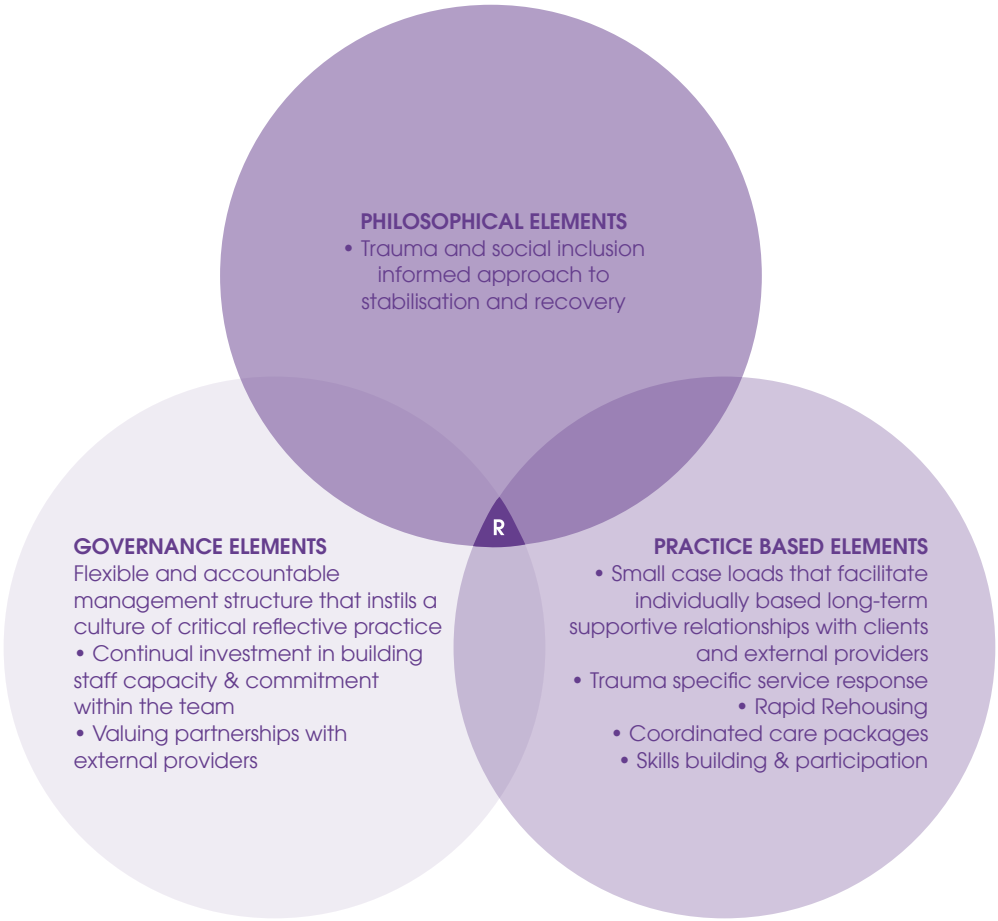
FIGURE 1: J2SI Project Logic Model



Throughout the service activity review and consultations it became increasingly evident that while the relationship based approach to case management is at the centre of practice, this cannot be sustained without the conscious drive to ensure that the philosophical, governance and practice elements are fundamentally aligned. From the perspective of improved service practices, it is not any one particular dimension in its own right but how these are linked that appeared to be making a difference on the ground. Central to this is embracing a culture of critical reflection and strong commitment from all who are involved. From an evaluation perspective and drawing on available evidence, particularly through consultations, such commitment has been achieved successfully within the J2SI project despite the challenges it has encountered throughout the past 18 months. The overlapping connection between these elements is depicted in figure 2.

This section has focused on the underlying philosophical assumptions of the project, namely the importance of working in a way that is trauma informed and socially inclusive within an intensive and relationship based framework. The next sections of the report focus on the implementation of the governance and practice based elements and how these build upon emerging evidence informed practices in providing supportive housing to the long-term homeless. It draws on various indicators of service activity for each element combined with staff surveys, focus group and interviews with key stakeholders in order to document the emerging 'promising' practices through a synthesis of the key reported strengths of the model.

FIGURE 2: Service framework linking philosophical, governance and practice based elements



R Relationship based case work

3. GOVERNANCE IN PRACTICE

3.1 FLEXIBLE AND ACCOUNTABLE MANAGEMENT STRUCTURE

Throughout the consultations it was frequently expressed that flexible and accountable management is critical to effectively implementing the J2SI project. It is clear that the service has embraced a culture of evaluation and critical reflection and that this has flowed into a process of continual improvement of practices over time. The model is founded on a strong governance structure. Since inception, the Mission ensured that adequate information systems and governance structures were in place to support the detailed data collection and reporting requirements across all elements of service provision.

The J2SI project is governed by a Steering Group that meets quarterly to oversee implementation of the pilot. The service delivery component is overseen by a Service Delivery Reference Group which is comprised of partner services with a broad range of specialist expertise such as Alfred Psychiatry, Berry Street Victoria and the Salvation Army Crisis Services. The Service Delivery Reference Group meets quarterly and provides advice to the J2SI manager and the manager of the IAC team on issues relating to client work. In addition, an internal Implementation Sub Group is charged with addressing practice and management issues on a fortnightly basis. Importantly the Mission's CEO attends these fortnightly reviews and is familiar with all that is occurring within the project. The project evaluation is overseen by an Evaluation Reference Group.

A model like this needs a good governance structure. The service delivery reference group has been vital. The level of transparency and accountability pushes you to do better. Every major service delivery decision that has been made has gone through this process and it makes you accountable and raises the bar to be the best you can be.
J2SI MANAGER

All committees and groups have representatives from senior academia, government agencies, and service practitioners. The J2SI manager provides regular written reports to the Steering and Service Delivery Reference Groups. The Evaluation Reference Group is used as a resource to guide methodological issues that arise throughout the trial. The governance structure of J2SI ensures a high level of transparency and accountability within the project addressing critical program and research issues as they arise. The Service Delivery Reference Group is considered to be a particularly important forum for discussing service issues as they emerge and providing a forum for drawing on the collective wisdom of a range of experts who have helped to inform the program model as it is implemented. J2SI management and staff view this governance structure to be a vitally important resource to the project for working through case management issues with J2SI participants and providing the motivation to 'always do better'

The critical thing is the reflective nature of the project – being able to have a crack at different ideas and approaches drawing from past experiences and trialling new ideas
IAC MANAGER

A relationship based approach was not only considered necessary in the process of support from the case managers to the clients but also from managers to case managers. A relationship based approach therefore permeates the whole way of working across the program including the time devoted by senior management in cultivating ongoing relationships with external providers and also having an in-depth familiarity with each J2SI participant and their progress throughout the project. Management commented that there has been a conscious effort to build a culture where staff are made to feel valued yet still challenged to do the best they can for the participants. A 'hands on' approach and high familiarity with the participants was reported to occur at all levels of staff and management. Joint case planning and quarterly reviews provide a structured forum for this shared approach. This means that the continuation of the service is not dependent on just one person as all staff were reported to be on board with the goals of the project.

A culture of critical reflection in shaping future practice is evident in how new learnings within the project have been implemented and acted upon as they occur. This fluidity reflective of an action research approach to service implementation is a core strength of the management of the model because responses remain relevant to the participants and practices that are not 'working well' are replaced with ones that have more chance of success. Within this reflective framework of practice, there were important modifications to the model within the first 12 months of delivery. The most critical changes from the original model outlined at the conception of the project include the following:

→ As J2SI is not a direct housing provider it is reliant on housing provided by external agencies. In the early stages of model implementation it became evident that protocols with housing providers needed to be formalised through MOUs to ensure that participants could gain access to housing as rapidly as possible.

→ The area in which the model has undergone the most change is in relation to the therapeutic component. The detailed nature of the changes occurring will be outlined in section 5. In summarising, the initial approach of referring clients to external therapists had low take up from J2SI participants. In response, the unexpended funds in this area were used to employ a part-time Clinician whose role is to enhance the therapeutic value of the casework through Clinical Supervision and facilitate access to therapy for participants.

→ Processes for identifying and responding to inactive cases and the recruitment of new participants into the proejct. The service worked with the Evaluation Reference and Steering Groups to establish formal protocols in order to respond to inactive cases.

→ The initial project model of having a key worker as an 'anchor' was expanded through implementing a secondary worker (buddy) and moving towards a team approach to understanding and addressing participant issues. While the notion of the key worker remains the primary vehicle for case management, the project has evolved to ensure that all staff have a familiarity of all participants through joint case discussions and the duty system that was implemented in response to the high number of participants who drop into the office. As a consequence, case loads have become more fluid and draw on different competencies within staff and the needs of clients including the extent to which they are actively engaging in the service. In other words, caseloads do not always equate to a set formula of 1 to 4 and various practices around joint case management have emerged within the project. The buddy system has proven to be very effective as has the idea of joint case management and quarterly case load reviews, particularly when staff go on leave.

→ The Building Up and Developing Skills (BUDS) component has evolved to be a more individually tailored response rather than the group approach that was initially envisaged. Part of this move was to help participants form connections outside their immediate 'homeless subculture'. Further, the BUDS component was expanded with the addition of a co-located employment consultant who is employed by the Mental Illness Fellowship of Victoria (MIFV) and provides tailored employment support to J2SI participants.

In general, both staff and management consulted viewed the changes made to the original model as enhancing their own practices and allowing greater flexibility. From a process evaluation perspective, the capacity for the J2SI staff and management to learn from and implement changes as the project progresses has added to the overall quality of the service model and has provided an opportunity to develop more innovative ways of working with people who are long-term homeless. Further, the changes are commensurate with continual improvements rather than a failure to implement the service model as originally designed. This is of course a subjective assessment and the extent to which these changes manifest in improved client outcomes will be further determined and documented in the outcomes study over the following months and years.

There is a high degree of transparency and we are not afraid to discuss what hasn't worked and are happy to share with other people what we have learnt.
J2SI MANAGER

3.2 BUILDING STAFF CAPACITY

The second core governance element that staff identified as being essential to effective service delivery was the continual investment in building staff capacity. Many of the strategies for developing staff capacity are evident within standard case management, such as the emphasis on good quality and regular supervision, but the extent of the training provided and capacity for reflective practice has been significantly enhanced within the J2SI project model. In addition to the broader external governance structure the program model has in place a 'support strategy' which includes the following components:

→ fortnightly (or weekly if appropriate) individual supervision with the manager of IAC casework team;
→ a budget for external supervision;
→ mandatory monthly training that is directly linked to emerging practice issues;
→ weekly team meetings lasting 1.5 hours focused on reflective practice;
→ monthly group case discussions facilitated by a specialist with expertise in a particular area (eg. sex offending, mental health, attachment) to inform practice and provide a forum for all staff to become familiar with the 40 participants;
→ peer support through secondary case workers, a team approach and a service model that emphasises staff starting and finishing the day together in the office;
→ access to the Mission's Employment Assistance Program; and
→ policy and procedures.

There was a view that attractive staff remuneration was critical in being able to recruit and retain the best staff who are able to stay committed throughout the life of the project. One important approach in building staff capacity is that they are encouraged to take responsibility and have accountability to the participant. This was considered to increase ownership across the whole project. The process of supervision helps to motivate the staff to keep trying to engage and helps to develop innovative ways of support as a consequence. There was a view that this culture was evident in the way staff work with one another and have a sense of shared ownership of the project and commitment to the J2SI goals as reflected in comments like 'everybody around here is on board'. In turn staff reported that a 'hands on' and supportive management structure enabled them to generate creative responses to engaging with the clients and to feel supported in developing and trialling new ideas.

> **Having focused discussions and training from the 'absolute experts' in a particular field that can then directly inform the practice rather than anyone turning up to case meetings has been fundamental. The project's use of experts in the areas of mental health etc has been very focused as a part of building the knowledge base of the team and for forming strong relationships with specialist providers. Experts have been used for individual case discussions and this is far more beneficial than broad base training.**
> IAC MANAGER

STAFF TRAINING

The training calendar was tailored to address gaps in knowledge and skills identified by the J2SI manager, the manager of the IAC casework team, case workers and other specialists. The management team has sought advice from a range of specialists, including the Service Delivery Reference Group, other program managers and external services. A particular effort was made to ensure the training was pitched appropriately and that training organisations were provided with detailed knowledge of the J2SI project and the client group beforehand.

Relationships with specialists were forged from the training and further training needs were identified. Specialists were invited to return to provide secondary consultation to the team in the form of case discussions that explore new ways of resolving particular client issues as they arise. Finding training that is appropriately pitched and targeted to the needs of the client group continues to be a challenge, and case discussions developed as a way to address this challenge. Developing relationships with a team of specialists has also strengthened relationships with external services, enabling J2SI to draw on specialist support, advice and knowledge when required. Compared with training, case discussions are more focused on particular issues and take less time yet still enable the whole team to benefit from what is learnt and discussed.

Relationships with the Lighthouse Foundation, Berry Street Victoria, Spectrum and Forensicare have all developed and been strengthened through this process.

TABLE 4: J2SI Training Calendar

Date	Topics
Oct '09	Dealing with Challenging Behaviours
Oct '09	Trauma Informed Service Delivery
Nov '09	Completing applications for recurring homelessness
Nov '09	Working with men who use family violence
Dec '09	Family violence common risk assessment
Jan '10	Self Care
Feb '10	Case management and complexity
Mar '10	Suicide intervention and prevention
Apr '10	Negotiating the Mental Health system
May '10	Homelessness research
Jul '10	Responding appropriately to Self Harm
Aug '10	From Chaos to Control
Sep '10	Supporting people with Personality Disorders
Oct '10	Shame Shifting – supporting people who've been sexually abused
Nov '10	J2SI database
Jan '11	Motivational Interviewing
Feb '11	Anxiety
Mar '11	Depression

TABLE 5: Joint case discussions with external experts

Date	Case Discussions
20-Sep-10	Private consultant (ex-Spectrum) (Attachment)
20-Oct-10	Director of Clinical Services, Spectrum (Personality Disorders)
01-Dec-10	Centre for Excellence in Eating Disorders
17-Jan-10	Director of Clinical Services, The Lighthouse Foundation
01-Mar-11	Private consultant (ex Berry Street Victoria) (Trauma)
11-May-11	Gamblers Help Southern

STAFF SATISFACTION

As part of the evaluation, all staff within the project are surveyed every six months to help gauge their overall satisfaction with the support they receive in being able to perform their role. Three waves of surveys were available at the time of this report. Generally, the three surveys revealed a strong commitment to the project and contentment within the scope of their roles that continued to remain high over the 18 month period. Figure 3 shows limited fluctuation in average satisfaction for supervision, training, workload, and morale, with mean scores typically hovering around the 8-9 indicator mark. Median scores remained relatively consistent at 8, with low standard deviations indicating low variance in the ratings across staff responses.

Figure 3: Change in average staff satisfaction scores for surveys 1 to 3

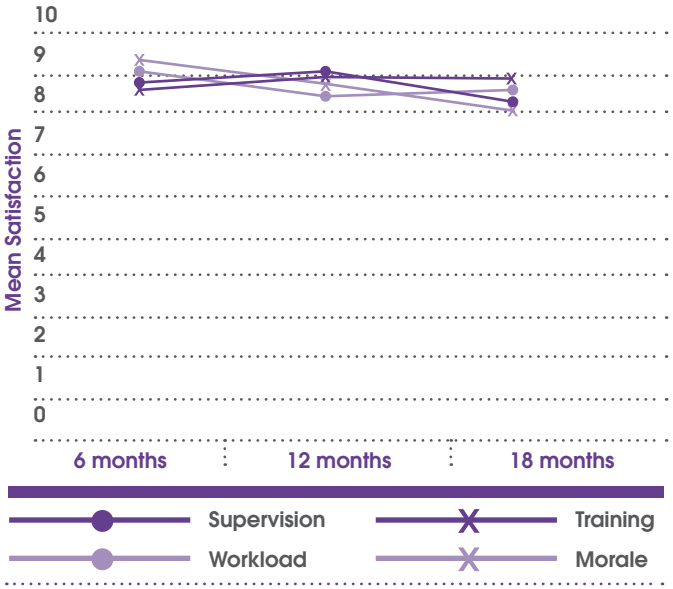


Table 6: Change in staff satisfaction, mean and median scores survey 1-3

	6 months			12 months			18 months		
	MEAN	MEDIAN	STDV	MEAN	MEDIAN	STDV	MEAN	MEDIAN	STDV
Supervision	8.27	8.0	1.75	8.47	8.0	1.36	7.85	8.0	1.21
Training	8.17	8.5	1.64	8.43	8.5	1.45	8.31	9.0	1.32
Workload	8.65	8.5	1.31	8.0	8.0	1.73	8.15	8.0	1.52
Morale	8.85	9.0	0.99	8.33	8.0	1.35	7.69	8.0	1.44

Generally, the majority of staff (i.e. more than two thirds) rated their satisfaction across the four areas with a score of 8 or above in all three periods. Some of the declines in satisfaction can be attributed to a small proportion of staff rating the project as a 10 in the first survey. The most discernible change in satisfaction over the three surveys was for staff morale, which in survey 1 had a reported mean of 8.85 (median 9) and by survey 3 had declined to 7.7 (median 8). Morale at the beginning of the project rated the highest out of all domains. Such high morale at the outset is likely, as reinforced by the qualitative responses, to reflect the view that staff were participating in something new and innovative. As the project has progressed over time it is to be expected that morale will decline in some areas, particularly given the tendency for change amongst participants to be slow. Notwithstanding this slight decline, morale has remained within the moderately high satisfaction range.

Mean satisfaction with training generally increased from survey 1 to survey 3 (8.2 to 8.3), with more than three quarters reporting scores of 8 and above in surveys two and three. This high satisfaction is likely to correspond with the high up take and diversity of training provided as the project progressed. The overall satisfaction with workload was high for all three surveys, although slightly decreased from a mean and median score of 8.5 to 8 by survey three. The standard deviation for training suggests that there is a higher variance in staff responses, bringing overall means scores down slightly. Those scoring 8 or above was 84.7% in Survey 1, falling to 73% survey 2 and to 69% by Survey 3.

The training has been great and has become more in depth and specialised as our relationships with the clients have become more in depth, so it has been targeted to our needs well
STAFF SURVEY

Comments on training focused on how it was conducted and organised as well as the specific types of training that were found to be most useful for informing the work with clients. Generally, across the surveys there was a perception that training was relevant, useful and a well targeted way of developing their understanding of the clients' behaviours and experiences. There was a view that training was pitched at the level required for the stage of the relationship with the client. Specific training focusing on suicide intervention and professional boundaries was considered valuable.

(Supervision) is always well organised and follow up completed. Feel it's an opportunity to raise issues that are considered/ discussed – professional development and future discussed. Feel well supported, trusted and valued, which motivates me to want to do a good job.
STAFF SURVEY

The intensive nature of case management with people who have experienced long-term homelessness and other high needs groups can be particularly taxing on staff and is often subject to high rates of burnout (Mullen & Leginski, 2010). The persistently high rates of satisfaction combined with qualitative responses suggest that staff generally feel well supported and that the governance structures in place, on the whole, have been able to respond to issues as they emerge over the course of the three surveys. In the main, staff were much more likely to provide positive feedback about their experience within the J2SI project. However, a small proportion expressed concerns within some areas of their workplace experience, which are discussed in more detail in section 8.

A strong theme amongst staff surveyed in all three periods was that supervision provided a supportive space to discuss their experiences, ideas, and feel valued as team members thus making it an important and constructive forum for professional development. There was a view that there was a good balance between supervision's differing functions – support, administration and education.

Apart from the occasional blip I enjoy my work and take responsibility for my own morale and that of others where possible
STAFF SURVEY

Whilst staff workload was reported to fluctuate for some, it was generally considered manageable in all three surveys. Some staff reported that having the time to work more intensively with clients was important in being able to case manage more effectively and reflect on

the work being done, something that was considered to represent a 'luxury' in this sector. Having autonomy and the ability to be creative in their roles was considered important by some staff.

The flexibility for other staff members to help each other out in times when there was more than one staff required or busy periods was also considered vital by some staff in helping to manage workload. The qualitative feedback suggests that the generally high morale of staff is linked to the value placed in the goals that J2SI is working towards and the sense of satisfaction and enjoyment that stems from being apart of a project that is both professionally challenging and personally rewarding. One person highlighted that it was a privilege to do a form of work that is so ground breaking with this client group. While another highlighted that diversity in their role made it satisfying.

Incredibly supportive environment that encourages autonomy and creativity and is very client focussed. Team are talented, dedicated and good fun
STAFF SURVEY

3.3 QUALITIES OF THE STAFF AND MANAGEMENT

Working intensively with a small number of participants over an extended period of time is a unique way of delivering support and as such requires particular qualities in a staff member that will allow them to stay committed and motivated over the life of the project. Many of the qualities can be facilitated through good governance and supervision whilst others come down to personal characteristics and expectations. Staff commented in the focus group session that a good case manager is someone who is able to sit with silence and a sense of rejection 'for a long time'. This involves being prepared to listen and just be present. A good worker needs to be able to pick up on non verbal cues, when the participant has had enough and force themselves not to speak – not to jump in and give the participant advice on how to fix the problem. It is important for the worker to get the timing right and know when to challenge and when to hold off. Yet at the same time, it was viewed as important to never make assumptions about when a participant is ready to do something, as 'they will often agree to something when you least expect it'.

Staff felt that the case manager needs to be able to understand the virtue of persistence and patience and to be able to constantly look behind the behaviour and be flexible. A firm and consistent approach that has clear boundaries but is not judging was identified as important. It was also highlighted that when boundaries are crossed the engagement needs to cease for that day but that it is imperative that the client is contacted the following day so that it is not punitive.

The core personal values of the worker were also considered important. This includes the ability to reflect on their own practice in order to better support the participant, being able to recognize and acknowledge the participant's strengths and believe that they can change. It is important to remain genuine and authentic. Having a sense of humour was also considered to be 'a great circuit breaker' for some participants as was demonstrating 'little acts of kindness'.

There was a strong view that those working within an intensive case management approach need to be able to believe in the project goals in order to maintain commitment, which can be difficult when change is so incremental. It is important for case managers to be able to work within a team and respect the practices of others. In particular, when working with someone else's participant (as part of a team or as the secondary worker) it is important work in a way the primary case worker works with the participant, to avoid undoing some of the work being done by the primary case worker.

Management discussed the importance of recognising the complexity of skills and qualities required and the importance of ensuring that there is a good fit in matching staff with clients and at the same time ensuring that there is a good fit in matching the management to staff within this type of intensive support model. Central to this was the recognition that working so intensively with a small number of marginalised participants can be challenging work and that small achievements need to be celebrated and rewarded. It was considered essential to have an understanding of the issues on the ground and to stay informed about what is happening as well as leading by example. The importance of cultivating a fun working environment where there was an open door policy that is always accessible to the staff was discussed by management.

4. INTENSIVE CASE WORK IN PRACTICE

Given the importance of the service-worker-client relationship it is critical to document how this approach is both understood and operationalised within the J2SI project. Moreover, it is critical to examine if and what difference such an approach has made to outcomes within the project and how they may differ from existing models of standard case management provided to people who have experienced long-term homelessness. This section combines service monitoring of the direct 'outputs' with a quality review of service practices corresponding with each element of service.
It draws on service activity data, responses from three six monthly surveys, the staff focus group and individual interviews with both staff and program management. The data are further augmented by detailed vignettes written by staff.

4.1 ACTIVITIES OF A J2SI CASE MANAGER

Activities identified from diaries and case studies include a comprehensive range of direct client contact and case management tasks, including assertive outreach, facilitating appointments, referrals and case planning. Providing emotional support is central to the role, building a critical link to the therapeutic work undertaken with therapists and other specialist providers. Advocacy and liaison is another focus of the role, as well as general management of case notes and other administrative tasks. One area that distinguishes the J2SI case manager is the emphasis on reflective practice through regular attendance of clinical supervision with a therapist as well the amount of time allocated to training and professional development.
A further distinction is the extent of time devoted to engaging clients in social inclusion activities that provide participants with the opportunity to have positive, constructive social contact. The table below presents the tasks undertaken and their purpose.

TABLE 7: Daily Activities of a J2SI Case Manager

Example of activity	Purpose
Practical support	
Information provision	To inform participants on issues related to independent living.
Home visits including joint visits with the office of housing	To maintain and build relationship and keep track of housing situation and how client is managing including bills.
Client phone contact/text/ letter contact	To stay in touch and remind participants about appointments. Letter writing used during periods when client is unwell and wanting to avoid face to face contact.
Assertive community outreach – including following leads and walking the streets	To locate and stay engaged with client especially during periods of low engagement to obtain a sense of daily patterns.
Assistance with moving housing	To reduce stress of transition, provide material assistance and opportunity for meaningful discussion Leverage for relationship building.
Transportation and accompanying to services and activities	To ensure appointments attended and activities undertaken and arrive safely home. Provides valuable opportunity for relationship building in non threatening environment.
Practical role modelling through day to day interactions with others	To provide practical ways of modifying more socially acceptable behaviours.
Emotional Support	
Emotional role modelling / being 'significant other'	To provide emotional consistency in order to develop trusting therapeutic relationship.
Crisis response	To be available to respond to urgent needs of participants.
Therapy	To facilitate access to appointments and transport to therapy.

Example of activity	Purpose
Advocacy and Liaison	
Secondary Phone Contact / letters of support, interpreting correspondence, attending court	To provide a voice, advice, and guidance on behalf of participants in negotiating needs with others.
Social inclusion activities	
such as exercising, gardening, attending courses	To provide opportunities for access to activities to improve social and emotional wellbeing.
Supervision and Reflective practice	
Operational Supervision	To provide guidance and discussion on client case management.
Clinical Supervision	To provide clinical guidance to inform approach to work, identify behaviours etc.
Team Meetings	To provide a forum for information sharing and support, administrative and accountability functions.
Incident reporting and case conferencing	To inform senior management and other staff of case management issues and plans.
Quarterly caseload reviews	To meet with IAC manager to discuss progress and client work plans in relation to BUDS & therapeutic engagement.
Individual case planning	To prepare strategies/ issues to discuss in advance of client contact. Review progress and reassess directions.
Joint case planning	Internal and external team approach in devising strategies to respond to clients with challenging behaviours and or requiring linkages with other providers.
General Administration	
Case notes, email, car booking, petty cash, working out work plan for the week ahead Duty work	To maintain accurate client records and case management planning.
Training	To provide a trauma informed training program.
Reading practice based articles	To help inform practice and maintain knowledge around particular issues and approaches.

4.2 CASE MANAGEMENT ACTIVITY OVERVIEW

The goal of the IAC case work team in the first 12 months of service delivery was to engage and stabilise J2SI participants. This was based on the premise that engagement is the first step in developing the rapport and trust that is essential to stabilise clients. Figure 4 shows the extent of engagement with case managers at project commencement in November 2009 through to the 18 month mark in April 2011. The extent of engagement is a subjective measure and is assessed monthly by the J2SI manager and manager of the IAC casework team. Factors that are taken into account include regularity of contact, progress on the case plan and individual participant capacity. As shown, just over half of the participants (55%) were fully engaged in the service within the first month. The proportion fully engaged with J2SI steadily increased to a peak of 80 per cent by June 2010.

The time taken to fully engage the majority of clients is not surprising given the histories of trauma and the extent of poor mental health and drug misuse experienced by J2SI participants.

All case management staff record daily service activity on the central client database enabling the broad areas of support provided as well as how much staff time is devoted to each activities to be identified. Figure 5 provides an aggregate summary from this dataset. It should be noted that the data are only indicative and as with many other types of service data (i.e. SAAP) may be subject to inconsistencies in reporting by staff. Nonetheless, there are clear trends emerging over time

in relation to where the bulk of case management time is spent in each six month period. As shown, not surprisingly, in the first six months the largest proportion of case management time (30%) was devoted to issues around housing access and stabilisation. The need for this type of support has consistency declined over time amounting to 14 per cent by the 18th month mark.

A further way to examine time spent on different activities is average duration of time in hours per person for each area. It is important to note that average support durations are likely to vary in intensity across time and only indicative of the duration of support due to the difficulties recording these data. While it is difficult to capture the exact amount of time spent with each participant over a period of time, aggregate duration data documented in the client database averaged across individuals provides an estimate of approximately 84 hours spent on direct contact with participants during the first six months. This equates to approximately 14 hours per month. This increased to 104 hours per individual by the 18 month mark averaging around 17 hours per month, or around 4.25 hours per participant per week. This amount of direct client contact time is complimented by the third party contacts and other case management planning and preparation activities. On the whole, it suggests that the amount of direct client contact is highly intensive.

Figure 4: Trends in J2SI Service Engagement, Baseline to 18 months

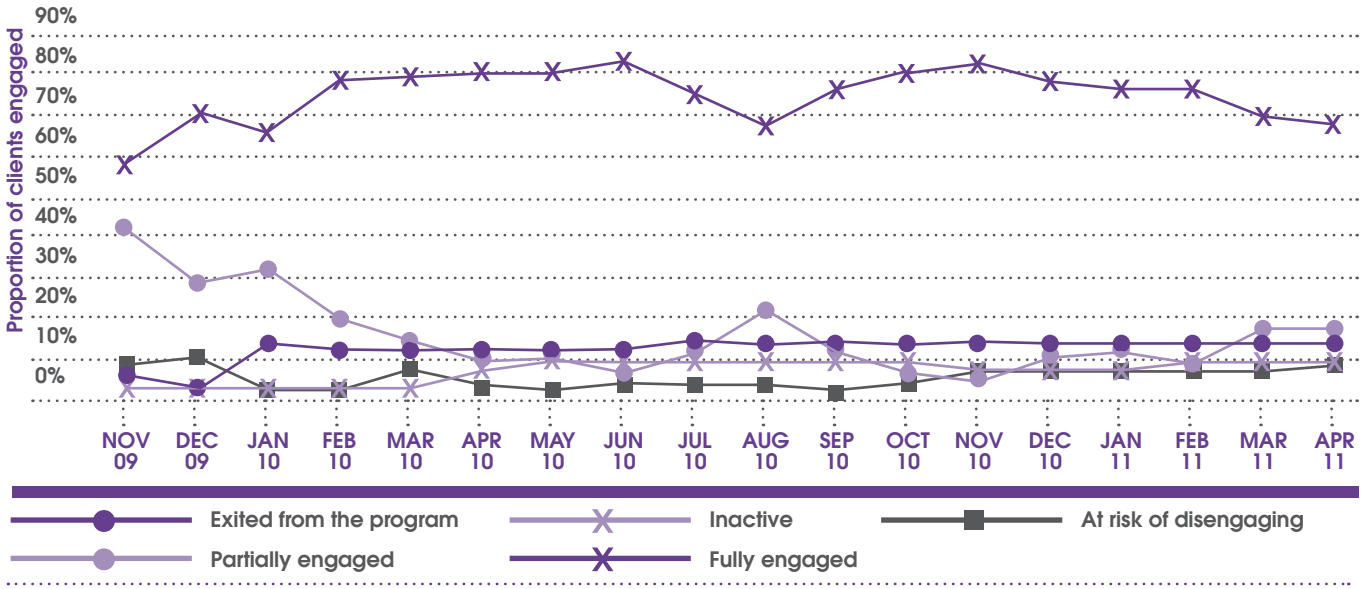


Figure 5: Six monthly comparison of proportion of IAC time spent on key domains of support

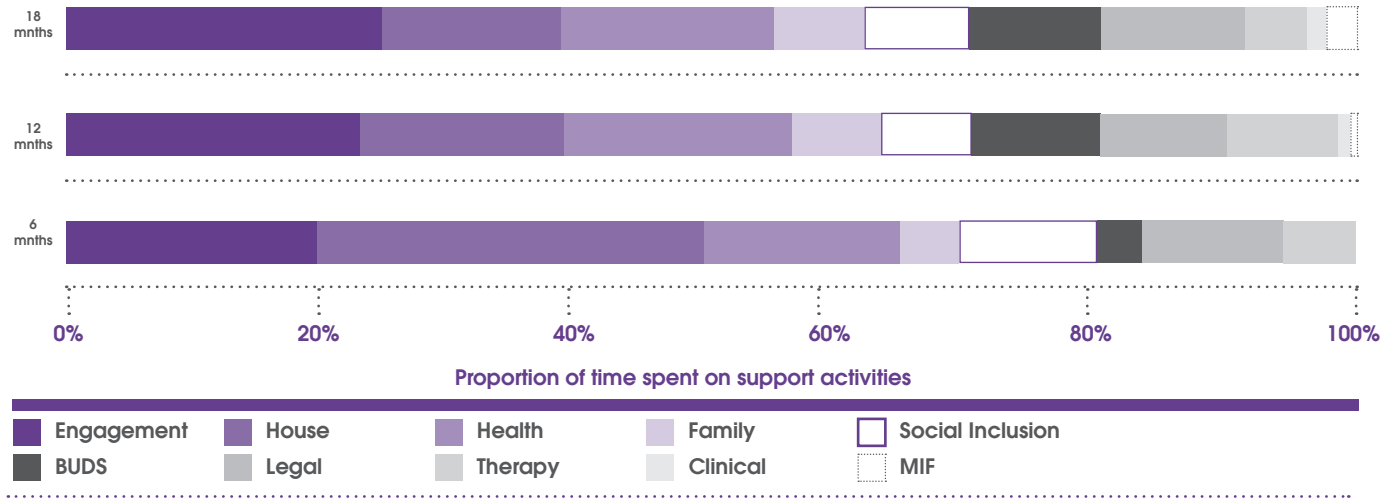
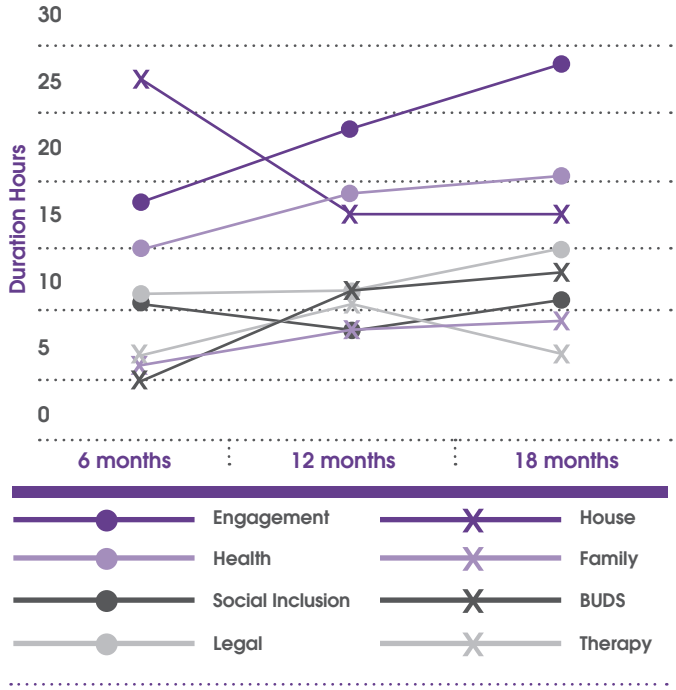


Figure 6: Six monthly comparison of average hours of IAC time spent on key domains of support

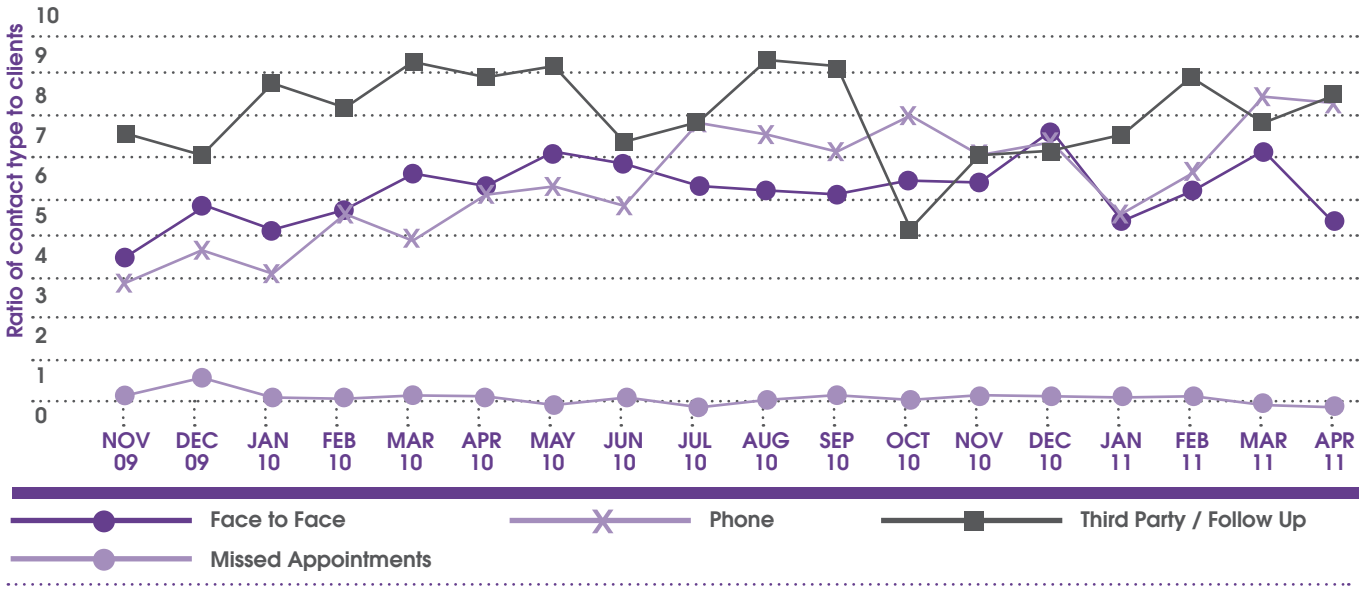


The degree of service intensity can also be examined via the number of contacts. Figure 7 below provides an 18 month overview of the ratio of types of service contact data by total client contacts. The ratio of contact type to participants is calculated by dividing the total number of type of contacts by the total number of participants for each corresponding month.

As shown, the ratio of face to face contacts per participant generally increased in the first six months and has remained around 5-6 face to face contacts per month. Phone contacts have generally increased over the 18 month period and with the exception of January (Christmas break period) increased to an average of 8 contacts per participant by April 2011. The service contact data reveal that the majority of time is devoted to third party contacts on behalf of participants, which have generally remained above phone and face to face service contacts throughout the 18 month period. Missed appointments generally remain below one per participant per month (although this figure is likely to be lifted by a small number missing appointments more frequently rather than all participants missing appointments).

The duration data shown above reveal that on the whole the amount of service contact is intensive when comparing to standard SAAP support services. Whilst duration data for SAAP are not available in the same format, duration of support periods can provide an indicative comparative figure of the intensity of support. The SAAP National Data Collection annual report indicates that in 2010-2011, the median (mean) length of support was 12 (68) days. The length of accommodation in SAAP services is similarly short-term with a median (mean) of 15 (65) days (AIHW, 2011, p.15).

Figure 7: Monthly trends in the ratio of type of service contact to total clients



In summary, the broad overview of case management duration and contact data reveal a high frequency of service contacts relative to what would be expected with standard forms of case management. Discussed next are the critical aspects of the working relationship that J2SI staff and management reported to be effective in the initial stages of building trust, engagement and stabilisation of the J2SI participants. It also outlines what it takes to build relationships with this group of people who have experienced long-term homelessness. These practices are intended to build the foundations for the next stage of moving participants towards greater self reliance and healing and some of the associated practices are also briefly touched upon in this first report. It should be noted that it is difficult to separate where one stage ends and the other begins as both are likely to be occurring simultaneously. Documenting the case management practices has relied on a synthesis of multiple sources derived from staff case studies and reflections, service activity journaling, and direct consultations with the J2SI team as well as seeking feedback from clients and external providers.

4.3 THE STRENGTHS OF LONG-TERM SUPPORT WITH SMALL CASE LOADS

The intensity of casework facilitated by small case loads was considered vital by all stakeholders consulted and was seen to have made it possible to address practical needs, challenge participants and provide a constant presence in their lives as they transition out of homelessness. It is not the purpose to review whether the initial 1:4 client size of the case load is appropriate as that will be determined following the full outcomes evaluation. The important question addressed here is how the additional time, both in terms of intensity and duration of the support, impacts the way that services can be delivered to people who have experienced long-term homelessness from the perspectives of the providers involved.

Essentially, it was viewed that having the necessary time means that the whole mode of service delivery from governance and partnership development through to direct client engagement is strengthened. The smaller case loads for staff mean that management personnel are able to devote the necessary time to understanding each case in more detail and offer more thorough and considered direction through the process of supervision and quarterly review. In addition, on a case by case basis it has allowed greater opportunity to bring additional resources to each participant, such as specialist expertise. The critical elements within the long-term and intensive approach to case management within the J2SI project that were considered to contribute to more effective practice and support outcomes for participants are discussed under six key themes below.

BETTER QUALITY & MORE SUSTAINED ENGAGEMENT:

A key benefit of small case loads was being able to cultivate enduring relationships with individuals who have been more difficult to support in standard SAAP and other homeless support models. Staff provided detailed reflections on the process of client engagement, which at times has relied on ingenuity and persistence or in "going the extra mile" that many other shorter-term services simply cannot sustain. Within this more intensive approach staff and management reported that their responses can be tailored to the many different needs of participants, including trialling different strategies to locate and maintain contact over an extended period of time.

> **have engaged and maintained commitment to J2SI and their futures due to the intensive and flexible support that is possible. These clients would often have fallen through the gaps with alternative services**
> STAFF SURVEY

While some participants were willing to engage fully in the service relatively quickly, the initial stages of engagement for many involved a high degree of `detective work' and networking to become more familiar with their daily or weekly patterns. This involved identifying where participants were likely to be and sitting with them, bumping into them informally or being opportunistic for a moment to make contact. For example, if a participant collects mail from the Mission's reception, staff were asked to call when the client shows up or walking the streets where someone usually frequents if they are engaged in sex working. This more assertive outreach practice whilst typically consuming

large amounts of staff time was considered the most effective means of engaging those who were particularly high risk, mentally unwell, chaotic and often service avoidant due to past negative experiences. In many instances this persistence proved valuable as participants became more familiar, gained trust, often arriving to point of resignation to allow the worker into their private lives.

Persistence and patience has paid off – in the main we have built good relationships with the people we are supporting. This relationship is the key to all other components of the model and other opportunities.
STAFF SURVEY

Staff stressed the importance of being able to rely on different ways of engaging. A range of approaches to develop more effective rapport with participants were trialled such as just sitting in silence, reading magazines together in a park, active listening and asking questions, being available to transport to appointments, and holding back on raising confronting issues until there was a mutual trusting relationship formed. The use of text messaging and emailing has in some instances proven to be highly effective in overcoming some of the initial barriers that may exist for participants during face to face encounters. Some participants were incarcerated in the early stages of the project due to pending convictions and court hearings. Staff continued to identify ways of engaging with participants who were incarcerated in the form of regular letters and ongoing visits. Obtaining pets for participants to take care of was also used as a way of engaging participants and checking up on the pets often provided a reason for frequent home visits.

The most difficult to engage required considerable sensitivity, ongoing reflective planning, highly developed communication skills and self awareness on the part of the case managers. These various processes of engagement are best illustrated in the words of staff and to follow are a series of vignettes outlining the reflections that case managers documented in the early stages of making contact with participants. The vignettes show that engagement can be a tentative process marked by continual setbacks and moments of minor break throughs. Critically they demonstrate the importance of time and flexibility to achieve an effective practice outcome of good client engagement.

PARTICIPANT VIGNETTE 1: MELISSA

Melissa came horse riding with me to celebrate her 25th birthday. The day involved many different components – all of which were almost unimaginable 12 months ago. Melissa is historically very hard to engage and has been sleeping rough in and around St Kilda for at least four years. Melissa is well known to local services and has been supported by PDRSS and RhED in the past, however no long-term outcomes were achieved. ISCHS outreach teams have been unsuccessful in their attempts to link in with Melissa. In order to start engaging with Melissa I would try and find where she was sleeping and go and sit with her there. Melissa would sleep at the Talbot Reserve and I brought her water and milk. Getting Melissa to a point where this outing was possible relied heavily on engagement and building up trust. It has taken months of sitting in silence, learning when to respect her space and when it's ok to push questions. It has been incredibly valuable to have the time and resources to be able to respond immediately whenever she has asked me or the program for anything. Initially in working with Melissa there was a sense that buying food was the pay-off for getting information from her, however now she is willing to chat a lot more freely and offer information. I think that Melissa is starting to trust me and to realise that I'm someone she can use to make her life 'less bad'. She can see the results of this case management relationship in tangible things, and I think she is getting used to me being around and being able to follow through with the things we've promised.

Melissa has had two episodes of potentially long-term housing whilst being in J2SI. Both of these have been unsuccessful. The fact that I've been able to keep talking to her about future housing rather than reflect on why she was unable to maintain the other tenancies has strengthened the working relationship. I think Melissa has been surprised that we haven't chastised her in any way, nor given up once her housing was 'solved'. J2SI is starting to take on a role in Melissa's life that is constant and unconditional. I believe this is an incredibly important foundation for working with Melissa and for having the best chance to support her to have positive outcomes in all areas of her life.

PARTICIPANT VIGNETTE 2: MOLLY

Molly is 29 years and was referred to J2SI by the Sacred Heart Central team where she regularly presented for meals in the dining hall. Molly grew up in Dandenong and in the family home suffered physical, emotional and sexual abuse. During secondary school she was assessed as having a mild intellectual disability. She escaped the family home when she was 17 and her parents separated. She has been homeless since. Molly has Tourettes Syndrome and has been diagnosed with anti social BPD, mild ID, opioid abuse, adjustment and conduct disorders. Her history also includes a high level of input from services that include the State Trustees, DHS Disability Services, the Office of Corrections, Spectrum, and a MACNI response. There has also been an unsuccessful application for Guardianship. Molly's housing circumstances alternate between periods of sleeping rough and temporary stays with men that she meets throughout the day.

When I tried to meet with Molly at the dining hall, workers informed me that Molly had not presented for a couple of weeks. Through word of mouth I heard that someone fitting Molly's description was staying with a resident in a local rooming house I contacted staff at the rooming house and they agreed to contact me if Molly was sighted. The next day Molly was seen and I went down. Molly was eating a sandwich in another resident's room. I kept the conversation general and casual as I did not want to overwhelm her. I did, however say that I was available to provide support. Molly told me that she could read and write and was happy to sign consent for me to talk to the State Trustees and the other services that were involved. Molly agreed to meet me the following Monday at 10:30am when she collected her money from the State Trustees. I wrote her my office phone and mobile number and the time to catch up on a card and left.

I attended the State Trustees as planned but Molly had already been and gone. I spoke to the security men at the counter who informed me that Molly collects her money 3 times a week on Monday, Wednesday, and Friday. I fostered a relationship with the security guards and drop in once or twice a week on the designated days in the hope of meeting Molly. I tell the security guards that I am there and then wait across the road until Molly turns up. When I see Molly, I make sure that I have a cold drink and that I don't overwhelm her with questions. Molly is always pleased to see me and always friendly. She tends to hurry off after a short conversation. She is often in the company of a new man who she introduces as her "other half".

One day I was contacted by the ALERT team at St Vincent's as Molly had presented with an injured shoulder (it had been broken for approximately one week). Molly's behaviour was challenging and the police had also been called. I was able to spend the day with Molly while she received treatment for her shoulder and some other medical problems. This allowed an extended period of time for me to sit with her and talk. Molly consented to me completing a Segment One application for her and agreed that she would like to have her own place to live. This application has been submitted to the Office of Housing. Molly was briefly incarcerated which also provided the opportunity for me to spend time with her. I continue to create opportunities to meet with Molly in order to build a relationship. It is anticipated that allocation of permanent housing will enable a more stable point of engagement.

PARTICIPANT VIGNETTE 3: KEITH

The first impression of Keith was a man who has been beaten down by life, down cast, fragile, extremely low and vulnerable to any perceived slights or negativity. This translated with how Keith held himself; his body language echoed his low self worth and esteem, with poor eye contact, hunched and closed posture.
But that was the first real face to face contact (that only lasted 5 mins), before that many attempts to meet were aborted as Keith found it too daunting.

Keith has been diagnosed with major depression (clinical depression or unipolar), chronic fatigue syndrome and is on a methadone program as part of a pain management withdrawal. He also has a physical disability (three fingers amputated on his right hand). The first six weeks was a case of making times to meet, using his previous worker as a conduit (with whom he had a positive relationship), unfortunately Keith was at one of his lowest ebbs in his life and each attempt felt too overwhelming for him.

The pattern that transpired was that Keith would agree to meet, and then cancel by sending a text stating he wasn't well enough to meet and life was closing in on him. There was a realisation that it would take time before we would get over the initial hurdle, and it was felt the best way to proceed was to send text messages asking how he was going and warming him up to the idea of finally meeting every couple of days.

The text messages demonstrate the development of the relationship during the early days of the project:
"Sorry to hear that we are unable to meet. Is there anything I can do to support you or I can be an ear for you to talk to and hopefully help you work things through. Take care Bill" 11/12/09

"Bill-Sacred Heart Mission. Please don't come here 2moro. These things only work in a trusting environment & wateva trust I had has been extracted. Would like to elaborate but don't hav the luxury the very small amount of energy I have left K Citizen" 14/12/09

"Hi thanks for your message I might not have all the answers but am willing to work with you at your pace to some better outcomes. I will bring p.work and info take care Bill" 14/12/09

"Thanks 4 the reply Bill. I suspect my recent despair was exaserbated by an un planned absence of anti depresnt that had been surprisingly beneficial so I am hoping my outlook will improve once I fixthis. Apologies 4 any melodrama. Perhaps some literature etc mite help me clarify things from which I am drawing fear. Cheers Keith X" 15/12/09

"Hi can not keep our catch up this Tues. I hope 2 be ok 4 next time. Thank you Keith" 5/1/10

"Thank you Bill. Wen I become this way it is usually coincides with something. Just can't work it out 4 now. Hope to talk soon Keith." 5/1/10

"Thanks 4 txt The only time I'm not here are the mornings looking 2c u especially regarding accom possibilities. Want 2 stop dragging my feet wen there r opertunities. Keith" 11/1/10

"Hello Bill. Hope ya well. Just txt n 2 find out wat time is best to call during the week? Keith" 23/3/10

"Hi Bill, It's been a great week (full of good news & things 2 look forward 2).....have plenty to keep me busy. I received your mail-ta. So apart from the walk 2 BP & back im gunna watch mind numbing TV. Thank u & if u you need 2 contact me I'll hav the Ph nearby. Cheerio Keith" 26/3/10

"Bill, Just l8ly I feel like I'm moving slowly in a direction that feels rite & allows me 2 invest fwd. I would like u 2 know that I am greatful 4 the opportunities be 4 me. Specifically- your enthusiasm and sincerity is helping me life my head off the ground & begin 2 have the courage 2 move on, step by step. Take care. Am look n fwd..cheers, Keith"31/3/10

Now we meet twice a week, phone a few times and send the odd text message.

RELATIONSHIPS THAT CAN PROVIDE LEVERAGE FOR CLIENT COMMITMENT AND CHANGE:

A more intensive service was considered to contribute to effective practice outcomes by enabling a stronger case management relationship that ultimately provides greater leverage for practical support and beginning the process of confronting more deep seated issues. Staff and management reported that the relationship provides leverage for change by providing consistent, dependable support that is responsive to the developmental stages of participants. Staff expanded upon this in the focus group stating that a key strength of the relationship based approach that has evolved is that unlike the more restrictive practices of other types of case work – the IAC approach does not have an immediate agenda or requirement from the participant. This means that the IAC worker "doesn't have to jump in straight away" to provide an immediate solution to a problem because they have the time and space to develop the relationship and work out what the real problem is.

Being on hand for the client over the year has provided consistency – clients are now in the second phase of engagement and as such a worker can name behaviours or more importantly can pick up on nuances of the client (verbal and body language). In addition we carry their history with us, we 'care' for their welfare. We have developed and cultivated an attachment which is safe – therefore trust, disclosure is cemented in the relationship.
STAFF SURVEY

Often services only have the opportunity to deal with the presenting issue, for example responding to a behavioural crisis, domestic violence, or need for material assistance. Having time and space helps the case worker look beyond presenting behaviour or crisis to understand the meaning behind the participant's actions and then work to challenge and address this in a more meaningful way. Staff commented that participants often respected the worker for not feeling the need to tackle the 'elephant in the room' head on.

The key to good practice in building relationships with J2SI participants was to find out what type of leverage to ongoing engagement and commitment to the process of support works best for each individual. An essential part of building the ongoing relationship is recognising the power imbalance and trying to minimise this through simple day to day activities. For instance, some participants were reported to respond well to meeting up for coffee while others respond well to a 'walking and talking' approach where they do not necessarily have to have direct eye contact. Other staff have found that exercising with the participant has been an effective way to engage in meaningful and at times more confronting conversations and that each conversation is planned in advance of this meeting.

The role of case management is to provide a positive and stable form of support. This is something that is mostly absent in the participants' lives and some come to view the relationship as a pseudo family, or 'friend they would like to have'. Such a relationship was considered a vital part of building the foundations of social inclusion and healing because the participants are able to witness and experience more positive role modelling and in some instances a 're-parenting' role from their support worker in how to relate to others. It was also considered essential in building trust and engaging in any positive change because participants come to value the support provided and want to continue to stay engaged with the service.

A critical strength of long-term engagement is that the nature of leverage changes over time, initially through having something to offer the participant and then through using the more detailed understanding of their needs to identify the 'windows of opportunity'. This might include connecting into other supports or confronting more enduring patterns of behaviour and underlying trauma. For example, it was outlined that when a participant is ready to start to think about finding a job they can be introduced to the employment consultant. The case manager, as the conduit, carries detailed knowledge and history which assists to facilitate suitable employment opportunities. Similarly, the long-term support means that case managers can build joint case plans with specialist providers such as drug and alcohol services in order to link the participants into this support when the time is right.

CAPACITY TO DEVELOP MORE INCLUSIVE MANAGEMENT OF HIGH RISK BEHAVIOURS:

A long-term intensive approach was considered to enhance practice outcomes because it enabled the service to develop a more inclusive way of managing risk that ultimately build on rather than undermine stability and goals of social inclusion. Both staff and management reported that this was a central feature of the J2SI model that was distinct from many other service responses. It was discussed that there is always risk and uncertainty with this client group, particularly in relation to client and staff safety. Having greater capacity to 'sit with the risk' and effective management procedures to deal with it was considered more conducive to positive outcomes than focusing on eliminating all forms of risk.

In particular, long-term engagement with participants has meant that staff have been able to become more familiar with repeated patterns of behaviour and presenting chaos that allows the project as well as other services to better respond to presenting issues. Staff are able draw on the history of each participant knowing when to act and when to hold back in managing potentially risky situations.

An example of how the project has sought to manage risk in a more inclusive way is its drop in policy. Some outreach services will preclude clients from dropping into the service for a coffee or to chat because this may represent a potential risk. However, in encouraging participants to drop in on an informal basis enhanced engagement and provided the opportunity for the full team to develop relationships with participants. Being able to effectively manage risk rather than always trying to avert it is a core feature in being able to effectively engage and sustain contact with many participants.

Being so long-term and intensive means that you can pick up on and discuss patterns of behaviour which other services miss out on – discussing these are imperative to try to stop cycles of behaviour that can make it hard for the clients to maintain their housing.
STAFF SURVEY

Similarly workers often have to be able to tolerate abuse, which within a relationship based approach can be understood as a tactic of distraction. A long-term approach helps the worker to identify what has 'fatigued' other services, and the challenging coping strategies that lead to bans or clients bouncing from one service to the next. Support staff reported that it is important to try to display acceptance and understanding and to reflect with clients on what is going on for them, to identify triggers and model different strategies and behaviours. The therapeutic component of the project has been very helpful to this end and will be further elaborated in section 5 on trauma informed response.

INCREASED FLEXIBILITY FOR INDIVIDUAL RESPONSE:

While many of the participants share similar experiences in terms of histories of trauma, long-term homelessness, problematic substance use or mental health concerns the way they engage in support is often unique. There was a strong view amongst staff and management that the small ongoing case loads provide the necessary opportunity to tailor case plans and strategies in a very fluid and personalised way through a shared process and commitment. It was reported that support staff need to be attuned to where the participant 'is at', when to let go and hold back and when to push. A part of this approach is being able to pick up on the cues of the client's behaviour, which at times provide very contradictory messages. It also means recognising that in some instances one case worker cannot provide all the support that is needed.

The length of time helps to make J2SI participants feel like people that will be listened to rather than a number in a complex system.
STAFF INTERVIEW

In supervising case managers it was reported that the goal was to try to encourage staff to take responsibility for the relationship and that each contact needs to be purposeful. Linked to this goal is the recognition that there is no single model for this group and it is important to understand that participants are fluid - what did not work at one time may work at another time. The process of supervision aims to ensure that case managers

remain assertive in their engagement approach, recognising that there needs to be a level of pressure to prompt change and action.

I see changes in clients who have been so unwell and chronically homeless that is the result of persistence and trust developing. In particular for clients with a borderline personality disorder who have responded well to the long term one-worker approach.
STAFF SURVEY

An individual response recognises the developmental stage of each participant. An example provided by staff in the focus group is that while a participant's age may be that of a grown adult, many, because of the trauma and chaos they have experienced in their lives, are stuck at an adolescent developmental stage. This developmental delay or blockage influences how they behave and relate to other people and what the case management role represents to them. While some one may be 27 years old they are actually at the stage of a 15 year old. This means that the case manager needs to step back and think about how you would speak to a 15 year old.

When working with someone stuck at a younger developmental stage, it was viewed as important to not to jump in and try to fix the problem for them. Rather, the case manager needs to allow the client to do it themselves and be there for them when they are ready to do this. Some participants were reported to need and respond well to firm but supportive 're-parenting'. Moreover, the case manager needs to be able to 'sit with risk' and apply 'strategic restraint'. However, such an approach was reported to be difficult sometimes when other services work against this strategy.

The use of the primary and secondary worker model has been delivered in a way to increase the flexibility of service response according to individual needs and preferences. This buddy system, where staff may share eight participants but work on different aspects of support, has been very effective for some whilst others have preferred more of a single key worker approach with a back up secondary worker. The critical point here is that an intensive model needs the 'reflexive' space for the participants and workers to forge out the relationships that work best in each instance of support.

The role of the secondary worker has developed organically for each participant due to a range of different factors. For instance, the gender of the worker, the buddy system, safety issues and worker availability are all factors shaping how the participant-worker has developed in practice. Staff reported that it was useful to bring in another or a secondary worker into the participant-worker relationship when the primary worker had a road block with the participant or when they had not been responding well to the primary worker. Some participants responded better to a female worker than to a male worker or vice versa and sometimes workers took on gendered roles with their participants. If the relationship with the primary worker was not going well there has often been the capacity to 'trial' other workers to see if they can engage with the participant more effectively. This view was also expressed by a partner agency stakeholder who supported the use of secondary workers, particularly in the role of acting as a mediator when the primary worker and participant relationship has broken down because it allows the therapeutic relationship to be sustained in the longer-term.

ENHANCES COORDINATION OF CARE AND PRACTICAL NEEDS:

The role of case management is often to provide co-ordinated links to the various supports and specialist services required for clients. There was a strong view that J2SI needs to continue to be practical in its approach with 'everything taken care of' and constantly reassessing the level of support needed at different stages. The J2SI project was considered to fill the service void in terms of time and flexibility that other programs fail to meet by coordinating the various components of care and practical support required. The existence of small case loads combined with long-term support was considered by staff and management to significantly enhance the quality of this more standard role. The intensive nature of support enabled a far more purposeful and opportunistic approach with the client in being able to link them into the services they need. At the same time, because case loads are lower staff felt there was a much greater capacity to provide a more rapid response when something did go wrong and was needed in an unplanned way. This co-ordination role will be further elaborated upon in section 6 where reviews of the service activity for external referrals as well as external provider responses are presented.

ENHANCES REFLECTIVE PRACTICE AND CAPACITY TO BUILD ON SUCCESSES:

…it is not a linear path to social inclusion but a jaggered one
STAFF MEMBER

The final broad area where staff and management reported an improvement in service practices centred on the project's enhanced capacity for reflective practice and capacity to build on successes. A long-term relationship based approach provides opportunity to reflect on what works and what does not for individual participants and the time to monitor the outcomes of different strategies. There was a strong view amongst staff that what makes the relationship based approach work is that the case manager weathers successive crises, tolerates challenging behaviour and passes the tests of integrity that clients often impose. It is not only a matter of gaining trust with the client that is different in this approach but the capacity to build on successes and failures that stem from the trusting relationship gained. This is the space in which the case manager can start to direct support towards the goal of building self reliance and healing.

There was a view that with a long-term intensive approach the case management goals can be small and specific enabling participants to progress through a process of gradual change that when looking back is really quite significant for them. An example of this provided by management was the case work goal of helping a participant to use public transport by themselves. While this is a seemingly simple task, it can be a debilitating experience for someone with chronic anxiety. In helping the participant to start to use public transport on their own the case manager has gone with them on various trips slowly withdrawing support on this activity when the participant is able to go it alone. The importance of this practically grounded approach with the participant cannot be overstated – small successes can be life changing and incrementally build on one another.

Most importantly the ongoing supportive relationship ensures that practical and other support issues are not only addressed but that the long-term effectiveness of these strategies can be closely monitored over time.

This is something that is critically lacking in current approaches that are not able to follow clients' growth or decline through a process of ongoing reflective practice. Staff and management reported that they have gained a much more realistic understanding of what success might look like and this is likely to be very different for each client. For instance, for some of those with acute mental illness, it is unlikely that they will reach a point where they do not need ongoing services. The service outcome goal should be that they are appropriately using the services they need. This may mean that they might be using more services but that they are using the right services to meet their needs.

It is important for staff to be able to take a step back and see the patterns and changes in the client over time – to take a long term view. It can often be hard to see how far the clients have come – so constantly providing a way to celebrate the smaller successes. There is always the danger of becoming tired because the goals are often small and repetitive
IAC MANAGER

PROGRESS TOWARDS GREATER SELF RELIANCE AND HEALING

The types of incremental changes or practice based successes that staff considered to be indicators that they were moving forward with their clients could be considered small and hard to quantify were often considered major steps forward from where the client started at initial engagement. These changes referred to subtle nuances around interactions that signalled that there was an overall lower degree of chaos, more willingness to confront underpinning issues or simply engaging in activities that they never have or thought they could. The types of indicators of progress described by staff in the focus group and interviews included:

→ the participant is not ringing us all the time when he is drinking;
→ the way the participant talks is different – i.e more honesty about their drug use;
→ generally engaging with the service better;
→ some participants are beginning to 'grow up' and take responsibility for their actions; participant is

addressing the issues in their life and being able and willing to talk about these issues for the first time in their life is significant progress;
→ moving towards the stage of taking some action and realising the need to do so is progress;
→ attending two appointments;
→ life for the participant is a little less chaotic and less exciting;
→ there is less abuse / less trouble and conflicts than they were in two years ago;
→ allowing us to be involved for 2 years;
→ attending appointments on their own;
→ participants managing their own health;
→ the participant setting up new routines – i.e. coffee at local café daily;
→ participant getting a job;
→ participants actually giving art therapy a go after 5 weeks;
→ participants still housed;
→ taking responsibility for own safety; and
→ participants making links back to family.

A further way practice outcomes have improved from a long-term approach is to not let previous assumptions or values exclude the client. This involves being open to what may be possible for each participant, whether it is linking them to training and employment or other opportunities for social engagement. Not having a presupposition of what people can and cannot do but giving them an opportunity to have a go. This theme is explored further in the BUDS and MIFV components of the project.

4.4 AREAS OF PARTICIPANT SATISFACTION WITH CASE MANAGEMENT

Participants are asked to give feedback on their experience of case management within the J2SI project during the six monthly client outcomes survey. At the time of analysis data were available for the 6 and 12 month periods. Participants were asked to rate their satisfaction with their case worker's availability, courtesy and respect, and whether their needs have been met on a scale from 0 -10. There were 36 and 30 participants responding to this section of the survey during the respective 6 and 12 month period. Mean satisfaction in both periods was around 8 scale points or above indicating that satisfaction with case workers was high in all areas of the case worker relationship.

At the six month mark the lowest rating was for availability of worker (7.8) whilst the highest was for the case worker helping the client get what they need (8.4). Mean satisfaction generally increased from the 6 to 12 month period, with the exception of the statement that "case workers have a good knowledge of services and types of help available". The largest increase in mean satisfaction of 8.3 to 9.3 was for case workers being courteous and respectful. This suggests that J2SI participants generally have a high level of satisfaction with the basic areas of case management support. This was generally supported by the qualitative feedback provided on what clients thought was working well for them.

Around half (16) offered qualitative comments. The critical aspects of the case management process that participants most commonly identified related to the theme of having someone to offer them regular, consistent, and accessible practical assistance and emotional support when needed. This included having someone that listened to them, providing a sense of structure to their life, was available to transport to appointments, or to provide a point of 'normal' social contact through simple day to day activities such as going for coffee and lunch.

I like that they come to me. Workers are willing to travel and are accessible.
J2SI PARTICIPANT

5. TRAUMA SPECIFIC SERVICE RESPONSE

A defining strength of the J2SI model, yet potentially the most challenging to implement in practice, has been a commitment to deliver both trauma informed and trauma specific services. This commitment has led to what can be considered a particularly innovative development in how a more therapeutically informed response can be implemented to effectively reach long-term homeless clients, who are commonly resistant to traditional models of therapeutic intervention.

The ability to work therapeutically has been the main difference for me and I have had 20 years experience.
STAFF SURVEY

5.1 THERAPY ACTIVITY OVERVIEW

From the outset J2SI aimed to be both trauma informed and provide facilitated access to trauma specific services, although the latter has been much more difficult to implement in practice. Initially the long-term intensive case management approach was intended to be supplemented by making available individual funded therapy sessions for all participants through partnerships with eight established and recommended therapists sensitive to the histories of J2SI participants.

The uptake of individual therapy through this vehicle in the initial stages of engagement was not high from J2SI participants and following ongoing monitoring it became increasingly apparent that not all were going to take up this opportunity. For some participants there needed to be a high level of engagement and stability before they were ready to contemplate intensive one to one therapy sessions. For others it is unlikely that they will be able or willing to engage in traditionally based approaches to therapy.

Nonetheless, there have been a small number of participants who have engaged continuously in this component of the project from the early stages and according to case reports are benefiting greatly from this opportunity. Figure 8 shows the proportion of participants who have been referred and engaged in individual therapy up to April 2011. As shown, by the 18 month period just over 40 per cent of participants have been referred and considered ready or suitable for individual external therapy with a clinician. Of those who have been referred around 20 percent were engaging by the 18 month mark. Without readily available comparative data across other homeless services it is difficult to make direct comparisons. However, it can be said that the rate of uptake is likely to be higher than that found amongst the broader population requiring support for mental health conditions. Specifically, the National Survey of Mental Health and Wellbeing conducted in 2007 reveals that 13 percent of those with mental health disorders have accessed a psychologist (ABS, 2010).

Figure 8: Monthly trends in referral and engagement in therapy

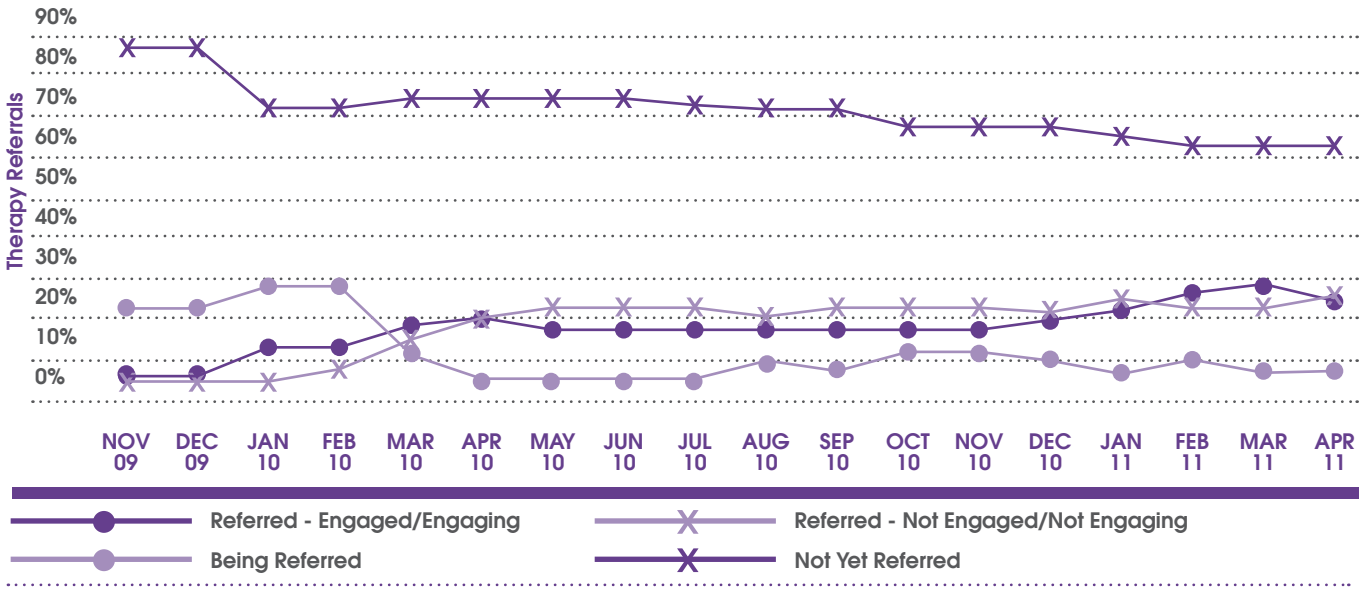


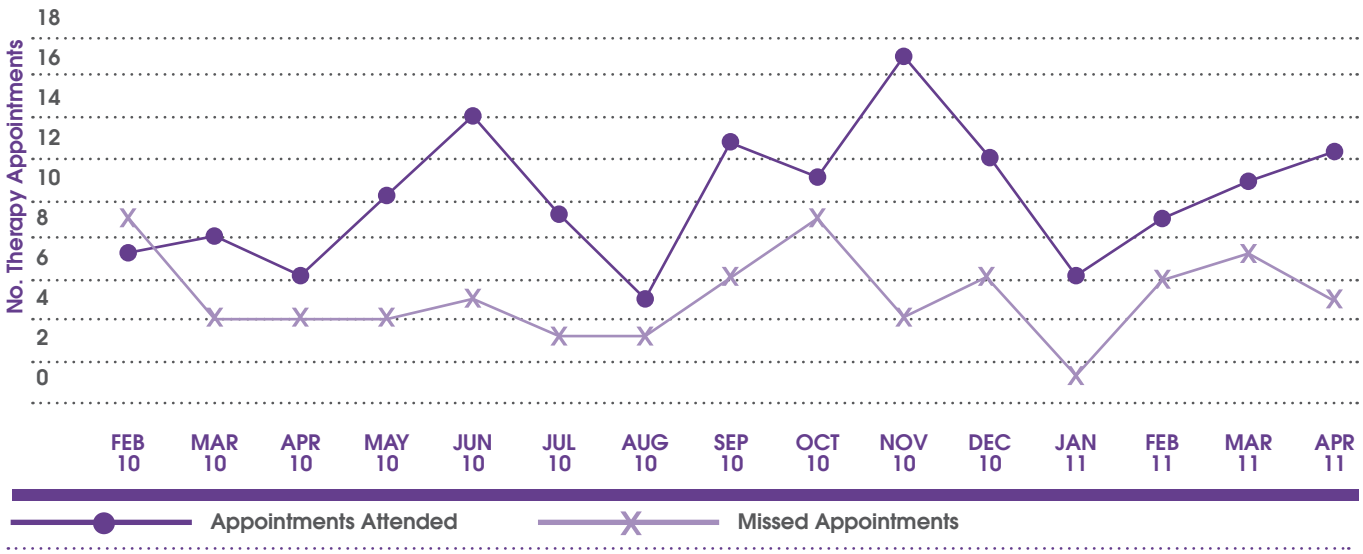
Figure 9 shows the number of monthly therapy appointments attended and missed between February 2010 and April 2011. From March 2010 onwards the number of appointments attended has exceeded those not attended. The number of appointments attended, generally fluctuates throughout the 18 months. There was a peak of 16 in November 2010 before falling again to around 5 during the Christmas period of December to January, rising again to 11 by April 2011.

The service activity reviewed shows that voluntary participation in therapy is reaching around a fifth of J2SI participants. In the second client survey at six months, eight participants stated they had attended a therapy session during the 6 month period. By the twelve month survey 13 participants reported that they had attended therapy. It should be noted that not all of these participants have been fully engaged i.e. attending regular appointments. Amongst those attending therapy their self rated mean (average) satisfaction score was 7 out of 10 in the first six months increasing to 8 by the 12 month period. This suggests that those who are engaged rate their satisfaction with the support high to very high. The most common reasons participants gave for not attending therapy were that they did not need a therapist (34% at 6 months and 50% at 12 months) or that they were not ready for a therapist (30% at six months or 12.5% at 12 months).

While the uptake of therapy has steadily increased throughout the trial, responding to the underlying trauma of participants has remained a critical priority for the project. Following a process of internal review Sacred Heart Mission sought the advice of the Lighthouse Foundation and Berry Street Victoria's Take Two program, both of whom have expertise in trauma informed practice and the Mission made the decision to employ a part-time clinician as part of the J2SI staff team. The position had two broad goals of firstly enhancing the therapeutic value of the casework and secondly facilitating referral to individual therapy. This is primarily achieved through fortnightly clinical supervision for all members of the casework team. The project also tailored the training calendar to address critical mental health areas within a trauma informed framework.

The J2SI Clinician commenced in September 2010 for an initial six month period. The initial contract was part-time at 24 hours per week. Following the initial six months the clinician's hours were reduced to 11 per week to ensure that the role was able to continue throughout the life of the trial. The clinical supervision role was viewed as essential by both the majority of staff and management and a key learning is that it would be better to have this role established in the beginning of the project where they could be integrated as member of the salaried staff.

Figure 9: Monthly trends in therapy attendance



5.2 CLINICAL SUPERVISION IN PRACTICE

As the availability of clinical supervision in addition to standard case management supervision is an innovation in the sector, next the practices and gains that have evolved around this new role are summarised. It is important to note that the purpose of clinical supervision is not intended to turn the case managers into practising therapists. It was viewed by all those individually consulted that the primary function of case management needs to continue to be grounded in the practical tasks of case coordination. Management were cognisant of the need to get the balance of therapeutic and practical support right for the participants and this is continually monitored on an individual basis. This includes ensuring appropriate boundaries whilst at the same time seeking to understand motivations of behaviour, patterns of coping and developing both practical and longer-term therapeutic goals and strategies.

To be able to name it and understand how behaviour is shaped by underlying trauma. It gives you personal insight into the behaviour and makes it more sustainable for the staff to maintain their morale and be reflexive in how they go about working with the client. The issue of trauma is on the table at all times and you are able to develop more empathy for the clients.
IAC MANAGER

While the case managers are not therapists, ongoing clinical supervision is enabling the case management goals to be directed towards developing more insightful practices that can integrate both the practical and emotional needs on an individual basis. As case managers are not practicing psychologists or therapists, the clinical supervision has been tailored and managed differently from that which would be provided to practising psychologists. In this process the clinical supervisor considers his role as a 'second ear' to the case managers to pick up on some of the things that are happening through the case management process and to provide a forum for case managers to reflect on how they are approaching the participant from a social psychological perspective.

The IAC staff have mandatory clinical supervision with the clinician on a fortnightly basis. However, it was reported that the challenge is that there is no real text book for how to make supervision work in practice. As clinical supervision cannot be delivered in the same way as clinical supervision for psychologists the project has had to be creative and devise an arrangement. At each session, IAC staff discuss one client per session on a rotating basis. All participants are discussed in alphabetical order. The approach of the clinician is informed by Lacanian psychoanalysis that emphasises the importance of language that the participants and IAC staff use to express or describe their experiences. At the end of each clinical supervision session, the case managers are helped to formulate a question that is emerging with the client that can be taken back to the case management process and discussed in a non confrontational setting such as going for a walk or coffee. The case managers have to be creative in what they come up with and the settings in which they can engage the client, for instance one client with psychosis responds well to playing golf and in that space he is able to talk with his worker.

It is a miraculous project – to have a goal of social inclusion that somehow has the capacity to allow something of each participant – that can tolerate badness and not try to put a lid on it because they have a capacity to stay with them and see them through their attachments to whatever it is they are doing. There is a strong enjoyment or pull to what they are doing "the darker side" of sex working, substance misuse, or whatever they are attached to even though it can potentially kill them. It is very hard to overcome this in a short space of time... being able to talk to participants through an intense relationship, while it is not the same as analysis it is therapeutically beneficial.
J2SI PARTICIPANT

Through clinical supervision case managers are able to develop greater insights into their own practices and also the words or language that participants use to express their experiences allowing them to develop greater capacity to move therapeutic support needs and individual goals forward. With clinical supervision the case managers provide a conduit to

a psychotherapist in a much less confronting space. The case management role has been to gauge the readiness and suitability for more in-depth therapeutic work or 'warm the client' up to the idea of therapy and helping them to recognise the underlying basis of behaviour and developing skills in the management and support of participants.

J2SI case managers do not directly engage in psychological therapy in the clinical sense. However, the relationship based case management support was recognised to be therapeutic according to feedback from the clinician and IAC staff. The psychoanalytic approach used in clinical supervision is complimentary to the relationship based intensive case management model that focuses on the central importance of rebuilding positive attachments in the lives of the participants. The focus on rebuilding positive attachments aims to help participants to gently work towards a stage where they are ready to begin to confront the negative attachments in their lives i.e. drug misuse, sex working or for others with mental illness such as schizophrenia (once medically stabilised) to be able to express how their illness is experienced. It is recognised that the validation of the experiences through understanding the words or language that participants use and having a forum to express this safely without judgement begins a process of healing through the formation of more positive attachments.

From the clinician's perspective something that has become very apparent is the therapeutic benefits of the intensity of the relationship. What is called 'therapy' often imparts a certain model that something needs to be fixed. However, being able to understand how each participant expresses the cumulative impact of their experience and how to function in the world and society with these experiences is equally important in terms of healing and recovery. A project like J2SI was considered to provide the space to discuss and address the fundamental human need for belonging and being heard by someone. Most agencies cannot get past issues with substance use for instance – but from the clinician's perspective there needs to be a space to be able put that aside and talk about present circumstances and to not to have to fix the problem all the time.

There was a view from the clinician that participants in the project are at the very far end of the therapeutic spectrum and they are not the types of clients who typically voluntarily engage in therapeutic work. The critical strength of the J2SI project from his professional perspective is that it provides the participants the opportunity to receive a collective therapeutic response that draws on the expertise of multiple professionals but is delivered through a medium of the case manager and in informal settings that are not threatening to the participants. Most of the participants, whilst in great need, require a different approach to be able to gain the benefits of a therapeutically informed approach. Psychoanalytically informed approaches are the important element that is often left out of the support process and this project has demonstrated that psychoanalysis is able to reach the participants and that case management can be a conduit to that process by listening to what the participants are really saying through the use of their own words to make sense of their reality and meaning.

The overwhelming response from the staff surveys is that the process of clinical supervision is vital in being able to effectively engage with the J2SI participants over the long-term. There was a strong view that the broader service system engaging with homeless clients needs to get better at responding to the underlying trauma of those experiencing homelessness.

The benefits are twofold – clinical supervision helps to focus the work and provide an aid for an understanding into the potential barriers each client has. In terms of individual therapy there has been a marked improvement with those who have committed to seeing a therapist.
J2SI PARTICIPANT

The therapeutic component of the project has evolved into an innovative approach to working with this group of long-term homeless. And despite the difficulties of integrating a therapeutic approach into the J2SI project, the majority of IAC staff surveyed and those participating in focus group discussions were supportive of the overall merits of continuing to incorporate a therapeutic response into the overall project. According to a synthesis of the feedback from staff and management, clinical supervision has contributed to more effective service delivery practices by:

→ enhancing the capacity of clients to draw out their own motivations for change in an empowering way that is more trauma informed;
→ being better able to recognise behavioural patterns that can help to challenge and reshape past self limiting behaviours;
→ having better insight as when to hold off or to 'push' a participant to confront self limiting behaviours;
→ understanding the importance of appropriate boundaries; and
→ providing ongoing professional development, reflection and more advanced psychological training for case mangers dealing with very complex behaviours and mental health needs.

There was a view by some staff and management of the need to expand the therapeutic response to trauma informed arts based therapeutic models, particularly for those who do not want to engage in 'talking therapy'. At the time of writing J2SI were in the process of employing an art therapist to facilitate a series of workshops in the lead up to the 2011 art exhibition. It is anticipated that this will provide a therapeutic response that meets the needs of some participants.

PARTICIPANT VIGNETTE 4: RICK

Background

Rick was born in 1969. At the age of 21 he was diagnosed with schizophrenia. Rick has had 32 admissions to psychiatric services since then, most admissions for six months or more. Rick has lived in various rooming houses, sometimes living in a tent on the Peninsula or just living rough. Rick moved into Queens Road (supported rooming house) in September '09.

At the start of J2SI

Rick had a number of supports in place at referral stage. Rick had been at Sacred Heart Mission's Queens Road rooming house facility for two months and his tenancy was at risk of eviction. Rick is on the supported program at Queens Road which provides meals three times a day and assistance with washing clothes and room cleaning.

First J2SI meeting on 2/11/09

Rick's presentation during the first few months fluctuated but there were constant themes around what he would like to do, what he has done and what he dislikes.

Themes emerging: Rick wanted control of his medication, to get his car licence, to work on a farm, get out and do "things" and to be able to cook his own meals. On initial reflection these seem to be reasonable requests. At the case meeting, however, it was highlighted that there are a number of concerns about supporting Rick with these ideas. Mainly the risk of him becoming unwell and becoming a risk to himself and others. Other workers added that these topics were a part of Rick's attempts to exit the psychiatric and support service systems; which has historically led him to becoming unwell. In addition, it was disclosed that Rick has a number of poly substance issues which affect his motivation and mental wellbeing. So after the meeting a united approach was adopted where communication between services was increased and a uniform response provided to Rick's requests. What was offered to Rick was support with finding social activities like tennis, golf, cycle rides and trips out.

The first six months. Presenting issues - Rick found it difficult to settle into the Queens Road routine and concerns were raised about his ability to maintain his room (staff noted that his room was constantly untidy), and to attend pre-arranged appointments. A number of activities took place but Rick was unable to commit to them on a regular basis. During support sessions it became evident that Rick would return to the same themes (see section above). Rick would present these as things he is entitled to in a grandiose manner often saying they have been taken away from him by the "psych" services. In conversation Rick would try to dominate the meeting by saying "you need to understand" then proceed in a loud voice to state his needs. For the most part any counter suggestions would be ignored by Rick and he would become agitated when he perceived that his needs were not being met. Rick's insight into his mental illness diagnosis was a contentious one – he would regularly state that he doesn't have schizophrenia and instead diagnose himself with bi-polar. He would also often state that he had too many workers in his life, which on the surface had some validity.

Golf- Rick's maternal grandmother was a semi professional golfer and taught him to play when he was younger. Rick and his case worker would play once a week as a part of Sacred Heart Mission's sport recreation program. During the initial weeks of playing Rick found it difficult to concentrate on the game and was unable to complete the whole round. On each occasion Rick stated that his schizophrenia was kicking in or he was unable to focus. As each week went on Rick was able to improve his game and increase his stamina. What was noticeable was Rick's ability to interact with others in a "normal" manner with no reference to his mental health or grandiose ideas.

Reflection around golf- The nature of golf is that it relies on brief periods of concentration and application of technique. As the game is also a social event there are opportunities to talk with others. The significance in getting Rick to play is to train his mind to concentrate for periods of time and focus on his strengths, not his presenting issues. Peer encouragement and affirmations also appealed to Rick who loved the attention.

Another benefit of playing golf was that it enabled the relationship with his case worker to develop in a positive, informal way. Rick was able to disclose significant information in a casual manner as opposed to a formal meeting. For Rick this represented a worker in a different light, one who wasn't typically from the psychiatric/social worker world with a hierarchical role but who was willing to spend time with him and interact with him on the same level. In the 18 months since Rick commenced with J2SI he has not been hospitalised. His parents comment that he is the best that he has been since he was a young teenager.

6. STABILISATION OF HOUSING AND SPECIALIST SUPPORT NEEDS

The effectiveness of intensive case management is influenced by the strength of relationships cultivated with external providers. As such, integrated responses that are able to link individuals into relevant housing and support from the cornerstone of good practice in case management, particularly for those with multiple support needs. This section focuses on relationships with external providers to coordinate the many housing, generalist and specialist support needs as a further core element of the J2SI service model. It combines the service activity data, survey and interview feedback from internal and external stakeholders about how well this service element has worked in practice. Generally, the feedback provided through the staff consultations and surveys as well responses from external providers suggest that relationships with housing, generalist and specialist support providers has been well maintained and continues to be essential to the overall effectiveness of the case management model and practice based outcomes.

J2SI has cultivated both formal and informal working relationships with several external providers including those providing housing throughout the past 18 months increasing its presence in the broader service sector. While involvement with external providers is often determined on a need by need basis with participants, the project has established a core network of partner housing and specialist services to ensure participants have ready access to the support they require. In particular the project has established referral protocols and formal memorandums of understanding (MOUs) with the providers in Table 8 below.

Next the process of access to and stabilisation of housing followed by the links with other partner services is discussed.

6.1 ACCESSING AND MAINTAINING INDEPENDENT HOUSING

The process of gaining access to and stabilising housing for the long-term homeless is often complex. Past attempts at rehousing have often fallen down because there has not been the capacity to provide ongoing support for the transition back into conventional housing systems. The J2SI model provides a package of long-term and intensive support that can be tailored to the needs of participants living in a range of

Table 8: Ongoing formal and informal service partnerships

Service Providers	Nature of the relationship
Office of Housing	Memorandum of Understanding in place
Southport and St Kilda Community Housing Services	Memorandum of Understanding in place
HomeGround Services *Other specialist services*	Memorandum of Understanding in place
Alfred Psychiatry	Memorandum of Understanding in place. Bi-monthly meetings in place
Salvation Army Crisis Services	Memorandum of Understanding in place. 12 monthly review of MOU. Quarterly meetings, though these are usually only every six months.
Berry Street Victoria	Close collaboration regarding the therapeutic component of J2SI
Windana Drug & Alcohol Services	Have developed process for rapid access to detox on a needs basis
Mental Illness Fellowship	Memorandum of Understanding being signed. Implementation of arrangements being monitored at monthly meetings.

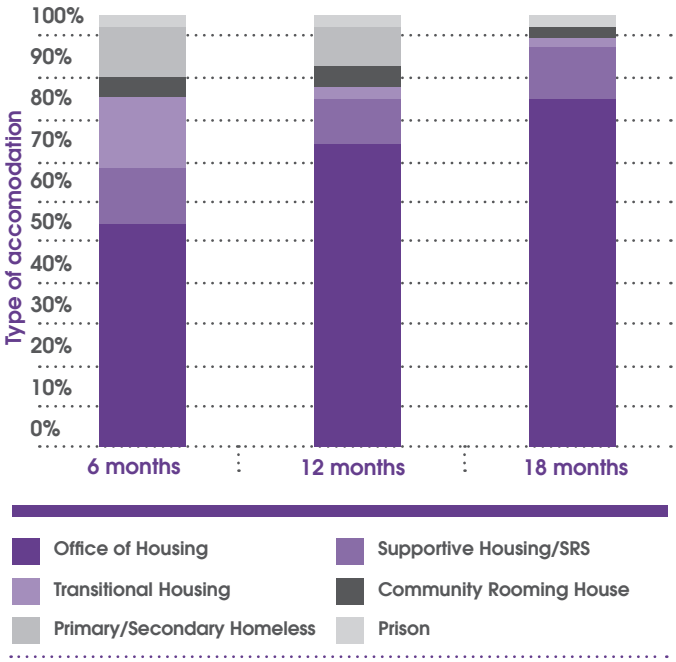
accommodation options. This is a potential strength of the model because it does not require individuals to live in pre determined housing, such as congregate housing directly provided by the service, in order to be eligible for long-term access to support.

A priority for J2SI in the initial stages of service engagement was to try and stabilise the participants' lives as rapidly as possible and housing is one important component of this stability. As J2SI does not have direct funding to provide housing, at commencement of the project, the J2SI manager met with a range of housing providers, including the Office of Housing. The project used its support capacity to leverage rapid prioritised access to housing from various social housing providers advocating that the length and intensity of support is likely to increase stability. This provided a range of housing options to meet the diverse needs of participants.

Critical to the early success of the negotiations in gaining access to housing for J2SI participants was the existing relationship that the Mission had cultivated with a range housing providers and the resource capacity to maintain these relationships over the course of the three year trial. The service has formal memorandums of understanding (MOUs) in place with the Office of Housing, Southport Community Housing Group, St Kilda Community Housing Services, and HomeGround Services. In the early stages the project staff were provided with training in how to apply for housing and the processes established through the MOUs. The Office of Housing is the main provider of housing and 33 applications for Segment One of the public housing waiting list were completed and submitted by the end of Jan 2010.

While there are very limited benchmarks to compare to expediency in which the participants were housed, moving more than half of the participants into independent housing by the first six months of establishing the project is a substantial achievement for J2SI, within the current service delivery context of housing access in Australia.

Figure 10: Comparison of Housing Status of J2SI Participants, 6-18months



The allocation of housing places for J2SI participants was determined on a careful assessment and matching of the participant's needs to the housing that was available, including prioritising people whose current living arrangements were most precarious at the time of referral and the suitability of the area in which the housing was located. Detailed housing and support plans were prepared for each participant with case managers being the first port of call for any issues emerging relating to tenancy management. The Office of Housing properties that the participants moved into were almost all either high-rise flats or 'walk up' units. Matching participants to the type of housing right at the start has been difficult but important. Particularly, trying to determine who will manage better in high density or low density housing and the suitability of locations. J2SI has been able to work closely with the Office of Housing to ensure the best housing match, within the constraints of the available stock. A small number of participants were not interested in moving from their current accommodation – i.e. boarding house; while for others housing has been a critical form of leverage in engaging in the broader goals of the project.

Although some J2SI participants have had experiences of independent housing many have lived institutionalised and chaotic lives. Staff reported

that some participants have been entrenched in the 'homeless subculture' for so long, that they struggle to adjust to living in housing. For instance, some of the participants had never used a vacuum cleaner or had sheets on their bed. The focus of case management at this point of transition was to help participants gradually change their behaviour and practices by modelling new behaviours such as keeping the apartment tidy. In the early stages of resettlement staff spent considerable amounts of time accompanying participants to obtain furniture, negotiate paying bills and assisting with the emotional adjustments to living in housing. It was reported by staff that those who they expected may have fallen over in their housing are doing better whilst some expected to be easier to manage have proven more challenging.

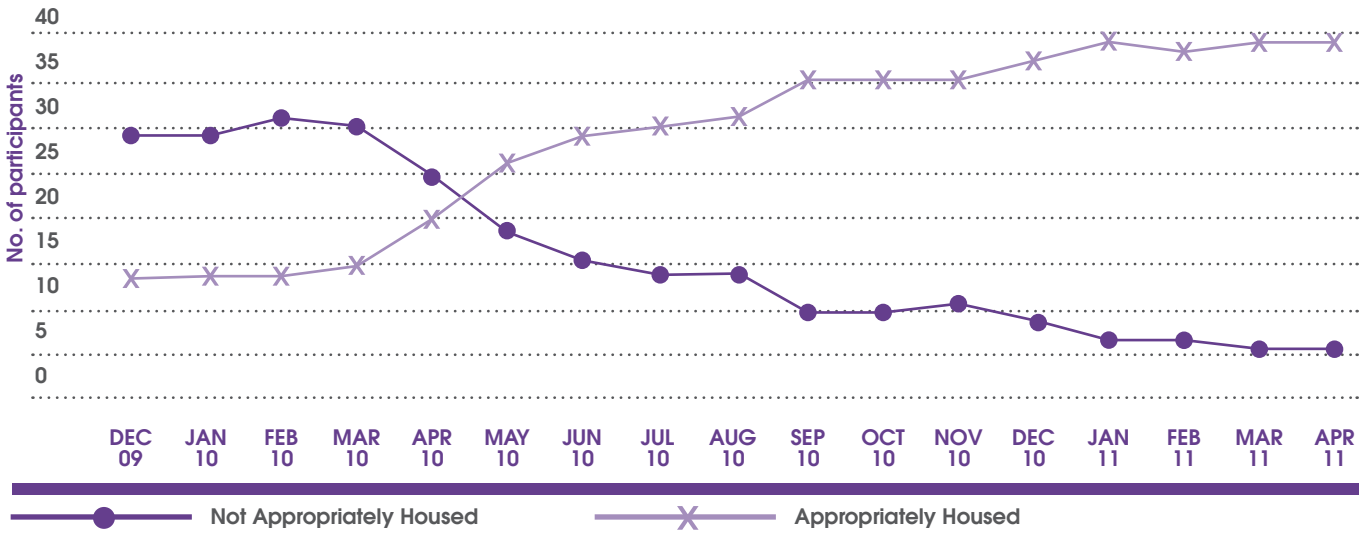
The service activity overview data in section four illustrates that assistance with resettlement in housing constitutes the largest proportion of case management activity in the 6 and 12 month period. In the process of rehousing, a focus on independent living skills such as learning how to shop and interact with retail staff, clean and maintain the house shaped the daily practices of case managers and participants. Workshops were also provided for household activities such as cooking meals and making curtains through the BUDS component of the project (discussed further in section 7). Many staff commented that they were able to witness the gradual shift in the participants' becoming conscious and proud of their space, which was considered an important outcome in emotional and social functioning. Bringing in BUDS to support the participant with basic living skills was considered valuable for some participants.

Figure 11 shows monthly housing stability data following the first month of service delivery after November 2009. Service data recording housing stability on a monthly basis shows a general increase in the proportion of participants who were considered to be living in stable and appropriate housing, reaching a peak of 35 out of 40 participants by January 2011. By April 2011, the 18 month mark, service activity data revealed that 31 out of 40 participants were in 'stable' and appropriate housing. A further eight tenancies were deemed at high risk or where there had been issues relating to neighbourhood and payment arrears, behavioural problems (five participants) or the housing was defined as inappropriate (three participants). One participant was in prison.

The monitoring of some of the early service data indicate that the type of housing stock and the way in which this is managed is important and this will be followed over the trial. At this point, J2SI participants appeared to have more stable outcomes within Office of Housing properties, although some staff commented that some of their participants have found it difficult to adjust to living in the high rise flats. The main reasons for housing difficulties related to anti-social and aggressive behaviours and neighbourhood problems, and payment issues. External stakeholders expressed some concern about the potential for 'contamination' occurring by mixing residents with similar backgrounds – i.e. those misusing substances.

Documenting the processes of the tenancies and how they are managed will be crucial for understanding both the reasons why tenancies are sustained in

Figure 11: Monthly trends in the number of J2SI participants appropriately housed[1]



Not appropriately housed includes those with no accommodation, unstable inappropriate accommodation, stable inappropriate accommodation, prison and hospital.

the longer-term as well the conditions where these tenancies break down and for which participants. Support worker case studies as well as case records document the problems encountered in housing and how they are resolved in the project. Examples of where tenancies have been saved are starting to emerge. From initial case reports and focus group discussion, the importance of personalised relationships with housing providers in maintaining tenancies cannot be overstated. Individually based case conferencing around agreements of conduct developed in collaboration with J2SI, housing officers, and the participants is one strategy that has proven to be promising in addressing housing problems as they emerge. For participants experiencing difficulties with neighbourhood issues the J2SI manager and Office of Housing were in the process of exploring the options of 'priority tenancy' relocations.

The relationship with OoH and other housing providers has been of crucial importance to J2SI as it has allowed the IAC role to focus on stabilising people in housing and address the underlying issues which have led to a person's experience of chronic homelessness.
STAFF SURVEY

While many J2SI participants, especially those living in Office of Housing properties have their rental payment directly debited from their Centrelink accounts it is not a mandatory practice with some participants opting in and out of this arrangement depending on other competing expenses. J2SI case managers have had an ongoing role in ensuring that participants prioritise housing payments in how they budget for household expenses. Frequently scheduled home visits have been critical to the ongoing follow up on how participants are coping with all facets of independent housing maintenance, including managing bills and budgeting.

Staff also reported in surveys and the focus group that the long-term nature of the project has enabled them to better identify the sort of patterns that have contributed to housing breakdowns for participants in the past, and identify how these patterns are playing out again now. For instance, some participants were reported to find themselves in a repeated crisis cycle where their first instinct is to up and leave at the first sight of difficulty as a way of resolving problems. Support staff highlighted the importance of working in a planned way for these types of participants rather than reacting to crisis.

The process of developing housing protocols has influenced how tenancies are managed and in many respects is helping to reshape practices of how tenants with complex needs are engaged with by housing providers. There has been a proactive approach to managing tenancies with close collaboration with the J2SI manager and the Office of Housing and through the High Risk tenancies initiative. The capacity to develop strong collaborative partnerships was considered a core strength of the model and key to its capacity to help J2SI participants to maintain their housing and also reshape the practices of tenancy workers. It was expressed by an Office of Housing stakeholder interviewed that the communication and consistency around housing matters has been 'outstanding'. A particular benefit from their perspective was the direct benefits gained by Office of Housing workers in seeing what good case coordination can really be like and the benefits that it can bring. Office of Housing staff have themselves been nominated for best practice awards in the approach to individual joint case plans for some J2SI participants.

The service has also developed a strong collaborative partnership with J2SI participants living at Common Ground. The extent to which housing providers are prepared to work through housing issues before engaging in a legal process of eviction is important. A further example of effective partnerships between J2SI and Common Ground was the development of a joint approach to managing a J2SI resident who had a tendency to seek alternative crisis accommodation whilst having their own housing. To break this cycle, J2SI and Common Ground worked together to alert other accommodation services that this particular resident has a tendency to flee his accommodation and if they present at their service looking for accommodation to send them back to Common Ground. This approach has helped prevent service duplication and also assisted the participants to sustain housing. The following in-depth case studies prepared by the support workers illustrate the ways that the relationship based approach has helped participants to maintain housing and contain their behaviour. The more subtle but potentially enduring changes revealed in these two stories reveal how some participants are beginning to re-learn or for the first time learn how to relate to others outside the homeless subculture. Such a process is slow but potentially life changing, helping them move through a process of building self reliance and healing.

PARTICIPANT VIGNETTE 5: AMY

The Office of Housing (OoH) has received many complaints about Amy's behaviour from other tenants during her time there, threatening her ongoing tenancy. At times, Amy's behaviour is characterized by abrupt, loud and outlandish, overtly angry, and 'knee jerk' reactivity that significantly impacts her capacity to sustain housing. During the initial engagement phase, any comment made to Amy by workers was either ignored or met with screaming. Engaging with Amy, and creating a positive rapport, where trust and challenging of behaviour is possible, took around twelve months. Through this process we have arrived at a point where she allows me to assist in containing and discussing her behaviour and to reflect on how this may be impacting on her housing.

Containing and challenging Amy's behaviour has involved forming a meaningful relationship, being consistent in my approach and responses, not being afraid and in terms of attachment theory not being 'destroyed' by Amy's 'bad' behaviour. The examples below highlight how containment has assisted Amy to maintain her housing:

*Maintaining consistent, strict boundaries has stopped Amy actively distracting me from the task at hand (herself) and from making the relationship framed by a nonstop power play. Maintaining strict boundaries has led to a more focussed rapport and the time spent together has been about what is happening for Amy, rather than an experience of nonstop 'tantrums'. This focus has meant that I have been able to notice patterns around her mental health, drug use and housing, and there has been space to address the patterns that may underlie housing problems in the past.

*Appearing unsurprised/non judgemental of Amy's behaviour, whilst modelling appropriate behaviour. Working towards having more positive relationships with members of her community is an important part of Amy beginning to have an investment in her area and therefore adds to the importance placed on her housing. Modelling positive behaviour has led to Amy beginning to change her behaviour. For example, when shopping with Amy she is often rude to shopkeepers (especially whilst anxious). I have consistently thanked shop keepers when out with Amy, and Amy has always mirrored my behaviour afterwards. Amy has sometimes copied me word for word with shopkeepers as though she is actively learning to relate to others more positively. Amy has started talking about how polite behaviour makes people more popular, and of how she would like to be popular with residents.

*Laughing, and being incredulous of Amy's often outlandish behaviour has assisted her to begin a positive narrative about herself and her behaviour. Amy has experienced a long history of being criticised for everything she does (and she has commented that as she was told she was so bad, she actively went out to become as bad as she could possibly be) however laughing at her impatience, or creating a positive narrative of Amy's high maintenance (for example) has led to a decrease in 'bad' behaviour and to better relations with other tenants and members of the community.

*Reminding Amy of appropriate rules has worked well and has led to Amy's behaviour at her housing estate improving.
Consistent containment of Amy's behaviour has formed a dynamic in which it has been possible to challenge her behaviour, whilst keeping the relationship intact. With such a relationship formed, I think that Amy has been able to accept differences in ideas and to be able to trust the discussion of these differences. Being able to challenge Amy and question her behaviour and logic has led to a more genuine relationship, based on honesty, respect and accountability – Amy is less and less able to manipulate and intimidate and as a result, her 'inappropriate' behaviours have generally disappeared. Amy has started to apologise for her bad behaviour - to community social workers, her housing worker, to other tenants, and to the local coffee shop owners. Some of the common themes in our discussions are around dissecting Amy's angry/frightening facade, discussing the reasons behind impatient/angry behaviour, and discussing the 'distractions' presented to workers to stop them from discussing difficult topics. The benefits of engaging Amy in conversations which challenge her ways of thinking are that her 'childlike' behaviours have been questioned, and therefore the 'adult' Amy has become exposed. Amy is highly reflective about herself at times, and the linking of ideas and challenging of ideas has led to her 'false' facades and her renowned 'bad' behaviour decreasing. Amy noted herself that outwardly she is frightening, but inside she is crying. An ongoing narrative of this theme has seen Amy actively changing this façade at times. Recently, a tenant who has a history of contacting OoH to complain about Amy, contacted her Housing Services Officer (HSO) to report that after being asked to put her cigarette out in a lift (a request usually met with abuse) Amy apologised and put her cigarette out straight away. With consistent containing and challenging from J2SI, Amy has now begun to contain her own behaviour, and challenge her own ideas. This is an important step in cementing her positive behaviour change, and of Amy maintaining her housing once J2SI ends.

Stabilising Amy's housing
A more involved relationship with OoH and J2SI was forged after a series of complaints about Amy's frightening behaviour towards tenants, her aggressive behaviour when approaching OoH staff, and specifically after an incident at the OoH South Melbourne where Amy presented screaming, frothing at the mouth, abusing staff and kicking walls. J2SI, the police and ambulance members were alerted and attended during this incident. At this point, OoH was unsure whether Amy's tenancy would be able to continue due to her aggressive behaviour. A case conference was arranged and attended by J2SI (myself and Manager) the Manager of the South Melbourne Office, Amy's housing officer and the High Risk Tenancies worker from the southern Metropolitan region (who knows Amy well from when Amy was a MACNI client). At this meeting I noted that I had observed Amy responding more and more positively to the rules/ boundaries set in our appointments and I suggested that the OoH meet with J2SI and Amy, to discuss the rules and behaviours expected of her in public housing. I prepared a document for the meeting that highlighted the reason for meeting (to assist Amy to maintain her tenancy) the positives of Amy's housing experience, the challenges being presented, the possible consequences of aggressive behaviour, and a housing plan specific to Amy (including using J2SI as an initial contact point for housing issues). The document required all three parties to sign it.
Amy met with me, the J2SI manager and her then HSO to work through and sign the document. Clear discussion of the positive achievements made by Amy, and of the joint aim to assist her to save her tenancy seemed to resonate with Amy and she read the document, signed it and apologized for her behaviour.

The positive engagement between Amy and J2SI has been used to facilitate and encourage positive relationship with Amy and her HSO who has provided more personalized recognition of the long process involved in learning how to live independently. Through this relationship Amy's current HSO provides positive feedback when Amy is going well and recognizes that Amy's past behaviour means that she is often unfairly targeted by other tenants and staff. Through my support and relationship with her HSO a flexible approach to the repayment of a $700 debt has been provided.. Amy seems to have genuine respect for her relationship with OoH and seems committed to keeping to the agreed rules and is accountable for her behaviour, and to repay costs which she has sustained at the property. This relationship has started to become 'real', as opposed to an impersonal relationship with an organization, and has been vital in keeping Amy accountable for her housing, and perhaps to lessen self sabotaging her housing. This real relationship has meant that Amy is unable to blame outcomes of her behaviour on her HSO (now seen as an individual), and cannot blame the 'corporation' (OoH – as this elusive, removed company no longer exists) and so is forced to look at herself as the answer when things are not going well. Amy is highly insightful which has also assisted with this. Amy has maintained her housing for around 18 months, and for around 8 months alongside narratives of wanting to leave. Taking the time to reflect upon reasons for transferring properties seems to have stopped the 'knee jerk' reactions of 'problems based in housing' and emphasized the 'problems related to self' which may need attention instead. This narrative is not surprising given Amy's transience, however with the flexibility and time available with J2SI support, it has been possible to dissect this idea at length to determine the reasons behind wanting this, and whether or not a move will be beneficial.

PARTICIPANT VIGNETTE 6: ZOE

J2SI met with Zoe in November 2009. At this time she was living in a private rooming house. She moved nine times between rooming houses, sleeping rough and staying with a friend until February 2010. J2SI has supported Zoe with each of these moves, both physically, through moving belongings and assisting her to access HEF. This involved contacting relevant services to make appointments and advocacy for funding as well as attending the appointments with Zoe. Zoe suffered multiple housing breakdowns due to sexual violence, coercion into street based sex work and drug use. Zoe felt vulnerable accessing crisis accommodation without a partner. She also felt vulnerable being with a partner as her experiences of these relationships are usually physically, emotionally, sexually and financially violent. Zoe preferred to stay with her partner on the street or in rooming houses most of the time. It took months of face to face meetings and dialogue with Zoe to develop some trust for her to disclose some of this information.

J2SI advocated for one mental health service to hold on to her case whilst she was transient. Zoe had a history of being transferred from one service to another and as a result had little engagement with any service. This was an important step in establishing a solid support base for her. J2SI contacted the existing mental health service several times and advocated for the file to be transferred to the location Zoe was likely to be moved to. The new mental health service appeared to be fatigued by Zoe's complex presentation, lack of insight and her previous experiences with them. They did not want to support Zoe until she was living in their catchment area. The process took several weeks and eventually Zoe was able to access the new service. It was important for Zoe to be well supported by people she could trust. J2SI facilitated a positive relationship between Zoe, her mental health case worker and themselves. J2SI kept weekly contact with her mental health case worker and arranged several informal and formal meetings. Zoe was pleased to work with the new service and committed to keeping her appointments despite her transience.

J2SI also invested a lot of time to establish safety plans for family violence and key supports for Zoe to contact if she felt unsafe. It was difficult to source crisis accommodation options as homeless services were reluctant to assist as they felt it was a family violence issue. Family violence services were reluctant as Zoe would not disclose to them and the accommodation options were not appropriate for a person with such complex needs and little insight.
A plan was established through months of dialogue and face to face meetings with Zoe for her to disclose and process her situation. It also involved sourcing services that could assist, especially after hours. J2SI kept contact with these services and updated them weekly. This involved several face to face meetings with Zoe, and making phone calls with her to crisis accommodation providers as well as attending meetings with these services. Zoe's safety planning is ongoing. Recently Zoe has enacted her safety plan without J2SI assistance.

Long term housing options

J2SI gathered information from Zoe for a segment one application. This was a process of multiple face to face meetings and gathering information from services who knew Zoe. J2SI provided intense emotional support for Zoe to talk about her experiences of violence and what it would be like to feel safe. Zoe again advised she needed to be in one spot with people around her she could trust. J2SI referred Zoe to Common Ground and took her to view Queens Road. Zoe decided Queens Road and Common Ground were not appropriate. Zoe was accepted to Common Ground however felt public housing was a better long term option.

Securing and maintaining public housing: Being "housed" and links to the community

On securing a public housing tenancy J2SI practically assisted Zoe to source the items she needed and encouraged her to budget her money to save for the other items she really wanted. This involved advocating with services for funding and vouchers, booking appointments and attending them with Zoe. There were several face to face meetings encouraging dialogue around what housing meant to Zoe and what were her fears and hopes.

J2SI accompanied Zoe to look in op shops, furniture shops, and appliance stores. J2SI assisted Zoe to ask for a rebate on her rent as she was without electricity for more than a week. Zoe was initially reluctant to exercise her rights as a tenant. After several face to face meetings and phone calls to her housing officer, Zoe wrote and her housing officer filled in the application and it was sent off. The rebate was granted. J2SI also assisted Zoe through providing information and modeling around housekeeping skills and practical assistance with cleaning. Zoe, her housing officer and J2SI attended her 6 weekly housing inspection. J2SI contacted her housing worker and informed them that Zoe may not have experienced an inspection like this before and will not know what to expect, and possibly feel nervous about it. Zoe and writer cleaned her flat and the housing worker was quick to assure her that he was around if she had an issues with the property.

Zoe was linked to the Building Up and Developing Skills (BUDS) component of J2SI. She developed a strong connection to the BUDS Coordinator. Zoe accessed this component to attend housing focus groups, learn how to use a computer and to sew. Zoe attended sewing regularly and made several items including curtains and cushions for her home. J2SI went with Zoe to fabric shops to purchase fabric, transported her to classes and initially attended classes with her. J2SI assisted Zoe to find a good GP in the area. This involved attending the clinic and several appointments with her. Zoe's housing officer introduced Zoe to the tenant's advisory representative in her building. Zoe has regular contact with her and has established links to some women in her building. Zoe often goes shopping with these women and is now well known by many of the shop keepers in her local community.

Maintaining Housing: Family Violence

Zoe wished to have her partner put on the lease. Writer provided information on her rights as a tenant and encouraged Zoe keep a dialogue about how this relationship was progressing. This involved face to face meetings and telephone calls daily. Zoe did not put her partner on the lease as she wanted her property to be her own. Zoe left this partner and invited a new partner to move in. Zoe had previously been in a relationship with this man. He had a history of sexual, financial, emotional and physical violence towards her as well as coercing her into street based sex work. Zoe experienced all of these again. She became entrenched in drug use and street based sex work. She quickly became underweight as she was barely eating. She withdrew from her friends, community and supports. J2SI kept daily contact with Zoe and encouraged her to remember her safety plan. J2SI also kept weekly contact with her mental health worker and updated The Salvation Army's 24 hour Crisis Contact Centre in case she needed assistance at night or on weekends. Zoe was often reluctant to talk with J2SI during this period. J2SI persisted with engagement called her daily and visited her home numerous times per week. For months J2SI tried to keep daily contact with Zoe, her drug use was prevalent. J2SI purchased a mobile phone and gave it to Zoe. Zoe began to talk about leaving her partner.

J2SI planned with the mental health worker for easy access to PARC (Prevention And Recovery Care run by Alfred Psychiatry). Zoe chose to leave her partner and was granted a one month stay at PARC. Zoe's safety plan had included a friend whose accommodation was relatively safe and who she trusted. Zoe wished to stay with her friend rather than access crisis options. J2SI transported Zoe to her friend's house and visited her daily until the bed at PARC became available. J2SI transported her to PARC and visited her daily to discuss heroin withdrawal and safety at her home as her partner was still living there. J2SI provided information on tenancy rights and strategies as how to maintain sole rights to the property. Zoe did not want to remove her partner from the lease. Two weeks into her stay at PARC Zoe requested the writer transport her to the OoH to remove her partner from the lease. He left the property. Zoe advised J2SI during this period that the only support she needed was "company" and someone to talk to. When Zoe moved back to her home a lot of the furniture had been damaged and her ex partner's belongings were still in the flat. The property was very dirty. J2SI helped Zoe to remove the belongings and clean the property. Zoe independently sourced most items that needed to be replaced. J2SI drove Zoe to a furniture shop to layby a new furniture item. Zoe has maintained her housing for more than one year.

6.2 ACCESSING GENERALIST & SPECIALIST SUPPORTS

In addition to MOUs with partner agencies there are many informal relationships formed with individual workers and other service providers such as Inner South Community Health Service, the South City Clinic, and St Kilda Legal Service to name a few. Data on case management activity discussed in section 4 showed that secondary consultation with other professionals formed a significant part of J2SI case management time.

Throughout the project participants have been linked into various supports as needed. Table 9 provides an overview of the main types of services participants have been referred to since project commencement. As shown, the most common service participants were engaged in at the time of referral was psychiatric services such as community health services, private and hospital based psychiatrists, crisis centres, meals programs, and homelessness specific drop in services. The most common services that participants have been referred to throughout the project were therapy and general counselling, a more suitable general practitioner, drug and alcohol services, particularly detox and pharmacological support, and employment providers. It should be noted that whilst participants have been referred to these services it does not mean that all are fully engaging in them, particularly with respect to drug and alcohol services. However, it does indicate progress towards support needs being identified and acted upon.

Table 9: Engagement and Referral to Other Services Before and After J2SI Support

Service Type	No. at refferal	No. referred to
Mental Health		
Counselling /therapy/ psychologist	2	13
Psych services - Private/ Hospital Psychiatrist/ Outreach/ assessment	11	8
Drug and Alcohol		
Detox/ specialist services /outreach	1	10
Counselling	5	5
Pharmacology/methodone	1	8
Good/ suitable GP		
Employment provider /support / vol work /social participation	8	27
Family support	6	11
Neighbourhood /community centre – including homelessness specific drop in	1	5
ICMI – General support	9	2
Crisis Centre/ Meals program	3	0
Community Health/ Dental	10	0
Legal services	18	22

Note – does not include BUDS. Numbers reflect total numbers of referral episodes across individuals as some participants have had multiple referrals.

For any one participant there may be several or only a couple of regular services involved depending on needs and willingness to engage. This is likely to change at different stages in the project. For instance, during one participant's pregnancy there was a considerable amount of services required leading up to and following her pregnancy. Without any other family support or significant others to draw on the case worker role involved a high degree of coordination of the many agencies involved to facilitate the safe arrival of the baby and that the mother and baby continued to be safe and supported following the birth.

Whilst staff reported several good practice based outcomes emerging from working relationships with external providers cultivated throughout the project, three examples stood out as having improved or having potential to significantly improve the quality of services offered to J2SI participants. The nature of these working relationships are summarised below

1. **The Salvation Army Crisis Contact Centre (CCC)** - provides an afterhour response to J2SI participants where necessary. This includes, addressing crises, distributing resources and being a point of contact outside of normal business hours. The CCC database has a file on all J2SI participants which is updated every six months or more regularly when a coordinated or after hours response is necessary. It was reported through an interview with key a stakeholder at CCC that there has been a noticeable reduction in contacts from CCC "frequent flyers" who are part of the J2SI project (this is an observation only). Within this partnership responsibilities are clear on both sides, preventing service duplication (e.g. the CCC knows that they do not need to refer a client for long term housing follow up because J2SI will do that). This has led to shorter contacts at the CCC. There was also reported to be strong confidence in J2SI management and decision making capacity that J2SI will follow through in an appropriate and considered manner.

2. A new working arrangement with **Windana Drug and Alcohol services** has been established involving fortnightly one hour meetings where J2SI present a client summary to Windana. The aim of these meetings is for Windana to become familiar with J2SI clients and facilitate streamlined access to drug and alcohol support. The meetings focus on developing individual treatment plans and provide formal, regular secondary consultation.

3. **Inner South Community Health Service (ISCHS)** dental health program. ISCHS offers a free dental service for people who are long-term homeless and set aside a weekly block of four appointments for J2SI participants. The IAC casework team undertook to coordinate appointment bookings, provide transport and sit in the treatment room with the dentist. This resulted in twelve participants engaging in dental treatment programs.

6.3 SATISFACTION WITH WORKING RELATIONSHIPS

At the twelve month mark of the J2SI project, 32 generalist and specialist services with ongoing working relationships with the J2SI project were sent a confidential mail survey. Of these, a total 13 agencies replied directly to RMIT. Services responding to the survey included housing, disability, homeless outreach, psychiatric, emergency department, crisis and drop in centres. In addition seven partner agencies were interviewed in more depth over the phone in order to gain their perceptions on the project. The nature of the working relationship of the services consulted varies with some providing a secondary consultation role whilst others have more direct contact with the clients who are supported by J2SI.

Services were asked to rate their overall satisfaction with their involvement in the J2SI project on a number of dimensions illustrated in table 10. Less than half of those who were mailed a survey responded so caution must be exercised in interpreting the results as it is possible that agencies who took the time to respond are more likely to view the project favourably. Despite this, there was a high degree of satisfaction from external providers with how J2SI had engaged with their service

Whilst positive feedback on the project tended to outweigh the problems and challenges, issues identified by external stakeholders will be discussed in more detail in section 8 as the overall themes were similar to those emerging internally. As shown, in Table 10 satisfaction from the 13 partner agencies surveyed is very high with a mean close to 9 on a likert scale of 1-10 on most indicators, with the exception of the satisfaction with the client relationship. Lower rating on client satisfaction generally came from psychiatric services supporting very unwell clients and who viewed the capacity for change in the client's condition to be limited to slow.

Table 10: Partner Agency Self Rated Satisfaction in the Quality of Relationship with J2SI Project

Satisfaction with	Mean	Median
Referrals*	8.64	8.00
Quality of support	9.08	10.00
Responsiveness	8.85	10.00
Professional relationship	9.00	10.00
Approachability	9.23	10.00
Collaboration	8.85	10.00
Client relationship	7.54	7.00
	N=13*	

*n =11 for referrals as not all have direct contact with J2SI participants

The core strength of the J2SI project model according to partner agencies is the primacy placed on developing constructive, consistent, respectful and meaningful working relationships with other services. There was a common view that J2SI management and case workers put in the extra leg work to cultivate relationships through their strong presence at agency meetings and high commitment to information sharing.

> **(The project) is above expectation, outstanding, very good - client is more engaging, brighter and has less negative symptoms since engaging with J2SI. It is an excellent partnership and valuable service providing a much needed link for clients.**
> PUBLIC AREA MENTAL HEALTH SERVICE

General comments centred on the quality of the staff and working relationship stating that program management were professional, relevant and friendly. Services reported that the J2SI project generally had a good understanding of what services were being delivered from partner agencies. Partner agencies, including both those responding to the survey and phone interviews, were generally very happy with the nature of the working relationship, in some cases stating that it has exceeded their expectations. The J2SI project was generally viewed as a welcome addition to the service sector that was providing a much needed coordination role for the joint clients that they are working with, particularly in relation to the project's ability to secure housing for their clients and the consistency in support provided.

There was a perception amongst generalist crisis based and material aid services that contact with the J2SI participants has decreased since the project has come on board.

The client in question is very unwell and J2SI is one of the few programs that can work with him. Very important service – has made a big difference and one very patient case manager.
COMMUNITY PSYCHIATRIC CLINIC

Amongst the J2SI team, staff reported that the capacity to provide long-term support was critical in being able to establish better external relationships for participants, particularly for more complicated matters addressing both medical and legal needs of clients. Staff reported that they have drawn on the relationship with participants to provide a conduit to specialist providers by combining both practical assistance, such as transportation, working as a 'bridge' and advocate as well as maintaining contact with participants when they exit services thereby helping to reduce time spent in acute care settings and any adverse outcomes once discharged. The ability to carry the history of J2SI participants was considered to increase both the effectiveness of referrals and to ensure that more accurate assessments can be made in collaboration with other services.

I have had an excellent experience in liaising with (case manager) around one of her clients. Her client has had a significant drop in her emergency department presentations since (case manager's) engagement.
EMERGENCY DEPT CARE COORDINATION

7. BUILDING UP AND DEVELOPING SOCIAL AND ECONOMIC SKILLS

An essential component in the J2SI model specified in the original service documentation is that participants be given opportunities to engage meaningfully in activities that increase their capacity for independent living and social inclusion. Incorporating a skills building element into the service model is considered an essential component of an integrated package of support to increase stabilisation and greater independence. This section discusses the service activity data and consultation feedback on the Building up and Developing Skills (BUDS) component as well as the more recent co-location of the Mental Illness Fellowship of Victoria (MIFV) employment consultant at the J2SI project. It is based on interviews undertaken with the BUDS Coordinator and MIFV employment consultant, staff and focus groups, recorded BUDS and social inclusion service activity data, and client survey responses.

In the J2SI service model BUDS is integral to the case management role through the provision of direct practical support, positive role modelling and linking participants into various social and educational activities. This role is further enhanced through a specifically dedicated BUDS coordinator who works with the IAC case managers to link participants into both group based and individually tailored social, training and personal development activities and courses throughout their involvement in the project. In late 2010, the BUDS program was further enhanced through development of a collaborative working relationship with the MIFV who co-locate a specialist employment consultant with the J2SI project.

7.1 BUDS ACTIVITY OVERVIEW

The BUDS coordinator position commenced three months into the J2SI project as a new role that has developed organically as the J2SI project has evolved. Given the diversity amongst J2SI participants it was evident from early on in the project that a formal structured class room setting would not be appropriate for a group of 40 who all have different needs and interests. In the initial stages of program planning the BUDS coordinator undertook a training needs analysis of each J2SI participant by reading through their case notes and drawing on background discussions with each case manager. The first priority was to engage with J2SI participants and information contained in case notes was used to help identify potential areas of interest.

The approach taken within the project has generally been to work one on one by developing a social inclusion plan identifying goals and interests for each participant. The BUDS coordinator then sources information on various activities and training options and provides direct support to the participants to assist with the practicalities and helping to overcome potential barriers to participating. This includes liaising with various training providers and community organisations and then drawing on this knowledge to help define realistic opportunities for participants. In this way the BUDS coordinator works closely with IAC case workers to facilitate a joint approach to developing skills, but because the role is specialist it means the case workers can benefit from the cumulated knowledge of the training and skill building options available for participants.

The individually tailored approach to BUDS means that the scope of activities undertaken by the coordinator is broad ranging from grant applications to source funds for TAFE courses, sourcing tutoring for participants who have difficulties with reading or mentoring participants who are having difficulties taking care of their new home. The BUDS coordinator helps support the participant to make their own decisions about what they want to pursue within what is realistically achievable. For example, providing support to a participant who had to attend class one day a week in an eighteen month floristry course. The BUDS coordinator will often support the participant to organize the training and liaise with the training provider themselves.

Smaller tailored group activities have also been undertaken based around particular themes relevant to moving into independent housing and identifying common needs for participants, such as sewing workshops to make curtains for their new home and cooking classes. The coordinator sourced volunteer support through the broader Sacred Heart Mission community to run sewing workshops with the participants. Engaging participants in these more socially and fun workshops was seen as a positive way to help participants settle into, furnish and take ownership of their new homes. This was a very powerful experience for participants who could see the results of their efforts in making curtains and cushions straightaway.

Cooking classes emerged in the same way, in that a common interest and need was identified. Some participants had not had their own kitchen and cooking facilities for a long time. The BUDS coordinator researched cooking opportunities and sourced a cooking program being run in the area and financed the program to run classes for J2SI. A focus on good nutrition was integrated into cooking sessions.

J2SI undertook a photography project during 2010 which provided an opportunity for participants to visually document a "day in their life" or "part of the journey" through a series of still photographs. The purpose of the project was to provide participants with the opportunity to develop photography skills, encourage self expression, enhance self esteem and build self confidence. Participation in the project included taking photographs, a series of workshops and a public launch of the exhibition at Gasworks in South Melbourne where the photographs were hung for two weeks in December 2010. Fifteen J2SI participants exhibited photographs, nine attended workshops during the project and assisted with mounting the photographs and setting up and pulling down the exhibition. Twelve J2SI participants attended the launch – three of which were not exhibiting photographs yet expressed an interest in doing so in the future. Initial individual achievements following on from the BUDS program by the 18 month mark are listed in table 11.

Table 11: Individual Achievements Resulting from BUDS Engagement

Participant	Achievements
Participant 1	• Participated in St Kilda Social Inclusion Project Leadership Development program • Completed a computer course at the Hampton Community Centre • Council to Homeless Person's Peer Education Support Program (PESP) Interview (Unsuccessful)
Participant 2	• Casual work at Mission opportunity shops
Participant 3	• Enrolled in Cert 3 in Agriculture
Participant 4	• Council to Homeless Person's Peer Education Support Program (PESP) Interview (Successful) • PESP training • Casual work at the State elections
Participant 5	• Enrolled in Cert 2 in Business Admin
Participant 6	• Enrolled in Cert 2 in Floristry
Participant 7	• Volunteering at Mission op shops

Table 12 on the following page provides a summary overview of the types of individual and group activities as well as the numbers of participants engaged in various activities up to the 18 month mark of the J2SI project. Overall, 28 participants have engaged with the BUDS program at any stage.

Table 12: BUDS Activities, Number of Participants ,Attending and Activity Episodes

Activity Type	BUDS Arranged/ Facilitated	Group/ Indiv	6 Months		12 Months		18 Months	
			total no. clients attended activities	Activity episodes	total no. clients attended activities	Activity episodes	total no. clients attended activities	Activity episodes
Training/skills dev't								
Sewing	A	G			5	8	5	5
Computer	A	G	4	4	8	14	2	2
Photography (wkshps) inc exhibition set up & pull down	F	G			9	16	9	12
Photography (individual)	A	I			6	6		
Photography exhibition	F	G					12	12
Literacy	A	I			1	3		
Leadership course (SSIP & Secondbite)	A	G			1	10	3	6
Cooking course	A	G					5	6
Skills building workshops (housing/social inclusion)	F	G	7	7	8	8		
Art therapy	A	I			1	4		
PESP training	A	I					1	1
Education								
TAFE	A	I					3	59
Voluntary work								
PESP	A	I					2	2
Mission Op Shop	A	I			3	9	1	12
Veg Out							1	1
Employment (non MIFV)								
Parity Mail Out	F	I			9	10	8	9
Mission Op Shop	A	I					1	
State Elections (casual)	A	I					1	1
Total no. of clients			9		18		20	
Activity episodes				11		88		128

7.2 MENTAL ILLNESS FELLOWSHIP OF VICTORIA ACTIVITY OVERVIEW

The Mental Illness Fellowship of Victoria (MIFV) position within J2SI is part of a broader Victoria wide supported employment assistance program for the long-term unemployed with mental health issues. MIFV has a marketing team and existing relationships with some employers and it also operates some employment programs such as a social cleaning program. The MIFV program is co-located across a number of services and a MIFV employment consultant has been located within the J2SI project since November 2010.

Referrals for employment support and assistance come through the case management team and through the BUDS program. Referrals can be written or verbal. Once the referral is taken, an appointment with the MIFV worker is made and the case worker introduces the participant to the MIFV worker. The case worker is involved at first until a relationship with the MIFV worker and participant has been built. The level and type of support provided to the participant will vary from participant to participant. The support provided to the participant can either be 'disclosed' or 'non-disclosed' depending on what the participant wants. Non disclosed support is a more limited form of support. The MIFV worker will liaise with and educate the employers. They will explain to the employer what sort of support a participant may need (e.g. if the participant cannot read) and if issues arise the MIFV worker can become the point of contact – (e.g. if the participant is late for work). The MIFV role compliments the role of the case worker who can support the participant intensely while MIFV focuses on employment related issues.

As the MIFV program is a relatively recent addition, service activity data were only available from December 2010 to April 2011. Table 13 shows that there were a total of 19 referrals, with 14 considered to be engaged in the program by April 2011. Four participants are currently working and being supported by the program. One was already employed prior to the partnership with MIFV. There have been five employment losses since MIFV commenced. However, two of the participants who have lost jobs now have other jobs through the program.

Table 13: Numbers of Referrals to and those Supported by MIFV Coordinator

Mental Illness Fellowship	Dec10	Jan11	Feb11	Mar11	Apr11
Year Two - (totals)					
MIFV Referrals	9	13	15	17	19
MIFV Met	7	9	11	15	17
MIFV Engaged	4	8	8	13	14
MIFV Marketing	2	2	2	4	4
MIFV Employment Placements	0	0	1	2	3
MIFV Employment Losses	0	0	0	0	2

7.3 LEARNINGS AND EMERGING GOOD PRACTICES

Throughout the first half of the trial much has been learnt about how to engage long-term homeless participants in the process of building and developing skills and participating in employment that will contribute to refining and improving practices in this more developing area of service delivery. The overall view from the staff surveys was that BUDS was generally effective for those who have engaged in the program. Having a specific role dedicated to skills and training development was considered essential for the project model and there was a view that, in the main, the role has been well integrated into the case management process. Survey feedback in round three on how well the MIFV role has been working within the project was also very positive.

> **Overall this component is important in helping clients to have a sense of dignity in the world – beyond any particular skill development its primary value is that it provides another way for clients to be taken seriously – in this BUDS seems to be effective – the addition of the employment specialist to the team will assist the practical outcomes.**
> STAFF SURVEY

An ongoing challenge for the BUDS program is generating interest from all participants to attend group activities and engage in individual skills development plans. This suggests that there are barriers to overcome in the first engagement stages and maintaining ongoing interest in sustained activities. It was reported that whilst some of the group activities being run generated a lot of interest this did not always translate into attendance and some classes were not well attended.

BUDS has evolved into a less structured component than expected because of the attendance at more structured group settings. The BUDS coordinator has identified that the older, male participants have been more likely to engage in group activities and workshops. Although women tend to initiate a lot more ideas, such as art, cooking, sewing, computers, they are less likely to attend the sessions. However, many of the female participants have had better outcomes through the individual BUDS work and this seems to be a more effective way of engaging and working with the female participants. Furthermore, group settings were considered to often reinforce the connections within the homeless subculture as new relationships are formed or old ones strengthened, which is counter to some of the project aims of encouraging social inclusion into the broader community.

There was a common view amongst staff responding in the second and third surveys that increasing involvement in BUDS activities will be more of priority for participants in the second phase of the project. Staff reported that some participants are still overcoming issues of anxiety in participating and many clients remain in 'survival mode' that is consumed with coping with day to day life. There was also a view that J2SI participants struggle to feel accepted in activities in more 'mainstream' environments and it is difficult for many participants to fit into existing training/education models. This represents a fundamental block for some and developing strategies to overcome this remains a challenge for case workers, BUDS and MIFV coordinators alike.

The feedback from participants generally confirms that the BUDS component of the project has not been able to connect and reach all participants at this point in the project. Participants were asked about their involvement in the BUDS component in the 6 and 12 months outcomes survey. Of the 34 respondents (out of 36 who were surveyed), 38% stated they had received BUDS support and out of these, the median score for usefulness of this support was 7 and the mean was 7.2. Amongst those not receiving BUDS support, the two most common reasons participants gave were that they did not know anything about the role (28%) or they were not ready for BUDS support (23%). At the 12 months survey (30 respondents out of 36 surveyed) the number of participants who received BUDS support stayed almost the same. The mean score for usefulness of BUDS support declined slightly from 7 to 6.4. The most common reason participants gave for not receiving BUDS support was that they were not ready (33%).

OVERCOMING BARRIERS TO SOCIAL AND ECONOMIC PARTICIPATION

The collective histories of long-term social exclusion amongst J2SI participants mean that there are significant obstacles to overcome and ensuring that participants turn up to work or training requires a great deal of coordination. Combining the themes from interviews and survey responses, the following learnings for emerging good practices are discussed under the main headings below.

An integrated and well resourced approach to training and employment support:
With the introduction of MIFV, the BUDS role was able to specialize and focus on training/education and skills development, and allow the MIFV role to focus on employment. The two roles are located in the same office, which enables work in these two interrelated areas to be more streamlined and collaborative. IAC case managers and the MIFV consultant have been able to work together to identify employment plans for different clients and also provides vital links with the BUDS component. As with the BUDS role staff reported that it has been very helpful to have someone who has specific employment knowledge and relationships with employers. Both BUDS and MIFV coordinators emphasised the importance of cultivating strong partnerships with external agencies and employers who are responsive to the client group as being critical to the ongoing success of the project.

Having the variety of activities and 1 to 1 sessions broadens the client's experiences and aspirations – having the time and resources that BUDS provides frees up the case worker to work on other stuff. Another important role is when BUDS activities are arranged the worker client relationship alters and become equal participants in an activity.
STAFF SURVEY

An individual approach to maintaining engagement and interest:
The individually tailored approach used in the both BUDS and MIFV was considered key to generating participants' interest because the needs and capacities are so varied and it takes time to develop their goals into concrete activities. Staff generally support the focus on more individually tailored responses as the most effective means of delivering programs for this particular client group and that running group based activities will only continue to reinforce connections with their former lifestyles and homeless subculture. However, running some group activities was considered beneficial.
Staff viewed the creative responses in various classes, particularly the photography exhibition as being highly effective. The BUDS coordinator has been able to spend time with participants getting to know what motivates them and trying to pick it up from their conversations.

Participants will often be scared about trying new things and putting themselves out there, so the BUDS role has been vital to help them manage this fear. Small changes in behaviour was considered important, so the BUDS coordinator works with these changes and helps the participant develop an increased self awareness of how they are acting. It was also considered important to stagger assistance provided to a participant, as a way to keep them regularly engaged. Making sure something is done in small achievable steps, and not all in one session, is a way of engaging a participant over time and maintaining contact and having a reason to remain in contact with them.

The consultant and the broader MIFV program have good familiarity with the client group, which was seen to be vital because participants often need a gradual entry into work. In commencing employment, the MIFV coordinator reported that participants typically start off working a short amount of hours. Many need a lot of support to start with – such as sorting out medication or not working consecutive days to ensure they do not get overwhelmed. MIFV will often drive the participant to work at the start and help them purchase clothing. The MIFV worker can also provide supervision on site.
This can help smooth the transition to work for participants who can see and develop the relationship with the MIFV worker from a site they are familiar and comfortable with.

Finding motivation through setting realistic goals:
There was a view from both the BUDS and MIFV coordinators that it is important not assume that someone is not 'work ready' or able to participate in training and developmental activities. However, they affirmed that it is critical to ensure that goals and initial steps to social and economic participation are realistic and achievable. Both coordinators work with participants to help develop their motivation by building on their initial interests and then matching this with what is possible. Part of this is being prepared to explore options 'outside the box' – not just exploring things like hospitality but exploring other options i.e. one participant attended an agriculture course.

Being able to earn additional income can be a big motivation for some participants in creating incentives for work. Other participants find meeting people and being involved in the community as important reasons for finding work. Whether a participant is interested in the job and likes what they are doing, even if they see it as a stepping stone to another job, makes a difference for some participants. Making the steps realistic so that the participant can see the value, see the goal of what they are trying to achieve and gain a sense that this job is something that can help them move forward.

More buy-in is required by IAC team to work with BUDS. There is often interest for/from participants to attend or do things but commitment needs to be improved to actually do it. BUDS is often secondary thought for IAC team and can be put on back burner if something else comes up. BUDS component has achieved some tangible outcomes for some participants but it is important to always think of new ideas/ways to do things
STAFF SURVEY

Creating opportunities from setbacks:
There was a strong view from both the BUDS and MIFV coordinators that there will be setbacks for J2SI participants when they engage in training or employment. For many, whilst adults, it is their first go at these activities and like those starting out when they are young there is a process of trial and error in finding out what suits, what they and others around them can cope with. Even if a participant does not complete a course, any experience is seen to be positive because they have gained a new experience that they did not have before. This coupled with the experience of being in and working with different groups builds up the participant's confidence and develops new skills they might not have had before. The participant can take something new away from the experience and learn what works for them and what does not. It was considered important to not stop the participant from trying something different. Moreover, participants that may be considered to be the least job ready actually do very well when put in the environment. If a participant does not complete something, this is not seen as a failure, it is seen as an opportunity to build on.

Giving the participant space after any setbacks and not pressuring them straight away, but waiting for the right moment to talk about trying out something else was considered beneficial. Similarly the MIFV employment consultant said it was important to never assume because one attempt at employment did not work out to give up because so much can be gained through the process of trialling a job and learning from it rather than not trying at all. The job loss has to be seen as a step and what is taken away from the job loss can be built upon in the next job when they are ready to try again. Participants gain hugely from this process as it creates the vehicle for learning. It was considered important that the participant also learns to take responsibility for their work life.

Finding the right match:
Finding the right match of activity, course or employment for participants was considered critical. This requires an employer or training provider who recognises that these particular individuals require more genuine flexibility in how hours and conditions are organised or less structured approaches to course attendance. While many employers have been supportive of the program, finding the right match of employers is difficult. The MIFV marketing team in Fairfield has existing relationships with employers. However, the MIFV worker based as Sacred Heart Mission has found that the employers have not been a suitable match for J2SI participants. It was reported that getting the job is not necessarily difficult; it's finding the right job. Most positions that would be more suitable have been located specifically by the J2SI MIFV coordinator.

While jobs fall down for a variety of reasons, a significant reason is when there is not a suitable match. One participant found a position by himself, but he was not being paid appropriately or by the book, which created a lot of problems with Centrelink because his pay varied so much. It is critical to ensure that the person is interested in the type of employment that has been secured and that the work is not too demeaning. Work needs to provide them with a sense of pride, accomplishment and a stepping stone to something better. The participant needs to have a sense that although it may not be the ideal job at the moment, it will help lead to something better. Some of the participants find it difficult to take feedback and part of the support process is helping them to understand this and build on it for their next roles. Moreover, some participants have individual barriers such as literacy or criminal records which have to be considered in the type of training and employment that can be sourced.

The vignette on the following page illustrates one participant's journey in attending a TAFE course. It is a powerful story that highlights the difficulties in overcoming feelings of fear and doubt in the first decision to participate in further training and then the debilitating impact that entrenched feelings of inadequacy and the sense of being different from everyone else has on the educational experience. The participant's capacity and the support team around her, to persevere and overcome these feelings by continuing to attend and go onto to successfully complete components of the course demonstrates the significant opportunities for growth and self reflection that has been gained from this process despite the setbacks.

PARTICIPANT VIGNETTE 7: JANE

Engagement & Finding Intrinsic Value

Jane commenced working with J2SI in November 2009. J2SI spent a great deal of time engaging with Jane and developing a relationship based on trust. In April 2010 Jane moved into her Office of Housing property. She was very anxious about living on her own and a lot of work was undertaken with regards to helping her feel attached to the property. This included shopping for furniture and bedding and assisting her to develop her front garden into a space which she could utilise. There were a number of conversations with Jane about being bored and ways in which she could occupy her time. Jane and her case worker spoke about the BUDS component of J2SI and Jane was encouraged to meet with the BUDS Coordinator and discuss the development of a social inclusion plan and developing life skills. Jane met with the BUDS Coordinator and she stated several times that she was bored and that she wanted to occupy her time and make changes in her life. Jane was quite interested in volunteering and seemed keen on training in preparation for this. Jane also suggested working in aged care or doing a course. Jane agreed to continue meeting with the BUDS Coordinator and further develop her social inclusion plan.

In late May 2010 Jane had an admission to psychiatric unit she remained in hospital until mid June. During this period both the case worker and BUDS Coordinator met with her and continued to discuss her social inclusion plan and the issues which may present themselves as barriers. Jane described herself as a "gonna do, but never follow through". She also spoke about "self sabotage". While in hospital Jane was keen to discuss her plans for her garden. The case worker and her co-worker met with her and developed plans for her garden. Following her discharge from hospital J2SI workers assisted her to weed her garden and prepare it for mulching and planting. Jane participated in the collection of the mulch and spreading it around her garden. The case worker also applied for funding from the Queens Trust in order to purchase garden materials. Funding was granted and the workers assisted Jane to shop for her gardening supplies and plant her garden.

In August 2010 Jane engaged with the BUDS Coordinator with regards to job interview preparation and resume writing. Jane was keen to access work as a telemarketer. The BUDS Coordinator accompanied her to "fitted for work" where she was able to obtain an outfit which would be appropriate for a job interview. Jane was successful in obtaining employment as a telemarketer; this however was short lived as she did not feel that she fitted in with her co workers. Jane remained interested in volunteering at the op shop and engaging in some form of meaningful activity. Jane attended a number of short appointments with BUDS in which she outlined a number of different activities/courses she would like to become involved in. During this period Jane developed a relationship with the BUDS Coordinator. Jane was encouraged to look at activities which held intrinsic value to her and to focus on one task at a time. A constant theme for her was that of boredom. There was regular dialogue regarding the importance of making decisions and following through on these. There was also recurrent dialogue about the need to attend appointments and be committed to the process.

Considering Options

In January 2011 Jane stated that she was keen to begin a course. The BUDS Coordinator assisted her to send out online enquires to two courses. A discussion was held with Jane about the content of the course, enrolment process, requirements she would have to undertake and the location of the course. The case worker provided Jane with the different public transport options available to her via the Metlink journey planner. They also discussed funding options and the potential start date which was only a few days away. Jane raised a number of concerns, as such the BUDS Coordinator offered to accompany her to the afternoon information session regarding the course and to assist her with the enrolment process. After some consideration Jane chose a course which she thought would best suit her. She continued speaking to workers about the various obstacles she envisaged and ways they could be managed.

The BUDS Coordinator offered to support Jane to make the initial phone call to the Training Organisation. Jane agreed to this however after her initial attempt to make the call she stormed out of the meeting stating "I'm not ready for this", "you're setting me up to fail." Jane then contacted the case worker and listed a number of reasons why she had been unable to concentrate and follow through on the phone call. Discussions were held with Jane about her interactions with people and her behaviour. Workers reiterated that feeling anxious was normal but asked her to have an open and honest relationship with the staff. A discussion was also held about J2SI's role to challenge Jane and to provide her with opportunities. Following this conversation Jane was insistent that she wanted to complete the course

The BUDS Coordinator followed up with the Training Organisation and arranged an appointment to meet with the Coordinator and view the school. The BUDS Coordinator accompanied Jane to the meeting. She was shown around and was provided with information regarding the course, the reputation and expectations of the school. She was encouraged to think very carefully about which course she would like to complete. The Coordinator recommended that she attend one day per week and complete the course over 18 months. Jane disclosed she was on a pharmacotherapy program and negotiated with him that she attend classes from 10am – 4:30 pm in order to ensure she could collect her medication and catch public transport to the course. Jane was very excited about the course; she engaged well in the meeting and asked valid and appropriate questions. She provided verbal consent for the BUDS Coordinator to speak with the Coordinator.

Following the meeting at the Training Organisation, the BUDS Coordinator and the case worker spoke with Jane about the appropriate levels of self disclosure amongst the teaching staff and her fellow students. Workers also discussed the impact the disclosure has on her relationships with others and on her sense of self and self image. Workers and Jane discussed practical ways to overcome barriers and challenges including the options of travel training, accompanying her to class and then meeting her for lunch, and sourcing a tutor to assist with written work. The BUDS Coordinator liaised with the Coordinator about the type of support that J2SI could provide Jane. He was very accommodating and keen to provide her with an opportunity to participate in the course. He was however clear regarding his duty of care to his staff and the other students in the course. The BUDS Coordinator organised for the Coordinator to provide J2SI with enrolment forms, details of the fees and an equipment list.

Jane was keen to commence the course however she was concerned that she would not be accepted by the school. Workers provided emotional support and encouragement. Her case worker negotiated funding for the school fees via State Trustees and J2SI brokerage and completed the required enrolment paperwork. Due to her anxiety Jane began fixating on barriers and using these as reasons not to commence the course. During this period she was very agitated and defensive. Workers spoke with her about her behaviour and her emotional response to the challenge of trying something new and attending a course. Via the BUDS brokerage component Jane was provided with financial assistance to purchase required equipment for the course. The BUDS Coordinator accompanied Jane to purchase these items. On the return journey Jane became very agitated and aggressive in the car. She stated that J2SI was "setting me up to fail" and that she was no longer interested in the course nor did she wish be involved with J2SI. When asked if she was anxious/scared about the course she screamed "I am not scared, f***en social inclusion I am never going to be like you, and don't you get it I will never be like people like you". Jane contacted the BUDS Coordinator later in the day and apologised for her behaviour and requested that she continue with J2SI and the course.

The following day her worker met with Jane at her flat to commence travel training. Her worker accompanied her to collect her medication and then they caught the tram from South Melbourne to Flinders Street Station, and then another train to the course. Jane was apologetic about her behaviour with the BUDS Coordinator and keen to discuss ways in which she could better handle similar situations in the future. Jane was clear that she wanted to continue with the course and that she wanted to learn ways of managing her emotions and behaviours so that she did not lash out at people. Jane stated that she felt like giving up on the travel training and the course however she chose to persevere. Jane and the writer met with the BUDS Coordinator, later in the day in order to purchase the rest of the supplies required for the course. Workers spoke with Jane about her behaviour and the triggers which cause her to act out. Workers had a lengthy dialogue with Jane concerning the expectations around her behaviour and her tendency to create barriers as an avoidance tactic. J2SI assisted Jane to prepare for class by providing emotional support and discussing practical issues such as what she would wear and how she would transport her materials to class. Jane was informed that as she had applied for the education supplement via Centerlink she would be responsible for funding her own public transport ticket. Jane described being nervous and excited about attending the course and told a few people closer to her about it.

Commencement of the Course

Jane started her course. On the first day of class the BUDS Coordinator called Jane at 7:30am to ensure she was awake as she was concerned she would sleep through her alarm. The case worker contacted her at 8am to ensure she was still keen to attend class. The case worker met with her at 8:30am.They both then travelled together to the course via public transport. The case worker accompanied her to course for a 10am start and provided emotional support while she completed the enrolment forms and the literacy and numeracy tests. The case worker met with the teaching staff and paid for the course, spent the morning nearby and took Jane out for lunch on her first day. Jane returned to her class and the case worker returned to the J2SI office. Jane contacted the case worker and informed her that she had left one hour early; however she had enjoyed the class. Both the case worker and BUDS Coordinator provided emotional support over the phone at the end of the day.

Both workers contacted Jane the following day and discussed the course. She was very pleased with herself for having attended. Workers also spoke with her about future employment opportunities via My Recruitment. BUDS offered to arrange and assist with study support sessions which Jane was keen to attend. Workers continued to encourage Jane to complete the course.

Since commencing the course Jane has attended a total of six classes. A J2SI worker has accompanied Jane to each of these sessions and has met with her for her morning tea and lunch breaks. At this stage Jane has been unable to stay for an entire session. As a result the BUD Coordinator has been liaising with the Training Organisation in regards to her progress and the possible implications. The BUDS Coordinator, Jane and the Training Coordinator are in continual discussion about strategies to support Jane to attend a full session. Overall however Jane has managed quite well and has attended a few study support sessions with the BUDS Coordinator. She has also successfully completed one module and is in the process of completing her second module. She and the workers maintain a regular dialogue about her behaviour and the notion of "self sabotage." She often states that she is "not ready" to participate in a course, and that she is "too different from the other students". She often engages in dialogue with the workers about giving up on the course however she tends to change her mind and states that she will "try again." J2SI will continue to provide emotional and practical support in order for Jane to remain involved in the course.

8. EMERGING CHALLENGES IN THE PROJECT

While the J2SI model can be considered to be generally well implemented and has developed innovative and promising practices in the initial engagement and stabilisation of participants, services delivered within a context of complex relationships do not exist without problems, challenges, and learnings to be made along the way. It should be said that many difficulties emerging throughout the pilot period have been responded to and these have been discussed in how the model was modified at different stages of implementation. Notwithstanding these changes, there remain ongoing difficulties by virtue of the nature of the client group being served and different roles and responsibilities of those working within the project.

Throughout the survey and internal consultation periods there have been many small suggestions for improving service delivery such as issues relating to the availability of cars, information technology and requests for mobile phones whilst for some client requests were made for greater access to material aid. These are all important issues that effect the overall efficiency of service delivery and many smaller scale concerns were addressed throughout project implementation. The purpose of this section is to focus on the broader themes that are likely to present enduring challenges for implementing an intensive case management approach to the long-term homeless more generally. This section collates the overall themes that have emerged from the surveys, focus group and individual interviews with management, staff, clients and external stakeholders that identified potential difficulties and challenges specifically relating to the delivery of intensive case management.

MANAGEMENT OF THE CASE LOAD

The management of case loads is not necessarily an issue specific to intensive case management but can pose problems for any type of case management service. However, there are some unique challenges associated with managing a small number of high needs clients whose main goal is to maintain service engagement over an extended period of time. There was a view from staff and management that the unpredictability of the nature of crises experienced by some clients has made it difficult to manage the workload at times when staff have multiple participants experiencing high degrees of crisis whilst at other times other staff experienced periods when participants were not fully engaging or disengaging from support. Some staff had clients that were made inactive and then reopened again bumping their case loads up to five. The important challenge identified here is that case loads whilst small can fluctuate in a way that is difficult to plan for, especially when a participant has multiple demands or becomes unwell. On the other hand, there were periods when participants would not engage well creating a sense of frustration and pressure for those case managers. Managing the case load can also become unequal between different staff members when a participant is housed long distances away. There was a view that the role of the secondary case worker can become quite busy when the primary worker is away.

There were times when having to respond to urgent issues spilt over into the case managers own time. The issue of providing an afterhours response was raised by all levels although there were mixed comments about the appropriateness of being available around the clock. Some clients felt that there should be more availability to case managers during out of hours times. Participants have access to the afterhours support from The Salvation Army Crisis Contact Centre and there was a view by management that providing an on call or after hours intensive case management response could undermine relationship boundaries and in the longer term undermine progress towards greater self management and reliance.

> **The workload is manageable during work time, however, as the work with the clients becomes more intense, the reflective practice required out of these hours has also intensified. Things become very busy when the secondary worker is away, even if the work is spread between the team. Work often feels very busy even if I am getting all my work done.**
> STAFF SURVEY

CONFLICTING IDEAS IN SUPERVISION

The majority of staff were very happy with the quality of supervision received. However, there were instances where issues have surfaced from some staff. An important theme is being able to match the level of supervision to the individual worker with some reporting that they wanted to be challenged and given more constructive feedback about how they were going in different areas of their work whilst a small number felt that at times that they had not been fully listened to such as differences in opinions with respect to safety, and not feeling adequately supported in the aftermath of critical incidents.

Initially in early consultations there was a view by some staff that additional therapeutic supervision was needed. While in later consultations once clinical supervision had been introduced new concerns emerged about the role of regular and clinical supervision with one caseworker reporting that clinical supervision was useful but did not want it to be compulsory while another thought that although helpful, clinical supervision conflicted with regular supervision. The general feedback raises the broader issue for the need for clearly defined roles for both general supervision and clinical supervision to be articulated with mechanisms in place for how the two roles can be complimentary and co exist in the one program.

PITCHING THE TRAINING TO RIGHT LEVEL OF COMPETENCY AND INTEREST

As outlined earlier, staff have been provided with an intensive training calendar throughout the project. While this has been an essential component to building staff capacity, at times it was reported to be difficult to match the training according to the needs of everyone in the group because staff come from different backgrounds and experience levels. The nature of feedback on training was that at times it was pitched at too basic a level whilst at other times staff were looking for more specific types of training relating to issues that they were needing to respond to in their own practice. There was a view that it was often difficult to find the time to apply new training principles in practice.

As time has progressed, management expressed that a critical learning with respect to putting together a training calendar is that you need to get in the 'absolute experts' in particular fields or particular topics and try to tailor this training around specific case examples that are emerging from practice. More generalist or less targeted training was viewed as not generally working well. There was a view from external consultations that it is critical that whilst the emphasis on mental health and trauma informed training is useful a little knowledge can be a 'dangerous thing' if staff become to view themselves as more qualified in the area of mental health than they are and there needs to be careful reflection on the boundaries of care.

Long term case work is hard to keep motivated for the clients, especially if the clients don't appear motivated for change themselves.

Overall I enjoy the work, I like my job and feel passionate about the objectives of the project. That said the work can be draining at times and I feel that there often isn't enough positive regard for individuals and their work which, at times, can create a negative work environment.

Team dynamics and enduring stress is more evident within the team. Taking leave and managing self care has become more paramount.
STAFF SURVEY

SUSTAINING STAFF MORALE

Long-term case work with a small number of clients requires a considerable commitment to remain positive in the face of working conditions that can become personally confronting and tiring as time passes. Staff and management are also faced with a degree of uncertainty about the continuation of the project in the longer-term as the project draws closer to the three year mark. While the general sense is that staff have remained highly committed and positive these issues have started to cut into the overall morale of the team, with some individuals affected more than others. Some workers have struggled more in the role than others despite high degrees of support, reinforcing the importance of being able to match staff to the requirements of the project - although this can be somewhat difficult at the outset. As with most work places, team dynamics can be a source of stress and low morale, which can often be exacerbated when

staff are required to work intensively and share case stories where differences of opinions can emerge about how best to respond or what strategies should be implemented. Being sensitive to these dynamics and creating a cohesive team environment was considered at times challenging for program management.

THE DURATION OF SUPPORT

The issue of sustaining staff morale as the project draws to the end point raises a more fundamental challenge that was noted across different groups consulted. The critical question of how long the period of support should last remains to be answered at the end of the trial period. However, as the timelines grow closer to the end there was a strong view at all levels of those involved that three years is not long enough for many of the J2SI participants, with some in need of permanent care in some form or another. A pertinent point was made by an external stakeholder within AOD service who expressed that, with this particular client group the project needs to be much longer - more like 5 to 10 years. Knowing that the project is going to end may be considered to be an actual barrier for some participants in taking the step towards addressing substance use in a more ongoing way because support can be withdrawn at a critical stage when substances are no longer used to mask trauma and emotional pain. In further developing intensive supportive housing models the issue over the duration of support will no doubt open more important decisions across the sector as a whole.

ENGAGEMENT OF DIFFERENT CLIENTS

There has been a strong theme throughout the pilot centring on the difficulties of fully engaging all J2SI participants in ongoing support all of the time. A key challenge identified with respect to engagement was the need to constantly reconcile how the relationship based approach to case management connects with the real world of the clients and the 'stickiness' of the homelessness sub culture. Many participants are 'stuck in their old world', which means that case managers have to constantly reassess their expectations of what is possible, understand that progress can be slow and that there are likely to be setbacks. It was reported that it is critical to not over invest in the outcomes but to understand the process of their journey.

While there was a view that all have gained from being a part of the project, three years was considered to work better for some participants than for others. One observation made is that the young, heavy drug users may not be as tired of their lifestyle yet; and some of them need a circuit breaker such as prison or hospital to break the cycle they are currently in. It can be very difficult getting those with serious drug and alcohol issues into treatment to deal with their use. A broader harm minimisation framework was considered to help to stabilise and offer support and to get them into a state where they are able to contemplate change but ultimately it was felt by one manager that 'people can only do the journey that they want to do'. There was a view from a partner stakeholder in the AOD field that the long term homeless with 'complex' needs are the hardest to engage and complete drug treatment services.

Working with couples was also considered to a challenge, particularly when there are issues of family violence between the two. Providing support to a violent male partner can be particularly difficult when you also have a sense of the experience of the female partner. It was reported to be very tempting to collude with the female. However, it is critical that the appropriate support be provided to the male partner to help him to recognise aggressive behaviour and how to manage it. A trauma informed approach helps us to understand the dynamics at play better and to provide a more holistic response.

There was also a view that the project is working more effectively for people with a mental illness and mild intellectual disabilities although dealing with people with an enduring psychotic illness was reported to be an ongoing challenge. With this group there was a view that supporting people to prepare for a lifetime of stable support linked into the right kind of services and should be recognised as an important outcome in and of itself. There was also a view that the project works well for those with personality disorders by providing a consistent form of support that helps to stabilise and confront some of chaos so long as the appropriate boundaries are in place. There was a view that this is the group that the project is meant to be working with who have clear difficulties within other settings.

GETTING THE RIGHT MATCH OF SUPPORT FROM THE PERSPECTIVE OF PARTICIPANTS

It can often be difficult to match clients of case management to someone they will be able to develop rapport with and this becomes a greater challenge in a relationship based approach of long-term support. In the client satisfaction survey responses, when there were instances where clients reported negative experiences this was mainly a result of not feeling that the match of the case manager was right for them or that the direction of support was paced according to their own expectations.

Need to do more practical things apart from ringing up or taking you for coffee. Eg cooking or learning day to day tasks … Meetings need a purpose.

I've built up a reputation for myself (for missing appointments). I would like to start fresh – eg with the dentist. I would like to see my case worker when there is nothing going on, just for a chat.
PARTICIPANT

This took the form of preferring a male worker over and female worker or preferring different genders for different types of support, preferring an older more experienced worker or simply not connecting with the person who was assigned to be their case manager. There were also differences with respect to the expectations of the intensity of support, with some clients preferring a much higher frequency of contact whilst others wanted more independence. For instance, one participant wanted to see their case worker more while another one wanted their case worker to get more involved in a particular area of support (medication). One participant thought things were not moving fast enough for them while another participant wanted a more open door policy (such as being able to drop in to the service). One participant asked for more openness and another asked that the caseworker be more directed by what the participant wants not what the case worker wants. One participant asked that their case worker be more responsive and call them back more quickly. This participant also wanted to see their case worker for more practical purposes and less for a chat. However, another participant wanted to see their case worker more just for a chat and less for practical purposes.

Getting the balance of support right according to individual need was thus an ongoing challenge within in the project where staff and management had to negotiate what the participant wanted versus what was required to stabilise them. Some participants have not initially responded well to boundaries being put on the support role, or times when staff had to override confidentiality or protect their own safety concerns by bringing an additional worker on home visits. It remains critically challenging for a relationship based approach to engagement to work in a way that the client expects because at times the support worker will need to broach and confront issues that the client may be resistant to. How to manage these interpersonal dynamics remains a core challenge in keeping the client engaged and moving forward. There was a view from one partner agency that it is critical that J2SI has the flexibility to reassign participants to a new case manager if the relationship is not working.

I've lately felt that my case worker has been avoiding me, or another worker has been present making it difficult to talk. I feel things get put off. Have been waiting for things – eg conversations have been put off… The amount of calls to me have decreased but I'm not sure why.
PARTICIPANT

SUITABILITY OF HOUSING

As the provision of housing is restricted to what can be provided via Office of Housing properties or other providers some participants, staff and partner agencies did not always feel the housing offered was the most appropriate – whether this is related to where it is located, the quality or the social mix of the other residents. This is likely to be an ongoing dilemma for any supportive housing model relying on the existing social housing stock, despite the best efforts of housing officers to allocate the most suitable and affordable properties.

I've had two clients placed at (location) I do feel however that the location has not been great for them moving away from supports such as the women's house. The high density living has brought out a number of problems including accessibility for drug use and dealing
PARTNER AGENCY SURVEY PSYCH SERVICE

STRENGTHENING COLLABORATIVE LINKS WITH PROVIDERS

While the project has developed very effective working relationships across several partner agencies and services there remains an ongoing challenge to build stronger collaborative relationships with psychiatric services and other mental health providers. This concern was expressed by both J2SI and partner agencies. Part of the difficulty in this area relates to better clarification of roles and a genuine commitment to working through case management issues when mental health providers are involved in an ongoing way and when they are not with a particular individual. Difficulties were reported to have arisen in both instances of being unable to access the appropriate or timely mental health assessment and mental health reviews when required in a way that is responsive or more assertive for people who are long-term homeless. At the same time, when there are mental health supports in place there was a common view that there was need for clarification of how this support is to be divided up across programs in a way that is carefully negotiated and flexible to individual needs.

There was also a view amongst J2SI and partner agencies that there needed to be a more direct AOD presence at project commencement, with potentially internally resourced positions or personnel on the service delivery steering committee. The current working partnership with Windana was considered a welcome move forward in building these necessary links.

A further critical area needing greater attention is increasing access to mainstream general practitioners who are able to provide methadone and work with this particular group of long-term homeless individuals. While access to good GPs has increased, many of these are typically located around and serving the homeless population. This means that participants can be easily swept back into the homeless subculture in these environments. The ongoing challenge will be how J2SI can cultivate links with GPs outside this system.

Getting services on side is crucial and once the system around the client is on board things are much easier. Many of the issues we face are actually less about the client and more about services. You have to work hard to get collaboration and it must be done positively and with energy
STAFF SURVEY

9. WHERE TO NEXT

This first of two process evaluation reports seeks to document the initial practice and project learnings in the first 18 months of the three year project. As such it has primarily been concerned with documenting and refining the broader program logic as reflected in actual practices on the ground with the view to further understanding how these practices are intended to contribute to short-term, medium and longer-term outcomes for participants throughout the trial. The core theories underpinning the project centre on relationship based practice that is trauma informed. Each governance and practice based elements, including case management, housing, skills development and employment assistance, were found to be consistent with this approach allowing the project to achieve improved service integration for J2SI participants as they move towards the goals of more stable housing and greater social inclusion.

It is clear that the project has been fully implemented and that the necessary changes to the project model have been documented. While several difficulties have arisen throughout the past 18 months, particularly with respect to initial engagement, there was generally found to be high to very high satisfaction with the quality of the program delivery and governance from both internal and external stakeholders. The majority of the participants have remained in the project over the 18 month period. Not all participants have accessed all elements of the model such as therapy and BUDS, with case management remaining the primary form of service contact.

Many examples of how service delivery practices to this group of long-term homeless have been enhanced were provided to the evaluators. Critical among these was improvements made to working relationships with housing providers around issues of tenancy management, the scope to explore new ground with respect to clinical supervision for the IAC case managers and the increased ability for joint trauma informed case management across the team and with external experts.

While the first phase of the project was focussed on engagement, relationship building and stabilisation of housing, the second phase will focus on strengthening participants' connections to mainstream structures. Focusing on ending the relationship positively is the main goal for the next 12 months. In addition to continuing to monitor the service activity data, the final report will focus on the practices associated with maintaining stability in housing and the implications for ending support. As the process evaluation is running alongside the RCT, the final report will emphasise the overall strengths and limitations of the model and seek to understand how service practices can be linked to outcomes.

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