JOURNEY TO SOCIAL INCLUSION

A Qualitative Study of Sacred Heart Mission's Journey to Social Inclusion (J2SI) Phase 2 Program: Experiences and Perspectives of J2SI Study Participants

Monica Thielking, Bronte McLeod, Jessica Mackelprang, Jude Spiers, Zoe Callis, Ami Seivwright & Paul Flatau

Centre for Social Impact
The University of Western Australia

School of Health Sciences
Swinburne University of Technology

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The opinions in this report reflect the views of the authors and do not necessarily reflect those of SHM and partner organisations.

About Sacred Heart Mission

Since opening its doors in 1982 to share a meal with the most vulnerable members of the community, Sacred Heart Mission (SHM) has evolved into an independent non-profit organisation renowned for effectively helping thousands of people experiencing homelessness to rebuild their lives. Through wide-ranging services, research and innovation SHM strongly advocates for an inclusive, fair and compassionate community where people can overcome disadvantage and break the cycle of homelessness.

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Address for correspondence

All enquiries relating to the present report and the qualitative research study should be addressed to Associate Professor Monica Thielking at the following address:

Associate Professor Monica Thielking
Chair, Department of Psychological Sciences
Swinburne University of Technology
John Street, Hawthorn, VIC, 3122
Australia
mthielking@swin.edu.au

Abbreviations

CSI	Centre for Social Impact
E group	Comparison group
ICM	Intensive Case Manager
J group	Intervention group
J2SI	Journey to Social Inclusion
J2SI Phase 2	Journey to Social Inclusion Phase 2
NDIS	National Disability Insurance Scheme
SHM	Sacred Heart Mission
UWA	University of Western Australia

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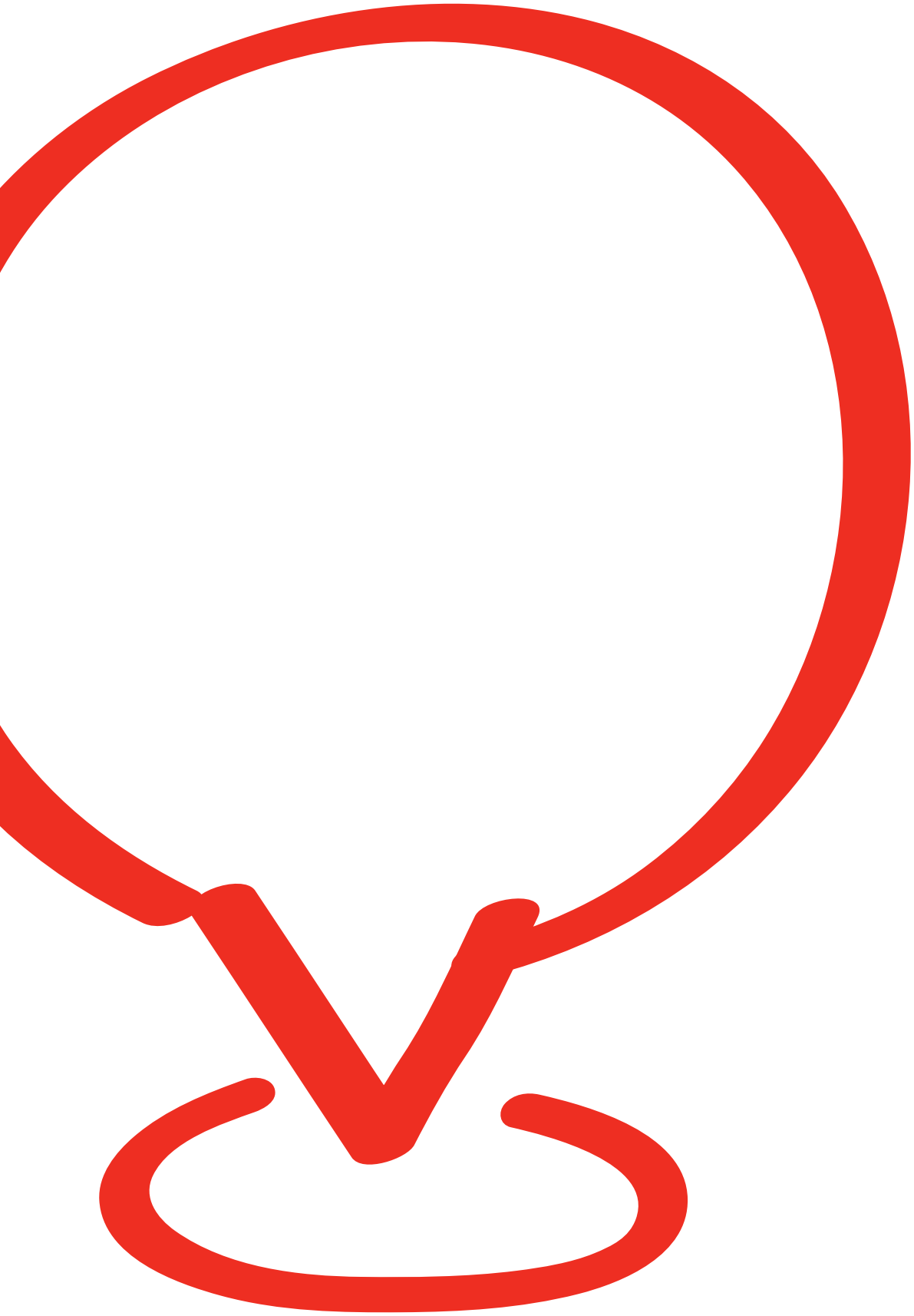


Executive Summary

One of the most critical challenges faced by the homelessness service system is determining how to effectively address the complex needs experienced by its clients. Many clients, particularly those with a history of chronic homelessness, have multiple unmet health and social needs. They may have complex trauma histories and mental health conditions, engage in risky substance use, face barriers to employment, and experience social relationship problems.

Sacred Heart Mission's Journey to Social Inclusion (J2SI) Phase 2 program is an attempt to exit adults out of chronic homelessness by employing four service principles:

1. Service delivery is relationship-based, individualised and client-driven
2. Service users experience a trauma-informed, strengths-based recovery model of care that promotes hope, builds trust, and feels safe
3. Service providers recognise that sustained housing and management of complex health issues are key enablers of recovery and inclusion
4. Service delivery supports service users to build capacity for independence and skills for inclusion - the fostering of independence and encouragement of help seeking through services is critical to an individual's success beyond the support period

This report presents the experiences of individuals involved in the qualitative component of a randomised controlled trial to evaluate the Journey to Social Inclusion (J2SI) Phase 2 program. Interviews with J2SI study participants from both the treatment group and the control group (J-group and E-group, respectively) were conducted at three annual intervals: Baseline, Wave 1 (18 months) and Wave 2 (36 months), which corresponded to the Baseline, Wave 4 and Wave 7 intervals of quantitative data collection (see Miscenko et al., 2017; Flatau et al., 2018; Seivwright et al., 2020). This report complements and contextualises findings presented in the quantitative final report of the J2SI evaluation titled *Chronic Homelessness in Melbourne: Third-Year Outcomes of Journey to Social Inclusion Phase 2 Study Participants* (Seivwright et al., 2020).

The findings compare and contrast the experiences of J-group and E-group participants and are structured according to the following sections:

1. Challenges in the broader service system that create barriers to exiting homelessness
2. Service needs and priorities of individuals with a history of chronic homelessness
3. Service experiences of J-group participants in the J2SI program

Challenges in the broader service system that create barriers to exiting homelessness

Participants' stories about their experiences of homelessness were characterised by chronic instability. Themes that emerged from their stories included:

- Poverty and unaffordable housing prolong housing instability
- Sub-standard housing intensifies current issues
- Siloed and fragmented services contribute to chronic homelessness
- Strict service or program eligibility requirements exclude rather than include homeless people in services

Collectively, these stories highlight the need for an integrated approach to service provision for individuals with a history of chronic homelessness.

Service needs and priorities of individuals with a history of chronic homelessness

Interviews with both J-group and E-group participants at Baseline, Wave 1 and Wave 2 revealed that service access and engagement should be fundamentally client-driven and prioritised according to a hierarchy of met or unmet needs. Under this theme, four participant-driven priorities emerged:

PRIORITY 1: Ensuring survival needs are met
PRIORITY 2: Obtaining housing that is safe, secure and appropriate
PRIORITY 3: Attempting to resolve physical, mental health, social inclusion and/or relational issues
PRIORITY 4: Building employability skills, seeking employment, volunteering and/or achieving other personal independence goals.

Most J participants affirmed that the J2SI program was particularly helpful in achieving priorities 1 and 2 (i.e., 'ensuring survival' and 'finding housing that is safe, secure and appropriate'). In reference to these two priority areas, J-group participants reported that J2SI improved their lives as follows:

ENSURING SURVIVAL
J2SI was particularly helpful in meeting clients' most basic and practical needs for survival
J2SI was effective in quickly connecting clients to specialised services
OBTAINING HOUSING THAT IS SAFE, SECURE AND APPROPRIATE
J2SI was celebrated for fast-tracking clients off waiting lists and into permanent housing
J2SI was appreciated for aiding with clients' practical housing needs, such as moving and setting up house

J-group participants' feedback about the strengths of the J2SI program

From a longitudinal perspective, the majority (7/10) of J-group participants spoke positively about the impact that the J2SI program had on their lives (36 months into the trial; Wave 2), largely due to the obtainment of permanent housing and the way they were supported by case managers to prioritise their particular needs. In fact, the qualitative findings revealed that the J2SI model of service delivery excels at providing effective practical and relational support to clients.

Other areas of satisfaction reported at Wave 2 included the positive impacts that J2SI had on some participants' health, mental health, and social inclusion. Reduced drug use and developing concrete plans to secure employment were mentioned by only a small number of participants. It is possible, however, that it may have been too early to see results in these areas given the chronicity of participants' homelessness and long-standing difficulties in these domains.

J-group participants provided positive feedback about their experience of the J2SI program, in both a practical and relational sense. Specific examples of the support provided by J2SI case managers are described in the tables below.

PRACTICAL SUPPORT
Offered timely, streamlined and uncomplicated service access
Worked hard to ensure clients had rapid access to housing
Provided practical support with everyday tasks that are experienced as difficult to navigate or complete
Advocated strongly on behalf of clients
RELATIONAL SUPPORT
Provided a trustworthy, accountable and authentic service
Genuinely cared and did not lose hope
Allowed for client self-determination in relation to service provision
Provided continuity of care throughout the support period
Offered companionship, which reduced social isolation

J-group participants' feedback about the limitations of the J2SI program

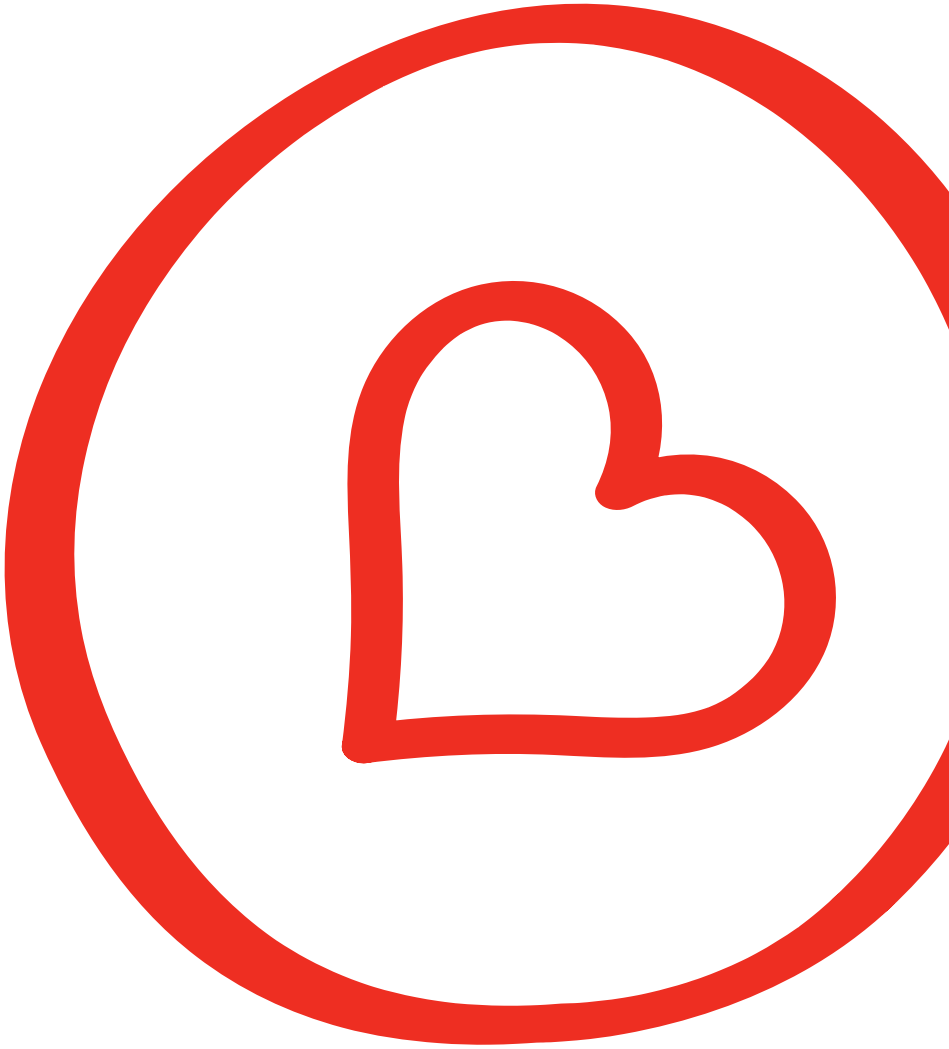
Although the J2SI model was, for the most part, seen as aligning with the needs of people who have a history of chronic homelessness, there were two main aspects of the J2SI program that some participants found challenging:

- Case manager changeover
- Tapered care during the latter half of J2SI (i.e., care is more intense in the first 18 months of the program and less so after 18 months)

Recommendations

Several recommendations are made based on the feedback from J2SI study participants, with a particular focus on maintaining or building on the strengths of the J2SI program.

1. Advocate for increased availability of a geographically dispersed selection of permanent housing that is in good condition, is proximal to services, is in areas with less prevalent substance use and includes the following features: privacy, safety, physical accessibility and adequate space for social and familial relations to enable lifestyle autonomy.
2. Continue to support service delivery through models such as the J2SI which aim to strengthen partnerships and work towards an integrated service delivery model of care.
3. Consider adopting the hierarchy of service priority needs (see below) when planning and delivering the J2SI service model for people with a history of chronic homelessness, including the development of realistic timelines for clients to achieve more complex goals (beyond the 3-year service model).
4. Continue the development and rollout of the J2SI program, with future delivery accompanied by assessment of fidelity to the principles that underlie J2SI, as well as client-centred evaluation.
5. Ensure client psychological safety is preserved before, during and after case manager changeover by developing a case manager changeover policy.
6. Carefully tailor the length of J2SI intensive case manager support for clients in accordance with the principle of client-centred care. Extend the program beyond 3 years when necessary or taper off support before 3 years in collaboration with and depending on the needs of the client. In addition to other factors, the severity of a client's issues and the current capacity of the broader service system to support the client should be considered when planning length of service provision.
7. Establish a J2SI consumer advisory board to assist with the future development and rollout of the J2SI program.



Hierarchy of service priority needs for individuals with a history of chronic homelessness

1.

Introduction

In Australia, more than 116,000 people were recorded as homeless on Census night in 2016, representing 50 homeless persons for every 10,000 people (Australian Bureau of Statistics, 2018). The rate of Aboriginal and Torres Strait Islander peoples who were homeless decreased slightly, relative to the rate recorded in the 2011 Census, but was still significantly higher, with 361 persons homeless for every 10,000 of the Aboriginal and Torres Strait Islander population.

This report presents the experiences of individuals involved in the qualitative component of a randomised controlled trial to evaluate the Journey to Social Inclusion (J2SI) Phase 2 program, developed and delivered by Sacred Heart Mission, an independent not-for-profit homeless support agency in Melbourne, Australia. This report complements and contextualises findings presented in the quantitative final report of the J2SI evaluation titled: Chronic Homelessness in Melbourne: Third-Year Outcomes of Journey to Social Inclusion Phase 2 Study Participants (Seivwright et al., 2020) to be published concurrently.

J2SI is Sacred Heart Mission's bold and commendable attempt to end chronic homelessness in Australia.

J2SI was developed from a combination of practice expertise and research evidence, which recognised that a high proportion of people accessing homelessness services had a history of trauma, as well as a host of other compounding issues that contributed to their risk of chronic homelessness. The qualitative component of a 2014 mixed-methods multi-site Melbourne-based study led by the Australian Centre for Posttraumatic Mental Health (Sacred Heart Mission was a collaborative partner) found that all 20 service users who were interviewed, all of whom were experiencing chronic homelessness or were at risk of experiencing chronic homelessness, had experienced a Type I trauma (i.e., single-incident traumatic event). In addition, 15 service-users (75%) reported a history of Type II traumas (i.e., chronic, repetitive traumas beginning in early childhood and from which escape was impossible). Eighteen service users (90%) reported current relationship difficulties, with half of these individuals revealing that they experienced difficulty trusting others. Factors that interviewees identified as barriers to remaining in secure housing included difficult interpersonal relationships, a disintegration or absence of a family unit, drug use and mental health issues. Unemployment, lack of access to affordable housing, a negative self-identity, unhelpful societal attitudes towards homelessness and social exclusion were also reported as barriers to finding a permanent home (O'Donnell et al., 2014).

In response to high levels of co-morbidity and tri-morbidity (e.g., co-occurring psychiatric/substance use disorder with a chronic medical condition), homelessness services need to develop strong collaborative relationships with other services that support people to address their broad spectrum of needs. However, the existing evidence base indicates that in Australia and internationally, clients of homelessness services often face an overly complex and fragmented service delivery system, wherein services are not well-integrated (Flatau et al., 2013). Additionally, where existing collaborations are in place, they do not necessarily work effectively or in the interests of clients (Stewart, 2019; Turner & Krecsy, 2020). Evidence-based, trauma-informed service delivery principles (e.g., Hopper, Bassuk, & Oliver, 2010) underpin the J2SI program. This includes the creation of activities to promote trauma awareness in the overall Sacred Heart Mission workforce and the establishment of a strengths-based service delivery model wherein service users can feel safe and in control across all interactions with the agency, especially within the J2SI intervention.

Sacred Heart Mission began piloting the J2SI model of service delivery in 2009. While the complexity of issues facing service users (both personally and within the service system) were noted, Parkinson and Johnson's (2014) overarching message following their process evaluation of the pilot program was that it was "a high quality, innovative model of case management and housing support" (p. 6). The 36-month outcome evaluation of the J2SI pilot program revealed improvements in participants' housing, labour force participation, and physical health. There were also reductions in the number of presentations at emergency hospital departments and a decline in the use of homelessness, meals and similar welfare services. Little change was reported in substance use and the degree to which participants felt accepted and supported by the broader community (Johnson, Kuehnle, Parkinson, Sesa, & Tseng, 2014).

Census data provide a count and demographic profile of people who are experiencing homelessness. However, Census estimates of homelessness do not shed light on the issue of chronic homelessness, the journeys of individuals who experience homelessness, nor the impact of support services on those journeys. It is precisely these latter issues - the journeys to social inclusion of those who experience chronic homelessness and the effectiveness of the J2SI Phase 2 program - that are of primary interest in the J2SI research study.

Flatau et al., 2018

2.

J2SI Phase 2

Building on the strong housing outcomes of the J2SI pilot program, J2SI Phase 2 aimed to address homelessness by facilitating the movement of chronically homeless people in Melbourne into permanent, stable housing. Central to the J2SI model is recognition that the social inclusion of chronically homeless (or formerly chronically homeless) individuals requires navigation of activities and institutions within the mainstream community (for instance, education and employment) as well as the service system (e.g. health services and homelessness services). Accordingly, J2SI Phase 2 participants were provided with three years of support across five service delivery elements: intensive case management and service coordination, tenancy support and capacity building to maintain housing, trauma-informed practice, building skills for inclusion, and fostering independence.

Seivwright et al., 2020

The J2SI Phase 2 service model is based on five key elements (Sacred Heart Mission, 2016a):

1. Assertive case management and service coordination
2. Housing access and sustaining tenancies
3. Trauma-informed practice
4. Building skills for inclusion
5. Fostering independence

Phase 2 employs "a three-phased approach through the three-year intervention…this allows clients to build trust and engagement with a key worker in the first phase with a transition to a broader team approach in the second and ultimately in the third phase promoting independence through a shift to relationships with people, places, and services within the broader community. This is being closely monitored to understand and identify key indicators that precipitate readiness for transitioning onto each new phase" (Sacred Heart Mission, 2018, p. 7). The three-phase case management approach was being tested in this implementation of J2SI during the study period

Aligned with the trauma-informed practice principle of 're-building control', a feature of the three-phased-approach is a 100% community outreach model and a move from a primary caseload of 1:6 in year one (delivered by a key worker), moving to 1:10 in year 2 (delivered by a key worker and team), towards a subsequent decreasing in staffing levels at the end of year 2 (delivered by a key worker, SHM team and broader community) to promote client independence and capacity to promote client independence and help build capacity for social inclusion.

A 2017 qualitative study of J2SI Phase 2 case managers and supervisors revealed that workers valued the opportunity to have more time to engage with their clients and to manage smaller caseloads, which enabled them to offer more individualised care, to develop stronger relationships with clients and to promote client autonomy and independence.

> *"Anyone who works in this environment knows that by the time people are sleeping rough it wasn't a bad week that brought them to that point. There are a whole lot of things that have happened for a long period of time. They're not going to be remedied with a three-month intervention of one hour a week. So, my experience has been that relationship is primary and if that relationship is not one that's credible and trustworthy and real, transformation is not possible"*
>
> - Intensive Case Manager (Thielking et al., 2017)

3.

Research methods

To be eligible for the J2SI Phase 2 research study participants had to:

- Be aged 25-50 years, be permanent residents of Australia, have Centrelink entitlements, and not be engaged in an existing long-term intensive homelessness support program; and
- Have been sleeping rough continuously for 12 months or experienced at least three episodes of homelessness in the last five years; and
- Be currently experiencing homelessness (primary, secondary or tertiary) or housed for six months or less and at risk of homelessness due to having received a notice to vacate or a breach of tenancy notice without a secure housing option available.

Potential participants who otherwise would have been eligible for the study were excluded if they:

- Could not speak English fluently (budget constraints precluded hiring interpreters); or
- Had unmanaged mental illness that was severe enough to prevent the provision of informed consent; or
- Posed an identifiable safety threat to themselves or others; or
- Were for any reason unable to give informed consent or participate fully in the study.

Participants in the J2SI Phase 2 study were assessed for eligibility according to the above criteria; provided written, informed consent; and, following the completion of the Baseline survey, were randomised to the J2SI Phase 2 program (J-group) or to existing services as usual (E-group). Randomisation outcomes were determined through a simple shuffled envelope system in line with the recommendation of Sacred Heart Mission that this system would be more acceptable to clients than a computerised randomisation system.

In adherence to guidelines for ethical human research, participants could discontinue participation in the evaluation or completely withdraw their data from the study at any time. If participants informed their interviewer or any member of the research team that they no longer wanted to participate in surveys, they were presented with a discontinue participation form and were guided through its completion. In this form, participants could choose whether they wanted the survey data already collected from them to be excluded from analysis (full withdrawal) or simply to decline participation in subsequent survey waves. See Vallesi et al. (2019) for a comprehensive description of the study protocol.

For the purposes of the qualitative component of the J2SI Phase 2 research study, a computer algorithm for randomisation was utilised to create a sample of 15 J2SI program participants (Js) and 15 'existing services as usual' participants (Es). Contact details for the first 10 J- and E-group participants randomised to the qualitative component of the study were provided to the qualitative research team at Swinburne University of Technology. The remaining five participants from each group were recorded as potential replacements, whose details were only to be provided to the qualitative team if any of the first 10 participants in each group did not consent to participating in the qualitative component of the study or had formally withdrawn from the study at the time of recruitment. See the study protocol (Vallesi et al., 2019) and Baseline report (Miscenko et al., 2017) for a comprehensive description of the recruitment and randomisation procedures.

Three semi-structured interviews were attempted with each qualitative participant over three years. Baseline interviews occurred from September 2016 to April 2017, Wave 2 interviews occurred from October 2017 to January 2018 (18 months into the study), and Wave 3 interviews occurred from December 2018 to March 2019 (36 months into the study). Interviews were conducted by trained interviewers who had completed or were completing university training in psychology or counselling.

Table 1 presents selected demographic characteristics of qualitative study participants by survey wave and randomisation outcome.

Table 1.

Selected demographic characteristics of J2SI Phase 2 qualitative research study participants, by quantitative survey wave equivalent, by randomisation outcome.

		Baseline *(QWE Baseline*)*	Wave 1 *(QWE Wave 4)*	Wave 2 *(QWE Wave 7)*
J GROUP		Sep '16 – Feb '17	Oct '17 – Jan '18	Dec '18 – Mar '19
n		10**	8	7
Gender	Male	6	5	5
	Female	4	3	2
	Other	0	0	0
Indigenous	Yes	0	0	0
	No	10	10	10
E GROUP		Oct '16 – Apr '17	Oct '17 – Jan '18	Jan '19 – Mar '19
n		9***	6	6
Gender	Male	5	3	3
	Female	4	3	3
	Other	0	0	0
Indigenous	Yes	2	2	1
	No	7	7	7
N		19	14	13

QWE – quantitative wave equivalent
Note. *Baseline interviews occurred within the first six months of randomisation. As such, some J-group participants had already begun receiving support through the J2SI program and this is reflected in their qualitative data. **Interview data for one J-group participant who died after Baseline and before Wave 1 are not included in this qualitative evaluation of the J2SI program. ***An E-group participant who was interviewed at Baseline withdrew from the study and their data (including demographic data) were excluded.

Table 2 presents gender, interview completion and attrition information for each participant for each qualitative interview wave. Overall, 46 interviews were completed between September 2016 and March 2019. Seven out of 10 J-group participants (70%) and five out of nine E-group participants (56%) completed all three waves of interviews. Eight males and four females completed interviews in all three waves. Regarding the participants who did not complete all three waves of interviews, four completed the Baseline interview only; two completed Baseline and Wave 1; and one completed Baseline and Wave 2. One E-group participant withdrew from the study after their Baseline interview and their data were not analysed. One J-group participant died prior to Wave 1, and while their demographic data are presented in Table 1 and their interview completions are included in Table 2, their interview data were removed from the analyses. Pending ethical approval, the deceased participant's data will be included in a later investigation into mortality among people who experience chronic homelessness.

Baseline interviews focused on participants' journeys into homelessness, service experiences and their current functioning in relation to the five J2SI treatment outcomes, as specified in the J2SI program logic (i.e., sustained housing, improved health and wellbeing, increased social participation, increased capacity for independence and economic participation). Wave 1 and Wave 2 interviews included questions about participants' current experiences of homelessness, service experiences, and progress in relation to the J2SI treatment outcomes.

People experiencing homelessness are more likely to have substance use issues (Fazel, Khosla, Doll, & Geddes, 2008) and to be involved with the criminal justice system, though infractions are most often minor charges related to circumstances of homelessness (e.g. public transit fines) (Clifasefi, Malone, & Collins, 2013). Thus, to ensure that the voices of research participants who were justice system-involved were included in this study, our team aimed to interview participants whose homelessness journey involved spending time in jail or in other facilities (e.g., detox/rehabilitation) during the study period. As such, one participant was interviewed while serving a custodial sentence.

Ethical approval for this study was provided by the University of Western Australia (RA/4/1/7904) and Swinburne University of Technology (SHR Project 2016/084).

Table 2.

Participant gender, interview completion and attrition at Baseline, Wave 1 and Wave 2.

Participant ID	Gender	Baseline	Wave 1	Wave 2	Interviews completed
J1	Male	Completed	Completed	Completed	3
J2	Female	Completed	Missed	Missed	1
J3	Female	Completed	Completed	Missed	2
J4	Female	Completed	Completed	Completed	3
J5	Male	Completed	Completed	Completed	3
J6	Male	Completed	Missed	Missed	1
J7	Female	Completed	Completed	Completed	3
J8	Male	Completed	Completed	Completed	3
J9	Male	Completed	Completed	Completed	3
J10	Male	Completed	Completed	Completed	3
E1	Male	Completed	Completed	Completed	3
E2	Female	Completed	Completed	Completed	3
E3	Male	Completed	Missed	Missed	1
E4	Male	Completed	Missed	Missed	1
E5	Female	Completed	Completed	Completed	3
E6	Female	Completed	Missed	Completed	2
E7	Male	Completed	Completed	Completed	3
E8	Male	Completed	Completed	Completed	3
E9	Female	Completed	Completed	Missed	2
TOTAL		**19**	**14**	**13**	**46**

3.1 Objective of the current report

The goal of the current report is to describe the service experiences of participants in the J2SI Phase 2 intervention and those participants receiving existing services as usual in the community (i.e., treatment as usual group). Interviews were audio recorded and transcribed verbatim, cleaned, and de-identified. Quirkos qualitative data analysis software was employed to manage data analysis, which was undertaken both individually and as a team. All analysis of interview data was grounded in, or close to, the experiences and perspectives of participants, with minimal inference from the research team (Sandelowski, 2010). Multiple opportunities for reliability checking occurred throughout the data analysis period. Interviews from each wave of data collection were comprehensively analysed in the following order: familiarisation with data, generating initial codes, searching for themes, reviewing themes, and defining and naming themes (Braun & Clarke, 2006). Themes were also connected and analysed in relation to a specific experience (e.g., accessing services) and unique participant insights or feedback were not excluded.

Verification interviews occurred individually with two participants at the conclusion of the qualitative analysis period (one J-group and one E-group participant). In these interviews, the final themes were shared with the participant who was asked: "Did we get the story right? What have we missed, or misunderstood? Do these findings resonate with your experience of J2SI and/or services more generally?" Participants reported that the thematic analysis resonated with their experiences and they did not report any new findings in relation to the evaluation questions.

In the reporting of these data, names and identifiers have been removed to protect participant confidentiality. Results are presented in three sections and are ordered according to themes. The three sections relate to:

1. Challenges in the broader service system that create barriers to exiting homelessness
2. Service needs and priorities of individuals with a history of chronic homelessness
3. Service experiences of J-group participants in the J2SI program

Results are followed by a discussion of findings and specific recommendations for future implementations of the J2SI model of service delivery.

Throughout this report, direct quotes from participants are provided to give voice to the lived experiences of study participants. Any potentially identifying details have been altered to protect the confidentiality of study participants.

4.

Challenges in the broader service system that create barriers to exiting homelessness

The current service sector supporting adults with a history of chronic homelessness struggles to provide permanent housing outcomes. Lack of early intervention to prevent the flow of people into homelessness, a national shortage of affordable housing stock for permanent housing, and limitations in the duration and intensity of current support offerings once service users have been housed have been identified as barriers faced by the service sector (Victorian Government, 2018).

Baseline interviews conducted with both J and E participants from the J2SI Phase 2 research study were a valuable opportunity to invite 20 participants to discuss their journeys into homelessness, as well as their experiences with the homelessness service system in Melbourne. The primary focus of the Wave 1 and 2 interviews was the experience of receiving J2SI program support or existing services as usual, depending on randomisation.

Participants shared stories about their homelessness journeys in their Baseline interview that highlighted a range of factors that perpetuate homelessness in Australia. Individual factors that precipitate homelessness, or that develop and/or worsen as a result of homelessness, are well-documented in the research literature and were reported by both J-group and E-group participants. These included extreme poverty, mental health problems, health difficulties, and substance use issues. Many of these factors have been measured quantitatively in the J2SI Phase 2 study and the degree to which these issues were reported by research study participants are detailed in the quantitative companion to this report (Seivwright et al., 2020), as well as earlier reports associated with this study (see Miscenko et al., 2017; Flatau et al., 2018).

Participants reported that they are often confronted by multiple stressors simultaneously and that their lives were punctuated by a series of adverse events or circumstances that led to a 'toppling over' effect into, or further into, entrenched disadvantage and homelessness. Their reliance on the service system and its stabilising impact cannot be overemphasised and breakdowns in communication or processes within or between agencies holds the potential for disaster for some individuals. This is exemplified by E1's account in their Baseline interview, during which they described the circumstances that led them to their current accommodation.

> *"It's probably a couple years ago when I got evicted. I lived just up here. I was in a rooming house that was run by one of the rooming house groups around here. And I got sick over Christmas and fell behind with my rent and yeah it was a 'stuff around,' but yeah, they told me if I could have half of the rent I owed by the next Monday, then they wouldn't evict me, and then when I went in with the money, and went to get the rest I needed from [Agency A] or whatever they're called now, and they rang the community housing agency who turned around and said the exact opposite—that they wouldn't be guaranteeing my tenancy even if [Agency A] helped me out—so yeah, evicted and booted out from there and from then, I just sort of got another place for a few weeks and that just didn't work out. The other person I was sharing it with, it was just a private flat, and we didn't get along. So, yeah, and then I was just couch surfing basically for about, I don't know a few months, and went into detox. And when I got out of rehab, got the room where I am now, through [Agency A]."* - E1 Baseline

4.1 Poverty and unaffordable housing that prolongs housing instability

Extreme poverty impacted multiple areas of participants' health, mental health, and overall wellbeing. For example, not having enough money to pay for essential medications, as mentioned by E1 in Wave 2, illustrates the effect poverty has on health: *"I just have to pick it up and start taking it. I've got to be able to afford to pay for it and it's not that expensive. It's something like $13… but I just never seemed to have any spare money lately."* Poverty also compelled participants to make difficult and risky choices. Women in the sample spoke about staying in unsafe relationships due to a lack of financial independence. For example, J2 felt forced to make a choice between paying rent (to an illegitimate landlord) or living on the streets.

"I was living with this bloke, older bloke, and got caught staying there 'cause he was in a housing commission and I wasn't supposed to be there. And he wanted me to pay rent. Pay him rent, plus pay the housing commission rent, which would've took up all of my dole. So, I was faced with a choice – either lose all my money to rent and starve, have no money to eat, or hit the streets, go homeless and hit the streets. So, I chose to hit the street and go homeless. I was forced into this situation."
- J2 Baseline

Illicit substance use was highly prevalent in the sample, with 87.5% of J-group and 75.5% of E-group participants reporting they had used an illicit substance in the 3 months prior to their Baseline interview (Seivwright et al., 2020). Having a substance use problem was reported as contributing to ongoing poverty for some participants. For example, in J8's baseline interview he shared: *"I put all my money into drugs and alcohol and ignored the things I needed to do. I lost my job, lost my house, lost relationships—all just through drug use."* When questioned about his current living circumstances, J8 spoke about his struggle to pay for the private rental of a room: *"I'm in private residential. I rent a room. But I'm already behind in rent because I've been on Newstart. It's almost impossible to afford."*

4.2 Sub-standard housing that intensifies current issues

At Baseline, 46.9% of J-group and 54.3% of E-group participants felt safe in their accommodation only some of the time or less frequently, with 15.6% of J-group and 20.2% of E-group participants reporting that they felt safe none of the time (Seivwright et al., 2020). J2's example (above) of making a choice between paying an illegitimate landlord rent versus living on the streets was just one story among many that involved participants making difficult choices about whether or not to stay in inappropriate housing or to remain unhoused entirely.

"I didn't always experience the help that I needed because you're on a waiting list, and then they can't pop up with the right thing at the right time when you need it. And once I did find something through one of them, it happened to be a shared house thing, I think it was at that time, and so I went and tried to go in there but because of just… I didn't even go into it. I didn't even sign up or pay or do anything with the landlord because I've realised just how it was really trashy, scummy, and there was obvious signs of people on illicit drugs and things just the minute I walked in there, and people were a little apprehensive and standoff and I thought geez, so what am I going to get into here? I'm probably going to get rolled in all this stuff and hard times and violence, some confrontation or something and I'm not a violent person at all."
– E8 Baseline

Participants indicated that they do not just need housing, they need a home. Yet often they had to cope with a multitude of negative factors present in the housing that they were allocated by homelessness agencies, such as neighbouring residents' or housemates' substance use. The juxtaposition between being provided a 'home' and striving to build a life in allocated housing, while simultaneously coping with inappropriate or unsafe issues in that housing, was exemplified by J3 in her baseline interview.

"I have a couple of little plants and only been there a couple of months. It's not high density, which is fantastic…there's a drug dealer in the building and the people that are coming all times of the day and night, yelling out if they buzz and they don't open the door, they're yelling and yelling and yelling. All weekend there was people fighting: men...a couple yelling…a dog. And there's dirt everywhere and maybe they didn't contribute to all the dirt, but when the food bank comes around and they leave all their rubbish around—clothes, wine bottles, and things like this. I'm concerned about that. I'm concerned about the noise. There was violence in the building. In the communal entry, on the wall of the laundry, the notice board…a man was angry and bashed that off. I'm on the top floor and I've got beautiful views and I've got a balcony. It's beautiful. I absolutely love it." – J3 Baseline

Participants spoke openly about what they needed in relation to housing, which is more than just a 'roof over one's head', they need a home. These needs have been summarised on the next page.

Recommendation 1

Advocate for increased availability of a geographically dispersed selection of permanent housing that is in good condition, is proximal to services, is in areas with less prevalent substance use and includes the following features: privacy, safety, physical accessibility and adequate space for social and familial relations to enable lifestyle autonomy.

4.3 Siloed and fragmented services that contribute to chronic homelessness

Within the broader service sector, participants described a lack of service integration and reported that caseworkers and other frontline workers seemed overwhelmed by the demands of their role. As a result, participants described feeling as if they were 'playing the waiting game' or were being disrespected by the very services that were intended to assist them. For some participants, this process was demoralising and a sense of giving up hope that services could assist was apparent.

I need **PRIVACY**.

I need housing that is **SAFE**.

I need housing that is physically **ACCESSIBLE**.

I need **ENOUGH SPACE** for my children/partner/pets.

I need to be able to exercise **CHOICE ABOUT WITH WHOM I LIVE**.

I need housing that is adequately furnished and fitted with working **AMENITIES**.

I need housing in my community and **CLOSE TO MY SERVICES**.

I need housing that enables me to join a **SAFER COMMUNITY**.

I need housing that **DOESN'T EXPOSE ME TO A DRUG CULTURE**.

I need housing that is accessible via **PUBLIC TRANSPORT**.

I need housing that is a **PERMANENT PLACE TO CALL MY OWN**.

I NEED A HOME.

"I have a worker, a caseworker. There were little things like, simple things like phone calls and things like that, just because that one message didn't get written down or passed along, then that set us back six months when it could have been, yeah, all that stuff you've gone through could've been prevented or we didn't have to do…all because someone's forgot to tell them or forgot to write that message down, just as simple as sort of things like that. And there's no 'sorry' or 'we stuffed up.' 'Sorry about that, our fault, apologies.' No, nothing like that. It's like, 'Yeah, well, this is how it is, so this is our procedure, this is how it goes, so this is how things are. Go back to the start.' And it's like you've done everything that you had to do, done all that they've asked and all because of their stuff up, you end up getting put back to the start again." – E2 Baseline

The J2SI program seeks to address this disconnected service issue in the program design. As stated in the J2SI Implementation Report (Sacred Heart Mission, 2018): "Effective strategic partnerships are critical to the J2SI model. As such, the J2SI service model takes a proactive approach to regular relationship management and formalises partnerships when they offer activities above business as usual for the J2SI program" (p.5). The quantitative findings revealed that while overall improvement was apparent across multiple outcome areas for J2SI clients, the desired level of improvement in complex and difficult-to-treat areas, such as severe mental illness, substance addiction and unemployment was negligible. This lack of change in key outcome areas may highlight both the complexity and severity of issues experienced by clients, and the need for and availability of specialised intervention by well-trained mental health and health practitioners, rather than a result of the program itself. The J2SI program is not a psychological service, nor is it an employment service. Improvements in client outcomes therefore rely on a number of system-level factors, including the quality of and access to resources within the service system to provide such services, and the level of access that individuals with co-morbid and tri-morbid issues have to such services. There is evidence that integrated service delivery does result in improved client outcomes (e.g., Flatau et al., 2013). A strong focus on integrated service delivery and the desire to establish formalised working relationships with key referral partners is therefore a redeeming feature of J2SI that should not be lost in future iterations of the program.

Recommendation 2

Continue to support service delivery through models such as J2SI which aim to strengthen partnerships and work towards an integrated service delivery model of care.

4.4 Strict service or program eligibility requirements that exclude rather than include homeless people in services

Not quite fitting program eligibility, such as having issues that were either too severe or not severe enough, was a common feature of participants' experiences with the service sector. Participant E2's efforts to find crisis accommodation demonstrate this issue.

> *"How you fit the criteria of being in crisis, it's – yeah – it's really hard 'cause you gotta be literally on the street to be able to get any permanent crisis help or any services that aren't months on a waiting list. If you want something like ASAP, you more or less gotta be on the street literally and I know myself, I had been homeless before, but at the same time, I've been told – right – that I don't fit the criteria of the housing places because I'm couch surfing from family's houses, from my mum, backwards and forwards to my dad's, my sister's, my brother's. And at the moment, as we speak, I'm staying at my mum's. She has only a one-bedroom apartment flat and I'm in her lounge room on the floor. And that's not urgent enough apparently. I still gotta be on a long waiting list. So they put your name down, but you know you're not gonna hear from anybody for a while 'cause it's not classed as a crisis or urgent, which is a bit stupid because, yeah, I think it is… So what, I have to literally go and be sleeping on the streets?"* – E2 Baseline

4.5 Other challenges

Other systemic barriers frequently mentioned by participants included delayed service access and poor relationships with case managers; perceiving that service providers lacked competence to deal with complex mental health and substance dependence issues; dealing with justice system issues that compounded over time (e.g., unpaid fines, inability to attend appointments); victimisation and assault while on the streets or in boarding houses; and unresolved or untreated physical health, mental health and drug and alcohol issues.

> *"If you haven't got the means or the way to pay for it—if you don't have enough money—you can't live above yourself. You can't survive, so you won't have enough money and with Centrelink sometimes you don't have enough money to pay for your transport fares, and then you get fines and then you go to court, and then it's going to be a vicious cycle and you get depressed and all this sort of rubbish. So, you become a fare evader, and that's breaking the law. It's one of the more minor offences but still an offence."* – E8 Baseline

Collectively, these stories highlighted the circular, chaotic, and sometimes system-perpetuating nature of chronic homelessness. The role of homelessness service providers and the service system more generally is to provide a streamlined, integrated, client-centred and quality service that anchors individuals in safe, secure and appropriate housing. Unfortunately, this is not always the experience of individuals who seek existing services in the community.

4.6 The Journey to Social Inclusion

Through both a recognition of the limitations of the service system in successfully exiting people out of homelessness and an understanding of the high level of posttraumatic stress disorder and complex trauma among people who experience chronic homelessness, Sacred Heart Mission developed a novel approach to service delivery (Parkinson & Johnson, 2014). Integral to the J2SI program is being available for all people who experience chronic homelessness, regardless of the severity of their co-occurring issues; continuity of care; and putting individual autonomy and individual needs at the centre of service provision.

5.

Service needs and priorities of individuals with a history of chronic homelessnesss

5.1 Hierarchy of service priority needs

Longitudinal analysis of J-group and E-group participant data across three interview time points from Baseline to Wave 2 inclusive revealed that participants' choices in relation to service access and engagement are driven and determined according to a hierarchy of met or unmet needs.

For the most part, J-group and E-group participants, all of whom had a history of chronic homelessness, prioritised the urgency of their service needs in the following order:

1. Ensuring survival needs are met; before
2. obtaining housing that is safe, secure and appropriate; before
3. attempting to resolve physical, mental health, social inclusion and/or relational issues; before
4. building employability skills, seeking employment, volunteering and/or achieving other personal independence goals.

Achievement of each of these needs is influenced by a range of factors, including the capacity of the service system to provide required levels of care, the time taken for the client and service provider to establish a trusting alliance in each of the service domains and the complexity of issues that need to be overcome at each step.

Most J-group participants affirmed that the J2SI program was particularly helpful in supporting them to address the first two priority areas; however, gains in other priorities were less substantive. The reason for this may be that the 36-month time point, which also represented the time when the J2SI Phase 2 program ended, was too early in the trajectory of reaching higher order priorities leading to significantly improved wellbeing and personal independence.

See **Figure 1** for a visual depiction of the hierarchy of needs expressed by individuals with a history of chronic homelessness in this study.

Recommendation 3

Consider adopting the hierarchy of service priority needs when planning and delivering the J2SI service model for people with a history of chronic homelessness, including the development of realistic timelines for clients to achieve more complex goals (beyond the 3-year service model).

5.2 Ensuring survival

J-group participants reported that J2SI was particularly helpful in enabling them to tend to their most basic and practical needs for everyday survival. Moreover, it quickly connected participants to essential and specialised services.

> *"I started J2SI in February of this year, when I was still in rehab. I came out of rehab in the end of March. And since then, J2SI have helped me get to all my [outreach] appointments and my doctors, my psychiatrists, places like here, and generally just try and keep me involved in society."* – J10 Wave 2

5.3 Obtaining housing that is safe, secure and appropriate

J2SI was celebrated for fast-tracking participants off waiting lists and into permanent housing. The following dialogue between J10 and his interviewer during Wave 2 (36 months into the trial) demonstrates the benefits of rapid housing as a result of the J2SI program. Participant J10 was sleeping rough at Baseline and had been supported to remain in permanent public housing over an extended period of time since beginning the J2SI program, which had resulted in improvement in his health:

Interviewer: *So how has the last 12 months been for you?*
J10: *I'm pretty good, actually.*
Interviewer: *Pretty good? How so?*
J10: *I'm getting my health back together, I've got a permanent place to live, just things like that.*

Later in J10's interview, when asked about the biggest change in his life over the past three years, he stated:

"Well, accommodation. I have got steady accommodation. [J2SI CASE MANAGER] got me a nice place and I like it. That's the biggest advantage I've had. I've been there nearly three years. If you know where you're gonna lay your head every night, where you're gonna get a feed from, it does take a lot of stress out of you. It takes a lot of stress out of your life."

In addition to obtaining housing, J-group participants appreciated the J2SI program for aiding them with practical accommodation needs, like moving and setting up house.

> *"We got a good lounge suite, good telly that's all I need. I have a comfortable bed and I cook my own food, so I'm happy."* – J10 Wave 2

Figure 1. Hierarchy of service priority needs for individuals with a history of chronic homelessness

6.

J participants' feedback about the strengths of the J2SI Program

This section presents J-group participants' feedback about the J2SI program. As such, the analyses draw almost exclusively from Wave 1 and 2 data (post-baseline). However, for a few J-group participants whose baseline interview occurred after brief engagement with J2SI, those data are also included.

The quantitative findings revealed that by 36 months, 62.2% of J-group participants were housed, nearly half had been in stable housing for 2 years and 40.5% of clients indicated that they felt safe in their housing all of the time (Seivwright, et al., 2020). From a longitudinal perspective, this outcome was also reflected in the Wave 2 (36-month) qualitative data, which revealed that most participants (7/10) spoke positively about the impact of the J2SI program, especially in relation to being placed in permanent housing.

"It's good being under cover. I'm in a place to live. Rather than being out on the streets." – J1 Wave 2

Other areas of satisfaction mentioned by some J-group participants related to the J2SI program having a positive impact on their health, mental health, substance use, social inclusion and employment. When positive impacts were related to mental health, substance use and employment, participants generally attributed these shifts to having the safety and stability of permanent housing on which to build their lives and noted that J2SI case managers provided intensive support and advocated for them during times of vulnerability. It is this level of wraparound support that such an intense case management approach can provide to clients, and that appears to be essential for some individuals with a history of chronic homelessness.

A snapshot of final-wave quantitative findings for Phase 2 J participants

The effectiveness of the J2SI program at addressing the non-housing needs that accompany homelessness was also evident in the quantitative results, both in terms of the J-group's outcomes in mental health, substance use, and employment, and in their reported satisfaction with the support offered by the program. While still higher than the estimated Australian mean of 2.57 (Crawford et al., 2011), among J-group participants who completed all seven survey waves, scores on the depression subscale of the Depression, Anxiety and Stress Scales (DASS-21) decreased from an average of 8.3 at Baseline to 5.7 at 36 months (conclusion of the J2SI Phase 2 program). Similarly, Js' anxiety scores reduced from 6.2 at Baseline to 4.6 at 36 months (Australian mean: 1.74; Crawford et al., 2011) and stress scores reduced from 8.8 at Baseline to 5.9 at 36 months (Australian mean: 3.99; Crawford et al., 2011).

With regard to substance use, the proportion of J-group participants who completed both the Baseline and Wave 7 (36-month) surveys who had used three or more substances in the three months prior to the survey halved between Baseline and 36 months (from 32.4% to 16.2%, respectively). Further, at 36 months, no Js were in the high-risk category according to the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) for use of tobacco, cocaine, hallucinogens and inhalants. Only a small proportion (<3%) were in the high risk category of use for alcohol, amphetamines, sedatives, and opioids.

In terms of employment, among J-group participants who completed both the Baseline and 36-month surveys, the employment rate increased from 2.7% to 8.1%. Between Baseline and 36 months, an additional 5.4% of J-group participants were actively seeking work. Satisfaction with J2SI Phase 2 support for employment readiness and employment outcomes was lower relative to satisfaction with support in other domains (3.6 and 3.5 out of 5, respectively). In light of the hierarchy of needs expressed by the qualitative participants, however, this is perhaps unsurprising. Support provided by J2SI centres around goals set by each client; therefore, as the hierarchy of needs illustrates, employment was not a primary goal for many J2SI Phase 2 participants and likely received less attention throughout the program.

Seivwright et al., 2020

6.1 J2SI excels at providing effective practical and relational support to clients

Two overarching themes were apparent in relation to J-group participants' positive feedback on their experience of the J2SI program: practical support and relational support.

The first was related to the practical support that the J2SI program offered participants in their day-to-day life. Related to this domain were four subthemes indicating that J2SI case managers:

PRACTICAL SUPPORT
Offered timely, streamlined and uncomplicated service access
Worked hard to ensure clients had rapid access to housing
Provided practical support with everyday tasks that are experienced as difficult to navigate or complete
Advocated strongly on behalf of clients

> *"Because I think the team works together, behind the scenes that we don't see, then that works for people. If people were working behind the scenes, then it works because the people behind, they come out and say, 'Oh yeah, Oh, no. You can go and do this or maybe I'll put you onto this worker, she'll be able to because I've also had [case manager]. She's been really good and helpful, even helping me with getting things, buying me things, and getting mail, things I can do for myself at home. She's been good.'"* – J7 Wave 2

The second overarching theme related to the way J2SI engaged with participants on a relational level. Included in this domain were four subthemes reflecting participants' positivity about their case management experiences within the J2SI model of service delivery. Participants generally reported that J2SI case managers:

RELATIONAL SUPPORT
Provided a trustworthy, accountable and authentic service
Genuinely cared and did not lose hope
Allowed for client self-determination in relation to service provision
Provided continuity of care throughout the support period
Offered companionship, which reduced social isolation

> *"Oh, just transitioning from going from this area to another area, coming out of rehab, it was made a lot smoother for me, because I actually had somebody that was an advocate for myself, rather than trying to have to do everything myself. I'd be back on the streets if that was the case."* – J8 Wave 2

The nine subthemes that comprised practical support and relational support are summarised with specific quotes related to each subtheme hereafter.

J2SI OFFERS PRACTICAL SUPPORT TO TANGIBLY IMPROVE PARTICIPANTS' QUALITY OF LIFE

Offered timely, streamlined and uncomplicated service access

"I see the doctor – referral to orthopaedics and I actually got an appointment already. This has all happened within weeks, which is almost unheard of. I thought it was gonna be years on the waiting just for an appointment. With what's wrong with my hips, they normally do the hip placement, so I'll need a double hip replacement. I've got a great doctor now. After a lot of years with one, with a particular doctor who I won't mention, lot of, lot of, lot of years telling me I have to live with it. She even knew what it was. [case manager] came to one of my appointments and [case manager] suggested, "How about we go and see another doctor?" And I'm so grateful that I did 'cause I've now met the most amazing young man doctor and, oh my god, he's just…this made me feel worth something, hopeful, tentatively hopeful. And well, he's referred me. He's got me the appointments and that, so he's done his part. And now…and I know he would advocate to me, very strongly. I know he would. We've got a rapport too." – J3 Baseline

Worked hard to ensure clients had rapid access to housing

"If they are homeless and needed help, to get in contact with them (J2SI), because they're really good. They'll be able to help you, so it'd be right, from housing to medical, to just getting you help for you to get to appointments…so there is always a duty worker to talk to. If they can get accommodation for you, they will work with you to find something. But just be honest and open, you will get the services." – J7 Wave 3

Provided practical support with everyday tasks that are experienced as difficult to navigate or complete

"The caseworker is good. She's helping me out by doing things for me. It's too hard to do Centrelink or Medicare and those NDIS things and J2SI has taken over and I expect them doing the forms on it for me… I'll get really lost in there but [case manager] was helpful with the papers and that." – J1 Wave 3

AND

"Well, because, first off, my partner's name wasn't on there, and neither were the kids, so we [participant and the case manager] had to change all the forms, and all the criteria, and everything like that." – J4 Wave 1

Advocated strongly on behalf of clients

"She tries to turn around and help me out when I'm doing things. The Victims of Crime, she's helped me with that, trying to do some courses. She got me the computer and I get motivated to turn around and do the course work, because it's an iMac, and they have courses here for computers ran by Sacred Heart Mission by a gentleman. I went there once actually to do a course." – J9 Baseline

J2SI OFFERS RELATIONAL SUPPORT WHERE THE FOCUS IS TO BUILD A STRONG, TRUSTING RELATIONSHIP WITH THE PARTICIPANT VIA CONTINUITY OF CARE
Provided a trustworthy, accountable and authentic service *"I've been able to build a trust relationship with her because – not swapping, changing you know? She's been with me for like 12 months. She understands me. She knows I'm straight up with her now. I used to try and… I use to hide and lie but now, I know just the best thing is to be honest and open, and I'm gonna get more out of it. If I don't tell them what's going on, how can they help me?"* – J7 Wave 2
Genuinely cared and did not lose hope *"If you get a chance to deal with them, do it. They do nothing but help you. They don't criticise, they don't look down their nose. They're just there to help. That's what I like."* – J10 Wave 2
Allowed for client self-determination in relation to service provision *"When they moved me out of rehab, I had to move over to [suburb]. Now, I don't drive, but I...my housing is… application is for around this area, because I know this area. I've always lived around this area. I kept all my services here at the same place as, and the same doctors as when I was in rehab, so I didn't have to keep telling the same story."* – J8 Baseline *AND* *"Very helpful, yeah. She's always helping me making my medical appointments when she sees me. There's a phone, use the phone, ring up, she'll have a few ideas and asked me what I think about it, what would you like to do? There are different options."* – J7 Wave 2
Provided continuity of care to clients throughout the support period *"They've helped me get into housing… and to make sure that I've got set up, they helped me with washing machine, vacuum cleaner, just some bits and pieces."* – J7 Wave 1 *"I'd be lost without J2SI because like I said, the – I had no support network after rehab and that – it's turned out that J2SI is my support network."* – J8 Baseline
Provided companionship, which reduced social isolation *"Yeah. I've never actually rang her and said, 'Oh, can I see you now?' But I don't foresee there being much problem if did, if it was something major and I'm pretty sure that she'd come pretty much straightaway…when I was pretty sick a few months ago and I was in hospital and, yeah, she come and visited me in hospital, so that was really good. And I was only just – I just first got on the program so that was really nice of her 'cause even my family didn't visit."* – J5 Baseline

Recommendation 4

Continue the development and rollout of the J2SI program, with future delivery accompanied by assessment of fidelity to the principles that underlie J2SI, as well as client-centred evaluation.

7.

J participants' feedback about the limitations of the J2SI Program

Although the J2SI model was, for the most part, seen as aligning with the needs of people who have a history of chronic homelessness, it is important to note that the most positive experiences associated with J2SI were described in Baseline and Wave 1 interviews when participants were in the first 18 months of the program.

The two main issues that clients found challenging about the J2SI program were (1) case manager changeover, and (2) the tapered care approach.

7.1 Case manager changeover

The three-phase case management approach was being tested in this implementation of J2SI during the study period. Until entering the J2SI program, J-group participants' relationships with case managers in the service system had usually been capped at 3-months duration. In their Baseline interviews, most J-group participants spoke hopefully about how the 3-year intensive support they were promised from the same dedicated and available case manager would enable them to make significant gains across multiple domains (e.g., housing, health, substance use, social relationships, education and training, employment). However, retaining staff in the homeless service sector is a known challenge (Olivet, McGraw, Grandin, & Bassuk, 2010) and all J-group participants had multiple case managers during their engagement in J2SI.

Participants reported differences in how J2SI managed these turnovers. For example, some case managers took steps to mitigate the impact of these changes and to facilitate continuity of care, while in other instances, participants reported that case manager turnover could have been managed better.

The impact of case manager changeover varied between participants. Nonetheless, the consequences of poorly managed or unexpected case manager changeover sometimes left participants feeling disconnected from the J2SI program, which in turn led them to question the relational pillars of J2SI. These experiences were especially pronounced when they occurred in the second year of participation, when the tapering of support was coupled with an expectation that self-reliance would increase.

> *"Well, they changed my case manager and I never really got introduced to another manager and I've just sort of been doing everything by myself."* – J8 Wave 2

Participants explained that building trust in the program required significant time and energy and was disrupted by both changes in case management and by delays in securing suitable housing. Brief case management tenure, high frequency turnover and inconsistent processes in transitioning clients between case workers during the implementation of the J2SI Phase 2 program are incongruent with the practice principles underpinning the J2SI model of service delivery (Sacred Heart Mission, 2016a). As conveyed through participants' stories of multiple traumatic experiences, lack of continuity in care may mimic ruptures that clients have experienced in prior relationships with others, including with other services. This may further compromise the sense of safety and trust that should characterise the J2SI experience.

Recommendation 5

Ensure client psychological safety is preserved before, during and after case manager changeover by developing a case manager changeover policy.

Sacred Heart Mission should consider the following five recommendations related to case manager changeover procedures:

1. Sacred Heart Mission to develop a case manager changeover policy to be included in the J2SI service delivery framework. This policy should adapt the six trauma-informed guiding principles that are included in the Sacred Heart Mission Practice Framework (Sacred Heart Mission, 2016b) to the case manager changeover process, including:

    a. Promoting trauma awareness among staff on how clients with experiences of trauma are likely to experience changes to case managers with whom they have established a strong and trusting professional relationship; and
    b. Using the case manager changeover process to further build client physical and emotional safety; and
    c. Using the case manager changeover process to promote positive connections with both outgoing and incoming case managers, which will deepen trust in the J2SI program; and
    d. Focusing on and building a client's strengths and capabilities to manage difficult emotions associated with case manager changeover; and
    e. Promoting a sense of hope and optimism that the client will continue to be supported and continue to progress toward their goals with the support of the incoming case manager.

2. Sacred Heart Mission should train J2SI staff members on trauma-informed case manager change-over procedures.
3. J2SI case managers should communicate anticipated staffing changes with clients ahead of time and, ideally, at the beginning of the support period.
4. The outgoing case manager should offer final meetings with the client to say goodbye and for the clients to consent to the extent that the outgoing case manager shares information about their service needs with the incoming case manager.
5. The outgoing case manager should facilitate a handover and introductory meeting between the client and incoming case manager.

7.2 Length and intensity of service provision

Key features of the J2SI intervention include the provision of long-term, multifaceted, trauma-informed support. This support entails intensive case management with a high staff-to-client ratio, rapid access to permanent housing through formalised partnerships with housing providers, skill building for education and employment placement and support, and cultivating linkages to therapeutic and specialist services through proactive and collaborative partnerships (Parkinson & Johnson, 2014; Sacred Heart Mission, 2018).

The development of trust, particularly for those who have a history of complex trauma, takes time (Beaton & Thielking, 2019) and many participants spoke about times when trust was ruptured in the service system in addition to their private life. The psychological toll of experiencing ongoing trauma, coupled with systemic disadvantage, affects the way such individuals engage with services. Some participants attributed their lack of engagement, or limited engagement, with J2SI to their need to be self-reliant and desire to solve problems on their own. This sometimes appeared to stem from a prevailing sense of being less worthy of support than others and of not wanting to be burdensome. Some participants also observed that their orientation to help seeking and service engagement changed throughout the program. A readiness and willingness to accept support from J2SI required time, and engagement was incremental and heavily influenced by the quality of relationship with their case manager.

Honouring self-determination in relation to help seeking and engagement with services was viewed by participants as a particular strength of the J2SI model. However, undue pressure can be imposed when communication regarding what is possible through engagement with J2SI is incongruent with what is reasonable for participants to achieve in a 3-year timeframe. Achieving optimal wellbeing and building skills of inclusion may take longer than three years for people who have faced years and, in some instances, decades of extreme poverty and marginalisation. If J2SI does not communicate this clearly at the outset of and throughout the program, it may contribute to participants experiencing a sense of disappointment or failure when the program inevitably winds down, at which time they are once again left without support, and the outcomes they had aspired to at the beginning of the J2SI program (beyond housing) have not been fully achieved. Moreover, the absence of longer-term support for individuals whose needs necessitate it, beyond three years, may run counter to the trauma-informed principles upon which J2SI was built. In many ways, the homeless support service acts as a 'pseudo-family' for some participants and the need for a place to return to, should they wish, was clear.

"I think the first two years, I don't think you'd have to worry about social inclusion. It's more about getting that person settled and into a routine. And even helping them find the best resources they can and then, actually, it's making them more independent, and then, the social circles and then everything else. Because it's…the first year goes fast so quick. There's so much going on, you don't have time to settle down…by the time the second year comes around, okay, you find out a few problems, some may have come back. You may have gone back to drugs and alcohol and you need to work that one out again." – J8 Wave 2

Some participants reflected that the reduction in support was premature, and they believed they would have benefited from longer-term availability of intensive support. Fostering independence is an important principle of J2SI, however, the reduction in support after the midway point of J2SI may have been too early for some participants.

"It's all right. I don't know. She doesn't even like ring to see how I'm going. I don't know. I just thought that they would check in a little bit more but it just seems like – well, yeah, it seems like my tenure with that program is already finished even though it should still be going." – J5 Wave 2

Recommendation 6

Carefully tailor the length of J2SI intensive case manager support for clients in accordance with the principle of client-centred care. Extend the program beyond 3 years when necessary or taper off support before 3 years in collaboration with and depending on the needs of the client. In addition to other factors, the severity of a client's issues and the current capacity of the broader service system to support the client should be considered when planning length of service provision.

8.

Case study

The following case study of a J-group participant reflects a typical trajectory into permanent housing through involvement in J2SI. To preserve anonymity, this case study does not represent any single participant's experience. Instead, it is informed by the experiences of multiple participants as they engaged with J2SI and transitioned into permanent housing. Quotes are therefore taken from the stories of multiple J-group participants and the pseudonym 'Josie' has been used. This case study is intended to demonstrate:

1. Common themes in participants' journeys into homelessness;
2. The typical trajectory, complexity and oscillation of J participants reported met and unmet needs and priorities;
3. How J2SI supported participants in tending to their housing and other health and social needs; and
4. How support from J2SI influenced the experiences and perspectives of J-group participants across their engagement in the 3-year program.

Josie had experienced tenuous accommodation since early adolescence. Josie's family life growing up was difficult and traumatic. Josie's father had been an alcoholic and was often without work for long periods of time, contributing to the family not having enough money to get by. Josie remembers often being hungry as a child, her parents fighting a lot and witnessing her father being violent towards her mother, with the police sometimes being called to the home. Around the time that Josie turned 13 her father began sexually abusing her, and soon after she began running away from home. During this period, she had very low school attendance. After the suicide of her mother, which occurred when she was 16, Josie left school and began living with an older male who was the first to introduce her to drugs. When Josie was 18, she gave birth to Bree. Due to Josie's substance dependence and lack of safe and secure accommodation, however, Bree was placed into foster care.

Long-term, unstable employment, increasingly serious mental health difficulties, financial reliance on violent intimate partners, and variable engagement with social support services characterised Josie's adult life. Josie sometimes felt overwhelmed by the problems that she faced and struggled with low mood and depression (*"There's no zest for life, there's no enjoyment in life sometimes"*). Josie spoke strongly about being self-reliant (*"I'm very self-reliant. I will only ask for help if I really, really, really need it. I've always been self-reliant. If I haven't got something, I'll go without"*).

In the year prior to commencing J2SI, Josie lived in a variety of accommodation types, including intermittently sleeping rough. She had spent three-months in a drug and alcohol rehabilitation centre but had returned to previous levels of substance use when she returned to a shared rooming house where her drug dealer also resided. Furthermore, Josie's stay in the drug and alcohol rehabilitation centre, and being uncontactable at the time, resulted in Josie's place on a public housing waitlist being lost.

At Baseline, Josie was rough sleeping again as she felt this was safer than the rooming house (*"Rooming houses aren't very nice 'cause there's a lot of ice and heroin and violence"*). When first meeting her J2SI case manager, Josie expressed an urgent need for practical support including food, showering facilities and money to purchase her medication. Josie's next priority was to secure stable and affordable housing with two bedrooms. Josie wanted the extra bedroom for Bree, now aged 14, so that she could stay over with her, which had not happened in recent years. Josie said that once she was settled in her own home she would be more focused on recovery and could start taking steps to get off drugs and even find employment (*"I can't do nothing until I get a house, I can't do this until I get a house, I can't do that until I get a house"*).

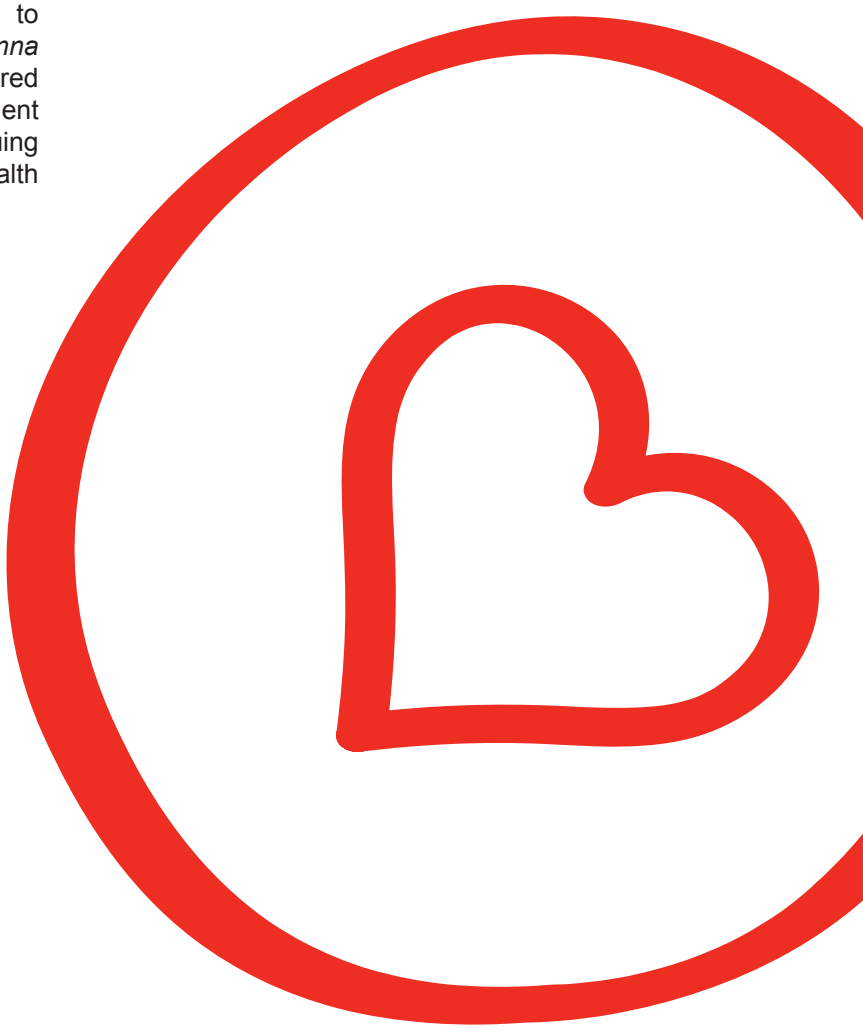
At Wave 1, Josie reported feeling *"a lot more stable"* and attributed this to having secured permanent housing four months prior and to feeling connected to a stable support base (*"I'd be lost without J2SI because like I said – I had no support network after rehab and that – it's turned out that J2SI is my support network"*). Josie's permanent accommodation had security features that created a sense of safety (e.g., intercom, locked doors, ex-partners being unaware of her address and/or location of her new neighbourhood). Her housing was also conveniently located close to important services (e.g., daily methadone collection point) and public transport.

Josie described the experience of receiving support from J2SI to secure housing as *"really helpful"* and attributed this to being able to exercise choice over the location of her accommodation (*"They ask me what I want, always offer different options"*) and receiving help from her case manager to simplify the application process, to fill forms and to set up her new residence (*"It wasn't hard at all"*).

Josie's attention was beginning to turn to her physical health and psychological wellbeing. With support from her J2SI case manager, dental treatment was booked, along with a specialist consultation to address a previously unmanaged chronic health concern. Josie also wanted to begin psychological therapy for her PTSD. Josie still struggled with substance use problems and was being fast-tracked into drug and alcohol support. However, she found the program was difficult and may not have been a good fit. She disengaged from the service, reporting that she could not relate to the workers (*"A lot of them [D&A programs] are run by college students who haven't had a hard day in their life. Don't tell me how I'm suppose' to feel coming off drugs when the hardest drug you've ever had is an aspirin"*).

Just prior to her Wave 2 interview, Josie was still in permanent housing. Owing to the tapering of J2SI investment that started after her Wave 1 interview, Josie was initially concerned about being unable to access support from J2SI (*"I have no worker. I'm gonna be left on my own"*). She spoke about being reassured that she would be supported to remain in permanent housing. While Josie had expressed interest in pursuing employment at Wave 1, she cited a myriad of health needs as barriers to this pursuit.

Josie considered stable housing, contact with Bree, and a sense of hope that she could soon begin accessing psychological support as substantive changes resulting from her engagement with J2SI. However, she was disappointed she hadn't achieved more during her years in the program. She attributed this to the extended time it took to build a trusting relationship with multiple case managers and regretted not utilising the program more at the beginning (*"I can sort of talk to her about some of those issues that I might not have felt that comfortable talking to her about in the past. I think probably because she is, yeah, because she's showing that she is trying to help me. I don't know, because I have this trust problems at the start"*). Josie also spoke about being impacted by case manager turnover (*"I've had a few staff changes with people leaving, resigning, and swapping over and all the rest of it"*) and experiencing individual differences between case managers' styles that were difficult to adapt to (*"I rang them and told them I didn't gel with her"*). However, her ability to trust the program and to rely on her case manager to put her needs first were the benefits of being part of J2SI.



9.

Discussion and summary of recommendations for the J2SI Program

The findings presented in this report reveal the experiences and perspectives of 18 individuals who were involved in the qualitative component of the Phase 2 J2SI research study, 9 of whom received the J2SI intervention and 9 who received existing services as usual in Melbourne. Below, we discuss these findings in relation to the service principles that underpin J2SI; highlight strengths and limitations of the J2SI Phase 2 model of service delivery according to individuals whom the program aims to support; and offer recommendations for future refinement and implementation of J2SI.

According to qualitative feedback from this subset of J2SI Phase 2 research study participants, J2SI provided practical support which—when combined with long-term relational investment—enabled participants to overcome specific systemic barriers that had previously prevented them from accessing services and/or receiving tailored support to meet their personal needs. Some of the barriers that participants frequently identified as blocking them from exiting homelessness included poverty and housing affordability, siloed and fragmented services, exclusion from services due to strict program eligibility requirements, indeterminate wait periods to access services or to attain housing and compounding issues resulting from sub-standard housing.

The J2SI program improved the quality of participants' lives in several tangible ways. Most notably, J2SI assisted participants to meet their everyday survival needs and, in many cases, to obtain safe, stable and appropriate housing. After participants had secured housing, J2SI supported participants to manage complex health and social needs that had often gone unaddressed. For many participants, gains in these domains were considered fundamental building blocks for subsequent endeavours. They align closely with the J2SI service principles to build capacity for independence and skills for social inclusion, which were operationalised through J2SI's provision of practical support. The principle of fast-tracking access to housing and modelling how to successfully identify and act in the service of personal needs was a reported highlight of the program.

The overarching theme of relational support that emerged from participants' stories highlighted the value that participants placed on the continuous (up to 3 years) relationship-based, individualised and client-driven support that is the bedrock principle of the J2SI service delivery model. For many participants, J2SI performed the role of 'pseudo-family', functioning as a safety net that, for the most part, was characterised by stability, reliability, compassion and advocacy. For these individuals, who often reported being excluded from their own families and even other parts of the public service system, the intangible benefits and influence of J2SI cannot be underestimated.

Participant descriptions of positive client-case manager relationships also aligned closely with J2SI's intention to provide a trauma-informed, strengths-based and recovery-oriented model of care. Specifically, long-term case management and continuity of care from authentic, caring and trustworthy workers was considered foundational to participants' positive experience of the J2SI program. Such support cultivated a sense of safety within and beyond these relationships. Importantly, participants appeared to be more likely to prioritise their health and social needs and to seek help from relevant services when they also reported positive relationships with their J2SI case managers. Participants attributed this to receiving encouragement and assistance from their case managers to identify and access services suited to their needs and priorities. Client-case manager relationships were strengthened when J2SI workers offered flexibility and honoured self-determination in relation to help seeking and service engagement.

Participants also highlighted areas where J2SI could be improved in the future. These included 1) more consistent planning and support through case manager changeovers, and 2) enhanced awareness of the impact that changes in the level of support to promote independence have on clients as they progress through the 3-year J2SI program.

9.1 Recommendations

Based on participant feedback, we propose the following recommendations:

1. Advocate for increased availability of a geographically dispersed selection of permanent housing that is in good condition, is proximal to services, is in areas with less prevalent substance use and includes the following features: privacy, safety, physical accessibility and adequate space for social and familial relations to enable lifestyle autonomy.
2. Continue to strengthen service delivery through strengthened partnerships and an integrated service delivery model of care.
3. Consider adopting the hierarchy of service priority needs when planning and delivering the J2SI service model for people with a history of chronic homelessness, including the development of realistic timelines for clients to achieve more complex goals (beyond a 3-year service model).
4. Continue the development and rollout of the J2SI program, with future delivery accompanied by assessment of fidelity to the principles that underlie J2SI, as well as client-centred evaluation.
5. Ensure client psychological safety is preserved before, during and after case manager changeover by developing a case manager changeover policy.
6. Tailor the length of J2SI intensive case manager support for clients in accordance with the principle of client-centred care. Extend the program beyond 3 years when necessary or taper off support before 3 years if the client is satisfied with the level of autonomy they have achieved. The severity of a client's issues and the current capacity of the broader service system to support the client should be considered when planning length of service provision.

Involvement of consumers in the development of services has been a long-standing component of health and mental health policy in Australia and internationally. However, the history of consumer advisory boards in the homelessness sector is briefer. The limited research on this topic in Australia identifies barriers, such as authoritarian or dismissive staff attitudes and limited consumer awareness as to how they may participate in the ongoing development of the services they utilise (Phillips & Kuyini, 2018).

Recommendation 7

Establish a J2SI consumer advisory board to assist with the future development and rollout of the J2SI program

The depth of information contained in this report, and the potential value it has to influence future service delivery, was wholly dependent on the contributions of people with the lived experience of chronic homelessness. Thus, we recommend that a team of key stakeholders be assembled and included in future decision-making concerning the ongoing development, implementation, and evaluation of the J2SI program. This would help to ensure the program is as relevant as possible to the population it aims to serve. Moreover, given that individuals with the lived experience of homelessness would bring unique expertise to designing and evaluating the J2SI program, we recommend that consumer advisory board members be compensated for their time.

9.2 Concluding statement

Going forward, it will be important to ensure fidelity to the original intentions and underlying principles of the J2SI model. The best metric to gauge whether the principles of J2SI are being embodied in practice is how J2SI participants themselves experience the program. Thus, no matter how closely service providers believe they are adhering to the model, ongoing client-centred evaluation is essential. Themes outlined in this report could be considered as dimensions for evaluation.

In sum, findings from this report demonstrate that the J2SI program provides a crucial service that makes positive impacts to the lives of individuals with a history of chronic homelessness in Melbourne. With further investment and refinement of the model, J2SI has the potential to support people throughout Australia to exit homelessness and to build meaningful lives in safe, stable accommodation.

> *"Just explain that there's a case manager and they turn around and use the term 'intense case management' and people have asked me about, 'What do you mean intense case management?' Well, I tell them instead of a person having maybe 20 or 30 clients, they have a smaller number of clients to look after and concentrate on, so that's why I use the word 'intense.' They turn around and say, 'Ah, fair enough.' Then they ask what a case manager is. I tell them that's a person to help navigate your way through different governments if you have problems with housing, try to help with housing, what services you may require, how do you go about getting contact with them and interfacing with them…and then they start to get a reasonable grip on it."* – J9 Baseline

10.

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