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Assertive outreach as a response to rough sleeping
Seeing people, sharing information, and supporting housing access

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Research Summary

Why was the research done?

Assertive outreach is becoming an increasingly salient feature of policy responses to homelessness—and particularly rough sleeping—with the aim of supporting people to access secure housing. Despite its demonstrated successes, existing research points to structural challenges practitioners face in navigating complex and fragmented service systems to provide people sleeping rough with a continuum of care. This study examines an Australian organisation's efforts to collaboratively and systematically overcome these challenges by bringing together government, community, and service practitioners from multiple sectors in their delivery of an assertive outreach programme.

What were the key findings?

Our findings demonstrate that through flexible and collaborative social work practices, practitioners were able to *see* people sleeping rough, *share* information across services, and *support* people into a range of housing, health, and other forms of services. Critically, however, structural barriers such as a lack of affordable and social housing prevented assertive outreach from ending people's homelessness.

What does this mean for policy and practice?

Our findings demonstrate that a purposeful approach to integrate street outreach within a broader housing, health, and welfare systems is indeed appropriate to identify, engage, and support people sleeping rough who are excluded from mainstream services and resources. In addition, and perhaps more importantly, our findings demonstrate that additional work by practitioners will not be successful in supporting people into secure housing while there is an inadequate supply of affordable or social housing. The current under-investment in such affordable and social housing is a fundamental barrier to the success of assertive outreach programmes, indicating the ongoing need for policy and structural change.

Citation

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Introduction

Homelessness—particularly rough sleeping—remains an entrenched social issue, despite ongoing efforts to address it. Although a range of services are available to support people who sleep rough, an enduring body of research identifies multiple structural barriers that can prevent them from accessing these supports (Kerman et al., 2019; Rae and Rees, 2015). Assertive outreach is a practice-based approach to overcoming these barriers; it involves practitioners regularly and persistently seeking out people sleeping rough and bringing support services to where they are physically located. Assertive outreach aims to overcome barriers to service access with the ultimate intention of creating the resource and practice conditions for people to access secure and affordable housing (Mackie et al., 2019).

Foregrounding the core values of social work—including dignity, self-determinism, and social justice—assertive outreach recognises that the lack of engagement with services experienced by people sleeping rough is not a problem of the individual (Grymonprez et al., 2022; Lee and Donaldson, 2018). Rather, it positions the problem as systematic and structural, stemming from complex and fragmented service systems that are not necessarily designed to respond to the complexities of people's lives (Authors' own, 2011). In response to increasing evidence regarding the successes of assertive outreach (Fitzpatrick et al., 2005; Lloyd and Bassett, 2012; Olivet et al., 2010), many governments, including those in the United Kingdom (Government of the United Kingdom, 2022) and Australia (Victoria State Government, 2021) now identify assertive outreach in their key homelessness policies.

Drawing on multiple data sources, this paper examines the practices, opportunities, and constraints of assertive outreach as a solution to rough sleeping. The assertive outreach initiative examined here sought to overcome the barriers to service access identified in the literature through integrating outreach workers within the broader housing, health, and welfare system. Our findings demonstrate that, through flexible and collaborative social work practices, assertive outreach engages with people who have traditionally faced significant barriers to accessing housing and support. In doing so, assertive outreach successfully engaged people sleeping rough, provided immediate support, and established the processes required to exit homelessness. This success was facilitated through practitioners' adoption of a model that enabled them to *see* people sleeping rough, *share* information across services, and *support* people by meeting them where they were physically located.

Critically, however, although these practices enabled engagement with and support to people sleeping rough, structural barries—such as a lack of affordable and social housing stock—prevented assertive outreach from ending most people's homelessness. We argue that this has two critical implications for social work. First, a purposeful approach to integrate street outreach within a broader housing,

health, and welfare systems is indeed appropriate to identify, engage, and support people sleeping rough who are excluded from mainstream services and resources. Second, and perhaps more importantly, it demonstrates that additional work by practitioners will not be successful in supporting people into secure housing while there is an inadequate supply of affordable or social housing. The current under-investment in such affordable and social housing is a fundamental barrier to the success of assertive outreach programmes, indicating the ongoing need for social work researchers and practitioners alike to continue lobbying for policy and structural change. The article thus resonates with Hardwick's (2014) analysis of social work's position to both access government funding to provide critical services to address unmet need as well as advocating to government for structural change to prevent the need from arising in the first place.

What it is assertive outreach and why do we do it?

Rough sleeping is an extreme and often chronic form of homelessness, and people who experience it have a range of diverse and complex support needs (Fitzpatrick et al., 2013). Although many Western countries have dedicated service systems specifically intended to address these needs, the existing literature points to numerous structural barriers that can prevent people who sleep rough from engaging in these services. One such barrier is the inaccessibility of services, particularly in terms of their location and the discomfort and inconvenience people face when travelling a long way from the places they know (Kerman et al., 2019; Rae and Rees, 2015). This, along with the chaotic nature of life on the streets, makes it practically challenging for people sleeping rough to make and keep appointments with service providers. Stigmatisation when accessing services is another key issue. Negative experiences with services can leave people feeling ashamed and distrustful of the services system, and less likely to seek help in the future (Jost et al., 2010; Rae and Rees, 2015). People sleeping rough also face barriers in navigating the complexity of the service support systems (Kerman et al., 2019). Homelessness service sectors are notoriously fragmented, opaque, and highly rigid in their eligibility requirements. Practitioners within the homelessness sector often position their work as advocates supporting service users to navigate the 'runaround' of administrative processes (Halushka, 2020). In fact, access to social housing for people who are homeless, including demonstrating one's need for prioritisation, requires skilled advocates who can negotiate the complex administrative processes (Morris et al., 2023). Taken together, these barriers effectively exclude from services the very people they aim to support.

Assertive outreach has developed as an approach to engage people sleeping rough and overcome not just the barriers preventing them from accessing support, but also the barriers preventing them from accessing housing (Authors' own, 2011). Although approaches to assertive outreach vary widely, they

share three key tenets that differentiate them from other forms of outreach and traditional models of homelessness support. First, assertive outreach approaches share a core aim of ending homelessness by supporting people sleeping rough into secure and affordable housing (Mackie et al., 2019). This is where assertive outreach differs most radically to other, more traditional forms of outreach, which primarily aim to address immediate basic needs that arise as a consequence of homelessness, such as the need for food, clothing, and hygiene (Authors' own, 2017).

Second, assertive outreach involves practitioners actively seeking out people sleeping rough, and regularly and persistently attempting to engage them. If a person initially declines help, outreach workers will continue to make future efforts to engage them (Černá and Gojová, 2023). This has two key benefits. First, it helps practitioners to build trust and rapport with the people they are trying to engage, enabling them to get to know the person and build a relationship over time (Jost et al., 2010). This is particularly critical for helping to overcome the feelings of distrust or stigmatisation that prevent people from accessing homelessness support. Second, it allows the space for people to exercise their agency and decline support until they feel ready to accept it on their own terms, without the fear that the offer of support may disappear if they take too long to accept (Authors' own, 2014).

Third, assertive outreach works within an integrated network of multi-disciplinary service delivery (Lloyd and Bassett, 2012). Given that assertive outreach targets people experiencing the most entrenched and extreme form of homelessness, the availability of a range of quality, flexible, and continuous supports to meet a range of complex needs is a critical component of assertive outreach. Primary and mental health care, substance use support, support to apply for housing, and ongoing tenancy and social supports are all understood as necessary for people sleeping rough to successfully access and sustain housing in the long term.

Existing international research reports demonstrable successes in assertive outreach models. Weare's (2021) study from the United States examined the outcomes of people who engaged with homelessness outreach services compared to those who entered shelter accommodation directly. He found that although people who engaged with outreach services had higher levels of chronic homelessness and other vulnerabilities, when compared to the shelter group, they were more likely to access housing and maintain the housing for longer periods of time (Weare, 2021). Similar successes with assertive outreach have been identified in the United Kingdom. An evaluation of one early assertive outreach initiative found that the number of people sleeping rough was reduced by two-thirds (Randall and Brown, 2002). Fitzpatrick et al. (2005) found similar reductions in their analyses. In a systematic review of 66 studies, Olivet et al. (2010) identified some of the key factors that facilitate

the success of outreach, including its flexibility, provision of reliable and individualised support, and practitioners' ability to engage from a place of care and respect.

Equally, however, research has also identified several core challenges that can impede the effectiveness of assertive outreach. For example, although integration among multidisciplinary services is core to the model, in practice, competing priorities, conflicting eligibility requirements, and a general lack of financial and human resources mean services often struggle to work together to provide people with a holistic continuum of care (Mackie et al., 2019). As a result, the flexible and tailored approach that assertive outreach takes is undermined by the difficulties service providers face in linking people into more traditional and rigid services as required to meet their complex needs (Lee and Donaldson, 2018). Not only does this limit the ability of assertive outreach to provide the interdisciplinary support that is core to its mission; if other services fail to provide the necessary support, this can damage the trusting relationships that, as we explained earlier, are fundamental to the success of assertive outreach programmes (Lee and Donaldson, 2018).

Research design

Focusing on a major Australian capital city, this article reports on ethnographic research that empirically examined the on-the-ground practice of assertive outreach, and the position of assertive outreach within the broader housing, health, and welfare system. The assertive outreach model investigated was established to (i) overcome the fragmentation in the homelessness system identified in the literature and (ii) provide an immediate and sustainable exit from rough sleeping.

The assertive outreach team consists of 10.5 full-time equivalent staff who provide outreach into public spaces to people sleeping rough, and outreach into the homes of people who have been supported from rough sleeping into housing. This includes one outreach worker employed as a registered nurse, with all other roles carried out by welfare workers, many of whom have or are completing social work degrees. The outreach workers operate seven days per week, from 6am to midnight. In addition to the 10.5 outreach staff, the assertive outreach model relies on close collaboration with numerous state and not-for-profit stakeholders, including a First Nations health service, police, local government, statutory drug and alcohol service provider, statutory housing authority, a community housing provider, private property managers, and an NGO health provider. As we learnt through this research, assertive outreach needs to be conceptualised within a system that extends well beyond the activities of outreach workers who are employed in what may be considered a discrete outreach team.

The research addresses two questions. First, what constitutes the practice of assertive outreach as a response to rough sleeping? Second, what are the strengths and limitations of assertive outreach as a solution to rough sleeping? The ethnographic research was conducted over four months in 2022. It included in-depth interviews with people sleeping rough; quantitative analysis of administrative data on the housing, health, and support needs of people sleeping rough; in-depth interviews with service providers; a focus group with service providers; and participant observations of practice. In this article we report on the latter four data sources.

First, the quantitative component of the analysis involved descriptive analyses of rich administrative data collated by the service provider and comprising the period between May 2019 and March 2022. Specifically, we analysed information taken from the Vulnerability Index-Service Prioritisation Decision Assistance Tool (VI-SPDAT v3) (*n*=772 observations). The VI-SPDAT is a survey-based instrument designed for frontline workers to better understand the housing and support needs of people who are experiencing, or are at-risk of experiencing, homelessness. The instrument combines information on participants' demographics, history of homelessness, risks, socialisation and daily functioning, and wellness into an overall vulnerability score, which has a maximum of 31 points. We use these data to compare the vulnerability profiles of participants who were housed and those who were not.

Second, in-depth interviews were conducted with professionals delivering assertive outreach and those engaged in the broader housing, health, and welfare system. This included assertive outreach practitioners (n=2); clinical or mental health nurse practitioners engaged in street outreach (n=3); a First Nations health practitioner (n=1); police officers (n=2); property managers (n=2), and a local government officer responsible for public space (n=1).

Third, a focus group was conducted with assertive outreach practitioners (n=10), including a team leader.

Fourth, the research team conducted observations over the four-month fieldwork period. Participant observations were conducted on 16 separate days, on each occasion observations lasted between two and four hours. Participant observations involved the researchers shadowing the assertive outreach practitioners, local government officers, health practitioners, and police as they conducted outreach and engaged with and provided services to people sleeping rough. Participant observations also involved shadowing outreach workers as they provided outreach support to people assisted into housing. Finally, we conducted observations of interagency meetings, where outreach workers, police, local government, health, and the statutory housing authority discussed people sleeping rough and their health, support, and housing needs (and often pending social housing applications).

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The observation focus was refined based on emerging insights from the in-depth interviews and focus group. Similarly, questions posed and areas examined in the in-depth interviews and focus group were informed by emerging insights derived from participant observations. Observations initially focused on how people sleeping rough were engaged by practitioners and how people sleeping rough responded. We were particularly interested in how practitioners engaged people sleeping rough who refused support. As observations progressed, and as we gained insights from the in-depth interviews and focus groups, it became apparent that assertive outreach was enabled among a network of practitioners beyond the assertive outreach team who were necessary to identify people sleeping rough and to muster the resources they required. In-depth interviews and the focus group provided an understanding of how practitioners described assertive outreach as an ideal, and participant observations were a means to explore assertive outreach as implemented in practice. In the ethnographic literature, the former represents 'accounts of action' whereas the latter is 'action itself' (Desmond, 2016).

All in-depth interviews, as the focus group, were digitally recorded and transcribed verbatim. Observations were recorded by the researchers in a fieldwork journal when they exited the field each day. The fieldwork journal and the transcripts were analysed thematically. We followed Padgett (2017) in both our approach to thematic analysis and strategies to promote rigour. Analysis began by familiarising ourselves with the data and developing an initial coding frame. These initial, descriptive codes were then grouped under broader analytic themes and reviewed by checking them against the original data and codes. An electronic database of codes was created to facilitate the development and revision of codes throughout the iterative coding process. As noted above, our concurrent use of participant observations with in-depth interviews/focus group enabled us to promote rigour. Neither of these approaches or data generated were deemed to be more or less true than the other (Padgett, 2017), rather they together provided a more comprehensive understanding of assertive outreach as both a model and as a practice.

This research was approved by our institution's Human Research Ethics Committee (clearance number: [removed for peer review]). Critical to the realisation of ethical research in this context was informed consent, particularly when conducting participant observations. The research team took concerted and ongoing steps to ensure that people in public spaces knew of the research and had the opportunity to not be involved. When conducting observations of the interagency meetings, all participants provided consent.

Findings

Seeing people sleeping rough

The first core aspect of assertive outreach was 'seeing' people sleeping rough. The identification of the location and individuals sleeping rough was central to the practice of assertive outreach and illustrated how assertive outreach was conceptualised as a practice that involved multiple parties.

Our fieldnotes provide many examples of how this played out in practice. For example:

> We walked towards where Sam (council worker) said they had received a complaint about rough sleepers. There were two people lying on the ground. One had their head under a doona and was presumably sleeping. Steve (outreach practitioner) knew the other person who wasn't sleeping. It was a man Steve had been trying to locate. Apparently, Steve had engaged him several weeks earlier and had told him to meet at [local landmark] to do the paperwork but the man didn't come. Steve has been keeping an eye out for him since. The man didn't want to engage at that time but still wanted support. Sam said they would let Steve know where the man was if he couldn't find him again. Steve would keep an eye out for him because the man sleeping rough didn't have a phone. (Fieldnotes, 20 April 2022)

This excerpt highlights how, even after receiving complaints from the community, rather than trying to 'move on' people sleeping rough, community players such as council workers and police officers were able to work with homelessness services to help link people in with the supports, they needed. Assertive outreach was more than the practices delivered by staff employed in 'outreach' roles, and rather constituted a collaborative network of practitioners and other community stakeholders who were able to work together to locate and support people in need.

As the following interview excerpts demonstrate, the network of 'eyes on the streets' that the assertive outreach created, in conjunction with a personal approach of knowing people by name, meant that specific individuals could be located when necessary:

> Contacting people is probably one of the trickiest things … If I'm looking at someone who I know is very disorganised and highly unlikely to even have a phone to answer, that's where the outreach is so important. (Police)

> We see them on the street … and say, "Hey, we haven't seen you. You made an application [for housing] and they're still chasing after you for some more stuff," and we try and reconnect them [with the outreach team]. (Local government)

For the practitioners employed in the outreach team, this enabled them to extend their reach to identify and connect with people who required support more readily:

> If we haven't seen someone for a while, we call [local council and police]. And because they know [the outreach team], they know what we were about … They're like, "Oh yeah, we've ran into them here." "Oh, can you just let the team know that if they do run into them, [the outreach team] is looking for them." And now and again, they'll call and say, "Hey, we found him." (Outreach practitioner)

'Seeing' collaboratively thus meant there were more community players who were aware of and knew the people sleeping rough, which meant they were easier to locate when they required support, or when support workers needed to find them. This collective seeing was strongly enabled through the sharing of information between services, which we explore in-depth in the following section.

Sharing information across services

The second core aspect of assertive outreach's multi-pronged approach was the sharing of information between services. This sharing occurred both incidentally and deliberately, and was always underpinned by consent. In the previous section, participants' accounts of seeing people sleeping rough were strongly underpinned by narratives of collaboration and the organic sharing of information. Across services and organisations, service practitioners and community workers alike were constantly communicating with each other directly for information and updates on people's support needs.

This communication was augmented by the Know By-Name List – a shared database containing a list of the people sleeping rough in the city and their current support needs. This list enabled service practitioners and community workers to update people's information as needed, including changes in their sleeping locations and photos to help identify them. As one participant explained:

> Let's say I meet Frank Smiths on the street, but Frank's last address was [suburb] … I have to change Frank's address to say he's living in [local park], and then it'll go to [the outreach team]. But then I also have to upload a photo … so that then at least the poor [outreach] guys know who they're looking for. (Police)

The Know By-Name List thus helped in keeping the outreach team informed of where people were located and enabled them to reach out with support when necessary.

The Know By-Name List also contained results from the VI-SPDAT that, based on history of homelessness and other health and support needs, estimates a vulnerability profile. From this data (n=772), 68 percent of assertive outreach clients recorded high needs, whereas 28 percent had medium needs. People who record either high or medium needs are recommended for permanent supportive housing. During weekly coordination group meetings, the assertive outreach team used

the VI-SPDAT profile to advocate to the statutory housing authority for housing allocations with support. Coordination group meetings were comprised of representatives from the statutory housing authority, local government, police, health providers, a community housing provider, and the outreach team. The fieldnotes excerpt below provides an example of how the coordination group meetings were used both to advocate for social housing allocation, but also to strengthen the coordination of support services for a particular individual:

> The leading support team raised a 'new' name to put forward to the [statutory housing authority] … The leading support team went through a long list of reasons why this person was vulnerable. The homeless outreach team added that this person had been evicted from a crisis accommodation service for drug use and drug dealing. Health outreach mentioned the person had a long history of drug use. Homeless outreach looked at their database and mentioned they had an action item to write a support letter for the housing application. Homeless outreach asked health outreach to do the same from a mental health perspective and they agreed. Homeless outreach asked for the contact details for the lead case manager so they could establish which was the best team to support the rough sleeper. Housing said they would flag the case as a priority. (Fieldnotes, 27 May 2022)

Sharing information about individuals sleeping rough thus enabled services to combine their expertise to better provide streamlined and detailed support. In the above example, doing so meant the services were able to demonstrate the person's critical needs directly to the statutory housing authority, which they advocate for to have people prioritised for housing allocation with ongoing support services. As a model, this advocacy for housing and support, underpinned by the data gathered from people sleeping rough, was leveraged to inform the precise housing allocation (i.e., cultural needs, no stairs, proximity to medical care) and nature of ongoing support (i.e., drug and alcohol, primary health). Assertive outreach was thus positioned as an intervention to identify people excluded from services and to elicit critical personal data, for the purposes of a joint collaborative response that centred on permanent housing and sustainable exits from homelessness.

Supporting people into housing

The third core aspect of the assertive outreach's multi-pronged approach was collaboratively providing support. Such support was wide-ranging, from the provision of primary and mental health care, to finding crisis accommodation. The most crucial form of support, however, was support for people to access secure housing. Such support often began with outreach workers helping individuals to complete a social housing application. This included acquiring and compiling documentation that is

required to not only substantiate an applicant's eligibility (identification, assets and income support statements), but also their urgent need for housing (health conditions) to validate the advocacy for prioritisation.

Once – and if (see below) – a housing offer was made, the collaborative approach to *seeing* once again became critical. Upon receiving an offer of social housing, the person receiving the offer only has three days to accept before it is revoked and the application removed from the waitlist (Queensland Government, 2022). For people who do not have a fixed address and rarely have consistent access to a phone, this means it is critical that assertive outreach is able to rapidly locate specific individuals to relay communications from the department. One outreach practitioner described the process of locating someone who had received an offer for housing:

> [Statutory housing authority] contact us and then they'll say, "You've got three days to find this person, to view this property, and to sign up." … Night, day, morning, 6:00, whatever … We get hold of [police] and see if they were street checked somewhere. We'll make a trip there. Then we'll ask council if they've seen them. (Outreach practitioner)

Other community workers recognised the urgency in these situations and did what they could to help locate the person:

> Say [the outreach team] is supporting someone and then they have a housing offer come up and they can't find the person, so they might call me and go, "Oh, we're looking for old mate." … "Oh, they're at [local square]." So they'll go in. And so we work together like that. (Police)

Once the person was located, the outreach team worked quickly to support them to view the property and complete the tenancy agreement:

> Once we get hold of them, we'll straight away take them into Housing, like, "Okay, we've found this person. Can we get the keys?" Take the keys, take them to view the property. If they like it, then we sign up the same day and we pay the first two weeks rent. (Outreach practitioner)

This process enabled the assertive outreach to collaboratively overcome systematic barriers related to contacting a highly transient population within a very short timeframe, which was crucial for ensuring that individuals had the opportunity to accept the social housing they were offered.

Our findings foreground how assertive outreach's collaborative approach to *seeing* people sleeping rough, *sharing* information, and providing *support* enabled the provision of a continuum of support

for those with the highest levels of need. Reflecting our ethnographic data, we obtained accounts of how assertive outreach worked as a model, and we also observed it operate in the way described. Indeed, during fieldwork we observed people offered and accept housing. As we show now, however, accessing permanent housing was not a common outcome experienced by people supported through assertive outreach.

Stifling transitions out of homelessness

Despite the successes of assertive outreach through *seeing*, *sharing*, and *supporting*, multiple data sources demonstrate significant barriers remain to accessing housing as an exit from homelessness. The quantitative data, in particular, demonstrates that only a minority of people engaged through assertive outreach were eventually housed. Out of the 772 records in the administrative dataset, only 85 (or 12.4%) came from individuals who had been allocated housing. Importantly, individuals allocated housing did not differ from those who were not allocated housing in their vulnerability profiles. This was evidenced by a *t*-test yielding statistically insignificant differences ($p>0.1$) in the average VI-SPDAT scores of housed (mean=12.45 points) and non-housed (mean=12.89 points) individuals. Consistent with the qualitative findings, this pattern of results suggests that failure to allocate housing was not a product of the complexity of people's circumstances. This is important, as it is often incorrectly assumed that failure to access housing among people who are homeless is attributed to the problems and complexity of those individuals (Tsemberis et al., 2004).

The challenges providing housing for the majority of people in this study are reflected in the existing literature. In both the city where the current study was conducted and Australia broadly, homelessness has consistently grown more rapidly than population growth whilst funding for social housing has decreased at the same time funding for temporary homelessness services has increased (Pawson et al., 2020). Further, in Australia waitlists for social housing and time to be allocated social housing has grown (Clarke et al., 2022). In Australia's private rental sector, including in the city where this study was conducted, fewer than two percent of properties listed for lease meet affordability criteria for people who are unemployed without dependent children (i.e., the clients of assertive outreach) (Anglicare, 2023). Although Australia's housing market is notoriously unaffordable and rates of social housing low compared to the UK and Europe, similar expensive housing markets and increased cost of living in the UK and England in particular are increasing demand on temporary homelessness accommodation and that demand is predicted to double in England over the next twenty years (Watts et al., 2022).

The poor housing outcomes realised by assertive outreach clients, on the one hand, and the limited supply of affordable housing, on the other, were constant sources of frustration identified during

fieldwork. In response to our question, what is the greatest need to support people sleeping rough, our participants unanimously said, "more housing; more housing" (Focus Group).

Referring to social housing, a street outreach team member explained:

> There's not enough stock for people who are younger and they still have the same sort of chronic health conditions as a 60-year-old. So, if they are under 50 with chronic health conditions, in need of immediate accommodation, the stock's very, very low. (Outreach practitioner)

The very low stock of social housing was crucial as the private rental sector was considered out of reach for people sleeping rough. As a health outreach worker observed:

> But looking round at the housing, there's not that much around. Private rental, good luck with that. (Outreach practitioner)

This assertion is supported by analysis of the private rental sector (Anglicare, 2023).

In the absence of affordable housing in both the social and private sector, and after people were supported to register for social housing, assertive outreach relied on boarding houses. This reliance notwithstanding, boarding housing were deemed by all stakeholders as undesirable:

> It's still one of the biggest issues, and I'm sure everyone will tell you this, it's just suitable housing. Some of the boarding houses where people are paying close to $200 a week are appalling. (Police)

> No one wants to go to a boarding house. They're horrific places with lots of drugs, lots of violence. (Local government)

People sleeping rough who also experienced significant and long-term exclusions were successfully engaged in assertive outreach. However, even with the collaboration of housing providers, in the absence of stock assertive outreach was only able to support most people into boarding houses.

Discussion and conclusion

Our ethnographic study examined how assertive outreach practitioners collaborated with housing, health, and welfare service providers to support people sleeping rough. Our findings demonstrate that assertive outreach's strengths lay in its collaborative approach to seeing people sleeping rough, sharing information, and supporting people to access some of the services they required. This collaboration, coupled with the assertive outreach approach, enabled people sleeping rough to access a range of services they were otherwise excluded from.

The quantitative administrative data demonstrated that assertive outreach was successful at engaging with people who had experienced long-term housing exclusion with high (unmet) support and health needs. In addition to engaging people, our qualitative interview and focus group data combined with participant observations illustrated how practitioners actively advocated for assertive outreach clients to be prioritised for social housing. The assertive outreach approach thus (i) engaged people deeply marginalised from housing, (ii) used data to help substantiate their need for housing and support, and (iii) provided a formal mechanism through a weekly joint service meeting to lobby for people to be housed.

Despite these successes, the vast majority of people – in the period of time that our data examines – were not allocated housing. In other words, most of the people engaged through assertive outreach did not have their homelessness ended, as is intended.

These findings represent two significant implications for social work. First, social work has a key role to play in altering approaches to practice that remove the barriers some people experience accessing mainstream services. The assertive outreach approach examined here – particularly through collaborative work to locate people sleeping rough, to identify their housing and support needs, and to progress housing applications and to advocate for housing allocations – recognises that changes to systems, not changes to people sleeping rough, will create the conditions for people to exit homelessness. Assertive outreach thus locates the problem of rough sleeping to be one of inadequate systems for allocating resources, rather than service resistance or people who are 'not housing ready' (Tsemberis et al., 2004). Social work can both identify practices that exclude certain groups and work to alter those practices to create inclusion.

Second, the successes realised through changing practice, even highly successful forms of integrated practice identified here, are inadequate to enable people to exit homelessness when there is a demonstrable lack of affordable housing. In the absence of affordable housing, assertive outreach relied on temporary forms of accommodation, predominantly boarding houses. In Australia, as with many other countries, these temporary forms of accommodation are defined as homelessness. The assertive outreach approach identified with Housing First principles (Padgett et al., 2015), yet a lack of affordable housing meant that practitioners worked to support people from rough sleeping into other forms of homelessness. As the literature warns, assertive outreach characterised by a persistent approach is ethically questionable when it is unable to provide people access to housing (Mackie et al., 2019). Assertively moving people from the streets to boarding houses raises questions about coercion and meeting the needs of housed citizens over and above people who are homeless (Stuart, 2016).

This study provides a strong reminder for the importance of social work to be actively involved in practices and systems to overcome exclusion, and to simultaneously be involved in work to bring about structural change to address the drivers of exclusion. Social work has a key role to play in advocating for societal reform to ensure there is sufficient affordable housing. This work to advocate for structural reform sits in social work's radical tradition of solidarity and rights. It is a radical tradition of societal change that Krumer-Nevo (2020) explains is premised on recognition and redistribution. People who are homeless must be recognised as citizens who are failed by existing systems, and this recognition of a person's humanity and systems failures sets the basis for a significant redistribution of resources. Even in the absence of radical social work agitating for societal changes, the profession does indeed have capacity to positively influence increased supply of affordable housing through work at the social policy level (Gal and Weiss-Gal, 2024). Social work is increasingly becoming aware of the way the lack of affordable housing, including social housing, is producing secondary problems. Cross et al. (2022), for example, have called for the urgency of housing affordability to be considered at the forefront of children's care services. '

Social work is similarly contributing to this progression through shaping the discourse toward ending rather than managing homelessness. Social work scholars published the grand challenge of ending homelessness report for the American Academy of Social Work and Social Welfare (Henwood et al. 2015). Critical to this reframing is increasing the supply of affordable housing instead of providing more support services to people who are homeless. In the United States likewise, social work scholars Deborah Padgett and Ben Henwood have been central in building the evidence and advocacy for Housing First (Padgett et al., 2015) and permanent supportive housing (Henwood et al., 2018).

The argument for social work's role in progressing an agenda to end homelessness through increasing the supply of affordable housing and linked support services reflects the premise of assertive outreach and resonates with the findings presented in this article. The centrality of social work to play a significant role in societal change to bring about a greater supply of de-commodified housing is predicated on (i) homelessness produces societal problems that social work responds to, (ii) the absence of housing subverts the effectiveness – and ethicality – of many social work interventions, and (iii) homelessness prevents people living not only with dignity, but also self-determining lives where they are citizens, rather than homeless clients relying on a professional's care.

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