

The Journey to Social Inclusion Program: Practices and outcomes of a model of integrated intensive case management for ending long-term homelessness

**Addressing Homelessness: Towards new models for the 21st century –
Adelaide, Friday 8 August 2014**

Presented by Dr Sharon Parkinson for the project team:

Dr Guy Johnson - Senior Research Fellow, Centre for Applied Social Research, RMIT University

Dr Yi Ping Tseng - Senior Research Fellow, Melbourne Institute of Applied Economic and Social Research, The University of Melbourne.

Dr Sharon Parkinson - Research Fellow, Australian Housing and Urban Research Centre, RMIT University

Daniel Kuehnle - Melbourne Institute of Applied Economic and Social Research, The University of Melbourne

Sandra Sesa – Research Officer, Centre for Applied Social Research, RMIT University



Presentation overview

- Introducing the J2SI model
- The evaluation framework
- The elements of J2SI model in practice
- Overview of baseline profile and outcomes after 3 years
- Some reflections on the lessons learned
- What to develop further

The J2SI pilot program

Integrated intensive model of case management

Delivered over three years to 40 individuals experiencing long-term homelessness

Developed by Sacred Heart Mission in response to the absence of intensive models to address long-term homelessness

Funded mainly by philanthropic trusts

A Complex Journey



Source: *Fotosearch.com*

Evaluation framework

- Experimental design with a randomised control group – equivalent groups on assignment
- Longitudinal study following outcomes of group J and E over three years – Retention Group J 85% and Group E 77%
- 20 Qualitative interviews with both group J and E
- Process evaluation documenting program implementation and refinement of the model within evidence informed practice
- Economic evaluation of the costs and benefits
- Strong service and evaluation governance through expert reference and working groups, and steering committees

Elements of the J2SI model

Evidence informed model of how to end long-term homelessness

5 key elements based on the cultivation of internal and external service relationships:

- Building workforce capacity for long-term support that is trauma informed
- Intensive case management with staff to client ratio 1:4 for up to three years
- Rapid access to permanent housing
- Building skills, employment placement and support
- Linkages with therapeutic and specialist services

The model in practice

Building Capacity

- Culture of high commitment and reflective practice from management and staff
- Staff had access to ongoing clinical and standard supervision, extensive training calendar, joint case conferencing
- Equipped staff to respond to complex trauma and maintain an ongoing relationship
- Core staff remained stable throughout the trial providing consistency

The model in practice

Intensive case management

- Proactive and persistent engagement - just being there in the beginning
- Knowing client really well
- Valuing the relationship - at all levels of the service
- Dual worker to avoid dependency
- Relationship used to model behaviour change and build on small successes
- Harm minimization approach focused on maintaining engagement
- Focused on outcomes

The model in practice

Rapid access to housing

- MOUs with housing providers, mainly OoH
- Most were housed by six months
- Developed proactive relationship based approach to tenancy management
- Flexible funding pool for housing/household assistance
- Case management relationship used to sustain tenancy

The model in practice

Service integration

Internal

More than two thirds accessed BUDS/MIF – several success stories

Preparation for training/job readiness highly intensive to overcome barriers

Accessing therapeutic support more limited

External

Highly proactive and collaborative – Buy in from mental health, D&A and other services from level of Governance through service delivery

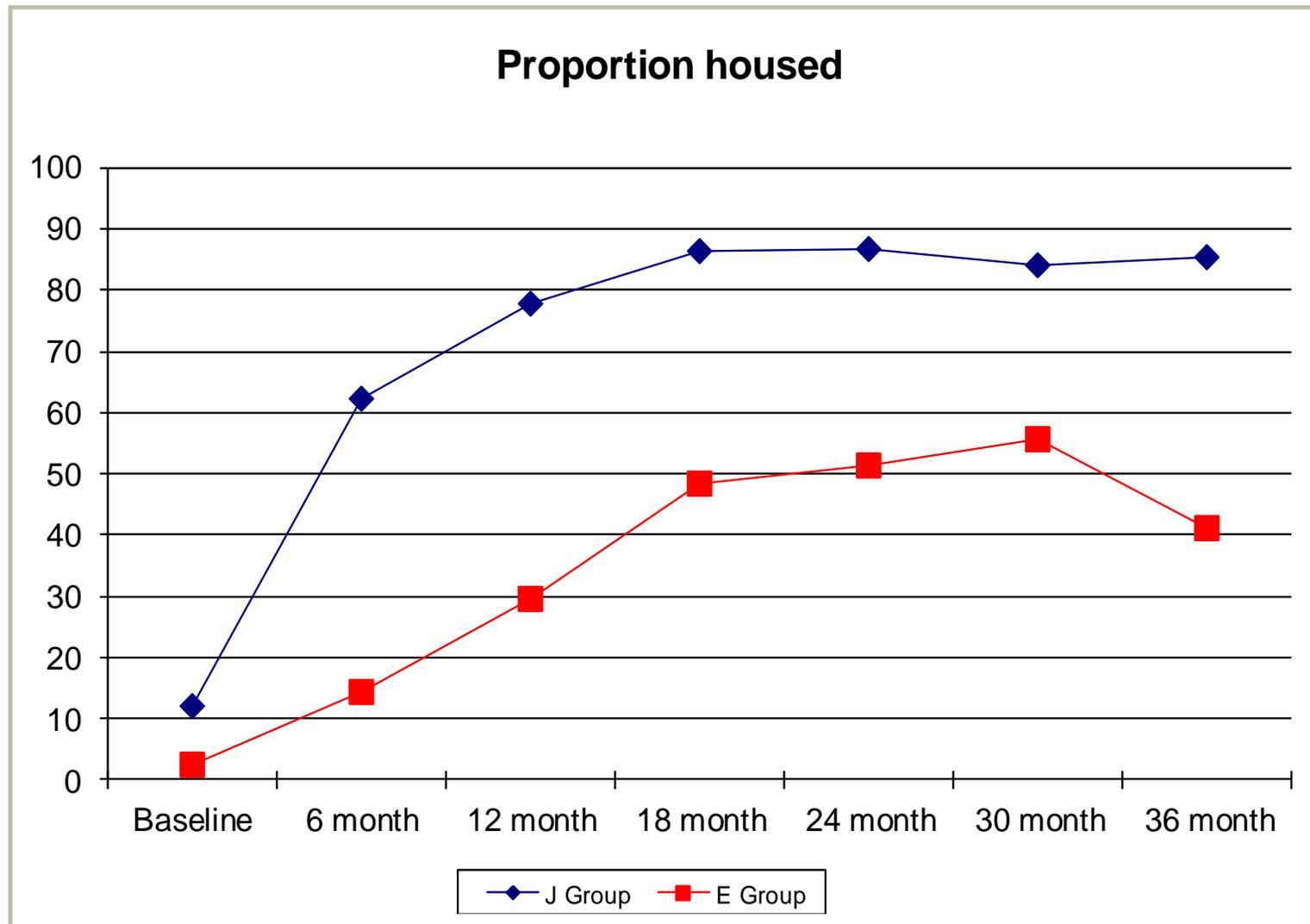
Linked into specialist services with J2SI as the conduit ‘carrying the client history’

The model was rated highly by partner agencies

Participant profile when support commenced

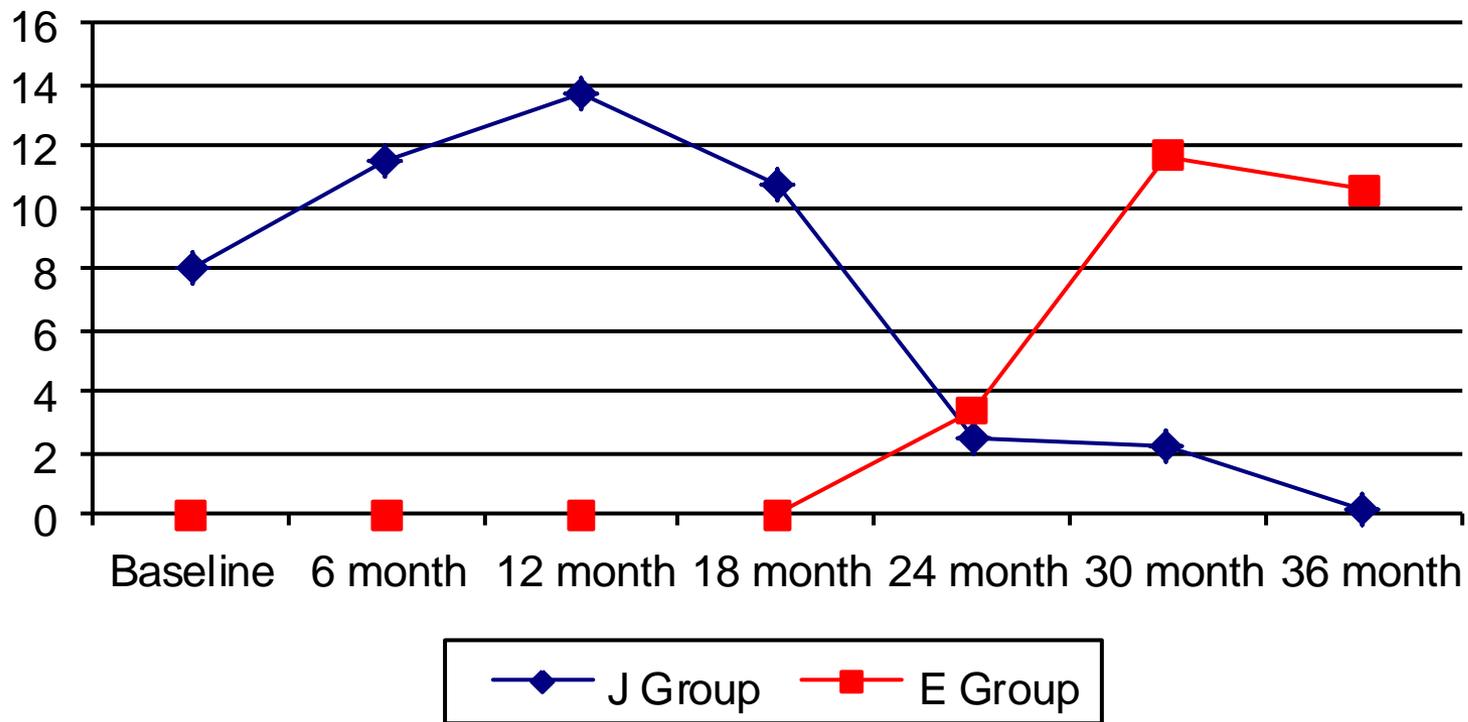
- Most had a history of childhood trauma, including experiences of sexual and physical abuse
- Just under half had been placed in out of home care
- More than half had their first experience of homelessness at 18 years or younger
- Nearly all reported problems with chronic health
- Nearly all reported problems with drugs and/or alcohol
- Around half were sleeping rough/ in crisis accommodation and while the other half were living in boarding houses
- None had paid employment and most had not worked for five years or more
- All had experiences of entrenched disadvantage and poverty

Strongest outcome is for housing



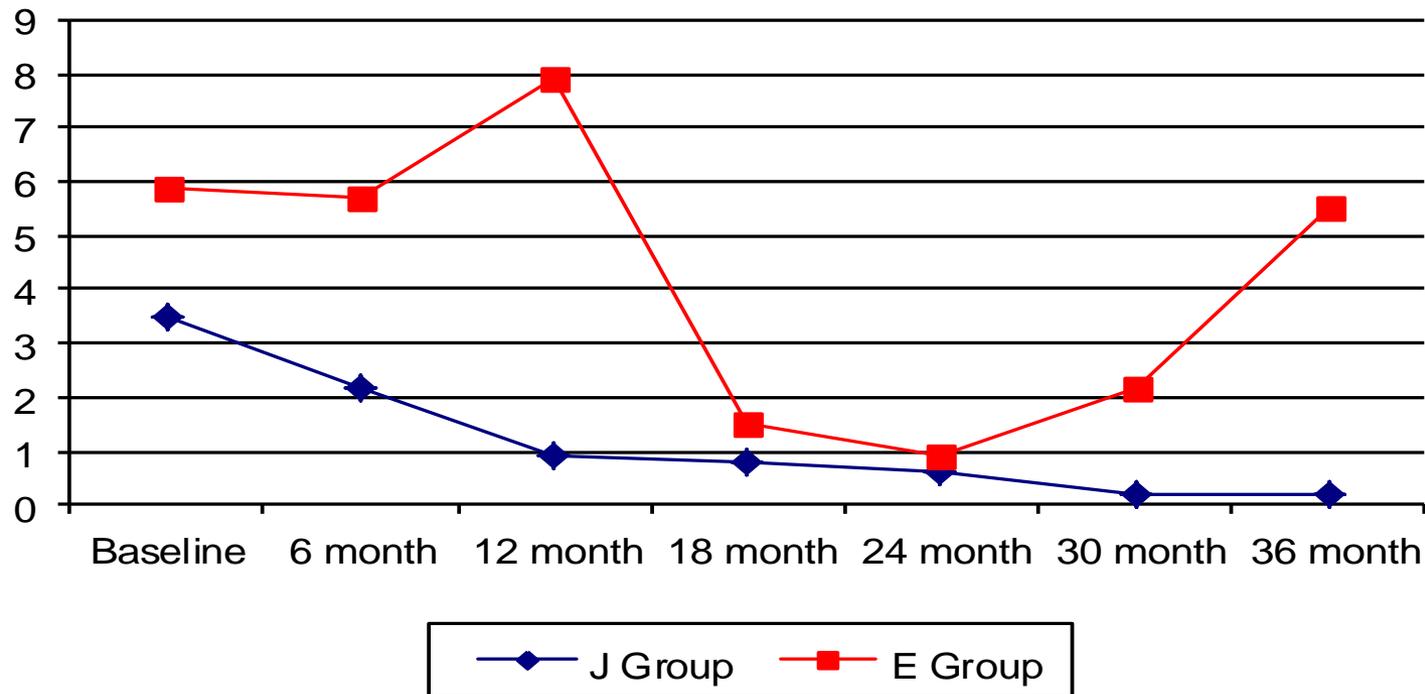
For incarceration

Average number of days incarcerated (36 MONTH DATA)



For reduced use of specialist homeless services

Average number of times used specialist homeless services (36 MONTH DATA)



Strong difference between groups for

Mortality rate – 3 in group E and 1 in group J passed away

Modest improvement between groups for

Psychological wellbeing – DASS declined 9.9 points for group J and 5.8 points for group E

Little clear improvement between groups for

Drug and/or alcohol use

Around 70% in group J and E reported using illegal drugs in the past 6 months

Some types of drugs decreased whilst others such as ice increased

Similar improvement between groups for

Bodily pain – no bodily increased around 14 percentage points for both

Perceptions of social acceptance around 4 points and social support 2 points for both

Staff reflections on outcomes

- Clients moved through stages of change at a different pace
- Some moved to complete independence others are likely to require ongoing support to maintain their housing
- Most noted change was the marked decline in the presentation of extreme behaviour
- This made housing and engaging with other providers easier to manage

Is the J2SI model effective?

A trauma informed intensive integrated case management model matched with access to rapid housing:

- Is effective in maintaining long-term engagement in the support process and in stabilising housing.
- Reduces use of costly and unplanned services
- Can make small gains that make a difference to quality of life but overcoming entrenched social exclusion is difficult
- Improves safety and saves lives but is limited in stopping drug/and or alcohol use altogether.
- The findings mirror those of Housing First and other low demand models of supportive housing

Lessons learned from J2SI

It is critical that future models:

- Have a strong governance structure
- Provide access to training for long-term support
- Are intensive with small case loads
- Can follow clients through different types of housing
- Focus on creating new opportunities for clients
- Provide a service that clients trust
- Strive for genuine and proactive interagency collaboration
- Strive to engage the most vulnerable and high needs clients
- Have realistic expectations of change

What to develop further

- Better understanding of the service sector role in cultivating social inclusion
- Examining what role a harm minimisation approach should play within a low demand model of supportive housing
- Examining the broader application and frameworks of clinical supervision within the practice of case management
- Exploring how intensive support models can be integrated into ongoing practice and what implications this has for the flexibility of case loads and duration of support
- Ways to access affordable housing for those with experience of long-term homelessness
- Strengthening service integration – the ongoing silo issue

Thanks for listening

sharon.parkinson@rmit.edu.au

Please see final reports at

<http://www.sacredheartmission.org>