J2SI JOURNEY TO SOCIAL INCLUSION

Delivering J2SI Phase 2:
6-Month Staff Evaluation

Findings from Wave 1 Qualitative Focus Groups with J2SI Phase 2 Sacred Heart Mission Staff from the Journey to Social Inclusion Phase 2 Randomised Controlled Trial.

Monica Thielking, Louise La Sala, Kathryn Taylor, Jessica Mackelprang and Paul Flatau

'*A program like J2SI is really what he needs to have someone just consistently sticking with him through thick and thin. It's going to make a big difference'*
– J2SI Phase 2 Intensive Case Manager

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Table of Contents

Acknowledgements

The J2SI Phase 2 Research Study

The J2SI Phase 2 Research Study is led by Professor Paul Flatau, Director of the Centre for Social Impact, University of Western Australia (UWA). Members of the research team are: Professor Paul Flatau[1], Dr Monica Thielking[2], Assoc./Prof Lisa Wood[1,3], Assist./Prof Karen Martin[3,1], Ms Shannen Vallesi[1,3], Ms Elizabeth Whittaker[4,1], Dr Kaylene Zaretzky[1], Dr Jessica Mackelprang[2], Dr Leanne Lester[1,5], Ms Louise La Sala[2], Dr Kathryn Taylor[2], Dr Ryan Courtney[4], Assoc./Prof. Jude[7] Spiers, and Dr Steve Quinn[6].

1) Centre for Social Impact UWA, UWA Business School, The University of Western Australia
2) School of Health Sciences, Swinburne University of Technology
3) School of Population Health, The University of Western Australia
4) National Drug and Alcohol Research Centre, The University of New South Wales
5) School of Sport Science, Exercise and Health, The University of Western Australia
6) Department of Statistics, Data Science and Epidemiology, Swinburne University of Technology
7) International Institute for Qualitative Methodology, University of Alberta

About Sacred Heart Mission

Sacred Heart Mission (SHM) was founded in 1982 as a small volunteer service providing food, clothing, emergency relief, accommodation and companionship to people experiencing homelessness. It has grown to become a major provider of homelessness services in Melbourne. Further information about SHM is available at www.sacredheartmission.org.

Address for correspondence

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

Dr Monica Thielking
Swinburne University of Technology
Faculty of Health, Arts and Design
Department of Psychological Sciences
Mail H99, PO Box 218 Hawthorn Victoria 3122
Australia
Phone: +61 3 9214 4402
Email: 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
SHM	Sacred Heart Mission
THI	Trauma and Homelessness Initiative
UWA	University of Western Australia

Introduction

The J2SI Phase 2 research study is led by the Centre for Social Impact, University of Western Australia (CSI UWA), in partnership with Swinburne University of Technology (SUT). Sacred Heart Mission (SHM) delivers the J2SI Phase 2 intervention, and the J2SI Phase 2 Intensive Case Managers (ICMs) are Sacred Heart Mission staff. This report, led by researchers from Swinburne University of Technology, outlines the results of the first set of semi-structured interviews and focus groups conducted with ICMs and their Supervisors regarding their initial experiences of delivering the Journey to Social Inclusion Phase 2 intervention. It provides additional insight into the views of research end-users on the experience of delivering the J2SI intervention, which, to date has been summarised as consisting of:

- Assertive case management and service coordination
- Rapid housing access and sustaining tenancies
- Strong focus on health and wellbeing
- Trauma-informed practice
- Building skills for inclusion (social and economic)
- Fostering independence

See the Journey to Social Inclusion (J2SI) Phase 2 Implementation Report produced by Sacred Heart Mission for more information.

As outlined in the baseline report (Miscenko et al., 2017), the J2SI Phase 2 program is an innovative homelessness program implemented and administered by SHM in Melbourne. It aims to break the cycle of chronic homelessness by providing rapid access to permanent housing, delivering support to assist participants in sustaining tenancies and improving the health, wellbeing and social outcomes of participants. It builds on the pilot J2SI program that was undertaken between 2009 and 2012 (Johnson & Tseng, 2010; Johnson et al., 2011; Johnson et al., 2012; Johnson et al., 2013; Johnson et al., 2014; Parkinson, 2012; Parkinson & Johnson, 2014). 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

The objectives of the J2SI Phase 2 research study are many. Firstly, we aim to describe the histories, needs, circumstances and pathways of those experiencing chronic homelessness in Melbourne. Secondly, we aim to assess the impact of the J2SI Phase 2 program being implemented by SHM compared to a comparison group who are receiving existing standard service provision. Impact will be assessed according to a broad range of wellbeing domains, including housing, physical health, mental health, alcohol and other drug (AOD) issues, health service utilisation, economic participation, social support and quality of life. Thirdly, we intend to examine the cost of the J2SI program compared with existing service provision and assess the overall cost-effectiveness of the J2SI Phase 2 program (accounting for differential cost offsets). Finally, we aim to provide a framework for scaling up the J2SI intervention pending positive evaluation findings.

The baseline research report (Miscenko et al., 2017) provided an in-depth overview of study participants, summarising their histories and

current experiences of homelessness; labour force status; mental and physical health status; use of, and dependence on, alcohol and other drugs; quality of life; contact with the health and justice systems; and social support. The J2SI Phase 2 Baseline Survey, on which the baseline report was based, was administered to participants prior to randomisation. Participants were randomised to an intervention group ('J' group; i.e., enrolled in the J2SI Phase 2 program and assigned an ICM from SHM) or a comparison group ('E' group; i.e., those eligible to receive standard service provision). The second report, *Chronic Homelessness in Melbourne: First-Year Outcomes of the Journey to Social Inclusion Phase 2 Study Participants,* details findings at the Year One time point in which we compare outcomes at the Wave 3 time point with those at Baseline, using survey data that were collected during interviews with research study participants.

Wave 1 qualitative data: SHM staff perspectives

As stated in the baseline report (Miscenko et al., 2017), the J2SI Phase 2 evaluation utilises a broad range of data including longitudinal survey data, qualitative interview and focus group data, and linked administrative data from Victorian and Australian government agencies across a range of domains (e.g., health, housing, justice, labour force and income support) to develop a rich profile of study participants and the pathways they follow over time. This report focuses exclusively on qualitative data collected in the form of focus groups and interviews with SHM staff who are responsible for delivering the J2SI Phase 2 intervention. The staff experiences reported herein capture the first six months of J2SI Phase 2 intervention delivery between January and July 2016.

Objectives of this qualitative component of the J2SI Phase 2 research study are to investigate staff experiences of delivering the J2SI Phase 2 intervention. In particular, we aim to:

- Describe staff understanding of the J2SI Phase 2 model, with particular reference to their approach to delivering a trauma-informed intervention;
- Clarify staff perceptions of the major differences between the J2SI Phase 2 model compared to standard homelessness support services;
- Discuss challenges that staff or participants (per staff report) have faced thus far in the J2SI Phase 2 program; and,
- Explore staff perceptions of the impact the intervention is having on participants.

Delivering a trauma-informed intervention

In addition to creating strong relationships with key service providers in order to ensure the full range of clients' needs are addressed, the J2SI model takes on a trauma informed practice approach to service delivery and is one of the key elements of the J2SI Phase 2 service model. It is consistent with the SHM Practice Framework (2016b), which describes SHM as a trauma-informed organisation. SHM's move to become a trauma-informed organisation was based on the findings of two major research projects initiated by SHM that underscore the importance of adopting a trauma-informed intervention (i.e., Johnson, Parkinson, Tseng, & Kuehnle, 2011; and O'Donnell, Varker, Cash, Armstrong, Di Censo, Zanatta, Murnane, Brophy, & Phelps, 2014; O'Donnell, Varker, & Phelps, 2012).

The first major research project initiated by SHM was the pilot study of J2SI, a randomised controlled trial conducted by RMIT University and The University of Melbourne from 2009 to 2012. In this study, 88 adults were assigned to receive the J2SI intervention or existing services for a 3-year period. It was discovered that nearly all study participants had experienced trauma in their lifetime (95%), including rape (48.5%), sexual molestation (51.5%) and physical assault (74.4%; Johnson, Parkinson, Tseng, & Kuehnle, 2011). After three years, 85% of J2SI participants were housed compared to 41% of those receiving existing services (Johnson, Kuehnle, Parkinson, Sesa, & Tseng, 2014). The pilot study demonstrated that a person can make a permanent transition out of homelessness if an organisation prioritises housing as a key client outcome area and couples this with intensive, individually tailored, long-term support that addresses both the underlying causes of the person's homelessness, as well as addressing the trauma experienced prior to or whilst homeless (SHM, 2016b).

The second major research project was the Trauma and Homelessness Initiative, which was a collaboration between the Australian Centre for Posttraumatic Mental Health and four agencies providing services to people who are homeless or who are at risk of homelessness: Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria. That research project involved a literature review, interviews with service users from the four community agencies involved, staff focus groups from those agencies, and a quantitative study of adults currently experiencing or at risk of experiencing long-term homelessness (O'Donnell, et al., 2014; O'Donnell, Varker, & Phelps, 2012).

An integration of the key findings of the Trauma and Homelessness Initiative lead to the development of a model of recovery for people experiencing long-term homelessness (Figure 1). The model recognises the cyclical interrelationship between trauma exposure, long-term homelessness, social disadvantage, and mental health difficulties. It proposes three steps towards recovery, which are to promote recovery principles, to develop core psychological stability skills, and to engage or provide specialist treatment and support (O'Donnell et al., 2014).
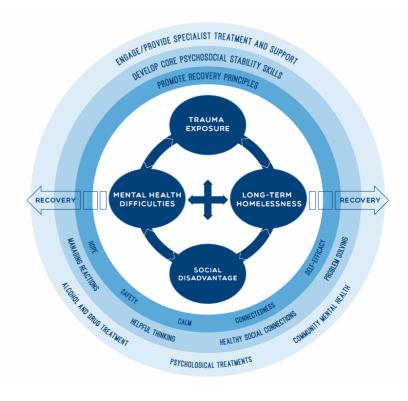

Figure 1. A model of recovery for people experiencing long-term homelessness. From "The Trauma and Homelessness Initiative" by M. O'Donnell, et al., 2014, Report prepared by the Australian Centre for Posttraumatic Mental Health in collaboration with Sacred Heart Mission, Mind Australia, Inner South Community Health and VincentCare Victoria, p. 63. Copyright 2014 by

Australian Centre for Posttraumatic Mental Health.[1]

Based on this research, SHM adopted the O'Donnell et al., (2014) model of recovery as the theory that underpins their practice. They also adopted the Hopper, Bassuk and Olivet's (2010) definition of trauma-informed care and established six principles of trauma-informed care based on theoretical (i.e., O'Donnell, et al., 2014) and practice-expertise underpinnings to guide their practice with clients, as outlined in the SHM Practice Framework (2016b). The adopted definition of trauma-informed care is "a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper, Bassuk, & Olivet, 2010, p. 82). The six principles of trauma-informed care are outlined in Table 1. SHM staff receive training and supervision to ensure their adherence to these principles (SHM, 2016b).

Table 1. Trauma Informed Care Principles

Trauma Awareness	Being aware clients are likely to have been exposed to trauma and understanding the consequences of this experience on their mental health and behaviour.
Promote Safety	Working towards building physical and emotional safety for both service users and providers, recognising that trauma survivors may experience feelings of being unsafe.
Rebuild Control	Creating predictable environments and opportunities for individuals to rebuild a sense of personal control, as people often feel a loss of control in traumatic situations.
Promote Connection	Developing social networks which play a critical role in promoting resilience and recovery.
Focus on Strengths	Assisting individuals to identify their own strengths and develop their personal coping skills.
Belief in Recovery	Promoting hope, remembering that people can and do recover from trauma.

Adapted from "Sacred Heart Mission Practice Framework" by Sacred Heart Mission, 2016b, St Kilda, Victoria, p. 8-13. Copyright 2016 by Sacred Heart Mission.

Sacred Heart's Mission's Practice Principles state a firm commitment to supporting staff to provide quality services to clients. For example, SHM commits to: staff and volunteer training and practice development for the acquisition or development of skills; the provision of supervision in order to facilitate professional competencies; making opportunities for practice reflection with a trauma-informed care practitioner in order for staff to share and deepen their approaches to working

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1 Reprinted with permission from the first author and Phoenix Australia, formerly known as the Australian Centre for Posttraumatic Mentmal Health.

with clients; making time for staff to debrief with others about their work; and promotion of health and wellbeing initiatives for staff (SHM, 2016b).

Research methodology

This report summarises findings from the first wave of focus groups with SHM J2SI Phase 2 staff, which were conducted approximately six months after the 3-year study began in July 2016. Follow-up focus groups will be conducted with ICMs and Supervisors on three occasions over 3 years (i.e., 6 months, 18 months, 30 months). This component of the research study was designed to explore SHM staff perceptions and attitudes toward the J2SI Phase 2 intervention, with a focus on their perceptions of the impact of the J2SI Phase 2 intervention on participant outcomes. ICMs (N = 10) were invited to participate in one of two focus groups (i.e., ICM focus group); 8 participated. Two Supervisors participated in a separate focus group (i.e., Supervisor focus group).

The aim of the ICM focus groups was to gather feedback regarding preliminary staff perspectives of the J2SI Phase 2 intervention and to gather information on their experiences working with participants, to describe challenges they or the participants (i.e., their clients) have experienced thus far and to assess any impacts they believe the intervention may be having at the 6-month mark. The aim of the Supervisor focus group was to obtain an additional perspective on the intervention delivery, particularly Supervisors' experiences of supporting ICMs within the J2SI Phase 2 model. Except in the section on supervision experiences, themes arising from Supervisor and ICM data have been combined, as views did not differ regarding perceptions on intervention qualities and client impacts. In the

Results section, the terms staff (i.e., ICMs and Supervisors) and ICM are used interchangeably. The role of quoted respondents has been removed to ensure anonymity of respondents.

A semi-structured interview guide was developed for the purposes of this study (see Appendix). Ethical approval to conduct the interviews was obtained from the University of Western Australia Human Research Ethics Committee (RA/4/1/7904) and Swinburne University Human Research Ethics Committee (SUHREC 2016/084). Participants were informed of the nature of the study prior to participating and of their right to withdraw consent at any time. When organising the focus groups, participants were advised of the time requirements and the anticipated outcomes of the data being collected. The focus groups were audio-recorded, transcribed, and coded in NVivo10 using a semantic-level coding system. Data has been aggregated and synthesized to provide an overview of major themes.

Results

The following section describes the results of the first wave of semi-structured interviews and focus groups with SHM J2SI Phase 2 staff, including staff perceptions of the strengths and challenges of J2SI Phase 2, trauma-informed practice, preliminary client outcomes and supervisory experiences.

Strengths of J2SI Phase 2

Staff were asked to describe the J2SI Phase 2 intervention in their own words and to specify how it differs from other services for people experiencing homelessness in Melbourne. When describing the J2SI Phase 2 approach, staff commented on smaller caseloads, a more holistic approach to working with clients, and a belief that the model symbolized a more effective attempt to end chronic homelessness. In reflecting on how the intervention compared to other programs or services for people facing homelessness, the major differences related to having more time to engage with clients as a result of being assigned smaller caseloads, the opportunity to develop stronger relationships with clients, and a greater focus on nurturing increased client autonomy.

More time to engage

Time was discussed in two ways. Firstly, it was discussed in relation to the duration of service delivery in the J2SI Phase 2 service model (up to three years). It was also discussed in reference to the amount of time, on a weekly basis, that can be spent supporting each client. Having adequate time was seen to be a core asset for relationship building, establishing the trust of clients and having the ability to persevere with challenging or transient clients who are difficult to engage. Having time to provide support was described as the

major difference between the J2SI Phase 2 intervention and other programs in the Specialist Homelessness Service system.

Having all of that time actually allows some really strong strategies to be put in place and to be embedded in a way that they [the clients] problem solve or manage their own crisis, or resource things, or the way that they maybe respond to people in the community and the services, or how they go about getting what it is what they need… we have such a long period of time that we can really work on possible ways to do that, which will be sustainable rather than presenting all the time in crisis… It's around finding what's really appropriate and what's really best and individual for each person.

Smaller caseloads

SHM staff described the experience of being assigned smaller-than-typical caseloads in the J2SI Phase 2 intervention. Staff felt confident that the small caseload approach allowed for the development of reparative relationship experiences for clients who were facing homelessness and a host of other issues in their lives. It also provided the opportunity for ICMs to "journey" with their clients toward important (and often challenging) changes in their lives.

I think that they're different with us than how they've reacted to other people in the past, which is good and bad in some ways because sometimes they're just so used to running away from that stuff that it's like, "Too much! Just get away from me. Leave me alone." But then you can 'find' the people – yeah – the people at the heart of it.

Some ICMs described previous positions within the Specialist Homeless Service system wherein they were allocated caseloads of up to 30 clients at any given time. Such large caseloads were viewed as superficially meeting client needs, at best, and were not considered conducive to achieving effective outcomes. A caseload of six clients was considered sufficient for implementing individually tailored plans that were relationship-based and promoted an assertive engagement approach in ICM-client interactions.

I came from my job, with a case load of about 30 people, that was kind of increasing all the time and also the amount of time was shortening all the time. So it was just really feeling like you're not able to do a really effective job, let alone kind of remember people and what's going on for them. So I really was enthusiastic about doing this kind of work where you're working with six people who are very complex, but you can work really intensively with them because I think that's what you really need to do to make – have good outcomes for people.

ICMs also believed that J clients were not being ignored or "labeled" (e.g., 'difficult'; 'complex' or 'uncooperative') as they may have been in other programs/interventions due to the small staff-to-client ratio unique to J2SI Phase 2.

Stronger relationships
Stronger relationships between ICMs and clients were perceived to be a positive outcome of smaller caseloads. ICM-client relationships were described as "two-way", where both the client and ICM were actively involved in the working relationship. Staff described a number of instances that highlighted clients' developing confidence and trust, such as by sharing personal information with ICMs, which

was perceived as being a unique and beneficial experience, both for clients and for ICMs. Some case managers reported that the absence of pressure to meet a client's needs in a short amount of time allowed for a collaborative therapeutic relationship to develop at its own pace. Establishing stronger relationships was seen as an antidote of sorts for the power imbalance that some staff had experienced in settings where funding rules dictated that specific goals (i.e., rapid housing) must be achieved in meager periods of time. This was usually seen as being at the expense of client-worker relationships and staff worried that under such constraints, support was terminated before clients were ready. The ICMs reported that a positive aspect of the J2SI Phase 2 intervention was that clients were not obliged to "tell their story" in the first session in order to prove their "worthiness" of receiving a certain service. This seemed to align with the personal philosophies of staff, that services should be delivered in a humanistic and compassionate manner that encourages client autonomy.

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.

I think because you're able to meet with somebody so regularly, and I think that because of the trust that you build and the rapport that you build in the beginning… you're able to put their mind at ease that you are going to be around for a

long time and I feel like that's allowed clients to feel more at ease, to be more honest and open about what's happening in their lives.

I think the fact that you're around or someone will be around for three years means that you're more likely to get an emotional investment, which opens up a whole new area in the work.

Client autonomy and independence

SHM staff mentioned client autonomy as being a significant factor in the J2SI Phase 2 intervention. Staff spoke about being committed to collaborating with clients to develop self-management and "problem-solving skills", building their confidence in facing day-to-day challenges and working towards independent living. They noted that the J2SI approach was different than other programs in this sphere, in that it did not have the structural pressures of needing to achieve outcomes quickly and was, therefore, not so 'crisis' driven. In addition to establishing secure housing, ICMs could spend time encouraging participants to seek help independently and promoting general wellbeing and everyday living skills. Staff described instances in their previous roles where rapid housing was prioritised above other client needs (e.g., mental health, physical health, employment), which they worried may have prevented clients from being able maintain housing over time. In their experience, many ICMs believed that approach led to clients being unable to cope with independent accommodation. In comparison, they suggested that the more holistic, client-driven and strengths-based approach of J2SI was more effective in scaffolding skills development to ensure sustainable independence. They believe this approach leads to better outcomes for people who are homeless, which they were witnessing six months into the study.

I think too we've got the opportunity to do things that are outside of what would normally be our role. Because if a client identifies that they like reading science fiction books, but they haven't got any, so it's like, "Oh, you remember your local library, let's go, and let's join. They've got heaps of books there you can borrow" or playing chess or like playing scrabble with someone for a while. So as a case manager you don't normally have the opportunity to do that and find out about people's interests and strengths outside of housing or income or work. So it's really able to kind of be a bit broader and hopefully helpful in the long run.

Challenges of J2SI Phase 2

Despite reporting an overwhelmingly positive attitude towards the J2SI Phase 2 intervention, some emerging challenges were noted by ICMs. Challenges mostly centered on their own experience of delivering the intervention and industrial issues within the sector.

Challenges for ICMs

Not all ICMs began their employment with SHM at the same time; thus, some ICMs had larger caseloads than others. ICMs suggested it would have been beneficial if all ICMs were employed and trained at the same time in order to ensure fidelity to the intervention's client-to-ICM ratio of 1:6. Some staff members reported that being involved in a research study, alongside the intervention delivery, presented unique challenges, including differences in paperwork required for the study versus general SHM administration requirements. However, despite acknowledging this, the staff expressed their understanding of the necessity of research to evaluate the effectiveness of the intervention.

Further, staff reflected on the difference in the nature of the work (i.e., smaller caseloads, stronger relationships) as being "new" or "different." Although this was not discussed negatively, staff recognized the importance of maintaining professional boundaries with clients and of looking after their own emotional wellbeing. This became particularly important as clients began opening up about their lives and backgrounds, which was oftentimes fraught with trauma and hardship. They appreciated this was something that had to be professionally and carefully managed.

I think the initial stage of working with our client group is actually building that trust in engagement and that reassurance that we are going to be around for the long haul. If they've had a lot of workers they don't trust the system a lot of the time so it's just that consistent response – 'you can scream at me, you can yell at me, call me every name under the sun, but I will be back tomorrow or I'll give you a call in a couple of days' – and just getting people on board with that process I think is a challenge in itself.

Finally, ICMs raised concerns that current sector wages may impact staff turnover and, therefore, staff attrition in the research study. ICMs believed that the monetary compensation for this work was not adequate and may impact on their ability to continue to work in this area and to provide ongoing support to clients who present with a range of difficult issues. They believed that this had the impact of the sector not being able to retain effective and experienced workers.

Trauma-informed practice

The focus groups explored the delivery of a trauma-informed practice framework, one of the five elements of the J2SI Phase 2 service model. ICMs highly valued the training provided by SHM on trauma-informed practice with homeless clients. In fact, many spoke about the importance of professional development in this area and acknowledged that they have a more trauma-informed perspective towards clients' challenging behaviors as a result of their work at SHM. There was general agreement that client problematic behaviors were now being understood as a product of past trauma rather than being viewed in isolation from past traumatic experiences.

I think all of the training that we had initially, it sets us up to be able to do the job better, allows us time to sit back and reflect on the people that we're working with in the way that we need to approach it and how that's fluid and it also sets up the notion that we're always going to need to learn. So it opens us more to learning from participants and team members and things like that and I think that's a really important part of starting something like this.

Staff discussed how they (ICMs) now relied on their awareness of trauma and its effects whilst working hard at building meaningful and trusting relationships with clients. They also discussed the importance of knowing about concepts such as re-traumatisation and desensitisation, which clients may experience when being asked to tell and re-tell their history to service providers. As such, ICMs appreciated the amount of time they had to spend with their clients, in order to gradually unpack their clients' stories over time, rather than in their first meeting. Staff felt that trauma-informed practice allowed them to view their clients in a

more holistic way, as people with a unique and individual history.

I think, with one of my clients in particular, when I talk to other services about him and what has happened, I get a better picture he's burnt out other services and they really think he's the problem and he won't kind of play the game, and fit in, gets a bit aggro, bit difficult to get along with, won't accept anything that's offered. So it's his problem - but he is still homeless. So I would imagine what has happened for many years with him is he has just drifted around one place to another and never really connecting. So I think a program like J2SI is really what he needs to have someone just consistently sticking with him through thick and thin. It's going to make a big difference.

Reported client outcomes at six months

Staff were asked to share insights into whether they believed the J2SI intervention was having an impact on clients in relation to the six key outcomes of the J2SI Phase 2 intervention: education, employment and income; social inclusion; mental health; physical health; housing; and service usage. While there was general agreement that the intervention was still very much "in its early days", staff described notable perceived outcomes as including:

> Strong, trusting relationships being built between clients and ICMs;
> Good client engagement;
> Conversations becoming strength-based, rather than deficit-focused;
> Discussion regarding planning pathways into employment or education (some clients already enrolled into TAFE courses); and,

Entry into permanent housing for some participants.

A couple of my clients actually have said – reflecting at about [the] six-month mark - that they have no concept of what it would be like working in the team with a one-on-one worker for this long. They said that they'd been told about the surveys and what the project was about, but they could not have imagined [the] results and how they'd be feeling about being connected to a program like this and that it's far exceeded their idea of what the support might be. Yeah. So it's a nice thing for them to say, but I think a lot of people who access services would not have any expectation that it would continue on for some time and that there would be some kind of emotional kind of rapport built.

J2SI Phase 2 Supervisors' perspectives on supervision of ICMs

J2SI Phase 2 Supervisors are responsible for providing individual and group supervision to the ICMs. In a separate interview, they were asked specifically about their experiences as Supervisors in the J2SI intervention. Supervisors discussed the importance of supervision as it allowed for the 'reassurance' and 'encouragement' of the J2SI model in ICM-client interactions. Common to the Specialist Homelessness Service sector, the Supervisors explained that many ICMs came from diverse backgrounds and experiences and that most had previously worked in short-term, crisis-driven work with people facing homelessness. Therefore, the long-term and smaller caseload model of J2SI was a new way of working for many ICMs. The supervision component was an opportunity to reassure ICMs that they can take time with their clients (i.e., "slow down") and encourage them to "get to know the person" first.

As such, being able to ground ICM's work in the J2SI model within supervision, reassured ICMs when facing challenges in their work with clients.

Supervision meetings were also described as an important opportunity to discuss risk assessment and risk management. Stemming from a trauma-informed understanding, the Supervisors were able to encourage ICMs to maintain self-care practices that optimised their own wellbeing, whilst also being cognisant of their clients' needs. Discussing boundary setting and risk management was a regular topic of supervision and the Supervisors were able to help ICMs with professional dilemmas and to provide support and advice where needed.

Conclusion

Sacred Heart Mission (SHM, 2016c) describes the J2SI intervention as:

> A significant departure from existing approaches and sets a new benchmark for addressing long-term homelessness in Australia. It's different as it takes a relationship-based approach, provides long-term support, and works from the premise that if people can sustain their housing and manage their complex health issues, this provides a solid foundation to the next steps of building skills, becoming a part of the community and contributing to society.

This first qualitative evaluation describing Supervisor and ICM perceptions of delivering the J2SI Phase 2 intervention reveals strong fidelity to the above description. ICMs and Supervisors alike discussed key strengths of the intervention as having more time to work with clients each week

and over a longer time period, having smaller caseloads, creating stronger relationships with clients and observing increased client autonomy.

SHM staff believed that J2SI Phase 2 diverged significantly from existing services in the Specialist Homelessness Service system, and they spoke positively about working in a trauma-informed way, both from a work satisfaction perspective and as an intervention that they believed was respectful and compassionate to clients. Having the ability to 'journey' alongside the client at the client's own pace was considered a positive component of the intervention and reflected the key features of the recovery model (i.e., O'Donnell, et al., 2014), including creating hope, safety and self-efficacy; developing core psychological stability skills such as helpful thinking and problem solving; and engaging in specialist treatment and support (SHM, 2016c). According to ICMs, working in this way encouraged clients to remain more engaged in the support that they were providing than they would in a less holistic, time-limited service delivery model. As a result, staff felt that clients were more likely to gain confidence and skills to make meaningful life changes.

Finally, Supervisors emphasised the importance of closely supporting ICMs throughout the process of working with clients. This way of working with clients is relatively novel within the Specialist Homelessness Service sector, requiring ICMs to learn new skills and knowledge, especially in relation to understanding the impact of trauma on relational styles, motivation to change and general outcomes. Furthermore, given the time-intensive and long-term nature of the relationships with clients, a necessary ingredient of the J2SI Phase 2 intervention, ongoing supervision for ICMs to ensure fidelity to the intervention and self-care for

ICMs was considered vital to the success of the J2SI Phase 2 intervention. This qualitative report provides valuable information about the experiences of SHM staff who are on the frontlines delivering the J2SI Phase 2 intervention.

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Appendix A: Qualitative Interview Prompts

In your own words please describe the J2SI intervention and how it might differ from other interventions or programs for this client group.

In your own words and in practical terms, what does intensive support look like?

In your own words and in practical terms, what does trauma informed support look like.

Describe any challenges you have faced in delivering this type of intervention.

You have been in regular contact with the J clients in your role as case managers. Keeping in mind the six outcome areas that we are interested in evaluating, what can you tell us about *how* the J2SI Intervention is having an impact on clients in relation to Education, Employment and Income, Social Inclusion, Mental Health, Physical health, Housing and Service Usage that may not have been captured in the survey. Let's go through each domain individually, starting with Education, Employment and Income, tell me about how the intervention is impacting clients according to this domain.

Supervisor Prompts

In your own words please describe the J2SI intervention and how it might differ from other interventions or programs for this client group.

In your own words and in practical terms, what does intensive support look like?

In your own words and in practical terms, what does trauma informed support look like?

What have been the key challenges for ICMs in delivering this intervention?

You have been in regular contact with the Intensive Case Managers in your role as Supervisors. Keeping in mind the six outcome areas that we are interested in evaluating, from your discussions with ICMs, what can you tell us about *how* the J2SI Intervention is having an impact on clients in relation to Education, Employment and Income, Social Inclusion, Mental Health, Physical Health, Housing and Service Usage. Let's go through each domain individually, starting with Education, Employment and Income, tell me about how the intervention is impacting clients according to this domain.