

UnitingCare West Pathways Evaluation Report (final) 2016



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Table of contents

Table of contents	p. 2
Tables and figures	p. 4
Executive summary	p. 5
Chapter 1:	
General Introduction	p. 11
Overview	p. 11
Purpose of evaluation research: Evaluation Study objectives	p. 12
Chapter 2:	
Background to the Pathways program	p. 16
Housing First	p. 16
Homelessness service delivery in Perth	p. 17
Homelessness service provision by UnitingCare West	p. 18
The Pathways service aims and objectives	p. 19
Pathways strategies	p. 21
Pathways' client demographic	p. 22
The person-centred approach	p. 22
Quality staffing	p. 25
Chapter 3:	
Research Methodology and Limitations	p. 27
Data Collection: Interviews, shadowing and documentation	p. 27
Participant selection	p. 30
Method of analysis	p. 30
Limitations of this evaluation study	p. 31
Chapter 4:	
Clients' Progress from Clients' Perspectives	p. 33
Conclusion	p. 52
Chapter 5:	
Clients' Progress from Staff's Perspectives	p. 55
Conclusion	p. 87
Chapter 6:	
Findings: Bringing together Clients' and Staff's perspectives	p. 89
Pathways clients	p. 89
Pathways clients (not interviewed, only files accessed)	p. 94
UCW/ Pathways staff	p. 97
RAS staff	p. 101
Discussion	p. 105
Conclusion	p. 106
Chapter 7:	
Findings: Pathways program's success, using three measurement instruments	p. 107
Pathways' commitment to the person-centred and strengths-based models	p. 107
<i>The perspective of UCW management</i>	p. 107
<i>Staff perspectives</i>	p. 109
<i>Clients' perspectives</i>	p. 114
Pathways' measures of success	p. 116
Final note	p. 129
Chapter 8:	
Findings: Pathways' intra- and interagency relationships	p. 131
Pathways as a nested service	p. 132
<i>Coordinated cooperation and subordinated coordination</i>	p. 133
<i>Service identity development</i>	p. 135
Pathways' interagency relationships, and feedback loops	p. 143
<i>The relationship with Tranby</i>	p. 143

<i>The relationship with RAS: one-way communication</i>	p. 146
Pathways' intra-agency relationships	p. 151
<i>Team leadership style</i>	p. 151
<i>The team's strengths and its development</i>	p. 152
<i>Caseworker/client relationships and 'engagement'</i>	p. 155
Conclusion	p. 158
Chapter 9:	
Findings, Conclusions and Recommendations:	p. 159
Other issues that emerged from data analysis that need consideration	p. 166
Considerations regarding future expansion of the Pathways service	p. 179
<i>Interorganizational networks and in between neighbourhoods inequalities</i>	p. 180
An opportunity for theoretical re/positioning	p. 181
<i>Emphasis on organizational learning</i>	p. 182
Conclusion	p. 183
Acknowledgements	p. 184
References	p. 185
Appendices	
Interview Schedules:	
> Pathways opening interviews for staff and volunteers	p. 191
> Pathways opening interviews for participants	p. 193
> Questions for clients (2 nd interview)	p. 194
> Questions for Executive Manager Community Inclusion	p. 195
> Questions for Inclusion Manager	p. 197

Tables and Figures

Figures

Figure 1: Outcomes Star Visual Image	p. 118
Figure 2: Marian's Image of UCW's Priorities	p. 137
Figure 3: Maslow's Pyramid of Needs	p. 138

Tables

Table 1: Interviewees' Names and Interview Dates	pp. 29-30
Table 2: Names of Clients' Files, Access and Analysis	p. 30
Table 3: Clients interviewed and Interview Dates	p. 33
Table 4: Clients' Outcomes Stars	p. 34
Table 5: Staff's Names and Dates of Interviews	p. 55
Table 6: Support Timescales and Quality Standards	p. 117
Table 7: Outcomes Star Timetable	p. 118
Table 8: Clients' Survey Responses-1	p. 119
Table 9: Clients' Survey Responses-2	p. 120
Table 10: Clients' Survey Responses-3	p. 120
Table 11: Clients' Survey Responses (open question)	p. 120
Table 12: Lamas and Lunas (2015) Talent Development	p. 183

Executive summary

This evaluation report explores and reports on the effectiveness of the Pathways program, delivered by UnitingCare West (UCW) in Perth, Western Australia. UCW is a strong advocate for people who are most in need, including homeless people with complex needs and those at risk of homelessness. The Pathways program is one of its around 30 services that targets people who have complex needs, with characteristics and lifestyles that include transience, homelessness, disruption through health crises, interaction with the justice system and/or alienation from family. This target group is generally resistant to engaging with mainstream services other than at a level required to address their most immediate needs. Despite these people's vulnerability, they routinely fall through service system gaps because services are neither funded nor designed to meet their needs (UnitingCare West, 2013b).

The Pathways program is concerned with social inclusion, people who are most in need and people who are homeless. This report assesses how the Pathways service assists homeless people with complex needs, and those at risk of homelessness. Successes were found for example in Pathways clients' re/gained capacity to live independently and their re-gained sense of empowerment and agency. This report also informs decision makers on the barriers and enablers to achieving these successes, and suggests these need discussion and action, in order for Pathways staff to feel supported and continue to successfully assist clients in achieving positive outcomes.

Evaluation aims and design

This report is the result of a two year research project conducted by Murdoch University researchers and funded by UnitingCare West (UCW) to examine the effectiveness of the Pathways program.

More specifically, this evaluation study aimed to:

- 1/ find out and *report on clients' progress* with respect to living safely and sustainably, social inclusion and interconnectedness, and clients' physical and mental health condition;
- 2/ address the quality of service delivery including the impact of the Outcomes Star, which is the main assessment tool the Pathways service uses, to measure clients' progress but also the quality of service delivery;
- 3/ offer insight into the intra- and interagency relationships that impact on Pathways' service delivery and subsequently on Pathways clients' progress with respect to living safely and sustainably, social inclusion and interconnectedness, and clients' physical and mental health condition;
- 4/ from a social systems ecology perspective, offer insight into the difference between the espoused and the apparent service aims, objectives and strategies, and other issues of an organizational nature that emerged from data analysis.

The Pathways service's operational aim is 'to break the cycle of homelessness for people who have multiple complex needs, enabling them to access the individualized support they require to live in a safe, inclusive and sustainable way in the community' (UnitingCare West, n.d.-a). Towards this aim, and ensuring that a minimum of 25 people per year successfully build independence, the service employs a person-centred and strengths based approach. UCW is a strong advocate of the person-centred and strengths based approaches, believing they are best suited and most effective to successfully assist people who are most in need.

Though the person-centred and strengths based approaches receive increased support from government and non-government agencies across the world and also in Australia, there is little evidence of their effectiveness largely because these approaches have been implemented only since the 1990s (Kinsella, 2000). Further, the type of assistance people receive, and the pace of progress is determined by the person receiving assistance, so effectiveness of service delivery is difficult to measure and client progress can only be measured on a person to person basis. This evaluation study addressed this problem by widening the scope and considering not only client outcomes, but also the organizational culture, its espoused and in-use theories, and its nestedness within a larger political ecology. A mixed methods approach was best suited. Murdoch University

researchers Dr José van den Akker and Dr Mark Jennings worked in partnership with UCW to collect quantitative data from case records and UCW/Pathways program documents to understand the program's conception and implementation. Qualitative methods were used to understand and describe the context and narratives of UnitingCare West/Pathways and Regional Assessment Services staff, volunteers and Pathways client group.

Evaluation project background

The 2009 commitment by the Australian Government to reducing homelessness and subsequent Commonwealth/ State National Partnership Agreement on Homelessness (Council of Australian Governments, 2009) saw an increased emphasis on services that support young homeless people, homeless people that are older, homeless people with mental health and/or substance abuse issues, but also homeless families and single women and children experiencing domestic and family violence, as well as improved service coordination and provision (p. 5). In strategic terms, more emphasis has been placed on prevention and early intervention to stop people from becoming homeless, breaking the cycle of homelessness, and creating a better connected service system (p. 6). On 1 July 2015, a new National Partnership Agreement on Homelessness (NPAH) commenced, with the Australian federal government providing \$230 million over a two year period, to be matched by states and territories, to fund frontline homelessness services (Department of Social Services (DSS), 2016).

Meanwhile, the Western Australian Home and Community Care (WA HACC) began to notice a gap in its capacity to deliver services to a specific and growing group of people. An increasing number of homeless people with complex needs wanted HACC assistance but HACC could not offer the type of assistance these people required. UCW already had a close partnership with HACC because delivers services to HACC funded clients. Because UCW also had high expertise in delivering services to homeless people, a deal was struck in 2013, to start a Pathways program to assist people who are (at risk of being) homeless, have complex needs and require HACC funding so their needs can be met.

The two goals set for the Pathways pilot project in 2013 (UnitingCare West, 2013b) were:
1/ to provide a holistic, across service boundary, individualized response to 25 people who are homeless/ have a disability/ mental illness and have complex support needs, prioritizing individuals that are not receiving Disability Services or Mental Health Commission and may not be eligible for the National Disability Insurance Scheme (NDIS);
2/ to use the learning from the design and delivery and the outcomes they achieve, to inform community services sector practice in working with people in this target group.

The November 2013 Pathways Service Framework (UnitingCare West, 2013a) suggests 'the aim of the service is to increase an individual's capacity to live in the community by:

- Participating in planning their own life choices and goals;
- Supporting them to address complex social issues such as relationship concerns, social isolation and loneliness, marginalization, life-skills, substance misuse;
- Supporting them to develop / re-establish family, social, and community networks;
- Connecting them to mainstream / specialized services including general health and mental health, professional clinical services, and other community facilities;
- Empowering them to achieve a good quality of life through emotional and physical well-being, encouraging interpersonal relationships, personal development, self-determination, social inclusion, and understanding their rights'.

Though the November 2013 Framework excludes the aim of using the Pathways service's learning to inform the community services sector, this report assumed that the two aims listed in the Pathways pilot project description, as well as the aim and five objectives described in the Pathways Framework were current, so they were all taken into account throughout this evaluation.

Findings

- The document titled 'UnitingCare West Home and Community Care (HACC) Homelessness Services Pilot' listed two expected outcomes, which did not indicate that the Pathways service was funded to focus on 'get people off the street', to 'find housing' for people, or to 'keep people housed'. They only specified that the service would help people with complex support needs to live safely and sustainably and to experience social inclusion in the community in which they live. The service was also funded to inform the Community Services Sector;
- It was not clear whether the Pathways service was meant to help homeless people only, or also people who are at risk of homelessness. In any case, *in practice* the Pathways service primarily assisted homeless people whose primary need is housing;
- The service drew more than 50% of its clients from the Tranby service, which is a drop-in centre for homeless people;
- Though the Pathways service insisted it is different to a 'crisis' service and formally operates under the umbrella of 'Community Inclusion', in practice it has firmly settled itself into the homelessness services area;
- The service did not focus on identifying what places people at risk of homelessness. It is not clear who or what determined the direction the Pathways service has taken, but the initially intended direction has found another route;
- The Pathways service offers a similar program to the Homeless Accommodation Support Work (HASW) program, which is funded by the Western Australian Department of Corrective Services (WA DCP). Services that offer the HASW program typically 'provide intensive support to homeless individuals to secure and maintain stable accommodation and link them to mainstream services';
- Similarly to the other Western Australian Homelessness Accommodation Support services, the Pathways service focuses on clients 'with complex and multiple needs that require ongoing and intensive support works' (Cant, Meddin, & Penter, 2013, p. 103), and 'works closely with specialist homeless accommodation services, enables clients access to housing (public, private and social housing, liaison with housing providers), structures services and intensive support around the need of the person or family (offers a person-centred service), varies the intensity of service and support over time, and builds the tenant's capacity to resolve tenancy issues and participate in social, community and economic lives' (Cant, Meddin, & Penter, 2013, pp. 100-101);
- The Pathways program proved helpful, assisting clients to get their lives back in order, get a sense of safety and security, re/gain hope and a sense of self-worth;
- Clients appreciated the sounding board they found with staff, and the ongoing support which workers provided to them at any time when things went awry or when clients needed someone to advocate for them. Clients often found this ongoing support to be even more important than the acquired housing;
- The majority of clients secured permanent housing. Many found that having a more stable home transformed their lives, though some missed their friends and community;
- This evaluation study did not cover a sufficient time-period to find out whether most clients were able to maintain their accommodation, and/or what prompted them to leave their homes;
- Pathways clients' capacity to live in the community was achieved through caseworkers' commitment to the person-centred and strength-based approaches;
- Though social inclusion was a key focus of the program in addition to securing safe and stable housing and stabilizing people's mental and physical health, it received least attention;
- Despite the person-centred approach, clients' families and friends were rarely consulted or included in service delivery, and clients did not play an active role within the Pathways service;
- The Pathways casework team proved to be a well-functioning, self-directed work team capable of performing strongly and powerfully. It is determined to achieve positive outcomes for the client group;
- Pathways caseworkers proved capable of supporting and inspiring each other, and staff from

- other services acknowledged the resourcefulness of Pathways caseworkers;
- The three outcomes-instruments the Pathways service used to measure the performance of the service proved effective;
 - The Outcomes Star proved to support the person-centred and strengths based approaches and had the potential to empower clients. It was also a useful tool for staff to assess where clients are at, and to measure clients' progress on their 'journey of change'. It further proved to be a useful tool for management to measure service impact on clients, to find out what areas in life clients wanted to address most, to identify whether these areas changed over time, and whether the number of client needs would lessen over a certain time-period.
 - The Outcomes Star was not always used in sync with the person-centred approach. For example, staff paid little attention to the Star Notes, even though these have been designed for clients to write down in their own words what their lived experience feels and looks like. Also, clients did not always fill in their own Action Plans. Further, there was no evidence of the Outcomes Star being used as an accountability tool for staff to assess their own capacity to hand over control to the client. In other words, the commitment to a 'journey of change' appeared to apply only to clients, not to staff or to the organization;
 - Clients did not consistently self-select themselves into or out of the Pathways program;
 - A staff/management disconnect was evidenced, primarily in that management focused more on performance and outcomes and workers were focused more on relationships and development and learning processes: Team leadership was more transactional than transformational;
 - Staff and clients were not accredited for *all* their strengths but for those that made them 'productive' citizens;
 - The *formal* descriptions of the Pathways client group, the aims, the objectives and the strategies of the service in the various formal Pathways service documents were not consistent;
 - Intra- and interagency relationships were negatively affected by one-way feedback processes and a fixation on outcomes and performance management measures;
 - UCW and Pathways leadership did not carefully reflect on what they actually wanted from the previously employed Indigenous caseworker;
 - In theory, a crucial part of *quality* service delivery would consist of *process* oriented strategies (they are listed in the Pathways Foundation document). But the importance of *quality relationships* (as part of the person-centred approach) between people including clients, caseworkers, volunteers, management, various UCW services, the broader community services sector and government agencies were not mentioned in any formal document;
 - The policy that promises 'Client Choice and Control' was confusing, because in practice the service system continues to control the process of service delivery;
 - Despite their commitment to the person-centred and strengths based approaches, the capacity of Pathways caseworkers to employ these approaches to, as such, deliver quality service proved limited;
 - Insufficient information gathering and sharing took place among Pathways staff, e.g. about services to which Pathways clients are referred, potentially placing clients and staff at risk;
 - Homeless people with complex needs have to deal with multiple *systemic* challenges; The system (e.g. lacking affordable housing, bureaucratic measures and communication problems) keeps them from obtaining safe and stable accommodation, which reinforces stigmatization of homeless people in society. The ultimate power remains with those in power who keep the underprivileged in underprivileged positions.
 - UCW as an organization and the Pathways service are nested in a neoliberal context. As such they are controlled by outside forces, and restricted in their options;
 - A service-centred and budget-led culture dominates the Perth homeless and community services ecology;
 - It is likely to take time in WA for services to integrate because of the ways in which services are funded and how the WA government operates.
 - UCW and the Pathways service have the opportunity to take a very clear political stance in the

development of service-rich neighbourhoods, to ensure that strong interagency relationships develop, and that person-centred and strengths based approaches are employed across the community services area;

Key suggestions

This report offers the following suggestions. They are not recommendations, because we feel the insights discussed in this report should be used as sources for creative discussion among decision makers, staff and management.

- The *formal* descriptions of the Pathways client group, the aims, the objectives and the strategies of the service in the various formal Pathways service documents need to be reviewed and clarified;
- The concepts of 'supervision' and of 'client engagement' need to be seen in terms of relationships between people, not as measures of performance;
- Both the team leader and the engagement officer should form a clearer central interface between participants, support workers, and other services;
- With respect to educating the community services sector, it is important to make sure that information that is communicated from different channels is consistent and complete;
- From the perspective of person-centredness, it would be appropriate for UCW and the Pathways service to consider clients to 'self-select' as to when to exit the program, rather than that the service determines a client's exit;
- To demonstrate its commitment to person-centredness, UCW and Pathways leadership should create opportunities not only for staff and clients, but also their carers and/or families to be actively included in decision making processes and service development strategies;
- The Pathways team should be encouraged to engage in regular team discussions on theoretical and practical matters, including: the purpose of casework; staff's strengths and ways of working; the use of emotional intelligence; concepts of 'person-centredness' and 'breaking the cycle of homelessness'; 'drawing boundaries'; clients' agency, community integration, inclusion, the Housing First model; and the concepts of 'wraparound' and 'Open Dialogue';
- To demonstrate a commitment of culturally appropriate service delivery, suggestions offered by a formerly employed Indigenous caseworker should be taken into account, and volunteers from non-English speaking backgrounds should be included in decision making processes;
- UCW and Pathways staff need to demonstrate they understand and fully support the person-centred and strengths based approaches by adopting a collaborative and consultative approach. They would need to actively encourage Pathways clients to take up active roles inside the organization and within the interorganizational network. Family members and friends, who form part of the clients' natural support network, would also need to be involved;
- The Pathways service needs to ensure that it 'fits' the client-group, rather than that clients need to fit service-protocols and service-requirements;
- A transformative leadership style needs to be adopted as part of the person-centred approach;
- The Outcomes Star needs to be used to support the person-centred approach. For example, clients need to be encouraged to write down their lived experience in their own words, staff need to reflect on their hesitation to hand over control to the client, and the team needs to use the tool to reflect on its own performance and to identify how workers can better support each other;
- There needs to be room for systems and culture change within UCW and the Pathways service;
- The discrepancies between the Pathways service's espoused theory and theory-in-use need to be addressed, especially with respect to the apparent primary focus on finding housing for clients, and the apparent negligence to clients' strengths as a demonstration of their agency;
- If the service believes that housing comes first regardless of clients' own priorities, the service should justify to the community how and why it makes these decisions, and how it consults

clients in the service in the process of decision making. It would need to demonstrate how Pathways works differently to community services that work in service-centred ways, why and how the person-centred approach as proposed by Kinsella (2000) enables people to live independently, and how the service-centred model disempowers homeless people and those at risk.

- Staff and clients need to be accredited for *all* their strengths rather than only for those that make people 'productive' citizens;
- The Pathways service needs to take the necessary steps to include clients' families and communities.

We believe this evaluation report shows that the Pathways program offers a valuable contribution to the Perth community and showcases the value of using the person-centred and strengths-based approaches in the homelessness service delivery area. It should continue to be supported and resourced as an effective and sustainable approach to addressing the needs of people who have complex needs and are (at risk of being) homeless.

Governments should invest interest in programs such as Pathways and offer their active support, to ensure that the person-centred and strengths based approaches produce positive outcomes for service clients but also for service staff, and to bring about culture- and systems-change in the homelessness services area. Arguably, for the person-centred approach to work more effectively, Participative Action Research (PAR) is needed. PAR is a form of inquiry into real-world situations and aims at the resolution of problems through a systematic and ongoing process of planning, taking action, observing, evaluating and critical reflection. Like the person-centred approach, PAR assumes a collaborative approach. Control-processes by external parties including funding parties are not required nor wanted; all parties participate in the inquiry at all stages of the process, and any actions taken by anyone party are researched, changed and re-researched *within* and as part of the process (Wadsworth, 1998).

Chapter 1: General Introduction

UnitingCare West (UCW) is a strong advocate for people who are most in need, including homeless people with complex needs and those at risk of homelessness. The Pathways program is one of its around 30 services that targets people who have complex needs, with characteristics and lifestyles that include transience, homelessness, disruption through health crises, interaction with the justice system and/or alienation from family. This target group is generally resistant to engaging with mainstream services other than at a level required to address their most immediate needs. Despite these people's vulnerability, they routinely fall through service system gaps because services are neither funded nor designed to meet their needs (UnitingCare West, 2013b).

The Pathways service's operational aim is 'to break the cycle of homelessness for people who have multiple complex needs, enabling them to access the individualized support they require to live in a safe, inclusive and sustainable way in the community' (UnitingCare West, n.d.-a). Towards this aim, and ensuring that a minimum of 25 people per year successfully builds independence, the service employs a person-centred, strengths based and integrated service model (UnitingCare West, 2013a). As different to the service centred model, the person-centred model places the service user and his/her carers or family at the centre of assessment and planning processes. The emphasis is on the agency of individuals, their families and communities. The strengths based model is different to the deficit model in that it places central not the deficits, but the resilience, strengths, interests, knowledge and abilities of individuals, families, groups, organizations and communities. It also recognizes the importance of people's environments and the multiple contexts that influence their lives (Scerra, 2011). The integrated care model tries to address service fragmentation and poor communications between service providers, because these impact negatively on service users. The absence of a good interface or constant factor between the health system and social services for example allows people to fall 'through the cracks' of service delivery whilst some elements of service are duplicated (Grant, 2010).

The Pathways service is located within the Mental Health and Disability Services directorate of UCW, within which resides the Community Inclusion Service Area. The Inclusion Service Area consists of Pathways, Your Say, Community Connections, True Colours and Level Up and provides a range of person-centred supports for people who are at risk of exclusion. The Community Inclusion Service Area aims to challenge stigma, promote community connections, and create opportunities for positive long-term outcomes. The role of the Manager Inclusion is to ensure the effective operational planning and management of programs/services, and carry responsibility for human and financial resources as well as projects and service provider relationships. The Manager Inclusion is also the direct line manager of the team leaders of the above mentioned five services, including the Pathways team leader.

The Pathways service currently operates from within Perth East, but service gaps have also been identified in Fremantle, Mandurah and Lockyer (Albany). It is hoped that these service gaps will be filled in the near future.

Overview

This report provides an examination of the effectiveness of the Pathways program delivered by UCW in Perth. This program is concerned with social inclusion, people who are most in need and people who are homeless.

This project is small-scale and upon evaluation, could be seen as positioned as follows:

- participatory methodology gives voice to people who are homeless, were formerly homeless or are now at risk of being homeless;
- differentiating between a service-centred and a person-centred approach; and
- differentiating between a strengths based and traditional deficit models.

This evaluation research project commenced in November 2014, initially shadowing Pathways staff followed up by interviews with a group of willing clients who had recently started the Pathways program. Thirty-three (33) interviews with Pathways staff, clients and UCW managers were held over a period of

fourteen (14) months, which allowed for an exploration of formal and informal service expectations, people's hopes and personal experiences, personal observations, key issues and success factors.

This report presents evidence that:

- outlines the strengths of the qualitative research methodology used in this small-scale project to support the findings;
- provides a voice for people who are socially excluded and acknowledges their insights and experiences;
- supports the person-centred and strengths based approach that UCW staff are committed to;
- identifies the key issues that deserve more attention in order to support the aims and objectives of the Pathways service whilst sustaining the person-centred approach;
- identifies the key factors that warrant successful client outcomes; and
- contributes to the evidence base about the person-centred approach in delivering services to homeless people with complex needs.

Purpose of evaluation research: Evaluation Study objectives

In general, evaluation research is completed for several reasons that are of organizational interest, such as: accounting for the organization's use of resources; explaining the organization's role; enhancing visibility; and supporting decision making. Evaluation research can also be used for organizations to strengthen their political position, or to evaluate the effectiveness of their services, policies or programs. It is important for evaluation research to be based on clear goals, to not be larger than necessary, to involve the staff, and to have the potential for action without which there is no need to evaluate (Powell, 2006, pp. 103-105).

This evaluation research project focused on both the implementation *and* outcomes achieved by the Pathways service, and employs a mixed method design to offer a complete understanding of Pathways' client outcomes and the quality of Pathways' service delivery. It is important to understand that implementation information is necessary for decision makers to make sure that a program is operating according to design. If outcomes were evaluated only, without knowledge of implementation, decision makers would lack the necessary information about what produced the outcomes (or lack of outcomes) and how and why the program had deviated from the initial design. 'Deviations are quite common and natural' (Patton, 2002, p. 161).

The report is written from a social constructionist perspective, of importance for the funding body of the Pathways program but also for other community services and policy makers. For example, with respect to the person-centred approach the Pathways service is said to have adopted, it is important for decision makers to understand that the extent of implementation of this approach is largely dependent on the wider context within which the service operates. Whilst the person-centred approach is high on Australian national, state and local services policy agendas, and supported by central agencies such as the Mental Health Commission (2012), the person-centred approach is a philosophy that is simple to describe, but not easily implemented in a political environment that funds health and human services rather than the service users, and fails to check how organisations allocate and use their resources (Dowling, Manthorpe, & Cowley, 2006, p. 16). The person-centred approach requires a shift in values and the rethinking of power relations at the *vertical* levels of the bureaucratic hierarchy: between government agencies and service providers, between managers and workers, and between workers and clients. Shared decision making and planning processes are an essential part of the person-centred approach (Dowling, Manthorpe, & Cowley, 2006, pp. 37-38), and team meetings should focus less on strategic matters and more on person-centred ways of working and conflicting ideas on what is, and is not an appropriate lifestyle choice for service users (p. 39). Also, what service-users want or need and the goals they set are personal matters, which service users do not necessarily want to be monitored on by government organisations.

The theory of person-centredness is rarely understood as one that demands an attitudinal change in practice and organizational and systemic change, including chains of command (Dowling, Manthorpe, &

Cowley, 2006; Innes, Macpherson, & McCabe, 2006; Kendrick, 2008 ; Kinsella, 2000). The technologies of social domination that prompt people to blame themselves rather than the system (Foucault, 1977) must be addressed as part of a culture and systems change. Staff that are committed to the person-centred approach are to be involved in service decision-making activities and supported by team leaders and management so they feel confident in adopting the person-centred approach (Dowling, Manthorpe, & Cowley, 2006, p. 38).

Further, though the results of implementation of the person-centred and strengths-based approaches appear positive, evidence from practice is lacking (Dowling, Manthorpe, & Cowley, 2006; Innes, Macpherson, & McCabe, 2006; Kinsella, 2000; Scerra, 2011). Little research findings support the effectiveness of the person-centred approach because person-centred ways of working have not existed for long enough to determine its success, it is not a mass-market product and relatively few services have taken up the approach to achieve long-term, sustainable change in clients (Kinsella, 2000).

This report, then, supports the viewpoint of Simmons (2012) that unquestioned acceptance of the person-centred approach limits reflexivity and critical thinking if the needs of the individual are not considered within the context of his or her environment and its socially structured aspects. The person-centred approach builds on people's capacity to self-reflect and employ their personal agency, but a context that continually reinforces the idea that clients themselves are to blame for the circumstances they find themselves in, powerfully and negatively impacts on clients' capacity to become and/or remain socially included and live independently.

The researchers were engaged by UCW to assess the practices and efficacy of the Pathways Service. This assessment was deemed necessary, to be able to inform other services that assist the Pathways client group, and to inform HACC - the Pathways funding partner.

The aims of this evaluation study were:

1/ To outline a before, during and after picture of the condition of clients accessing the service, to find out about:

- clients' capacity to live safely and sustainably,
- clients' level of social inclusion and interconnectedness,
- clients' state of physical and mental health;

2/ To assess the quality of service delivery including assessment processes that are built into the everyday functioning of the service, and the recording and measuring of changes in the conditions of those accessing the service at the start of the Pathways program, after one year and after two years of participating in the service, compared and contrasted with (1) above.

Whilst these two aims are still current, changes took place in the process of collecting data that had a significant impact on the content and style of writing of this evaluation report. The most significant impact in terms of data collection was created by the fact that ethnographic data to help create an outline could not be gathered, and that in total 'only' eight clients could be interviewed, of which six were interviewed twice and two clients were interviewed once only. No clients could be interviewed for a third time. However, the researcher was able to conduct interviews with thirteen (13) UCW/ Pathways members of staff and with four Regional Assessment Services officers, enabling a focus more on the quality of service delivery as an organization as well as enrich insight into the impact of service delivery on Pathways clients' capacity to live safely and sustainably, clients' level of social inclusion and interconnectedness, and clients' state of physical and mental health.

The researcher who had initially been contracted to do this evaluation research was to begin this evaluation of the Pathways program in October 2014. Initially, in accordance with the initial scope, he commenced the first evaluation stage by doing ethnographic fieldwork at the Tranby Day Centre, which is a UCW drop-in service located in a building next to that within which the Pathways service operates. At that time, Tranby was the main service that referred people to the Pathways program. Existing staff at Tranby would introduce the researcher to the homeless people who visited Tranby mainly in the morning to have breakfast. Staff would also explain to clients the purpose of evaluating the Pathways program. An information poster (appended) would also be placed at strategic locations to inform

participants as to the reason for the researcher's presence. Doing fieldwork at Tranby would allow the researcher to sketch an outline of the condition of clients that were going to access the Pathways service. As part of doing ethnographic fieldwork and drawing on the techniques of anthropological ethnography, data would be collected through participant observation. The researcher would be helping staff for five days, providing food and resources to the participants in the Pathways program. The researcher intended to compile observations and reflections at the end of each day working at Tranby. The end result was to be a rich descriptive narrative of a typical day at Tranby, which would have been a critical resource for interpreting the interview transcripts. No identifiable data were to be recorded.

The day the researcher was to start making observations at Tranby, things changed. The Pathways program had reached its full quota of clients within a short period of time, and the Pathways service was no longer recruiting and interacting with the Tranby cohort as expected. Therefore, the researcher could no longer do his ethnographic research and the evaluation methodology was to shift from participant observation at Tranby to shadowing Pathways staff as they interacted with clients and among each other. The notes made during the shadowing process would be an informative source of information helping to triangulate the interview data. The researcher was able to make shadowing notes on seven field-visits.

As a result of this shift away from participant observation, the evaluation methodology shifted faster than anticipated to the second stage – conducting interviews with staff, volunteers and those clients who were willing to be interviewed. Another researcher was contracted to complete the work of data collection, data analysis and writing this report.

The reader will find that as a result of these shifts, the aims of this evaluation study have also changed somewhat, which had an impact on both the content and narrative style of this report.

1/ Rather than using the observational notes to '*outline clients' capacity to live safely and sustainably; clients' level of social inclusion and interconnectedness; and clients' state of physical and mental health before, during and/or after program participation*', the data obtained from interviews with Pathways clients and service staff will be included to **report on clients' progress with respect to living safely and sustainably, social inclusion and interconnectedness, and clients' physical and mental health condition;**

2/ This report will not deliver an 'assessment of the quality of service delivery including assessment processes that are built into the everyday functioning of the service, and the recording and measuring of changes in the conditions of those accessing the service at the start of the Pathways program, after one year and after two years of participating in the service, compared and contrasted with (1) above'. Instead, drawing from interview data and clients' file-documents, this report will **address the quality of service delivery including the impact of the Outcomes Star, which is the main assessment tool the Pathways service uses, to measure clients' progress but also the quality of service delivery.** This report will focus on two additional aims:

3/ **To offer insight into the intra- and interagency relationships that impact on Pathways' service delivery and subsequently on Pathways clients' progress with respect to living safely and sustainably, social inclusion and interconnectedness, and clients' physical and mental health condition.**

4/ **From a social systems ecology perspective, offer insight into the difference between the espoused and the apparent service aims, objectives and strategies, and other issues of an organizational nature that emerged from data analysis.**

Chapter 2 will offer a theoretical and practical background to Homeless Service Delivery in Australia at a national, state and local, Perth based level, as such sketching a background to Pathways' service delivery;

Chapter 3 will discuss the methodology used for this evaluation study;

Chapter 4 will reflect on the first aim of this evaluation study: *report on clients' progress with respect to living safely and sustainably, social inclusion and interconnectedness, and clients' physical and mental health condition;*

Chapter 5 will address the quality of service delivery from a staff's perspective, with respect to clients' progress but also the quality of service delivery;

Chapter 6 will bring together the outcomes described by Pathways clients in Chapter 4, and the outcomes described by UCW, Pathways and RAS staff in chapter 5. It will address the quality of service delivery from clients' and staff's perspective, with respect to clients' progress;

Chapter 7 will explore other elements that UCW, Pathways and RAS staff talked about during the interviews; elements that also relate to the quality of Pathways' service delivery, including the Outcomes Star;

Chapter 8 will explore intra- and interagency relationships that impact on Pathways' service delivery and subsequently on clients' progress with respect to living safely and sustainably, social inclusion and interconnectedness, and clients' physical and mental health condition;

Chapter 9 will recap some of the main findings discussed in earlier chapters and focus on different formal and informal service aims, objectives, strategies and service relationships. It will also highlight insights that emerged from data analysis that have not been discussed elsewhere.

This report will offer suggestions, but not specific recommendations. We feel the insights discussed in the different chapters should be used as sources for creative discussion among decision makers, staff and management.

To ensure the anonymity of clients and UCW/Pathways staff, names of research participants have been changed throughout this report.

Chapter 2: Background to the Pathways program

Homelessness service delivery in Australia

Various studies that evaluated the Supported Accommodation and Assistance Scheme (SAAP) services which were in existence in Australia until 2008, pointed to the lack of independent affordable housing which led homeless people to remain trapped in the system of crisis accommodation (Lette, Fernihough, & Mulley, 2014). Parcell and Jones (2014) suggest that Australia's new policy and approach, in place since early 2008, including the National Affordable Housing Agreement (NAHA) and the National Partnership Agreement on Homelessness (NPAH) are positive because they address homelessness in a way that is different to the crisis-based approach. Housing, or the lack thereof, is seen as playing a primary role that needs to be addressed. Parcell and Jones (2014, p. 439) point to the international and national literature that highlight the successes achieved by the Housing First and systematic street outreach services, but they also point out that limited data is available to measure the effectiveness of Australia's efforts and that the intended reduction in homelessness has not been successful. Moreover, whilst system reforms were announced as part of these policies, they were targeted at services to cooperate better, not at the responsibility of government agencies. After years of economic growth, Australia is going backwards with inadequate income and levels of unemployment on the increase. The number of people that have fallen below the poverty line is on the increase, leaving them locked out of the jobs market and unable to support a minimum standard of living. It is of particular concern that single parents, women and children, people with disabilities, the old, the young, Aboriginal and Torres Strait Islander people, and migrants are now unable to find appropriate housing, get sufficient nutrition, medical care and support in a time of crisis. Without access to safe housing and supports, these people increasingly need to deal with exceptionally difficult problems and experience not only poverty but also shame, mental illness, addiction, and cancer. They need to deal with increased discrimination, racism, criminalization and barriers to service, being assessed as undesirable, risky, or too difficult to work with (Fopp, 2011, p. 53).

Though the SAAP services have been replaced by Specialist Homelessness Services (SHS) that service different groups of people (Barker, Humphries, McArthur, & Thomson, 2012; Homelessness Australia, 2016; Homelessness Taskforce, 2008; Human Rights & Equal Opportunity Commission, 2008; Quirouette, 2016), the fact remains that independent affordable housing continues to be the main problem that keeps people on the streets or in crisis accommodation, and that there has been an increase of 19.2 % of people staying in crisis accommodation. The fact is also that this issue continues to be dismissed in public policy, despite Australia having a very low number of public and social housing compared to many other countries (Fopp, 2015). Further, the assumption that complex needs must be addressed before a person is able to live successfully in independent accommodation remains untested.

I am aware that people who are homeless may present with more than a housing issue (that is, they may present with what are called complex needs). But did the complexity of need cause the homelessness or did homelessness cause the complexity of need — or both? And could affordable accommodation be a circuit-breaker to address other issues — as it is for most Australians. (Fopp, 2015)

Housing First

Since the 1990s, the staircase model or continuum of care approach, which assumes that people with complex needs have to be 'housing ready' in order for them to be offered housing, has increasingly come under fire. The main criticism is that the individual's behaviour is considered the central problem (Quirouette, 2016). With this criticism the 'Housing First' concept came into being which is proving to result in much more positive outcomes than the linear models such as the continuum of care approach (Johnson, Parkinson, & Parsell, 2012, p. 4). The Pathways to Housing in the US was the original and first 'Housing First' approach, set up by Dr Sam Tsemberis, who argued that people with complex needs also require support after they have obtained housing. Moreover, people with mental illness need housing as a critical ingredient in treatment, so both housing and support are needed at the same time.

Pathways to Housing (<https://pathwaystohousing.org> and <https://pathwaystohousing.org/housing-first-model>) services people with psychiatric disabilities and addiction disorders. They get a house first and recovery-support is offered alongside but as a separate service to housing. This recovery support is considered the critical element for re/integration. Pathways to Housing head-leases properties that are located across the city, and subleases these to the homeless (Barker, Humphries, McArthur et al., 2012, p. 22). Dr Sam Tsemberis, in personal communications (d.d. 9 May 2016), advises that head leases can be negotiated with both private landlords and social housing.

Whilst the Housing First approach proves to create positive results, the issue of social and economic exclusion remains unaddressed. Also, whilst it would be attractive for Australian federal, state and/or local governments to simply adopt the US based Housing First approach because it works in the American context, it is important to consider that the Australian context is quite different (Johnson, Parkinson, & Parsell, 2012, pp. 4-5). For example, specialist homelessness services (SHS) in Australia, and their Supported Accommodation Assistance Program (SAAP) forerunners, adopt a case management model, target a broader range of people, and do not require people to receive treatment or make behavioural changes before the allocation of housing (Johnson, Parkinson, & Parsell, 2012, p. 11). The Australian SHS case management model operates in a client-centred and strengths-based way, that focuses on prevention and early prevention, collaboration with mainstream agencies, offering information to help families and individuals navigate the range of existing services, and working intensively with individuals and families so they can sustain their tenancies. They also focus on the rapid and safe rehousing of homeless people, offer crisis and post-crisis support and respond to clients' requests for information, advice and advocacy (Johnson, Parkinson, & Parsell, 2012, p. 13). As part of the person-centred approach, systematic policies and procedures and appropriate client feedback and complaints mechanisms ensure that clients' needs and concerns are addressed, clients are held mutually responsible for and partake of the setting up and reviewing of a case management plan, clients' cultural and personal backgrounds are taken into account, and flexible arrangements are made to ensure that clients' changing needs continue to be met (Department of Family and Community Services, 2014, pp. 3-5).

Homelessness service delivery in Perth

With respect to the Australian federal and state government departments eagerness to adopt a Housing First approach, Johnson et al (2012) suggest that policy developers should first consider the services that are already in place for homeless people and for them to work together to place people into appropriate housing; that is, in housing that fits their needs. They also suggest that the existing social housing stock and the National Affordable Housing Agreement (NAHA) program and the management thereof needs to be reworked and aligned with upcoming Housing First services (pp. 14-15). These recommendations have been considered with the introduction of a 'Housing First' approach in Perth in 2015. The title of this 'Housing First' project is '50 Lives 50 Homes', which is supported by the current WA Minister of Child Protection, Helen Morton. It is an evidence-based' approach, which identifies the people who are most in need and at risk of dying on the street. This approach aims to place the most vulnerable in housing that is suited to their needs, and support them whilst in housing. The project is based on one that was implemented in Brisbane in 2010 by Micah Projects. RUAH oversees the Perth based project. RUAH works in partnership with a range of Perth based SHSs, including UCW (Department of Family and Community Services, 2014, pp. 6-7).

This '50 Lives 50 Homes' project forms the 1st stage of a larger project to meet the Australian Government's commitment to halve homelessness by 2020 and offer housing to all people who sleep rough by 2020 (RUAH Community Services, n.d.). The 2nd stage, which has already been implemented in Brisbane, is called the '500 Lives 500 Homes' project. In the 1st stage, a range of services that already offer services to homeless people in Perth have agreed to work together, not for social justice reasons as such, but to establish a register of homeless people in order find out what homeless peoples' individual needs are. Based on those needs, planning of the housing and support needs of each individual will begin to then house 50 homeless individuals or families. These people need not be 'housing ready'.

The case management and the '50 Lives 50 Homes' models are not without problems however. The case management model has been critiqued for the surveillance function it performs (Bullen, 2015; Parker & Fopp, 2004), the lack of consultation of homeless people themselves when it comes to policy formulation and development (Fopp & Parker, 2004), and the focus that is placed on the individual rather than the system (Bullen, 2015). Also, whilst the punitive approaches of the past have been reduced, they remain in place when the person does not engage in case management (Bullen, 2015, p. 232). The Housing First and the Pathways approaches have the capacity to address the three main areas of concern to homeless people - 1/ needing time to cope with circumstances and adjust to independent living; 2/ need for informal supportive relationships; and 3/ exit points and affordable housing (Fopp & Parker, 2004). Nevertheless, the '50 Lives 50 Homes' project is problematic because homeless individuals who consent are *photographed*, and asked about their name, age, health status, their institutional history (prison, hospital, military, etc.), length of homelessness, crisis accommodation use and previous housing situation. 'Once the data is collected, it is entered into a database and people are then ranked according to their age and prevalence of health indicators' (Johnson, Parkinson, & Parsell, 2012, p. 13). Similarly, personal information on homeless people that is acquired by Pathways staff and the Regional Assessment Services teams assessing homeless people's eligibility for HACC funding, is placed into a central data system that community stakeholders can access. The '50 Lives 50 Homes' project is perhaps more problematic because even though it claims to support systems change (Micah Projects, 2013), this 'systems change' implies a coordinated, (presumably more) person-centred, and integrated healthcare approach that focuses specifically on data collection and places the individual central, not the system. It is still underpinned by an ideology that focuses on people's individual deficiencies, needs, personal characteristics and behaviours and the idea that the person is responsible for his/her situation and its improvement. With that, individuals are at risk of being deserving or undeserving of assistance (Bullen, 2015) and need to be fixed (Micah Projects, n.d., p. 4), so their pathology needs to be better understood and better controlled (p. 121). The spotlight is taken away from political debates on social hierarchies and power structures, and critical debates on the ways in which the dominant political discourse stigmatizes homeless people as if deficient and weak, using metaphors such as 'Pathways' and 'Safety Net' that 'romanticize homelessness' (Huey, Fthenos, & Hryniewicz, 2012) as if homelessness is about life styles, options and opportunities (p. 289). Moreover race, class and gender dimensions are often overlooked so as to justify the operational mental health services' system; a convenient oversight which contributes to people's traumatic experiences (Fopp, 2009).

The spotlight is also taken away from the current WA and QLD governments that both have lost their AAA credit ratings, and are in severe debt. The '50 Lives 50 Homes' approach distracts public attention away from the fact that this 'evidence based approach' is supported by governments because it purports to ensure that scarce funds are allocated in cost-effective ways (Huey, Fthenos, & Hryniewicz, 2012). The 'scientific' epistemology and methodology to collect the data are not questioned. They are adopted from the natural, health and medical but not the social sciences, which is why social and political theory as well as the ethics underpinning data collection are missing. Alternative perspectives or worldviews, such as anecdotes of advocates for the homeless, are not part of the data collection either. Clearly, the 'evidence' collected and used as a justification to offer those 'most in need' a home, is biased. The emphasis on diagnosing and addressing personal issues of people who are homeless before allocating them a home suggests a promise of housing, but only if one is at risk of dying on the streets. But what about the people who are presumably not 'needy enough'? What value system is applied, and what are the larger social objectives (other than economic) of the '50 Lives 50 Homes' model?

Homelessness service provision by UnitingCare West

UnitingCare West (UCW) is a Western Australian community services agency of the Uniting Church that is founded on Christian principles and values. It services some 30.000 Western Australians who are most in need in areas involving Community Inclusion, Community Living and Strengthening Communities. The Community Living area within UCW focuses on homeless people and those at risk of homelessness, and includes housing services, food rescue, homelessness services, community

transition programs and independent living services (UnitingCare West, n.d.-b). A drop-in centre for homeless people called Tranby, which is located next to the Pathways service in East Perth, also forms part of the Community Living area. UCW also supports the '50 Lives 50 Homes' project in Perth (RUAH Community Services, n.d.), though it is not clear how because our interviewees did not have that information. Interviewees lacked this information, probably because the Pathways service is not part of the Community Living area, but sits under the Community Inclusion directorate, together with programs such as 'Your Say', 'True Colours', 'Community Connections' and 'Level Up'. The Inclusion service area is focused on offering person-centred supports for people who are at risk of exclusion and may have mental health issues/disabilities. It aims to 'challenge stigma, promote community connections and create opportunities for positive long-term outcomes' (Anson Management Consulting, 2016).

Sue Ash, UCW CEO pointed out during a key note address to a business conference (Committee for Economic Development of Australia, 2016), that an increasing number of people in Perth are on low income, have no housing, and if things go wrong for them, they go wrong fast, and stay wrong for longer, with increased rates of suicide, domestic violence and a range of other social impacts. It is clear that a key focus of UCW is on providing support to these groups of people, and seeks additional funding to be able to offer those supports.

The Pathways service aims and objectives

The Pathways service is funded by the Western Australian **Home and Community Care (HACC)** Program, which is a joint funding initiative of the Commonwealth and WA State Governments, set up to provide basic support services for eligible people of all ages with a disability and their carers to assist them to continue living independently at home. HACC support is designed to assist people with the greatest need and aims to maximize people's independence (WA Department of Health, n.d.). HACC had identified a service gap in Perth; it was unable to effectively offer services to people who were at risk of homelessness (or homeless) who were also eligible for HACC service-delivery. In 2014, after negotiations with UCW, which is considered an 'expert' in homelessness, the Pathways service was set up and funded as a pilot project. The project was placed under the Community Inclusion directorate, with the aim to identify and address the needs of this client group. More specifically, as the document titled 'HACC Homelessness Services Pilot June 2013' (UnitingCare West, 2013b) suggests, in consultation with HACC, UCW proposed to design and implement 'a range of holistic, person-centred services' for people with persistent needs related to severe mental illness / disability / homelessness. In other words, the target group was *not* to consist of homeless people per se. The document states that 'with the learning and experiences that comes from the proposed new services, UCW would intend ... to inform the community services sector around the best practice and better outcomes for people in this target group'.

HACC has identified a gap in services to people with complex needs, and particularly (but not only) those who have persistent and severe mental illness / disability / are homeless. From both its broad range of its services and through consultations with other community service providers, UCW strongly supports the existence of this gap. Indeed, it is proving a significant barrier to working effectively with people who find themselves in these circumstances and who are eligible for, but are currently not accessing, existing HACC services. UCW would value the opportunity to build on its current close relationship with HACC and establish a partnership to work specifically with this client group.

The document titled 'UnitingCare West Home and Community Care (HACC) Homelessness Services Pilot' listed the following expected outcomes: 1/ 'people who are eligible to receive HACC services and who have multiple complex support needs have the individualized supports they require to enable them to live safely and sustainably and to experience social inclusion in the community in which they live; 2/ Community Services Sector organizations have local, evidence based information to provide more effective services to people who have multiple complex support needs' (UnitingCare West, 2013b).

Of note is the fact that the two listed outcomes do not say that the Pathways service is funded to focus on 'getting people off the street', to 'find housing' for people, or to 'keep people housed'. They only

specify that the service aims to help people with complex support needs, to live safely and sustainably and to experience social inclusion in the community in which they live. The service is also funded to inform the Community Services Sector.

With respect to the client group, the Pathways Service Blueprint (UnitingCare West, n.d.-a) places a slightly different accent on the aims of the Pathways service. It states the Pathways operational aim is 'to break the cycle of homelessness for people who have multiple complex needs, enabling them to access the individualized support they require to live in a safe, inclusive and sustainable way in the community'.

According to the Pathways Service Framework (UnitingCare West, 2013a), the Pathways program aims to assist 'people who are homeless / at risk of homelessness / have a disability / mental illness and have complex support needs, prioritizing individuals that are not receiving Disability Services or Mental Health Commission funding and may not be eligible for the National Disability Insurance Scheme (NDIS)'. The service aims 'to increase an individual's capacity to live in the community by supporting clients to:

- 1/ Participate in planning their own life choices and goals;
- 2/ Address 'their unique areas of need' including, but not limited to relationship concerns, social isolation and loneliness, marginalization, life skills and substance misuse (pp. 1-2);
- 3/ Develop or re-establish family, social, and community networks;
- 4/ Connect to mainstream/specialized services including general health and mental health, professional clinical services, and other community facilities that clients may be unaware of (p. 1); and
- 5/ Empowering them to achieve a good quality of life through emotional and physical well-being, encouraging interpersonal relationships, personal development, self-determination, social inclusion, and understanding their rights'.

The Pathways information pamphlet places a different accent on the client group the Pathways service is meant to assist, and also places a different accent on the service objectives. The Pathways pamphlet says:

This innovative service supports people who are homeless / at risk of homelessness, who also have complex needs that might not be addressed by a single service. Pathways aims to provide practical support and link people to other supports they require in order to live safely and sustainably in the community. It is not a crisis service and does not provide accommodation, but instead focuses on supporting people to explore and work towards their goals to live a good life, whatever that may mean for them.

The operational aim that is stated in the Blueprint, the five objectives listed in the Framework, and the aims and objectives listed in the pamphlet, are entirely client focused. They respond to the feedback from clients who were visiting Tranby, obtained in October 2013. Tranby clients had been surveyed for the Manager Community Inclusion and the Senior Project Officer Mental Health and Disability Services to find out what potential Pathways clients wanted from a program like Pathways. It is not clear why only Tranby clients had been surveyed, and why not people with complex needs who were not homeless and were visiting other UCW services or services outside of UCW.

During those 'survey' visits it became clear that clients wanted assistance with getting access to the right kind of services and right amount of vocational, financial and (mental) health support. They also wanted to get access to family and social support groups and access to housing and transport. It also appeared that clients lacked positive and culturally appropriate social connections.

Whilst in line with the idea of assisting people to live independently in the community and in agreement with the *first* HACC funding requirement, the Blueprint and the Framework do not address the *second* outcome under which the Pathways program is funded. They do not focus on gathering local, evidence based information around the best practice and better outcomes for people with complex needs. Whilst the Pathways Service Blueprint and Framework talk about service delivery to the client group, reference

to the provision of information to the Community Services Sector is missing in both documents. Whilst this evaluation study is able to offer information to HACC and UCW/Pathways decision makers and stakeholders about the *implementation* of the Pathways service, to enable a more complete understanding of client outcomes and quality of Pathways' service delivery, the Community Services Sector would require more specific information from the Pathways service, without which the community services sector is not able to provide more effective services to people with multiple complex support needs. If this evaluation study would only focus on outcomes, without knowledge of implementation, decision makers would lack the necessary information about what produced the outcomes (or lack of outcomes) and how and why the program had deviated from the initial design.

Chapter 8 will offer some useful information for UCW and the Pathways service to be able to address the second HACC funding requirement, associated with informing the Community Services Sector. It will offer some theoretical perspectives on the 'nestedness' of human services that consist of individuals who partake of society at a number of levels, but as organized bodies are also nested. Together they form a social services ecology where entities interact with and relate to each other, with other cultures, with machines etc in their inseparable interconnectedness with nature. A core part of this ecology is the constant interplay of human dynamics at three major levels; intrapersonal, interpersonal and existential. This interplay needs to be taken into account when a service is funded to educate the broader community whilst delivering a person-centred and strengths-based service. It is also important for a service that has expressed a commitment to the integrated service model, which tries to address service fragmentation and poor communications between service providers.

Pathways strategies

The Pathways Foundation (UnitingCare West, n.d) document lists the 2012-2016 Strategic Plan Services Strategies, as follows:

- Identify and respond to barriers and gaps that exclude people with high levels of need from accessing the support and services they require.
- Meaningfully engage people in service development.
- Apply a person-focused approach to all services
- Use evidence-based practice through monitoring, evaluation and research.
- Integrate services and programs to ensure innovative responses to complex needs.
- Develop cultural and diversity competences across our organisation.

This Strategic Plan does not say how these six strategies will be measured. However, the Pathways Service Blueprint (UnitingCare West, n.d.-a) suggests that the *success* of the Pathways *program* is measured in terms of outcomes, in three ways: 1/ process timeframes from referral to commencing support to achieving stated goals; 2/ client feedback and clients' degree of satisfaction; and 3/ the Outcomes Star evaluation tool. These three instruments and their effectiveness will be discussed in Chapter 7 in the context of the Pathways service's commitment to the person-centred and strengths based models (UnitingCare West, 2013a).

Though these three instruments and associated outcomes are useful to evaluate the success of the Pathways *program*, they do not measure the effectiveness of the Pathways *service* as part of a larger organization, and as an entity that interacts with other community services and government agencies. The instruments do not measure the integrated services model the Pathways service is committed to, and the effectiveness of the Pathways service in terms of achieving the second aim of the Pathways pilot program (UnitingCare West, 2013b), which is to educate other community services in terms of the barriers and gaps that exclude people with high levels of need from accessing supports and services they require.

For this report to offer a complete picture of the effectiveness of the Pathways *service*, and how it operates as part of a larger organization and as an individual entity that interacts with other community

services and government agencies, chapter 8 will discuss Pathways' intra- and interagency relationship-factors, normally considered crucial for the person-centred approach to be successful.

Pathways' client demographic

The document titled the *Pathways Foundation* (UnitingCare West, n.d) specifies that the Pathways target group is to consist of people who meet Home and Community Care (HACC) eligibility requirements AND are 'most in need' (people who have complex needs due to homelessness, disability and/or mental illness). Other services don't have the necessary skills and flexibility to help these people, so they remain stuck in their circumstances (in a vicious cycle). Typically, Pathways clients,

- Are adults living within the inner city/eastern areas of Perth;
- Adults who do not receive DSC (NDIS) or Mental Health Commission Funding (Uniting Care West 2014);
- Are (at risk of being) chronically homeless;
- Live with persistent, multiple, complex disadvantage,
 - including mental illness and/or disability,
 - are unable to effectively use mainstream services to improve their lives, and
 - suffer from locational disadvantage, economic disadvantage and social exclusion.

In March 2016, the Pathways team leader offered us the following information about the Pathways services' client demographic.

Race/ethnicity:

Non-Indigenous English speaking:	53.70%
Aboriginal (self-identified, not as Torres Strait Islander):	24.07%
Asylum/refugee:	3.7%
Non English speaking (including Maori and South Pacific Islanders):	18.5%

Gender:

Female:	29.62
Male:	70.37%

Age:

1: under the age of 24:	1.85%
2: between ages of 24-40 years:	27.78%
3/ over 40 years old:	70.37%

In paid work, unemployed or in education/training

Unemployed:	79.24%
In education/training:	15%
Working:	5.66%

The person centred approach

UnitingCare West (2015a) acknowledges the Australian Charter of Healthcare Rights, the National Safety and Quality Framework, other national service standards and state- based policies, and a range of jurisdictional and private sector initiatives that support the person-centred approach. UnitingCare West (2013b, p. 8) is also committed to the person-centred approach, saying that 'the person, not the system, will be the central focus'. An important part of the person-centred approach is person-centred planning. According to the WA Department of Health (2015),

planning puts the person with disability at the centre of the planning, listens deeply to them and their family and friends, learns over time what it is they want for their life now and in the future, and then acts on this.

Parr (2016) points out that another important part of person-centred planning is challenging power structures and engage in culture- and systems-change:

Person-centred planning is about equality (Stalker and Campbell, 1998). It challenges the unequal power structures that have long reigned in the relationships between service providers and service users. Sanderson (2003, p. 20) suggests that a change in thinking about power relations is fundamental, where organisations need to operate from a position where they have 'power with' service users rather than 'power over' them.

Other approaches that also use individual planning and action methods but focus less on culture- and systems-change also show positive benefits that are generalizable to person centred planning (Dowling, Manthorpe, & Cowley, 2006, p. 12). These benefits are likely to be strengthened when national policy emphasizes person centred care, as has been the case in the UK since 1989 (Dowling, Manthorpe, & Cowley, 2006, p. 13). But transformative leadership, culture and systems change (Kendrick, 2008 2012; Kinsella, 2000; Parr, 2016) and acknowledging people's agency (Parker & Fopp, 2004) are needed for clients to take an active part in the development of a service.

John, the Executive Manager Inclusion, stressed that the person-centred approach is formally endorsed *and* applied throughout the UnitingCare West organization, and organized around a 'person-centred framework'. UCW also works together with TAFE to offer training in person-centred ways of working for existing staff, but also for future staff as part of a new way of recruiting people. He saw no negatives around the person-centred approach; only positives.

Across the organization the person-centred approach is very important. And really at the centre of a lot of things that we do. We have an organisational person centred framework. And we have negotiated with TAFE to provide additional training on person centred approach. We are trying a new employment strategy within the organisation, bringing groups of people through across the organization and looking at ensuring that these people be the right fit for some of those organisations. So that we have people come to an information session, to a whole recruitment thing before they even walk in the door. Four to six weeks, I think it is, with some mentoring. Unpaid for that period of time. They go through TAFE person-centred approach training, induction information, and so on. And we recruit off that.

The person-centred and strengths-based approaches are central to the Pathways service and the Pathways program. The Pathways program utilizes the Outcomes Star as a person-centred and strengths-based tool (Triangle Consulting, 2013) and offers practical and psycho-social support so clients will be able:

- 'To live safely and sustainably and to experience social inclusion in the community in which they live' (Pathways Service Framework, UCW, 2013, p. 1).
- To benefit from community connections, and create opportunities for positive long-term outcomes;
- To live and participate in their community, in a way they choose, with the supports they need.

For Pathways staff and volunteers, this means that in the process of working with clients, Pathways members of staff and volunteers are expected to 1/ put the person at the centre of decisions which relate to his/her life; 2/ understand what each person wants and needs to live their own, personally defined, good life; 3/ to listen, think together, offer coaching, share ideas and seek feedback; 4/ provide ongoing and continuous support to each person towards their personal goals, even as they evolve and change; 5/ recognize and involve other people who make a difference in someone's life – family, friends and community; and 6/ find friends and family who can support the process and help identify and develop the person's strengths. In addition, the Pathways service ensures it will: 1/ use assessment tools that link client needs with the best service response (e.g. by way of the Outcomes Star); 2/ deliver a culturally informed practice; 3/ offer strong coordination of appropriately skilled staff; and 4/ demonstrate strong collaboration with other services (UnitingCare West, 2015a).

The person centred approach is based on the work of Dr Carl Rogers (1902-1987), who believed that we are all born with an innate capacity to grow psychologically and become self-actualized. This capacity tends to be undermined by our *conceived* values; people tend to internalize other people's judgments and evaluations (Rogers, 1973). But, Rogers (*ibid*) argues, people also have operative or *organismic* values; people have preferences or value choices that are not socially learned and personalized. These values show up behaviourally in how people select one object/subject and reject another. Under the right conditions and with a focus on a people's organismic values (their natural selections), it is possible to restore people's innate capacity to become self-actualized; grow to reach their potential. Dr Carl Rogers therefore advocated that the therapist or human service practitioner deeply understands, accepts and has a genuine regard for the choices a client makes. The person centred approach, then, unlike other psychological approaches, does not focus on the uncovering of repressed or significant life events and feelings unless they negatively affect the client's conditions of worth. Person-centredness is generally understood as a process of change that is determined by the core conditions of empathy, congruence and unconditional positive regard in the case-manager/client relationship. With no threat of being judged and instead being prized and valued for who they are, clients learn to see the world from a new perspective and re/gain the ability to self-actualize.

The National Ageing Research Institute (2006, p. 2) informs various HACC services and suggests that successful person-centred care programs provide skilled, knowledgeable and enthusiastic staff, especially with good communication skills; opportunities for involving the service user, their carers, family and community (for example, volunteers); provide the opportunity for staff to reflect on their own values and beliefs and express their concerns; opportunities for staff training and education, including feedback from service users; organisational support for this approach to practice; work in an environment of mutual respect and trust; and physically and emotionally enriched care environments; and operate in the person's home.

The philosophy of person-centred care is appealing for policy-makers, but in practice it is much more complicated than it first appears, and often is not considered enough before services or umbrella-organizations commit to this approach. In synch with the research-findings of Innes et al (2006), this evaluation study found for example, that service-users and Pathways caseworkers are not involved in the process of policy change and practice; when and how service users will be consulted and/or the extent to which policy changes meet service users' needs (p. 61). The Pathways service supports the person-centred approach in the work between clients and caseworkers, but the client group as a whole has no decision-making powers and has to adapt itself to the ways in which the service operates. For example, as highlighted in Chapter 7, when asked whether and how clients actively take part in the development of the Pathways service, the Executive Inclusion Manager said that clients are *being given the opportunity* to give *feedback* through surveys, individualized interviews and group sessions. Also, ex-clients can volunteer in services and sometimes they are appointed as members of staff. In other words, the status quo of the service and the style of service-delivery is essentially meant to stay intact. Typically, the client group has to work with the Pathways service's opening and closing times, its culture of clients needing to make appointments, clients needing to 'engage' and stay in regular contact and if they not they are taken off the books, etc. This suggests that the leadership style adopted within the service is inconsistent with the transformative leadership style normally required to successfully implement the person-centred approach. It is interesting to find that a service that says to be person-centred does not focus on culture- and systems-change and list as a strategy, for example, the placing of socially devalued people in key roles to input into service development and improve service delivery (Kendrick, 2007; Wolfensberger, 2011a, 2011b). Transformative leadership, culture and systems change (Kendrick, 2008 2012; Kinsella, 2000; Parr, 2016) and acknowledging people's agency (Parker & Fopp, 2004) as well as working closely with clients' family or friends (Dowling, Manthorpe, & Cowley, 2006) are other core ingredients for a successful person-centred approach. They are also key ingredients to warrant social inclusion; ingredients that are missing in Pathways' service delivery, which may reflect on the larger system or culture within which the Pathways service is nested.

As highlighted in chapter 1, it is important for decision makers to understand that the extent of implementation of approaches such as person-centredness depends on the wider context within which a service operates. Though the person-centred approach builds on people's capacity to self-reflect and employ their personal agency, a context that reinforces power-dominant relationships defies the attempt of service staff committed to the person-centred approach for clients to become empowered, and negatively impacts on clients' capacity to become and/or remain socially included and live independently. Fixed funding arrangements are part of this power-dominant system that helps strengthen the power of services and their service-centred *care systems*. Care systems block the delivery of person-centred assistance (Dowling, Manthorpe, & Cowley, 2006, p. 42). *Cash* systems offer an interesting contrast to service-centred care systems, as service users receive the money to buy their own support allowing them to be more empowered and remain in control (Dowling, Manthorpe, & Cowley, 2006, p. 19; Innes, Macpherson, & McCabe, 2006). Cash systems are different to brokerage funding systems, which the NSW Department of Family and Community Services (Department of Family and Community Services, 2014) for example employs. Brokerage systems disempower service users, because do not allow them to receive money themselves to purchase the services they want. Organizations that support the service users organize the payment for goods and services directly with the relevant supplier (p. 4), so they remain in power. Also, clients are expected to repay the money they use (p. 5), which effectively places them, as service users, even more in a state of dependency than they were before. The brokerage system concurs with the neoliberal idea of the free market and leaves vulnerable individuals even more exposed to competitive and predatory forces than they were to date. This kind of model also places a high level of responsibility on staff who effectively become the bank managers of service users.

So it is clear that technologies of social domination that prompt people to blame themselves rather than the system (Foucault, 1977) must also be considered where person-centred approaches are advocated. Government and organisational policies that require from services to commit to the person-centred approach and place the person at the centre of personal assessment and planning processes, but also fund these services for them to control statistical systems and monitor service users' progress whilst leaving unquestioned the decision-making powers of managerial staff who distribute governments' and services' financial and human resources, leaves service users positioned in the role of passive service recipients (Dowling, Manthorpe, & Cowley, 2006, p. 27). As Kinsella (2000, p. 5) points out, services are not held accountable for their failing to consult clients with respect to policy making decisions, since the funding for person-centred care is still largely locked up in the service-system. Where government or services' staff ask service users for feedback but do not wish to ask for negative feedback, and/or where government or service staff do not consult or work with family, friends and community because staff are not used to or do not want to do so (Dowling, Manthorpe, & Cowley, 2006, pp. 30-31), they maintain a culture and a system that homogenizes people, and especially people that are considered too different from the norm.

Quality staffing

Most people who come to the Pathways service are homeless and have mental health among other complex issues. The Western Australian Mental Health Commission (2012) suggests that people with multiple needs often have mental health and other related health or disability needs, including drug and alcohol problems, acquired brain injury and/or physical problems. Additionally, they often face discrimination and multiple life challenges, so 'person centred approaches to planning, connected services and community education are of key importance to help people build better lives' (p. 36). The Commission emphasizes the importance of healthy interrelationships between supports and services and people with complex needs, and that these relationships are responsive to people's needs and strengths, interests and preferences (p. 7). But it does not discuss in detail the client-support worker relationship. Parr (2016) emphasized the importance of the client-support worker relationship in detail to find out what makes the relationship a vehicle of support in and of itself, to find out that these relationships prove to be 'therapeutic', transformative and effective but is 'neither unproblematic nor a morally neutral endeavour' (p. 27). Though their role is normally to assess a person's needs, create a support plan, offer or coordinate interventions and review their care plans, these workers are not

necessarily trained as a therapist, social worker or counsellor but recruited for their interpersonal and communication skills.

Because the client and worker often develop a close relationship that can create emotional or psychological dependency, the 'Professional Boundaries Practice Resource (UnitingCare West, 2015b) urges workers to draw precise boundaries around where their role ends, and to clearly communicate those boundaries. Poor boundaries are unhelpful and disempowering, exacerbated by the fact that 'the very act of seeking support creates a power imbalance' (p. 2).

Kinsella (2000, p. 10) stresses that *quality*, not necessarily *qualified* staff is needed to deliver a person-centred approach. So less attention should be placed on the status of someone's qualifications and more on the workers' personal qualities that service users value; qualities such as patience, compassion, sensitivity and empathy. Management also needs to make sure they value and make operative the range of skills that workers bring to the table to effectively assist service users (p. 42). Others suggest that if necessary, staff should be trained so as to be capable to work with clients' support-needs (Dowling, Manthorpe, & Cowley, 2006; Innes, Macpherson, & McCabe, 2006; Mental Health Commission, 2012) and that staff that is traditionally and clinically trained, for example nurses or social workers, are not necessarily equipped for person-centred work (Dowling, Manthorpe, & Cowley, 2006, p. 11).

Support workers, case workers, frontline workers or 'key workers' (Parr, 2016) are key professionals who typically have a small caseload of people who have complex needs, and to whom one on one support is offered over a prolonged period of time (Davies, 2015). These workers are usually 'non-judgmental, honest, determined, consistent, resilient, tenacious, positive, patient, energetic and enthusiastic' (Parr, 2016, p. 28).

At Pathways, support workers are expected to undertake case management, administrative and workplace health and safety tasks in addition to some other duties that may arise from time to time (UnitingCare West, 2014). The purpose of the role of support worker is defined as follows:

The support worker will be the single point of contact for participants and their families, building relationships with them to foster independence and resilience through the strategies identified in their individualized support and recovery plan. Participants will receive personalized, consistent, and timely support within their local community, assisting them to establish local networks and relationships to aid their recovery in a sustainable manner (UnitingCare West, 2014).

Pathways support workers are expected to have 'recognized qualifications in a relevant area such as community services / social work / social science / psychology' (UnitingCare West, 2014). They typically have a caseload of about 10 people with complex needs and they demonstrate having the personal qualities described in the above literature.

Chapter 3: Research Methodology

In addition to quantitative analyses of the Outcomes Star, which is an evaluation and accountability tool the Pathways service uses to measure client outcomes and service delivery, this evaluation study employed qualitative methods to understand the conception, implementation and narratives of UnitingCare West/Pathways and Regional Assessment Services staff, volunteers and Pathways participants. This mixed method design offers a more complete understanding of client outcomes and quality of service delivery, because implementation information helps decision makers in making sure that a program is operating according to design. If outcomes were evaluated only, without knowledge of implementation, decision makers would lack the necessary information about what produced the outcomes (or lack of outcomes) and how and why the program had deviated from the initial design. 'Deviations are quite common and natural' (Patton, 2002, p. 161).

Data Collection: Interviews, shadowing and documentation

Data collection for this evaluation research took place between November 2014 and April 2016. It started with shadowing as a research method, followed up with the conduct of face to face and phone interviews, and document analysis.

1/ Shadowing

Initially participant observation was going to be a primary research method. The idea was first to observe and interact with staff, volunteers and clients, taking note of the condition of targeted clients prior to the implementation of the Pathways Service. The purpose was to create a "before shot" of the condition of Pathways clients prior to implementation, as a key component to assessing the impact and efficacy of the Pathways service. But after one day of engaging in participant observation, it appeared that the Pathways program had reached its full quota of clients, and was not recruiting and interacting with the Tranby cohort anymore, as was first expected. So participant observation (as part of an ethnographic study) was no longer appropriate. Now, shadowing became a more appropriate evaluation research method. The notes from the shadowing sessions helped to uncover content and style of working, meaning and purpose of the roles of staff members, and to find out more about the context in which staff work. They allowed for triangulation in data analysis.

As a rule, shadowing is a method that takes no more than a month (McDonald, 2005; McDonald & Simpson, 2014). For this study, nine shadowing sessions had been conducted over seven days, between 19 November, 2014 and 17 February, 2015. *Shadowing* started after one day of engaging in participant observation at the Tranby Day Centre.

In shadowing, the researcher's focus is on individual people and their patterns as they go about their work in the organization, to find out what they do in practice rather what their roles dictate them to do (Quinlan, 2008, cited in Gill, Barbour, and Dean (2014, p. 70). Shadowing is a holistic method as individuals are researched as an embedded part in an organization (McDonald, 2005, p. 467-469). The unit of analysis can be the individual (McDonald, 2005, p. 470) but also social relations of people that are engaged in a complex interrelated process (Gill, Barbour, & Dean, 2014, p. 70). As such, the data gathered can offer unique information into the workings of an organization.

Shadowing allows the researcher to experience the shape and form of their target's days. These qualities mean that shadowing is inimitably placed to investigate an individual's role in, and paths through, an organization. The organization is seen through the eyes of the person being shadowed and that perspective is invaluable to the qualitative researcher (McDonald, 2005, p. 457).

Shadowing is different to participant observation in that there is a clearer cut between the researcher and the path of his/her research 'object/s': the researcher follows or 'tracks' his/her 'objects' and his/her gaze is metaphorically guided by his/her miner's helmet (McDonald, 2005; McDonald & Simpson, 2014, p. 14). The researcher's notes are more like memos that contain only one voice of the researcher who

does not record his/her own words or feelings, but only his/her own thoughts and what s/he sees as well as hears, e.g. the words of the shadowees (McDonald & Simpson, 2014, pp. 10-11). The researcher does not participate in activities and the focus is not on the interaction between the researcher and the people involved in his/her study. But the researcher does speak with people and questions his/her 'subjects' as to how they interpret their own actions and/or those of others or the organization (McDonald & Simpson, 2014, p. 14). The researcher observes and records the work and life of people but not in one place, as in ethnographer would. The shadowing researcher follows the path of shadowees to study 'the work and life of people who move often and quickly from place to place' (Czarniawska, 2014, p. 92; McDonald & Simpson, 2014). Shadowing is different to observation as a research method, in that the researcher's gaze is not limited to a specific space or time-period but focused on certain actors and their actions in an organization, 'contextualized by the actor/s' running commentary and every opinion is related to the situation which produced it' (McDonald, 2005, p. 457). As part of shadowing, observation of interactions between shadowees throws another, arguably more objective light on staff's ways of working that tend to add to what interviewees say during interviews. Observation also offers details on the mundane, routine and habitual micro events that staff may take for granted and not mention in their interviews (McDonald & Simpson, 2014). Shadowing offers a researcher the opportunity to be exposed to a diverse range of situations (McDonald, 2005), which may pose ethical issues when shadowees do not get the opportunity to give informed consent when they 'simply' drop in and out of the situation with the 'shadowing researcher' present, effectively creating a situation of 'covert research' (Johnson, 2014, p. 28). Gill, Barbour, and Dean (2014) propose the following recommendations to be adopted as part of shadowing as a research method: Before arriving: (1) proactively engage issues with shadowees ahead of time; (2) prepare for embodied shadowing; (3) take classes or hold discussion on the emotional side of qualitative methods; (4) pack a "shadow kit". During shadowing: (5) plan to follow the rules, at first; (6) play around with strategies for note taking; (7) dance in the doldrums; and (8) locate or create social support. Upon leaving: (9) mitigate the anticipation of shadower-as-betrayer; and (10) exit the field mindfully.

In most instances, there was no issue with informed consent, because the researcher was only shadowing caseworkers who were working with clients who had sighted and signed informed consent forms. In the rare cases where the researcher accompanied caseworkers on visits or in casework where the clients had not signed informed consent forms, notes were taken only on the actions and performance of caseworkers.

To ensure that the observed people would feel reasonably comfortable with the researcher's presence (Johnson, 2014), the researcher negotiated contact through the responsible caseworker. Only when the caseworker and the clients agreed to the researcher's presence, did shadowing proceed. The researcher took the caseworker's lead. Had the caseworker indicated that the client was uncomfortable, the researcher would have immediately left the room. This, however, did not happen in any instance.

2/ Face to face structured interviews

Face to face interviews are a common qualitative method useful for implementation evaluation purposes, to help understand, develop and improve a program from the interviewees perspective. For this study, face to face interviews were held with individuals who played a key role in Pathways' program as well as clients that had participated in the program since its early implementation were selected and interviewed individually (Patton, 2002). At first, this evaluation research was to consist of three rounds of interviews with staff, volunteers and willing clients, over the course of two years (2014-2016). Appended is the indicative questions schedule for round one. The first round of interviews would commence at the start of the Pathways program, the second round of interviews would take place after one year of service delivery, and the final third round of interviews was to take place two years after the commencement of the service. The first round of interviews was going to be crucial, to form the foundation of the evaluation by establishing the expectations of staff, volunteers and clients prior to program implementation, their assessment of the impact of the service, and what may need to happen as time went on. One of the issues with the evaluation was the time it took to commence, as after the

initial scope document, it took close to a year for UCW to decide to proceed with the evaluation. Hence, at the time the research commenced, a before shot was no longer an option. The Pathways pilot program had already commenced. These are among the issues that led to not three but two rounds of interviews eventuating. The first round took place at the commencement of service and was completed in December 2014. The second round of interviews took place over a year period between April 2015 and April 2016.

In total, 36 interviews were held, of which 15 with full-time or part-time Pathways staff members, two interviews with Pathways volunteers, two with UCW management, four with Regional Assessment Services staff and 14 interviews with Pathways clients. Five Pathways staff members and six clients were interviewed twice. Others were interviewed once only. The two clients who were interviewed once only were not contactable at the time, so a second interview could not be scheduled. Pathways and RAS staff and UCW managers were interviewed once only, because a second interview was not necessary for data collection purposes due to the position people took up in the organization and data saturation. All interviews took place face to face, except for one interview with a client who had moved away from Perth, so that interview had to be completed over the phone. All interviews were audio-recorded with the participant's consent. Participants were not identifiable on the recordings. Participants were not invited to give feedback or edit transcripts, or to agree to any excerpts being used in any form of publication. The following information was included on the information form: "After our interview, the notes will be transcribed and stored securely. The only details I will record on these transcripts will be your age range and gender. Your name will not be recorded".

The following table shows the 'names' of members of UCW/Pathways and the Regional Assessment Services staff we interviewed for this evaluation and when. It also shows the 'names' of Pathways clients we interviewed and when. The listed names are not the real names of the interviewees to ensure their confidentiality. These listed names will be used in this report, where applicable.

UCW/ Pathways staff	1st interview	2nd interview
Ben (team leader)	February 2015	August 2015
Bart (caseworker)	February 2015	June 2015
Iris (engagement officer and acting team leader)	February 2015	June 2015
Fern (caseworker)	February 2015	June 2015
Annie (caseworker)	February 2015	October 2015
Steven (caseworker)	January 2016	
Richard (mental health & disability advocate)	February 2015	
John (executive manager Inclusion)	March 2016	
Marian (Inclusion manager)	March 2016	
Karin (volunteer)	February 2016	
Daisy (caseworker and acting engagement officer)	February 2015	
Deirdre (volunteer)	February 2016	
Robyn (caseworker)	January 2016	
RAS staff		
Ella (HACC assessor)	August 2015	
Elly (HACC assessor)	August 2015	
Petra (HACC assessor)	June 2015	
Diane (HACC assessor)	July 2015	
Pathways clients (interviews and files)		
Henry	April 2015	March 2016
Mark	February 2015	March 2016

Ingrid	April 2015	March 2016
Esther	April 2015	October 2015
Tina	February 2015	January 2016
Aylin	February 2015	October 2015
Glen	April 2015	
Marion	April 2015	

Table 1 Interviewees' Names and Interview Dates

3/ Document analysis

UnitingCare West (UCW) service literature was used to understand the concepts underpinning the Pathways program and service delivery. This literature included all available documents associated with the Pathways program and some additional UCW documentation such as HACC funding and wellness philosophy documentation. The Pathways framework was being developed whilst evaluation research continued. This framework became available early 2016, and proved to contrast with the initial service design, so did not really help to assess whether Pathways was achieving its goals. Data associated with the Outcomes Star evaluation tool were also used for evaluation, to offer insight into how Pathways staff employ this tool and assist clients in goal-setting processes and evaluate clients' progress. We accessed the client files of the eight Pathways clients we interviewed, and accessed the files of an additional six Pathways clients to enrich our data collection. The license for the Outcomes Star evaluation tool has been purchased and is held by UCW. The 'names' of the Pathways clients we did not interview but whose files we accessed are listed below. These 'names' are not these clients real names to ensure their confidentiality. These names will be used in this report, where applicable.

Clients (files accessed)	Files accessed	Files analysed
Achmed	March 2016	April-May 2016
Brad	March 2016	April-May 2016
Simon	March 2016	April-May 2016
Sophia	March 2016	April-May 2016
James	March 2016	April-May 2016
Frances	March 2016	April-May 2016

Table 2 Names of Clients' Files, Access and Analysis

Participant selection

All Pathways staff and volunteers agreed to participate in research, as did the UCW Manager Inclusion and the UCW Executive Manager Community Inclusion. To recruit clients as potential research participants, Tranby, the Day Centre, located next to the Pathways service, was used as the most appropriate public space to display a number of flyers. These flyers notified clients of the possibility to participate in this research and to express their interest in discussion with their Pathways casemanager. Additionally, all Pathways caseworkers asked their caseload clients whether they might be interested in research participation. More than eight clients expressed their willingness to participate, but when interviews with the researcher were scheduled, 'only' eight people turned up. On one occasion the researcher had to cancel the appointment for an interview, after which this client withdrew his interest in research participation.

Method of analysis

Annells (2006) suggests that combining the grounded theory with the hermeneutical phenomenology approach offers the opportunity to provide both breadth and depth to the phenomenon under investigation. Both methods are committed to the qualitative, naturalistic, contextual, historic, intersubjective quality of human experience and human responses (p. 56). Drawing on the techniques of narrative and thematic analysis, then, the interview transcripts were scrutinized critically, and the emerging auto-biographical narratives were allowed to emerge. This method draws on the hermeneutic philosophies of Gadamer and Ricoeur, in which it is understood that in critically interpreting a text (in

this case, the text is the stories of the participants), the “reader” must be aware of the horizon of the author of the text, the horizon of the text itself and the horizon of the interpreter. Part of the horizon of the author of the text (the interviewees) emerged from the interview-transcripts. The interviewer, who was someone else than the interpreter of the interview transcripts, determined the horizon of the text itself. The horizon of the research-analyst emerged in the process of coding the text and perusing literature associated with emerging themes.

Using a constructivist grounded theory approach that takes into account narrativity as a pivotal point (Ruppel & Mey, 2015), axial coding helped to construct categories and their relationship to distinguish context, contextual conditions, intervening conditions, and strategies and consequences. These categories helped to construct a narrative to illustrate how and why Pathways works the way it does, as an organization that is situated, in context.

The interviews that had been audio-recorded were transcribed, and alongside the shadowing notes ‘fragmented’ and coded, using thematic analysis to then look for and find themes or concepts ‘behind’ the coded data. Using the software analysis tool NVivo was helpful in this process. The literature review, completed before starting the research ‘in the field’, was an important resource to help set up initial coding categories. The main focus of attention when scrutinizing the interview-transcripts was the positioning of the interviewees; their self-positioning and the positioning of others including clients, management, colleagues, the organization and external organizations. Ruppel and Mey (2015, p. 182) claim that positioning can help in the process of open coding so as ‘to discern the perspectives and relations of protagonists in the stories told’, allowing the narratives ‘to be grounded as situated, contextualized, and co-constructed achievements saturated by perspectivity’. But in order to illuminate the ‘how’ in addition to ‘what’ of the narrative, open coding must be accompanied by memo-writing (p. 183).

The results of narrative analysis and thematic analysis were triangulated (that is compared and contrasted), and the final emergent picture produced a richer and more solidly attested vision of the condition of participants prior to the Pathways program, their progress during, and their condition after two years.

Limitations of this evaluation study

With respect to the research methods, this study was limited in some ways.

As the research progressed, it appeared it would have been useful to have asked staff to video-tape their *first* sessions with new clients, to offer researchers the opportunity to gain insight into the staff’s ways of engaging with clients that produce positive or negative client change. Especially since the person centred approach lies central to the work of Pathways staff, insight into client-practitioner interaction processes during those first sessions would have been useful because they reflect on the *therapeutic* quality of the casemanager/client relationship. The *initial phase* of contact is the most essential part (Holder, 2013). Tsang, Bogo, and Lee (2010) conducted narrative analysis of taped interviews between practitioners (social workers) and clients during their first session and found for example that casemanagers’ ways of engaging with the client determines whether or not, and the degree in which positive client change is established.

Shadowing proved difficult in a somewhat unexpected way, as at times it was the staff who felt some discomfort at being observed, rather than the clients. As the shadowing notes suggest (3 December, 9am):

After the session was finished, the caseworker indicated to me that it was harder to do the session when she knew she was being observed.

When exposed to sensitive information, the researchers did their best to maintain and protect anonymity.

The risk of 'going native' and uncritically accepting the views of the researched has been mitigated by employing two people in the conduct of research – one for the interviews (Dr Jennings), and one primarily for data analysis and the writing up (Dr van den Akker). The two researchers have worked to balance each other's perspectives, and while the interviewer had most contact with staff and most opportunity to start identifying with the program and people in it, the researcher primarily for analysis and writing up has had more distance and, thus, more objectivity.

In terms of research analysis and writing up, the researcher responsible for this work ensured that the research findings were valid and formed an accurate representation of the studied phenomena. She used two or more data-sources where available (triangulation), looked for contradictory evidence, and used constant comparison to identify emerging themes (Anderson, 2010).

Chapter 4: Clients' Progress from Clients' Perspectives

This chapter will focus on the *first aim* of the established three aims for this evaluation study:

Report on clients' progress with respect to living safely and sustainably, social inclusion and interconnectedness, and clients' physical and mental health condition;

With respect to those three elements (living safely and sustainably, social inclusion and interconnectedness, and physical and mental health), after having explored in detail 12 interviews held with six Pathways clients, we will complete this chapter by focusing in on the outcomes these six clients had achieved as a result of having participated in the Pathways program.

Though we conducted one off interviews with two more Pathways clients, in this chapter we will discuss in detail the 12 interviews held with six Pathways clients that were interviewed twice: respectively Henry, Mark, Ingrid, Tina, Esther, and Aylin. Chapter 6 will compare and contrast the outcomes described by these six Pathways clients in this chapter, with those described by seven Pathways staff and two RAS staff, in Chapter 5.

The following table shows when we conducted the interviews, discussed in this chapter.

Pathways clients (interviews and files)		
Henry	April 2015	March 2016
Mark	February 2015	March 2016
Tina	February 2015	January 2016
Esther	April 2015	October 2015
Ingrid	April 2015	March 2016
Aylin	February 2015	October 2015

Table 3 Clients Interviewed and Interview Dates

In addition to interviewing these six clients, we also perused the Outcomes Star of these clients. The results of the Outcomes Stars of these six clients are shown in the table below.

Table 4 Clients' Outcomes Stars

Name / gender/ ethnicity	H as w or ked b efore	Period of homelessness	Area in Need of Help (reported and/or reflected in Outcomes Star, 1 st assessment)											Most improved Priority areas according to client in Outcomes Star	No or Least improved Priority areas according to client in Outcomes Star	
			Man aging Housing	Mental or emotio nal health	Chr onic illne ss	Gene ral health care/ physica l health	Dru gs/ alco hol mis use	Self care and living skills	Motivat ion and taking responsi bility	Social Networ ks and/or Relatio nships	Managi ng Money Food/ Financi al hardshi p	Visa (refugee) or ID	Empl oym ent, training or educatio n/ art classes (Meaningful use of Time)			Offen ding (Legal issue s)
Mark / M/ Indigenous Australian	x	5 yrs	X (8)	x (5)		x (6)	x (4)	x (9)	x (4)	x (5)	X (5)		X (4)	x (8)	Only 1 st Outcomes Star available	
Tina / F/ Australian	?	?	x (10)	x (8)	hus band	x (8)	(10)	x (8)	(9)	x (10)	x (8)		x (10)	(10)	Meaningful Use of Time**	Physical Health; Mental and Emotional Health**
Esther / F/ Indian-Portuguese	x	At risk	X (3)	X (4)		x (8)	(10)	X (4)	x (5)	x (7)	X (5)		(8)	(10)	Physical Health; Emotional & Mental Health;	Motivation & Taking responsibility
Ingrid / F/ Australian	x (c asua lly)	At risk	X (7)	x (7)		X (7)	(10)	(10)	(9)	x (6)	X (1)		X (10)	(10)	Emotional & Mental Health (significantly); Housing; Social Networks and Relationships	Managing Money
Aylin / F/ Turkish	?	12 months	x (8)	X (9)		(10)	(10)	(10)	x (8)	(8)	x (10) (no income)	x	x (7)	(10)	Managing Housing	Meaningful Use of Time; Visa (no solution); Mental / Emotional Health; Physical Health (got worse!);
Henry / M/ Australian	x	15 years	X (8)	X (7)		(8)	X (7)	(7)	(8)	x (5)	x (8)		(7)	(10)	Drugs & alcohol (first got worse, then improved)	Social Networks and/or Relationships (got worse); Emotional & mental health (got worse); Motivation (got worse); Managing Housing (got worse); Managing Money (got worse); Self care (got worse)

The first interview with a Pathways client we will discuss in this chapter, was held with Henry.

About Henry

We interviewed Henry for the first time in April 2015, shortly after he had commenced the Pathways program. We interviewed him the second time in March 2016.

Henry was about 52 years old and single. When we first interviewed Henry, he was homeless and had been so for a number of years. He did not have a fixed address. However, his mother lived in a house in Perth in which he did not reside but used as a residential address. For about seven years Henry had been living on an old, 24 foot sailboat he also refers to as a 'yacht'. Henry also has, what he calls 'a good car'. Henry emphasized that he was not like most other homeless people and is 'in a different echelon'.

I've been living on my boat. A small boat - for seven or eight years, and before that I was in a car for three or four years. So - and before that I was on the street for three or four years in Sydney. I've got a car. I've got a good car, you know. I'm in a different echelon.

Henry said he came to Pathways, not because he wanted a home, but because he wanted help with his mother whose dementia had developed to a degree that he could no longer look after her. He also had problems dealing with a large box of paperwork that he had not wanted to deal with so had piled up over the years. Henry also used marijuana but did not see this as a problem. He did not want to be assisted with housing because strongly resisted the homelessness services area because they tell him what he can and cannot do. He said he did not want to be part of a system that tells him he cannot smoke in his own room, for example.

I couldn't go and live in one of their homes somewhere and get told I can't smoke out the back or I can't - can't smoke in my room, or I can't go out late at night.

His use of words and reference to literature suggested that Henry grew up in an educated family; he thinks deeply about the world in which he finds himself and is politically oriented. For example, Henry refers to Ouspensky's well-known work 'The Fourth Way' (1957) which discusses the idea that there are four states of consciousness, and most people live in a state that is only just outside of a physical sleep; in a waking sleep where people wake and live automatically, from day to day, not realizing who they truly are.

There's people that need to be told what to do, 100 per cent, and they're used to it. They're institutionalized. But me, I've never been locked up anywhere, and I've been free all my life, more or less, so - our lives are unpredictable and when you live (back) on the streets, you can only be concerned with the present, immediate needs. It is the only way to survive....

Whilst Ouspensky talks about the need for people to 'wake up' from their waking sleep, Henry talks about this concept but calls it 'the waking dream' and suggests that Perth compared to Sydney, is a hard, cold place. Whilst he felt at home in Sydney because nobody noticed him, he does not feel free in Perth because it has many new buildings and newly arrived people who look at Henry as if a stranger.

Perth's a hard, cold place, you know. Like, as far as - you know, it's not very free. You know, it's like - Sydney is old, and there's lots of places to hide, and there's old squats, and it's a bit chaotic, and you can kind of - sort of live on that chaos. But here, with all these new buildings, all these refugees everywhere. You know, the people - the new people in town, all they do is watch everything because they want to assess it, you know. They're like - when someone - what I've noticed is when someone's been walking down the same pathway for about 20, 30 years, they don't really look at what's going on, you know. They're miles away. They're just walking down the pathway. But people who are - the first time they've ever been there - It's like all these new people from other countries, they're going, "Who's this guy? He's an Aussie. What does he do?" You know. Whereas the older ones, they don't even see you. They're just - you know, they're thinking, "I've got to get through this so I can get home and get" - you know, their family. The waking dream. Ouspensky's waking dream.

Henry saw himself as free and wanted to stay outside of the system that institutionalizes people; the system that also throws out people who do not want to fit in; they fall through the cracks.

We are the ones that won't get told - will only do it our way, we're the ones that fall through the cracks.

Henry was very happy to be part of the Pathways program because of its philosophy. The person-centred approach, which he referred to as 'freedom welfare' and saw as a way that allows people to take their 'own initiative' make their own choices and work towards them, suited his worldview. But then Henry found out that the philosophy did not match the practice of Pathways. His caseworker wanted to get him into homeless services accommodation, even though Henry did not want this. He understood the caseworker was obliged to put him into housing because the program focused on homeless people, and the caseworkers' job was to put Pathways participants into housing.

The beauty of it is that they'll meet you where you're at, and you can - this is why I came in. You've got to have your own initiative. I'm happy with it, because they've given me some freedom to be myself, you know. Freestyle welfare. (But) I'm just not going to go into a housing program, you know? I refuse. I've tried it, and it's just not going to work. (But) you know, we - she (the caseworker) was obligated to try and get me accommodation in a sense.

But Henry also appeared to feel very vulnerable living on the boat.

I come to a point where, you know, the boat was - it was too much staying on the boat, because it's like - it's more or less, it's like living in a car. You're in the public arena, you know. It's not - it's just - it's a public arena, really, and it's hard.

When asked what Henry wanted to get out of participating in the program other than seeing his mother in a nursing home and sorting his paperwork out, he said that all he wants in life is to take his yacht out on the ocean, away from the Swan river, to have inner peace.

I want a bit of inner peace, you know. That's all I really - at the end of the day, you know, I love the ocean. I really - it's been - my whole life, all my life, you know, and I miss it - the river just - only just suffices, you know.

Henry is the person that one RAS assessor (Elly) described as being 'homeless by choice', and someone who should not be eligible to participate in the Pathways program because he has other priorities than housing.

One person who became involved with the program was homeless by choice. Well, he actually had a unit, he just doesn't go in there because of his psychiatric issues. He feels quite claustrophobic in the unit and was spending more time sleeping on the grass outside the unit, which became an issue, so he was told not to do that anymore, so he sleeps in his boat. Now, he's got a unit he can go into, but he likes this nomadic lifestyle of living on his boat that he then takes out during the day and only moors it very late at night when no one is there. So I mean, there is an assumption that people that are homeless want to be in housing, when that's not always the case until they are able to manage a lot of other issues that are going on in their life.

The second interview with Henry took place in April 2016, some 10 months after the first interview and just before he was scheduled to meet with his Pathways caseworker. Henry said he did not want to be part of the Pathways program anymore because no longer wanted to waste his own time or the time of Pathways staff. He felt drained by welfare workers and did not want to support the cycle of co-dependency anymore; a cycle he had referred to in his first interview. Now Henry had achieved his goals, he wanted out of the program; his mother was now in a home and very well look after, and he had dealt with his paperwork.

I've got better things to do, really, you know, than keep appointments all the time and give people employment, constantly employing welfare people, you know, like yourself, like at the end of the day, I'm not getting better because you guys are employed, you know. As a welfare recipient, I am being drained by welfare workers, because they need a job. They need to pay bills. I need to pay bills, too. I can't remain poor just for the sake of everyone. And now - you know, Mum's in an aged care facility, a really good one, and she's better than she was, you know, like 10 years ago, you know. So that's - that was a really - an achievement, and that was my crisis at the time when I came into Pathways, right? So you know, it's been good. It's been really - it has worked out, you know? That was - but now, you know, things have changed, they've shifted, you know.

Henry also felt he should not be on the program anymore because his aims around housing had not changed, and he believed that Pathways is funded to get people off the streets and help them with housing.

I feel like I'm wasting their time, because I am quite happy - you know, I just want to be - live on - you know, the way I'm living at the moment, pretty much, with a few - like, I'm not on a Homeswest housing list because I don't want public housing, you know. I don't want to pay \$200 a week rent in a little room somewhere. It's too much. You know, so - I'm choosing to - remain homeless sort of thing, if you like. Which is a bit of a problem for them. And understandably, because I assume the objective of this was for - to house homeless - get homeless people off the street and stuff.

Henry also emphasized that he had money issues, but he did not seem to consider this as something he should discuss with the caseworker.

You're all employed. I've got - I haven't had anything to eat today, and I didn't even eat dinner last night. So yeah, I've got - like it's a foraging, daily existence I live. I've got no teeth. I've had all - every single teeth in my head pulled out, so it's very limited, what I can eat anyway, you know. And you know, I haven't even got bus fare for myself. I've got a car in Nedlands parked with no petrol in it, Mum's car.

And I've got no car park to put the car in, you know. So you know, I can't - I'm sick of - I can't keep coming here for appointments just for the hell of it, you know. Just so everyone else can have a job. I've got better things to do.

Henry wanted to exit the program, because felt restricted by the Pathways' service's requirement for him to 'fit' in and become a 'productive' member of society; get a job, a place to live in and going to groups. That said, he enjoyed the person-centred approach because it allows people to make their own choices. But he also stressed that him achieving his goals was a result of his own dedication and work; Henry emphasized his own agency.

Interviewer: So has – so your situation has improved since participating?

Henry: Well, yeah, it has. Yeah. Yeah. And you know, like I said, it's been miraculous, you know, and a lot of work, too. You know, on my behalf. Because I had to renovate a unit. I've got a storage unit full of - you know, all of (mother's) stuff that I had to take and save. I had to do all the paperwork, you know. I had to sell it. I had to do all sorts - all on a disability pension. So it's been good. It's all good. Pathways is all good, yep.

Henry wanted to continue living on his boat, even though he was aware that this lifestyle does not help him stabilize his mental health.

I don't think it will make me more stable, you know - going to sea. But I do it anyway.

Henry felt proud of himself, having sailed to and back from the Abrolhos islands on his own, in his little boat, on a shoestring budget, and taking the risk of shipwreck. He said he needed to make this trip to have a rest from dealing with his mother's circumstances, even though making his trip turned out to be not a matter of taking rest. Henry said he wanted to do more of such trips, bigger trips, to challenge himself.

I've also - you know, in the middle of this, I achieved a pretty much goal of a lifetime, really. I sailed my little boat - I've got a little old boat, 24 foot sailboat. I sailed it up to Abrolhos at Christmas on my own, and sailed it back. Navigated into 10 different ports on my own, and did - you know, 1,000 miles. So that was a bit of an achievement for anyone to do that, to sail to the Abrolhos and back on their own in a little old boat with little old - with no money, virtually, you know, on a shoestring budget. There's nobody else out there doing that, I can tell you. There's nobody. And yeah, so that was a bit of an achievement. You know, I mean - it might not be - but they're not the sort of achievements which - you know, which you get credit for in Pathways, you know.

Henry said that Pathways staff would not acknowledge this feat, however, because the Pathways service was funded to make people 'productive'.

This is what the funding is all about, you know. It's about getting people - making people productive, not people sailing - you know - sailing up and down the coast on the pension. The whole objective is - they would - it would look good if I was in a Homeswest, you know, with a bit of part-time working, going to groups or something, and doing - you know, all of those prescribed things. So you know, that's why I want to get out of Pathways. I don't want to - I'm not going to apply for Homeswest, you know. I'm not going to look for a job. And you know - I don't want to join in the groups or clubs or anything. Yeah.

Henry could not see how the Pathways *program* could be any different than it is, however, because the recovery type of approach implies that people make their own choices, and are responsible for resolving their own problems. Henry would not want the program to be any different, because people like him, who do not want to live up to the expectations of society, need this kind of program more than a program that makes them have to fit in.

Henry: It's a kind of a program - I always assumed it was that people - you know, like design their own - you know, recovery, if that's the right word. So, it's an individual recovery, you know - it's a good idea to

let people make - you know, people answer their own questions and, you know, solve their own problems. So people are solving their own problems, you know.

Interviewer: So if you were in charge of the program, you wouldn't change much?

Henry: Maybe just a complete staff change.

Interviewer: Would you?

Henry: (Laughs) Yeah, no. No, no, nothing. Nothing. No, no, they're all good. They're all good, you know. I don't know. You know, what can you change? It's - the people are designing their own recovery, you know. That was the objective, I thought, anyway.

Interviewer: And that's something you support?

Henry: Yeah, definitely. Yeah, because everyone - some people don't - you could put, you know, some people in Homewest and it would be the worst possible case scenario you could get, you know. Yeah.

In summation

Henry's progress over a period of 11 months appeared to have been limited and in some ways had gone backwards. His self-esteem as part of this mental health condition appeared to have improved as a result of him having received person-centred assistance from the Pathways caseworker, but especially as a result of him having taken upon himself some big risks. However, the Outcomes Star table showed that he had filled in three Outcomes Stars over a period of one year, and they indicate that his situation around living safely and sustainably, social inclusion, and mental state of health, had actually worsened. Henry was still living unsafely and unsustainably and his situation had worsened because he no longer had access to his mother's home. His level of social inclusion and mental health had also worsened because, as he noted in the last Outcomes Star, 'it is hard to get rid of negative relationship networks' and 'there is no way out'. That said, as the notes that accompany his Outcomes Stars suggested, from the outset Henry wanted no outside assistance to manage his mental/emotional state of health; the use of drugs helped him feel better and he thought that was enough. The Action Plans that accompanied his Outcomes Stars revolved around his needs for accommodation, emotional and mental state of health, and his drugs and alcohol use, but all suggested that Henry wanted to maintain his current condition and did not want any external help.

In conclusion, Henry's condition with respect to living safely and sustainably, level of social inclusion, and physical and/or mental state of health had not improved much. The only progress Henry had made with respect to his mental/emotional state of health was a heightened sense of achievement as a result of him having taken the initiative and doing the necessary work for his mother to be placed in a home. Further, his sense of pride was boosted by the fact that he had taken to the ocean and safely returned from a solo sailing trip. That said, Henry was very happy to be part of the Pathways program because of its philosophy. The person-centred approach, which he referred to as 'freedom welfare' and saw as a way that allows people to take their 'own initiative' make their own choices and work towards them, suited his worldview. But then Henry found out that the philosophy did not match the practice of Pathways. His caseworker wanted to get him into homeless services accommodation, even though Henry did not want this. He understood the caseworker was obliged to put him into housing because the program focused on those homeless people and at risk of homelessness, and the caseworkers' job was to put Pathways participants into housing.

The second client we will discuss in terms of his progress with respect to living safely and sustainably, level of social inclusion, and physical and/or mental state of health, is Mark.

About Mark

Mark is an Indigenous Australian man of about 40 years old. During a previous interview with a female Regional Assessment Services (RAS) person who assessed him for HACC eligibility, Mark was homeless and said he used speed once per fortnight on Centrelink payday, leaving him with constant

money problems. He also felt socially isolated, perhaps because his family lives in the Kimberley region and in Queensland. The Action Plan that accompanies his Outcomes Star, which he filled in together with his Pathways caseworker, suggests that Mark wanted help with finding work, managing his money and accommodation.

We interviewed Mark for the first time in February 2015, shortly after he had commenced the Pathways program. We interviewed Mark the second time in March 2016.

During the first interview, Mark appeared reluctant to share information with the researcher. He said he participated in the Pathways program but only since a week and expected very little from it. Though he thought Pathways staff were 'doing alright', Mark expected his situation to remain pretty much the same at the end of the program. With those words Mark appeared to suggest that he had few if any good experiences in his dealings with welfare workers. With respect to his living safely and sustainably and his level of social inclusion, Mark stressed that he did not have a house, but had been living in a hostel for a while and did not like it. He did not like sharing his room or socializing with his roommates, and would prefer to have a place of his own.

Mark: I don't have a house. It's a hostel. It's just a hostel, that's all.

Interviewer: So you've got a bed?

Mark: Yeah.

Interviewer: How many other people are with you?

Mark: I don't know. About four or five, I think. I don't take notice of them really.

Interviewer: So it's like a dormitory?

Mark: Yeah.

Interviewer: How long have you been there?

Mark: A while now.

Interviewer: Is that - do you like living in the dorms?

Mark: (indistinct).

Interviewer: Not really? Would you like a place on your own, or would you like to share accommodation, do you reckon?

Mark: Probably a place of my own.

When asked what other goals he had, Mark said he wanted to be more financially stable, and perhaps get a job but had not really thought about what kind of work. In the past he used to do laboring.

Mark spoke very softly and had a tracheostomy or breathing tube inserted into his throat for oxygen-rich air to reach his lungs, besides through his nose and/or mouth. To find out more about his mental/emotional state of health, when asked what type of music he liked, Mark said he like heavy metal but did not want to talk about this any further.

Interviewer: What kind of music?

Mark: Heavy metal, sort of. I'd rather not answer that.

Mark also said he had been living in Perth for too long and would rather live in Sydney.

During our interview with the person (Ella) who had assessed Mark for HACC eligibility said that Mark is one of a large group of people that the Pathways service has taken on board, but should not be eligible for the Pathways program, because they are not really interested in finding or maintaining housing.

I suppose the real thing for me is that I just think they're not finding the right clients, you know, to actually have - they're putting a lot of energy into these particular guys who really - probably their main issue isn't homelessness. If they had employment and money they wouldn't be homeless. And you know, a fair few Indigenous clients that are pretty - aren't really worried about being homeless either. You know, they had goals like, "I want to find my family." "Get my driver's license again." You know, that wasn't really about finding accommodation at all; the outcome wouldn't be that they were going to be homeless at the end of that support. They might have their driver's license and maybe have connected back to their relatives, but that wasn't really - that's not really a good use of HACC money.

Our second interview with Mark took place in April 2016, a year after the first interview. Mark was scheduled to meet with his caseworker after this interview with a female researcher. Mark said he had 'nothing bad to say' about the Pathways service and that his caseworker 'seems all right'; he had 'not been offended while with her'. Those words seemed to suggest that Mark had felt offended before by other workers, though not necessarily Pathways staff. Mark was clear on the fact that he very much disliked, and perhaps felt offended by having to work with the Pathways' evaluation tool (the Outcomes Star). He feels the tool judges him and it does not help him to make changes in his life.

I just - I feel like only I can change and it's up to me to change. I don't need an Outcomes Star to judge who I am.

Mark said he was now living in a social housing unit and had just signed the lease. But he considered himself to be 'in transit', perhaps because he was not too happy with the unit because it is located too far away from Perth city, and also from Queens Park. During the entire interview Mark stressed that he had money problems, but he did not think this financial situation would necessarily put him at risk of losing his home. Lack of money did impact on his capacity to move around though, because he could not use a car. Mark said his Pathways caseworker was working with him to deal with his financial situation.

Mark: I may need - I think I'm still in transit at the moment. I haven't got anywhere. I've just lined up a new lease and that, so -

Interviewer: You're still in transit?

Mark: Yeah, but I've just signed up a new lease. I'm having money problems at the moment.

Interviewer: Right. You've just signed a new lease. For the Housing Department?

Mark: Yeah. I'm having - I'm facing money problems at the moment.

Interviewer: You have money problems. Yeah. Yeah. Right. So you're still in Housing Department housing, but you might lose it because you have money problems? Or not necessarily? You have money problems.

Mark: Not necessarily.

Interviewer: So have your needs changed since starting with Pathways?

Mark: Yeah, some have changed. I've got a unit now. And I've signed a new lease.

Interviewer: And you've just signed new - hey, that's good, isn't it? Are you happy in the unit?

Mark: Not in the suburb. It's too far out. I prefer something a little bit back this way, or back towards Queens Park. It's all the way down near Mandurah. Not near Mandurah; near Rockingham, really.

Interviewer: Near Rockingham. Mm. So you come here by train?

Mark: Train and bus. It'd be better if I had a car, but - I've just got to pay the fines.

Interviewer: So what kind of things does (caseworker) do with you?

Mark: She's helping me pay my fines off. I think she wants to help me organize my money and - money a bit better. That's about it.

In summation

The data above suggests that Mark's progress had somewhat improved over a period of about 13 months, mainly in the area of living safely. Unfortunately, as the Outcomes Star table above shows, no conclusions could be drawn in terms of his progress, because even though Mark said he had filled in three Outcomes Stars since having started the Pathways program, we sighted only one Outcomes Star. In conclusion, with respect to living safely and sustainably, level of social inclusion, and physical and/or mental state of health, Mark's condition had improved with respect to living safely, but not sustainably. He had not (yet) reached the level of living sustainably due to his financial problems (either or not associated with the use of drugs) and/or living too far away from the places and/or people he wants to live closer to. His sense of social isolation appeared to have remained the same if not worsened, and his physical and mental health did not appear to have improved either. What stood out from the interviews with Mark was the way in which he responded to the Outcomes Star. Like Henry, Mark seemed to stress his own agency as the determining factor in changing in his life. He did not contribute his progress to the intervention of an outside agency or a tool. To the contrary, he saw them more as a burden than as a help.

The third client we will discuss in terms of her progress with respect to living safely and sustainably, level of social inclusion, and physical and/or mental state of health, is Ingrid.

About Ingrid

Ingrid is a non-Indigenous Australian woman of about 52 years old. During a previous interview with a female Regional Assessment Services person who assessed her for HACC eligibility, Ingrid said she suffered from arthritis, depression and anxiety, and was living with a friend who also had mental health problems. Ingrid's main concern was her partner who suffered from severe anxiety and major depression, and was imprisoned at a location far away from Perth, proving to cost her a lot of travel-expenses. Ingrid had limited contact with her family. Since participating in the Pathways program – for some six months now – she had been living in a unit where she could stay for up to 12 months. Her main needs were getting stable accommodation and a secure income (Disability Support pension). She had met with her Pathways caseworker for the first time in October 2014, and filled in an Outcomes Star and an Action Plan that focused mainly on accommodation, attending to her mental and physical state of health, and her financial situation.

The first interview with Ingrid took place in April 2015, some six months after she had commenced the Pathways program. We interviewed Ingrid the second time in March 2016. We also sighted a letter that Ingrid had written to testify how happy she felt with the Pathways service she had received. In this letter she said she had 'come a long way' within a period of one year.

I have come a long way in that time, from a blubbing mess to a relatively stable member of the community. I still have my moments but these are short lived and far between.

During our first interview with Ingrid, she said she was happy with the Pathways service because they had advocated for her and helped her with respect to living safely and sustainably. They had also helped to some degree with managing her physical and mental state of health.

Ingrid said that she used to 'move around a lot and had unstable accommodation' during the last few years. She had stayed with a friend with a bipolar condition for a while, but she had now moved and had been staying in a hostel for a month, and paid rent for the room in which she lived. If she wanted to, she could stay in that room for 12 months, but Ingrid preferred to get into social housing in regional Western Australia, in a place near to where her partner was imprisoned. She found it hard to manage her finances however, because travelling up and down to the prison cost her a lot of money, and Ingrid also needed to pay rent for her room. Additionally, her Centrelink payments had been cut off for unforeseen reasons, and she struggled with the fact that her income was very unstable whilst already suffering from anxiety, depression and arthritis. In order to get some financial stability and receive a Disability Support pension, she also found herself struggling with a bureaucracy that is complicated and difficult to deal with as a homeless person. This struggle had been going for years, Ingrid said, and Pathways caseworkers were working with her to deal with this situation and find a lawyer to manage the legalities involved. Ingrid said that Pathways also tried to get her into an arts program for people with mental health issues, but really she wanted to do a program that would help her partner get parole; a program that would help Ingrid to support her partner to keep him off the drugs so as to keep him out of prison. She said often she could not sleep and at other inappropriate times she would fall asleep.

I can't sleep and then I just fall asleep on the bus and the train and everything all the time, and go to sleep early at night, and then I can't sleep for - you know, or sleep properly, anyway. I go to sleep and I wake up heaps, and - yeah. I've got arthritis in my knees and my legs don't work.

Ingrid said she hoped that her arthritic condition would get better and would be able to have her dog with her in her new home, which she could not have now she lived in temporary accommodation.

During our second interview with Ingrid, she said to have 'a bit of a bad day' and was in pain with the arthritis in her knees. Ingrid thought she was no longer on the Pathways program but would be connected with someone in the area where she now lived. Though she wanted this to happen, this had not happened and was not clear as to why, or how the system works. Ingrid was now connected with someone from HACC in this new area, however she did not seem to know whether or how that related to the Pathways program.

I think I was going to get connected down here, but nothing's happened yet. I think I'm off Pathways up in Perth, yeah. Down here I got connected with HACC. And they said that it runs into Pathways. I said I was on Pathways in Perth, they asked if I wanted to be connected down here, and I said yes, and I haven't heard anything yet, so I don't know what's happened, if I'm going to be or not. Maybe it isn't necessary now. I don't know what I need down here.

When asked what Ingrid thought was good about the Pathways service she received, she said she loved the person-centred approach, which she referred to as 'tailor made' and 'not one size fits all'.

I mean everything was tailored. I got fruit and veggies, which assisted me more than having dried food. I don't eat meat, so I don't really like a lot of tinned food. It's good that it's not one size fits all. You know, that it's just - sort of like targeted to whoever's needing - whatever they need, rather than just one size fits all.

Ingrid also said that Pathways was helpful for the obvious reason that she was no longer homeless. She also appreciated the advocacy and the 'sounding board' that helped her manage her state of mental health.

Well, they helped me - well, really, just as a sounding board, they just helped me - like, know where to go for things. A sounding board when I was having trouble with places that I might be staying, or the people that I might have stayed with or something, or was interfering with where I was staying and things. And also as - as an advocate for Homeswest to keep pestering them, and other things that maybe I couldn't talk to properly.

When asked whether she missed the 'sounding board', Ingrid said she did not really have this need now, because the issues she had at the time related to her social relationships. These relationships were not there now. Ingrid was no longer surrounded by the people she surrounded herself with during her life in Perth, and now feels the freedom to just close her door and be by herself when she wants. Ingrid also has some social outlets if she feels the need to mix with others.

I just - I don't have the issues that I had then, because I was sometimes staying with people, and you know, there was drugs - well, not - not drugs, alcohol and things like that involved, and drugs, overdoses and things like that, and it was difficult. And other mental illnesses and things, that was a problem. And now I don't have that. I can just close my door and I don't have - I just stay in my own world. I don't have to associate with that and put myself in that position. So I don't suppose I need a sounding board now, because I've got my dog and my cat which have to deal with everything I tell them. I do have some social outlet, too, so I'm not by myself all the time.

Ingrid said though her situation had much improved, she was struggling financially now more than when she lived in Perth, because she did not need to pay rent, electricity, gas and water when she lived on the streets. She also had to pay now for insurance and her hobbies; things that were not part of her life in Perth. Further, in Perth she had better access to fresh food and could use public transport for free, which was not available to her now.

When I was homeless, I had - I had more money to spend on my car and everything. But now I've got to pay rent, and I've put - I had money put aside for car insurance and house and contents insurance, because I know that if anything happened to my contents, there's things here that I would never, ever get again. Like my sewing machine, and if I never had a sewing machine again I don't know what I would do, because that's what I do all day is sew. I'll do classes and things. And I put - I have all those things, electricity and gas and water and the insurances and my rent, all of them come out of my pay and put aside, so whatever I'm left with, if I can't survive and do my car on that - Which I can't, because I'm only on unemployment. So it's pretty tough. In Perth, I would have been able - there were more avenues to get fresh food, and I didn't use my car as much, so I didn't pay for petrol. I had free transport most of the time because I was in the city. So there's a lot more costs.

Ingrid also had to confront the bureaucracy on her own now; the fact that other services, unlike Pathways, do apply the 'one size fits all' approach. Ingrid also seemed to be aware of her own agency and used it well. She stressed the fact that anyone with interest in her welfare could function as a 'sounding board', when she needed one.

I went to regional counseling down here, which is linked with the prisons, you know, like Outcare - for the people down here. And I've been doing it just to make sure - for help, or just to go in to talk, sometimes. And the other day I had a really tough time. I had to pay my car license, and I had a tyre blow out, which cost me - and I had no money and had no fuel or anything like that, and I went to them and asked for a voucher, and the girl came out and she said, "You had one in December". And I don't recall having one in December. And she said I wasn't allowed to have another voucher until March - I couldn't have one until March, and I said, "That's two days away". I said, "I don't need it in two days, I need one now to help". And I said, "You have all these people coming in here that smoke and drink and do drugs and whatever, and I do none of those things, I don't even fucking go out" - excuse my language, and I said, "and you won't help me with, you know, things that I need for survival". And I said, "Yet you'll continue to give them handouts". And she just said nothing, and - yeah. And she was - I've never seen her before there, so I don't know who she is, this woman. But all the other people are really nice, but this woman was really horrible. And I know that - I've spoken to other people before - after that that work there, and they said that something would have - should have been done, because I was really upset and everything, and she just didn't seem to give a shit.

When the interviewer asked if Ingrid wanted to call one of the Pathways workers to have a chat with them, Ingrid stressed she did not need to do this now she had been using the interviewer as a sounding board.

Ingrid: You've copped it now, so I don't need to.

Interviewer: Sorry?

Ingrid: I said you've copped it now, so I don't need to.

In summation

The Outcomes Star and the interview data above show that Ingrid's progress had improved dramatically since having started the Pathways program. After a period of about six months she was living safely and reasonably sustainably and after one year she had moved into a social housing flat located in a place where she wanted to live; close to her partner. Her social relationships situation and her state of mental health had also improved. She appeared to have obtained a sense of achievement particularly as a result of her having taken the initiative to move away from Perth and deal with her life competently, whilst using the resources at hand when she needed them.

The fourth client we will discuss in terms of her progress with respect to living safely and sustainably, level of social inclusion, and physical and/or mental state of health, is Tina.

About Tina

Tina is an Australian woman of about 53 years old. A previous interview with a female Regional Assessment Services (RAS) professional, in which Tina was assessed for HACC eligibility, only focused on her physical health and related needs, and her need for stable housing. There was no mention of Tina having any mental health issues. At the time we met her for the first time however, Tina appeared to suffer from physical disabilities (arthritis) and also had mental health problems (depression and bipolar). She appeared to manage her mental health quite well. Tina was married with a man who was also a Pathways client and also had physical disabilities and a terminal illness. Both were living on a pension. The Action Plan that accompanies her Outcomes Star, suggests that Tina wanted assistance with transport and finding ways to replace her bed, curtains and her walker. She also needed someone to come and visit her once every fortnight, as she felt lonely.

We interviewed Tina for the first time in February 2015, shortly after she had commenced the Pathways program. Her husband accompanied her at that time. We interviewed Tina the second time in January 2016, after her husband had passed away.

During the first interview, Tina said that she and her husband had just shifted from living in a private rental home, to living in a shed, and now into social housing. They could no longer afford paying the privately rented home. Tina said that in between living in the privately rented house and the social housing home, they had been living in-between places including a shed where her husband really suffered severely from ill-health. Also socially and emotionally times were very tough for the couple. They signed up for the Pathways program primarily to find hope and peace of mind. They wanted more stability in their lives; stable, social housing and a way to help them get to their medical appointments. They also needed financial assistance; a way to manage their bills and to get fresh food. Further, they needed help to get connected up with relevant welfare agencies. Now the goal of finding stable housing had been achieved, she would like to focus on the other goals. Tina summed up her needs as follows:

So the question you were asking, meeting our needs is just help us with our bills, food, and just giving us hope. Giving us hope. "There are other ways to help you out in this situation that you're in," which gives you peace of mind. Totally. And like I said, a stabilizing factor.

When asked about Pathways as a service and where she saw herself two years from now, Tina said that the goals she had set as part of the Pathways program were short term, not long term.

Two-year goals? Mm. They haven't talked to us about two-year goals. They have - mainly short-term goals. But not long-term. Not long-term.

Tina and her husband were now looking forward to settling into the house and getting on top of their physical health issues. Tina was pleased to know she had plenty of friends she could and would talk with to stay positive, which was important for her to not drop into a state of depression. Tina said she used to suffer a lot from deep depression and had learned that it was important to find supportive people to 'not get back to that place again'. With that, she also expressed her agency.

I have a lot of friends that speak encouragement to me, who I can call up - if I need a chat with anyone, and they can call me and we can chat and encourage one another, because you need that support system in place. Otherwise, if you're by yourself and you get isolated, then you can become negative and depressed. I don't allow myself to get to that place I was, in the past - well, about 15 years ago, 17 years ago. I was in a bit - really depressed state, quite emotional, and so I don't want to get back to that place again. And if I have the right people in my life as a support, then I'm going to have a great life.

Tina also expressed that she had a deep faith as a Christian, which helped her stay on top of things.

When asked what Tina thought of the Pathways service, both she and her husband commended on the level of knowledge and ways of working of the caseworker (Fern); she gave them options and demonstrated to have a 'great understanding of what depression' is, what to expect from and work with people who have bipolarity, and how to help appreciate their current capacities.

She said, "Well, you could do this and this and this," so she gave me options. Just to bring me back to reality. And, "Okay, shall we do this?" and, "Shall we do that? Shall we call them?" And so as far as short-term goals, they were able to meet pressing needs that I needed to address. You know, helping in the areas that I - they've got a great understanding of what depression is, you know? What a partner's doing with bipolar and things like that. And we lived with it for the last 26 years. And yeah, it just helped me to - I think I've already said it before - you know, look after myself. You know, then work on another goal, you know? And to appreciate what I've got, you know?

Tina's husband was particularly impressed with the ways in which Fern, the caseworker, inconspicuously covered up for him when he was vulnerable, and 'walked the extra mile' for him; in other words, the ways in which the caseworker did not just stick to her 'duties' but also displayed sensitivity and care for the client's welfare.

I didn't know I had this, but I split my pants from one end to the other, and I just carried on like with my walking sticks. I've got to go for this appointment, and I wondered why they were walking out the back of me - and weren't walking out the front of me, you know? And I didn't even think about it. And I really didn't care, you know? But it would have been a sight to see, though. (Laughs) So, you know, just that - that means a lot. It means a lot when someone just goes that extra mile for you, you know?

When we met Tina for her second interview, 11 months after the first interview, Tina's husband had passed away six months earlier and also her mother had passed away. Fern, the Pathways caseworker, was also present during the interview, which suggests that Tina felt vulnerable before the interview. The caseworker's presence may have impacted on the quality of Tina's responses.

Tina said she very much appreciated the help she got from Pathways staff after her husband's death. She appreciated getting a Christmas hamper over the Christmas period, but especially that she could talk with people; had a sounding board, and feel that someone cared for her. This suggests that Tina found it important to have Pathways staff 'on call' and 'calling in' for Tina to keep her mental state in check.

They've been really supportive. Like, over Christmas gave me a Christmas hamper. And also just having someone to talk to is really good, because I have a tendency that I need to talk to people about things if I - well, if my husband was here I could talk to him about things. So it's great to have someone to talk to and communicate with. So yeah, I appreciate that that's what they offer for me, just knowing that they're there to care for me, really. And just being there and talking to people and chatting. I think that's important. If people feel like they're isolated or alone, then - I'm not alone, because there are people who care.

As in the first interview, Tina again reinforced the fact that she appreciated being offered choices to deal with her financial struggles and was able to deal with those; that is, that caseworkers more or less pushed her to think of what options she had available.

Just their support in being there and offering me different choices that I can do. Like with our - I think we sort of snowed under in our finances and our bills, and (Fern) did offer me an option, through Care West, to pay some bills and do a budget. So yeah, offering help with the finances.

When asked whether Tina's goals had changed, she said they had changed quite a bit, especially with respect to her physical health. Tina demonstrated to have become more aware of her agency and had decided to rely less on her walker and start walking more and also 'independently', even though the Pathways caseworker had recently offered her a new walker. She had also started to eat more healthily and drink more water rather than rely on sugary foods.

I had the walker given to me from (Fern). But since - I went to New Zealand because my mother passed away, and I came back and I thought, "No, I'm going to give myself new goals." And one of the goals I was wanting was to exercise more so I didn't need the walker. Because I'm 53 years old. And so that was one of my goals when I came back was to start walking and exercising and eating healthy as well. So I've started to do that, and I'm really thankful that (Fern) gave me the walker. I actually don't need it now, because I'm able to walk - well, certain distances, then I need to sit down again, and then walk some more. I didn't like water before, but now I'm enjoying drinking water. I know it's healthy, rather than soft drinks and lollies. Lollies and soft drinks used to be my - sort of like stash that I had of - but it's not healthy for me, so I've cut back. And I'm reducing my sugar intake into my diet. It's a process, really. I'm actually enjoying vegetables, too. Vegetables and - yeah.

It appeared that Tina had allowed her husband to influence her eating habits, and now she had regained a sense of control of her own life. This sense of control was prompted by another Pathways caseworker (Annie) who engaged with Tina before her husband and mother had passed away, and suggested writing up a plan in order for Tina to become healthier. In other words, Annie had sown a seed that just needed time to sprout.

Tina: I think I've always loved vegetables, but my husband, he liked meat. He liked to eat lots of meat, so I sort of - you adjust when you're with your partner, with your husband. But now that he's not here, I can start eating healthy. And I love vegetables. I've always loved vegetables. I enjoy meat, too, but I enjoy vegetables as well.

Interviewer: Has anything - in terms of those goals, have you discussed those and have Pathways been able to assist you in regards to those?

Tina: Yeah, because before (husband) passed away and my mum died, (Annie) was saying to me, "What would you like to do? Let's do a plan," and so discussing with her was like eating healthy and getting exercise. So now the two events of my mother passing and my husband passing, now I'm able to actually look at those goals and start to do them. Yeah, so - and enjoy doing it. Kate sort of put - sort of sowed the seed there. And now I'm actually starting to do it.

As a result of Tina getting better and her husband having passed away, Tina needed to move on to another housing department home, because the one in which she had been living was designated for people with wheelchairs. But this did not seem to phase Tina, perhaps because she felt supported, not only by Pathways staff but also by her children, one of whom was planning to take Tina for a medical appointment the next day, to ask for mental health support.

As in the first interview with Tina, she again expressed the fact that she had a deep faith as a Christian, which helped her deal with her mental health situation.

I look back, and I'm going, "Well, my husband passed and my mother passed, and I was there for both of them," and I'm going, he - Jesus has really carried me, because if I didn't have him, I wouldn't be here now. A lot of people probably would have sunk and gotten to depression or - I don't know. I don't know

how they would have got by. But no, I can honestly say Jesus has carried me, and also people's prayers.

In contrast to the first interview when we asked her the same question, Tina could now respond to the question as to what she would like to see happening in two years time. Tina said she saw herself lose more weight and have more equal relationships with her children; not just the carer/client of relationship which she enjoyed with them to date.

We also asked whether Tina could think of a song or movie that represented how her life had changed since starting Pathways, and how she saw her future. She responded enthusiastically, emphasizing that she had felt rescued like the person in the movie 'Titanic', and that her future looked bright and filled with love for herself.

I was just thinking of "Titanic" - it's a big, huge ship and the ship sort of is a bit - it hits the iceberg and it's going to go down, and they've like rescued me. My hopes for the future? Gosh. My future is going to be amazing. Well - hmm. The song I'm getting is by Whitney Houston, and it's "The Greatest Love of All". Yeah. I've got a huge heart. I can love everyone. I want to love everyone. But that's - that's the song that I would pick. Yeah. I - with everything that's happened in my life up until today, I've realised that in order to love people I've got to love myself.

The realization of Tina needing to love herself was prompted by a pastor who had supported her during and after the passing of her mother and husband.

And he said to me, he said, "Allow people to love you, Jen," when (husband) passed, and I'm going, "Okay. I'll let the walls down in my heart, and okay, I'll let you love me." (Laughs) And that's where I'm at, really. Enjoying that process and allowing him to love me. And theologically I don't have the words, because I haven't meditated on the word enough, but I enjoy - I'm enjoying where I'm at.

In summation

The Outcomes Star and the interview data above both show that Tina's progress had improved over a period of about 11 months, but mainly in the areas of her mental and physical health. Her physical and mental states of health had suffered however, as a result of her husband's and mother's death, but she had come on top of those events as a result of having reasonably stable housing and a high level of social inclusion. In conclusion, with respect to living safely and sustainably, her level of social inclusion, and physical and/or mental state of health, Tina's condition had improved with respect to living safely and – to a degree- sustainably. But importantly, due to her feeling socially included and the quality and amount of support she had received, the fact that the Housing Department wanted her to move to another house did not seem to phase Tina. With respect to her mental state of health, Tina appeared to manage her situation very well with the assistance of her children. What stood out from the interviews with Tina was the degree in which she had started to rely on her own agency. This sense of agency was spurred or otherwise strengthened by the fact that one of the Pathways caseworker had sowed a seed by taking Tina by the hand and writing up a plan to see her become healthy (again).

The fifth client we will discuss in terms of her progress with respect to living safely and sustainably, level of social inclusion, and physical and/or mental state of health, is Esther.

About Esther

Esther is an Australian/Indian/Portuguese woman. We had no access to any data from the Regional Assessment Services (RAS) to find out about her assessment for HACC eligibility, and we had no data on her age. The Action Plan that accompanies her Outcomes Star suggests that Esther wanted some help with her social issues but mostly with her hoarding issues, because this placed her at risk of becoming homeless. She also wanted mental health assistance with making life decisions, help with transport and finding ways to manage her finances and/or finding a job. Esther's physical health also needed more attention; she had sleeping difficulties and suffered from diabetes.

We interviewed Esther for the first time in April 2015, shortly after she had started the Pathways program, and for the second time in October 2015.

Esther said during the first interview that she had been living in the same flat for about 12 to 14 years, which she used to share with her mother. Now, she visited both her mother and a friend at times who both lived in two different nursing homes, and she was living on her own. Her main worry was the fact that her flat had become cluttered and messy, without her really knowing this was happening.

I was - so embarrassed. I've never, ever in my entire life had that - they only checked me once a year - unless you are messy, then they come every three months - and I said, "This is not me. I don't know what to do." I was just so upset. I didn't know what to do and then he (the managing officer) organised these people, and now my flat is getting back to normal. But yeah, you had to tiptoe over things. Cos I couldn't even open the front door - the entrance door and I had to stick my hand and take out things from the back.

Esther said she had difficulty cleaning up her place, because did not have the energy. She needed help from Pathways staff, not only with cleaning up but also with sorting out what she wanted to keep and what to throw out.

I can sometimes do two hours. Sometimes, I can. But normally, one hour is - every few days, I wipe down the window sills, so she said she's going to help me with shampooing the carpet and all that. All I wanted was someone to help me back with things cos I was going mad. I was holding the thing and I didn't know where to start and what to do. Now, they said, "Put things you want in one bag, the things you want to donate in another bag" - I've given about 50 or 60 bags to the St Vinnie's - and they said they've sold everything. They said, "Well, if you want to bring some more, it's all right." So I'm taking them there now. I gave 20 or 30 to the Salvation Army, so you can imagine how much storage and all I have. And they didn't say - well, when I gave it, they didn't even say thank you, so I won't - you know, I thought, "Oh, well, have some manners." Anyway, so I'm only giving to Vinnie's now.

Esther said she did not know how to handle the messy situation and that she suffered from worrying about her problems and panic attacks. She took valium to calm her down and go to sleep, sometimes for 10 or 12 hours per day. But she did not want any assistance for her mental health issues from Pathways staff, because she received help elsewhere for these issues.

To find out about Esther's social circumstances, when asking about her family, she said that she had seven brothers and sisters but was not close with them all. Most of them were married and had children, unlike herself, and none would call her. She was close to only one brother who, according to Esther, looked after her. For example, he paid for her medication, which cost her a lot of money.

My brother said he would come and see me either today or tomorrow, but that's the only one that really makes an effort. I ring the others, but they don't really bother. My favorite brother (indistinct) he knows that; he's not stupid. And whenever I'm short of money or anything, he'll give it to me and he won't take it back. Like he paid my - my pharmacy bill was \$397 for four weeks.

Esther also said she was a teacher, but could not teach everywhere because had a Master in Education and not a teaching degree. Though she had been teaching in a few local schools in the past, more recently she had been doing some work at one of the Perth universities to help students with their studies and now wanted to try to find some work at TAFE and teach one of the languages. Esther said she was multi-lingual as a result of her family background and had asked Pathways staff to help her find work.

Most of all however, Esther wanted to point out how happy she was with the ways in which Pathways staff, which she referred to as 'those ladies', helped her with cleaning her carpet and helped her put her life back into order in a very practical sense.

I don't know how to thank those ladies cos they've really done a fantastic job and - sort of put my life in order. I mean that part of my life, because there was too much stuff. I said, "I don't know what to do. I can't do anything." I was just so upset and all this. I didn't know what to think, what to do.

When we met Esther for the second interview, some six months after the first interview, and asked about what had changed for her since, she said that her house was getting back into shape and the housing officer was very pleased with her progress, so she was no longer at risk of homeless. Esther was grateful for the help of Pathways staff, which she still referred to as 'those ladies', but she also claimed her own agency.

Well, I can open my front door. So I can actually walk in. Well, no, seriously, there was - my flat wasn't dirty, but it was overcrowded, and that's putting it mildly. On the floors and everything there were all toys and stuff. And my lounge room looks more like a lounge room now. Before it looked like a garage hoarding things. And today, I actually - I cleared the whole sofa so that people can sit down. And anyway, and it took me over an hour, but I dusted - I took a cloth with water and I took out all the dust. And then I took another cloth and wiped it. The kitchen, I think I'm almost there. The veranda, the house officer said it's terrific. And we are going to have to start now with the (indistinct), these ladies will be helping me get started with the bedroom.

Esther said that the help of 'the ladies' was wonderful, and was 'very happy' with what they had achieved together. This was because, prior to her receiving assistance, her anxiety levels had been sky-rocketing, and she just needed that practical assistance to help her deal with her situation.

Each time I went there (to the flat) I was getting - well, my anxiety levels are - like, my doctor says abnormal. You know, they're very high. And each time I looked at it, I didn't know what to do. Sometimes I was just crying. I said, "Where do I start? What do I do?" And I just wanted someone - even if they didn't help me, just to be there with me. But the ladies did a great job. (Iris) especially is very, very quick.

Esther said that her physical health had gotten worse now, and needed attention. As a result of this physical decline she also needed more assistance with cleaning, so she had contacted HACC again.

I might look normal but I've got a - my - all my organs are gone mad, and - not gone mad; got problems in my stomach now and my kidneys are really bad at the moment. And I keep forgetting. This is not like just a normal forgetting; I keep forgetting even my name. It's because of carotid artery. So I need to get that sorted out. But anyway, my doctor will give me a letter, and I just need some assistance with cleaning. Like window sills I can do easily. You know, just - mainly vacuuming and the floors and stuff, and the bathroom. But I spoke to her, she said, "When you're finished with your flat, we'll come and see you, and then we can organize that."

Regarding her social situation, Esther said that one of her sisters was calling her 'all the time' and visited her regularly. Her brother also still visited her. And Esther still visited her mother and her friend in the nursing homes.

In conclusion, with respect to her living safely and sustainably, her level of social inclusion, and physical and/or mental state of health, Esther's condition had improved because largely because she was no longer at risk of homelessness and 'had her flat'.

Interviewer: - your life has changed quite a lot, I guess. And that's at the same time you've been involved with Pathways, yeah?

Esther: Yes.

Interviewer: Yeah. So has that been mostly good, or -

Esther: It's been terrific. Because at least I've got a flat.

In summation

After about 10 months of participating in the Pathways program, with respect to her living safely and sustainably, her level of social inclusion, and physical and/or mental state of health, Esther's condition had improved. She was no longer at risk of homelessness and her mental health had stabilized in the sense that her anxiety levels were no longer triggered the moment she thought of her flat. Her family relationships and those with the people she loved most her friend, her brother and her sister – were also intact and her physical situation was also addressed now her home situation had stabilized. Her financial situation never seemed to have been an issue. The Outcomes Star confirmed that Esther's condition had improved, in particular with respect to her mental and emotional health.

The sixth and last client we will discuss in terms of her progress with respect to living safely and sustainably, level of social inclusion, and her physical and/or mental state of health, is Aylin.

About Aylin

We interviewed Aylin for the first time in February 2015, shortly after she had commenced the Pathways program. We interviewed her for a second time in October 2015.

During the first interview with Aylin, she was a refugee with a 'bridging' or temporary visa. She had a husband and a son of four years old. They did not have a home but one of the Pathways caseworkers, Bart, had recently helped them find a house not long after they started the Pathways program. They had been living in this home now almost for three weeks. Aylin had a poor command of the English language and felt deeply stressed.

She repeatedly pointed out how much she appreciated the fact that whatever her problems, there was always someone at the Pathways service that she could talk to and that staff would help her in any way they could, which is something she very much needed. She kept on stressing that she had a lot of problems, which included communicating with people in other services, such as the Department of Immigration, Red Cross, schools, medical practices and people in shops when she needed to buy things for their home. Aylin was very much in need of advocacy.

These people every time I know help him or her. Some people are very good. If you have problem, they will help. I know, every time. Because sometimes I'm worrying, because we have so much problem. But I am coming here and talking in other staff; So much people help. Just one, no one. So much people help me. Every time. Example, Immigration talking - Example, Red Cross. Example, my doctors. Example, for my son, school. Sometimes we need house things.

Aylin was very happy with her caseworker, Bart, with whom she met every week and how helped her every time. One of her main goals was for her family to go school and learn the English language.

Yeah, every Monday, because every week we have problem. Every week we have problem. We come here and talking. Me case worker (Bart) now. Every time he said "It's okay, no problem". Really good. I want to - example, I want to go to school . For learning - or my son. My husband. Because we are have - we have bridging Visa.

When we met Aylin for the second interview, eight months after the first interview, she said things had not changed very much for her and her family. Having lived in Perth for two years now, and having waited for a protection visa for most of that time, she was running out of patience and seemed to feel very frustrated. Lacking a protection visa, she and her family were not able to go to school, find work or access Medicare; her life and that of her family was 'on hold', which caused a lot of stress in the home.

Everything the same. We are waiting, and waiting (indistinct), because no job, no school, no - Maybe (Bart) talk to some school, maybe next year start. I don't know. We haven't Medicare card. My son, every time in the home where he cried, no friend, no English. All in the home, many problem.

Aylin said she that she was picked up by Red Cross when they first came to Perth, but they did not help much. But her Pathways caseworker, Bart, had helped her and her family to get some financial support, so now they received some financial assistance. But she very much wanted to earn an income and do the kind of work she used to do at home.

Eight months, I think, eight months not have. We come here. (Bart) helped me. (Bart) talk in mediation - Red Cross. He tried, eight months. After they help me. Red Cross paid money, little bit, and Centrelink paid - for rent house, and for my son's needs. Milk and clothes for him. And towels, and my - they pay my - for me - my husband, for needs.

Aylin, being Kurdish, was very worried about her inability to feel safe and protected, because she did not have a protection visa and experienced complications with getting one because she needed papers from Turkey. Aylin clearly felt traumatized. Her application for a Medicare card was placed on hold, because of the political situation in her homeland, Turkey, with a president who is known for his treatment of the Kurdish people, and who is justifying killing Kurdish people because he claims they sympathize with ISIS. This president also censors information, closing down certain internet-sites.

Now, (Bart) try for Visa. Protection Visa. Coming together and interview Immigration for Protection Visa, because in Turkey, now dangerous war in Kurdish - Turkish people. My president hates my Kurdish people. He say, "I want ISIS", but not ISIS; Kurdish people. He kill Kurdish people. Sometimes my president close some websites in connect.

As a result of, and in addition to her and her family being Kurdish and the subsequent delay in getting a protection visa, Aylin experienced many problems with the health system. The whole family is now receiving counseling.

Aylin: After, they say threat, and Medicare card stall. One hospital you can go; that's this hospital, not another hospital. And (Bart) talk hospital and school, because I want to - English. We are going to psychology doctor and my son, because before - my son very, very bad. Every time, cry. Every time, want everything.

Interviewer: So he's - are you going to a psychologist?

Aylin: Yeah. And me. Maybe my husband start the doctor.

Despite her situation not having improved much since the first interview, Aylin continued to stress how much she appreciated the consistent service and the kind of help she has been receiving from her Pathways caseworker, Bart.

Every time, (Bart) help. Yeah, very happy. We are happy, because before, no money, no work. Big problem, too large for me, because we have son.

In conclusion, with respect to living safely and sustainably, her level of social inclusion, and her physical and/or mental state of health, Aylin's condition had improved little in the space between the two interviews. However, her condition had improved quite a bit from a Pathways perspective, in that her caseworker had been able to assist her with finding a home, getting financial assistance, getting her son into a school, and advocating for her in negotiations with government agencies. However, Aylin's future is looking pretty grim in terms of her capacity to reach the desired level of living sustainably and of social inclusion, and the preferred state of mental/emotional health, all of which is due to a political situation that neither her nor the Pathways service can control. As a result of this situation, and in contrast to most of the other clients discussed in this chapter, Aylin did not express a sense of agency in the interviews. In contrast, her sense of agency appeared to have been severely challenged through circumstances beyond her control.

However, there Aylin expressed a sense of hope in her Support Plan, which she filled in by herself quite recently (in February 2016), a year after filling in the first one. She wrote:

I made cake. I have support. I can study. I can join some activities. My mum is know me. My husband support to me every time and (son) loves me.

In the Star Notes, which she also filled in quite recently, Aylin expressed a sense of achievement and also a sense of agency. She wrote:

(Son) is now school, he is happy. We found nice house and my house is very good. I have friend and we are going to visit them. I have a rash because of stress but this is been a managed.

In summation

The Outcomes Star and the interview data above suggest that Aylin's main area of progress was that of living safely and sustainably. Her mental and emotional health, as well as her physical health appeared to have gone backwards as a result of her status as a refugee and her inability to influence political decisions made both in Australia and her homeland, as a result of which she could not do a study or work.

Conclusion

This chapter focused on the *first aim* of the established three aims for this evaluation study: Outline clients' capacity to live safely and sustainably; clients' level of social inclusion and interconnectedness; and clients' state of physical and mental health before, during and/or after program participation.

We reflected on the profiles of six Pathways clients and the outcomes they had achieved as a result of having participated in the Pathways program. There are differences and overlaps between each of those profiles and the outcomes that have been achieved. The outcomes as a result of being involved with the Pathways program are summarized below.

Living safely and sustainably:

Henry was living unsafely and unsustainably when he entered the Pathways program, and he continued to live unsafely and unsustainably, partly due to his resistance to become part of the mainstream system and partly because he did not want to give up his drug-usage and (false) sense of independence. He also had financial problems that may have become worse.

Mark, who was living in a hostel when he entered the Pathways program, was now living in a unit but too far away from the people and places he felt connected with. Hence he had not (yet) reached the level of living sustainably. He also had financial problems that were likely to be associated with his use of drugs and was not (yet) ready to deal with.

Tina's condition had improved with respect to living safely and – to a degree - sustainably. She was now living in social housing; a home that she could afford. Though the Housing Department was about to move her again, she did not appear to be phased by that situation. She also had some stability in terms of her financial situation.

Esther's condition had improved because she was no longer at risk of homelessness. Her financial situation never seemed to have been an issue.

Ingrid's condition had improved dramatically. She was now living in stable and safe accommodation, and had no intentions at all to move elsewhere. She was now experiencing difficulties however in terms of her financial situation, which she appeared to be capable of addressing.

Aylin's condition had improved in terms of living safely and sustainably. She did not have a home before she started Pathways, but now she had a stable home. She also had some stability in terms of her financial situation.

Level of social inclusion:

Henry never had any intentions of working on his sense of social inclusion. He hesitated to commit to any kind of social activity, and this situation continued to remain the same.

Mark's sense of social isolation, which he had discussed with the RAS assessor a year earlier, appeared to have remained the same if not worsened.

Tina had never experienced any problems with respect to social inclusion, and continued to feel supported.

Esther never appeared to have any problems with respect to social inclusion either, but her family relationships appeared to have improved somewhat since having dealt with her housing situation.

Ingrid had moved away from the Perth; the place where she had many friends and her family. But she was engaged in enough social activities to have a sense of inclusion in her new community.

Aylin's son was now going to school, probably helping him to feel a bit more included and with that, probably giving Aylin and her husband more of a sense of inclusion.

Mental/emotional and physical state of health:

Henry's state of physical and mental/emotional health did not improve, though he appeared to have felt a sense of freedom and of self-respect that Pathways staff helped restore in himself. He also appeared to have a heightened sense of achievement as a result of him having taken the initiative and doing the necessary work for his mother to be placed in a home. Further, his sense of pride was boosted by the fact that he had taken to the ocean and safely returned from a solo sailing trip.

Mark's state of physical and mental/emotional health did not appear to have improved either. However, he stressed that his own agency is the determining factor in changing in his life, not an outside agency or a tool. Like Henry, Mark did not like the intervention of an outside agency or tool as it can only make the client feel worse about him or herself. And like Henry, also Mark appeared to hang on to a (false) sense of independence.

Tina's physical health was improving dramatically, and with that her mental health. She had started to rely on her own agency, spurred by the fact that one of the Pathways caseworkers had sowed a seed by taking Tina by the hand and writing up a plan to see her become healthy (again). Tina's mental state of health also improved due to her feeling socially included and the quality and amount of support she had received. The fact that the Housing Department wanted her to move to another house did not seem to impact on Tina, demonstrating that her mental state of health was quite strong. Tina also appeared to manage her mental health situation very well if not better than before. Whilst she first had the support of her husband and the church or mental health group, now, with the assistance of her children, Tina was seeking professional help.

Esther's mental health had stabilized in the sense that her anxiety levels were no longer triggered the moment she thought of her flat. Her family relationships and those with the people she loved most – her mother and her friend – were also still intact and her physical situation was also addressed now her home situation had stabilized.

Ingrid appeared to have obtained a great sense of achievement as a result of her having taken the initiative to move away from Perth and deal with her life competently, whilst using the resources at hand when she needed them.

Because Aylin now had a home, some sense of stability financially, her son was going to a school, and her Pathways caseworker was advocating for her in negotiations with government agencies, she appeared to feel better mentally and emotionally. However, her physical health was suffering as a result of stress (she now had rashes), due to her limited capacity to influence people in government departments who make the decisions with respect to her safety and ability to live in Australia on a permanent basis. Her sense of agency was severely challenged through circumstances beyond her control.

The next chapter will focus on the *second aim* of the four aims for this evaluation study: **Address the quality of service delivery from a staff's perspective, with respect to clients' progress but also the quality of service delivery.** We will discuss in detail the 13 interviews we held with seven Pathways staff and with two Regional Assessment Services (RAS) staff. We will home in on

UCW/Pathways staff's backgrounds and roles, what the interviewees thought of how the service was currently operating and what they wanted for the Pathways service in future in terms of client outcomes, as a Pathways service, and in terms of the Outcomes Star.

Chapter 5: Clients' Progress from Staff's Perspectives

In Chapter 4 we reflected on the first aim of this evaluation study: **Report on clients' progress with respect to living safely and sustainably, social inclusion and interconnectedness, and clients' physical and mental health condition.** With respect to those three elements (living safely and sustainably, social inclusion and interconnectedness, and physical and mental health), after having explored in detail 12 interviews held with six Pathways clients, we completed the chapter by focusing in on the outcomes these six clients had achieved as a result of having participated in the Pathways program.

This chapter 5 focuses on the *second* of the three aims for this evaluation study: **Address the quality of service delivery from a staff's perspective, with respect to clients' progress but also the quality of service delivery.** We will first discuss in detail the 13 interviews held with seven Pathways staff and with two Regional Assessment Services (RAS) staff. Five of these Pathways staff members were interviewed twice: respectively Ben, Bart, Iris, Fern, and Annie. Ben was the Pathways team leader, the others were Pathways Engagement Officers and Caseworkers. Two Pathways staff were interviewed once only. We could interview Steven, an Indigenous Caseworker once only, because he was fired during his probation period. Richard, the UCW Disability and Mental Health advocate, was interviewed once only, because a second interview was not necessary for data collection purposes. Lastly, we will explore one more once-off interview in detail, because it offers an important alternative perspective on the quality of Pathways' service delivery. This interview was held with two HACC assessors, Ella and Elly.

Though we conducted one off interviews with four more Pathways workers who were employed on a temporary basis, and with two more Regional Assessment Services (RAS) professionals, the information they shared with us did not offer enough additional information worthy of inclusion in this chapter. Segments of these interviews will be included in later chapters. We also conducted one interview with the UCW Inclusion Manager and one with the UCW Executive Manager Inclusion. Segments of those two interviews will also be shared in later chapters.

The following table shows when we conducted the interviews discussed in this chapter.

Pathways staff	1 st interview	2 nd interview
Ben	February 2015	August 2015
Bart	February 2015	June 2015
Iris	February 2015	June 2015
Fern	February 2015	June 2015
Annie	February 2015	October 2015
Steven	January 2016	
Richard	February 2015	
RAS staff		
Ella	August 2015	
Elly	August 2015	

Table 5 Staff's Names and Dates of Interviews

About Ben

We interviewed Ben for the first time in February 2015, sometime after he had commenced his job as a team leader for the Pathways program. We interviewed him the second time in August 2015.

The first interview with Ben focused on his current role, his background, what he wanted for the Pathways service, and how the service was currently operating.

Ben was born and raised in Somalia, and went to the UK in his late teenager years. There, he completed a study in Telecommunications engineering. Because he could not find work in that field,

Ben decided to volunteer and work with refugees from his home country and similarly marginalized people in society, especially homeless people. He then obtained paid work in a large community organization and continued to work with homeless people for some 17 years. Ben came to Australia about six years ago. It is not clear from the data when exactly he commenced his job as a Pathways team leader.

When asked whether Ben could describe his current role as a team leader of the Pathways program, he said that he focused on making sure that the service was running smoothly; that clients and staff and their interactions were going well, supervising the caseworkers, coordinating staff meetings, and doing administrative work including writing policies. He also had regular meetings with other UCW team leaders and management, including the Tranby team leader, and made sure that staff received the kind of training they needed in order to do their work well.

I oversee how things are going, how clients are, how staff are, and interact with clients. How someone was last week and how is he this week, and what support staff are providing. And also administration. For me, it's mostly staff, because I'll have a meeting or supervision - every fortnight I meet with my staff in contact supervision and talk about how things are, how they are progressing, the challenge they face, and the obstacle. And any progress that clients made. Coordinating team meetings, and also because we're still new, making the program stand in terms of processing forms and all of that. And adapting to how we best fit the need of the client. So reviewing daily or weekly. And coordinating with other team members we closely work with. For example, Tranby staff, I constantly liaise with the team leader. And spotting gaps in staff's skills, and putting in the right training.

Ben said he found his job 'very rewarding', but could not help keep comparing and contrasting the ways in which the homeless services area operates in Australia and in the UK. Ben concluded that the ways in which the field operates in the UK is 'quite a lot ahead' due to the fact that Tony Blair's Labour government decided to 'tackle' homelessness 'head on' and address the issues that homeless people face. This government not only delivered the necessary resources (finances) but also got local governments involved to make sure that the issues would be addressed locally, rather than through central government. Ben criticized the Australian state and federal governments, because they show 'no concerted effort ... in terms of finance for example'.

Ben argued that as a result of local authorities in the UK having been granted the funds to 'tackle' homelessness 'head on', they were unable to pass the buck on to the state or federal governments. As evidence of how well the system worked in the UK, Ben emphasized that whilst Perth continues to have entire families living on the streets today, there are no families living on the streets in London. The organization he used to work for in London used to own many shelters for the homeless. But after it had received government funding to shift focus and ensure that the entire number of homeless people identified in its service-community was properly housed, it had to close down many of its homeless shelters. The number of homeless people was not there anymore to warrant their existence. The local authorities in Perth however continue to offer funding mainly to services that offer crisis accommodation. Unlike London, Perth does not have services that focus on stabilizing homeless people's mental health and drug and alcohol issues whilst offering them housing. A two year service such as that offered in the UK is simply impossible in Perth under the current circumstances, said Ben.

Ben hoped that in the future, the Pathways service could offer a similar kind of service as that offered in the UK, and that UCW management is now in discussion with local authorities to discuss the problem of social exclusion and homeless people who are most in need. He said to hope that this evaluation research would offer the necessary evidence for local authorities to see a need for a service like Pathways and fund it for the long term, alongside making sure that the necessary housing is available for a service like Pathways to achieve the necessary outcomes.

For Pathways participants, Ben hoped that in the long term future, they will be housed, not only in medium term accommodation as was the case to date, but in long term, stable accommodation whilst having the opportunity to build their skills and learn to live in the community independently. For the short term he hoped that Pathways participants would 'engage'; come to their appointments themselves

rather than Pathways staff chasing them, so Pathways staff could then start helping them over a maximum period of two years, for them to acquire accommodation and progressively become independent, provided they wanted to be housed first.

But, Ben stressed, not everyone who had been accessing the service to date saw housing as their priority, and they were confused when they found out that the Pathways service prioritizes housing. Pathways caseworkers got around the housing shortage problem in Perth by targeting 'appropriate' homeless shelters in Perth, ensuring that clients had at least temporary accommodation, from six up to 12 months.

I think there's five, I believe, in total that we helped secure that medium-term accommodation. Mostly because we kind of targeted it. Because accommodation - is being categorized for different groups. They're with a category of age, women, and mental health, that kind of stuff. So we kind of targeted to the appropriate kind of people.

For the longer term, Ben hoped that the people who had been housed would be able to break the cycle of homelessness; to stop relying on crisis accommodation and instead access mainstream services. He said that in tangible terms, the desirable outcome would be that people no longer access Tranby. He would also like Pathways clients to receive Pathways caseworkers' outreach support, not on a daily basis but once a month or so, and that the service no longer receives complaints from electricity or housing agencies, or from next door neighbours, for example. This would demonstrate that people are able to live in the community independently and successfully. Ben said that a good outcome would be that three or four out of 25 Pathways clients would live independently and function 'normally'. This would be a good outcome, because many homeless people distrust welfare workers and it often takes a long time for them to engage.

The second interview with Ben took place in August 2015, some six months after the first interview. It focused on what had been happening within the Pathways service within the last six months and future developments.

Ben emphasized that the Pathways service had assisted some 38 clients since it first started. The Pathways service was currently assisting 29 HACC funded clients, and 19 people were on the waiting list of which four already received ad hoc service. There was a benefit to offering some ad hoc assistance to those four people on the waiting list, Ben said, because these people would be ready to be slotted into the Pathways program the moment an existing client exited the program. Ben said that the Pathways service was now up to (staff) capacity and could not take on any more clients. The outcomes to date were positive, as nine people had exited the program, of which four had achieved their main goals, two people had deceased and three people had simply left the program. Regarding the two people that had deceased, one had been exited from the service, because this client's main aim of acquiring accommodation had been achieved. One person apparently died from natural causes and the other died from a fall in his flat.

One of those deceased we were about to discharge him because he said that he reached his main goal, which was accommodation. One passed away two months ago. He was an amputee with a wheelchair. They said he might have overdosed. But that was overruled, so they said he's died of natural causes. The other had severe complex physical health issues, including quite overweight. And he fell in his flat. He couldn't get up, although he had a partner, but didn't seek support or help for almost two days, and by the time he sought help he was taken to hospital and put in an induced coma. And then he did not recover from that. They just switched off his life support machine.

The other three people that left the program, Ben stated, were squatting and too challenging, not engaging, or just did not want to be with Pathways anymore.

When asked to expand on the people who had achieved their main goals, Ben said that staff had not expected that most if not all Pathways clients would see accommodation as a priority, be it accommodation for the short, medium or long term. But such proved to be the case. Though one person

saw family relationships as a priority. So the Pathways team had to be resourceful to find housing for everyone. In order to fulfill that need, the team had to use whatever housing they could find, be it suitable temporary shelter accommodation, privately rented homes, backpacker's places, or if possible, social housing. One newly recruited team member, Annie, who was appointed for the short term, was a driving source in making sure that every client would be housed in the short term. She had not been appointed for this purpose, Ben said, but she proved to have the necessary knowledge, skills and contacts to operate as a role model and inspire the other team members to use a similar, resourceful approach. Annie was a local person, in contrast to all the other Pathways team members who all came from overseas or interstate. Having local contacts is important in a place like Perth.

Ben did not think the initial goals of the program needed to change in response to the presumably unexpected fact that most clients prioritized accommodation, because accommodation was considered part of the complex support needs of clients the Pathways service focused on.

Interviewer: So the initial goals of the program, has that had to change in response to the cohort?

Ben: No, not really. Although we didn't anticipate that large number of people who might identify accommodation as their first priority, it is within that kind of complex support issue that we anticipate that client might have, which is secure accommodation.

When queried further into the purpose of the program and the type of target group the Pathways service was meant to focus on - people *at risk* of homelessness and making sure they can sustain their housing, rather than housing *homeless people* – Ben avoided responding to the question and did not clarify why most clients were drawn from Tranby.

Interviewer: I understood at the start, the - one of the main ideas was to target people who are at risk of homelessness –

Ben: Homeless people, yeah.

Interviewer: - rather than people who were already homeless. I mean, I'm not saying that wasn't one of the goals, but is that how you were –

Ben: No, it was - all of the criteria for both HACC and our - and the Pathways program was that the people were either homeless or at risk of homelessness, so homeless already include a large number of - I think from the beginning, the people that we started working with were mostly homeless people. Not for those who are at risk, although there's still a number of clients who were at risk of homelessness that we have been working with. A large number were already homeless.

Interviewer: Yeah. I guess the cohort from the day centre, Tranby, is going - there was a high likelihood that they would be homeless people - rather than people who were at risk of homelessness.

Ben: Yeah. So that's - out of talking to 39 people that we - plus some of those who were on the waiting list, the large number of them were kind of people who are already homeless. There's maybe seven or eight who are at risk of homelessness. A large number were already homeless.

Interviewer: Yeah, okay.

When asked about the usefulness of the Outcomes Star, Ben said he had used the Outcomes Star already as an evaluation tool when he worked with homeless people in the UK. It proved to be an 'absolutely fantastic' tool because it gives management staff and caseworkers a quick, visual picture of where clients are at and whether a program is working or not. When asked about the Pathways program expanding into other areas of WA, Ben said that UCW first needed to find out where people who are 'most in need' are living, so that the program can be expanded into those areas. Ben suggested the focus would continue to be on *homeless people*, rather than on people who are most in need and *at risk of homelessness*. Ben also pointed out that certain areas were already considered as the most likely places to expand into. Getting referrals "won't be a struggle" because of the relatively

high number of other UCW services that “can identify the client and refer them straight to Pathways staff”.

When asked about the relationship with other services including HACC and RAS, Ben said the relationship was “fantastic”, especially with Petra and Ella. He was impressed by the ways in which these HACC assessors had been able to adapt their working style from working with frail elderly people to homeless people, to assess clients’ HACC eligibility. This, Ben concluded, meant that the relationship was good.

So they kind of adapted - absolutely fantastic, yeah. Yeah, so it was good. Yeah. So the relationship is good.

Ben said that he and some of his colleagues felt concerns about the future for the Pathways service and subsequently the client group, because of the introduction of the National Disability Insurance Scheme (NDIS). Some of the clients that the Pathways service is currently able to assist, would not be eligible for NDIS, such as young people. Also, HACC funding as it currently exists will end within the next few years.

Ben finished the interview stressing that he thoroughly enjoys working with his team of staff and doing the work with or for homeless people he had always been committed to. He looked forward to continuing to build the Pathways program as an extension of the service he used to be responsible for delivering in the UK.

The only thing that I can say that I really enjoy working on this program. And as I said in my last interview is that it's what I really like to do, and passionate about, and that's what I have been doing for the last - back in the UK, and it's an extension of that. And I'm really grateful that I found here what I believe in -

Bart

We interviewed Bart for the first time in February 2015, some five months after he had commenced the Pathways program. We interviewed Bart the second time in June 2015.

The first interview with Bart focused on his current role, his background, what he wanted for the Pathways service, and how the service was currently operating.

Bart was born and raised in Australia and completed a social work degree later in life. Before commencing his social work degree, he did all sorts of jobs but most involved training and public service kind of work. Before commencing at the Pathways service some five months ago, Bart had been working for a Perth based mental health organization doing outreach work. He was used to working according to the recovery model to help people return to mainstream society, seeing people once a week at the start and offering less support as clients’ mental health progressed. Sometimes he worked with people for 12 months, sometimes four or five years. His work was strengths based and revolved around building on the interests, social and communication skills, and the type of work people wanted to focus on. Bart said he loved seeing the transformation in some people; the ways in which their presentation changed from ‘hunched over in a corner’ to ‘doing their hair or using makeup or the guys wearing better clothes’.

Bart said he saw an overlap with the work he did at this mental health organization with the work he was doing at Pathways as a caseworker; both ways of working revolved around working with ‘the person behind the apparent circumstances’. Also, in both instances he was working mainly with people of about 40 years old. Some of his current clients also had mental health issues, and most of his clients were also very intelligent and articulate. But he also saw differences between the two roles, mainly in that he was working mainly with male homeless people now, and some clients used to have ‘ordinary’ lives.

And with some people, there's been a very fine dividing line between where they have been - you know, working and just doing - having an ordinary life - and where they've suddenly ended up.

Bart suggested that his current clients' needs, due to their homelessness, largely revolved around lacking a sense of security, both physically and mentally. They are "at the end of their tether" and "can't take it anymore" because lack a sense of safety and security". They feel victimized and their future looks pretty bleak in their eyes. To give these clients some sense of insecurity, Bart tried to maintain a fixed routine and time schedules. But some people did turn up for appointments, and others did not accept routine or simply walked out when something was not to their liking. Others would suddenly cancel their appointments or told Bart not to come for his regular home-visit. But some people were taking initiative and would come to the Pathways service without having made an appointment, Bart said.

Bart hoped that his clients would 'live sustainably' in the long term, which meant no longer live at risk of homelessness, having found a level of stability in their lives, and no longer be reliant on the Pathways service to lead the life they wanted to lead. But, Bart pointed out, it would be unlikely for some of his clients to reach that level of 'sustainability'. The challenges they face are too great and these people are more suited to supported accommodation.

When asked what Bart hoped to achieve with his clients in the short term, he said that even though much of his work required finding accommodation for clients, it was not easy to find safe and sustainable accommodation. Though this was the preferred option, Bart had to rely on crisis accommodation in hope that this temporary housing would suffice for clients to gain enough mental stability; enough so other issues clients were struggling with could be addressed. The way in which Bart dealt with the difficult housing situation in Perth was by educating clients, saying that staff will not and cannot wave 'a magic wand' and clients should take more responsibility for their own actions. He offered the example of one person who is blind and desperate for accommodation, but who is also rather choosy.

I keep telling my clients, "Look, I can't wave a magic wand. We just don't, so" - and try and encourage them to take more responsibility for their own actions. A lot of them are very motivated and they take responsibility, but you might see one guy pushing a trolley loaded with things - and he's going blind. So he's pretty desperate to find accommodation, but he's knocked back a few possibilities cos they're not 'quite right'. So yeah, you can't be prescriptive, but you've got to think, "Well, come on, you know, don't just expect us to do things for you."

When asked whether Bart believed that much of his work consisted of building rapport with clients, he said that such was the case because many were desperate for connection and felt afraid of being attacked.

It's a bit easier with the guys because you can call them mate and shake their hands. This connection is something they really want. You know, they've been out on their own, just plain frightened, well, they've actually said that, they just don't know if they're going to be attacked if they're sleeping rough -

With respect to the work environment and work pressure, Bart noted that management appeared to be fairly relaxed, though he sometimes struggled with the amount of time it took to provide the statistical information to make sure that management and the funding body (HACC) had insight into what the Pathways service was doing to service its client group.

They seem fairly relaxed (but) we still have to supply statistics and all that sort of thing. Sometime, especially if we've got clients with pretty intense needs, then we've been told we need to do the actual statistical side of things within 24 hours, if we can. For funding purposes. We've 25 clients that we're funded for that we have to show that we're doing at least a pretty solid amount of work with each person.

Bart explained that the work was sometimes very intense and took a lot of time. Clients' needs for accommodation needed to be addressed but sometimes there was a build up of other needs that also

required attention. The Pathways client group had multiple needs that impacted on each other and many clients were in overwhelm; they could not deal with their issues anymore, and certainly not all at the same time. Bart did not seem convinced that HACC staff understood the level of intensity required to meet the needs of the Pathways client group. He pointed out there were communication difficulties between HACC and Pathways staff due to disciplinary differences in interpretation of the work required. Social workers have a different way of working with people than HACC support workers, and they offer different types of activities to their client-group.

HACC staff had recently told Pathways caseworkers that they had to draw 'a line' around the types of activities they offered to clients, to make it possible to measure the amount of time they spend on each client. But, Bart argued, the idea of type of 'social support' that HACC had in mind and the kind of work caseworkers needed to do to meet the needs of people with complex needs were not compatible. The Pathways program was designed for people with complex needs; the areas of need overlap, so there are no distinct boundaries.

They come from a background where they actually physically help people with - especially elderly people with cleaning houses and that sort of stuff, whereas we are more counseling people and the psychodynamic - if someone's having issues like hearing voices and lacking confidence and so on, then you've got to sit down - you can't just ignore them - because that can then lead to them dealing with hoarding issues - which is to do with homelessness and all that, so - yeah, there's a chain, so precisely whether HACC - the boundaries are - was - it's a bit of a grey area.

Bart pointed out that the counseling type of work they were doing was not so much of a clinical nature, but more like being a sounding board for Pathways clients and building rapport, because clients often have trust issues.

It's being a sounding board. Just talking with - letting them express themselves, if they've got things bottled up; sometimes they just need a bit of acknowledgement and other times, they need specific assistance. We've just got to sit and chat with them a couple of times before they'll trust us to tell us about the actual things. It's, you know, building rapport.

Building rapport with people who have trust issues takes time, which can be hard to understand for people who rely on statistics.

There's a little bit of a disconnect: we have to build the rapport, take the time to do that, but then we are required to have statistics to show we're doing work. That can be a bit of a trick. There's the management - corporate need for statistics for funding purposes, and they rely on the workers to do the work.

Whilst Bart suggested being capable of handling this disconnect, he appeared to struggle with the fact that this 'disconnect' had an impact on the quality service-delivery. He also struggled with the fact that financial restrictions were placed on the kind of activities caseworkers could do with clients. He used the example of working with Aylin, a refugee who could not speak English. Aylin had to meet with people at Red Cross. Bart asked for money to buy the services of an interpreter so Aylin could meet with these people, but that money was not made available. Instead, Bart was asked to look for a free service.

I had a situation with the clients I took to Red Cross and don't speak English, but there's doubt about whether or not the organization will pay for interpreters. And I've been told to see if there's anyone who can do it for free.

Bart used two other examples of a financial nature to help explain that, without the managerial and financial system working in sync with staff to actively support their work, staff cannot deliver a quality service. One example involved a person who needed to buy his ID. Another the fact that staff need to take clients to a café for a coffee to have a 'casual' chat in a non-clinical environment so the client feels more at ease to talk about important issues.

There was one guy, who had had his wallet stolen and was trying to get ID replaced. There was a fee involved of \$78, and he didn't have it. I think we can get reimbursed, but – and occasionally, we have to take somebody to a coffee shop, give them a coffee, that can open them up, you start talking and all of sudden, boom, all this information comes out.

With respect to intra-agency relationships such as with Tranby staff, Bart suggested that relationships had improved now interactions were more frequent and Tranby and Pathways staff had gotten used to each other and their different ways of working. The two teams were now 'working with each other'.

Especially in the last - I suppose, last month, as they've got to know us, they've interacted more. So they know more what we're like as people, we know more about them and the clients see that we're on good terms with the staff, so it all becomes more of joint - not a joint effort, but people understand each other and are more able to work with each other.

But there were also differences in service delivery related to the fact that Tranby offered a crisis service (food, clothing, shower) and only opened in the mornings, whilst Pathways offered an 8.30am to 5pm service and an opportunity for people to talk things through in a comfortable environment. Bart said that both groups of staff were now able to help each other out, and relied on the different relationships that each service had with their shared client group.

They come to us and say, "Listen, you know, so-and-so's acting in a strange way. Could you come and have a talk with them?" Yeah, so we help each other out a bit. We couldn't do without the staff at Tranby. If we were at loggerheads with them, it would be no good.

Bart pointed out that most clients appeared to appreciate the routine they had been able to establish. The physical presence of Tranby and Pathways services helped clients to get a sense of connection and meaning in their lives. This was important because many clients had lost a sense of meaning due to their mental illness. Pathways staff also helped clients to become more realistic and understand their situation from a larger perspective.

"Oh no" - Friday comes around, "Oh no, it's the end of the week" - you know, no Tranby, no UnitingCare West. Because of the slight disconnect between perception and reality - they want some meaning in their lives. And meaning, for them, might revolve around making complaints, for example, or having ambitions that aren't quite realistic. We try to get them to the reality - what's practical and what's not - addressing the issues, putting - acknowledging their situation and getting them to realize how it fits in with everything else.

The second interview with Bart took place four months later. This interview focused on what had been happening within the Pathways service within the last four months and future developments.

Bart said that Pathways staff now worked effectively as a team and had gained additional experience in terms of working with the client group. Clients had been achieving the goals that were set earlier in the program, especially in terms of accommodation (mostly temporary), participating in courses, getting their stolen ID back, and getting back into work. That said, some had left their accommodation again and not all the client's ID had been returned yet. But in general, many had been successful in 'getting back' to where they used to be; in a better place. This result, Bart said, was gratifying because it gave Pathways staff a sense of confidence that the program worked. Within a relatively short period of about six months, the Pathways program had achieved rather great outcomes.

It's been interesting seeing how they have evolved, or - I won't say grown as people, but maybe got back to the people they used to be. And a lot of them have actually mentioned that as one of their goals, to get back - "I know what it's like to be clean or to be in work or whatever; I want to get back there". So it's not surprising so much as rewarding or gratifying. And to be able to see that our efforts have helped. Because we were still really starting out, six months ago. And now we're all confident in our ability, and we know that the work we're doing, not only is it important, it actually works.

Bart said that clients were going 'up and down' at present, however, in terms of their engagement with Pathways staff and their capacity to deal with crisis situations, especially in relation to government agencies such as Centrelink and HomesWest. Some clients' lack of engagement had become apparent when they decided to leave the Pathways service, though they were still happy to go to Tranby for their food.

We've had a couple of clients who just think, "Oh, you know, can't be bothered now. Let's go out and live our own lives, forget Pathways, forget" UCW" Well, they remember Tranby for the food. But apart from that - they just weren't ready to engage, to commit to things and - they sort of wanted us to feed into their delusions, but as soon as you said, "Well, look, you've lost your phone, let's go to" Telstra or something and get another phone; "Oh, no, no, I can do that myself." Or you know, "You want an advocate. Okay, here's an advocacy service, there's the phone." "Oh, no, no, look, I'll do something else." And so they just sort of seem to be afraid of commitment. And then pull out all together. I can think of two who did that.

On the other hand, Bart said, due to the fact that at Tranby a community of homeless people had started to form itself (had emerged), some people that threatened to drop out of the Pathways program were encouraged by others to hang in there. Others encouraged people who were not yet engaged with Pathway to get on the program; they referred each other to Pathways.

In terms of getting new clients, often it's word of mouth. They're saying, "Oh, look, try this Pathways program." And, "Oh, you've got to do it." And if one person isn't engaging well enough, one of the other clients will say, "Come on, come on. You know, you've got to engage. You know, if you don't see them, you don't get anywhere."

With this comment Bart highlights that it is a good idea to build on this community of homeless people and rely on this 'natural' way of pulling people into, or back into the program, rather than promote the service and "putting up a placard and saying, Hey, come and join us."

Bart commented that clients were desperate or housing, more than some four months ago, because it was winter and the nights were cold and sleeping rough was tough. Some people were desperate for food, especially during weekends when both the Pathways service and Tranby were closed. To address the food issue when it needed urgent attention, Pathways staff were able to hand out food-vouchers, but the process of getting hold of these vouchers proved to take too much time for staff to process, so staff had to find to 'get around the system' to meet the immediate, practical needs of the Pathways client group.

We have food vouchers, but there is a process to be gone through to get them. So (Iris) got in touch with Food Rescue, who came back with 14 crates of food. Tinned food, packaged food, no fresh stuff. A few drink things as well. And we've been able to give those out, bags of those. This is a way of getting around the system, so to speak.

With respect to Pathways staff addressing the food-issue in this manner, Bart appeared frustrated because, as pointed out in the first interview, he felt the quality of service delivery was compromised due to certain aspects of the system. They stifled staff's ways of working in their attempt to address the immediate, practical needs of their client group.

That's sort of the practical side of it that some aspects of the organization don't understand.

Bart said that people are accepted onto the Pathways waiting list depending on staff's workload and the urgency of clients' needs. Pathways staff do not want to leave people on the waiting list for 'too long' because they "get fed up and don't want anything to do with us".

Whilst alluding to staff's creative capacity to 'get around the system' and be creative as team of staff in order to meet the needs of their client group, Bart also highlighted he was 'impressed' with clients' own creative capacity and their agency in order to meet their goals; in this case, to acquire shelter. He also

made an interesting point around the fact that marginalized, but especially Indigenous people from two different countries had been helping each other out. His comment on the atmosphere where the Indigenous peoples had put up their camp also reflected Bart's appreciation for the Indigenous peoples.

I've been impressed - they've managed to find places, abandoned houses or wherever to stay. A couple of them went to that place on Heirisson Island. Clients were able to go there because they were Maori. They had previously gone to help the Indigenous who were there, so this was a return of favour. They have tents and all sorts of things. Very peaceful. I called by and gee - it was a lovely campsite.

Though Bart had noticed that clients had been helping each other out, a culture of aggression, deception and people stealing from other homeless people had also become apparent. Both the Tranby and Pathways services now dealt with this situation by 'banning' clients for a week to six months from service, by keeping some clients' stuff safe from access by other clients, and by blocking those guilty of abuse and stealing from access to the building (hence the need for security guards).

On the topic of developing cultures within the homeless group of people, Bart had also discovered that an 'underclass' exists within the homeless community. With some 150 people coming to Tranby each morning for breakfast, sub-cultures developed around clients' demographics and some groups don't form friendships with other groups.

There's a community of homeless and marginalized; almost like an underclass. They meet at Tranby - they know each other. Even if they don't know someone, they can spot that someone is homeless - and then some get together, the drinkers and the non-drinkers and whatever different demographics.

Drawing on the idea of a community of homeless people and the competition and back-stabbing culture that exists within this community, it is to be expected that the competition for housing in this community is rife, and brought into the mix of drug-dealing and drug-abuse which apparently takes place in various shelters. This highlights the lack of safety in temporary accommodation and the urgency for safe and sustainable housing. It also highlights the fact that people who are already vulnerable due to intellectual and/or mental issues are easy victims for exploitation.

A lot of sabotage also takes place in the community of homeless people, and people also self-sabotage. Bart said it is important, therefore, to keep a distance as a worker and protect one's boundaries; to not internalize people's misery and suffer from vicarious trauma.

Some of them self sabotage. So as individual workers, we've got to maintain a distance, otherwise you get the internalization, and that'd be the death of it. Vicarious trauma, it's called, a fairly well documented problem. We just have to say, "Okay, all right. You've got a problem, okay. You're sleeping rough, okay. Got somewhere out of the elements?" "Yeah, yeah, I've got a doorway." "Okay, that's all right then." But just accept it as being fact, you know.

When asked whether Bart believed the focus for Pathways staff to address housing issues was more urgent than previously thought, Bart said that the need for accommodation 'comes and goes' and that clients' need for housing cannot be addressed separately from clients' needs for money, food, identification (ID), mental/emotional support, and education around issues like being exploited. Bart appeared to have become more conscious of needing to work with Pathways clients in flexible and non-linear ways; a combination of long term planning and addressing immediate needs.

They can't move into a place because they don't - they've used the money on cigarettes or drugs or whatever, alcohol. You just try to get them to put a bit of money aside or that sort of thing. Or make sure, if they do some casual work, to try and make sure that they actually do get paid, rather than just exploited and - Often it's - like I said, it's food. You know, so, "Look, I've got no food for the weekend. I've got no money. What do I do?" Or, "I'm sick today", or "Someone's stolen my clothes", or - you know, that sort of thing. Try and sort things out. So - there's a combination of - you know, the longer term planning, and - "Hey, I'm hungry today" sort of thing.

On the topic of the need for housing, Bart commented that there about 300 social housing places available in Perth, and about 1000 beds in temporary accommodation. But there are some 10,000 homeless people in Perth, and it would be preferable if the Pathways service could offer more people a temporary roof over their heads. In terms of prices for temporary accommodation, Bart said only one shelter is for free, but a lot of drug-dealing takes place in that place. Others charge at least \$25 per night, which is too expensive for people who do not get an income, e.g. welfare payments. Bart appeared to suggest that a linear way of working – first this, then that – approach does not work with a client group that is ‘most in need’. Pathways clients’ needs are complex and interwoven, and the best way to make sure that clients do not fall between the cracks of the system is by not offering a crisis service but by combining service delivery, offering long term planning and addressing immediate needs at the same time. Bart pointed out that his background in mental health was very useful, because he was able to plan certain activities but also ‘go with the flow’ to make sure that clients would not lose their focus. He offered the example of one client with mental health and suicidal tendencies who also proved to have creative abilities. Bart wanted to build on those abilities to help this client stabilize whilst in temporary accommodation.

One of mine, for example, has paranoid schizophrenia. He's in UnitingCare West accommodation. I try to find distractions for him. So that he doesn't always talk about suicide. He happens to be able to write poetry and do some drawing, so we'll put in to get a little book for that, or take him for a drive to go see some birds, nature walks and that sort of thing. It doesn't avoid everything else, but it diminishes the - severity of it sort of thing. And it's - not planning so much as just trying to mitigate everything else. Mitigate the potential.

As in the first interview with Bart, also this time he stressed that his work at Pathways does not consist only of offering support in terms of meeting people's immediate needs that can be planned for, measured and described in statistics. The work also consists of offering a clinical kind of support (this change in viewpoint is interesting because in the first interview Bart said that offering clinical support was not important. Being a sounding board was more important). With respect to drawing boundaries, Bart suggested that people with experience in the field of mental health know how to draw boundaries, but these are of an interpersonal rather than mechanical nature.

I think all of us have had a background in mental health in some way or another. And that's very, very useful. So we're not fazed by it. It can be - We can be pushed, but - we're not going to fall apart. Whereas somebody who didn't have a background in mental health might tend to take on issues more.

Bart also pointed to the fact that one quarter of the Pathways client group appeared to have mental health issues, but they are not always obvious, which is why Pathways staff should have a background in mental health. Having enough time available is also important because it is necessary to build a relationship with clients and get a better sense of their strengths and weaknesses.

Almost 25 per cent of our clients have mental health issues and you can't necessarily tell how severe those are because some of them cover them up. They're fairly good at acting and making out that things are okay. So yeah, now we're now able to see our clients more clearly, assess them more accurately, and they are trusting us more, so they divulge more.

He also pointed out that time is an important factor to build an effective team and as a result offer a quality service.

And that helps us work together better to work out what can be done or needs to be done. So yeah. It's sort of a chicken and egg thing. You don't know quite which comes first, but they both have to progress together.

Based on Bart's comment suggesting that it takes time to get to know clients and finding out their real needs, the interviewer asked whether this would impact on the Outcomes Star and setting goals. Of note here is that Harris and Andrews (2013) found in their research that the first Outcomes Star and the process of goal-setting should not necessarily take place during the intake (during the first meeting with the client) but after three weeks or so, so the caseworker has more of an idea of the client's real needs

(p. 7). Bart commented that it was still possible to set goals during the first few meetings, but they were typically of a more practical nature. Goals to address the deeper, mental/emotional issues needed more time and could only be set after several months of working with a client.

Regarding the relationships with RAS workers, Bart believed they are 'smooth'. He did not have any problems with any of the HACC assessors. But he did raise the issue that the assessment procedure and the 'sequence of timing' did not suit the Pathways client group. Clients with mental health and/or commitment issues would suddenly drop out of the appointment and not have their HACC assessment completed.

Bart said that relationships with other agencies were also good. He worked with some refugee agencies because he had two refugee-clients (of which one was Aylin), and was happy with their relationship. Relationships with some agencies like the Department of Immigration were a bit more difficult to begin with, but they usually improved as people started to get to hear the full story of Pathways clients.

Sometimes organizations like the Department of Immigration - I've been to a few interviews there with these clients, and they'll start off very rigid and very unsympathetic, and then when they get into the story and they find out a little bit more, they'll become a bit more human, and very helpful and - yeah, that's very good.

Iris

We interviewed Iris for the first time in February 2015, shortly after she had commenced her job as an engagement officer within the Pathways program. We interviewed her the second time in June 2015.

The first interview with Iris focused on her current role, her background, what she wanted for the Pathways service, and how the service was currently operating.

Iris was born and raised in Australia and had recently moved from interstate to Western Australia. She completed a Social Sciences degree after completing high school and had been working for some seven years since, including as a caseworker for a humanitarian organization to assess people who were going through the migration process. Iris felt good with the values held by UCW and liked the fact that UCW was less set in its ways than the organization she worked for previously. It was quite a new organization that was still piloting programs and drafting new policies.

Iris worked as a Pathways Engagement Officer and was responsible for liaisons with primary stakeholders external to UCW, such as the Regional Assessment Service (RAS), crisis accommodation services, psychologists, social workers, house cleaning agencies (to make sure they understood the 'nature' of clients with hoarding issues) and Royal Perth hospital. Further, performing administrative duties mainly related to dealings with RAS and HACC, promoting the Pathways service and doing presentations. But she was also the caseworker of five clients and assisted everyone on the Pathways waiting list. Iris said that the work with people on the waiting list meant effectively doing casework with them.

(Regarding people on the Pathways wait list) you're the first point of contact for the client to the team. They will end up calling you because they have not been allocated a case worker. And you can't just say, "Oh, sorry, you're on the waiting list so you just have to wait." And you end up working with them. You end up referring them to other services to see if they can - you know, be accommodated. You end up referring them to psychologists for the meantime. So you end up doing basically case management with them, but just not HACC-funded for that bunch of clients.

Iris said that every client had different needs and their state of mind was unpredictable due to their mental health issues and/or being under the influence of drugs. Iris found that 'there's a lot of distrust' and 'emotional damage', but she wanted to get a better understanding of her client group.

I guess our clients now, there's a lot of distrust, a lot of emotional damage. You might be working with one client, you might think you know the client. It depends on the day, their mood, if they're on any drugs, and their mental health. There's a client that I've been working with, was very motivated, would come in here every day to see me without appointment, and out of nowhere she just dropped off the radar. I've been trying to get in touch with her. She's not picking up, but she's picking up phone calls from DCP. So I'm not sure what's going on there.

Iris found she needed to be very flexible, not only because of the complexity of issues, but at any point in time clients could drop into her office, clients not being used to making appointments. She could also receive a call at any time from a Tranby staff member, saying that a client wanted to see her next door. This she found challenging, because Iris was used to a more stable work environment, with clients making appointments with her. Iris also held the philosophy that Pathways' clients needed to know that Pathways is not a 'crisis' service and that the 'reality out there' requires that people make appointments; they needed to get used to the process of making appointments as part of their 'education'.

To me it's about getting them ready for the real world. So if you don't have a doctor's appointment you can't just go - unless it's a drop-in service, you can't just go in there and say, "I want to see my doctor now." You need to arrange an appointment.

With respect to the kind of tasks she was doing, Iris said that she educated clients around their options and how referrals processes worked. Iris also spent a lot of time looking for accommodation, even though Pathways was not meant to focus on housing only. Looking for housing took up a lot of time, because most clients wanted housing, or cheaper housing, and because of the housing shortage, she had to call around 'everywhere'.

You sort of try to talk to them about reality, options out there. What they can afford, what's available, the referral process and how long it's going to take. Some days you'll be on the phone half of the day trying to look for accommodation for a client, just calling everywhere - even though Pathways is not designed just for housing. But because we are assisting clients that are homeless or at risk of homelessness it ends up being the core thing, like everyone just wants housing, and there's shortage everywhere. And people want cheaper housing, but with the market that we're in at the moment there's no such thing as cheaper housing.

Iris also appeared to have difficulty with the fact that she, as a Pathways staff member, was meant to 'break the cycle of homelessness', which seemed an impossible task, 1/ considering the shortage of social or affordable housing and 2/ where the largest part of the client base was coming from. It appeared that she had no other option other than helping people to stay in the endless cycle of homelessness.

You end up referring clients who are in the crisis accommodation and they're trying to break that cycle of being referred to all these places, or get away from certain groups of people that they've been hanging out with. But that's the only thing that's available for when you get a client coming in and saying, "I need a house tonight. I don't want to live on the street anymore," you end up referring them to a crisis accommodation.

Like Ben, Iris compared the context she was working in previously with that she was working in at present. Whilst Ben compared practices in the UK with those in Western Australia, Iris compared the New South Wales housing sector with that in Western Australia. Iris said that people who present to Housing NSW are offered emergency temporary accommodation in low-cost hotels, motels, caravan parks and similar accommodation, for a period of up to two weeks. This kind of service is offered especially to homeless families. Being accommodated for two weeks gives people the opportunity to look for other housing within that time. This service was not offered to people in Western Australia, not even to entire families. Instead they are left out on the streets or referred to crisis accommodation. Iris found this a shocking finding, especially considering the fact that the Western Australian government puts a lot of money into building infrastructure.

I don't know how they allow a woman and kids to be homeless. It's just - it's ridiculous. And then they talk about, "Yeah, it's taxpayers' money, too much money involved in doing anything big," blah blah blah. But then they build a bridge that you don't need, or they do A and B that you're thinking, "That could have waited."

Housing services in Western Australia are very limited, Iris said. Even though many organizations here revolve around housing, their services overlap and their power is restricted to decisions made by the Western Australian government funding bodies. The problem is also that these services "are not talking to each other because of the way they're funded". Iris, then, appeared to suggest that in Perth, a *parochial network structure* (Levine, 2013) underpins service delivery, illustrating that the need for developing partnerships may be necessary from a national perspective (Flatau, Wood, MacKenzie, Spinney, Zaretsky, Valentine, & Habibis, 2015), but the context for collaboration needs to be considered as one with restrictions on extra-local exchange, and incentives that guide a local focus. On the other hand, Iris said, there was also a positive side to how services are funded in Western Australia. She found that in Perth, services have more flexibility in terms of their service boundaries, which is a result of the ways in which they are funded.

I think the Perth funding scene is very flexible. Like, if this program was in Sydney, it would be very tight. You would not be able to refer an asylum seeker to this program if it was in New South Wales.

In terms of the relationship between Pathways and Tranby staff, Iris pointed out that the relationship was 'good' because Pathways consisted of three caseworkers that each worked with an average of 10 clients. Tranby staff could not provide this individualized type of service because only had four staff members that each worked with an average of around 40 clients, so they welcomed the Pathways program and referred several people to the Pathways service. Pathways staff benefitted also from the fact that Tranby staff had been working with clients sometimes for five years, so they knew their clients very well and offered the necessary information. Further, Iris stressed that Pathways staff trust Tranby staff, as clients had indicated trust in Tranby staff.

Highlighting that Tranby had referred many clients to Pathways, Iris stressed that Pathways could not take on more clients. More caseworkers would need to be employed in order to service the amount of people that want and need the kind of support the Pathways service offers. This would mean more funding.

These clients need our support. However, we can only assess 25 clients. I'm hoping that in the future we're able to get more funding to get more workers, because clients, they really do need the help. And you find that a lot of clients do fall through the gaps. Or most of the clients, they have fallen through the gaps. But they want the help, and it's about having someone there to support them.

Iris appeared to have little hope for clients in terms of the future. She could not help clients to achieve their goals of acquiring safe and affordable housing. She could do little to help them get out *and* stay out of the endless cycle of homelessness. The five to ten year long waiting list for social housing effectively blocked the ability for staff to deliver a good service for clients. When asked what Iris hoped to achieve with her group of clients in the short term, she said she hoped that 70% of clients would have some sort of roof over their heads. She also thought some 30% would still be on the streets 'because they choose to' and 'are not engaged', because they are influenced by drugs and/or friends that want their help. To get these people 'engaged' again, Iris said she educated clients, telling them that she was not there to do the work for clients. She also used the strengths based approach whilst reminding people of their goals.

It's not about us doing - I guess with the client being at the centre you need to adopt a strength-based approach to figure out what their strengths are. In terms of their goals, you try to remind them all the time about what their goals are and what their strengths are.

Though clients appreciated her using a strengths based approach, Iris also found some clients 'get shocked' when they realize a caseworker actually pays attention to them and cares for them.

And sometimes, when you remind them - you know, "I can see that you're really good at doing this," they get shocked, like, "Oh, you're actually paying attention to me?" Or, "You actually do care about me." Or, you know, "I can actually do this. I've got this strength to do A and B."

Iris thought that clients were not used to frontline workers caring for them and focusing on their strengths. She had noticed that in general, many frontline workers were taking clients for granted and focused on what is 'wrong' with them. They do not believe in the possibility that clients can change.

It's very easy to point out people's mistakes, and it's very easy to point out people's weaknesses. I guess sometimes you do it without knowing. I've realized when people have worked in a place for a very long time, they have this attitude of, "Oh, this client. Same thing." You know? They've been on drugs for 10 years. Nothing you do will change.

Iris admitted she had learned to deal with the 'old culture of care' that focused on clients' deficiencies and what people had done in the past. She now challenged that old culture. For Iris, using the strength based approach meant that she focused on the present, clients' strengths and their agency.

This client has come to me today for help, so I don't care what they were doing 10 years ago. I don't care what didn't work. Today, what can we do different, or what new things can do to help them achieve these goals? So it's about figuring out client's strengths and us not being the hero. Sometimes people say, "Oh, I did this for the client and I did that for the client." No, you didn't (laughs). The client did this for themselves, and if you did that for the client that's not going to help the client at all.

Iris appeared to want to educate her colleagues in the field in order to transform the old culture of care, cognizant of the fact that in future, clients will no longer be able to rely on services because funding will eventually run out and/or funding arrangements will change. She thought it was necessary for frontline staff to understand that doing things for clients is not helpful.

Iris saw the person-centred and strengths based approaches as essentially the same because both approaches place the client at the centre of attention, rather than workers' past experiences and/or their perceptions of clients' presumed deficiencies. Her enthusiastic support of these approaches was reflected in what she hoped for the future; that Tranby would be closed because clients had managed to break the cycle of homelessness and no longer needed services like Tranby. She also would like to see the Pathways service to be able to focus on clients' 'good life'; not on meeting clients' immediate needs but on helping clients to achieve their long term goals. For that to happen she hoped that more affordable housing, employment and education opportunities would be available for the Pathways client group. She also hoped that clients would have achieved what they never thought they could achieve, and that some of them would be at work within the Pathways service.

I hope we even see some clients working here.

In order for more opportunities to open up for the Pathways client group, Iris also hoped that state departments would talk with each other about policies and strategies that work well and benefit the disadvantaged and those representing them. She offered the example of better educational and specifically vocational (Technical and Further Education, or TAFE) opportunities for people in Sydney and in Melbourne, compared to what is available in Perth. Course prices are very expensive and therefore inaccessible for homeless people who reside in WA.

TAFE in WA is so expensive. There's courses - short term certificates in Sydney it's \$50 if you're on Centrelink, and if you're not it's about \$500. Here, you're looking at around \$1,500 to \$2,000. I know in Melbourne, they've got so many good programs there.

We did the second interview with Iris four months later.

Iris was now in the role of acting team leader, which meant that she did not work with any clients, but performed the duties of a team leader, which included reporting to staff and management, supporting and helping staff for example during court visits, staying in close communication with agencies such as Tranby, and working on strategic documents such as the Pathways framework. At the same time, if needed, she supported clients.

When asked what had been happening within the Pathways service in the last four months, she said that there had been 'a lot of progress' in terms of client numbers, outcomes and the team. She found it 'amazing' to find that the program had achieved such great success within the relatively short period of one year.

In terms of the number of clients, she said that the service was now working with 27 HACC funded clients even though the service was funded to work 'only' with 25 clients. Additionally, 10 people were listed on the Pathways waiting list, and even though on the 'waiting list', they were still supported under UCW funding. So in total the service was dealing with 39 people. She said about 10 people had exited the program of whom four had achieved their goals. Iris did not elaborate on the six people that had exited but not achieved their goals, other than that some were not 'ready' to be supported or moved interstate, and that one person had passed away.

Iris also said that progress had been made with new tools being put in place, such as the Outcomes Star, and that the Pathways service was expanding into other areas in the Perth area but also into the Great Southern and South West regions of Western Australia.

She felt delighted to hear clients talk about the Pathways program in 'the same bubble' as the Tranby service, when speaking with people on the bus. She was delighted because the Tranby service had been in existence for many years, in contrast to the Pathways program. It meant that the Pathways service already had acquired a good name within the homelessness community.

When prompted to talk more about the relationship with Tranby, Iris pointed out that the relationship had improved and was 'more smooth', but that it was important to stay in regular communication with Tranby staff, updating them on the progress of the clients they share in common. She stressed that it was crucial to keep this relationship in place.

The relationship is more smooth, yeah. Pretty good. And it's important to keep that relationship as well, too.

With respect to the Outcomes Star, Iris said that caseworkers had been reluctant to implement the tool after having received their training, and that it still was not clear as to whether clients would actually benefit from it. They were hesitant because thought that clients would not want to do all the paperwork. But after staff implemented the tool, clients appeared to love working with the Outcomes Star as it offered them the opportunity to see a visual picture of where they were at and highlighted their strengths, which helped clients in the process of setting goals. It also encouraged them to work towards those goals and list the required strategies to achieve them.

Similarly to the first interview, Iris appeared to be frustrated about the fact that she needed to be very flexible in her role as an engagement officer. Whilst she had not expected the Pathways service to achieve the outcomes it had been able to achieve, she appeared to not have expected that the relatively high number of clients with hoarding issues would demand a lot of liaising with various agencies. There were now four hoarders on the Pathways program that all needed the necessary time and patience so as to build up their trust. But it also required finding the right kind of agencies that were willing to work with people who hoard, not only once their homes are cleaned up, but also whilst the client was going through the process of cleaning up his or her home.

Inquiring further into her findings as an engagement officer, Iris said she found it important to liaise with other agencies because they might like to refer people to the Pathways service, so needed to know what the Pathways service provides. She found the most useful agency to work with was Tom Fisher

because they were the only crisis accommodation service that offered free accommodation. Moreover, they had extended the amount of nights that clients could stay from five to 10 days.

Because many clients were more or less forced to move from Tom Fisher into backpackers' accommodation for which they paid around \$350 per week, Iris and the rest of the team started to build relationships with private real estate agencies, which resulted in accommodating one person into a fully furnished unit for \$270 per week. Iris stressed that it was important to educate real estate agents so they understood the clients Pathways staff were working with and "some of the barriers that come with that", such as clients not having a regular car-license or other ID.

Other useful agencies Iris found to be WA Apartments, 55 Central, Inner City Mental Health for counseling services, Next Step for detox, and Bridge House also for detox.

With respect to the goals of the Pathways program, like Ben during his second interview, Iris said that most clients still listed accommodation as their primary need. But unlike Ben, she also mentioned that lack of finances had surfaced as a major issue. Iris stressed that UCW management needed to talk with the Housing Department about clients' accommodation issues, because Housing Department staff did not appear to understand that placing homeless people in the 'wrong' kind of accommodation would inevitably lead to problems. This would mean that clients would exit that housing and ended up back into the cycle of homelessness. Iris also suggested that Pathways should find a way to offer clients the skills and training so they get the opportunity to become familiar (again) with how to behave in a 'normal' home so as not to get evicted.

We just need to find the skills and right training to support those clients.

Iris referred to a 'hoarder meeting' she had participated in recently, to find out that some services that Pathways staff offer for free to their hoarding clients, are priced very highly in the market. Also, other agencies do not appear to know about Pathways staff offering a free service for people with mental health problems and at risk of homelessness. Iris said she felt very proud of the service that Pathways offers to clients. With that, she stressed it was important for UCW to recruit the right kind of staff to do this work; staff cannot have an attitude problem and refuse to clean people's homes. They need to have "the will of heart, not wanting clients to be evicted out".

Fern

We interviewed Fern for the first time in February 2015, some five months after she had commenced working within the Pathways program as a caseworker. We interviewed her the second time in June 2015.

The first interview with Fern focused on her current role, her background, what she wanted for the Pathways service, and how the service was currently operating.

Fern moved to Western Australia some five years ago, after she had completed her social work degree. After having arrived in Perth and before she started at Pathways, she had been working as a caseworker within a Perth community organization for about three years, dealing with *young* homeless people. She found the experiences between the work at Pathways and the other community organizations similar in that both client groups were homeless and subsequently people's wellbeing was affected negatively with respect to their mental health and abuse of drugs and alcohol. But she also found the work with young people more challenging. Older people knew better what they wanted.

When asked what inspired Fern to do this kind of work, she said she loved supporting people in the community, especially those in need. She loved helping people so they would get 'a better life'.

It makes me happy to see someone smiling, and - you know, doing something for them to get a better life.

As a caseworker Fern tended to start the day by paying a visit to Tranby, the drop-in centre nextdoor, to see if any clients from her caseload were there so she could talk with them if needed. She could use an office at Tranby for that purpose. After this visit to Tranby she would go to her office at the Pathways service and try to book two clients in per day. She tried to work with clients in the mornings, because clients asked for meetings at that time.

Because they come for breakfast normally I see most of them in the mornings. Most of them prefer the morning so they have the rest of the day.

Fern found that some clients did not take up a lot of time and energy and were fairly easily engaged, ready to do something about their situation.

Some clients are not that demanding, happy to do things for themselves. All they need is guidance to say, "Okay, we want to do this, this, this", and then they'll tell you, "Oh, yeah, I can do that".

But, Fern pointed out, other clients needed much more guidance and 'pushing'. She offered the example of Henry, who was one of her clients and difficult to engage, so needed a lot of coaching.

I referred him to a financial counselor. Of course, he didn't want to. He was like, "Oh, I don't know if I should go there by myself," so I took him there. And he was told, "Oh, okay, you need to call this number," he started getting like, "Oh, okay, I think we need to go". Then I'm like, "No, do you have anything to do this morning? No? So let's sit there." "Oh, I don't like this." So we're on the phone and then it cut off, and he was like, "That's it. Let's go." I said, "No. I'll call the phone and then we can wait." So we waited for another 10, 15 minutes, and finally we're in and it was done, and then after that he was like, "Oh, yeah, thank you for that".

Like Iris, Fern mentioned the fact that she tried to make appointments with clients, but quite a few would drop in at any time of the day without having made an appointment. But unlike Iris, Fern saw this as a positive, though clients also needed to come up with clear and positive suggestions. She appeared more open to the idea of letting people live their lives the way they wanted to live it. But this also had implications. Fern offered the example of a client with children who needed food, to illustrate the sense of urgency some clients felt when they came in to ask for her help, and that addressing these immediate needs meant that she could not attend to the administrative work she needed to complete. She also talked about Mark, who was one of her clients. He tended to come in with a sense of urgency when his mind was playing tricks with him, telling him to get back on the drugs. Mark wanted to find work to get his mind of the drugs, or he would resort to doing crime again.

When asked what her clients needed most urgently, like all her colleagues Fern said accommodation was most upfront in clients' minds. This made sense, she said, because without a house people cannot apply for work and get an income, and as a result get ahead in life.

Most of them it's accommodation, because really, you can't do much, whether it be apply for a job, or maybe take a shower to look good for the interview and all that. You can't do that if you don't have a house.

Like Iris and Bart, Fern talked about the critical shortage of long term affordable housing in Perth and the subsequent difficulty for her to accommodate her clients, and as such left them 'stuck' inside the cycle of homelessness. But she also pointed out that she had been able to assist some clients in finding long term accommodation. Unlike Iris, Fern appeared to struggle less with the fact that it was difficult for her to live up to the Pathways goal of breaking the cycle of homelessness. Fern's struggle was related to the fact that she could not live up to the ideals of the person-centred approach, because clients' *financial* situation worked against them. That said, Fern also appeared to resign herself to the fact that such was the case.

They can tell you, "Okay, I want" - because it's - we work on a person-centred approach. It's about what they want, but they tell you that, "You know, I want one bedroom flat," but how much can you afford a

week? They are telling, "I can afford \$100, or this." So really, "Where can I find like a one bedroom flat where you pay \$100 a week?" And if you ask, "Okay, for \$100 you might find - like shared accommodation," "No, I don't want shared accommodation." So - we find that maybe they end up being stuck in those crisis accommodation, because at least they're a bit cheaper.

With respect to the person-centred approach, Fern said this way of working was central to her work, as it allows clients to live their lives how they want to live it. This approach not only respects and values clients' wishes in assessment processes but it also demands from workers they do not enforce any ideas onto clients.

It's always about the person. Even from their assessment you are placing the client at the centre, focusing on what they want. And respecting and valuing their wishes. So even if I think, "Okay, you must be doing this," I can only say to them, "Oh, what do you think about this idea?" I'm not supposed to force it on them. They choose how they want to live their life.

When asked about the relationship with Tranby staff, Fern said the relationship was difficult to begin with, but then improved after Pathways and Tranby staff had a meeting together and Pathways staff introduced themselves. From then on, Tranby staff started to help the Pathways team, which was exactly what Fern needed, because she felt a bit uneasy with some of the clients at the beginning.

When I first started, I would go there and talk to staff, but they are like, "Who are you?" It was a bit difficult. But then we had a meeting - maybe a few weeks after I started. That's when we introduced ourselves. From then on, it became very easy for us to go there, and talk to them about clients.

In terms of what Fern hoped to achieve with clients in the short term, she hoped that all her clients would be in a better position and have accommodation or at least be offered accommodation, so they could then focus on getting a job. She also hoped to see her clients in a sober state, rather than influenced by drugs or alcohol, and as a result be more proactive and 'engaged', to gradually require less and less coaching from her. Fern also liked people dropping into her office outside of scheduled appointments. She saw this as a positive, but they needed to come up with clear suggestions.

Though Fern hoped that in the long term most people would be able to 'stand on their own' and live a good life, like Bart, she also believed that some clients would never be able to live without support. Without appropriate support they would not be able to re-focus.

There are some that always need that support. They always need that someone to be there. And if there isn't anyone there to - you know, sort of make them refocus, they might just go the other way.

The second interview with Fern took place in June 2015, about four months after the first interview.

With the regular team leader having gone on holidays for three months, and Iris, the regular Engagement Officer now working as Acting Team Leader, Fern now worked as Acting Engagement Officer. When she sketched a typical workday now, she said her day started at 7.30 or 8am, not long after Tranby opened its doors. The moment she would walk into her office a client was normally waiting to speak with her, or they would have sent her text saying they would be waiting for Fern at Tranby. Sometimes it would be about writing a referral form to Tom Fisher, a crisis accommodation place, so the client would have free accommodation for the next week or so. After this Fern would go to her computer and read the emails, calls started coming in and she would search for accommodation places, or furniture for her clients, to have the necessary information ready for them when they came for their appointment. Usually the first appointment with clients started at around 10am, and she would be busy seeing clients well beyond lunchtime. Meanwhile, other clients would come in because they needed sleeping bags or swags for the coming night, and Fern could not turn these clients away just because they did not have an appointment. So she would write out the necessary forms so clients could go and get their sleeping materials. Like in the first interview with Fern, she also now pointed out that she struggled to find the time to catch up on her administrative work.

Sometimes you can be a week behind case notes and all that, because you can't find time to do it.

In her current role, Fern was working with the client group that Iris was normally responsible for. One of these clients lived in a Housing Department home, and others lived in long term transitional housing; a place where they can stay for up to 18 months. One of these people lived in a place where he could stay for three months. He had recently left because he did not like one of the workers and was afraid he would explode. He was doing well but then suddenly dropped off the radar. Fern blamed this 'on/off' behavior on this client's mental health problems. Fern appeared to feel disheartened by the fact that some clients did not seem to be able to get ahead in life and stayed 'stuck' in the cycle of homelessness, without them being 'at fault'.

Fern: So for some, it's from one crisis accommodation to the other, and some don't even stay for up to the three months they are supposed to stay there. They are back on the streets, and you are back to square one. You start looking for other accommodation.

Interviewer: Sounds a little disheartening. Is that how you feel?

Fern: It's not their fault, but it's - yeah, sometimes you feel like that, but at the same time you think, "There isn't much really I can do because of the housing shortage", and in the rental market, the rent is just too much for most of our clients who are on Newstart. They're only getting maybe \$500-something per fortnight, and if you say you will be paying \$150 or \$200 a week, then they don't have much left to buy food, so they would rather be on the streets.

Fern believed that her clients' most pressing needs had not changed much since we interviewed her the first time, some four months ago. The issues were still accommodation, but physical and mental health issues such as hoarding, and getting clients' ID so they could open a bank account, get a driver's license and a job, had also emerged as urgent needs. Fern seemed to feel she tried to assist clients in the best ways possible, but she also felt limited in terms of what she could do improve clients' situation, because their physical or mental health problems posed a challenge too great for both her clients *and* for herself to deal with on their own. She offered the example of Glen, who we interviewed for this evaluation research.

We had secured rental accommodation, and then he walked out. He received a call from his brother-in-law in Tom Price who said, "Look, it's cold, so if you are back on the streets, do you want to come down and live with us?" So he went there. But it happened before, and he came back after a week saying he couldn't take it anymore. It's a pattern. He can find accommodation, but he won't stay there long, not because he's kicked out or anything, but because of mental health issues. And I don't really understand why or how, because I - you know, he has left another place as well, just the Beacon up there. I think that one is for a year or 18 months, depending. He just walked out.

When we spoke with Glen, he told us he identified as 'part Indigenous' and that he had been living with his auntie in Broome for five or six years, 'to dry out and cultural law'. Glen said that before he went to Broome, he was into crime and drugs. Glen said he was now staying at the Beacon, a place where he could stay for up to three months, and if he 'ticked all the boxes' he could stay for six months. He was aiming for a volunteering job because he did not want to earn money: "I can be very reckless with money". He also told us that he wanted "to settle down and have an open and honest and good relationship with a female" and this was something he was working on with this caseworker. Glen was very happy with the Pathways service:

I'm just glad this Pathways is available to people - if they weren't there I guarantee I'd be back on the streets in my old ways again, and I didn't really want to go down that path again.

To come back to the second interview with Fern, she said she was working with Glen to more permanent accommodation and that he talked about a partner. But Fern was unsure as to whether he had a partner now and whether he would be able to live by himself or not. She considered he might need, for example, a 'live in' carer, but hesitated to suggest this to him, unsure as to whether or not she would insult or disempower him.

Regarding Glen's stay at the Beacon, at the time of our second interview Fern was not aware that drugs were a big problem at the Beacon, which is where Glen was staying at the time. We received this information in October 2015, during the second interview with Annie, a Pathways caseworker who had been working in the homelessness area for a long time, and whose interview we will explore next. Knowing that drugs were an issue at the Beacon, we can understand that Glen was keen to get out of there, sooner rather than later.

Fern talked about another Indigenous client who had been able to find a house with the Department of Housing in which he had been living for six weeks. This man, Fern said, intended to live in the home by himself and was ready to start focusing on getting a job. But then his two daughters and a son moved in and started to cause problems, and the neighbors had complained to the Department. This put him at risk of losing his home, because this man would get a warning or 'a strike' and after 'three strikes' he would have to get out. Fern pointed out that this man could not 'kick out' his children due to cultural and family obligations, and felt caught out because he also wanted to get on with his life. Fern was working with an Indigenous liaison officer to deal with the situation.

We asked Fern about her relationships with other agencies that she found useful. Similar to Iris, Fern mentioned crisis accommodation places and especially Tom Fisher because it was free short term accommodation and they had many beds available. Fern also mentioned St. Bartholomews, 55 Central, the Beacon, the Department of Housing and Centrelink, because Pathways clients use these services. Further, charity organizations such as the Salvation Army and St Vincent's because clients can get goods there and receive good, personalized service. Fern also mentioned Tranby and Food Rescue for their food provision, and Ruah because it is a similar service to Tranby.

Fern offered an interesting sketch of the regime and the kind of competition that homeless people are exposed to whilst in the cycle of homelessness. Her sketch of how Tom Fisher operates also highlights what services like Pathways need to do to help clients acquire free accommodation.

I hear - it is a room. They just go there. They should be there by 5 o'clock, because during the day there is no staff there, because I think staff start at 4. They should be there at 5 o'clock and leave in the morning, so during the day there's no one there. The gate is locked. You basically go there to sleep - and it's just for seven nights, you can't go back within the same month. You have to wait. It's really hard to get in, so what we have to do is either wait until 4 o'clock, when staff go in, and send the referral then, or first thing in the morning.

About the Outcomes Star, which Pathways staff had been using now for some three or four months, Fern said that she found it a very useful tool. Clients tended to hesitate at first because of the paperwork, but once they started they got into it, they enjoyed the process of filling in and completing the Outcomes Star. Regarding the clients that she had been working with before the Pathways service took the tool on board, Fern said she introduced the Outcomes Star after about six months of work with them. So these clients filled in their first Outcomes Star to see where they were at now. But Fern also asked these clients to think of the time when they started the Pathways program, and where they were at then. This, Fern said, allowed clients to acknowledge what they had achieved in six months time, which helped boost their confidence.

With respect to the relationship with Tranby staff, Fern said the relationship was 'really good' now Pathways and Tranby had regular meetings together and were 'communicating'. This working relationship continued to be very important for Fern, because most of the client referrals came from Tranby. Further, as she discussed with us already during the first interview, Fern found it very important to be able to talk with staff about the clients that Tranby had referred so she could assist her clients better. Fern also thought that Tranby would appreciate the idea of always being able to call on Pathways staff if a client needed assistance. It was important that clients appeared to have no problems with Tranby and Pathways staff exchanging information about them.

When asked about how clients' responses with respect to them getting a different caseworker for a period of three months, Fern pointed out that clients did not like the idea of having to repeat their stories and build a relationship with a new person again. But Fern said there was nothing she could do about this situation and clients just needed to deal with the fact that this is how services work. She educated clients around the fact that relationships with caseworkers were not going to last forever either and that clients needed to get used to that idea.

Annie

We interviewed Annie for the first time in February 2015, shortly after she had commenced the Pathways program. We interviewed her the second time in October 2015.

The first interview with Annie focused primarily on what she wanted for the Pathways service, and how the service was currently operating.

Annie came to Australia many years ago and had worked at Trany, the drop-in centre nextdoor from Pathways, before commencing her full time short-term contract job as a caseworker at Pathways. Annie had a social work degree and was now working with 13 clients. She thought the Pathways program was "really good" and that it filled a gap in the homelessness service delivery, because other services in Perth did not assist homeless people with literacy, mental and/or physical health issues. Other services did not offer advocacy or assistance with filling in forms and gathering evidence, necessary for clients to acquire the kind of services they needed.

It's just too big a job for them. It's hard to have your paperwork in order when you're on the streets.

Annie said that most of her clients needed housing first, and advocacy second, especially during 'priority interviews' with the Housing Department, because clients were 'nervous about the system'. Once they had secured accommodation, clients often needed support with transport in order to visit agencies and services. They also needed support in being linked up with support networks.

In the UK Annie worked with youth who were under state protection, and the focus of her work was more on offering training and employment support. Finding housing for these youth was usually not a problem, because Annie was part of a parochial network structure. In Perth she did not have access to such a network. In the UK, admittedly she had to 'wing it', but Annie knew someone from a church organization that owned units scattered around London, and he was always able to assist her.

In her work with homeless people, Annie found it difficult to be confronted with 'unfairness' and her own relatively comfortable situation.

I remember in London, especially when it was snowing, I'd feel really awful that I had a roof over my head and other people were out there in the snow. Like, really, really awful. I guess the same thing could be said here. Clients come and their heads are peeling from sunburn. You know, it's stuff that I would never have thought of. Or they'll come in covered in mosquito bites, because they have a swag down by the river to keep cool, but then get bitten alive. You know, it's things like that. It's just so unfair.

Annie said that whilst clients were often very happy when they were able to secure short term accommodation because they were now 'off the streets', they tended to feel disappointed and stuck in the homelessness cycle afterwards, and 'shunted around to different transitional accommodation', making it hard for them to find mental stability in their lives. Annie offered the example of one client who lived in a car and felt embarrassed about this situation, so would not disclose her situation to others, effectively closing herself down from communications with other people.

She can't afford to eat well. She's living in her car. She cooks on a Trangia stove. She can't really afford to buy a lot of fresh produce because it's going to go off. She doesn't have a fridge. You know, it's

embarrassing for her to go and hang out with mates because she has to go back and live in a car, and she doesn't want to - you know, disclose that to people.

The only consolation that many Pathways clients had in their lives, Annie suggested, was that they were 'moving forward' on the Housing Department's waiting list. The people who were able to actually move forward were those able to find private rental accommodation, Annie suggested, because they were likely to be able to secure employment. In other words, employment was a primary condition in order for clients to get out of the homelessness cycle sooner rather than later. The problem for most people however, was that finding employment is hard when not having a stable home to live in.

Like, it's hard to get employment because - you know, everything is linked to housing. Everything.

Annie linked the housing situation with people's mental health issues, and hoped the current situation in Western Australia would improve for most Pathways clients. But finding long term housing was a real problem, and working the way in which the Pathways service was operating was doing it the hard way. Even though the Housing First model is not ideal because it requires the availability of housing, Annie said she would like the Housing First model to gain more traction, so that people's mental health problems could stabilize, as has proved to be the case in places where this model has been implemented.

I look at the American models, and probably more over East as well, with Housing First. Where you get someone into housing and then you wrap all the support around them; the mental health support or the family counseling or the budgeting or financial counseling they need. Having housing first is - you need that before you can address other areas in your life. It's hard to do it the other way around, which is what we're doing, because we don't have a choice.

When asked how Annie knew about the Housing First model, she said she knew about it from having done some research on the topic and having read the necessary literature including social work publications.

Just through research. Journals and that from the Social Work - Australian Association of Social Workers.

Annie sketched the neoliberal context as the reason for making implementation of the Housing First model in Perth more difficult. Social housing has 'dried up' so people cannot or will not move out of these homes, and the private rental market is being stimulated with the provision of rent assistance. With respect to getting access to the private rental market, Indigenous people face additional problems in the attempt to find housing, because they are often confronted with racism.

A few of my Indigenous clients - I if they apply for private rental, that indirect - well, it was direct racism, but it can't ever be proven with securing accommodation. But other families did secure accommodation through people, so I know that not all landlords are racist.

Annie suggested that changes to policy could change the housing situation. Policy needs to be developed around developing more housing for people on low incomes and also on housing that is better suited to people with mental health issues and for people from Indigenous and other cultures that require larger families to live together.

Housing's got to be catered for different groups of people so that they can sustain it, rather than get three strikes and they're out.

The second interview with Annie took place in October 2015, eight months after the first interview.

Annie was now working part time but as a continuing staff member, and had six clients in her caseload. She said that the Pathways staff members worked really well as a team and that everyone debriefed and bounced off ideas with each other.

Annie said a lot had changed in the last eight months because all her clients were sleeping rough before she started working with them, but now they were all in permanent housing *and* out of crisis accommodation. They had achieved their first goal and could now start focusing on the other goals they had established earlier in the program. For some this meant reuniting with the children, for others dealing with legal issues, outstanding debts, mental health, drugs and alcohol, and schooling issues. Others were keen to start a course so they could improve their chances for employment, whilst some needed to get their car license back and pay to have their license suspension lifted.

Each of these cases, Annie explained, required making contact with relevant agencies so clients' goals could be achieved. She mentioned agencies such as Salvation Army for people to buy suitable work clothes, Next Step for people to deal with their drugs and alcohol issues, Relationships Australia and lawyers for mediation purposes so her clients could get their children back, and Baycorp to get the license suspension lifted.

Annie said she would continue to work with these clients until the end of the two years they were eligible to stay on the Pathways program for, though some were likely to exit the program earlier because they were 'ready' for exit. But most would probably stay with her for the entire two years. She said that even though her clients were now housed, they were still *at risk* of homelessness and continued to deal with difficult issues such as those related to Family Court. She offered the example of one client who was homeless for 15 years:

I've got one client who was homeless for 15 years. He's moved into a private rental, and immediately got behind on rent. The real estate agent didn't have Centrepay set up, so we've managed to talk the real estate agent into setting up Centrepay, so all his Synergy and that goes through Centrepay as well. He's linked in now with private tenancy support workers, advocating on - around sustaining his tenancy. And I've moved him to getting counseling and working on getting his kids back.

Annie said that most people had no furniture for their home, so they needed help with budgeting to buy cheap furnishing, including basic things like curtains. This budgeting, Annie said, was usually very simplistic, and consisted of writing up 'a back of the envelope kind of budget'.

Whilst most clients that had accessed the Pathways service to date were now in permanent housing, Annie said that a few clients had left the program without having achieved any of their goals. They were usually people who were 'hard-core meth users' and their usage had probably worsened since their involvement with Pathways, because they were moved into the Beacon, which is crisis accommodation for female homeless people.

Pretty hard-core meth users. We got them into crisis accommodation at the Beacon, just a couple of doors down. Lots of drugs there, lots of drugs, lots of contacts and lots of drug networks. In hindsight I wouldn't have sent them to Beacon, to be honest.

When asked what she hoped for her clients in the future, like during the first interview with Annie, she hoped that her clients would be housed. But now all her clients had housing, she wanted them to be able to maintain their housing, because 'housing is everything' for people in order for them to maintain their mental and physical health, but also for those who want to reunite with their families.

About Pathways expanding into other areas around Perth, Annie said that the target group would probably be a mixture of homeless people and people at risk of homelessness. There were several people who came to Tranby now that squatted on the beach in those areas and were constantly asked to move on from the beach. Some of these would probably become part of the Pathways program in those new areas. Annie was keen to tell 'a good story' about this client group that signified her admiration for the creative capacity of these people, helping them manage their situation:

What they do when the rangers come, they'll go for a swim, so they can say they're swimming, and then when they finally leave they come out of the water.

With respect to interagency relationships and especially with staff from the Regional Assessment Services (RAS), Annie spoke highly of Petra.

She's amazing. I call her up quite often if I need to pick her brains about different services I can refer clients to.

Annie was less impressed with staff from another agency. She knew there had been 'historical issues' which she did not know about in detail, but Annie thought that these two RAS assessors were 'all over the place' with respect to one of her clients who had severe mental health issues. This client was still not assessed for HACC eligibility despite making several attempts, but each time the assessors changed their minds in terms of how they wanted to have the assessment done. Annie was first asked to do the HACC assessment with the client instead of RAS staff. But then the assessors changed their mind and they were going to do a phone interview with the client whilst in the presence of Annie. And then they changed their minds again and were going to do a face to face interview after all. Annie wondered what would happen in the end and decided to just leave it with the assessors.

When asked what Annie thought were useful agencies, she said that UCW has many in-house services that she could refer to easily for clients to get assistance with private rental, financial counseling, and food. Annie also said to work a lot with Salvation Army that runs the Beacon, with St Vincent's for emergency relief funding, with Street to Home and Partners in recovery.

In terms of the relationship with Tranby staff, Annie said that the relationship had been quite challenging because was 'political' at the start, but had now much improved.

I'm not saying you have to have a social work qualification, but it helps. Like, we've all got our qualifications and a background in social work on Pathways. And Tranby didn't. So sometimes suggestions given to us weren't that appropriate. Like, "Oh. You've just got to tell them that they've just got to get off the drugs". And then there was frustration on Tranby's behalf if we weren't following through with their instructions. So - they got quite political. But it's better now.

Annie expanded on her comment on the need for social work qualifications, suggesting that people with a diploma or higher level qualification have a theoretical background that allows workers to understand that people's context needs to be taken into account, and that people need to be communicated with in certain ways so as not to escalate any issues they are dealing with.

I'm not saying you have to be a social worker. If you've got a cert 4 or a diploma - especially if you've got a diploma, you've got the theory background, you know, putting people into their environment. You might think that the person's just got an attitude problem, but that's not really the case. And how to communicate with people like that. And get a good outcome rather than escalating it.

Steven

We interviewed Steven in January 2016, one week after he commenced his job at the Pathways program as an Indigenous Caseworker. We were not able to interview him a second time, because Steven was fired during his probation period.

The interview with Steven focused on his current role, his background, what he wanted for the Pathways service, and how the service was currently operating.

Steven identified as an Indigenous person who completed an Associate Diploma in Community Management and Development at a local university some years ago, and had since worked with marginalized people as a tutor, mentor and health worker. Steven said he got his current job as a caseworker after he had gone to Tranby to ask for a job there as a kitchenhand. But someone from UCW management thought he would be perfectly suited to work for Pathways so they contacted him to make the service more culturally appropriate.

When asked what led Steven to work with homeless people, he said he had been homeless himself for one year, some years ago, after he had been working for a company that went broke. During that time he stayed in crisis accommodation and got to understand the world of homeless people. From then on he wanted to help these people, voluntarily or in a professional role, and also brought his sons up to lend a helping hand to those in need and 'show a lot more compassion'. Steven said he was a musician and some years ago, he created a choir consisting of homeless people. Right now, he was asked to create a choir at Graylands, which is a hospital for the mentally ill. This choir was to consist of Indigenous people.

Steven said there were differences between Indigenous and non-Indigenous homeless people. Whilst non-Indigenous are finding it hard to 'make ends meet on a day to day basis', Indigenous people are 'more relaxed about it', because they have never settled in one place for too long. They are 'transient people' who live a communal life.

I think there are some differences between Indigenous and non Indigenous homelessness. Indigenous people are a transient people. There was never any fixed abode or dwellings for us. We were always nomads. We always moved with the seasons, moved with the times, with the weather, with the food sources. And so in essence, you might say it's a legitimate form of homelessness, sort of on the move all the time, like gypsies almost, never sort of having a place that you're going to settle down too long in, and have more of a communal - you hardly ever see one homeless Indigenous person walking along; you always see a little group of them.

Steven also pointed to differences in terms of family-responsibilities, which has an impact on how Indigenous people respond to authorities that ask them to move on. Their response is different to non-Indigenous people.

A lot of non-Indigenous people don't have family at all. They keep travelling, not settling down anywhere, going from place to place, making friends as they go. Whereas Indigenous people tend to have extended families, and there's always a place where they can - you know, kip at for a little while and then move on. I think also the historical factor that Indigenous people were shunted into reserves, and ideally all together in a bunch, rather than having Indigenous people living left, right, and centre all over the place. So historically, the Indigenous people are used to being moved on. Even at this very moment, you can see Barnett is closing down 150 remote Indigenous communities. And so once again, people are being asked to move on.

As a result of Indigenous people's family-responsibilities, Steven said that the Housing Department does not know what to do with the "cultural thing" when at any point in time, several Indigenous people can live in one social housing home whilst others roam around the area, and at other times only a few people live in one house.

Steven was still trying to get a grip on his current role as a caseworker; a role he had not performed in the past. He understood it was about working with clients, but it was still very much a learning process for him. As an Indigenous caseworker, he understood that his role was also about opening up "avenues for UCW to learn a lot more about Indigenous people" and "tap into the Indigenous community".

Steven believed that, even though he was still learning about the job, he had a lot to offer because from personal experience he could distinguish the 'genuine' from the 'non-genuine' homeless people; the non-genuine people are those that spend their money on drugs and alcohol.

I can tell the genuine ones from the ones who are just bull-dusting and want money to buy drugs and all that. I can discern quite easily between those people.

With respect to what Steven expected or hoped to achieve within the Pathways program, he said he still tried to understand what the actual goals were of the Pathways program and how it worked. But he also believed that the focus of the program needed some 'tightening up' for the service to become 'really effective'.

I'm still coming to terms with what Pathways' goals are, and learning a lot about the culture of the Pathways program, it's a bit hard to assess where we're going to be going. I think from - observation I suppose - that we could tighten up on our focus and provide the resources, the information, the advice, the support, for people who are on our case load. And that we become really effective, focused on what we're there to achieve. What Pathways' sole focus is, and working with other programs and people around the wider community.

Steven also hoped he would be able to shed a light on how the Pathways service could be more effective in dealing with both the Indigenous and non-Indigenous groups of homeless people, and in a more culturally sensitive way.

When asked what kind of a song Steven would write about the people he would work with within the Pathways service, he said it would be 'a song of hope', because he had noticed that despite the politics and corporations, governments and banks 'impinging upon the smaller person' and turning people into 'consuming fools', a sense of hope and a positive spirit was evident in people. Steven related this sense of hope to the Australian country and its isolated position in the world, because isolation forces people to depend on each other and creates a 'decent system of life'.

You'd have a little community of homeless people down there, but there'd be a bit of chirpiness about them. They have a general happiness about seeing each other.

Steven stressed he also would write a song of hope because of the 'good work being done behind the scenes' at UnitingCare West and at Pathways. He felt that the positive side around homelessness needed to be highlighted in the media rather than it 'harping on the plight of the homeless in Australia and that they're not being looked after'. The media, Steven said, tends to home in mainly on the homeless people who are 'living off the system' and 'not trying to get themselves out of that situation'.

With respect to the Pathways program, and the service needing to be 'more discerning' about the group of people it aims to service whilst gaining more clarity about its service ethic, Steven suggested the Indigenous method of 'group conference'.

I'd like to see Pathways to become more discerning about who we actually help, through group conference and that to be able to – assess who are the genuine people and who aren't. Because I reckon that there's - some of them are definitely genuine, but I reckon there are some people who are just lapping it up. And I think we need to have an ethic whereby we'll help you if you're prepared to help yourself and us.

'Group conference' implies a collaborative way of working that Indigenous people often use to gain clarity and seek community consensus. To explain what 'group conference' meant for Steven, he suggested it meant that Pathways caseworkers shared stories and experiences, perhaps during a series of short workshops, so a shared sense of service ethics would emerge and a shared understanding of what 'genuine' homeless people 'look like'.

I think it takes a series of short workshops over a short period of time to get people's viewpoints about what is genuine and what is not genuine. You know, swapping stories, experiences, and say, "Well, I thought he was genuine, and he was just using the system, he conned three food vouchers out of me," or you can get people who say, "Well, this person genuinely homeless, and this is his hardship, but he's showing very, very little motivation or inclination or intent to get himself out of that situation." Or we could get someone who says, "Oh, yeah, he's definitely homeless, that bloke. He's genuine, and he's - look, he's trying too hard to get himself out," and those are the people who I think should receive the most help.

Steven suggested that people who try hard to get themselves out of the homeless situation should be the ones receiving most service. His rationale was that it is important to 'clear the caseload' sooner, rather than later, and that people's success stories will be effectively shared to explain the importance of personal motivation and homeless people using their agency to break the cycle of homelessness.

Upon completion of the interview, Steven said he wanted UCW to be recognized for the good work it does for the homeless people.

I would like to see UCW be recognizable in the wider community. Our reach is long, and there are many strings to our bow, really, here. There's much more than I thought. We help homeless people in a lot of different facets. So I'd like to see UCW be acknowledged in the wider community as a real contributor.

Richard

We interviewed Richard in February 2015, shortly after he had commenced his job as a UCW Disability and Mental Health Advocate.

The interview with Richard focused on his current role, his background, what he wanted for the Pathways service, and how he thought the service was currently operating.

Richard was born and raised in Australia and had worked in the mental health and psychosocial support area in Perth for at least six years. Like Steven, Richard had been working with people as a musician, forming a choir, but his choir consisted of people with mental health issues. Richard started working for UCW some five years ago and as a Disability and Mental Health Advocate some three ago because he had a disability himself and also had done some study on disability.

When asked whether Richard could describe his current role, he said much of his work consisted of advocacy and helping his clients with 'quite complex issues', including putting in complaints against service providers.

His job linked in with the Pathways program after both were placed under the directorate of Community Inclusion. In practice he worked with Pathways clients if and when they needed advocacy. The client would call Richard who would then call them in to explain what he could do for a client and find out what issues they had exactly, to then link them in with services such as Emergency Relief or financial support. He also worked closely with the Disability Services Commission and gathered more information on the NDIS.

Richard said his relationships with the Pathways staff worked well, especially in communications with Iris, Fern and Bart. But he had communication problems with Ben, the Pathways team leader.

Some communication problems with the team leader, who may be coming from a different system. Has different ideas of what a team leader is.

Richard would prefer the team leader to be less authoritarian and more 'engaged' with the team so caseworkers would feel more supported, important especially considering the kind of client group they were dealing with. Richard was not sure whether there was a cultural issue or whether his previous work environment prompted him to work in an authoritarian way, but the team did not appreciate the team leader's current approach and needed more support.

I feel the team leader is a bit disengaged from the team. I would like to see him more engaged with the team. I don't know whether it's a cultural thing, whether it's where the person's worked before, but I see him as more a pure authoritarian who works from a total hierarchy principle, and that approach is not appreciated by the team. The workers have got enough pressure on them as it is. To work with some of the clientele, they need to feel supported in that area.

Because the Pathways service was a human and strength-based service, it was important for the team leader to stop putting staff under the spotlight and interrogating them under the banner of 'supervision'.

When they go into supervision it shouldn't be like a spotlight's going on and telling them they're under - they're being interrogated. And from feedback, a lot of people feel - all the people that have talked to me

have felt interrogated by that style of supervision. Especially if this program is supposed to be a strength-based program. I think he needs to be more flexible - he's scared to show any vulnerability.

When asked to elaborate on his understanding of strengths-based work, Richard said it forms an important part of the recovery approach, which stresses that a focus on people's deficits is detrimental for people who already feel down and out.

When a person goes into mental health care, the main things they concentrate on in the medical model are your deficits. So that's - you're already feeling down, right? Not many people in that model will say, "Well, but this is a list of what you can do". (But) we recognize that everybody's got vulnerabilities, but we don't focus on that. We focus on the strengths. Even a person living over there, in a sleeping bag, there's some strengths there. If you're going to survive that, you know, what do you do? "Well, I do this, and I do that." "Well, that's pretty good that you can do that."

The relationship with Tranby, Richard said, was 'interesting' because he was able to meet 'very interesting' people. He stressed that society stereotypes homeless people, but that the general impression was wrong because they come 'from all walks of life' and some people are very smart.

Richard said the primary need for most Pathways clients was housing, because clients could not work on their recovery from drugs without a roof over their heads. For the long term, he would like to see a strong partnership with the Department of Housing at a ministerial level, and for the department to have a good understanding of the Pathways program so they would offer access to cheaper social housing. A strong partnership with the Department of Housing was important because most clients could not manage living on their own and deal with the Department's 'three strike' system. They were in need of much more support and a housing system that works for clients.

A lot of people have been three-strike clients, so they're not managing their accommodation now. So they need people to work with them to help them, give them the tools to be able to manage their own accommodation. And then you can work out, who can live on their own, independently, and who really needs shared accommodation or supported accommodation.

The growing problem of crystal methamphetamine – or 'ice' – in Perth was difficult, Richard argued, because this city does not have comorbidity clinics that cities like Melbourne have. He would like the Pathways program to be focused more on 'recovery' because that approach is more appropriate for many Pathways clients because it is for people with mental health issues. But Richard also recognized that HACC would not understand the 'true principles' of recovery because its focus would be on practical matters such as cleaning. HACC's focus was not on rapport and trust building; on 'engagement', which is an important part of 'recovery'. 'Recovery' is and 'hard work' and takes time and effort, because it is about working through issues with people, and 'provide different options to them'.

Richard would also like the Pathways service to grow bigger, in terms of clients and especially in terms of staffing, because the intensity of the client group took 'a lot out of a worker'.

More clients, and more workers. Because the clientele is very intense. Some have come from huge DV and trauma-based issues, and they're massive, you know. And they take a lot out of a worker, too, even though you can - you practice compartmenting and shelving, they will take something from you.

For the future, he would like to see the program still running and developing and be more focused on communicating the community around the homelessness issue, including 'people up top' such as politicians and business executives.

When asked what kind of a song would represent the current Pathways client group, Richard suggested a very dark song but also a 'learn to fly' song, because many clients were confused and saw no hope, but they also survived and should learn to thrive.

Regarding Pathways clients, Richard would like to see them more empowered and feel they have meaning in life.

I'd like to see them empowered, living a life that is giving them some purpose in life. Some meaning.

Ella and Elly

For this evaluation study, we interviewed four Regional Assessment Services (RAS) workers: Ella and Elly, Petra, and Diane. They worked for different agencies. Pathways staff had been referring their clients to these agencies to have them assessed for HACC eligibility. We interviewed these assessors, because they form an important link between the Pathways service and the Department of Home And Community Care (HACC) who funds the Pathways program. They assess Pathways clients' eligibility for HACC funding. Once these assessors find a client to be eligible for HACC funding, the client is formally accepted into the Pathways program.

We interviewed Ella and Elly at the same time, in August 2015, the same month in which we interviewed Ben for the second time, and two months before we interviewed Annie and Kate, who were the last Pathways caseworkers we interviewed for the second time. At the time of the interview with Ella and Elly, the Pathways service had been in operation for 10 or 11 months. The interview with Ella and Elly focused on how they thought the service was operating.

Ella said she had been intimately involved with the development of the program since its early beginnings, whilst Elly had been involved 'only' as an assessor.

Ella: I was there from the beginning of the Pathways program where we were discussing goals, participants, and how it was going to work, which they weren't all too sure about to begin with, because it was the very early planning stages. I've been to about three or four meetings about the Pathways project.

Elly: I haven't been to any of the meetings, I've just been doing assessments with clients, some of them at Tranby, others at clients' homes.

When asked what the Pathways' goals were in the early stages of setting up the program, Ella stressed that the program was 'just' a pilot project. It did not have a clear form or shape yet. The outcomes of the pilot project would determine whether or not the program would be funded as a fully-fledged program. The ultimate goal was to "prevent people at risk of homelessness from transitioning into homelessness".

Ella said that the program "was designed to identify the issues", what prevents them from living independently, and "what was needed to prevent that switch to homelessness". UCW was familiar with the issue of homelessness and knew that some people who were already in housing had issues such as hoarding and squalor. UCW knew that these people were at risk of being told by the Department of Housing that they had to leave the house. HACC was helping some of those people but there was nothing they could do to prevent these clients from being forced to leave their house.

Ella said that in general, HACC funding was normally offered to older people to prevent them from going into an aged care facility, because these facilities are costly. At that point in time, there was no funding and there were no services that assisted people who had hoarding or squalor issues and/or other mental health issues. HACC did not have the expertise either to deal with them. So there was nothing the department could do to help these people. It was important for HACC to find out what the actual issues were and what kind of preventative measures these people needed to stop them from becoming homeless, so that a suitable program would be set up to be funded for an extended period of time.

The first few referrals they received from Pathways, to have them assessed for HACC eligibility, were 'good', Ella said, because these clients were at risk of homelessness. They were people with acquired brain injury, for example, and due to financial issues they were at risk of losing their house. But things changed when UCW needed to get enough 'bums on seats' to secure funding for an "ongoing Pathways

program that could assist 50 clients". Pathways staff were "scrambling for referrals", rather than identifying the "right" kind of client group for the Pathways program who had "an ongoing functional disability", which is a criterion for HACC funding eligibility.

There was a push at that point. They needed to get the 50 - the initial 50, because they needed to apply for funding for this ongoing program. So we kind of saw a scrambling for referrals. They were trying to identify people here, there, and everywhere, and we were going in and assessing two or three people at a time. It wasn't, "Let's identify someone who fits this program" (but) "What have you got going? Nothing? All right. Come with me" and "figure it out later." They weren't even taking the time to make sure that they're eligible for the HACC program, have an ongoing functional disability. (Ella)

At present, Ella and Elly both felt they were "always playing catch-up", because the Pathways service would send mainly people to them for HACC assessment who were already homeless, rather than people who were 'at risk' of homelessness. Besides already being homeless, most clients were not aware of the purpose of the assessment or what the aims of the Pathways program were. They were not fully aware of what their issues were either. The outcomes were not satisfactory as a result, Ella said. The Pathways service should be much clearer about their goals, effectively 'tighten up its focus' and make sure that the client knows what kind of needs they have and what they would like to get out of participating in the program. It should not be a task for the HACC assessors to find out why they would be suitable for the program.

I think they have to establish what they could get out of it. I think that should already be established before we go out - you know, work out why they keep becoming at risk of homelessness. Sometimes it is a physical disability, but most often it's psychiatric, you know, or long-term abuse, or breakdown of family. So for us, our role is really just to identify the need and make sure that they're eligible to have that - to be referred to that program. (Ella)

Ella pointed out that the Pathways service had achieved only *one* positive outcome since the program started. Housing had been secured for a lady and her brother who both had mental health issues. That said, this rental property was also going to be demolished so Pathways needed to find another house for this family. Another problem with this family was that both received unemployment benefit, which reduced their chances to find another home, so Pathways staff was trying to help the lady find employment. But staff were targeting for the wrong kind of jobs for this clients. They were 'unrealistic'.

I went out to meet (this lady, who) had very unrealistic goals. She's got a significant mental health problem, and Pathways had not said to her, "Having a significant mental health problem might be a barrier to you being a support worker in residential care," and she wanted to be a carer. (Ella)

Other clients had been exited off the Pathways program, Ella said, but without them having achieved goals that would keep them from becoming homeless again.

They've either lost touch with a client or they've found them temporary accommodation and then they've just been exited off the program - you know, the HACC-funded program. Which isn't really an outcome. It's not preventing homelessness, because in a few months' time, if their behaviour decreases, then they'll be homeless again. (Ella)

Ella appeared to allude to the idea that Pathways staff and/or another UCW agency should find accommodation first for the client-group that currently participates in the Pathways program, and at the same time find out what these clients needs were before calling in someone from RAS to assess the client for HACC eligibility.

Ella suggested the Pathways service sourced their client group from the wrong place. Hence they recruited only homeless people who cannot maintain their accommodation because they are not willing or unable to address their drug and alcohol and/or their mental issues.

A lot of - mostly men - with quite significant drug and alcohol problems, are not really at the right stage to give up drug and alcohol problems. So you're not going to have a successful outcome of finding

someone a suitable long-term home if those issues aren't resolved. Finding them a house isn't going to fix it, because if their behaviour is poor due to alcohol and drug or psychiatric problems, they're going to be evicted pretty quickly. (Ella)

Elly referred to Henry to support Ella's claim that the current Pathways client group was not housing-ready. Henry elected to be homeless (see Chapter 3).

I even met one person with the program who was homeless by choice. Well, he actually had a unit, he just doesn't go in there because of his psychiatric issues. He feels claustrophobic in the unit and was spending more time sleeping on the grass outside the unit, which became an issue, so he was told not to do that anymore, so he sleeps in his boat. So there is an assumption that people that are homeless want to be in housing, when that's not always the case until they are able to manage a lot of other issues that are going on in their life. (Elly)

Ella proposed that a different homeless client group should be sourced from elsewhere to have a better chance of achieving success. They should focus on families who sleep in cars, having lost their homes after the mining down turn, or people that have left their homes due to domestic violence.

Because the lack of 'housing-readiness' demonstrated by the current client group, Elly and Ella did not feel positive anymore about their involvement with the Pathways program, and preferred to use their time differently.

Elly: If they want me to come and assess people, I will, but I'm not feeling really positive about being involved in this program.

Ella: I've got a lot of really needy clients that I'm really busy helping with acquired brain injuries and mental health, trying to prevent them from actually even getting anywhere near homelessness. That's a better use of my time.

Another criticism of Ella revolved around Pathways caseworkers being focused mainly on linking clients in with other services, rather than them themselves offering assistance to clients. In other words, the Pathways program was more of a resource center than a support agency.

(Pathways] just seem to be trying to outsource them to different agencies to help, which is fine, but they're more like a resource than a support agency in that sense. (Ella)

Ella and Elly appeared to suggest that the current Pathways service offers a similar service to that of Tranby, because both services link homeless people in with other services and agencies. The difference is that Tranby has people coming into the drop-in centre, whereas Pathways caseworkers go out into the community with their clients. Like Steven, Ella and Elly also felt that many people who visit Tranby (and subsequently come to Pathways) are not 'genuine' homeless people. They are older homeless people who know how to use the system.

Ella: A lot of these guys know how to find their way to Tranby. Tranby is a pretty good spot for them. They get a lot of different agencies coming in and out; street doctors, Medicare, Centrelink. I don't think they really need assistance to link in to the other agencies.

Elly: They get a good feed at Tranby House. They get a packed lunch to go. They can have a hot shower. There's usually donated clothes that they can rummage through and there's always shoes and things like that. So there is a lot of services in that respect.

Other people who access Tranby and want to participate in the Pathways program are 'genuine', Ella and Elly said, but they cannot really be assisted, because the system works against them. For example, Maori people who had been to prison, and other New Zealanders had zero income because they were unable to access welfare payments due to changes in government policy. Others cannot get a job because cannot get police clearance or a supportive employer. Due to their financial difficulties, these people cannot sustain their housing. In other words, the Pathways service placed most of their energy

and resources on clients whose main issue is not homelessness. Clients were not housing ready or their issues related to lacking finances due to circumstances outside of their control. Indigenous people's main issues were not homelessness either. They were focused on finding their family, or getting a license so they could do a volunteering job.

Ella said there was no need for them to refer people with mental health issues to the Pathways program, because existing mental health services could deal with them. So the Pathways service needed to focus on an entirely different client demographic. She referred to the initial meetings when the Pathways program was still being formulated:

In the initial meetings they weren't focusing on one specific demographic (but) people with squalor and hoarding issues, drug and alcohol, mental health, those kinds of issues. Homelessness wasn't really an issue for them. What they wanted to understand was why these people are at risk of homelessness? Why are they at risk? What's happened in their life? Because usually it's not something they've battling with their whole life. Something has happened to suddenly make their life so tumultuous that they can't maintain housing anymore. (Ella)

To find out where to find the client demographic they were initially aiming for, they should focus on services such as Centrelink, the Department of Housing, the mining companies perhaps, and charity organizations. The Housing Department in particular would be useful "because 90 percent of these people" on their waiting list are at risk of homelessness and would "really benefit from their support and resources".

Elly and Elly also stressed that UCW and/or the Pathways service needed to have very clear and realistic goals, and make sure that people in the community know what the Pathways program is for. They also need to be more honest in their communications with clients.

Ella: I think they need to have very realistic goals. They just need to be making sure that people are aware of what the program is for, and then I think being honest with people. It's just no good being too touchy-feely, because you're not doing people any favours if you promise them things that's just never going to come to fruition. They're already in a bad situation.

Elly: While they might not be happy with you for a few minutes, you can get them back on track to actually saying, "Look, I'm going to be honest with you, but I don't think that is a realistic goal. We need to come up with something that you can achieve so you've really got something you can work towards," because it's not going to benefit them in the future if they've been working for two years to try to get into a job that they were never going to get into -

Elly would like the Pathways service to refocus its attention on what the service was meant to focus on: identify the issues that place people at risk of homelessness, but spend less time and energy on people with hoarding and squalor issues because there is too much risk involved around workers' getting injured. She hoped for more positive outcomes and the Pathways service to identify what strategies staff put in place that appeared to have the desired effect of people remaining independent; living safely and securely.

Conclusion

This chapter focused on the *second* of the three aims for this evaluation study: **Address the quality of service delivery from a staff's perspective, with respect to clients' progress but also the quality of service delivery.** We explored the interviews with seven UCW/Pathways staff members, five of whom we interviewed twice, and two once-off interviews with the Indigenous caseworker and the UCW Disability and Mental Health advocate. We also explored the one-off interview with two assessors who worked for the same Regional Assessment Service. Chapter 4 homed in on UCW/Pathways staff's backgrounds and roles, what the interviewees thought of how the service was currently operating and what they wanted for the Pathways service in future in terms of client outcomes, as a Pathways service, and in terms of the Outcomes Star.

The following chapter will bring together the outcomes described by Pathways clients in Chapter 4, and the outcomes described by Pathways and RAS staff in this chapter.

Chapter 6: Client Outcomes: Bringing together Clients' and Staff's perspectives

In Chapter 4 we reflected on the first aim of this evaluation study: **Report on clients' capacity to live safely and sustainably; clients' level of social inclusion and interconnectedness; and clients' state of physical and mental health before, during and/or after program participation.** The chapter focused in on the outcomes they had achieved as a result of having participated in the Pathways program and concluded with an analysis of clients' perspectives. In Chapter 5 we focused on the *second* of the three aims for this evaluation study: **address the quality of service delivery from the perspective of staff, with respect to clients' progress but also the quality of service delivery.** We explored the interviews with seven UCW/Pathways staff members, five of whom we interviewed twice, and two once-off interviews with the Indigenous caseworker and the UCW Disability and Mental Health advocate. We also explored the one-off interview with two assessors who worked for the same Regional Assessment Service.

This chapter (6) will bring together the perspectives of clients and staff on clients' progress, with respect to clients' capacity to live safely and sustainably, their level of social inclusion, and their mental/emotional and physical state of health. We will include information obtained from interviews and client-files of *eight* Pathways clients, interviews with *13* UCW/ Pathways staff and interviews with *four* RAS staff. Further, we will include information from *six* Pathways clients whom we did not interview, but whose files we were able to access.

The outcomes that Pathways and RAS Staff talked about in their interviews, which did not focus on clients' progress but on Pathways at a service level, are also part of Pathways' quality of service delivery. These outcomes will be explored in Chapter 7, because that chapter looks at Pathways at a service level and from an organizational perspective.

The outcomes that clients achieved with respect to living safely and sustainably, their level of social inclusion, and their mental/emotional and physical state of health varied.

The following data suggest that most of the clients who participated in this evaluation research required housing first, to then be able to (learn to) live safely and sustainably and deal with their emotional/mental and/or physical states of health. Social isolation issues appeared to be less urgent or in need of address.

Pathways clients	
Henry	1 st interview: April 2015

Henry, a 52 year old, single, non-Indigenous Australian man, was living unsafely and unsustainably when he entered the Pathways program. His main reason to start with Pathways was that he needed help to find an aged care facility for his mother, who lived with dementia. He also needed help with handling a box full of paperwork, which had piled up because he had not been able to deal with paperwork for some three years. Henry very much like the Pathways approach. Person-centredness meant for him that "you've got to have your own initiative and instigate". The "beauty" of this approach used at Pathways, he said, was that "they'll meet you where you're at – this is why I came in".

Henry	2 nd interview: March 2016
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Almost a year later Henry still lived unsafely and unsustainably, partly due to his resistance to become part of the mainstream system and partly because he did not want to give up his drug-usage and (false) sense of independence. He also had financial problems that had become worse over the period of a year. His self-esteem as part of this mental health condition appeared to have improved as a result of him having received person-centred assistance from the Pathways caseworker, but especially as a result of him having taken upon himself some big risks. However, the Outcomes Star table showed that he had filled in three Outcomes Stars over a period of one year, and they indicated that his situation

around living safely and sustainably, social inclusion, and mental state of health, had actually worsened. Henry was still living unsafely and unsustainably and his situation had actually worsened because he no longer had access to his mother's home. His level of social inclusion and mental health had also worsened because, as he noted in the last Outcomes Star, 'it is hard to get rid of negative relationship networks' and 'there is no way out'. That said, as the notes that accompany his Outcomes Stars suggested, from the outset, Henry wanted no outside assistance to manage his mental/emotional state of health; the use of drugs helped him feel better and he thought that was enough. The Action Plans that accompanied his Outcomes Stars revolved around his needs for accommodation, emotional and mental state of health, and his drugs and alcohol use, but all suggested that Henry wanted to maintain his current condition and did not want any external help.

In conclusion, Henry's condition with respect to living safely and sustainably, level of social inclusion, and physical and/or mental state of health had not improved. The only progress Henry had made with respect to his mental/emotional state of health was a heightened sense of achievement as a result of him having taken the initiative and doing the necessary work for his mother to be placed in a home. Further, his sense of pride was boosted by the fact that he had taken to the ocean and safely returned from a solo sailing trip. That said, Henry was very happy to have been part of the Pathways program because of its philosophy. The person-centred approach, which he referred to as 'freedom welfare' and saw as a way that allows people to take their 'own initiative' make their own choices and work towards them, suited his worldview. But then Henry found out that the philosophy did not match the practice of Pathways. His caseworker wanted to get him into homeless services accommodation, even though Henry did not want this. He understood the caseworker was obliged to put him into housing because the program focused on homeless people, and the caseworkers' job was to put Pathways participants into housing.

Mark	1st interview: February 2015
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Mark, an Indigenous Australian man of about 40 years old and single, was living in a hostel when he entered the Pathways program. When asked what he wanted to get out of participating in the program, he said: "I don't know". When asked to elaborate and how he would like his life to be different, Mark replied: "It'll probably be the same, but I don't know". After the interviewer asked whether he would like to have a place of his own in a year's time, Mark said "Yeah".

Mark	2nd interview: March 2016
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After a year of participating in the Pathways program, Mark was living in a unit. But he did not like the fact that he lived too far away from the people and the places he felt connected with. He also had financial problems that were likely to be associated with his use of drugs and was not (yet) ready to deal with. Over a period of about 13 months, with respect to living safely and sustainably, level of social inclusion, and physical and/or mental state of health, Mark's condition had improved with respect to living safely, but he was not living not sustainably. He had not (yet) reached the level of living sustainably due to his financial problems (either or not associated with the use of drugs) and/or living too far away from the places and/or people he wants to live closer to. His sense of social isolation appeared to have remained the same if not worsened, and his physical and mental health did not appear to have improved either. What stood out from the interviews with Mark was the way in which he responded to the Outcomes Star. Like Henry, Mark seemed to stress his own agency as the determining factor in changing in his life. He did not contribute his progress to the intervention of an outside agency or a tool. To the contrary, he saw them more as a burden than as a help. The Outcomes Star did not offer us any information in terms of his progress, because even though Mark said he had filled in three Outcomes Stars since having started the Pathways program, we sighted only one Outcomes Star.

Ingrid	1st interview: April 2015
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Ingrid, an Australian woman of about 52 years old, lived alone but had a partner who had been imprisoned for some years. When we interviewed her for the first time she had been with Pathways for six months already, during which time her condition had already improved. Whilst she used to 'move around a lot and had unstable accommodation', Ingrid was now staying in a hostel where she could stay for up to 12 months. When asked what she hoped to get out of participating in the Pathways program, she said "I'm hoping to get Homeswest. I'm on priority listing and I'm trying to transfer down to (the Great Southern region) cos that's where my partner wants to stay. He's in jail there". When asked what she would like to have changed for her in a year's time, she said:

That he's got parole and we've - and he's doing really well, and hasn't gone back on the drugs, And that maybe everything's sorted out financially, and he'll be getting the support he needs. That's what I want for myself, because it would make me happy. And to have my dog as well.

At the time of the first interview, her Pathways caseworker was trying to get Ingrid into an arts program for people with mental health issues, but really she wanted to do a program that would help her partner get parole; a program that would help Ingrid to support her partner to keep him off the drugs so as to keep him out of prison. She did not sleep well and at inappropriate times during the day she would fall asleep.

Ingrid	2nd interview: March 2016
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After 17 months of participation in the Pathways program, Ingrid was living in stable and safe accommodation, closer to her partner's prison, and had no intentions to move elsewhere. Her social relationships situation and her state of mental health had also improved. She appeared to have obtained a sense of achievement particularly as a result of her having taken the initiative to move away from Perth and deal with her life competently, whilst using the resources at hand when she needed them. She was now experiencing difficulties however in terms of her financial situation, which she appeared to be capable of addressing. Ingrid stressed that she loved the person-centred approach, which she referred to as 'tailor made' and 'not one size fits all'. She also appreciated the advocacy aspect of Pathways and loved the 'sounding board', but did not need those anymore now she was in stable accommodation and lived a good, and reasonably social life. The Outcomes Star and the interview data showed that Ingrid's progress had improved dramatically since having started the Pathways program.

Tina	1st interview: February 2015
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Tina, a woman of about 53 years old, had a good social life but had physical and mental health needs, and a need for stable housing when she started the Pathways program. She and her husband had signed up for the Pathways program primarily to find hope and peace of mind. They wanted more stability in their lives; stable, social housing and a way to help them get to their medical appointments. They also needed financial assistance; a way to manage their bills and to get fresh food. Further, they needed help to get connected up with relevant welfare agencies. During the first interview with Tina, she said that since participating in the Pathways program, she and her husband had shifted from living in a private rental home, to living in a shed, and now into social housing. Now the goal of finding stable housing had been achieved, she would like to focus on the other goals. Tina said she was hopeful for the future. "I'm hopeful. I'm glad we've got - we've been given this place and we can settle down and just relax and enjoy our lives."

Tina	2nd interview: January 2016
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Many of Tina's needs had been met during a year of participating in the Pathways program. Her condition had improved with respect to living safely and – to a degree - sustainably. She was now living

in social housing; a home that she could afford. Though the Housing Department was about to move her again because her partner had died and she was no longer eligible for living in a home that was equipped for larger households, she did not appear to be phased by that situation. Tina's physical health was improving as well as her mental health, and she had a positive outlook on life with the assistance of her children and was taking more initiatives to stay in good health. She also had some stability in terms of her financial situation. The main thing she appreciated from Pathways was: "Just knowing that they're there to care for me, really."

What stood out from the interviews with Tina was the degree in which she had started to rely on her own agency. This sense of agency was spurred or otherwise strengthened by the fact that Annie, her Pathways caseworker, had sowed a seed by taking Tina by the hand and writing up a plan to see her become healthy (again). This seed had now sprouted.

When asked what Tina wanted for the future, she said: "Getting back to a normal life, and enjoying it. And adjusting to my husband's passing, and not having him around". Tina was also ready to deal with her mental health issues.

Esther	1st interview: April 2015
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Esther, an Australian/Indian/Portuguese woman who lived alone, wanted some help with her social issues but mostly with her hoarding issues, because these placed her at risk of becoming homeless. She also wanted mental health assistance to be able to make life decisions, help with transport and finding ways to manage her finances and/or finding a job. Esther's physical health also needed more attention; she had sleeping difficulties and suffered from diabetes. When asked what she wanted to get out of the Pathways program, she said: "A month from now, I hope everything is going really very tidy and my bedroom - everything will be done by then. I'll teach French. That's what I want to do. I would love to go back to teaching".

Esther	2nd interview: October 2015
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After about 10 months of participating in the Pathways program, with respect to her living safely and sustainably, her level of social inclusion, and physical and/or mental state of health, Esther's condition had improved. She was no longer at risk of homelessness and her mental health had stabilized in the sense that her anxiety levels were no longer triggered the moment she thought of her flat. Her family relationships and those with the people she loved most her friend, her brother and her sister – were also intact and her physical situation was also addressed now her home situation had stabilized. Her financial situation never seemed to have been an issue. The Outcomes Star confirmed that Esther's condition had improved, in particular with respect to her mental and emotional health. Esther was happy with the ways in which Pathways staff, which she referred to as 'those ladies', helped her with cleaning her carpet and helped her put her life back into order in a very practical sense. Esther said that the help of 'the ladies' was wonderful, and was 'very happy' with what they had achieved together. Because her anxiety levels had been sky-rocketing, she just needed that practical assistance to help her deal with her situation. The end result was that 'at least' she had her flat and was now no longer at risk of homelessness. When asked what she hoped for the future now, Esther said:

In six months I hope I don't need any help, except the cleaning. (And) I might look normal but I've got a - my - all my organs are gone mad, and - not gone mad; got problems in my stomach now and my kidneys are really bad at the moment. And I keep forgetting. This is not like just a normal forgetting; I keep forgetting even my name. I don't know. I don't want to get blind.

Aylin	1st interview: February 2015
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Aylin was a refugee from Turkey with a 'bridging' or temporary visa. She had a husband and a son of four years old. At the time of the first interview, she had been with Pathways for only a few weeks and her Pathways caseworker, Bart, had already helped them find a house, which she was happy with. But Aylin had a poor command of the English language and felt deeply stressed and socially isolated. She

also had financial problems and kept on stressing that she had problems communicating with people in other services, such as the Department of Immigration, Red Cross, schools, medical practices and people in shops when she needed to buy things for their home. Aylin was very much in need of advocacy. When asked what she wanted to get out of the Pathways program, Aylin said she wanted her son to go to school to learn the English language. She wanted to go to school to learn the English language herself as well.

Aylin	2 nd interview: October 2015
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After nine months of participating in the Pathways program Aylin's condition had improved in terms of living safely and sustainably. She did not have a home before she started Pathways, but now she had a stable home. She also had some stability in terms of her financial situation. Aylin's mental health had also improved now her son was going to school, and Bart, her caseworker, had been advocating for her in negotiations with government agencies. However, Aylin's future continued to look pretty grim in terms of her capacity to reach the desired level of living sustainably and of social inclusion, and the preferred state of mental/emotional health, all of which is due to a political situation that neither her nor the Pathways service can control. The Outcomes Star suggested that her mental and emotional health, as well as her physical health had gone backwards as a result of her status as a refugee and her inability to influence political decisions made both in Australia and her homeland, as a result of which she could not do any study or work, exacerbating her sense of social isolation. As a result, and in contrast to most of the other clients, Aylin's sense of agency appeared to continue to be severely challenged through circumstances beyond her control. That said, Aylin repeatedly pointed out how much she appreciated the fact that whatever her problems, there was always someone at the Pathways service that she could talk to and that staff would help her in any way they could, which is something she very much needed.

Glen	Interview: April 2015
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Glen was an Indigenous Australian man who had returned from living in the Kimberley with his 'aunty' for cultural reasons and to 'dry out', some six months before. He lived alone and since participating in the Pathways program lived in temporary accommodation. He could stay there for up to six months. Glen wanted help to 'keep me off the streets' and find stable housing, get his birth certificate and his car-license back, so he could start volunteering as a removalists' off-sider for the Salvation Army.

I hope my birth certificate will turn up. And then I can just put all the applications in, all the housings around here. I'm hoping to be in a house, get into a place, and get my license back. Last week I went around to all the charity shops and put my name down, because of my criminal record, sometimes they've got removalists for furniture and that, I'd be an off-sider.

Glen spoke highly of the Pathways program because staff helped him get what he needed so he would not need to get back on the streets again.

Pathways did everything there, so I thought, that's brilliant. If they weren't there I guarantee I'd be back on the streets in my old ways again, and I didn't really want to go down that path again.

Glen also appreciated the fact that he had been matched with a female caseworker. This helped him with 'talking and stuff like that' to improve his relationships with women and as such deal with his sense of social isolation.

Glen moved in with his brother some six months after the interview. This brother lived in the Pilbara region, so outside of the Pathways program's area, hence Glen was no longer eligible for the Pathways program.

Marion	Interview: April 2015
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Marion was a New Zealand woman who started the Pathways program in March 2015. Because she came from New Zealand, she was not eligible to receive welfare payments in Australia. She was homeless and went to court for assault issues and drinking in public. She had lost her ID which she

wanted back to she could find a job and 'get back on her feet again'. The action plan that accompanied her Outcomes Star showed that Marion wanted help with obtaining full time work, help to deal with her mental/emotional issues and her physical health. When asked what she hoped to achieve by participating in the Pathways program, she said: "Hopefully I'll be working, and me and my friends get a place together. Just some good infrastructure in the family would be good, because then we'd be able to talk freely and not feel uncomfortable around each other".

Marion really appreciated the way of working within Pathways. In a sense she referred to the service's focus on clients' agency: "Pathways itself is - is like a pathway, isn't it? It's a pathway to getting yourself, your mind and - if you've got a healthy mind you've got a healthy body, haven't you?"

Marion felt that she was getting back on track in her life since participating in the Pathways program: "Now that I've jumped on Pathways, it's - yeah, things are starting to fall into place".

It is not clear why Marion lost contact with her Pathways caseworker. But the Outcomes Star, which her worker had filled in some six months after our interview with Marion took place, suggests that Marion had improved her housing situation, and her mental/emotional and physical health had improved. Her social networks and relationships situation had remained the same.

Pathways clients (not interviewed, only files accessed):	
Brad	File accessed: March 2016

Brad was a 36 year old, Australian man who lived alone. Brad's file did not contain any Outcomes Stars, probably because the Pathways service did not use this tool yet in December 2014, which is when Brad was referred to Pathways. However, Brad's file shows that he was homeless and needed housing. Brad also had rather severe mental health and physical issues, and was dealing with legal matters. The file did not suggest Brad had social isolation issues. Since joining Pathways, Brad had been placed in a 190-bed lodging house and after four months his file was closed. A letter in his file, which was written by his caseworker and addressed to Brad, suggests that Brad's "goal of obtaining stable, long-term accommodation has been achieved, we are now looking to close your file on 3 July" (2015). The file contained no information on whether Brad's mental and physical states of health had improved, though the letter did suggest that "we had some good feedback from the staff about how you have been finding things there" (at the lodge).

Simon	File accessed: March 2016
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Simon's file suggests that he was a single, 47 year old man from New Zealand so was not eligible for welfare payments. He had been released from prison a few months before starting the Pathways program and was homeless. He did not seek assistance from 'Outcare' to help him with post-release issues, because Simon thought this service was for 'violent offenders' only. His first Outcomes Star suggested Simon wanted assistance from Pathways to find accommodation ('a flat'), deal with his drugs and alcohol issues (see a psychologist) and employment. After nine months, his second Outcomes Star suggested that Simon had found work, which had boosted his self-confidence, helped him deal with his alcohol issues, and helped him create a new social network. He had also found housing, which he now needed to maintain. His third Outcomes Star suggested that Simon's condition had improved even further, though he had received an order to appear in court for 'disorderly behavior in public'.

Frances	File accessed: March 2016
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Frances was a 41 year old, single man from China who joined the Pathways program in January 2016. Frances' file suggested he had been homeless for about a year, did not drink or use drugs and his health was good, though he did have sleepless nights. His Outcomes Star suggested that his main problem was lack of housing and feeling socially isolated. No other information was available to us.

Achmed	File accessed: March 2016
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Achmed was a 31 year old, single man from Iran, who had no severe mental health issues though suffered from depression. He came to Pathways in June 2015, because needed help with finding housing and suffered from social isolation. He also had physical health issues. His Star Notes had not been filled in so details are missing, but his second Outcomes Star showed that after six months, his physical health and housing situation had improved dramatically, and his mental health marginally. His sense of social isolation had remained the same.

Sophia	File accessed: March 2016
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Sophia was a 44 year old Australian/Portuguese woman whose main issues were drugs and alcohol misuse. She was also at risk of homelessness, had financial issues, and wanted to reconnect with her family. She came to Pathways in April 2015 to find help to deal with those issues. Her second and third Outcomes Stars showed that Sophia continued to improve in all the areas. Her fourth Outcomes Star however, which she filled in nine months after commencing Pathways, she had gone backwards slightly in terms of her drug-use, though was going back into rehab again and doing well. She wrote a note to her caseworker which said that she felt very grateful for the support she had received. "I cannot thank you enough for your support. Your organization has encouraged me to keep on to get well... Your all awesome".

James	File accessed: March 2016
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James was a 57 year Australian man who lived with mental and physical health issues and came to Pathways in February 2015, because he needed help with maintaining housing (shared rental), managing money, taking self care and building new social relationships. He wanted to get a drivers' license and apply for social housing. After 11 months, according to his Outcomes Star, the area of taking self care, his financial situation and his housing situation had stayed the same, his physical and mental health had decreased, but the area of social relationships had improved. The Star Notes were not filled in, so more detailed information was missing.

Pathways' Clients' progress with respect to living safely and sustainably

- Henry was living unsafely and unsustainably when he entered the Pathways program, and he continued to live unsafely and unsustainably, partly due to his resistance to become part of the mainstream system and partly because he did not want to give up his drug-usage and (false) sense of independence. He also had financial problems that may have become worse.
- Mark, who was living in a hostel when he entered the Pathways program, was now living in a unit but too far away from the people and places he felt connected with. Hence he had not (yet) reached the level of living sustainably. He also had financial problems that were likely to be associated with his use of drugs and was not (yet) ready to deal with.
- Tina's condition had improved with respect to living safely and –to a degree- sustainably. She was now living in social housing; a home that she could afford. Though the Housing Department was about to move her again, she did not appear to be phased by that situation. She also had some stability in terms of her financial situation.
- Esther's condition had improved because her hoarding issues were being dealt with and she was no longer at risk of homelessness.
- Ingrid's condition had improved dramatically. She was now living in stable and safe accommodation, and had no intentions at all to move elsewhere. She was now experiencing difficulties however in terms of her financial situation, which she appeared to be capable of addressing.
- Aylin's condition had improved in terms of living safely and sustainably. She did not have a home before she started Pathways, but now she had a stable home. She also had some stability in terms of her financial situation.

- Glen's condition had improved in terms of living safely and sustainably. Since starting at Pathways he lived in temporary accommodation, but then he moved to live with his brother in the Pilbara region, so outside of the Pathways program's area, hence Glen was no longer eligible for the Pathways program.
- Marion's condition in terms of living safely and sustainably had improved according to her Outcomes Star, which her worker had filled in some six months after our interview with Marion took place. No other information was available to us.
- Brad's condition in terms of living safely and sustainably had improved. He used to be homeless but since joining Pathways, Brad had been placed in a 190-bed lodging house and after four months his file was closed.
- Simon's condition in terms of living safely and sustainably had improved in nine months time. He had found housing, which he now needed to maintain. He was also saving up for a house of his own, which he could do now he had full time employment.
- Frances was homeless and had joined the Pathways program only recently. It is not clear whether his condition in terms of living safely and sustainably had improved.
- Achmed's condition in terms of living safely and sustainably had improved dramatically.
- Sophia's condition in terms of living safely and sustainably continued to improve.
- James's condition in terms of living and sustainably had stayed the same since joining Pathways. He had applied for social housing.

Clients' progress with respect to level of social inclusion

- Henry never had any intentions of working on his sense of social inclusion. He hesitated to commit to any kind of social activity, and this situation continued to remain the same.
- Mark's sense of social isolation, which he had discussed with the RAS assessor a year earlier, appeared to have remained the same if not worsened.
- Tina had never experienced any problems with respect to social inclusion, and continued to feel supported.
- Esther never appeared to have any problems with respect to social inclusion either, but her family relationships appeared to have improved somewhat since having dealt with her housing situation.
- Ingrid did not have any issues around social isolation. Though now she had moved away from Perth; the place where she had many friends and her family. However, she was engaged in enough social activities to have a sense of inclusion in her new community.
- Aylin's son was now going to school, probably helping him to feel a bit more included and with that, probably giving Aylin and her husband more of a sense of inclusion.
- Glen did not specifically mention that he had an issue with social isolation, though he was clear on the fact that he wanted to live with a female partner.
- Marion's Outcomes Stars do not suggest that she had an issue with social isolation.
- Brad did not appear to have an issue with social isolation.
- Simon had found work, which helped him create a new social network.
- Frances had joined the Pathways program only recently. He suffered from social isolation. It is not clear whether his condition in that respect had improved.
- Achmed's sense of social isolation had remained the same since joining Pathways.
- Sophia did not appear to have issues with social isolation.
- James's sense of social isolation had decreased, because he had been building new social relationships since joining Pathways.

Clients' progress with respect to mental/emotional and physical state of health

- Henry's state of physical and mental/emotional health did not improve. However, he had a heightened sense of achievement as a result of him having taken the initiative and doing the necessary work for his mother to be placed in a home. He said that Pathways helped him deal with those responsibilities. Further, his sense of pride was boosted by the fact that he had taken to the ocean and safely returned from a solo sailing trip.

- Mark's state of physical and mental/emotional health did not appear to have improved either. However, he stressed that his own agency is the determining factor in changing in his life, not an outside agency or a tool. Like Henry, Mark did not like the intervention of an outside agency or tool as it can only make the client feel worse about him or herself. And like Henry, also Mark appeared to hang on to a (false) sense of independence.
- Tina's physical health was improving dramatically, and with that her mental health. She had started to rely on her own agency, spurred by the fact that Annie, her Pathways caseworker, had sowed a seed by taking Tina by the hand and writing up a plan to see her become healthy (again). Tina's mental state of health also improved due to her feeling socially included and the quality and amount of support she had received. The fact that the Housing Department wanted her to move to another house did not seem to impact on Tina, demonstrating that her mental state of health was quite strong. Tina also appeared to manage her mental health situation very well if not better than before. Whilst she first had the support of her husband and the church or mental health group, now, with the assistance of her children, Tina was seeking professional help.
- Esther's mental health had stabilized in the sense that her anxiety levels were no longer triggered the moment she thought of her flat. Her family relationships and those with the people she loved most –her mother and her friend – were also still intact and her physical situation was also addressed now her home situation had stabilized.
- Ingrid's mental health appeared to have improved dramatically since joining Pathways. She obtained a great sense of achievement as a result of her having taken the initiative to move away from Perth and deal with her life competently, whilst using the resources at hand when she needed them.
- Because Aylin now had a home, some sense of stability financially, her son was going to a school, her Pathways caseworker was advocating for her in negotiations with government agencies, and she always found someone at Pathways that she could talk with, she appeared to feel better mentally and emotionally. However, her physical health was suffering (she had rashes) because of her limited capacity to influence her sense of safety and ability to live in Australia on a permanent basis. Her sense of agency was severely challenged through circumstances beyond her control.
- Glen's Outcomes Stars show no signs of improvement in terms of his emotional/mental and his physical health showed, even though they were rated low.
- Marion's mental/emotional and physical health had improved. She appreciated the help she got from Pathways staff in getting help to get a 'healthy mind' again. Her Outcomes Stars confirmed this improvement.
- Brad's file contained no information on whether his mental and physical states of health had improved, though a letter did suggest that "we had some good feedback from the staff about how you have been finding things there" (at the lodge where he now lived).
- Simon's mental/emotional and physical health had improved after he had found full-time work, which had boosted his self-confidence and helped him deal with his alcohol issues, though he had received an order to appear in court for 'disorderly behavior in public'.
- Frances had joined the Pathways program only recently. He suffered from social isolation that may have impacted on his mental health. It is not clear whether his condition had improved.
- Achmed's physical health had improved dramatically, and his mental health marginally.
- Sophia's mental and physical health continued to improve and she managed her drug use well.
- James's physical and mental health had decreased, but more detailed information was missing.

UCW/ Pathways staff	
Ben	1st interview: February 2015

Ben said that Pathways workers were prioritizing housing for their clients and were able to secure medium term housing for five or six Pathways clients. Medium term housing is for six to 12 months. Now, Ben said, these clients aimed to maintain that housing, or get into long term housing with support

from Pathways staff, whilst they were building their skills to live in the community independently and visit their GP for example, or other services, without relying on the services that Tranby offers (e.g. the Street GP). A good first indicator of success Ben considered to be the instant when a client would come to Pathways and ask for assistance to find and visit their own GP, rather than go to Tranby and see the street GP who happens to go there. He also considered a good indicator to be the moment when a client would see their caseworker on their own accord, rather than the caseworker having to try to make contact with a client. Further, a 'tangible' indicator of success would be the time when a person would live in stable housing and Pathways staff would receive no complaints, from neighbours or from the Housing Department.

Ben	2nd interview: August 2015
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Ben said that Pathways staff had not expected that various clients would have achieved their main goal, which was finding housing. Staff had not expected that 'everybody wanted accommodation' and that some people would have other priorities.

The outcomes to date were positive, Ben said, as nine people had exited the program, of which four had achieved their main goals (found housing), two people had deceased and three people had simply left the program. Ben did not clarify whether this housing was other than medium term accommodation. Regarding the two people that had deceased, Ben said this man had been exited from the service, because his main aim of acquiring accommodation had been achieved.

Bart	1st interview: February 2015
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Bart hoped that his clients would be able to live sustainably, with which he meant 'like you or I do. You know, we've got accommodation, we've got an income, we've got interests, you know, relationships, connections – whatever'. To date, Bart said one person had found accommodation for up to 12 months, so now this person could start focusing on other things important in his life. He said the main focus of Pathways staff was to get clients into stable housing first, rather than in short term accommodation of up to 12 nights. Even though some clients were happy with that short term kind of an outcome, because they were pretty desperate. But 'living sustainably' would not be an achievable goal in all cases, because some clients would never be capable of working and being financially independent.

In terms of people sense of isolation, Bart said that some people were so desperate for connection that they trusted Pathways staff very quickly, which made it easy for him to work with them.

In terms of clients' mental health, he said that 'a proportion of them have apparent mental health issues'. But the physical side of things, sleeping in a bed for a few nights, is a more urgent need they wanted to see addressed. By addressing that need for physical security, Bart said, clients also got a sense of 'psychological security of knowing that they're going to be able to leave their stuff somewhere and have their own place'.

Bart	2nd interview: June 2015
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Bart said that clients had been achieving the goals that were set earlier in the program, especially in terms of accommodation, though mostly temporary housing. That said, some had left their accommodation again and not all the client's ID had been returned yet. Bart also said that some clients were 'just so grateful for any bit of help, because they've had so much refusal'. Many clients had been successful in 'getting back' to where they used to be; they were now in a better place. Some were participating in courses, getting their stolen ID back, and getting back into work, effectively improving their sense of moving forward in their lives and as a result their mental health. But many also continued to be 'up and down' in terms of their engagement with caseworkers. Fortunately, clients tended to support each other when or if they are part of a group, and that these groups tend to form when people meet at Tranby. In other words, Tranby appears to work well for homeless people in terms of enabling them to reduce their sense of social isolation.

They sort of form their friendships or their little groups. But some of them, you know, know each other - they've formed friendships so they're - they're outside. They meet up and they go places and so on. But initially, I guess, they probably meet in Tranby.

Iris	1st interview: February 2015
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Iris hoped that 70% would have shelter in the short term, and that within a year, all current Pathways clients would be housed and rely less on Pathways staff; their mental health would have stabilized. She also hoped that Tranby would be closed, as a sign that clients would not need that kind of crisis care anymore.

Iris	2nd interview: June 2015
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Iris said one client was now in private rental housing. But most of her current client group was still in need of stable accommodation, also due to financial issues, because not getting welfare payments or lacking employment. Visa issues were also problematic. Iris said that especially clients with hoarding issues had started to trust Pathways staff, which was a big improvement because 'initially it's hard for them to trust you'.

Fern	1st interview: February 2015
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Fern said that most of her clients wanted accommodation but it was hard to help them due to the housing situation in Perth. She hoped however that most of her clients would be housed within a year and getting ready to look for work, which most wanted to focus on after being housed. She also hoped that by that time, clients would also rely less on Pathways support. Fern further hoped that clients would be sober most of the time and take initiatives, rather than wait for people to contact them.

Fern	2nd interview: June 2015
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Fern said that one of her Indigenous clients had secured long term, stable accommodation, but had become at risk of homelessness because his children had moved in with him and created havoc in the neighborhood. Fern also talked about one of her clients who had hoarding issues, and also other mental health and physical health issues, so was at risk of homelessness.

Annie	1st interview: February 2015
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Annie had low expectations in terms of her client group, because all were homeless when she started. Though clients were now in temporary housing, they were still at risk of homelessness because of financial issues. Crisis accommodation places were drying up and finding them long term accommodation proved problematic due to the shortage of affordable housing stock in Perth. Annie also talked about the Housing First model where people are placed into housing and then the support as wrapped around them'. This model is not ideal in a system with a limited supply of housing available. That said, Annie thought the Pathways program was 'really good', because clients needed 'help with things like filling out forms, go to appointments, or support to gather up the evidence for, say, a priority interview at the Department of Housing'.

Annie	2nd interview: October 2015
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Annie said that all her clients were off the street now and in stable housing; either social or private rental housing. But they needed support because issues around needing to pay rent and other bills were presenting as new issues to deal with. Annie said that clients continued to need advocacy, or support to go to appointments mainly with government departments. Other clients wanted to get into employment or drug and alcohol counselling. Others needed mediation support to get custody of their children. Yet another had diabetes who needed to fill her fridge with the right kind of foods. Annie said that clients

had told her 'they appreciate that support' of Pathways staff helping them 'on the way through that whole process' and consider their mental health issues by 'supporting people with what they want'.

Steven	Interview: January 2016
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If Steven would write a song about the Pathways clients, it would be 'a song of hope', because he had noticed that despite the politics and corporations, governments and banks 'impinging upon the smaller person' and turning people into 'consuming fools', a sense of hope and a positive spirit was evident in the people he had met at Pathways. Steven talked about Indigenous people who – unlike non-Indigenous people – live in groups. They do not have that sense of social isolation when living on the streets.

Richard	Interview: February 2015
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Of all UCW/Pathways staff, Richard appeared to be most focused on clients' mental/emotional and physical state of health, probably due to his background in recovery work. He mentioned clients DV and trauma-based issues that are massive and take out a lot of the workers at Pathways (which is why he thought the team leader needed to be much more supportive of the caseworkers). Richard said the Pathways program was great and the program needed to be expanded, so that more clients could be housed and learn how to live safely and sustainably. He also hoped that more clinics would become available in Perth for clients to deal with their substance abuse and mental health issues. Richard also stressed that a partnership between the Pathways program and the Department of Housing at a ministerial level was needed so clients could go through their recovery process whilst living in affordable housing and learning to manage their own accommodation. When asked what kind of a song would represent the current Pathways client group, Richard suggested a very dark song but also a 'learn to fly' song, because many clients were confused and saw no hope, but they also survived and should learn to thrive.

Daisy	Interview: February 2015
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Daisy was working as the Pathways Engagement Officer and said the need of most Pathways clients was affordable housing, but not all clients listed housing as their priority. She said that because the program was 'client-focused', it was 'about what the client actually wants'. Building rapport with clients was really important. Daisy said her clients found it hard to manage financially now they were living in a house with a family but paid a lot of rent whilst on social security benefits. She also said that some clients felt really lonely now they lived in a home. So Daisy thought her clients really appreciated having someone to talk to and call around to make sure they were okay. She hoped her clients would be able to improve their mental and physical wellbeing, which was more likely now some of her clients had acquired their Medicare card. She hoped that her clients would find more stability in their lives and be able to do whatever they wanted to do.

Robyn	Interview: January 2016
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Robyn had recently completed her Bachelor of Social Work degree and started working at Pathways as a caseworker only recently. At the time of the interview, she had not yet worked with any clients yet, but had met some and hoped their situations would improve as a result of participating in the Pathways program, to ultimately 'become independent' and 'sort out' their issues with the help of Pathways staff. Robyn also mentioned that some people have social integration and loneliness issues.

Deirdre	Interview: February 2016
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In the past, Deirdre did her placement at Pathways as part of her study for a Diploma of Community Services. Now she was working there as a volunteer. Deirdre came to Australia as a refugee from Jordan, so understood 'the circumstances, feelings and needs of asylum seekers, refugees and

homeless people, because I have that experience'. She escaped Jordan 'because of religion' and 'moved six times from cheaper rooms to another cheaper room'. Her personal experience led her to want to work at Pathways as a volunteer, to offer cooking classes. She would like Pathways to focus more on education, because 'a lot of people ... don't know their rights, where to go, how to solve 'how, where, when, why, what, you know?' Deirdre also would like to offer workshops for clients 'to build their confidence' and 'how they deal with trauma'. Ultimately, she would like to help them so clients can 'assist themselves'. She also hoped that the reasons for people to become homeless would be researched so the source of the issue would be addressed. She felt concerned about people's mental health issues in particular; issues related to domestic violence and why people commit suicide. She would like community and government organizations would work together better to find out what that root cause is to then address it. She would like Perth city to focus less on building infrastructure and supporting businesses, and more on local people that need assistance. Deirdre said she had been able to assist Bart when he had a client from Syria who had come to Perth from Iran as an asylum seeker and was, like her, a Muslim.

Karin	Interview: February 2016
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Karin was a volunteer at Pathways who did her placement at Pathways when she was studying a Diploma of Community Services, a year ago. She was working with one client and hoped that this client would link in with mental health services to help her deal with domestic violence issues. She also hoped that all Pathways clients would live in their own house and be able to deal with their mental health issues in a year's time.

Marian	Interview: March 2016
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Marian, the Inclusion Manager, said that 'the groups we work with are people with mental health issues, socially isolated, homeless or at risk of homelessness'. Marian appeared to support the staircase model, suggesting that not all people are 'housing ready'. She said that finding housing for clients was important, because 'everybody wants to stay dry and cool, don't they?'. But this did not mean that the Pathways service should focus on finding housing for the Pathways client group. Marian did not see finding housing as a priority for Pathways. Drawing on data she obtained from clients' Outcomes Stars, Marian understood that most Pathways clients had physical and mental health-related issues that needed to be addressed, more than issues related to food and shelter. Pathways clients also struggled with financial issues but also this was related to their social and mental health issues.

John	Interview: March 2016
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According to John, the Executive Manager Inclusion, the core focus of UCW as an organisation in terms of spending financial resources on its 30 or so UCW services, is on people with a disability and those with mental illness. But the emphasis is on housing and dealing with people's immediate, physiological needs. John was not aware of the Housing First approach.

RAS staff	
Ella & Elly	Interview: August 2015

Ella and Elly who assessed Pathways clients for HACC eligibility, talked mostly about what they hoped for Pathways as a service. They complained about the current client group the service had attracted, which they thought was an inappropriate target group. Ella said the Pathways service had achieved only *one* positive outcome since the program started. Housing had been secured for a lady and her brother who both had mental health issues. That said, this rental property was also going to be demolished so Pathways needed to find another house for this family. Another problem with this family was that both received unemployment benefit, which reduced their chances to find another home, so Pathways staff

was trying to help the lady find employment. Elly would like to see more Pathways clients remain independent; live safely and securely. She said that there was only positive outcome to date, because other clients did not want to be involved in the process.

Elly said that the current clients on the Pathways program were HACC eligible because of their 'mental health problems' and their physical health was 'pretty poor'. But 'their goal isn't to be not homeless'. Ella said that the kind of jobs Pathways staff were aiming for in discussions with their clients – jobs such as a carer in residential care - were unrealistic because of clients' mental health issues. Aiming for these types of jobs would only set up a situation for further disappointment and exacerbate the client's sense of failure. Ella and Elly did not say anything about clients' *progress* with respect to their mental/emotional and physical state of health.

Petra	Interview: June 2015
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Petra, a RAS employee who had a professional background in mental health and housing, assessed Pathways clients for HACC eligibility. She had been doing this work for almost one year, since the Pathways service started. Petra said when doing the assessments with Pathways clients, she talked with them through the same kind of issues she would discuss with elderly people that RAS employees normally assess for HACC eligibility. She discussed issues around everyday things like shopping, eating patterns, showering, getting dressed. She also asked for people's goals. Unlike the 'regular client group' - elderly people – Petra said Pathways clients 'have fantastic goals', but RAS staff do not work out with clients how to work towards those goals. This 'working out of how to achieve the goals' is the job of services like Pathways.

Petra said that many homeless people she interviewed had type 2 diabetes, and suggested the Pathways service should develop a healthy eating program. With respect to living safely and sustainably, Petra said that the most pressing need of Pathways clients was affordable, suitable accommodation. She also said she knew about 'a couple of clients' who had found accommodation, though sadly one of those people died. Petra was very impressed with the 'innovative' ways in which Pathways staff, and especially Annie, would find private rental homes to obviously the most suitable clients in those homes. Petra also applauded the contact that the service was establishing with organizations like Apartments WA and with government departments to find suitable housing. Petra did not elaborate on clients' progress in terms of their capacity to live safely and sustainably, but did applaud the holistic approach which the Pathways service takes in making sure that clients do not revert back into homelessness, as such handling the issues that place/d clients at risk of homelessness.

Diane	Interview: July 2015
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Diane said that most Pathways clients were in need of stability, mostly related to stable accommodation, though others were focused on finding work, establishing relationships with their families and finding a regular GP.

In sum:

Clients' progress with respect to living safely and sustainably;

- **Ten** out of 14 clients (**71%**) were **homeless** when they entered the Pathways program, and identified *finding* stable housing as their priority need. The Pathways service had assisted these 10 clients to find housing.
- **Three** out of 14 clients (**21%**) were **at risk of homelessness**: one due to hoarding issues; one due to financial issues; one due to drugs and alcohol issues.
- **One** out of 14 clients (**1%**) **did not want to live in a house**.
- Out of 14 clients, the condition of **11 people (78%) had improved** in terms of living and sustainably, since joining Pathways, within a period of one year.

- Out of 14 clients, the condition of **3 people (21%) had not or not yet improved** in terms of living and sustainably since joining Pathways: one had joined the program only recently; one did not seek to live safely and sustainably; one felt too isolated and appeared to want to move again.

UCW and Pathways staff perspective

- Richard, Steven, Daisy, Robyn, Deirdre, Karin, Marian and John (**seven** UCW/ Pathways members of staff) did not say anything about clients' *progress* with respect to living safely and sustainably. Perhaps because they were new to casework, worked as a volunteer, or were in management positions, or perhaps because their colleagues had not shared any success stories (yet).
- Ben said staff had been achieving great success and that various clients were now housed, though not always in stable accommodation. Ben's main focus was on housing because housing was/is clients' priority. Breaking the cycle of homelessness meant for him that clients stopped to rely on crisis services and were able to access mainstream services.
- Bart said his clients had been achieving the goals that were set earlier in the program in terms of accommodation, though most had obtained temporary housing. That said, some had left their accommodation again.
- Iris said one client was now in private rental housing. But most of her current client group was still in need of stable accommodation, largely due to financial issues because not getting welfare payments or lacking employment. Visa issues were also problematic.
- Fern said that one of her Indigenous clients had secured long term, stable accommodation, but had become at risk of homelessness because his children had moved in with him and created havoc in the neighborhood. Breaking the cycle of homelessness meant for Fern that clients would be sober most of the time and take initiatives, rather than wait for people to contact them.
- Annie said that all her clients were off the street now and in stable housing; either social or private rental housing. But they needed support because issues around needing to pay rent and other bills were presenting as new issues to deal with.
- Richard said that the need for the Pathways program was great and the program needed to be expanded, so that more clients could be housed and learn how to live safely and sustainably. He also stressed that a partnership between the Pathways program and the Department of Housing at a ministerial level was needed so clients could go through their recovery process whilst living in affordable housing and learning to manage their own accommodation.

RAS staff perspective

- Ella said that the Pathways *service* had achieved only *one* positive outcome since the program started: housing had been secured for a lady and her brother who both had mental health issues. That said, their rental property was going to be demolished so Pathways needed to find another house for this family, so their housing was unstable. Another problem with this family was that they received unemployment benefit, reducing their chances to find another home, which is why Pathways staff were trying to help the lady find employment.
- Elly would like to see more Pathways clients remain independent; live safely and securely. She said that there was only positive outcome to date, and most clients did not want to be involved in the Pathways program.
- Petra said that the most pressing need of Pathways clients was affordable, suitable accommodation. She also knew about 'a couple of clients' who had found accommodation, though sadly one of those people had died. Petra was very impressed with the 'innovative' ways in which Pathways staff, and especially Annie, found private rental homes to place the most suitable clients in those homes. Petra also applauded the contact that the service was establishing with organizations like Apartments WA and with government departments to find suitable housing. Petra did not elaborate on clients' *progress* in terms of their capacity to live safely and sustainably, but did applaud the holistic approach the Pathways service had been

taking, to make sure that clients would not revert back into homelessness, handling the issues that place/d clients at risk of homelessness.

- Diane said nothing about clients' *progress* with respect to living safely and sustainably.

Clients' progress with respect to level of social inclusion;

- **Seven** out of **14 clients (50%)** had a **sense of social isolation** when they entered the Pathways program.
- The people who appeared to suffer most from social isolation were **Indigenous** and those **born overseas**.
- The **seven** people who did **not** appear to have **social isolation** issues, even when homeless, were **native English speakers**.
- Of those who had social isolation issues, the condition of **three people (42%)** had **improved** since joining Pathways, of which **one was a refugee**.
- Of those who had social isolation issues, the condition of **three people (42%)** remained the same since joining Pathways.
- **One** person's sense of isolation had **worsened (15%)** since joining Pathways. This person was **Indigenous**. His need for housing appeared to have been addressed inappropriately.

UCW and Pathways staff perspective

- None of the UCW/Pathways staff members said anything about clients' *progress* in terms of their sense of social isolation.
- Bart mentioned however that clients tend to support each other when or if they are part of a group, and that these groups tend to form when people meet at Tranby. In other words, Tranby appears to work well for homeless people in terms of enabling them to reduce their sense of social isolation.
- Steven talked about Indigenous people who – unlike non-Indigenous people – live in groups. They do not have that sense of social isolation when living on the streets.

RAS staff perspective

- None of the RAS staff said anything about clients' *progress* with respect to their social inclusion.

Clients' progress with respect to mental/emotional and physical state of health

- All clients (**100%**) had a **mental health issue** when they started the Pathways program.
- **Six** out of 14 clients (**42%**) had a clear **physical health issue**.
- The mental/emotional and physical health of **eight** out of **14 clients (57%)** had **improved** since participating in the Pathways program, often within a period of one year.
- The **mental health condition** of **three clients (21%)** had **worsened** since joining Pathways.
- The mental and physical health condition of **three clients (21%)** had **remained the same** or progress was **not yet identified**.

UCW and Pathways staff perspective

- Ben, Fern, Steven, Richard, Daisy, Robyn, Deirdre, Karin, Marian and John made no mention of clients' *progress* in terms of their emotional/mental and/or physical health.
- Bart said that some clients were 'just so grateful for any bit of help, because they've had so much refusal'. Many clients had been successful in 'getting back' to where they used to be; they were now in a better place, mentally and/or physically. Some were participating in courses, getting their stolen ID back, and getting back into work, effectively improving their sense of moving forward in their lives and as a result their mental health. But many also continued to be 'up and down' in terms of their engagement with caseworkers.
- Iris said that especially clients with hoarding issues had started to trust Pathways staff, which was a big improvement because 'initially it's hard for them to trust you'.

- Annie said that clients had said ‘they appreciate that support’ of Pathways staff helping them ‘on the way through’ as they dealt with their mental health issues and ‘supporting people with what they want’. But clients also continued to be in need of advocacy, support to go to appointments mainly with government departments, support with getting into employment, or into drug and alcohol counselling. Others needed mediation support to get custody of their children. Another had diabetes who needed to fill her fridge with the right kind of foods.
- When asked what kind of a song would represent the current Pathways client group, Richard suggested a very dark song but also a ‘learn to fly’ song, because many clients were confused and saw no hope, but they also survived and should learn to thrive.

RAS staff perspective

- None of the RAS staff made any mention of clients’ *progress* with respect to their mental/emotional and physical health.
- Elly said that the current clients on the Pathways program were HACC eligible because of their ‘mental health problems’ and their physical health was ‘pretty poor’. But ‘their goal isn’t to be not homeless’. Ella said that the kind of jobs Pathways staff aimed for in discussions with their clients – jobs such as a carer in residential care - were unrealistic because of clients’ mental health issues. Aiming for these types of jobs would set up a situation for further disappointment and exacerbate the client’s sense of failure.
- Petra said that many homeless people she interviewed had type 2 diabetes, and suggested the Pathways service should develop a healthy eating program.

Discussion

- Whilst most Pathways staff were keen to discuss their success stories and report on their struggles with finding appropriate stable housing, few mentioned the notion of the importance of safe and sustainable living.
- Whilst all RAS staff reported on the importance of finding appropriate housing for the Pathways client group, it appeared that few RAS staff were able to clearly identify the successes the Pathways service had been able to achieve in terms of finding housing for their shared client group.
- Whilst both Pathways and RAS staff acknowledged that clients had mental and/or physical health issues, only three Pathways staff members reported on some sense of achievement in terms of improving clients’ mental or physical health conditions.
- It appears that the issue of Social Inclusion is a forgotten or ‘black sheep’ in the eyes of Pathways’ and RAS’ staff, and not a focus of service delivery. The issue is not addressed and/or simply not on the radar of staff, despite the fact that various clients suggested they felt lonely. This may be due to the fact that housing and mental illness are issues that are on the political radar, whilst social inclusion is an issue that receives little public but also organizational attention. This may also be due to staff themselves feeling socially included as a result of leading a physically, relatively comfortable life being housed and part of a service and/or having a job, which contributes to their sense of belonging.
- Even though the Pathways service is said to employ the person-centred approach, which is presumed to work with clients’ priorities, and despite the Inclusion Manager’s argument that Pathways is not focused on finding housing for its client group, the Pathways service prioritizes housing. Assisting clients in addressing their mental health, employment, and family relationships issues remain a secondary focus of attention, whilst social inclusion receive hardly to no attention at all.
- Indigenous people and those not born in Australia, who appeared to suffer most from social isolation issues, could be seen as underserved with respect to their sense of social belonging.

Conclusion

This chapter focused on one aspect of the second aim of this evaluation study: **address the quality of service delivery from clients' and staff's perspective, with respect to clients' progress**. It brought together the outcomes described by Pathways clients in Chapter 4, and the outcomes described by UCW, Pathways and RAS staff in chapter 5. It addressed the quality of service delivery with respect to clients' progress described by eight Pathways clients, 13 UCW/ Pathways staff and four RAS staff. The chapter focused on Pathways clients' progress in terms of their living safely and sustainably, their level of social inclusion, and their mental/emotional and physical state of health. We also included information from file-documents of six Pathways clients whom we did not interview.

A core issue that stood out in this chapter and appears to be under-addressed in Pathways' service delivery, is the issue of Social Inclusion. The next Chapter (7) will explore the other aspect of the second aim: **address the quality of service delivery from a staff's perspective, including the Outcomes Star**. It will also focus on person-centredness and the importance of that approach in making sure that clients are included in socially valued roles. In other words, it is not enough that clients are *being given the opportunity* to give feedback through surveys, individualized interviews and group sessions, or that ex-clients can volunteer in services. It is not enough that the ultimate power remains with those who acquire service funds, are appointed in managerial roles and adopt a leadership role that keeps the underprivileged in underprivileged positions.

Chapter 7: The success of the Pathways *program* using three measurement instruments

Like Chapters 5 and 6, this Chapter will continue to focus on the *second* of the four aims for this evaluation study: **Address the quality of service delivery including the impact of the Outcomes Star, which is the main assessment tool the Pathways service uses, to measure clients' progress but also the quality of service delivery.**

Chapter 6 brought together clients' and staff perspectives on clients' progress in terms of their capacity to live safely and sustainably, level of social inclusion and interconnectedness, and their mental/emotional and physical condition. This chapter will look at service delivery elements that are meant to ensure that the aims, objectives and strategies listed in Chapter 2, have been achieved or implemented, and to what degree they proved effective. This chapter will evaluate the success of the Pathways *program* by using the three measurement instruments listed in the Pathways Service Blueprint (UnitingCare West, n.d.): 1/ process timeframes from referral to commencing support to achieving stated goals; 2/ client feedback and clients' degree of satisfaction; and 3/ the Outcomes Star evaluation tool. These three measurement instruments need to be placed in the context of Pathways service's commitment to the service person-centred, strengths based and integrated service models (UnitingCare West, 2013a). This chapter will predominantly focus on the person-centred and strengths-based models because they relate to the ways in which the service approaches service users. Whilst the person-centred model places the service user and his/her carers or family at the centre of assessment and planning processes and emphasizes the agency of individuals, their families and communities, the strengths-based model places central not the deficits, but the resilience, strengths, interests, knowledge and abilities of individuals, families, groups, organizations and communities. It also recognizes the importance of people's environments and the multiple contexts that influence their lives (Scerra, 2011). The integrated care model, which tries to address service fragmentation and poor communications between service providers, will be looked at more closely in chapter 8, because that chapter explores the '*nestedness*' of the Pathways service and discusses Pathways' intra- and interagency relationship-factors.

Like previous chapters, this chapter will include data from interviews, but also from service documents and client files. It will first offer a critical perspective on the theoretical and the practical background – that is, the espoused and the in-use theories of Pathways' commitment to the person-centred and strengths-based service models. The chapter will then discuss the three measurement instruments and the outcomes achieved.

Pathways' commitment to the person-centred and strengths-based models

The perspective of UCW management

The Homelessness Services Pilot 2013 document (UnitingCare West, 2013b) states that in order to warrant quality assurance and continuous improvement of service delivery whilst using a person-centred, strengths-based and integrated approach, service users will be involved in 'formal feedback systems'. Also front line staff, service and executive managers, the CEO and the Board will be involved, and 'strengths based supervision' used that 'is rigorously monitored'.

The person-centred approach acknowledges people's agency (Parker & Fopp, 2004) and is produced through client-practitioner interaction; that is, the client is considered and treated as an active agent in the interaction process, which impacts on quality outcomes (Tsang, Bogo, & Lee, 2010). But it also requires transformative leadership, culture and systems change (Kendrick, 2008 2012; Kinsella, 2000; Parr, 2016), and clients taking up an *active* part in the development of an organization (Dowling, Manthorpe, & Cowley, 2006). When asked how clients take up an active part in the development of the Pathways service, John, the Executive Inclusion Manager, said that clients are *being given the opportunity* to give feedback through surveys, individualized interviews and group sessions. Also, ex-clients can volunteer in services and sometimes they are appointed as members of staff.

The opportunity for people to give feedback, the opportunity for surveys, for individualized interviews, group sessions. I think any way in which we can get information back helps the success or failure of the organization. We get regular feedback. We've had some really good feedback, positive feedback. I haven't - we've obviously had some - every now and again we get some negative feedback, and we certainly encourage that. In the organization, we have clients who volunteer. We have ex-clients who work for us. Ex-clients who volunteer for us. (John)

John's response is in line with the Homelessness Services Pilot 2013 document, but also shows that management does not encourage clients and/or their representatives to take 'an active part in the development of the Pathways service'. In other words, the status quo is meant to stay intact. This suggests that the leadership style supported within the service is inconsistent with the transformative leadership style normally accepted as part of the person-centred approach. There is no room for systems or culture change, and it is certainly not encouraged. This idea is supported in John's saying that new recruits need to be "the right fit" for UCW services; an idea that may need to be reconsidered with the implementation of NDIS and also with respect to the person-centred approach that stresses people who are socially devalued, need to be placed in socially valued roles (Wolfensberger, 2011).

The 'weakness' of the survey method used at UCW/Pathways was evidenced when the researchers explored 21 survey forms which clients had filled in to offer feedback on the Pathways service. Clients had completed these forms in the time period between May 2015 and September 2015. Having analyzed these 21 survey forms, it is evident that the survey questions were not designed to get specific information. They did not allow clients to give information on whether or not, and to what degree the five service expectations of the Pathways service were/are being met. Neither did they offer an opportunity to give feedback on staff's capacity to enact the Pathways values: Empathy, Respect, Inclusiveness, Integrity and Commitment, or to offer information on whether or not, and to what degree clients experience a being supported, serviced and empowered by Pathways staff.

Marian, the Inclusion Manager, highlighted that a factor likely to have an impact on the quality of communications between Pathways and other UCW services, is a difference in philosophy on person-centredness. Marian vehemently supports the person-centred approach, and believes that the Pathways service is the most person-centred area within the UCW organization. It has a long term focus, whilst other UCW services are more *service-centred* approach and short-term focused; concerned with providing crisis support and meeting people's immediate, physical needs.

I think that Pathways is probably the most person-centred service that UnitingCare West offers. And there are various degrees of person-centredness across the organization. Some services are not at all person-centred, and some services that you would expect should be, aren't. I think across the organization there's varying degrees of understanding of person-centredness. And with our lovely previous executive manager, we did a lot of work across the directorate around getting people to understand person-centredness, and lots of other areas haven't done that work yet. (Marian)

Marian saw the 'wellness' approach adopted by the HACC as a broader philosophy that is related to people's wellness, self-reliance and connectedness to the community. But the person-centred and strengths-based approaches are individualised approaches. The person-centred approach assumes that the person drives the services, but this is difficult to explain to agencies and people who are used to delivering service-based approaches. Whilst she first explained the person-centred approach as 'whatever the person wants the service to be', Marian now explains 'it is a casework model'. This latter response appears to satisfy most people in the community, even though this answer does not explain the level of flexibility and the amount of work that is required to deliver a quality service that is also person-centred.

Pathways was developed was to be a person-centred service. And that was quite difficult for people at the time, because they would say, "Well, what is the service?" and we would say, "Whatever the person wants the service to be." And we've since kind of gotten used to saying, "It's a case work model," and that satisfies people that it's case work. But really, that could mean, my staff have been helping people move house. They've been cleaning people's houses. They'll take them to the doctors. They'll do sort of

a debriefing session. Like they do whatever they need to do, and that, to me, is person centred. Whatever it is that that person wants their service to look like. So the person is driving that service.
(Marian)

Whilst Parr (2016) found that key-workers promoted a strength-based approach when they talked about the person-centred approach, stressing that they wanted clients to recognize and build on their strengths, Marian preferred to distinguish the person-centred approach from the strengths-based model. The person-centred approach is more 'practical' than the strengths-based approach, Marian suggested. In strengths-based work, the worker has to find out people's strengths so a more analytical and psychological approach is required, and the worker has to work with the client so that the person him/herself also recognizes his/her strengths. This latter part of the strength-based approach is an important part of the Pathways *program*, because many clients do not recognize their own strengths.

It requires more analysis by the case worker of the person that they're working with; more work to see what the person's strengths are, and having that person also see it. Because a lot of the people that we work with - if you asked them what their strengths were, they would probably not really have any answers to that. So I think it's more psychological, whereas the person-centred stuff is more practical.
(Marian)

Staff perspectives

It is important to first consider the position description of a Pathways support worker (UnitingCare West, 2014a) to contextualize staff's perspectives on the person-centred and strength-based approach. The position description says the purpose of this role is:

To be the single point of contact for participants and their families, building relationships with them to foster independence and resilience through the strategies identified in their individualized support and recovery plan. Participants will receive personalized, consistent, and timely support within their local community, assisting them to establish local networks and relationships to aid their recovery in a sustainable manner.

In other words, the primary role of the support or caseworker is to link clients in with their families and other support systems within their local community to aid their *recovery* in a sustainable manner. So the emphasis is on people's mental health and on restoring Pathways clients' relationships with their 'natural' and local communities so they can help Pathways clients in the process of recovery. It is not for caseworkers to do the legwork and for example find housing or food for clients. This role description is consistent with the person-centred approach, which places the person and his/her natural support system at the centre of care.

However, the position description then homes in on the tasks of the Pathways caseworker, which revolve around three key areas: offering case management, doing administration and ensuring workplace health and safety. The key tasks associated with case management are listed as follows:

- Develop individual plans with the person to identify needs, wants, aspirations, short term and long term goals;
- Evaluate individual goals to identify factors leading to the success of identified goals;
- Provide case management and support to participants to help them achieve their immediate and long term personal goals;
- Establish and maintain effective links with service user networks and community resources;
- Maintain accurate case management records, in relation to each participant in line with UCW's standards and requirements;
- Assess participant's requirements taking into account a diverse range of factors that may be affecting them;
- Assist participants to develop increased knowledge and life skills in order to reduce the likelihood of future crisis;
- Other key tasks.

Interestingly, the need for the caseworker to assist clients' families and close networks in developing their knowledge and skills in order to reduce the likelihood of a future crisis is *not* listed as a key task, yet this is a key component of the person-centred approach (Dowling, Manthorpe, & Cowley, 2006; Innes, Macpherson, & McCabe, 2006; Kendrick, 2012; Kinsella, 2000). The task description above and the staff's perspectives below suggest that Pathways staff emphasise the strengths-based approach and the process of goal setting. The person-centred approach is understood as a way of working that places the individual at the centre of attention, but the individual is not seen as part of a larger context or ecology. The individual is seen as separate from the environment (family and community), the agency of the client and his/her support system is ignored, and frontline workers and the service community are seen as the expert and in control of clients' progress. This viewpoint reflects a service-centred culture, which is supported in the expected competencies of a Pathways support worker listed in the positions description as follows:

- Demonstrated ability to manage the delivery of holistic support to individuals experiencing crisis due to homelessness, risk of homelessness, substance abuse, disability and mental health issues;
- Well developed communication and interpersonal skills including the ability to work and communicate effectively with service staff, service users, community agencies and other professionals;
- Well developed organizational skills and an ability to perform multiple tasks in an environment that may have conflicting and changing priorities;
- Demonstrated negotiation and conflict resolution skills;
- Demonstrated ability to initiate and maintain effective, professional relationships with stakeholders;
- Demonstrated ability to work in a team;
- Demonstrated proficiency in computer skills including proficiency in Word, Outlook and Excel programs;
- Demonstrated ability to exercise sound judgment when directions are not clearly defined;
- Ability to set priorities and monitor workload;
- Ability to act in a higher capacity;
- Ability to work in ways that are congruent with the values of UCW and the Uniting Church in Australia.

Richard's mental health background may have impacted his emphasis on strengths- and recovery-focused care, because mental health nursing has long espoused the principles of person-centred, strength-based and recovery-focused care, even though it is not supported in practice (Beckett, Field, Molloy, Yu, Holmes, & Pile, 2013). Richard saw Pathways as a program that primarily focuses on people's mental health, and that through ensuring safe and secure housing people's mental health condition will improve and clients' recovery assisted.

Strength-based is definitely a big part of recovery. When a person goes onto a mental health care list, the main things they concentrate on in the medical model are your deficits. Not many people in that model will say, "this is a list of what you can do". So Pathways, and any sort of mental health program, therapeutic, it's our job to recognise that everybody's got vulnerabilities, but we don't focus on that. We focus on the strengths. Even a person in a sleeping bag, there's some strengths there. If you're going to survive that, what do you do? (Richard)

Bart also had a background in the mental health area, and stressed that it was more important for Pathways clients to feel that Pathways workers trusted their capacities because they often had trust issues as a result of how they had been treated in society. It was also more important for them to have a sounding board, feel acknowledged, have a sense of connection and of meaning in their lives. Like Richard, Bart emphasized the strengths-based approach and the importance of making sure that clients acknowledge their strengths.

They've got their strengths and their - their power, if you like. But they don't always recognize it.

Steven, who identified as an Indigenous person and was new to the service and also to casework, could not elaborate on what the person- and strengths-based approaches meant for him as a caseworker. But he did stress that both non-Indigenous and Indigenous homeless people have unique strengths that service-workers and policy-makers need to recognize. Non-Indigenous homeless people do not settle

down anywhere, but they make friends as they go, whilst Indigenous people rely on their extended families and also have family-responsibilities, so they always have a place to stay temporarily. Further, Indigenous people are a transient people and used to moving with the seasons, the 'times', the weather or where the food was, so they are 'legitimately' homeless and 'more relaxed' about being homeless.

Non-Indigenous homeless people just keep travelling, going from place to place, making friends as they go. Whereas Indigenous people tend to have extended families, and there's always a place where they can kip at for a little while and then move on. Indigenous people are a transient people. We always moved with the seasons, moved with the times, with the weather, with the food sources. And so in essence, you might say it's a legitimate form of homelessness. (Steven)

Fern saw the person-centred approach as one that is 'always about the person', and not focusing on people's needs but on what they want.

It's always about the person. Even from their assessment you are placing the client at the centre of that assessment, focusing on them, what they want. And you know, respecting and valuing their wishes. It's all about the client, so even if I think, "Okay, you must be doing this," I can only say to them, "Oh, what do you think about this idea?" but I'm not supposed to force it on them. It's about them. They choose how they want to live their life. (Fern)

Fern said that using the person-centred approach was easier to implement with some clients than with others, suggesting that those who were rather independent and happy to do things for themselves, only needed a little bit of guidance. But others needed a lot of support.

Some clients, they are not that demanding, or they are happy to do things for themselves. All they need is like a bit of guidance just to say, "Okay, we want to do this, this, this", and then they'll tell you, "Oh, yeah, I can do that". But there are some clients who need, like, that support. You need to be there with them for them to do certain things. (Fern)

Fern also struggled with Pathways' commitment to the person-centred approach, because as a caseworker she could not always live up to the ideals of this approach. She could not always help clients in getting what they wanted, for example when they wanted to live in cheap but independent accommodation. She was more or less pushed to place people in crisis accommodation, because the housing situation in Perth worked against them, and clients' financial situation posed a problem for them.

They can tell you, "Okay, I want" - because it's - we work on a person-centred approach. It's about what they want, but they tell you that, "You know, I want one bedroom flat," but how much can you afford a week? They are telling, "I can afford \$100, or this." So really, "Where can I find like a one bedroom flat where you pay \$100 a week?" And if you ask, "Okay, for \$100 you might find - like shared accommodation," "No, I don't want shared accommodation." So - we find that maybe they end up being stuck in those crisis accommodation, because at least they're a bit cheaper. (Fern)

Fern also appeared to struggle with the idea that clients could go off-track if a worker would not help them to 'refocus'.

If there isn't anyone there to - you know, sort of make them refocus, they might just go the other way. (Fern)

Fern appeared to have a viewpoint that paralleled with that of RAS assessors Ella and Elly, who expressed their frustration around the Pathways service and its 'unrealistic' goals. Their thoughts and feelings may have been related to the fact that they adopt a service-centred approach as part of their role. As a matter of procedure, RAS assessors focus on clients 'needs' rather than their wants and dreams, and then refer a client to the 'right' kind of service that is able to address the 'assessed' needs. This way of working contrasts with the person-centred approach, as Stalker and Campbell (1998, p. 130) point out. In the person-centred approach, the focus is on clients' wants or dreams, not their needs. It is interesting that the assessors expressed a similar concern to that of Fern in terms of the

'impracticality' of the person-centred approach. Because arguably, the current Pathways client-base did not allow Pathways staff to work in the person-centred manner. For example, clients who came out of prison and wanted to find a job, could not get police clearance. So their chances of finding work were minimal. These clients could not easily get social security benefits either, said Ella, so helping them to get on top of their financial issues was not realistic either.

I don't know how Pathways can help that particular client base, because it is beyond their realms to find employment if they haven't got police clearance, and it's hard for them to get any benefits, because they just can't. So you know, that's a pretty tricky one for (caseworkers) to resolve, and probably not the best people to be doing that particular thing. (Fern)

Like Fern, Ella was also concerned about the person-centred approach causing unrealistic expectations with clients, doing them more harm than good. Clients needed to be kept 'on-track'.

It's just no good being too touchy-feely, because you're not doing people any favours if you promise them things that's just never going to come to fruition. They're already in a bad situation, failed at so many other things in their life. (Ella)

Ella also pointed out that many current clients did not really want to change their situation, because as a homeless person they had access to Tranby, which meant access to the different services they wanted or needed, and all for free. She believed that these people should not be eligible for the Pathways program.

I get the impression that a lot of these guys know how to find their way to Tranby. Tranby is a pretty good spot for them. They get a lot of different agencies coming in and out to service them while they're there; street doctors, Medicare, Centrelink, all that. (Ella)

Ella's viewpoint resonated with that of Steven, who distinguished 'genuine' from 'non-genuine' homeless people. Steven also believed that the non-genuine people who are 'just lapping it up' needed to be eliminated from the Pathways program, and that people who try hard to get themselves out of the homeless situation should be the ones receiving most service.

I reckon that there's - some of them are definitely genuine, but I reckon there are some people who are just lapping it up. And I think we need to have an ethic whereby we'll help you if you're prepared to help yourself and us. (Steven)

Ella also suggested that it is inappropriate for RAS workers to find out what Pathways clients want from being involved with the Pathways program. RAS workers are required to focus on people's physical needs, not people's psychological issues. So Pathways staff should find out what clients want before RAS workers come out to assess clients for HACC eligibility; an approach that would fit better with the Pathways service's person-centred approach as well.

Our role is really just to identify the need and make sure that they're eligible to be referred to that program. I think (Pathways) have to already establish that this person is willing to participate in this program and what they could get out of it before we go out, you know, work out why they keep becoming at risk of homelessness. It's different for us when going out to - in people's homes and they've got a direct care need. This is more about trying to - you know, work out why they keep becoming at risk of homelessness. Things like what that person wants may not come out at the time of (HACC) assessment, especially if they've got mental health issues, they're going to be a little guarded. (Ella)

In terms of the 'unrealistic' nature of the person-centred approach, the viewpoints of Ella and Elly seem to conflict with Bart's, who believed that Pathways caseworkers helped clients to be come more realistic, and distinguish the practical from fantasy.

What we try and do is get them to the reality - what's practical and what's not - addressing the issues, putting - acknowledging their situation and getting them to realize how it fits in with everything else.

Bart had become conscious of needing to work with Pathways clients in flexible and non-linear ways; a combination of long term planning and addressing immediate needs. His background in mental health was very useful, because he was able to plan certain activities but also 'go with the flow' to make sure that clients would not lose their focus. Bart stressed however that HACC representatives did not understand this way of working and the level of intensity required for the work required to assist the Pathways client group. He said that 'having enough time available' was crucial to offer a good service, because as a result of clients' mental health issues their real needs were not directly evident. Bart pointed to the communication difficulties due to disciplinary differences in interpretation of the work required. For example, HACC representatives wanted Pathways caseworkers to draw a line somewhere and limit their service provision to physical care and 'social support' type of activities, rather than offering mental support. They wanted caseworkers to put time limits on activities. But that way of working does not agree with the person-centred approach, which does not impose boundaries on what people want or dream of, and would defeat the purpose of the Pathways program. Bart did point out however that some clients were not ready for the Pathways program and make a commitment to change their lives, and as a result did not 'engage', though they were happy to continue going to Tranby for their food.

We've had a couple of clients who just think, "Oh, you know, can't be bothered now. Let's go out and live our own lives, forget Pathways. They remember Tranby for the food. But apart from that - they just weren't ready to engage, to commit to things and - they sort of wanted us to feed into their delusions. They just sort of seem to be afraid of commitment. (Bart)

To get these kind of people 'engaged' again, Bart's colleague, Iris said she educates clients, telling them that she is not there to do the work for clients. She also said using the strengths based approach was useful whilst reminding people of their goals.

It's not about us doing - I guess with the client being at the centre you need to adopt a strength-based approach to figure out what their strengths are. In terms of their goals, you try to remind them all the time about what their goals are and what their strengths are. (Iris)

Iris said she had learned to deal with the 'old culture of care' that focuses on clients' deficiencies and what people have done in the past. She now preferred to challenge that 'old culture' and educate her colleagues in the field, cognizant of the fact that clients will no longer be able to rely on services at some point in time because funding runs out and funding arrangements change. Iris was now focused on the present and on clients' agency, but also aware of the challenges the introduction of NDIS is likely to impose on the Pathways client group. For example, clients with hoarding will need to pay a lot of money for privately owned services to help them come into their home and clean it up.

With respect to how the person-centred and strengths based approaches relate to each other, Iris saw the approaches as essentially the same because both approaches place the client at the centre of attention, rather than workers' past experiences and/or their perceptions of clients' presumed deficiencies. Her enthusiastic support of these approaches was reflected in what she hoped for the future; that Tranby would be closed because clients had managed to break the cycle of homelessness and no longer needed services like Tranby. She also would like to see the Pathways service to be able to focus on clients' 'good life'; not on meeting clients' immediate needs but on helping clients to achieve their long term goals. With that she indicated that the Pathways service was currently more focused on people's immediate needs which she did not see as contrary to the person-centred approach, because more affordable housing, employment and education opportunities were still the ultimate aims the service was trying to achieve, based on what the clients said they wanted.

Similar to Bart, Iris was frustrated in having to deal with services that did not understand or were unwilling to work with clients that need a more flexible approach. For example, services were not willing to come to people's homes whilst clients with hoarding issues were going through the process of cleaning up their home. Elly for example said that she would like the Pathways service to refocus its attention on what the service was meant to focus on: identify the issues that place people at risk of

homelessness, but spend less time and energy on people with hoarding and squalor issues because there is too much risk involved around workers' getting injured.

The HACC FAQ sheet (WA Department of Home and Community Care, 2011) however suggests this would not work, pointing out that HACC funded services that should direct their services based on the needs and goals and subsequent support plans that are identified through the face to face assessment with RAS staff. In other words, these deficit based support plans are meant to guide service delivery to the client, though the HACC service provider can add detailed information to the support saying how it will provide the actual support. The suggestion that the service provider can add 'detailed information' places the onus entirely on the service.

Clients' perspectives

Henry was very supportive of the person-centred approach, which he referred to as 'freedom welfare', suggesting it was good for homeless people who 'take initiative'. There are no suitable mainstream services for these people, he said, because mainstream services want clients to stay dependent on them. So homeless people like himself, who do not want to take part of a housing program and have got initiative 'fall through the cracks'.

Pathways is good for people that have got initiative, that mainstream welfare aren't going to deal with. It is good, because we're the ones that fall through the cracks. Because there's no - I'm just not going to go into a housing program, you know? I refuse. I've tried it, and it's just not going to work. (Henry)

Henry's viewpoint resonates with that of Mansell and Beadle-Brown (2004) and Leverentz (2014) who stress that services often ill-consider the implications of this approach, because it does not suit all people. It also resonates with Kinsella (2000) argument, suggesting that most services treat service users as passive service recipients. Service users are rarely consulted on the use of this approach and as such maintain a passive role. They do not get the opportunity to become leaders of their own learning process, but stay dependent on services that 'plead time poverty' and a system that measures staff activity and inputs, not client outcomes (p. 9).

Henry appreciated the Pathways program as one that is tailor made, but emphasized that clients need to know who they are and what they want. It is not for 'slow learners'; people who need to be told what to do. In other words, the program is not for people who have become dependent on external authorities who tell them what to do.

Pathways has helped me so much in a sense, but I had to know what I was - you know, what I needed. So it's really not for slow learners - well, you know, in a sense people that really need to be told what to do. (Henry)

Henry also expressed concerns however. One concern was about the fact that his caseworker wanted to put him into accommodation despite his wishes. When Henry found out that his caseworker wanted to get him into homeless services accommodation even though Henry did not want this, he understood there was a discrepancy between the service espoused theory and its theory-in-use. Henry understood the caseworker was obliged to put him into housing because the program focused on homeless people, and the caseworkers' job was to put Pathways participants into housing. This concern of Henry's is interesting because it highlights that the Pathways *program* has developed into a program that is housing focused, despite the *service* claiming it employs a 'person-centred approach'. The Pathways Theoretical Foundations document (UnitingCare West, 2015) stresses that the service employs a person-centred focus 'by building each service around the needs of the individual rather than using a programmatic or predetermined service offer'.

Henry raised another point of concern that relates to the Support Planning/Outcomes Stars and Safety Plan (Risk Management) Policy and Procedures document (UnitingCare West, 2014c), which stresses that the Pathways service is committed to

providing care and support that is built around each individual's needs, strengths and preferences, and which supports recovery. We are also committed to the principle that each person is an expert in their own life, and that each person has something important to offer to the organization (p. 2).

Henry, whose primary need was *not* housing because he preferred to live on a boat, had strengths such as the courage to sail alone to the Abrolhos Islands in a small, old boat, and the capacity to offer valuable feedback and input to the organization but also appears to be in need of assistance to stabilize his mental health condition. He should be supported as part of the person-centred approach. He also should be acknowledged for his capacities. But this is not what happens, he said:

That was a bit of an achievement for anyone to do that, to sail to the Abrolhos and back on their own in a little old boat with little old - with no money, virtually, you know, on a shoestring budget. But they're not the sort of achievements which - you know, which you get credit for in Pathways, you know. (Henry)

Henry understood that Pathways' failing to accredit people for *all* their strengths relates to the fact that the service is funded to make people 'productive'.

This is what the funding is all about, you know. It's about getting people - making people productive, not people sailing - you know - sailing up and down the coast on the pension. (Henry)

Henry was not the only person who expressed his concerns about the discrepancies between the espoused and the in-use theories of the service. Various theorists who talk about the person-centred approach stress that policy- and decision makers are keen for services to implement the person-centred approach, but they do not understand the implications. The person-centred approach implies systems-change. On a micro-level, staff do not understand the implications either when they insist on their 'professional' expertise. Leverentz (2014, p. 2) for example, argues that professionals need to understand that it is less important to understand *cognitively* what the person-centred approach is about, and more important that they understand the approach is about using one's emotional intelligence: 'sophisticated judgment, an ability to think quickly and think on ones feet, an ability to stay focused and ... a propensity to *not* need to be in control' (p. 2). Sadly, he argued, the propensity to insist on one's professional expertise is not something that gains enough attention in training on the person-centred approach. UCW management, who contract TAFE to conduct training in the person-centred approach, may be alerted to this idea.

Mark, an Indigenous Pathways client who was found a home, but was too far away from the people he felt connected with, did not feel his wishes were carefully attended to either. He also felt unhappy about the service insisting on the use of the Outcomes Star assessment tool, which he considered too 'judgmental'. He did not want this tool to be used on him as part of service delivery, perhaps because it caused him to feel 'shame'. Shame' is something Indigenous people often experience in dealings with non-Indigenous people, especially when they need help. They may appear unenthusiastic to cover their fear and vulnerabilities and they need a sense of ownership (Louth, 2012). Also, Indigenous people do not associate any sort of intervention with positive outcomes and mistrust also stems from having to constantly deal with power differences, lack of representative structures and lack of Indigenous people in influential positions in government. A process of negotiation or engagement is therefore critical for the client to approve of participation in the Pathways program, to reach a compromise or an agreement. Also when dealing with other Indigenous people, like Torres Strait, South Pacific Islander and Maori people it is important to jointly develop policy solutions rather than service delivery, program and funding models (Hunt, 2013). Consultation should be genuine rather than tokenistic, and take place at the start of the project before anything has been developed, and to determine the overall purpose and direction of the project (NSW Department of Community Services, 2011, p. 31). 'Engagement involves Indigenous agency and decision making, a deliberative and negotiated process, not just information giving or consultation, and it starts early in the program or project development' (Hunt, 2013, p. 2). Moreover, engagement needs to be ongoing (p. 5).

Ingrid, a Pathways client who was now living in stable and safe accommodation and whose mental

health had now stabilized, said she loved the person-centred approach, which she referred to as a way of working with people that is 'tailor made' and a 'not one size fits all' approach.

It's just - sort of like targeted to whoever's needing - whatever they need, rather than just one size fits all. (Ingrid)

Tina, whose husband had recently died, expressed her appreciation for the person-centred approach; her goals had been taken seriously and that she had received the necessary assistance so as to achieve those goals.

One of my goals was to start walking and exercising and eating healthy as well. So I've started to do that, and I'm really thankful that (Fern) gave me the walker. I actually don't need it now, because I'm able to walk - well, certain distances, then I need to sit down again, and then walk some more. (Tina)

Aylin deeply appreciated the fact that no matter what her needs were, Pathways staff were always there for her.

These people every time I know help him or her. Some people are very good. If you have problem, they will help. I know, every time. (Aylin)

Tina also loved the idea that Pathways staff was there for her, no matter whether her needs were of a physical or a mental/emotional nature. She also appreciated the fact that she was given options, which allowed her to get back to 'reality'.

(Fern] said, "Well, you could do this and this and this," so she gave me options. Just to bring me back to reality. (Tina)

The ways in which Tina had received assistance had given her peace of mind and hope. It worked like a 'stabilizing factor' in her life.

Giving us hope. "There are other ways to help you out in this situation that you're in," which gives you peace of mind. And like I said, a stabilising factor. (Tina)

Marion, who came to Perth from New Zealand, saw the approaches used by Pathways staff as 'a pathway to getting a healthy mind and body'.

Pathways itself is - is like a pathway, isn't it? It's a pathway to getting yourself, your mind and - if you've got a healthy mind you've got a healthy body, haven't you? (Marion)

Most Pathways clients appeared to convey the message that they felt the client/caseworker relationship was positive. Clients felt that caseworkers understood their main needs and concerns and Pathways staff made a considerable effort to address those needs and concerns in appropriate ways.

Pathways' measures of success

As discussed in Chapter 2, the Pathways Service Blueprint (UnitingCare West, n.d.) suggests the *success* of the Pathways program is measured in terms of outcomes, in three ways: 1/ process timeframes from referral to commencing support to achieving stated goals; 2/ client feedback and clients' degree of satisfaction; and 3/ the Outcomes Star evaluation tool. These measurement instruments and related outcomes will be discussed below.

1/ The process timeframes from referral to commencing support to achieving stated goals

The policy on Support Timescales Quality Standards (UnitingCare West, 2014d) lists the timescale below, which outlines the process and procedures the Pathways service employs, from referral to exiting clients from service.

Action	Timescale (maximum)
Identify potential client/s	n/a
Complete Client Confidential Referral Cover Sheet HACC (RAS) and send to RAS	As soon as client agreed to
Acknowledge/ acceptance of the referrals	2 working days
Making initial contact with clients after receiving referral from RAS. Discussing referral and how/what supports we are able to offer and commencing service date	5 working days
Complete basic client information sheet and information sharing consent form (Manual)	Within 24 working hours of service take up or first initial contact whichever applies
Set up client file	Within 24 hours of service take up or first initial contact whichever applies
Enter client's basic details on SMS Data sets	Within 24 hours of initial contact Within 7 days of service take up and update as often as necessary
Based on agreed goals on RAS support plan devise a strategy to achieving these goals and complete Support Plan/Outcome star and Part D	Within 7 to 14 days – of service take up, if unable to do so, evidences in the case note as to why and discuss with the team leader.
Complete Safety Plan	If identified and when necessary
Update SMS when client stop using the service.	7 days
Service hours entry and Case note	24 hrs and 7 days respectively
Survey form and close file letter	7 days
Unreachable none HACC funded clients.	Put them in the waiting list and send letter to that effect.
Unreachable/ none engaging HACC funded clients	After 4 week – send 14 days letter if no response send closing file letter and closed the file- discuss with team leader on responding to HACC.

Table 6 Support Timescales and Quality Standards

The files of 14 clients show that these timeframes are more or less consistently taken into account as part of Pathways' process of service delivery.

The policy on Support Timescales Quality Standards (UnitingCare West, 2014d) describe *how* Pathways staff are expected to deliver service. These standards arguably measure the quality of service delivery. These standards are:

- *Support is person centred and built around people's strengths, with the individual taking as much control as they want/are able.*
- *Support is action and goal focussed, and covers all key support areas.*
- *The safety is comprehensive/person centred and takes a positive approach to managing safety.*
- *The support and safety plan and associated papers are complete and in date, and link to each other.*
- *The support meets service specification outcomes.*

Evaluation research of the files of 14 clients showed that these standards are *generally* taken into account in the work with Pathways clients. As the data in previous chapters suggest, caseworkers offer person centred and strengths-based support and in most cases, the client takes control as much as they can. The data below, discussed under the Outcomes Evaluation tool, suggest that caseworkers strongly focus on goal setting and writing action plans, but not all key support areas are consistently covered and/or to the same extent. The management of safety issues and support are also addressed, but only in certain cases where the client and/or the worker report safety issues that need address.

It is useful to report here on the tools the Pathways service uses to ascribe to these standards. The client-files showed that the service sometimes uses Support Plans, and sometimes Safety Plans. Safety plans are only written when there are safety concerns. It is not clear whether the Support Plans are still

used as part of the Pathways service, but if they are not, they may need to be reintroduced, because they offer clients an opportunity to get in touch with their feelings and thoughts, and envision without any other distraction, their reality and their preferred reality. The Support Plan appended to this report shows that clients are prompted to reflect on and write about the following parts: *I am, I want, I can and I will.*

Clients also reflect on the Homeless Outcomes Star pictured below, as a visual tool that helps them reflect on the following ten areas of need: motivation & taking responsibility; self-care & living skills; managing money; social networks & relationships; drug & alcohol misuse; physical health; emotional & mental health; meaningful use of time; managing tenancy & accommodation; and offending.

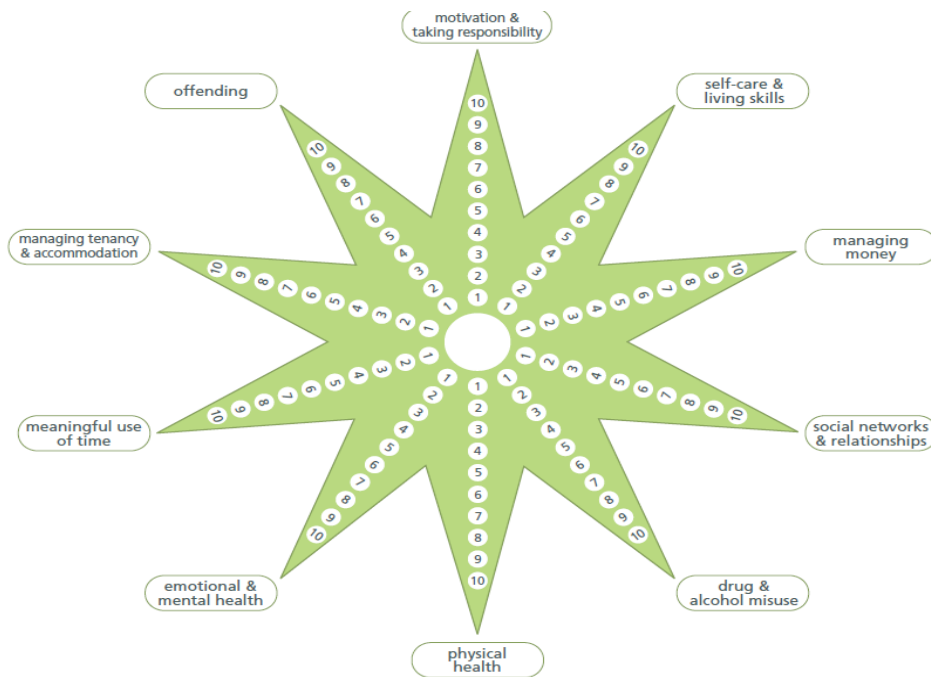


Figure 1 Outcomes Star's Visual Image

The following timescales apply (UnitingCare West, 2014b):

Safety plan	Completed within 7 to 14 days of client service take up, or initial contact Reviewed at least every 6 months.
Support plan/outcomes stars /reviews	Completed within 7 to 14 days of service take up. Reviewed at least every 3 months.

Table 7 Outcomes Star Timescale

The Pathways Support Planning/Outcomes Stars and Safety Plan Policy and Procedures document (UnitingCare West, 2014b) outlines that clients are to be approached as 'the experts in their own lives, and encouraged to be involved as much as possible in developing and writing their support plan and safety plans' (p. 5).

The files of 14 clients showed that all clients, bar one, filled in at least their *first* Outcomes Star and Action Plan, alone or together with their caseworker. The Outcomes Stars and Plans were reviewed but not all after 3 months or less. Sometimes the review took place after a period of 10 months, but not by the client. The caseworker alone, or together with the Team Leader, the caseworker used the Star to assess a client's progress. The review with the client took place after 11 months.

In line with the person-centred approach, the Pathways Support Planning/Outcomes Stars and Safety Plan Policy and Procedures document (UnitingCare West, 2014b) outlines that ‘where appropriate, family members, carers and/or workers from other agencies must be involved in helping to develop the support plan/outcomes star and safety plan’ (p. 5). Evaluation research of the files of 14 clients did not indicate any involvement of family members, carers and/or workers from other agencies. Interviews with staff and clients also failed to suggest that any such involvement takes place at any point in time during the person-centred planning sessions.

2/ The ways in which client feedback and clients’ degree of satisfaction are measured

Early 2015, in collaboration with a consultant, the Pathways team leader developed a client survey, with nine questions that are meant to be direct, simple and unambiguous. The survey offers clients an opportunity to give feedback about their service experience whilst participating in the Pathways program. The survey is ongoing and held in two ways: When a client exists the Pathways program and at the end of each calendar year.

For evaluation purposes, the researchers were offered a bunch of 21 filled in survey forms. Clients had completed these forms in the time period between May 2015 and September 2015. Having analyzed these 21 survey forms, it is evident that the survey questions were not designed to get specific information. They do not allow clients to give information on whether or not, and to what degree the five service expectations were/are being met; on staff’s capacity to enact the Pathways values: Empathy, Respect, Inclusiveness, Integrity and Commitment; or to offer information on whether or not, and to what degree clients experience a being supported, serviced and empowered by Pathways staff. More in line more with the person-centred approach as advocated by Kendrick (2008) but also with the Pathways Support Planning/Outcomes Stars and Safety Plan Policy and Procedure (2014) would be a survey that is equally direct, simple and unambiguous, but more focused on feedback and suggestions on how to improve clients’ capacity to provide their own direction to service design and implementation, so they achieve a sense of heightened personal authority relative to services.

The Pathways Support Planning/Outcomes Stars and Safety Plan Policy and Procedure (2014) suggests that every Pathways client ‘ will receive a ‘Choice and Control Offer’ which implies that where possible, the client can choose what caseworker s/he wants to work with, at what time and place, (where appropriate) control the resources, and contribute to the design and delivery of services (p. 2). This policy is laudable as it demonstrates that UCW takes a positive risk-taking approach and encourages clients to achieve their personal priorities and goals in their own ways. When met at a practical level by involving clients in designing their own support, this policy accords with the person-centred approach advocated by Kendrick (2008), who suggests that services should offer clients the tools to provide their own direction to service design and implementation, arguing that ‘external and structural alterations in people’s life circumstances can be contrasted with empowerment that comes ‘from within’ (p. 3). Referred to as ‘self-efficacy’, the latter form of empowerment is a form of psychological independence, which is to be encouraged in the person-centred approach.

Two of the nine questions offer clients the opportunity to give general feedback on their service experience. Clients’ responses to those questions are generally very positive.

Question	Client Response
How would you rate the service provided to you?	Excellent (n=7) Good (n=14) Poor (n=0) Unable to answer (n=0)
Would you recommend this program to a friend/family?	Yes (n=20) No (n=0) Unable to answer (n=0)

Table 8 Clients’ Survey Responses-1

Five of the nine survey questions offer a useful tool to *formatively* assess (evaluate) the success of the contents of the Pathways program and its style of delivery, in order for Pathways staff to (either or not)

collaboratively adapt the program or style of delivery as it progresses. As the table below suggests, the responses from 21 clients are informative in that 20 of the 21 clients noticed at least some if not many changes in their lives, achieved some or many of their goals, had been empowered to achieve their goals to a large degree, felt understood in terms of their cultural needs, and felt that Pathways staff respected and valued them. Only one person did not notice many changes in his/her life and also had felt little empowered.

Question	0	1	2	3	4	5
Have you noticed any changes in your life since beginning with Pathways? (0=no change; 5=many changes)	(n=0)	(n=0)	(n=1)	(n=4)	(n=5)	(n=11)
How well has Pathways helped you in achieving your goals? (0=no goals achieved; 5=all goals achieved)	(n=0)	(n=0)	(n=0)	(n=4)	(n=8)	(n=9)
How effectively would you say have you been empowered to achieve your own goals? (0=not empowered at all; 5=highly empowered)	(n=0)	(n=0)	(n=1)	(n=6)	(n=6)	(n=8)
How would you rate Pathways staff understanding and accommodation of your cultural needs? (0=no understanding or accommodation; 5=high level of understanding and accommodation)	(n=0)	(n=0)	(n=0)	(n=1)	(n=8)	(n=12)
How would you rate Pathways staff –respect and value of you? (0=I don't feel I have been respected and valued; 5=high level of respect and value)	(n=0)	(n=0)	(n=0)	(n=0)	(n=4)	(n=17)

Table 9 Clients' Survey Responses-2

The current survey lists one question that asks clients about their experience around staff maintaining a high standard of confidentiality and privacy. This particular question was added to the most recent, updated version of the Pathways Participant Survey. Five clients were able to offer their feedback, which was positive in each case.

Did the staff maintain very high standard of confidentiality and privacy to your satisfaction?	Yes (n=5)
	No (n=0)

Table 10 Clients' Survey Responses-3

The current survey lists one question that offers Pathways staff valuable information on what specific needs have not (yet) been addressed, and importantly, at the same time offers clients the opportunity to give suggestions, effectively giving them a voice. Effectively, this question enacts one of the six 2012-2016 Strategic Plan strategies, listed in the Pathways Foundation document (UnitingCare West, n.d.): 'To meaningfully engage people in service development'.

Is there anything else we can do to help you?	<ul style="list-style-type: none"> * Get me my own home * Keep doing what you are doing * More funding to help more people * Keep in touch * More communication. * Would like staff to come around and have a coffee, as I am lonely.
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Table 11 Clients' Survey Responses (open question)

A more summative assessment tool (survey) would build further on this strategy of meaningfully engaging people in service development, but would also invite them to identify and respond to barriers and gaps that exclude them from accessing support and services they require, which is another strategy, listed under the 2012-2016 Strategic Plan Services strategies (UnitingCare West, n.d.). This summative assessment could be handed out alongside the 'formative survey' when a client exists the program and at the end of each calendar year. A summative assessment tool would enable Pathways staff to gain information on the final product or outcomes of the Pathways program over a certain period of time, to be matched with the program's objectives and expectations including those listed above, and the overall projected outcome of Pathways, which is to assist 'people who have multiple complex needs

so they can access the entitlements and individualized supports they require to enable them to live safely and sustainably and to experience social inclusion in the community in which they live' (UnitingCare West, n.d).

A summative assessment tool would also enable clients to evaluate their own development, any gaps in service delivery they had identified and to which they could respond, any new knowledge they had gained effectively confirming their strengths and empowering them for future purposes, and as a result strengthen their identity and sense of self-realization. A summative assessment tool would add to the person-centred, strengths based and integrated service model the Pathways program aims to adhere to, with both practical and psycho-social support elements in place to work with the client group (UnitingCare West, 2013a). For example, clients could be invited to reflect on whether or not and to what degree they are now able to connect in with mainstream services and community networks; what kind of services or style of service-delivery they could or would like to contribute to; how they are now able to address their own areas of need; how they have learned to plan for their own life choices and goals; and how they are now capable of addressing their own areas of need. The summative assessment tool would further complete the process of identifying mutually identified goals that are person specific but ultimately are aimed at helping people to transition to a safer and more sustainable way of living, improve community connections, access to services, and develop confidence and practical living skills, without the support of a Pathways caseworker.

3/ The effectiveness of the Outcomes Star evaluation tool

The findings on the effectiveness of the Outcomes Star assessment tool at a service in Melbourne, which was completed by Harris and Andrews (2013), offers a good baseline to work from to consider the effectiveness of using the tool at the Pathways service and as such measure the quality of Pathways' service delivery. In their evaluation research of the effectiveness of the Outcomes Star at a community service in Melbourne, Harris and Andrews (2013, p. 2) found that both clients and workers benefit from using the Outcomes Star in that it potentially allows clients to define their own reality, and allows workers to self-reflect and be more accountable as a caseworker who supports the person- and strength-based approaches. It also offers a clear and consistent framework for working holistically with clients, which is useful for individual caseworkers, but also for team reflection and to improve service delivery (Triangle Consulting, n.d.).

To measure the quality of Pathways' service delivery, it is useful to first look at the ways in which the Outcomes Stars were filled in, and draw from the 14 client-files we accessed. After that we will look at what staff said about the Outcomes Star.

3.1 Drawing from client-files

Pathways' client Henry had filled in three Outcomes Stars over a period of one year. The worker and the client had completed all three Stars together. The worker had filled in all the Star Notes and the Action Plans. Both the worker and the client signed the plan. His first Star contained no Star Notes. His second Star contained information on three out of the 10 areas of need. The remaining seven areas remained empty. The third Star contained useful Star Notes in seven out of 10 areas of need. But it appears that all the notes had been filled in by the worker. All three Stars contained an Action Plan, and were also filled in by the worker. Evaluating the effectiveness of the Outcomes Star in Henry's case, the following points could be considered:

- As well as Henry's 'regular' caseworker, the Star Notes in Henry's file will inform colleague caseworkers and/or Pathways management should they need to work with the client, and/or assess Henry's progress.
- However, the *client did not fill in the Star Notes and the Action Plans himself*. This seems antithetical to the idea of person-centredness. It also negates the Outcomes Star's capacity to empower clients whilst identifying and envisioning the goals they want to achieve. It further negates the power of what is essentially a self-assessment tool to help people to take

responsibility for their situation (Harris & Andrews, 2013, p. 18). It further highlights the difficulty for the worker to hand over his/her power to clients.

- Clients are best equipped to define their own 'reality'.
- Workers that fill in clients' Star Notes are likely to write down their own interpretation of what clients say and draw from their own experiences and knowledge as to what is important in people's lives (Harris & Andrews, 2013, p. 18). This is evident for example in the word 'misuse' in the following Star note: "Drug misuse; does not see his drug use as a problem and believes stopping would be a problem".

Mark's file contained only one Outcomes Star, even though he said during the interview that he had filled in three Stars to date. During our interview, Mark also stressed that he really disliked the tool. He felt the tool was 'judgmental'. Mark's Outcomes Star was accompanied with Star notes and an Action Plan, but Mark did not write these notes and the plan himself. Both the worker and the client signed the plan. The Star notes were filled in only in areas 6 to 10, despite the fact that Mark had rated himself quite low in some of these areas. The first five areas did not contain any information. Evaluating the effectiveness of the Outcomes Star in Mark's case, the following points could be considered:

- Mark's Outcomes Star was not effective as a measurement tool due to the lack of additional Stars that would have offered information on his progress.
- Mark's claims contradict with the information contained in his client-file, suggesting that the Outcomes Star is only effective as a *reliable* measurement tool to the degree in which caseworkers work with *and* store the Stars.
- Though the client and the worker completed the Star together, it is not clear why the *client did not fill in the Star Notes and the Action Plan himself*. The same arguments apply as above, in terms of this negating the potential power of the tool.
- The fact that *Star Notes were written down only in five areas of need* were filled in is begs the question as to why no notes were written down in the other areas and suggests the caseworker may have been running out of time, energy and/or enthusiasm.
- Mark finding the tool too judgmental may indicate that the Outcomes Star is inappropriate for working with Indigenous people. It appears to produce 'shame', though this would need not to be checked with other, senior Indigenous people.

Ingrid's file contained three Outcomes Stars, which all contained an Action Plan. The worker and the client completed two out of three Outcomes Stars together, but Ingrid filled in the third Outcomes Star by herself. All the Actions Plans were written out by the caseworker, but both the worker and the client signed the plan. The first and the third Stars contained Star Notes, but not the second Star. The Star Notes in Ingrid's first Outcomes Star were written down by the caseworker instead of Ingrid herself, and only in two out of 10 areas. Ingrid's third Star contained her own Star Notes and spoke a thousand words. For example, Ingrid wrote under 'Managing Tenancy & Accommodation': "Due to move into Homeswest this month, yay!"

Evaluating the effectiveness of the Outcomes Star in Ingrid's case, the following points could be considered:

- It is not clear why the *client only filled in the Star Notes of the third Star, and did not fill in any of the Action Plans*. Granting clients the power to write down their own Star Notes and Action Plans would offer clients the opportunity to express in their words how they think and/or feel about their situation in each area of 'need', and what they would like to do as a next step in a positive direction.
- When clients fill in their own Star Notes, they offer insight into *their lived experience*, of value for caseworkers, management and others interested in clients' wellbeing and clients' progress.
- Handing over the power to clients to fill in their own Action Plans would offer their caseworkers the opportunity to refine their skills in person-centred ways of working.

Tina's file contained three Outcomes Stars. The first and second Stars contained no Star Notes. The third Stars both contained very informative Star Notes in seven out of 10 areas. It seems that the

caseworker wrote down those notes, though verbatim (in the 'I' form). For example the 'Physical Health' area contains the notes: "At the beginning stages of my exercising just need some encouragement to keep me going". The first and third Stars contained an Action Plan, both of which were signed by the worker and the client. The worker had filled in the first Action Plan, but Tina may have written out the third plan herself, because the handwriting is the same as that in the Star notes. Evaluating the effectiveness of the Outcomes Star in Tina's case, the following points could be considered:

- It is not clear why no Star Notes were written down in the first and second Stars. It would have been useful to at least have a note attached as to why such was the case, as that kind of information would have offered insight into the condition of the client at the time, and also ensured transparency in the quality of service delivery.
- It is not clear whether the caseworker or the client filled in the Star Notes and the Action Plan of the third Star. But they were written as if the client had written these herself. If the worker had written these out, they were verbatim, as such successfully expressing the thoughts and/or feelings of the client herself.

Esther's file contained three Outcomes Stars; the originals and also an electronic version of all three Stars. The *first* Star contains Star Notes and an Action Plan, but these were written down by the caseworker. It appears that the Plan was filled in in the client's presence, because both the worker and the client signed the plan. All the areas of the Star Notes were filled in, but it is not clear whether the Star Notes were also filled in Esther's presence. The Star Notes offer useful and elaborate information, suggesting that an elaborate interview had taken place. For example, under 'Social Networks and Relationships', the notes say: "Satisfied with current relationships and not interested in further socializing". Esther's *second* Outcomes Star contained no Star Notes at all, and the caseworker had filled in the Action Plan. Esther's last Outcomes Star did contain Star Notes and an Action Plan, which appear to have been filled in by the caseworker though verbatim. Also these notes offered useful information. For example, under 'Social Networks and Relationships': "Sometimes have negative thoughts about myself; feel shy at times therefore would not talk much. Interested in joining small groups".

Evaluating the effectiveness of the Outcomes Star in Esther's case, the following points could be considered:

- Considering Esther's file contains both the original and electronic versions: It is not clear whether the idea is to eventually get rid of the original documents, but keeping them would be worthwhile!
- By comparing the Star notes in the area of 'Social Networks and Relationships' between the two Outcomes Stars, which were filled in 10 months apart from each other, it is clear that Esther had become more 'realistic' and/or honest with the caseworker, in terms of her actual needs with regard to Social Networks and Relationships. This information suggests that it is useful for caseworkers to always make sure that all the areas are filled in *verbatim* at all times, though preferably by the client him/herself. Clients' needs are likely to change over time, as will the client/worker relationship. Both of these will impact on the way in which the client expresses his/her thoughts and feelings about his/her rating in each of the 10 areas. The way in which a client expresses him/herself says much about his/her inner thoughts and feelings, but also about the amount of trust s/he places in the worker and their relationship.

Aylin's file contained two Outcomes Stars, with 12 months of time in between them. Both Stars contained an Action Plan. It is not clear who filled in the Action Plans, but both the worker and the client had signed them. Whilst the first Outcomes Star was not accompanied with Star Notes, the Star Notes that accompanied the second Star appeared to have been written down by Aylin herself. For example, with respect to the area of 'Motivation and taking responsibility', the Star Notes say that Aylin's son was "now school, he is happy. We found nice house and my house is very good". With respect to the area 'Social networks and relationships', the author wrote: "I have friend and we are going to visit them". It seems that the author had been assisted to write 'correct' English.

Evaluating the effectiveness of the Outcomes Star in Aylin's case, the following points could be considered:

- For evaluation purposes, it would be useful for the author of the Star Notes to write down who wrote the notes. If Aylin had filled in the second Star herself for example, very important information has been conveyed. It not only suggests that despite her claims (in a support plan and during the interview) of needing or 'wanting to learn English', she now clearly felt confident enough to write down in her own words how she felt about her achievements to date. This also seems to suggest that she felt at ease with the caseworker. If Aylin had filled in the second Star herself, important information is conveyed about the client/caseworker relationship: the relationship had improved, which may also reflect on the caseworker's growth in self-confidence.
- Aylin's notes give a clear sketch about how she felt about her current situation.

Glen's file contained two Outcomes Stars. His first Star contained no Star Notes but did include an Action Plan which his worker had filled in. Both had signed the Action Plan. The second Star was filled in by the worker alone. It contains no Star Notes and no Action Plan. Only a note saying that the client had moved to live with this brother in an area outside of the Pathways service area. It is not clear why the worker filled in this Star. Evaluating the effectiveness of the Outcomes Star in Glen's case, the following points could be considered:

- It would have been useful for evaluation purposes to have Star Notes attached to the Outcomes Stars.
- With respect to the second Star, it would have been useful to find out why the worker rated the client in the 10 areas, the way he did. Star Notes would have offered that information, of value both for evaluation but also possible future purposes, should the client wish to resume the Pathways program.

Marion's file contained two Outcomes Stars. Whilst the client filled in the first Star, the caseworker filled in the second Outcomes Star, including the Star itself. In other words, it contains no client scores. Whilst the first Star contained Star Notes in three of the 10 areas of need, were filled in by the caseworker and offered useful information, the second Star contained no Star Notes at all. Both Stars however included an Action Plan, which again had been written out by the caseworker and was hard to read. Evaluating the effectiveness of the Outcomes Star in Marion's case, the following points could be considered:

- It is not clear why the worker filled in the second Star alone. Harris and Andrews (2013) point out that the Star is only reliable as an accountability tool and works in accordance with the person- and strength-based approaches when the client's self-grading is used (p. 18).
- Harris and Andrews (2013) suggest that excluding a client's self-rating 'reasserts the worker's experience as 'dominant' in the case-management relationship' (p. 18).
- It is not clear why the second Action Plan had been filled in by the worker alone, whether the client was absent, and/or what the caseworker intended to do with this second Action Plan. An accompanying note as to why the worker filled in this Star including the Action Plan alone would have been useful for assessment purposes, but also for the future reference of the worker's colleagues.
- An Action Plan that is hard to read makes the work difficult for colleagues who need or want to work with and/or follow up on the client.

Brad's file contained no Outcomes Star at all, probably because the Pathways service was not using the tool at the time.

Simon's file contained *four* Outcomes Stars. The first Star contained no Star Notes and the Action Plan appeared to have been completed by the client. Simon's second Outcomes Star was completed by the worker alone, accompanied with Star Notes *and* an Action Plan, which was signed only by the caseworker. The third Star had been filled in by the worker and the team leader, probably as part of a

'supervision' meeting. This Star contains no Star Notes. The worker and client completed the fourth Outcomes Star together. It contains no Star Notes but does include an Action Plan which, again, appeared to have been filled in by the client himself. Evaluating the effectiveness of the Outcomes Star in Simon's case, the following points could be considered:

- The fact that an Action Plan had been completed as part of filling in the second Star, suggests that the Star had been completed whilst speaking with Simon over the phone. An accompanying note to confirm this would have been useful for evaluation purposes. It would also have been useful for colleagues for possible future purposes, to know whether and/or when the client would sign the Plan.
- It would be useful for the client but also for the caseworker's colleagues, if the worker was consistent in filling in the Star Notes in each of the 10 areas, so that client's progress and the quality of service delivery are measurable. Or the Outcomes Star does not service as an accountability tool.

Frances' file contains one Outcomes Star, which had been completed fairly recently. This Outcomes Star does not include any Star Notes, but does include an Action Plan. Going on the style of writing, this plan had been filled in by the client himself. For example, one goal is written down as follows: "To find a work first". The Action Plan listed January 2016 as a review date, and we accessed the file in March 2016. It appears that no review meeting had been held yet despite the Action Plan having 'expired' at the time of us accessing the file. Evaluating the effectiveness of the Outcomes Star in Frances's case, the following points could be considered:

- For follow up interviews, accountability and evaluation purposes, it would be useful to have Star Notes attached to each Outcomes Star.
- Not having a second Outcomes Star in the client's file suggests that the client was not engaging the way he (arguably) intended to engage during the time of writing the Action Plan. This also raises the question as to whether it would be useful for clients to write down in the Action Plan when they will next contact the caseworker, as part of their goal to continue with the Pathways program.

Achmed's file contained two Outcomes Stars. The worker and the client completed both, and neither contained any Star Notes. Only the second Star was accompanied with an Action Plan, which the worker appeared to have filled in. At the time of us accessing the file, the Action Plan had not yet 'expired'; that is, the timeframe within which the set goals would have been achieved had not yet been completed. Evaluating the effectiveness of the Outcomes Star in Achmed's case, the following points could be considered:

- For follow up interviews, accountability and evaluation purposes, it would be useful to have Star Notes attached to each Outcomes Star.

Sophia's file contained four Outcomes Stars. The worker and the client completed her first Star together. It did not include any Star Notes, but it did contain an Action Plan, which the client appeared to have filled in herself. The worker and the client together again completed the second Star. This Star included Star Notes in all 10 areas (!), which provided useful data, but were written down by the worker. The worker alone had filled in the third Star, which was accompanied by elaborate and informative Star Notes. It also contained an Action Plan that the worker had completed but it had not been signed by anyone. It contained no timeframes in terms of when the three goals, listed in this Plan, would have been achieved. There was no note attached as to whether or when the client would sign the Plan. The worker and the client filled in the fourth Outcomes Star together, and the Star Notes were filled in only in two areas. This fourth Star contained no Action Plan, only a letter written by Sophia herself, suggesting she had completed her Pathways program: "I cannot thank you enough for your support. Your organization has encouraged me to keep on to get well... Your all awesome". Evaluating the effectiveness of the Outcomes Star in Sophia's case, the following points could be considered:

- The apparent fact that the client filled in her own Action Plan during her first interview suggests she was committed to improving her situation, which is useful information should another caseworker need or want to work with the client in future.
- The fact that all 10 areas had been filled in during the second Star meeting, suggests that an elaborate and frank discussion had taken place and that the client/worker relationship was positive.
- It would have been even better had the client filled in the Star Notes herself, allowing her the opportunity to own up to her situation and as such feel empowered.
- A note saying how the third Action Plan had been completed, why the worker had filled it in by himself, and whether or when the client would sign it, would have been useful for the purpose of measuring quality service delivery.

James' file contained three Outcomes Stars. None of the Stars contained any Star Notes. As part of the first Star, the worker had written out the Action Plan in a language that was 'worker-centred' (not verbatim). The second and third Stars also included an Action Plan. It appeared the worker had written these plans out though in verbatim format. Both the worker and the client had signed all the Action Plans. Evaluating the effectiveness of the Outcomes Star in James's case, the following points could be considered:

- It would have been useful had all the Stars been accompanied by Star Notes, for purposes of reliability and accountability in terms of service delivery.
- It would have been useful for the client to have filled in the Action Plans himself, allowing him the opportunity to own up to his situation and as such feel empowered.

In sum:

- The Outcomes Star tool has the potential to empower clients.
- The Outcomes Star supports the person- and strengths-based approaches.
- Encouraging clients to comment on all 10 areas in the Star Notes allows clients to think more deeply about why they rated themselves in the Star the way they did, and as such accept responsibility.
- Clients who fill in their own Action Plans during the first interview affirm a commitment to improving their situation.
- Clients who write Star Notes in all 10 areas offer caseworkers an opportunity to enter into an elaborate and frank discussion ('to engage').
- Caseworkers who encourage clients to write down their own comments in the Star Notes affirm the Star's potential power of what is essentially a self-assessment tool, helping people to take responsibility for their situation (Harris & Andrews, 2013, p. 18).
- Clients are best equipped to define their own 'reality' (Harris & Andrews, 2013, p. 18).
- Workers who fill in clients' Star Notes are likely to write down their own interpretation of what clients say and draw from their own experiences and knowledge as to what is important in people's lives (Harris & Andrews, 2013, p. 18).
- Caseworkers who fill in clients' Star Notes and/or Action Plans appear to find it difficult to hand over power to clients (Harris & Andrews, 2013, p. 18).
- Caseworkers who grade a client in a Star should clarify why they did this. Harris and Andrews (2013) point out that the Star is only reliable as an accountability tool and works in accordance with the person- and strength-based approaches when the client's self-grading is used (p. 18).
- Harris and Andrews (2013) suggest that excluding a client's self-rating 'reasserts the worker's experience as 'dominant' in the case-management relationship' (p. 18).
- Handing over the power to clients to fill in their own Star Notes and Action Plans offers caseworkers the opportunity to refine their skills in person-centred ways of working and setting goals with clients (Harris & Andrews, 2013).

- A client who does not wish to fill in his/her own Star including Star Notes and Action Plan, may indicate not being willing to engage with the caseworker and/or work towards goals as part of their goal to continue with the Pathways program.
- Caseworkers who encourage clients to fill in their own Star Notes and their own Action Plan, acknowledge that clients' personally written information offers different layers of information: it says something about their condition, their progress, but also their own perspective on their condition and their *lived experience*. These layers of information are useful for colleague caseworkers and also for managerial staff for evaluation purposes.
- When caseworkers fill in clients' Star Notes and/or Action Plans, their actions are antithetical to the idea of person-centredness.
- Caseworkers who fill in clients' Star Notes and/or Action Plans negate the Outcomes Star's capacity to empower clients whilst identifying and envisioning the goals they want to achieve.
- The Outcomes Star is useful as an assessment and professional accountability tool, only to the degree that caseworkers and the team are consistent in how they use the Star and how they store the data.
- A team of caseworkers that explores and discusses the value of the Outcomes Star indicates that it acknowledges and seeks to ensure the potential power of the tool is maximized.
- A team that acknowledges the potential power of the Outcomes Star develops policy around what to do when a client refuses to fill in his/her own Star Notes and Action Plan. This team might consider as an alternative, the value of writing out *verbatim* Star Notes and Action Plans, if a client refuses to write these out him/herself. The author of the notes and the plan should also sign them.
- The team may consider it useful for clients to write down in the Action Plan when they will next contact the caseworker, as part of their commitment to continue with the Pathways program.
- Verbatim notes and plans also express the thoughts and/or feelings of the client him/herself.
- A team of caseworkers that uses the Outcomes Star as a team-evaluation tool, would discuss how each worker employs the tool, why in that way, what this says about their ways of working, what that means for the team, and what the team chooses to do with that information.
- The Outcomes Star may be inappropriate for casework with Indigenous people, as it appears to produce 'shame'. This would need not to be checked with other, senior Indigenous people.
- To warrant teamwork, where Star Notes are missing in a client's file, the caseworker should attach a note saying why such was the case. That kind of information offers useful insight into the condition of the client at the time, and also ensures transparency in the quality of service delivery.
- Considering some client files contained both the original and electronic versions of the Outcomes Star: If the service would consider eventually getting rid of written (paper) documents, reconsideration may be needed: Handwritten work speaks a thousand words!
- The value of making sure that Star Notes are consistently written out in each of the 10 areas cannot be underestimated. Clients' needs are likely to change over time, as will the client/worker relationship. The notes will reflect those changes, offering invaluable information for evaluation purposes and ensuring consistent quality service delivery.
- Where a caseworker fills in an Outcomes Star by him/herself, s/he should also make sure that Star Notes are written down in all 10 areas to clarify why s/he rated the client the way s/he did. In support of the person-centred approach, the worker should also state why s/he filled in the Outcomes Star by him/herself, whether, when and how the worker was going to share this information with the client, and why at that time.
- Where a caseworker fills in Star Notes and/or Action Plans, s/he needs to make sure that the writing is legible, so that colleagues who need or want to work with and/or follow up on the client, but also the client him/herself can read the work.
- Where a caseworker fills in Star Notes and/or Action Plans whilst speaking with a client over the phone, an accompanying note to confirm this is useful for evaluation purposes, but also validates colleagues who might need to work with the client in future.
- Where a caseworker fills in Star Notes and/or Action Plans whilst speaking with a client over the phone, s/he should also write down when the client is personally going to sign the Plan.

3.2 Drawing from interview data with staff

- Staff paid little attention to the value of the Star Notes and whether or not all the Notes were or should be filled in at all times.
- It is not clear what kind of information had been passed on during the two days of training staff had received in using the Outcomes Star, whether it paid attention to the Star Notes and whether or not staff were encouraged to let clients fill in their own Notes and Action Plan. It is not clear either as to whether a link had been made between the Outcomes Star and the person- and strengths-based approaches.
- John, the Executive Manager Inclusion said that UCW uses a range of Outcomes Stars across the organization. In the case of Pathways, it is the Homelessness Outcomes Star, which is a 'useful measure over a longer period of time', but not 'over too short a period of time'. John said that other ways of measuring service outcomes were also used, but they focused more on 'generic' things. But the Outcomes Star was the best way of measuring service impact on clients. John said he based this information on feedback he received from managers and staff, and also on monthly reports he received from managers.
- Marian, the Inclusion Manager, also thought the Outcomes Star was a very useful tool to measure service impact and the quality of service delivery. It allowed her to get insight into the needs and the type of areas that clients wanted to see addressed, and whether these areas would change and the number of needs would lessen over a certain time-period. Marian found for example that the majority of clients had physical and mental health-related issues they wanted to see addressed, more than matters related to food and shelter. She concluded that finding housing should therefore *not* be a priority for Pathways, even though UCW as an organization focused mainly on delivering 'crisis' services and on meeting people's immediate, physical needs. UCW should better support the Pathways service despite the fact that Pathways did not focus on housing. UCW should understand that Pathways clients struggle with mental health and social isolation issues.
- Ben said that he was already familiar with the Outcomes Star when UCW management first introduced the tool. He was enthusiastic about the tool, because had used the Outcomes Star in the UK already and thought it was useful for management because it offered a quick, visual picture of where clients are at, whether the Pathways program was working or not, and what caseworkers needed to do to improve quality service delivery and optimize client outcomes. He heard that clients also liked the tool.
- Iris said that caseworkers had their doubts around the appropriateness of the tool when they received the training and were asked to implement the tool. But then, Iris said, when staff found out that clients 'loved' the tool because it gave them a visual picture of where they were at and also allowed them to acknowledge their strengths, they could support its use.

As workers, we were a bit hesitant, because we thought it was just too much, too much information, they just want to - you know, you to help them - not do too much paperwork. But they actually love doing it because it gives them a picture of where they're at at the moment in their life, and trends they can work on. And it encouraged them as well.

Iris also said during the first interview that clients appeared to love the tool as it helped them in the process of setting goals, understanding what they would be working towards. This finding adds to what Harris and Andrews (2013) found in their research, suggesting that the tool strengthens caseworkers' capacity to set goals with their clients.

- Fern found the Outcomes Star a very useful tool. Clients tended to hesitate at first because of the paperwork involved, but once they started they 'got into it' they enjoyed the process of filling in and completing the Outcomes Star.

You start explaining it to them, they feel like, "Oh, my god. We're going to do this again, the forms and all that." But once you start they're like, "Oh, yeah, that really explains me. I want to do things but I feel like sometimes this, this, this," and they really enjoy doing it. (Fern)

When Fern used the Outcomes Star with clients for the first time after they had been on the program for six months already, she asked clients to fill in an Outcomes Star that reflected where they were at six months ago, and also an Outcomes Star of where they were at now. Clients loved seeing how much they had achieved already, which helped boost their confidence.

- Bart commented that it takes time to get to know clients and find out their real needs, after which the interviewer asked whether this would impact on the Outcomes Star and the process of setting goals. Bart commented that it was still possible to set goals during the first few meetings, because client goals were typically of a more practical nature. Goals to address the deeper, mental/emotional issues needed more time and would better be addressed after several months of working with a client. Of note is the Harris and Andrews (2013) research finding, that it is best for a service to use the Outcomes Star not during the intake process or first meeting with the client, but only after three weeks or so. This gives the caseworker more of an idea of the client's real needs (p. 7).
- Bart mentioned a few clients that had been or were suicidal. Interestingly, the point of being suicidal is not mentioned in the literature on homelessness, nor is it a criterion that is mentioned in the Outcomes Star. This is probably due to the fact that 'being suicidal' is associated with mental/emotional health issues, but brings up the question as to whether it needs special attention because may require staff to put in extra time and resources to work with the client and achieve results.

Final note

This chapter continued to focus on the *second* of the four aims for this evaluation study: **Address the quality of service delivery including the impact of the Outcomes Star, which is the main assessment tool the Pathways service uses, to measure clients' progress but also the quality of service delivery.** It evaluated the success of the Pathways *program* by using the three measurement instruments listed in the Pathways Service Blueprint (UnitingCare West, n.d.): 1/ process timeframes from referral to commencing support to achieving stated goals; 2/ client feedback and clients' degree of satisfaction; and 3/ the Outcomes Star evaluation tool. These three measurement instruments were placed in the context of Pathways service's commitment to the person-centred and strengths based models. Like previous chapters, this chapter included data from interviews, but also from service documents and client files. It first offered a critical perspective on the theoretical and the practical background – that is, the espoused and the in-use theories - of Pathways' commitment to the person-centred and strengths-based service models. The chapter then discussed the three measurement instruments and the outcomes achieved.

The data suggest that the quality of service delivery, based on the three measurement instruments, is very positive. The Outcomes Star supports the person-centred and strengths based approaches and proved to have the potential to empower clients. It is also a useful tool for staff to assess where clients are at and to evaluate their progress on their 'journey of change'. But the tool could also be used better as a self-assessment tool and an opportunity for clients to write down in their own words what their lived experience feels and looks like. It can also be better used as a self-reflection tool for workers to reflect on their inclination to hang on to their urge to maintain control, rate clients progress, and write down their own interpretation of what clients say and what is important in people's lives (Harris & Andrews, 2013, p. 18). The Outcomes Star is useful as an assessment and professional accountability tool, only to the degree that the team discusses the ways in which each worker uses the tool to assess their capacity to employ the person-centred approach and as such their deliver quality of service.

One other important issue that is connected with the person-centred approach and has been highlighted in the formal UCW and Pathways documents, and has not been addressed by any UCW or Pathways staff member, is the issue of including clients' families and communities. The file-documents of 14 Pathways clients did not indicate any involvement of family members, carers, people from close networks and/or workers from other agencies either. This lack of involvement is concerning considering the fact that various clients – including and perhaps especially people from Indigenous and 'other'

cultural backgrounds, wanted better access to family and social support groups. Various clients talked about family-members that cared for them, yet none appeared to have been involved at any time during the planning or implementation process of the Pathways program. For example, Esther pointed out that she had three older sisters and four younger brothers all of whom lived in the Perth area, and that she had contact only with one brother and one sister. None of the documents in her files suggested that any members of Esther's family were ever consulted, despite the literature suggesting that the role of families is central to the success of person-centred planning and that the onus is on services to bring in family members and provide them with information and training so family-members understand how to implement person-centred planning strategies (Dowling, Manthorpe, & Cowley, 2006; Mansell & Beadle-Brown, 2004). Aylin had a husband and a son and some close friends who could have been involved during the planning stage or shortly thereafter. Tina had a solid network of friends who, like her, were involved in a Christian church. None of these friends appear to have been consulted at any point in time either. Glen's brother, who lived in the Pilbara region but could have been involved via Skype or telephone, did not appear to have been consulted. Pathways staff did not appear to have involved any of Marion's family members at any point in time either, even though Marion wanted to strengthen her relationship with her immediate family and resolve the same type of issues they were going through.

And resolve a lot of issues that my family have been going through as well. Hopefully I can resolve some issues with the family. (Marion)

Yet, one of the eight 'signposts' that help measure the quality of Pathways' service delivery in its commitment to the person-centred approach, is the extent in which the service supports linkages with the client's family and community. For example, the Pathways Support Planning/Outcomes Stars and Safety Plan Policy and Procedures document (UnitingCare West, 2014b) outlines that 'where appropriate, family members, carers and/or workers from other agencies must be involved in helping to develop the support plan/outcomes star and safety plan' (p. 5).

To conclude this chapter then, the three measurement instruments and related outcomes suggest that the person-centred and strengths-based approaches, employed as part of the Pathways program, lead to successful outcomes. Combined, these methods work well for the Pathways client-group. However, some issues need to be attended to. UCW and Pathways service decision makers need to ensure that:

- The Pathways service 'fits' the client-group, rather than that clients need to fit service-protocols and service-requirements;
- A transformative leadership style is adopted as part of the person-centred approach;
- Clients are encouraged to contribute to, and take up an active role in the organization;
- There is room for systems and culture change within UCW and the Pathways service;
- The discrepancies between the Pathways service's espoused theory and theory-in-use are addressed, especially with respect to the apparent primary focus on finding housing for clients, and the apparent negligence to clients' strengths as a demonstration of their agency;
- Accredited people for *all* their strengths rather than restricting accreditation only to those that make people 'productive' citizens;
- The Pathways service takes the necessary steps to include clients' families and communities.

Whilst this chapter focused on the person-centred and strengths-based models, the following chapter (8) will highlight the *integrated service* model, which the Pathways service also expressed a commitment to. It will offer theoretical perspectives on the '*nestedness*' of the Pathways service and discuss Pathways' intra- and interagency relationship-factors; relationships that in addition to client/caseworker relationships, are crucial for the person-centred approach to be successful.

Chapter 8: Pathways' intra- and interagency relationships

Chapter 7 evaluated the success of the Pathways *program* by using three measurement instruments - process timeframes from referral to commencing support to achieving stated goals; client feedback and clients' degree of satisfaction; and the Outcomes Star evaluation tool.

This chapter (8) will offer theoretical perspectives on the '*nestedness*' of the Pathways service and discuss Pathways' intra- and interagency relationship-factors, normally considered crucial for the person-centred approach to be successful. The previous chapter focused on the person-centred and strengths-based models. This chapter considers the *integrated service model*, which the Pathways service also expressed a commitment to, to conclude that individual caseworkers and the Pathways Engagement Officer have established and maintain good relationships with various services across Perth so as to address clients needs and concerns. But more work is needed at a managerial level of UCW, to clarify whether and how the Pathways *service* can function as a good interface or constant factor between, for example, the health and housing systems and the community and social services in Perth.

It is important for UCW management to distinguish the ideology of system level integration from an *integrated service model*; the first model implies control from the top-down, but the *integrated service model* implies a service integration process that is not planned and managed from the top-down. Service integration comes about through decentralized services and/or communities which create more client-centred services and administer and manage their programs by allowing for greater community roles (Queensland Council of Social Service (QCOSS), 2016, pp. 4-5). In other words, service integration relies on a self-management process with clients offering input to guide the process, and services and clients working together whilst aiming to reduce service fragmentation (p. 6). The idea of service integration is in line with the fact that UCW and the Pathways service have committed to informing the community services sector with local, evidence based information around the best practice and better outcomes for people with complex needs. But healthy inter- and intra-agency relationships are necessary for Pathways as a service-identity to work in well with a community team of services and be credible and accepted in that services community.

Chapter 2 already highlighted that UCW understands the context within which the Pathways pilot program operates and the importance of good communications between services to improve clients' access to a suite of flexible, interlinked HACC funded services' (UnitingCare West, 2013). It is important for a service like Pathways to be committed to the *integrated service model*, because the absence of a good interface or constant factor allows people to fall 'through the cracks' of service delivery whilst some elements of service are duplicated (Grant, 2010). But the Pathways service has also been in operation for a short time only, and operated mainly as a pilot program, so cannot be expected to have obtained a firm position within the Perth social services ecology. As Grant (2010) found in his study, it is not necessarily realistic for a pilot program to want to achieve structural or even virtual integration; structural integration implying that different services are merged or form a partnership, and virtual integration that services work together closely. A service new to the local community services sector is not necessarily or readily accepted as a 'valid' service partner. More support from UCW as the Pathways' umbrella organization is warranted.

This chapter will reflect on how effective the Pathways service has been in developing inter- and intra-agency relationships so as to be capable of addressing service-gaps. It considers the service's relatively young existence and the part it plays within UCW as a large and well-established community organization. The stage of its development as a team of professionals who interact with each other and with people and services in the community, and Pathways' '*nested*' quality are also discussed. Adopting a social ecology perspective, this chapter will highlight that a human service like Pathways is '*nested*' in that it consists of individuals who partake of society at a number of levels. As an organized body it is also nested. Inter- and intra-agency relationships are important components of this nested quality, and important for a service that aims to educate the broader community as part of its commitment to *integrated service delivery*.

Pathways as a nested service

From an ecological perspective, the condition of human beings is directly related to the condition of the environment. This relationship exists at a number of levels, because human beings are 'nested' within their environment at a number of levels: a home, street, community, country-metro, region, state, continent and world. These relationships are a good 'fit' or not, and impact as such on the human condition and the condition of the environment in an interactive manner. Relationships at the different levels also interconnect and intersect, as such forming an ecosystem.

Urie Bronfenbrenner (1979) is a key proponent of this perspective who argued against the deficit model usually applied in human services, and his theories have had a massive impact on services that offer person-centred care. Bronfenbrenner distinguished five systems' layers that impact on people's development and health, and vice versa: 1/ The microsystem lies closest to the individual at the centre of the social environment of interest; 2/ The mesosystem connects the microsystem structures of home, family, friends and work; 3/ The exosystem defines the social system in which the individual does not function directly, and includes work structures and community resources; 4/ The macrosystem is the outermost layer in the individual's environment and comprises of laws, hypernorms, cultural values and socio-political contingencies; and 5/ The chronosystem (*chronos* implying 'time') encompasses the temporal changes that relate to the individual's environments.

Within social work practice, the ecological perspective is not new (Pardeck, 2015). The social worker, who works according to this model, will work at a number of levels to help improve the client's social ecosystem (p. 136). The worker does not regard the client as deviant or 'a case', but assumes that the client's relationships at the different levels need improvement. Therefore, this worker's unit of analysis is not the client's make-up and personality but the client's relationships at the different levels of his/her social ecosystem (p. 137). Because both the client and environment are affected, there is a shared responsibility between the client and his/her social environment to improve the situation. This is why the worker will assist the client's ecosystem at a number of levels, thus offering an integrative approach (p. 141). A worker, who considers the client's nestedness in the ecosystem to include the natural or built environment, will seek to improve the client's ecosystem at that level as well.

From a relatively new *service science perspective*, human services are also seen as 'nested' within their society. They are organized bodies that interact with and are part of and 'nested' within a larger network. As populations of entities that compete and collaborate they form a 'social services ecology' (Spohrer, Demirkan, & Lyons, 2015). Together they create outcomes based on social values.

The Pathways service, for example, is a human service which consists of individual staff and clients who partake of society at a number of levels, such as world, continent, nation, state, region, country-metro, community, street and, normally, a home. As a service, Pathways is also nested but somewhat differently. In the case of Pathways, the service is nested within Australia, Western Australia, UCW, East-Perth services. As a social service ecology, the Pathways service, UCW and the larger group of social services interact with and relate to each other, with other cultures, with machines etc in their inseparable interconnectedness with nature. These interactions and relationships include *and* impact on the quantity and quality of sharing of information, solving problems and achieving goals.

Management/staff relationships and connections with other services form as much an important part of service delivery as client/caseworker relationships. The importance of the *quality* of these relationships cannot be underestimated, especially in a human service that has made a commitment to informing the Community Services Sector whilst delivering a person-centred and strengths-based service. The person-centred approach implies that 'each response by the service is built around the needs of the individual client rather than a programmatic or predetermined service offer' (Tsang, Bogo, & Lee, 2010, p. 86). But these needs cannot be addressed by a service that does not effectively or sufficiently reach out to the community. As the Pathways Theoretical Foundations (UnitingCare West, 2015) document suggests, the process of working with clients implies not only that the person is placed at the centre of decisions which relate to their lives, and that each person wants and needs to live their own, personally defined, good life. It also means listening, thinking together, coaching, sharing ideas and seeking feedback, and recognizing and involving other people who make a difference in someone's life – family,

friends and community, who can support the process and help identify and develop the person's strengths. In addition, it is about delivering a culturally informed practice, offering strong coordination and demonstrating strong collaboration with other services.

The Pathways service's decision makers responsible for the existence of the service, are also responsible for people's personal experiences and quality outcomes that can be measured, not by the three measurement instruments discussed in chapter 7, but in terms of, for example, win-win or lose-lose outcomes that reflect the service's social values as a physical entity and from a higher purpose perspective. Other, additional outcomes may also be aimed for and measured, to reflect its value creation at a higher level (Spohrer, Demirkan, & Lyons, 2015, p. 18). In order to identify one's social values, it is important to understand that social values are subjective, changeable, and dynamic (p. 6). Whilst a high level of agreement and commitment to certain social values can create a 'strong culture' in an organization, there is also the danger that values become so institutionalized that they create a barrier to change (Tracy & Lyons, 2012). A fixation on Social Inclusion for example, or insisting on the concept of Person-Centredness, can be an indication of an institutionalized value.

The micro-, meso-, exo-, macro- and chronosystems which Bronfenbrenner (1979) referred to, can be used as a starting point to then clarify the service's social value-system at all those different levels. For example, social values and preferred outcomes could be, that through their interactions, service users, their families and/or close friends, RAS staff, UCW staff, Pathways service staff, and local community services and businesses benefit emotionally through an increased sense of empowerment. The existence in time and the philosophical background of UCW as an organization, the Pathways service, and the Pathways client group would need to be taken account as well in terms of their life span, learning rate, social networks, rights and responsibilities (Spohrer, Demirkan, & Lyons, 2015).

Coordinated cooperation and subordinated coordination

Expanding on the above mentioned perspectives on process-relational ways of thinking and working, and acquiring to remain balanced whilst engaging in dynamic interactions in nested and complex environments, it is appropriate to point out that UCW endorses a certain style of supervision that all members of staff are subjected to. The 'supervision guidelines' (UnitingCare West, 2014) suggest that

Good quality supervision is essential to ensure that the skills of all employees are developed, utilised and monitored effectively, with a view to meeting UnitingCare West's organizational objectives. All employees should receive *formal*, structured supervision, at agreed intervals, from their team leader and it is the responsibility of team leaders to ensure that such supervision is provided in accordance with UnitingCare West policy and procedure. All employees are expected to participate in supervision as supervisees.

It is important to point out that the capacity of an entity (an individual person or an organization) to live in the community is not only enhanced through personal efforts, but also through *coordinated cooperation*. Borrowing this concept from the Indian philosopher Sarkar, Towsey (2010, p. 53) points out that 'coordinated cooperation' is different to 'subordinated coordination' since the first assumes the viewpoint that humanity is not inert, does not live in a vacuum, that human beings are free, and that human relationships should not be constructed in a master-servant, subordinated kind of fashion but in a warm and cordial atmosphere (p. 56).

Coordinated cooperation is different to 'subordinated coordination'. The latter way of working is a top-down manner of planning and managing coordination. Subordinated cooperation is a centralized form of control that enforces cooperation and quashes creativity (Towsey, 2010). In terms of systems, this way of working would be referred to as 'system level integration'. This way of working would work against the person-centred approach because the purpose is to have a system that is controlled from the top and people are increasingly made dependent. Such a system does not encourage people to think for themselves and rely on their own agency to achieve successes. These systems are usually controlled by street-bureaucrats that like to be in power positions, to block people's agency. They label 'free spirited' people as deviant, because want them to succumb to their authority (Quirouette, 2016). They

consider homeless people as passive, unwilling citizens who produce unpredictable outcomes and deserve outside intervention (Parcell, Tomaszewski, & Phillips, 2014). Centralized forms of control dislike unpredictable outcomes, so people's creativity has to be quashed (Spohrer, Demirkan, & Lyons, 2015, p. 18).

The string of plans that have been developed as a result of the Homelessness Taskforce (2008) White Paper, *The Road Home: A National Approach to Reducing Homelessness*, are meant to achieve service integration and collaboration among specialist homelessness services including bi-lateral state implementation plans (Department of Social Services (DSS), 2016; Government of Western Australia, 2015; Homelessness Taskforce, 2008). Arguably, this service integration process is not planned and managed from the top-down, because decentralized services and/or communities themselves are expected to create more client-centred services and administer and manage their programs by allowing for greater community roles, which as Queensland Council of Social Service (QCOS) (2016, pp. 4-5) point out, can occur at the four levels of government, regional and local planning, service and teamwork. In other words, the service integration process is a product of a neoliberal climate that relies on self-management process. Service integration is meant to benefit clients through reduced service fragmentation (p. 6) and arguably reduce homelessness.

The need for developing service partnerships is necessary from a national perspective (Flatau, Wood, MacKenzie, Spinney, Zaretsky, Valentine, & Habibis, 2015), and in Perth, service integration is certainly necessary considering the experiences of Iris, the Pathways Engagement Officer. Iris said that in Perth, there are 'a lot of organizations doing the same thing and they are not talking to each other'. And Fern offered an interesting sketch of the regime and the kind of competition that homeless people are exposed to whilst in the cycle of homelessness. But Iris also found that in Perth, services have more flexibility in terms of their service boundaries, which is a result of the ways in which they are funded. The interviews with various Pathways caseworkers discussed in Chapter 5 already showed that relationships between Pathways and various community agencies were good. But specifics were presented only in a few cases. Some of these cases will be discussed below. For now suffice to say that Annie pointed out that some employment agencies were difficult to work with, and Bart highlighted the well refugee agencies were to work with. Bart also noted that a focus on building good relationships is crucial for a good working partnership, which includes being empathetic to the needs of staff from other agencies.

Sometimes organizations like the Department of Immigration - I've been to a few interviews there with these clients, and they'll start off very rigid and very unsympathetic, and then when they get into the story and they find out a little bit more, they'll become a bit more human, and very helpful and - yeah, that's very good. But you know. Mostly if you do it on a one to one basis with the people in the other organizations - and if you're not demanding, et cetera, they'll play ball and do things. (Bart)

Though the service coordination process is not meant to be a planned process managed from the top down, the term 'service integration' does not necessarily imply that the development of relationships between services will take place in a warm and cordial atmosphere. Neither does it imply that services will necessarily accept each other as equal partners in developing a community services partnership. Interagency relationships require time to develop and will not always run smoothly. But this still does not guarantee that community services partnerships and interagency relationships will 'naturally' become or remain healthy. Ben, the Pathways team leader suggested that cooperation between agencies in Perth can be challenging because a local organizing body that delivers services to homeless people – a body similar to the one in the UK - is absent. Ben's comment appeared to suggest that subjugated coordination was his preferred model of operating.

Here is more centralized, but UK it's more localised. Local authority has the resources and the power to deliver services, while here it's more kind of central government - or federal government, state government, and the local authority - a lot of bureaucracy, if you like. (Ben)

It appears that an evaluation of how homelessness and other services currently work together in Perth, and why they do and do not 'integrate' may be necessary, so as not to raise unrealistic expectations

around 'service integration'. This evaluation could consider the ways in which staff from different agencies relate to each other, and the kind of expectations they have around service-partners. Because as the remaining discussion in this chapter will highlight, relationships between staff from different services - even when they operate under the same umbrella-organization - do not always run smoothly. If service-integration is meant to be a self-managed process, the various services involved in the process would need to have a better understanding around the Perth 'social services ecology' and *the nestedness* of each of service within the larger network. They would need to understand that they are to co-create outcomes based on social values.

The evaluation could also look at the ways in which UCW services function internally, and what kind of leadership style supports the service's outcomes. For example, transactional leaders are concerned about maintaining the 'normal' flow of operations and use disciplinary powers and incentives to motivate staff (such as a 'team building' lunch). This type of leader focuses on planning, organizing, motivating and controlling, seeks order and predictability, and seeks to reduce complexity and uncertainty by appealing to staff's self-interest (Geerlof & van Beckhoven, 2016). The transactional leader would impact on service development and service delivery differently to transformational leaders, who focus on team building and collaboration, necessary for a service to develop as a learning organization (Senge, 1990). Transformational leadership is necessary in a person-centred environment where staff, service-users and their families or close friends are encouraged to orchestrate and direct service delivery in a collaborative environment (Kinsella, 2000). A transformational leader is likely to focus on the interactive, dynamic relationships and the complexity within his/her organization. This could mean that s/he considers ideas proposed by social ecologist, cybernetician and complexity theory specialist Vladimir Dimitrov (2002), who argues that explosive and implosive dynamics are both needed for an organization to work and sustain itself whilst engaging in dynamic interactions with the environment. Explosive dynamics – interactions with the world 'out there' - dissipate energy and produce heat and stress. Implosive dynamics produce coolness, health and growth. Whilst explosive dynamics allow for exploration and the creation of a diversity of forms, implosive dynamics allow for self-restoration and self-support that comes about through a search for the inner centre, towards a becoming centred. A transactional leader however would ignore the interactive, dynamic relationships and the complexity of the organization, because assuming a classical, mechanistic, linear perspective on organizations, this person would have faith in hierarchical power structures that manage and plan organizational development in a top-down manner. Clearly, the kind of leadership style adopted in the service impacts on the development of the identity of a service and how staff within the service communicates with clients and staff within and outside of the service.

Service identity development

A number of factors appeared to have impacted on the identity development process of the Pathways service. Chapter 2 already highlighted a discrepancy between some of the formal service documents that were arguably meant to form the service's theoretical framework. This discrepancy will be discussed in more detail in Chapter 9. Another factor that would have had an impact is the service's embeddedness within UCW, an organization that has a strong organizational culture. Further, the relationships between staff at a horizontal managerial level, relationships at a vertical level between managerial staff and frontline workers, and the feedback system loops as part of supervision practices. These factors will be discussed below.

#1 Embeddedness within UCW

Considering the earlier discussed service sciences perspective and the need to consider the services' social values (Spohrer, Demirkan, & Lyons, 2015), UCW has a Christian philosophical background due to its alliance with the Uniting Church. Formally, UCW has been in operation since 1 July 2006, but at its roots the organization has been in existence since the early days of the Swan River Colony (UnitingCare West, n.d.-a). Its position within the Perth services community is, therefore, firmly established and its life span is expected to be long. The life span of the Pathways service however is unpredictable, because the service has been in existence only for a few years and it relies on

unpredictable funding arrangements. Whilst UCW has a large network that extends out over all Western Australia and on national levels as well, the Pathways service has not had the chance to develop a solid position within local, state and national social networks. The learning rate of UCW is not clear from the data. The learning rate of the Pathways service as an entity is not clear, because the Pathways service was apparently not set up as a learning organization. Since its beginning, the service was set up from the top-down and the managerial focus was on administrative matters, not on the development of the identity of the Pathways service or on team development. The Pathways team leader was focused on offering staff-supervision and attending to administrative matters associated with policy development, writing client handbooks etc. The formal team meetings he facilitated, Marian, the Inclusion Manager suggested, were meant to focus on updating staff on issues that related to funding, organizational and staffing issues.

The formal meetings, (Ben) runs those, and they are really - you know, conversations about organizational updates, but also policy and procedure, process stuff - they discuss as a team. And I go along to those meetings to contribute in whatever way I can. Usually that will be organizational updates, staffing updates, funding updates, that kind of stuff. (Marian)

The administrative focus during team meetings was confirmed in the researcher's shadowing notes. The notes below were taken during a Pathways' team meeting in November 2014 in the early beginnings of the service. The service had just reached its quota of clients necessary for funding purposes. Ben directed this particular meeting, but it is unclear whether the same person always scheduled and ran the team meetings.

- Discussion of data uploading procedures. SMS is the database containing info for internal and external reporting. Discussion between team leader and project officer, about the latter's role in data management. Discussion about entering data about management of clients, case notes should be completed (uploaded) within seven days, activity such as Internet searches should be recorded, even short (ten minute) periods of work. Request for spreadsheet to be kept updated, particularly HACC details.
- Case review every three months- assessing recovery goals, what are challenges, obstacles, changed goals. Case load - two workers to have ten clients, one to have five. One worker indicated that they have only just started working with clients because of how much training they have been involved in.
- Tranby staff seem to be expecting representation from Pathways on Wednesday and Friday morning - it would be good to advise Tranby of what Pathways workers are doing, if not continuing this.
- Discussion on importance of being able to take clients out for coffee, where they can perhaps open up in a different way - availability of budget to pay for this ("loose change" brokerage). Difference between Pathways and other crisis services - Pathways not crisis care, other services available for that.
- 26 Referrals currently - clients to be allocated to caseworkers today.
- Great achievement to have full caseload so quickly - congratulations to Pathways workers.
- Team building lunch in December to thank workers.
- Staff support meeting proposed - caseworker meeting for staff support, "good practice sharing." About performance development.

The note on the 'team building lunch' is interesting, as the purpose of the lunch would not be 'team building' but 'thanking workers' for their achievements, suggesting a transactional leadership style.

The notion that explosive and implosive dynamics are both needed for an organization to work and sustain itself whilst engaging in dynamic interactions with the environment (Dimitrov, 2002) is important for a service like Pathways, which is situated or nested in a challenging and demanding environment, because of the type of client group and the context of which the service partakes. Changing funding arrangements and the weakening WA economy are one part of that context, but also the current 'status' of the Pathways service within the UCW organization and the Perth community.

#2 *Relationships between staff at a horizontal managerial level*

Especially with HACC funding being insecure, Marian, the Inclusion Manager, seemed to suggest that the life of the Pathways service is vulnerable and insufficiently supported. Rather unsettling for a *young* service like Pathways, whilst still developing its status within the Perth community, was the lack of back-

up from UCW as its 'mother' organization. According to Marian, the status of the Pathways service within UCW as an organization was 'low'. When asked to draw an organizational map of where she saw Pathways located within UCW, Marian made the drawing below, which suggests that she saw the Social Inclusions services, including Pathways, on the outer rim of UCW, whilst UCW's *homelessness* services had a 'high' status and was located at the centre of the organization. In other words, UCW undervalued and insufficiently acknowledged the area of Social Inclusion and its services as credible service partners.

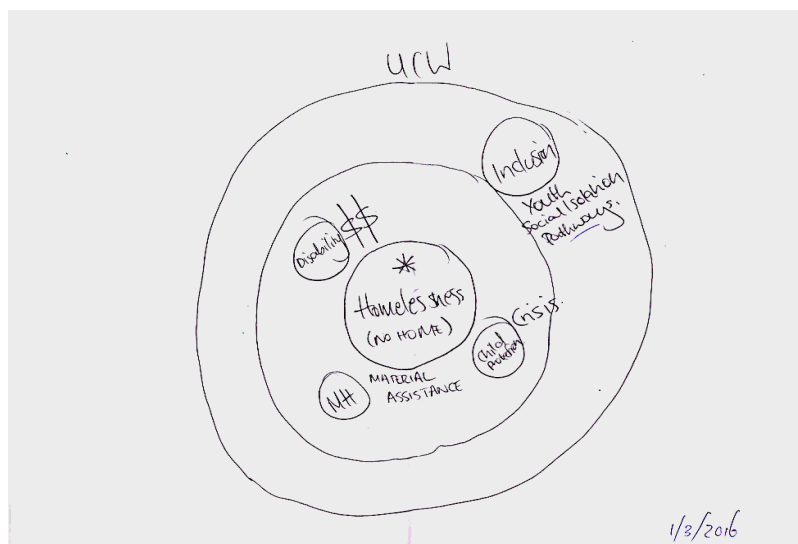


Figure 2 Marian's Image of UCW's priorities

Whilst making the drawing, Marian said:

Probably at the core of it - in terms of services rather than individuals - the power or the credibility or the status, at the core, and what matters most to the CEO, is homelessness, as in not having a home. Helping the needy, if you like. And then, teetering around the edges, disability and child protection. And maybe mental health - because we did a study recently, and like 70 per cent of the clients we work with across UnitingCare West have mental health issues, and 50 per cent of staff. So it's important, but it doesn't get spoken about nearly as much as these things. So homelessness is the core. Disability is being spoken a lot about because of dollars at the moment. And child protection, I don't know. There's something about crisis. We do crisis and material assistance. Material assistance. And mental health is - a bit further off to the side. And so inclusion, which includes Pathways, inclusion is over here. So this is like youth, social isolation, Pathways. So this stuff is sort of on the outside a little bit. So if you were to do like a Maslow type situation it's the bottom rung of Maslow that the organization is interested in. And inclusion seems to be the next level of stuff, and potentially not what the organization is as interested in.

Marian referred to the Maslow pyramid shown below, which assumes that human beings have five layers of needs. The bottom layer of needs tends to emerge first in human beings, and when these needs are generally met, the next layer of needs emerges. Marian suggested UCW paid most attention to the bottom layers of needs. The third layer received less attention.

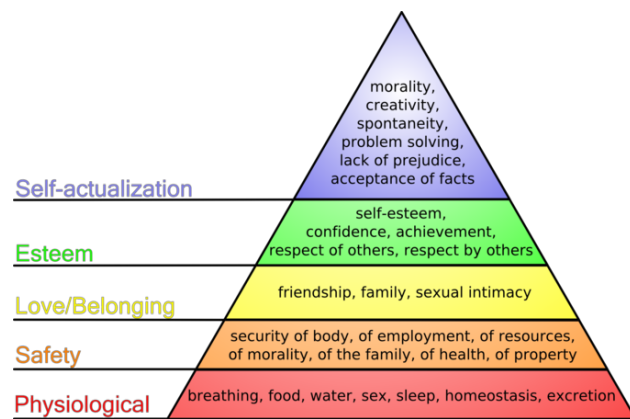


Figure 3 Maslow's Pyramid of Needs

Accessed 22 April 2016, from <https://www.boundless.com/business/textbooks/boundless-business-textbook/motivation-theories-and-applications-11/theories-of-motivation-75/maslow-s-hierarchy-of-needs-356-3204/>

Marian's drawing and her comments on the area of Social Inclusion were interesting, because drawing from the data, and as previous chapters in this report already suggested, the Pathways service did not place much attention on the issue of Social Inclusion, but all the more on the issue of homelessness. People's feelings of 'social isolation' for example, as Chapter 5 highlighted, were feelings that Indigenous clients and those born overseas suffered most from. Chapter 5 also highlighted that Pathways staff appeared to pay little attention to clients' need for social inclusion. The primary focus was on housing.

The 'disconnect' between staff at a horizontal managerial level, with the top-layer of management being more focused on (because funded for) providing material assistance and the Community Inclusion area more focused on issues related to a sense of belonging to people's mental/emotional health, was represented in the relationship between the Inclusion Manager and the Pathways team leader, with the Pathways team leader primarily focused on finding housing for clients, and the Inclusion Manager's emphasizing that housing was *not* a priority for the Pathways service. This disconnect around the issue of Social Inclusion was also highlighted in the fact that the Pathways service Blueprint (UnitingCare West, n.d.-b) listed an outcome that focused on diversity, but that this outcomes received no attention in service delivery. According to the Pathways Blueprint, the Pathways service would contribute to Cultural and Diversity competency within the UCW organization as follows:

The service contributes skills in working with indigenous clients and has established a relationship with an indigenous employment agency with the view to maintaining indigenous individuals within its staffing mix. The service is working in partnership with ASSETS to assist with the development of cultural competency training.

The data we collected did not indicate that the Pathways service was concerned about issues related to diversity and dealing with people from other cultures. This lack of concern may have been the result of a disconnect between staff at a philosophical level that impacted on the way in which management staff worked together and made decisions, and also on the ways in which feedback was offered and received during staff supervision meetings. This 'disconnect' impacted on the appointment of Steven, the Indigenous caseworker, early 2016.

UCW had expressed a commitment to cultural appropriate service delivery and acknowledges the plight of Indigenous people, which is represented in the UnitingCare West (2013) Homelessness Services Pilot description below. Of note is that this description says nothing about the strengths of Indigenous peoples.

The organization recognizes and appreciates the diversity of the Indigenous population in WA with regard to geography, language, culture, social and economic circumstances. UCW is sensitive to the history of colonization of Indigenous peoples and past practices of removal of children from their care. UCW

understands that the impacts of these practices continue into present time and are experienced in community and individual trauma and the health and well-being of Indigenous people. Programs currently delivered by UCW recognize and respond to experiences of chronic sorrow and loss, cultural, community and family disconnection and dislocation, identity, or loss thereof, and trauma of many of its Indigenous service users. UCW is committed to providing culturally and linguistically appropriate services that are accessible to all areas of the community. The Department for Child Protection provides a valuable guide to working with Indigenous people and communities.

Marian, the Inclusion Manager responsible for supervising the Pathways team leader but also for appointing staff and volunteers, said that lacking an Indigenous member of staff, Steven, who identified as an Indigenous man, was recently appointed as a caseworker but also for 'capacity building' purposes; for the team become 'more culturally appropriate'.

We wanted to have him there for capacity building for the rest of the team - so that the rest of the team could be more culturally appropriate (and) that he would have a mix of clients the same as the other support workers. (Marian)

Steven's appointment was important, Marian said, because various Pathways staff were quite new to Australia or new to the idea of working with Indigenous people.

One of the things that we did struggle with initially, but not so much now, was around working with Indigenous people, and that really was that the staff that we had at the time were quite new to Australia, or new to the idea of indigenous people; like, they just hadn't lived in a country where that was part of it, so - but I think we've built skills in that area. (Marian)

Marian's description above suggests that Steven had a mixed role of Caseworker and Capacity Building Officer to inform staff including the team leader on culturally appropriate practices. Unfortunately, we did not sight Steven's job description as part of our data collection, but we can assume that Steven's role was not described accurately in the job-description. Steven's role appeared to consist of a difficult mix as he was expected to work as a caseworker under the supervision of Ben, the team leader, *and* Steven was arguably meant to work at a managerial level, to 'build the team's capacity', informing staff including the team leader on how to deal with Indigenous people. This is a difficult mix especially for an Indigenous person who, as the Homelessness Services Pilot describes, is impacted by a history of colonization.

There are no data on how UCW as an organization proposes to recruit, interview and/or appoint Indigenous people. Whilst we were able to access a UCW staff induction booklet, data on the staff induction *process* were also missing. The data suggest however that the disconnect between staff at a managerial level and the limitations of the feedback system impacted on the quality of managerial support and produced gaps, impacting on Steven's appointment and his performance during the probation period. Steven's interview transcript suggested that he was inducted in a way that did not clarify the exact aims and objectives of the Pathways service. During the one week he had been working at Pathways, Steven had picked up that Pathways serviced homeless people only, and could not say what the objectives were of the service. Also the ways in which he had been supervised raises questions. As the following interview excerpt suggests, Steven had pretty much been left to his own devices and interactions with colleagues had been minimal, despite the team leader's awareness of Steven's lack of experience in doing casework.

I'm still coming to terms with what Pathways' goals are, and I am learning a lot about the culture of the Pathways program, having only just met some of my colleagues and known them for a week, it's a bit hard to assess where we're going to be going. (Marian)

Also, even though Steven had been appointed for 'capacity building' purposes for the team become 'more culturally appropriate', this did not happen. The description in the UnitingCare West (2013) Homelessness Services Pilot suggests that policies and procedures would determine how the Pathways service would respond to the fate, needs and ways of working with Indigenous people. If Steven was appointed to (help) write those policies and procedures, his interview transcript does not suggest he had

been informed of such a task. Steven did not understand either that he had been appointed to inform staff about appropriate ways of dealing with Indigenous people. He made no reference to this idea at all. He understood that part of his role was to “open up avenues for UCW to learn more about Indigenous people” and engage with the Indigenous community and Indigenous services.

Being Indigenous, I've been asked to open up the avenues for UCW to learn a lot more about Indigenous people, to tap more into the Indigenous community, to find out where there are organizations around town who can refer clients to us, and whom we can refer clients to as well. (Steven)

‘Opening up avenues for UCW to learn more about Indigenous people’ does not equate with the idea of appointing someone for capacity building. Capacity builders are normally appointed to bring about cultural change in an organization so that the organization is able to help improve the welfare of minority and vulnerable groups in the organization’s community. Such a process takes time. It is a process of learning about the organization’s current culture and what the organization aims to achieve. Because capacity building and cultural change implies organizational learning (Alliance for Nonprofit Management, 2015) that could be enhanced through organizational engagement in action research (Cairns, Harris, & Young, 2005), this kind of intervention would need to be supported by a well-informed and well-designed organizational strategy and ensure that the interventions match the stage of change in which the organization and also the Pathways service finds itself (Prochaska & Norcross, 2001). Davis, Corr, Gilson, Ting, Ummer-Christian, Cook, and Sims (2015) for example found that ‘an important first step in organizational capacity building is to assess workers’ readiness to change’ (p. 52) so that the interventions match the workers’ stage of change.

Marian said Steven appeared to be unsuitable for the job, going on what the team leader said. Within the two months of appointment, Steven appeared to have “insufficient casework experience and lacked taking initiative”. Ben had told Marian that Steven only worked with one client who was Indigenous, whilst he was expected to take on a mix of clients and not only Indigenous clients.

From what (Ben) tells me, other than team dynamics, he's only really worked with one client in two months. I mean we wanted to have an Indigenous support worker, but it was never our intention that he would only work with Indigenous people. (Marian)

The information Marian received in her communications with the team leader appeared to be biased. During his interview with us after one week of working at Pathways, Steven himself suggested that he had met with an Iranian Pathways client.

I'm still learning the practical side of it, the intricacies and the ins and outs and the complexities of working with individuals in a case management scenario. I've had one meeting thus far with an Iranian refugee, a boy who came out with a horrendous leg injury. (Steven)

Ben had also told Marian that Steven did not mix in with the rest of the team.

He's not trying to fit in with the team, an important part of self-care for that team. There's a lot of debriefing and a lot of bouncing ideas off each other, and (Steven) is excluding himself. (Marian)

Comments from staff that will be discussed later in this chapter suggested that staff were not happy with the ways in which the team leader engaged and communicated with the team. They were not happy with his lack of respect for staff’s capacities. Yet Marian appeared to place all her faith in Ben’s performance and his progress as a team leader. She believed that Steven, the Indigenous caseworker, proved not to be capable of being a caseworker, because if anyone could have developed him into one, Ben was the perfect person to induct Steven into this role.

It seems to us to be more of a capability issue. I mean, (Steven) has never really done casework in the past. If anyone was going to be able to develop him into that, it was (Ben) and he's feeling like there's no way this is going to happen. (Marian)

Lacking other data, we cannot dispute Marian's claims around Steven's performance. But it appears that Steven had been singled out as the one who performed 'badly' and Steven's context was not considered: a positivist management style had been adopted that determined the outcome. Instead of adopting a constructivist viewpoint and consulting Steven's colleagues (including the team leader) or coaching staff on how deal with diversity within the team, insufficient time had been allowed for Steven to develop into a competent caseworker and the team to perform effectively as a whole. For example, Sargent and Sue-Chan (2001) examined the relation between racioethnic diversity and group efficacy for example, to find that racioethnically diverse teams tend to perform effectively only later in the life of the group. Initially intergroup barriers inhibit communication, integration and cohesion, but early deficits in the performance of culturally heterogeneous groups tend to dissipate over time (p. 428). This means that in order for an Indigenous staff member to function in the largely homogeneous Pathways team, the team's developmental process should not be interfered with and time should be allowed for the team to develop into a heterogeneous team that is capable of performing effectively. The management of diversity within the service and possibly within the organization, should be a topic that needs to be explored in the larger context of the 'integration' and 'radicalization' discourse of today, which distinguishes people who are 'good' citizens when they are happy to assimilate, and those that are 'bad' when they refuse assimilation.

As suggested earlier, the disconnect at a managerial level, the ineffective feedback system, an inaccurate or incomplete job description and the team leader's leadership style may have impacted on Steven's *individual* performance. There may also have been an authority and/or cultural problem between the team leader who comes from Africa and the Indigenous man. There may have been issues to do with cultural appropriateness. Steven may not have been consulted and/or supervised in culturally appropriate ways, before and during the time of his appointment. Issues associated with 'shame' were perhaps not considered. 'Shame' is something Indigenous people often experience in dealings with non-Indigenous people, especially when they need help. They may appear unenthusiastic to cover their fear and vulnerabilities and they need a sense of ownership (Louth, 2012). Also, mistrust stems from having to constantly deal with power differences, lack of representative structures and lack of Indigenous people in influential positions in government. A process of negotiation or engagement is therefore critical for Indigenous staff (and clients) to approve of and reach a compromise or an agreement. Consultation should be genuine rather than tokenistic, and take place at the start of an appointment before anything has been developed, to determine the overall purpose and direction of the project (NSW Department of Community Services, 2011, p. 31). 'Engagement involves Indigenous agency and decision making, a deliberative and negotiated process, not just information giving or consultation, and it starts early in the program or project development' (Hunt, 2013, p. 2). Moreover, engagement needs to be ongoing (p. 5). Engagement also implies a 'whole of family approach' (Mental Health Commission, 2012). As discussed in chapter 7, with respect to the person-centred approach and also with respect to dealing with people with mental health issues, UCW management needs to understand that Indigenous people tend to rate the extended family as their main worry, but family is also their main strength and reason for making lifestyle changes (Nagel & Thompson, 2010).

In terms of Steven's appointment, appropriate ways of engaging with Steven and including the rest of the Pathways team in this engagement, would have offered the Pathways service with valuable information, for example with respect to finding housing for Indigenous people. Steven pointed out that Indigenous people have a communal life, even when they live on the streets. As a result of these factors, there is a difference between Indigenous people and non-Indigenous people who are homeless.

If you see Indigenous homeless people, you hardly ever see one homeless Indigenous person walking along; you always see a little group of them. (Steven)

Steven's point around Indigenous people living a communal life when they are homeless is interesting, considering that two Indigenous clients we interviewed appeared to suffer from social isolation, among others who were born overseas. Steven also pointed out that as a result of Indigenous people's family-responsibilities, the Housing Department does not know what to do when at any point in time, several Indigenous people live in one social housing home whilst others roam around the area, and at other

times only a few people live in one house. Annie, Steven's colleague, pointed to the responsibilities of the Housing Department, highlighting that housing needs to be culturally appropriate, and cater for bigger families and/or be flexible so people from Indigenous cultures can sustain their housing.

Housing's got to be more suited to different population groups. We need bigger houses for Indigenous families, and we need them with land, so when people come down for funerals and things like that there's room for them. (Annie)

Annie was also clear on the fact that some of her Indigenous clients had been confronted with racism when trying to get into a private rental property.

In sum, then, the disconnect at a managerial level and the limited feedback system appears to have impacted on the quality of Pathways service delivery at an intra- and interagency level, especially with respect to Indigenous staff and clients. Some Pathways caseworkers are more aware of Indigenous people's issues and strengths than others, and their inclusion in decision making processes should be taken seriously. Regarding the assessment of Indigenous clients, RAS workers talked about Indigenous people in different ways. Whilst Ella and Elly appeared to talk in ways that suggested they had little understanding for the plight of Indigenous people, Petra appeared to have a much better understanding of their situation. UCW and RAS management may need to communicate with each other and ensure that culturally sensitive RAS workers do the assessments with Indigenous people. Also, the Outcomes Star may need to be abandoned as a measurement tool for Indigenous people, as it appears to produce 'shame'.

#3 *Relationships between managerial staff and frontline workers and feedback system loops*

John, the Executive Manager Inclusion, pointed out that all UCW staff's performance is 'measured' by way of supervision meetings to find out how well staff work within their environment; work together with clients and also with other team members. This 'measuring' process takes place through asking for feedback during 'supervision' meetings, and through the conduct of 'management meetings'. The individual or sometimes group supervision meetings, John said, take place weekly or monthly; the latter when staff are employed on a casual basis. He said that supervision meetings take place in a top-down kind of manner: The CEO supervises the Executive manager Inclusion, the Executive Manager Inclusion has 'supervision' meetings with the Inclusion Manager; the Inclusion Manager with the Pathways team leader, and the Pathways team leader has 'supervision' meetings with Pathways staff. In order words, there is no quality check in terms of the ways in which this 'supervision' process takes place, which begs the question as to how the quality of the service's ecology and its performance as a whole is measured.

It is not clear whether Marian knew about Pathways' lack of focus on issues related to Social Inclusion and how the feedback system between the Pathways team leader and herself functioned as part of supervision practices. But there appeared to be a *glass ceiling* between managerial staff and frontline staff. Marian said she supervised Ben and tried to help him to become a better team leader. Because there were staff issues in the past, Ben needed Marian's help to deal with those. But Marian did not elaborate on how these issues had been dealt with. She only reported that she was no longer needed to help Ben for him to be able to 'lead the team'.

I mean, it's a fairly new team, although we're coming up for a couple of years now soon. But it is - has been kind of evolving over time, and we've had a few staffing issues along the way. And - yeah, my focus is on (team leader) being able to lead the team, so initially I was spending a lot of time here. But yeah, I really don't need to as much anymore. (Marian)

It is not clear what kind of feedback Marian gave and received during her supervision sessions with Ben. But the feedback appeared to be biased, and some information would have been withheld. Marian did not know for example about some caseworkers' struggle with the 'disconnect' between management and workers; a struggle Bart alluded to during the interview when he said:

So there's a little bit of a disconnect: we have to build the rapport, take the time to do that, but then we are required to actually - you know, have statistics to show we're doing work, so that can be a bit of a trick, so - we're used to it - you get used to it in this sort of job, so it's just a fact of life. There's, if you like, the management - corporate need for statistics for funding purposes and all that sort of thing, and they rely on the workers to do the work. You work around it - you work with it.

As stated in chapter 5, Bart said that management appeared "fairly relaxed", but it took a lot of time for caseworkers to sort out and provide statistical information on how much time and effort they spent on each client. But the funding body wanted this information, so management needed to make sure that caseworkers would abide. Bart also suggested that management imposed financial restrictions on the types of services Pathways staff was able to provide, impacting on the quality of service delivery. Bart appeared to infer that the management style was transactional rather than transformational, perhaps as a result of the pressures the funding body placed upon management staff. A transactional style does not match however with the person-centred and strengths-based approach. Transactional leaders focus on goals and conditions and offer rewards to employees who achieve those, whilst transformational leaders act as a role model, stressing ideals and that individual staff's needs are important, rather than the needs of the leader (Avolio & Bass, 2002, pp. 10-14).

The glass ceiling between managerial staff and frontline staff was also evident in that Marian did not know about staff's concerns around the team leader's performance, as suggested below under the heading 'team leadership style'. That said, Marian stressed she made an effort to protect Pathways staff from the organization's 'clunky and bureaucratic' mechanism.

The organization, sometimes it feels a bit like we get our jobs done in spite of the organization, because it's clunky. It's not a bad organization, it's just really clunky and bureaucratic, and services like Pathways and some other services I manage, they're outside of the comfort zone of UnitingCare West, and so it becomes even clunkier and more bureaucratic. I don't think that my team has to deal with that. I try and keep them sheltered from that stuff. (Marian)

In organizational theory, bureaucratic organizations are described as having a formal hierarchy, and they are focused on rules, routines, and merit-based employment (Morgan, 1997, pp. 18-22). Transactional leaders suit those types of organizations to keep the environment orderly, in control and organized. Transactional leaders employ autocratic decision making strategies, as different to transformational leaders who employ participative decision making strategies. Because they focus on performance, not human relationships, Morgan (1997, pp. 304-305) refers to the sociologist Max Weber who pointed out that these leaders, in their emphasis on bureaucratization 'present a very great threat to the freedom of the human spirit and the values of liberal democracy, because those in control have a means of subordinating the interests and the welfare of the masses'. Due to the fact that the Social Inclusion area was outside of UCW's comfort zone, UCW as an organization became even more 'clunky' and bureaucratic.

Pathways' interagency relationships, and feedback loops

The relationship with Tranby

John, the Executive Manager Inclusion, said that Tranby was quite different to the Pathways service because Tranby 'is a key service centre' and geographically important.

Tranby is a key service centre. So one of the service centre philosophy is geographically based, and then it provides a range of - from an umbrella perspective, there's a range of a lot of other services underneath it. There's a range of community-based organizations as well that we partner with. (John)

John's suggestion reinforces the importance for Pathways staff to create and maintain good relationships with Tranby staff. As suggested in chapter 5, relationships between Pathways and Tranby staff now appear to be 'good' or 'very good'. But the development of these relationships was not a smooth process. The relationship with Tranby appeared to be important for the Pathways service,

particularly at the start of the program, because Tranby helped Pathways staff to recruit the required number of clients (25 in total). Because the first cohort of Pathways clients came from Tranby, the two groups of staff also found out they needed to exchange information about clients' background and their progress.

The following *shadowing notes* were written when the researcher visited Tranby at the start of this evaluation research, about half a year after the Pathways service started off. They suggest that there were miscommunications between Pathways and Tranby. The Tranby team leader, who had been working at the centre for a long time, was not happy about the ways in which Pathways staff conducted themselves towards her colleagues and herself. She felt that there was a *disconnect* between Pathways and Tranby staff.

One of the staff, a long term worker at the centre, introduces herself to me. She says that a lot of the work is "relational," and that Pathways staff could use her relational knowledge of clients as a resource better, and she and other Tranby staff could be involved in the process of sitting down with clients and figuring out needs. She indicates that presently the services are discrete, and need to be connected better and should be kept informed as to what is going on. (researcher's shadowing notes)

The Tranby team leader's comments are interesting, because they contradict the Pathways team leader's suggestion at that time. The relationships between the two services were 'very good', Ben said during the first interview, which was held only a few days after the above shadowing note had been written. Ben stressed however he based this judgment on what his observations and what he had heard from his staff. Ben also suggested that the fact that Pathways had grown to 'capacity' so quickly – had reached its quota of people needed for funding purposes – which he saw as an affirmation to his judgment.

Very good, I believe. From my observation, talking to the team, the outcome or how soon that we've got the capacity up is testimony to (indistinct). (Ben)

Ben also stressed that he 'constantly liaised' with the Tranby team leader.

I constantly liaise with the team leader. (Ben)

The quality of the 'constant liaisons' may be more focused on content than relationship building, the production of outcomes more important than building empathy or warmth. The notes on the discussion suggest that the 'continuing communications' with Tranby focused on promoting the Pathways program and recruiting sufficient clients so the Pathways program could commence. In other words, the 'relational' needs with Tranby were based primarily on the fact that the Pathways service needed the required number of clients. They were not based on the ideology of the integrated service model, which promotes quality communications between service providers, including reporting mechanisms that provide feedback about service performance.

Discussion about wanting to continue communication with Tranby - advise and recruit them for the waiting list, no further promotions needed. Tranby staff seem to be expecting representation from Pathways on Wednesday and Friday morning - it would be good to advise Tranby of what Pathways workers are doing, if not continuing this. Promotion was very successful - 18 clients in two weeks - but if promotion continued it would give patrons false expectations, as the program is now full. (researcher's shadowing notes)

Perhaps there was a disconnect between Pathways and Tranby staff also, because Pathways staff felt a need to distinguish Pathways as 'not crisis' and maintain service standards that were different to those maintained at Tranby. HACC assessors Ella and Elly for example pointed out that people who come from Tranby thought that the Pathways service is an extension of Tranby. In other words, clients thought that the same kind of rules applied in both services. During the first interview with Iris, she expressed her frustration about the fact that at any point in time, she could expect to receive a call from Tranby staff who would then expect Iris to respond in a way considered 'normal' at Tranby; in a 'crisis'

kind of manner. But Iris wanted to work in a way that was more consistent with services that were 'not crisis', and insisted on clients making appointments with her to help them 'get ready for the real world'.

With Tranby, we get told, "Oh, your client is here, they're looking for you." However, you're trying to sort of get them ready for the real world, as in you need to arrange an appointment so we can see you.

The need for Iris to insist on making appointments appeared to be an informal service guideline not supported by policy. When checked with Marian, the Inclusion Manager, her response confirms that there was no policy as such, but it was a way of establishing 'other than crisis' service standards.

I don't know if there's a policy as such, but the plan was that it would be appointment based, because we're trying to avoid crisis support. (Marian)

The relationship between Tranby and Pathways staff was rather strained also because, as Annie pointed out (see Chapter 5), differently to Tranby most Pathways staff had social work or similar qualifications. Annie suggested that this background impacted on how staff dealt with clients differently, which caused frustration between the two groups of staff, and especially with Tranby staff expecting that Pathways staff would follow through on Tranby staff's instructions. But, Annie stressed, the relationship had now improved.

Then there was a bit of frustration on Tranby's behalf if we weren't following through with their instructions. But it's better now. (Annie)

Bart similarly stressed that there were 'a few eruptions that lasted for a couple weeks' that related more 'an individual personality thing than anything else', but that the relationship between Pathways and Tranby had improved now staff 'interacted' more.

Well, the staff now know us. And they, especially in the last month, as they've got to know us, they've interacted more. So they know more what we're like as people, we know more about them and - yeah, so - people understand each other more and are more able to work with each other. (Bart)

It is interesting that Bart emphasized that 'interacting' is important for staff from different services to understand and work with each other.

Fern also stressed the importance of regular interaction, especially where services have a shared client load, to create *and* maintain a good working relationship.

Because obviously most of our clients, they come from there, and they would have known the clients longer than us, so it's always good to - go there, have a chat with them, and just get more information really about the client. And so it is a really good working relationship. And it's important to keep that relationship well, too. (Fern)

The excerpt below, from an interview with Marian, the Inclusion Manager, highlights that a new Tranby team leader has been appointed, who is trying to make Tranby a more person-centred service. This could imply a productive conversation between Pathways and Tranby around what is, and what is not person-centred service delivery. But a shared vision around the preferred outcome would be useful before commencing such conversations, to ensure a warm and cordial atmosphere and as such cooperative coordination of service integration. Marian suggested that Pathways is more person-centred than Tranby, and that it is likely to stay this way due to the fact that Tranby is a drop-in centre.

I don't think that a drop-in service like Tranby can be overly person centred, because - like 200 people go there every day, and it really is about material assistance, crisis stuff. You know, if somebody has certain requirements on a day, they try and support them with that. (Marian)

The relationship with Tranby staff improved over time and some valuable lessons were learned that can be applied to future inter-agency relationships.

- Fern said that the relationship with Tranby staff was difficult to begin with, but then improved after Pathways and Tranby staff had a meeting together and Pathways staff introduced themselves. From then on, Tranby staff started to help the Pathways team, which was exactly what Fern needed, because she felt a bit uneasy with some of the clients at the beginning. In other words, the meeting where Tranby and Pathways staff got together to give Pathways staff the opportunity to introduce themselves was the turning point. From there on, the relationship opened up and Tranby staff were willing to help their colleagues at Pathways. This relationship continued to improve and after some six months, the relationship had become 'really good'. Pathways and Tranby staff had regular meetings together and this working relationship continued to be very important, because most of Fern's clients came from Tranby and communications with Tranby staff helped her assist her clients better.
- Iris also suggested that the relationship with Tranby staff was good, but pointed to the fact that Tranby staff needed the services of Pathways. Whilst Pathways consisted of three caseworkers that each worked with an average of 10 clients, Tranby staff could not provide this individualised type of service because only had four staff members that each worked with an average of around 40 clients. So Tranby staff welcomed the Pathways program and were very happy to refer several people to the Pathways service. Iris also pointed out that Pathways staff benefited from the fact that Tranby staff had been working with clients sometimes for five years, so they knew their clients very well and offered the necessary information. Also, clients tended to trust Tranby staff because had long-term relationships with them. When clients knew that Pathways and Tranby staff worked together, they felt more secure.
- Bart said that many Pathways clients were helping each other out, but a culture of aggression, deception and people stealing among homeless people had also become apparent. Tranby and Pathways services had developed service-level agreements and were standing together to deal with this culture by keeping some clients' stuff safe from access by other clients, and by blocking those guilty of abuse and stealing from access to the building (hence the need for security guards). They have also formed a 'pact' around clients who want to sabotage other clients or staff and effectively service delivery. Bart pointed out that some clients self-sabotage, but he did not suggest that Tranby and Pathways services have formed a 'pact' to deal with that issue.

Sometimes you've got clients who are desperate to get off the streets, and you think, "Okay, it's just a matter of money," and they get the money, they go, "Great, okay, we'll go out tomorrow and do it," and then you find they've blown in on drugs or - you know, a binge or something like that. So yeah. Some of them self sabotage. (Bart)

The relationship with RAS: one-way communication

Ben, Bart and Annie all commented they thought relationships with RAS staff were good, but especially with Petra. Annie said that Petra was 'amazing' and that she was like 'chalk and cheese' compared to Ella and Elly. Whilst Petra did the HACC assessments in a conversational kind of way that helped the clients to feel at ease with her, Ella and Elly approached clients in a more clinical way. Annie said that Petra also offered information to Pathways workers about different services they could refer clients to. Further, Annie said that Ella and Elly were 'all over the place' with respect to one of her clients who had severe mental health issues. This client was still not assessed for HACC eligibility despite making several attempts to set up a time for assessment. Ella and Elly kept on changing their minds as to how they wanted to have the assessment done.

John, the UCW Executive Manager Inclusion, said that under current HACC funding, Pathways is able to work with people who are homeless and under the age of 50 if they are Indigenous people, or 65 if they are non-Indigenous people. But this would change under the National Disability Insurance Services (NDIS). At the time of the interview with John, UCW had a contract with HACC until 2018, but HACC was already 'handing over a stack of money' to NDIS. Depending on government departments' decisions, the future appeared uncertain, even though they missed clarity around issues around Pathways and its client group consisting of people with mental illness.

At the time of the interview with John, HACC received feedback and information on the Pathways program through communications at two levels: senior HACC staff received feedback from John himself as the Executive Manager Inclusion, and the HACC project officer received information from the Manager Inclusion. This information was limited to statistical information, which was communicated through a system called SMS.

We have two levels of relationship. I have a level of relationship with senior HACC people, and (Marian) has a relationship with the project officer. We are required to provide information on a monthly basis from a statistics perspective, from an hours and client numbers perspective, and we keep that on a database called SMS. That generates a report in a HACC format, and that then goes to HACC every month. (John)

John said that HACC was mainly interested in 'facts', e.g. whether or not Pathways was working with the required number of people; 25 in total. Because the service works has been working with a much higher number of people, the Pathways service is seen as 'meeting the targets'.

John said that Pathways reliance on HACC funding has implications in terms of the client group the Pathways service focuses on. John said because of HACC's focus on people who struggle to live independently, the current Pathways client group consists of people with disabilities, homelessness and age. John did not say whether or not Pathways clients need to be able to 'tick' all of these three 'boxes'.

Pathways at this point in time - with its funding, it focuses on disability, homelessness, age. (John)

When asked how she felt about the relationship between Pathways staff and herself as a RAS employee, Petra thought the relationship was 'pretty good'. She 'enjoyed' the staff and 'liked coming here, but did not elaborate any further on the topic. She emphasized however that she liked working with the client group and making them feel comfortable whilst she, herself, was learning to adapt her ways of working to their situation.

Yeah, I really enjoy it. I enjoy - I think my skills - you know, I can engage people, make them feel comfortable. And you know, when you go do a generic HACC assessment, you know, you have to adapt it to certain people. You know, you don't sit there talking to a 25 year old about how they go to the toilet and do they have bowel problems and - you know, and culturally, you need to know when to adapt and what to say, and I think that's where I'm really good. And yeah, I can engage with all kinds of people, so yeah. I've really enjoyed it, and I enjoy the staff, and I like coming here. (Petra)

The following interview excerpt from the interview with HACC assessors Ella and Elly suggests that communications between Pathways and RAS have been problematic since the start of the Pathways program. This was not a result of how Pathways staff dealt with RAS staff, but a product of UCW and RAS management decisions. As was the case with Tranby, the focus of initial collaborations between Pathways and RAS was on producing outcomes, more than on creating a warm and cordial atmosphere as part of a coordinated cooperation process. As a result of the subordinated coordination process, communications between HACC assessors and Pathways staff were negatively affected.

I think there was a misunderstanding in some communication and when it was supposed to be a planning meeting, all the support workers rocked up, and they had to say, "Can you please leave?" because it was inappropriate for them all to be there. After that the assessors weren't asked to join anymore; it then became a coordinator and management meeting. We've now hit a point where I believe it's just management. I don't even think the coordinators for UnitingCare West are able to join in. So we don't really have - We can talk to the staff. I could certainly pick up a phone and talk to (the Inclusion Manager) if I needed to. But it's a lot more difficult. We're not invited to share our opinions anymore. We're not linked with UnitingCare West. We are independent to these organizations, so we can give them an outsider perspective that they may not see. (Ella)

Though perhaps unintended, the above excerpt shows that UCW and RAS management decisions had created a disconnect between staff from both services. The decision of UCW and RAS managerial staff to focus on outcomes rather than on good collaborations between the two parties at a grassroots

level and encouraging frequent interactions between staff, has negatively affected this social service ecology. The disconnect between the Pathways service and the RAS is demonstrated in the fact that three assessors from two different Assessment services felt alienated from the process of clients' progress. They would appreciate more and more frequent feedback about clients' progress, which they do not get because only RAS team leaders receive an update. Diane for example said:

Getting feedback would be great, because otherwise, basically we're just seeing the person on the day, writing up our assessment, and that's it. There's nothing else. (Diane)

Diane, who had a background in nursing, said that the communication with Pathways clients was also 'a bit tricky' because people were reluctant to discuss what was 'wrong' with them in terms of their 'ongoing functional disability'. She would prefer to receive more information on a client from Pathways staff before assessing clients, but also thought that this would not be possible because Pathways staff would not talk with clients about daily tasks like showering and people's level of mobility. Diane said she usually found out that clients had deeper, mental health issues that clients were struggling with, but she found out about these only once she was doing the assessment and asked questions around their functional dis/ability.

Going on the type of information which Ella and Elly provided during their interview, it appears that matters around the ways in which Pathways and RAS should cooperate were dealt with behind closed doors – among management - rather than publicly and openly with various levels of staff involved. A transactional leadership style restrained staff in different services from cooperation and reaching consensus. This imposed upon restraint continued to create a block in the feedback loop system between RAS and Pathways staff, negatively impacting on Pathways' capacity to adhere to the *integrated service model*, which the Pathways service expressed a commitment to.

The failing feedback loop system currently in operation reflected in the fact that Marian, the Inclusion manager, did not know what kind of goals RAS staff set. She thought that RAS staff focused on finding housing for Pathways clients.

I haven't actually seen the goals that the RASes set, but I imagine they will be things like finding a home. And you know, knowing that the waiting list for Department of Housing is five years or something ridiculous - finding a home is not easy and not a priority for Pathways. So I'm not sure how realistic it is. (Marian)

Petra, a RAS employee who had a professional background in mental health and housing, said that RAS staff only wrote down an outline of what clients wanted, not what the Pathways service should do, e.g. find a house for a client. RAS staff would only write out what clients wanted to see happen, and Pathways staff did the interpretation of these 'goals'. RAS staff only talked with clients about issues they would otherwise discuss with elderly people; issues around everyday things like shopping, eating patterns, showering, getting dressed. Unlike the 'regular client group' of elderly people, however, Petra found that Pathways clients 'have fantastic goals'.

Pathways clients have fantastic goals. Like "I want to get some ID, get off drugs, get a house, and get my kids back" - a massive goal, and that's what I like about it. So we make the goals and we refer to Pathways to achieve those goals. We do the outline of what needs to happen; we do the assessments and we send it to Pathways, and they do the support. So they do like the liaising with Homeswest, getting involved in drug rehab, helping them with ID and things like that. (Petra)

Petra said it was important for RAS staff to dress and communicate appropriately and 'at their level', but also deal with Pathways clients professionally. Clients needed to understand what the HACC funding is for, but also that RAS staff should be mindful of lowering the barrier between themselves and the client. They should identify with clients and acknowledge their predicament, whilst asking the necessary questions in a conversational manner.

You have to dress for the client, but also look professional and maintain professionalism. You explain why and what the government funded you for, but to get the Pathways program you have to be HACC eligible. And yeah, not ask them too many intimidating questions, and adapt. Just have a conversation with them. Maybe identify with them, acknowledge what they're going through. And ask open-ended questions. Kind of get them to trust you and know that you're not just some arsehole who wants to make their life hard. (Petra)

Ella and Elly, RAS staff members who assessed Pathways clients for HACC eligibility and were keen to give feedback but lacked a channel, voiced their hopes and concerns during the interviews with the researchers. They would like the Pathways service to focus on what the service was meant to focus on, akin to what was described in the HACC Homelessness Services Pilot description (UnitingCare West, 2013), identifying the issues that place people at risk of homelessness. They would also like the service to spend less time and energy on people with hoarding and squalor issues because there is too much risk involved around workers getting injured. They hoped for more positive outcomes and the Pathways service to identify the ways in which Pathways staff were able to produce the desired effect of people remaining independent, and live safely and securely despite their mental and physical issues. They would like the program to have the scope to roll out to other areas than the homelessness area, and educate people in other than UCW organizations on how to service people who are at risk of homelessness, and how to identify those at risk in time, before it is too late and these people become homeless. They would also like to see more cooperation with the Department of Housing and Centrelink to identify people before they become homeless. The Housing Department in particular would be useful 'because 90 percent of these people' on their waiting list are at risk.

Petra said she liked the fact that the Pathways service took a holistic approach in working with clients and focused not just on housing but also on how clients could maintain their housing. She also stressed that Pathways staff 'do a lot of negotiating with departments'.

Petra believed that people become homeless for reasons such as domestic violence, drugs and lack of affordable housing. Because those issues cannot be tackled in one year, a program like Pathways cannot be expected to have a lot of impact on the homeless cohort of people. Neither is it possible to prevent homelessness within a short period of time. The most pressing need for Pathways clients, Petra thought, was affordable and suitable accommodation and receiving advocacy in the process of acquiring such accommodation because the process of negotiating such housing was 'traumatizing' even for herself, when trying to help her mother to transfer into a HomesWest home.

Petra thought the Pathways staff 'are amazing' in terms of their resources. She especially referred to Annie, who had worked at Tranby before she started at Pathways, so knew her client group. Annie also, as a local person, had good relationships with local real estate agents, and would find private rental homes to obviously place the most suitable clients in those homes. Petra also applauded the contact that the service was establishing with organizations like Apartments WA, as well as negotiating with government departments to find suitable housing.

Petra believed that more programs like Pathways were needed in order to identify why people are homeless and addressing those issues. In other words, Petra thought that Pathways was achieving the aim of identifying why people become homeless; an aim that other RAS employees (Ella and Elly) thought Pathways failed to achieve.

I think the staff here are amazing, how they negotiate and talk, and how they come up with really crazy ideas like, ideas of accommodation. You know, they've got resources that are phenomenal. They know real estate agents, and the ins and outs. And I think they do need more programs like this, looking at the issues why people are homeless and addressing those as well, not just give them the roof over their head. (Petra)

Petra also had some suggestions for the Pathways service: To introduce a healthy eating program, have a better working relationship with community housing providers, and create a joint venture with housing providers. Petra also suggested UCW buying a set of units to then lease these out to Pathways clients; an idea that resembles the Housing First model. Sam Tsemberis, who set up the Housing First model in the US in the late nineties, said in personal communications (8 May, 2016), that the homes they head-lease to homeless people with complex needs, come from social housing and from private

landlords. Tenants have to pay 30% of their income (if they have an income) towards their rent and agree to a weekly home visit from someone of the support service.

The service may have become more vulnerable as a result of closing down the possibility for giving and receiving feedback other than at the managerial level, because now Pathways is open to public scrutiny. The result of closing down feedback systems also appears to have reduced the capacity to empathise with and adapt to the different working styles that staff from services outside of Pathways and UCW. For example, Diane suggested she would appreciate a better understanding from Pathways staff, spearheaded by the team leader, for the contextual arrangements of staff from other services. Diane indicated that her RAS operates according to a business model that is different to that of Pathways. Her agency is a corporate organization that does not pay workers for their travel to the Pathways service to do an assessment, and assessors cannot make their own appointments.

It's hard, because quite often they'll ring up, "Oh, could you come in and do an assessment tomorrow?" because they've got to try and get the client while the client is here. So quite often - like, I've sort of said, "Look, I know it's hard for you, but you need to give me a little bit more notice, because we get" - you know, we don't do our own bookings. We get booked by our office. (Diane)

Diane suggested she felt isolated already because of how her organization is structured. She worked in an organization where staff rarely meets, even in the situation where two assessors are 'safety-buddies'; they will meet with each other in person during a formal meeting once a month. So a lack of understanding from staff from other agencies added to her sense of isolation.

It's quite - yeah. It can be quite an isolated role, I guess. We've got really - you know, like obviously we can use the phone and ring the team leader and ring other staff members, but the only chance we really get together is at the team meeting once a month. (Diane)

Ben, the Pathways team leader appeared oblivious or did not want to discuss the relationship with RAS staff. When asked what he thought of the *relationship* between the RAS and Pathways teams, Ben's response was similar to when he spoke about the relationship between Pathways and Tranby staff. He said the relationship was 'good' and 'fantastic' because RAS staff had adapted themselves to the Pathways clients. In other words, his primary focus was on what the Pathways services needed for its clients, showing little to no consideration for the needs of staff from other services.

Good. Fantastic. I think the RAS assessors are absolutely fantastic. Because HACC traditionally, they all work related to kind of elderly, frail kind of - This homeless kind of environment or client are quite new for them, and we thought that their assessment might not be going - or they don't have the skills or experience for assessing homeless people who doesn't have whatever support needs that elderly, frail people has. So they kind of adapted - kind of - absolutely fantastic, yeah. (Ben)

Whilst the team leader's role is limited to coordinating relationships with other UCW services, so formally does not include relationships with *other than UCW* services, his role *does* include supervision of the Pathways Engagement Officer who *is* responsible for relationships with other than UCW services. Ben's focus on people's skills and experiences to do certain tasks appeared to reflect the transactional management style that appears to operate at various levels of UCW as an organization. This leadership style is instrumental in contexts where individuals need to outperform each other, but it impairs organizational self-regulation (Hamstra, Van Yperen, Wisse, & Sassenberg, 2014). A coordinated cooperation process is more likely to result from a transformational leadership style that can be learned, in order for a context to develop through inspirational motivation, intellectual stimulation and individualized consideration of staff's capacities (Bass & Riggio, 2006).

Pathways' intra-agency relationships

Team leadership style

As was pointed out earlier in this chapter, the Pathways team leader is focused on offering staff-supervision and attending to administrative matters associated with policy development, writing client handbooks etc. The formal team meetings he facilitates, as Marian, the Inclusion Manager suggested, are meant to focus largely on updating staff on issues related to funding, organizational and staffing issues.

Transformational leadership however is not only important for interagency relationships' development, but also intra-agency development and especially if a service adopts a person-centred and strength-based approach. One-way feedback loops and transactional leadership styles are not acceptable because they do not lead to process-relational ways of thinking and working.

Chapters 6 and 7 already highlighted that a focus on person-centredness is not enough when clients are not placed in socially valued roles and only offered *the opportunity* to give formal feedback through surveys, individualized interviews and group sessions, or that ex-clients can volunteer in services. It is not enough that the ultimate power remains with those who acquire service funds, are appointed in managerial roles and adopt a leadership role that keeps the underprivileged in underprivileged positions. The same ideas apply with respect to staff. Various theorists on person-centredness such as Dowling, Manthorpe, and Cowley (2006) and (Kinsella, 2000) have pointed out that staff needs to be engaged in meaningful ways for the organization to develop to its capacity. The data do not show that this kind of engagement has taken place within the Pathways service, which would impact especially on staff from other cultural backgrounds and Indigenous staff.

One staff member (whose identity we cannot disclose) said that good relationships existed among the Pathways caseworkers, but there were communication problems between the team leader and his staff; the team leader was 'disengaged from the team' and his way of working did not match the strengths-based approach.

The team leader is disengaged from the team. I don't know whether it's a cultural thing, whether it's where the person's worked before, but I see him as a pure authoritarian who works from a total hierarchy principle, and it's not always appreciated by the team. Especially if this program is supposed to be a strength-based program, I think he needs to be more flexible - he's scared to show any vulnerability, but good leaders all shown their vulnerabilities, because it makes them human. And that's all we want at the end of the day; we're all human. (interviewee 1)

This member of staff was not sure whether his authoritarian leadership style related to Ben's cultural background or whether he had learned this leadership style in positions where he had worked before. But the team leader could take more responsibility for his team by engaging more, and support the team emotionally so it would work more cohesively as a whole. This staff member believed that Ben should change his style of staff supervision as well. Staff should not feel that they are placed under the spotlight and interrogated during supervision sessions.

I see room for growth because workers have got enough pressure on them as it is. To work with some of the clientele, they need to feel supported. When they go into supervision it shouldn't be like a spotlight's going on. All the people that have talked to me have felt interrogated by that style of supervision. (interviewee 1)

When asked to elaborate on the idea of strengths-based work, this interviewee said it forms an important part of the recovery approach, which stresses that a focus on people's deficits is detrimental for people who already feel down and out.

When a person goes into mental health care, the main things they concentrate on in the medical model are your deficits. So that's - you're already feeling down, right? Not many people in that model will say,

"Well, but this is a list of what you can do". (But) we recognize that everybody's got vulnerabilities, but we don't focus on that. We focus on the strengths. Even a person living over there, in a sleeping bag, there's some strengths there. If you're going to survive that, you know, what do you do? "Well, I do this, and I do that." "Well, that's pretty good that you can do that." (interviewee 1)

The above viewpoints were confirmed in the second interview with another staff member. This interview took place some four months after the interview with interviewee 1. This person said that relationships within the team were good now the regular team leader was on holidays and they had an acting team leader. Pathways staff were working effectively as a team and there was more laughter, because the acting team leader was less concerned about rules, regulations and deadlines, and more concerned with the nuts and bolts of the service. The team had been able to gain additional experience in terms of working with the client group.

We have an acting team leader. And that's been a benefit to the team. We all know that we can all - every other person is good at their job. So there's respect, help and that sort of thing, so - yeah, we're happy - There's a lot more laughter now. There's more understanding on the nuts and bolts of what's done, rather than saying, "This is how it should be done," you know, "These are the rules and regulations and deadlines et cetera." Yeah. It's good. (interviewee 2)

Marian, the Inclusion Manager, said it took time for some people to get used to Ben's approachability and ways of working, but she believed that Pathways staff were very well supported and that Ben's way of supervising staff was excellent, especially because some caseworkers needed to learn to 'walk the line between placing and maintaining boundaries and practicing compassion in their work with clients'. With that, Marian seemed to suggest that a person's approachability and being good at maintaining boundaries are related.

Sometimes people get the wrong idea about his approachability, but he is really very personable once you get to understand how he works. And he's really good at boundaries, and that's really helpful for caseworkers who are not good at boundaries. (Marian)

To illustrate the idea of caseworkers needing to 'walk the line between placing and maintaining boundaries and practicing compassion in their work with clients' for example, Marian used the example of one caseworker who paid for a client's stay in a hotel, and that this was not considered acceptable practice. But management did not want to discipline this staff member for his compassionate behavior either.

One of our staff members, one time he paid for the client's hotel stay over a weekend personally, out of his own pocket. And you know, on the one hand we wanted to discipline him, but on the other hand we were like, "That's really lovely. Like, that's a really lovely thing to do." And so we have to constantly - walk that line of - you know, boundaries versus compassion. You want both of those things in a caseworker. And yeah, sometimes it falls over one side or the other. But (Ben) does a really good job of managing that. I think they're really, really supported. (Marian)

The team's strengths and its development

John, the Executive Manager Inclusion, stressed that staff performance is very important, which for him included the ways in which Pathways staff engage with the clients and with each other as a team.

Staff performance is very important. And that includes the way in which people engage with the clients - and the way we work together. The way they work - because they're working in a centre where we have a lot of homeless people coming in, that are not just clients of Pathways, it's the way that people work within that whole environment. (John)

As suggested earlier, Marian expressed concerns around the rather marginalized position of the Pathways service within the UCW organization. As the UCW Inclusion Manager responsible for appointing Pathways staff and volunteers, Marian stressed the importance for Pathways staff to have a deep awareness of systemic issues related to social inclusion. Staff needs to have a 'fist waving human

rights kind of attitude' around systemic issues that stigmatize homeless people and be prepared to not only do casework, but also educate the community.

Most important is a depth of understanding of inclusion, of how society stigmatises people who are homeless. I want them to have a fist-waving human rights kind of attitude to that. I want to hear things like, "I will go to the GP with this person and advocate for them to feel comfortable to go along to the GP, rather than having to see the street doctor". I want them to understand that on a long-term basis the people they're working with use the same services that we use. There needs to be education work as well. It's not just individual casework. (Marian)

Marian did not suggest that because of the marginalized position of the service, Pathways staff needed to be extra determined to have a 'fist waving human rights kind of attitude'. But she did point out the importance for the Pathways team to protect their boundaries, work strongly as a team, and to practice self-care. She admired the Pathways team, describing it as 'awesome', and that staff were strongly motivated because had a lived experience of marginalization'. This lived experience and the 'fist waving human rights kind of attitude' became most evident in Deirdre's argument. Deirdre, a Pathways' volunteer, had come to Australia as a refugee and wanted to assist homeless people, because she could relate to this way of life. Deirdre had the most pronounced 'fist waving human rights kind of attitude'.

Marian said her role was not to check the performance of the team, because that was the role of the team leader. Her focus was mainly to make sure that Ben, the team leader, did his job well. But as has become apparent in this chapter, Ben's focus was largely on people's skills in terms of dealing with the client group in a very practical manner, and in a way that would ensure staff' boundaries were kept in check.

Because staff would not elaborate on how they were supervised, and because data on the feedback system between supervisors is missing, it is difficult to assess whether or not the leadership style has improved since the Pathways service started. It is clear however that Pathways' caseworkers have developed into a strong team that very much relies on and appreciates the input and support they offer each other, as witnessed for example in Bart's comment, saying that relationships within the team were good now the regular team leader was on holidays. Pathways staff now worked effectively as a team and had gained additional experience in terms of working with the client group. Iris also said that she found it 'amazing' to find that the program had achieved such great success within the relatively short period of one year, and that this had been a team-effort.

The team appears to be capable of working as a self-directed work team that holds the Pathways service's core aim and its five objectives as its 'boss'. This development may have been the result of the caseworkers' understanding and acceptance of their personal limitations as individual workers, and their need to rely and build on each other's capacities. As a self-managing team they also prove to be capable of planning and organizing their relationships, building on each other's strengths, and inspire and coach each other. The data suggests that Pathways staff and volunteers are committed to creating and maintaining excellent relationships with each other and with service-representatives outside the Pathways service. They employ their creativity, which suggests that workers are coordinated in a way that nurtures creativity. Creativity is important for services to be able to expand and diversify. The Pathways team leader could be accredited for shaping this atmosphere by offering minimal input at the team level.

Petra, a RAS professional, was impressed with the Pathways' staff's capacity to negotiate and talk with community agencies to achieve client outcomes. She said that 'the staff here are amazing'.

I think the staff here are amazing, how they negotiate and talk, and how they come up with really crazy ideas of accommodation. They've got resources that are phenomenal. They know real estate agents, and the ins and outs. (Petra)

The following excerpt from the researcher's *shadowing notes* were taken shortly after evaluation research had started, so the team had been working together for three or four months only.

Staff interact with each other about clients a lot. They indicate that some of the clients are much harder work than others. Staff are multicultural, and identify the large differences between the understanding of poverty in Australia and in their countries of origin. One suggests that homeless people here are "spoiled" in comparison, as in other places poverty is much more acute, and there is none of the same welfare net or services available. (researcher's shadowing notes)

The team would have been in the 'storming' stage of team development, because the notes suggest that staff were focused on differences in viewpoints. Bruce Tuckman (1965), whose research on small group (team) development including natural group settings that exist to perform some social or professional function (p. 385), identified four stages that teams tend to go through as time goes on: Forming, storming, norming and performing. Later he added a fifth stage; adjourning (Tuckman & Jensen, 1977). The second, storming stage of natural group settings, is marked by intragroup hostility and control issues (Tuckman, 1965, p. 394). Relationships between the team members are not strong and can be stressful, though extreme emotionality around one's tasks is absent. Individuals tend to set and challenge the boundaries and leaders' authority whilst claiming their own natural working styles. The interview with Richard took place in the same time-period as when the above shadowing notes were written, and Richard's comment on the team leader's competency, discussed earlier in this chapter, may have been indicative of this 'storming' stage of team development.

Arguably, for staff to focus on acknowledging and working with each other's competencies, dreams and hopes, formal 'team building' meetings or workshops would have been useful during this stage of development. It is not clear whether such meetings or workshops were held, but they would have been a transformational leader's focus of attention. For example, workshops that would have clarified the basic foundations of the Pathways service including the type of people the service targets and why, and how to deal with the cultural appropriateness aspect of the program would have been useful. The incorporation of community and outdoor type of activities, group mentoring, and program goals that focus on people's interpersonal and psychological wellbeing (Farrugia, Bullen, Solomon, Collins, & Dunphy, 2011) and workshops that explain the impact of Indigenous peoples' 'welfare conditionality' (Habibis, Memmott, Phillips, Go-Sam, Keys, & Moran, 2013) would have been helpful in terms of day to day service delivery.

Rather than impose ways of working on staff, for the team to develop its full capacity, team building workshops could also have focused on differences and similarities between workers' preferred ways of thinking about and working with the client group. For example, with respect to Marian's idea of caseworkers needing to 'walk the line between placing and maintaining boundaries and practicing compassion in their work with clients', and the example of the caseworker whose boundaries are 'not good', Bart pointed out that he wanted to ensure that people's basic needs were met. He said that 'some aspects of the organization' did not understand his motivation.

Depending on the situation, they can run short of food especially on Fridays. And what we've done - is to contact our Food Rescue place. This is a way of getting around the system, so to speak. We have food vouchers, but there is a process to be gone through to get them. You ring up one day to come in the next day and be interviewed and assessed and so on. So Food Rescue came back with 14 crates of food. Tinned food, packaged food, no fresh stuff - a few drink things as well. And we've been able to just give those out, bags of those out to people, and that's sort of the practical side that some aspects of the organization don't understand. So yeah, it's a matter of doing what's practical and what we can do to help people. (Bart)

For the team to develop to its full potential, it would still be fruitful for staff to explore and share their preferred ways of thinking and working in light of the purposes of the Pathways service and its current practices. Workshops could also address communications, both within and outside of the Pathways service, and develop a service philosophy that considers the larger social services ecology of which the service partakes. It would be useful to have UCW management involved in such workshops, so communications between Pathways staff and UCW management could be strengthened, which is important especially considering the Inclusion Manager's concern around the fact that UCW is more

focused on offering material assistance to people in need, rather than on the more political, social justice kind of issues involving inclusion.

Team development workshops could also build on a definite strength that has established itself within the team as it evolved; an evolution that must be acknowledged as a first step. This evolution of the team and its strength became apparent in the data, with the first round of interviews with Pathways staff indicating that, at the time, staff were in the process of finding their feet and establishing themselves as well as pushing their boundaries, both as service-representatives and as individuals operating inside a team and as part of a larger organization. The second round of interviews however, reflected a more positive atmosphere within the team, suggesting it had successfully weathered the storms of the second stage and nobody had left the team, which is rather unusual; during the storming stage many teams fall apart. The team appeared to have progressed into the norming stage marked by the development of group cohesion and expressions and evaluation of opinion around one's tasks (Tuckman, 1965, p. 394). Staff acknowledged and worked with each other's strengths and weaknesses and accepted or respected the leaders' authority. There are also indications of the Pathways team having moved into the fourth, performing stage, which is marked by functional relatedness and the emergence of solutions around tasks (pp. 394-395). This performing stage is reflected for example in the team leader's rather complimentary comment on staff's ability to successfully work together to help clients in achieving their goals in terms of finding accommodation. Notably, Ben's enthusiasm revolved around the team's capacity to work creatively in order to achieve the 'goals of Pathways', which he seemed to interpret particularly in terms of a need to find affordable housing.

I was quite impressed how all the staff were resourceful and tapping into resources available within Perth - especially in the accommodation aspect. Some were quite well-resourced. Some staff has to kind of learn. But everybody picked up the skill levels and the knowledge of resources available, basically. The team dynamic in terms of knowledge, experience is absolutely, fantastically good. The team is great. The staff is great. And things are going positively. And I'm hoping that we continue that way. (Ben)

During the performing stage, a team is no longer in need of a team leader who directs the team so as to achieve the service's aims, which is when a team leader can concentrate on things like staff development.

During the inevitable *adjourning* stage (as all teams come to an end), the team will resolve, which is usually due to changing (organizational or funding) circumstances, it is likely that there will be a sense of mourning. This stage must be well managed so as to complete the cycle of team development.

Caseworker/client relationships and 'engagement'

In their interviews, various staff talked about clients that were engaging or not engaging, and Ben pointed out that clients who did not engage were exited from the program.

In terms of how staff interpreted the concept of 'engagement' and the apparent importance of clients' 'engagement' with Pathways staff, Steven, the newly recruited Indigenous caseworker who was still getting a grip on what his job actually entailed, never mentioned the term 'engagement', perhaps because he did not have a background in social work. However, he appeared to have a deep understanding of the importance of people using their agency and their personal motivation to break out of the cycle of homelessness, and the importance of the Pathways service to focus mainly on the homeless people who are 'genuine'; that is, work only with those who demonstrate their commitment to breaking the cycle of homelessness from the get-go. Steven also suggested a 'group conference' so that caseworkers would get a shared understanding of what 'genuine' people looked like.

Bart appeared to have a similar idea to Steven, in terms of what 'engagement' meant for him; demonstrating a sense of agency and a commitment to change. Like Steven, Bart also hesitated to buy into clients' resistance to change.

We've had a couple of clients who just think, "Oh, you know, can't be bothered now. Let's go out and live our own lives, forget Pathways, forget UCW" Well, they remember Tranby for the food. But apart from that - they just weren't ready to engage, to commit to things - they sort of wanted us to feed into their delusions, but as soon as you said, "Well, look, you've lost your phone, let's go to" Telstra or something and get another phone; "Oh, no, no, I can do that myself." Or you know, "You want an advocate. Okay, here's an advocacy service, there's the phone." "Oh, no, no, look, I'll do something else." And so they just sort of seem to be afraid of commitment. And then pull out all together. (Bart)

Iris appeared to see engagement as clients' determination to stick to their own goals and not be influenced by friends, drugs and/or alcohol. She also suggested that 'engagement' implies a two-way commitment: the caseworker needs to be committed to motivating clients to achieve their own goals and be reminded of their strengths. In other words, she stressed that provided and to the degree the worker builds on clients' agency and is 'engaged', the client will be engaged.

Fern appeared to have a similar idea of what engagement meant for her. She gave an example of what engagement meant for her if a client *found it difficult to engage* and needed a lot of coaching. She talked about Henry, one of her clients.

When I started working with him we had to open all the letters. I referred him to a financial counselor so I took him there. Of course, he didn't want to. On Wednesday when he went to the Central Law Courts, he was like, "Oh, I don't know if I should go there by myself," and I took him there. And he was told, "Oh, okay, you need to call this number," he started getting like, "Oh, okay, I think we need to go (indistinct)." Then I'm just like, "No, do you have anything to do this morning? No? So let's sit there." "Oh, I don't like this." So we're on the phone and then it cut off, and he was like, "That's it. Let's go." I said, "No. I'll call the phone and then we can wait." So we waited for another 10, 15 minutes, and finally we're in and it was done, and then after that he was like, "Oh, yeah, thank you for that". (Fern)

Fern appeared to relate 'engagement' with clients' sense of self-determination, and a capacity to stay in a sober state and as a result be more proactive and require less coaching from her.

They are willing to engage, not like they are waiting for me to call him to say, "Oh, okay, so what do you want me to do about this?" They can call me or come to me before the next fixed appointment and say, "You know, I was just thinking maybe can we do this, this," or, "Do you think it's okay if I do this?" So I see that as a positive thing, and I think for those who are doing that, they can go far. (Fern)

The field of social work and/or mental health care considers 'engagement' to include clients' active participation measured by his or her behavior, guided by practitioners' receptivity, expectancy, investment and working relationship (Yatchmenoff, 2005). The relationship between practitioner and client is important and can otherwise be described as the therapeutic alliance, which not only involves a fair and open communication in the client/practitioner relationship, but also the ways in which client-practitioner differences are negotiated (Tsang, Bogo, & Lee, 2010) and the degree in which the values, core beliefs and ways of conducting one's life are taken into account in order for the client to create substantive change to facilitate the change process (Jacobson, 2013), especially during the first interview with a client (Tsang, Bogo, & Lee, 2010). Tsang, Bogo, and Lee (2010) consider the following elements crucial in a positive client/practitioner relationship: 1/ The practitioner's recognition of the client's major needs and concerns, and communicating a cognitive understanding of them, leading to the negotiation of an agreed upon purpose for working together; 2/ Assuming that the client is an active participant in this relationship, ensure the *quality* of the ongoing communication which includes a/ making continuous efforts to communicate cognitive understanding instead of displaying insensitivity, not getting the key message of the other party, abrupt change of topic or withdrawing; and b/ the practitioner's attention to small misalignments when they occur and then addressing these; 3/ Positive engagements demonstrate emotional attunement for example through 'responding in time to the client's expression of emotional content, with furthering comments to encourage clients' elaboration of feelings' (p. 80); 4/ It is less important to be culturally literate (or culturally knowledgeable) and more important to understand the client's internalized culture in the therapeutic process, that is, how the clients have internalized the culture in which they partake or have partaken in the past (p. 85). 'Engagement' with the

client is crucial in order to bring about positive or negative client change. The most important aspect appears to be the capacity to maintain an open narrative space whilst staying emotionally attuned (rather than seeking factual information) to facilitate collaborative exploration of clients' needs and concerns, to lay the foundation for trust to develop (Tsang, Bogo, & Lee, 2010, p. 87).

It is not clear whether the Pathways service's team talks about notions of 'engagement' and 'processes of change' that consist of several stages. Chapter 7 explored the effectiveness of the Outcomes Star, which proved to be a valuable measurement tool to gauge Pathways clients' progress on their journey of change. The Star also proved to be a useful tool for Pathways staff and UCW management to show what service area Pathways staff should primarily focus on in terms of spending resources. During the interview with Ben, he expressed the hope that over time and as clients progressed on their journey of change, that outreach support would progressively decrease from Pathways clients receiving support on a daily basis to them receiving support only once a month or so. However, Ben did not mention plans or ideas around how to facilitate this process. For example, it would make sense for Pathways staff to measure the different stages of change through which clients progress, to then determine how to best engage with clients to meet their needs at those different stages. These stages of change are reflected in the Outcomes Star, but they need to be facilitated so as to give the client the opportunity to identify where s/he currently sees him/herself positioned in regard to making a commitment to change.

Prochaska and Norcross (2001) suggest that clients' stages of change (precontemplation, contemplation, preparation, action, maintenance and termination) determine treatment outcome and the ultimate success of participation in a program like the Pathways program.

For a social work or mental health practitioner, this means that s/he does not think of clients' commitment to change in terms of whether or not s/he engages – a black or white kind of commitment - but in terms of the stage of change. Engagement is a process of change the client moves through; from a place of having little intention to make changes in his/her life to considering making changes, to preparing for change, to taking action, to maintaining change. Relapse is possible during any of those stages. Only in the final stage is the person ready to exit a program and no longer 'in danger' of relapsing.

Drawing on the model proposed by Prochaska & Norcross (2001), it could be argued that where a Pathways client meets the caseworker for the first time and the client 'rates' him or herself at the lower levels of commitment when filling in the Outcomes Star, s/he is at the stage of precontemplating or contemplating change. In other words, that person has not yet made a commitment, or could be seen as, and should be treated as someone who is 'not engaging' at a 'preferred' level. In other words, clients who are in the early stages of the change process have not yet made a full commitment to therapeutic engagement which, according to Tetley, Jinks, Huband, and Howells (2011), includes attendance to requisite sessions, contribution to sessions, appropriate working alliance with the practitioner and completion of between-sessions tasks where appropriate. Moreover, it is important to not confuse treatment engagement with treatment readiness and treatment progress (Tetley, Jinks, Huband et al., 2011), which is something for the Pathways service to consider in its reliance on the Outcomes Star to 'measure' clients' progress. If low engagement is to be addressed as part of Pathways' service delivery, the service needs to clarify how it describes 'engagement', what 'low engagement' looks like, and within what theoretical model this description is located.

Note needs to be taken of findings of Prochaska and Norcross (2001) that therapeutic relating dramatically increases where service *providers* become proactive and also match the service to each individual's stage of change. The data suggest that the Pathways service does not link clients' individual's stages of change with a preferred relationship stance, which would be important to fine-tune service delivery. For example, the action-oriented 'action plans' that the Pathways service uses can be detrimental or ineffective for clients in the precontemplating or contemplating stages (Prochaska & Norcross, 2001).

Conclusion

This chapter offered theoretical perspectives on and practical examples of the '*nestedness*' of the Pathways service and discussed Pathways' intra- and interagency relationship-factors, normally considered crucial for the person-centred approach to be successful. With respect to the *integrated service model*, which the Pathways service also expressed a commitment to, it appears that the service has not been able to address service fragmentation and poor communications between service providers. Though individual caseworkers and the Pathways Engagement Officer have established and maintain good relationships with individual workers within various services across Perth so as to address clients needs and concerns, it appears that more work is needed at a managerial level of UCW, to explore whether and how Pathways as a *service* can function as a good interface or constant factor between, for example, the health and housing systems and the community and social services in Perth. UCW understands the context within which the Pathways pilot program operates and the importance of good communications between services to improve clients' access to a suite of flexible, interlinked HACC funded services' (UnitingCare West, 2013). The absence of a good interface or constant factor allows people to fall 'through the cracks' of service delivery whilst some elements of service are duplicated (Grant, 2010). But the Pathways service has also been in operation for a short time only, and operated mainly as a pilot program, so cannot be expected to have obtained a firm position within the Perth social services ecology. As Grant (2010) found in his study, it is not necessarily realistic for a pilot program to want to achieve structural or even virtual integration; structural integration implying that different services are merged or form a partnership, and virtual integration that services work together closely. A service new to the local community services sector is not necessarily or readily accepted as a 'valid' service partner.

This chapter (8) looked closely at inter- and intra-agency relationships, and homed in on the relationship between Pathways and Tranby and the Regional Assessment Services and the relationship between UCW and Pathways management and staff. It also looked at the concept of 'engagement' and concluded that several relationship issues emerged during the first few years of its existence. The Pathways service appears to be functioning well as a self-directed work team that is capable of performing strongly and powerfully, determined to achieve good outcomes for the client group. Pathways staff are capable of supporting and inspiring each other, and staff from other services acknowledge the resourcefulness of Pathways caseworkers. But closer attention needs to be paid to the concepts of 'supervision' and of 'client engagement', because not individuals alone, but relationships between people are responsible for the success of therapeutic interventions. This is because caseworkers have significant influence on the ways in which intra- and interagency relationships unfold over time, but the roles of managerial staff is crucial for the Pathways service to function to the best of its capacity, and demonstrate to the world 'out there' what its function is (what Pathways aims to achieve). As the Pathways Staff Roles (2015) document highlights, the roles of the 2.6 full time employed Support Workers is to be the single point of contact for clients and their families, building relationships with them to foster independence and resilience through the strategies identified in their individualized support and recovery plans. The role of the full time employed team leader however, is to coordinate the service and report on its progress whilst maintaining strong links with relevant UCW services, including Tranby. The role of the full time employed engagement coordinator cannot be underestimated either, since it revolves around maintaining strong links with relevant services outside of the organization (UCW). Effectively both the team leader and the Engagement Officer form a central interface between participants, support workers, and other services.

Chapter 9 will offer insight into the difference between espoused and apparent service aims, objectives and strategies, recap and expand on some of the intra- and interagency relationships issues addressed in this chapter, and raise some issues that emerged from data analysis that have not been addressed in earlier chapters.

Chapter 9: Findings, Conclusions and Suggestions

As pointed out in chapter 1, the initial aims of this evaluation study had changed into the following:

- 1/ To report on clients' progress with respect to living safely and sustainably, social inclusion and interconnectedness, and clients' physical and mental health condition;
- 2/ To address the quality of service delivery including the impact of the Outcomes Star, which is the main assessment tool the Pathways service uses, to measure clients' progress but also the quality of service delivery;
- 3/ To offer insight into the intra- and interagency relationships that impact on Pathways' service delivery and subsequently on Pathways clients' progress with respect to living safely and sustainably, social inclusion and interconnectedness, and clients' physical and mental health condition;
- 4/ To offer insight into the difference between espoused and apparent service aims, objectives and strategies, as well as strengths and future possibilities from a social systems ecology perspective.

The previous chapters responded to the first three aims. This chapter responds to the fourth aim. Like chapter 8 it will focus on the quality of Pathways' service delivery from an organizational perspective, but it will recap some of the main findings discussed in earlier chapters and focus on different formal and informal service aims, objectives, strategies and service relationships. It will also highlight some insights that emerged from data analysis that have not been discussed elsewhere. We will not include recommendations as we feel these insights are to be considered as sources for creative discussion among staff and management.

Pathways' formal and informal aims, objectives and strategies

1/ The Pathways service exists to service a particular client group and to educate the community. As discussed in chapter 2, the Pathways service is funded by WA HACC with the following outcomes in mind: 1/ 'people who are eligible to receive HACC services and who have multiple complex support needs have the individualized supports they require to enable them to live safely and sustainably and to experience social inclusion in the community in which they live; 2/ Community Services Sector organizations have local, evidence based information to provide more effective services to people who have multiple complex support needs' (UnitingCare West, 2013b).

The Pathways service has been effective in meeting the *first outcome*, especially in terms of offering individualized supports, which clients require to enable them to live safely and sustainably. The service has been less effective in terms of offering individualized supports, which clients require to experience social inclusion in the community. Clients' families and friends are rarely consulted or included in service delivery, and clients do not play an active role within the Pathways service.

With respect to the *second outcome*, the data do not show that the Pathways service has made an effort to achieve this outcome. The criticism of RAS representative Elly, suggesting that UCW and the Pathways service have not lived up to the expectation of informing the Community Services Sector, appeared to be justified.

In sum, *theoretically* the Pathways service is focused on achieving outcomes both for clients and for services. *In practice* however, the service has focused on client outcomes only, and mainly in terms of ensuring that clients are able to live safely and securely in the community. The aspect of social inclusion has received less attention.

2/ Chapter 2 also pointed out that the *formal* descriptions of the Pathways client group, the aims and the objectives of the service are not consistent in the various formal Pathways service documents.

For example, the Pathways client group is described as follows:

- The HACC funding agreement and the Pathways Blueprint said that the Pathways service helps 'people with complex support needs'.
- The Pathways Service Framework said that Pathways assists 'people who are homeless / at risk of homelessness / have a disability / mental illness and have complex support needs, prioritizing individuals that are not receiving Disability Services or Mental Health Commission funding and may not be eligible for the National Disability Insurance Scheme (NDIS)'.

➤ The Pathways pamphlet said the service aims to ‘support people who are homeless / at risk of homelessness, who also have complex needs that might not be addressed by a single service’. Chapters 5 and 6 showed that as a result of this inconsistency, people in the community are not clear about the client group the service targets. At least one client, Henry, believed the service only assists homeless people who look for housing. Staff from other services (for example Ella and Elly) believed that the Pathways program was meant for people who are at risk of homelessness, but they found that mainly homeless people received assistance, and in particular those who visited other UCW services such as Tranby. Steven, the Indigenous caseworker who had lived among the homeless as a homeless person himself, suggested he believed the service focused on homeless people only. He believed that Pathways should ‘tighten up its focus’ and ‘be as effective as possible’; be ‘solidified and effective in our service delivery’. He suggested the service should be more discerning about ‘who we actually help’; and determine what homeless people are the ‘genuine people and who aren’t’. Steven suggested the service could achieve this objective by conducting a series of team workshops or ‘group conferences’. Group conferences are ways of working considered ‘normal’ in Indigenous circles, because they allow all stakeholders to voice their concerns and share their insights to inform decision making processes.

In terms of the Pathways client group, it is not clear whether the Pathways service is theoretically meant to help homeless people only, or people who are at risk of homelessness, or both. In any case, in practice the Pathways service primarily assists homeless people whose primary need is housing. The service draws 50% of its clients from the Tranby service.

3/ Chapter 2 also highlighted that the core aim of the Pathways service listed in one document, and the objectives which are listed in another document, do not show a direct relationship. The relationship can only be inferred. The Pathways Service *Blueprint* (UnitingCare West, n.d.-b) states that the Pathways service aims ‘to break the cycle of homelessness for people who have multiple complex needs, enabling them to access the individualized support they require to live in a safe, inclusive and sustainable way in the community’. The Pathways Service *Framework* (UnitingCare West, 2013a) states that the Pathways program aims to increase an individual’s capacity to live in the community by supporting clients to:

- 1/ Participate in planning their own life choices and goals;
- 2/ Address ‘their unique areas of need’ including, but not limited to relationship concerns, social isolation and loneliness, marginalization, lifeskills and substance misuse (pp. 1-2);
- 3/ Develop or re-establish family, social, and community networks;
- 4/ Connect to mainstream/specialized services including general health and mental health, professional clinical services, and other community facilities that clients may be unaware of (p. 1); and
- 5/ Empowering them to achieve a good quality of life through emotional and physical well-being, encouraging interpersonal relationships, personal development, self-determination, social inclusion, and understanding their rights.

It appears that the five listed ‘service aims’ are objectives so that the Pathways service is able to achieve the core aim of breaking the cycle of the homelessness. But this relationship can be inferred only because has not been stated anywhere.

4/ Chapter 2 further pointed to the Pathways *Foundation* (UnitingCare West, n.d) document which lists the 2012-2016 Strategic Plan Services *Strategies* as follows:

- Identify and respond to barriers and gaps that exclude people with high levels of need from accessing the support and services they require.
- Meaningfully engage people in service development.
- Apply a person-focused approach to all services
- Use evidence-based practice through monitoring, evaluation and research.
- Integrate services and programs to ensure innovative responses to complex needs.
- Develop cultural and diversity competences across our organisation.

The six strategies were presumably designed so that the Pathways service can achieve its core aim listed in the Pathways Blueprint and the five objectives listed in the Pathways Framework. But such has not been stated anywhere.

The six strategies are process oriented strategies. They are not outcomes-focused. The Strategic Plan does not state how these process-oriented strategies will be measured.

5/ Chapter 2 emphasized that the Pathways Service Blueprint (UnitingCare West, n.d.-b) is outcomes-focused. It suggests that the *success* of the Pathways program is measured in terms of *outcomes*, in three ways: 1/ process timeframes from referral to commencing support to achieving stated goals; 2/ client feedback and clients' degree of satisfaction; and 3/ the Outcomes Star evaluation tool. These measurement instruments and related outcomes were discussed in chapter 7.

The three listed outcomes-instruments appear to enable the Pathways service to measure the performance of the service. But a crucial part of *quality* service delivery is formed by the process oriented strategies listed in the Pathways Foundation document. *How* the Pathways program is successful is not measured. The importance of *quality relationships* between people, including clients, caseworkers, volunteers, management, various UCW services, the broader community services sector and government agencies is not mentioned in any formal document. Neither do people's behaviours and their actions receive any formal attention.

6/ From chapters 5, 6 and 7 we can draw the following conclusions:

- Three of the seven members of Pathways staff were born overseas, of which two in Africa. One person came from interstate.
- The professional background of Pathways staff was similar. Most had a background of working in the homeless services and/or mental health area. The Indigenous worker also had a *personal* experience of homelessness.
- Most staff had qualifications in the social sciences discipline bar the Pathways team leader, who had a qualification in telecommunications engineering;
- The interview with the two Regional Assessment Services offered a perspective that contrasted with that of the Pathways staff members, though there were parallels with the Indigenous caseworker's viewpoint in that all three believed the Pathways service should tighten its focus. The goals of the service should be reviewed and the definition of the Pathways target group refined.
- Some of the UCW/Pathways staff members preferred to talk about the positives rather than the negatives in terms of service delivery, and certain issues were reluctantly or not at all discussed, perhaps for reasons of face-saving, perhaps for political reasons.
- As a team leader, Ben said to focus on the following tasks: making sure that the service was running smoothly; making sure that clients and staff interactions were going well; supervising the caseworkers; coordinating staff meetings; doing administrative work including writing policies; having regular meetings with other UCW team leaders and management; and making sure that staff received the kind of training they needed in order to do their work well. As an *acting* team leader, Iris said to focus on reporting to staff and management; supporting and helping staff for example during court visits; staying in close communication with agencies such as Tranby and other UCW services; and working on strategic documents such as the Pathways framework. At the same time, if needed, she supported clients. It appears that Ben and Iris approached their role differently.
- As an engagement officer, Iris said to focus on the following tasks: liaisons with primary stakeholders external to UCW (e.g. Regional Assessment Services, crisis accommodation services, psychologists, social workers, house cleaning agencies, Royal Perth hospital); administrative duties; promoting the Pathways service and doing presentations; doing casework with 5 clients; assisting people on the Pathways waiting list. In her role as an *acting* Engagement Officer, Fern spent most of her time on working with the client group that Iris was normally responsible for. This task appeared to take up most of her energy, probably because she was also still responsible still for her own group of clients.
- Annie said that most of her clients needed housing first, and advocacy second, especially during 'priority interviews' with the Housing Department, because clients were 'nervous about the system'. Once they had secured accommodation, clients often needed support with transport in order to visit agencies and services, and being linked up with support networks. As a Pathways caseworker, Annie appeared to be a driving source in making sure that every client would be housed in the short term. Though she had not been appointed for this purpose, she was a local person so had the

necessary contacts, and proved to have the necessary knowledge, skills to operate as a role model and inspire the other team members to use a similar, resourceful approach. Having someone in the team who can act as a local contacts resource and as a appears to be important for a human service like Pathways.

- In terms of client outcomes, Ben considered clients achieving their goals – e.g. accommodation - as a 'positive' outcome. Bart saw 'getting people back to where they used be' as a 'great' outcome. Iris considered hearing clients talk about the Pathways positively as a positive outcome. Staff appeared to have different viewpoints on what exactly is a demonstration of a positive outcome for clients.
- In terms of clients' strengths, Steven spoke about their positive spirit and their 'chirpiness', despite politicians, corporations, governments and banks 'impinging upon the smaller person' and trying to turn people into 'consuming fools'. Richard saw clients' capacity to survive as a strength in light of their confusion and loss of hope.
- In terms of the Outcomes Star, all Pathways staff felt positive about using the tool. It proved to give staff and management a quick, visual picture of where clients were at, and also an indication as to whether the Pathways program was working well or not. Bart stressed that the Star was helpful for staff and clients in the process of goal setting and that goals tended to be of a more practical nature especially during the first few meetings. Goals to address the deeper, mental/emotional issues needed more time and could be set only after several months of working with a client. Iris said that caseworkers had been reluctant to implement the tool after having received their training, because they were unsure as to whether clients would actually benefit from it and whether clients would want to do 'all the paperwork'. But clients appeared to love the tool as it gave them the opportunity to see a visual picture of where they were at and it also highlighted their strengths, which motivated clients and helped them in the process of goal setting. None of the staff suggested that the Outcomes Star is used to support the person-centred approach. The data suggest that clients themselves did not consistently fill in the Star Notes and Action Plans, which suggests that (some) staff find it difficult to hand over control to the client. It is not apparent that staff use the tool to self-reflect, or that the team used the tool to identify how workers can better support each other;
- Pathways staff expressed different types of hopes and preferred outcomes for Pathways clients. Ben, for example, hoped that Pathways participants would 'engage'; come to their appointments themselves rather than Pathways staff chasing them, so Pathways staff could then start helping them over a maximum period of two years, for them to acquire accommodation and progressively become independent, provided they wanted to be housed first. Ben hoped that in the long term, all clients would be housed, not only in medium term accommodation as was the case to date, but in long term, stable accommodation whilst having the opportunity to build their skills and learn to live in the community independently. He hoped that the people who had been housed would be able to break the cycle of homelessness; to stop relying on crisis accommodation and instead access mainstream services. In tangible terms, the desirable outcome would be that people no longer access Tranby. Bart hoped that his clients in the long term would 'live sustainably'; that is, no longer live at risk of homelessness, experience a sense of stability in their lives, and being able to lead the type of life they want to lead. Iris hoped that in the short term, at least 70% of all clients had some sort of roof over their heads. She also hoped that clients would achieve things they never thought possible, and that some of them would be at work within the Pathways service. In order for more opportunities to open up for the Pathways client group, Iris hoped that state departments would talk with each other about policies and strategies that work well and that benefit the disadvantaged and those representing them. She offered the example of cheaper and better educational and specifically vocational (Technical and Further Education, or TAFE) opportunities. Fern hoped that in the short term, all her clients would be in a better position and have accommodation, so they could then focus on getting a job. She also hoped to see clients in a sober state rather than influenced by drugs or alcohol, and as a result be more proactive and 'engaged'. Fern also would like clients to come up with clear suggestions. In the long term, Fern hoped that most people would be able to 'stand on their own' and live a good life. Annie hoped that all her clients would be housed *and* able to sustain their housing to maintain their mental and physical health, and reunite with their families.
- Pathways staff expressed different types of hopes and preferred outcomes for the Pathways service, including the team. In terms of tangible, measurable outcomes for the next few years, Ben would like

Pathways clients to receive Pathways caseworkers' outreach support, not on a daily basis but once a month or so, and that the service would no longer receive complaints from electricity or housing agencies, or from next door neighbours, as evidence that clients are able to live in the community successfully and independently. Ben also hoped that the Pathways service could offer a service, similar to the organization he used to work for in the UK. He also would like to see the Pathways service funded for the long term, and that the necessary number of housing becomes available so Pathways can achieve the necessary outcomes. Iris hoped to get more funding for more workers because clients need the kind of help which Pathways offers. She also hoped the Pathways service would focus more on clients' 'good life', rather than on meeting clients' immediate needs only. She hoped that more affordable housing, employment and education opportunities would be available for the Pathways client group. Annie hoped that the current situation in Western Australia would improve for most Pathways clients, because finding long term housing proved to be a real problem. She would also like the Housing First model to gain more traction so that clients' mental health can stabilize. Steven hoped that the Pathways would 'tighten up' its service to become 'really effective'. Steven also hoped the Pathways service would be more effective in dealing with both the Indigenous and non-Indigenous groups of homeless people in a more culturally sensitive way. With respect to the Pathways program, Steven emphasized that he would like the service to be 'more discerning' about what group of people it actually aims to service, and gain more clarity about its service ethic. He suggested the service could find out who the 'genuine' homeless people are through 'group conference'. This was important, Steven claimed, because some clients were 'just lapping it up'. Richard would prefer the team leader to be less authoritarian and more 'engaged' with the team so caseworkers would feel more supported, important especially considering the kind of client group they were dealing with. Because the Pathways service was a human and strength-based service, it was important for the team leader to stop putting staff under the spotlight and interrogating them under the banner of 'supervision'. Richard would also like to see 'a real strong partnership with the Department of Housing at a ministerial level' and for them to have better understanding of the Pathways program, of the inappropriateness of their 'three strike' system and the need to give clients who go through a recovery process access to cheaper portable housing. Richard also hoped that the Pathways service would grow bigger in terms of clients and especially in terms of staffing, because the intensity of the client group took 'a lot out of a worker'. For the long term future, he would like to see the program continue to be running and developing as it went, and becoming more focused on educating people in the community about the issue of homelessness. He would also like to see 'people up top' (e.g. politicians and business executives) to be more aware of the homelessness issue. Ella and Elly would like the Pathways service to be much clearer about its goals, effectively 'tighten up its focus' and make sure that the client knows what kind of needs they have and what they could get out of participating in the program. Ella and Elly also proposed that UCW and/or the Pathways service focus on an entirely different client demographic and access other services to find the client demographic they were initially aiming for. Services such as Centrelink, the Department of Housing, the mining companies perhaps, and charity organizations should be targeted. Elly hoped the Pathways service would focus on identifying the issues that place people at risk of homelessness, and spend less time and energy on people with hoarding and squalor issues because there was too much risk involved around workers' getting injured.

7/ In terms of intra-agency (staff) relationships and the person-centred approach, which assumes that staff are included in decision making processes, chapter 8 pointed out that the *feedback system* currently in operation has not been working well at various levels of the organization which had a negative impact on staff-management relationships. Supervision sessions took place at certain time-periods, but appeared to focus on how instrumental staff's performance was in order to achieve *service outcomes*. They focused less on staff's emotional needs and relationships with staff inside and outside the service and/or relationships with clients, crucial in order to offer a *person-centred service*. Feedback received from client-surveys was limited and did not focus on staff's individual performance. Chapter 8 also discussed the idea of coordinated cooperation as opposed to subordinated coordination. It argued that coordinated cooperation is different to 'subordinated coordination' in that the first is focused on creating a warm atmosphere whilst nurturing creativity. Subordinated cooperation however is a top-down manner of planning and managing coordination; a centralized form of control that *enforces*

cooperation and quashes creativity (Towsey, 2010). Centralized forms of control discourage unpredictable outcomes (Spohrer, Demirkan, & Lyons, 2015, p. 18), yet creativity is necessary in order for a service and for services to flourish and diversify. Dowling, Manthorpe, and Cowley (2006, p. 42) argue that top-down management styles that fail to include staff in decision making impede the emergence of person-centred services. By extending the principles of person-centred planning to staff teams, managers should enable a support practice that is focused on individual people's needs, desires and strengths. The application of a top-down approach was demonstrated in Bart's comment on the 'disconnect' between management and staff and the difficulty in communicating different perspectives on the work required. Staff wanted to do their work well (offer a quality service), but their commitment to offering a quality service was stifled by management posing financial restrictions on staff and placing pressures on caseworkers for them to find 'free' services from within the community. Bart said that management and HACC representatives appeared to be more interested in administrative matters than quality outcomes. For example, management did not appear to understand that it is difficult to draw boundaries around the activities in which a caseworker engages to meet the needs of people who are 'most in need'. These clients needs are multiple, complex and interwoven or overlap. If one need is not met appropriately there is a chain-reaction. The UCW 'supervision guidelines' (UnitingCare West, 2014b) suggest that supervision sessions are meant to focus on the skills of employees that need to be developed, utilised and monitored to meet UCW's organisational objectives. These objectives are listed in the Strategic Plan 2012-2016 and included in the Induction Handbook (UnitingCare West, n.d.-a, p. 7):

- Work together to build UnitingCare West as a new agency, including taking a lead role in the community services sector;
- Develop value and equip our staff and volunteers;
- Build a workplace based on shared values and a strong sense of belonging;
- Develop a culture of innovation based on research, assessed need and sound models of practice;
- Direct our resources to go where others are not prepared or able to go;
- Integrate and coordinate our services to meet the physical, emotional, spiritual and social needs of individual families and communities;
- Strengthen our advocacy role, speaking out against injustice and oppression;
- Create collaborative relationships with Uniting Church congregations, agencies and schools, other service providers, governments and industry;
- Create new ways of engaging with our service users and program participants, valuing their input, feedback and participation in services.

In particular the third and last objectives are relevant to the person-centred approach and the importance of creating and maintaining cyclical (two-way) feedback loops in staff supervision. Giving *and* receiving information are an important part of process-relational leadership styles and central to offering a person-centred service.

8/ In terms of the person-centred approach and the assumption that clients take up an active role in the organization, chapter 8 discussed the ways in which clients are formally offered the opportunity to give feedback. In other words, informal feedback is not formally acknowledged. Formally, clients are given the opportunity to give feedback through surveys, individualized interviews and group sessions. The Pathways team leaders said that surveys are ongoing and conducted in two ways: When a client case is closed and at the end of each year. The purpose of these surveys, according to the team leader (in personal communications) is 'to get client-feedback about the service/support they receive and about Pathways in general'.

In practice, and as the data show as discussed elsewhere in this report, the questions in client surveys are rather general. They do not inquire into Pathways staff's performance. It is not clear when and how individualized interviews and group sessions are held for clients to offer feedback. It is not clear who facilitates or conducts these interviews and group sessions, or how these should be conducted, but power-dynamics would need to be considered. Ex-clients are offered the opportunity to volunteer in UCW services including Pathways. We do not know which ex-clients are currently volunteering within the Pathways service.

When we asked client-interviewees how they would like to contribute to service-delivery, none

suggested they had been offered opportunities to contribute to service delivery. When asked how they would like to contribute to service delivery, they did not seem to be aware of what options were available to them. They were not aware either of the possibility for them to lodge a complaint, for example.

In theory, under the 'Client Choice and Control Offer', the Pathways service offers clients choice and control, which effectively means that clients are offered the opportunity to take up an active role in the organization. According to the team leader (in personal communications, 15 March 2016), the Client Choice and Control Offer means that 'wherever possible, clients have the choice of case worker; a choice of time and place of support; control over resources; contribute to the design and delivery of services (wherever possible/appropriate, e.g. involving recruitment process and policy consultation, complaint policy and procedure)'.

In practice, as chapter 8 highlighted, staff stressed that 'engagement' was an important criterion for service delivery: Clients were expected to 'engage' with Pathways staff or they were exited from the program. In other words, they have the choice to either or not participate in the program, but do not always have the choice as to when to exit. In other words, the idea of 'self-selection' is not consistently applied.

In terms of clients having a choice of caseworkers, the data from interviews suggest that clients were confronted with changes they were not happy about, and that they 'just needed to deal with' the fact that staff changes happen. Fern said for example that when clients were confronted with staff changes, they did not like the fact that they had to repeat their stories and build a new relationship with a person not of their own choosing. Fern told them there was nothing she could do about this situation and that clients just needed to get used to the fact that this is how services work. She educated clients around the idea that relationships with caseworkers were not going to last forever and that clients needed to get used to that idea. In other words, clients had to resign themselves to the situation that services work in certain ways and that relationships end.

In other words, the promise of 'Client Choice and Control' sounds great in theory, but in practice clients are likely to get confused when they hear two types of stories: One conveys the message that clients have complete power of choice and control over service-delivery, and another tells them that the service system continues to control the process of service delivery. The latter message is confirmed in the fact that clients do not get the opportunity to play an active role in service-delivery. They remain passive service-users and do not actively contribute to service development. Their agency is only acknowledged when it comes to setting and working towards their personal goals that relate to their own lives.

Iris was the only staff member who admitted she had become aware of her tendency to work in a service-centred kind of way. But she said to have learned and now effectively dealt with this 'old culture of care' (Dowling, Manthorpe, & Cowley, 2006; Kitwood, 2004) that focuses on clients' deficiencies and what people have done in the past. She said to challenge that old culture, and is focused on the present and on clients' agency. Her way of working is now consistent with the person-centred approach and the idea that change is produced through client-practitioner interaction; that is, the client is considered and treated as an active agent in the interaction process, impacting on quality outcomes (Tsang, Bogo, & Lee, 2010). Iris also said that she would like to see clients working at Pathways. In other words, she wanted service users to play an active role in service-delivery.

Dowling, Manthorpe, and Cowley (2006, p. 42) stress that a service system and philosophy that expects service users to fit in or lose out is outdated and results in inappropriate service delivery. For the culture of services to change into one that is based on values such as equality, respect, empowerment *and inclusion*, and to enable a person-centred approach, both frontline staff and service users need to be included to reconfigure power relations. Referring to Morgan's (1997) discussion on bureaucratic organizations, it means a shift to non-bureaucratic forms of organisation so nurturing and networking can replace authority and hierarchy (p. 227).

The person-centred approach is formally employed, but informally the ultimate power remains with people in power who keep the underprivileged in underprivileged positions. The fact that UCW as an organization and the Pathways service are nested in a neoliberal context and as such are controlled by outside forces, leaves them restricted in their options. That said, more can be done by those who are appointed in managerial roles and who are committed to working in person-centred ways.

9/ In terms of RAS staff who set goals with clients, chapter 8 pointed out that the Inclusion Manager, Pathways staff and RAS workers do not know enough about each other's work conditions and practices. In other words, there is a disconnect. Marian for example did not know what kind of goals RAS staff set with clients, but she thought they revolved around finding housing. The interview with Petra showed however that such is not necessarily the case. Petra said that RAS staff only offer an outline of clients' goals and it is for Pathways staff to translate those goals into objectives and strategies. Having perused clients' files, we found that Petra's claims are correct. RAS staff set goals with clients but these goals are only an outline and do not always revolve around housing, as demonstrated below:

The RAS assessment report in Ingrid's file, which had been completed by Petra, listed Ingrid's *short term goal* as follows:

Client would like to go to (Great Southern region) and visit her partner in prison

Ingrid's *long term goal* was written down as follows:

Client would like to establish long term, stable accommodation and to secure the Disability Support Pension.

The RAS assessment in Sophia's file, which had also been completed by Petra, listed Sophia's *short term goal* as follows:

Client would like to transfer into a smaller unit which is more manageable.

Sophia's *long term goal* was listed as:

Client would like to have more regular access to her son and to participate in in-patient drug rehabilitation.

The RAS assessment in Mark's file, which had been completed by Ella, listed Mark's *short term goals* as follows:

- To have support to reduce substance abuse;
- To have support to manage finances;
- Assistance to obtain drivers license.

The file listed Marks' *long term goals* as:

- Assistance to obtain employment;
- To have support to find housing;
- To have support to find family.

The RAS assessment in Tina's file, which had been completed by someone we did not interview for this evaluation study, listed Tina's *short term goals* as follows:

- to be more informed of mainstream support;
- to have less pain;
- to keep home clean.

Tina's *long term goals* were listed as:

- To be able to move into more suitable accommodation;
- To have second hip replacement;
- To move into permanent accommodation.

Other issues that emerged from data analysis that need consideration

1/ To acquire its HACC funding at the start of 2014, the Pathways service needed to have the required number of people on board to offer assistance to: 25 people in total. RAS workers Ella and Elly pointed out that the Pathways service was in a rush to get the required number of people on its program, and decided to recruit clients mainly from Tranby, the drop-in centre located next door to the Pathways service. It is not clear who made this decision. Neither is it clear how or why this decision was made and how well that decision had been communicated with community stakeholders. But that decision and the

ways in which this decision had been made, appears to have impacted on the quality and type of service delivered, the ways in which the community perceives the service, and on the quality and type of relationships the service has developed with other community services. Even though the service wanted to be seen as different to a 'crisis' service, and though it formally operates under the umbrella of 'Community Inclusion', in practice it has firmly settled itself into the homelessness services area.

2/ In his first interview, Ben was keen to discuss his previous work in the homelessness sector and the strategies employed in the UK to combat homelessness; strategies he strongly supported. Ben did not discuss the fact that Blair's Homelessness Act was considered controversial in the UK, and that the UK has seen an increase in the number of 'hidden homeless' people since the introduction of the act, because only people who were considered the 'most vulnerable' received the type of assistance that Ben talked about. Homeless people needed to be assessed first within a period of 33 days to determine their eligibility. These assessments were a responsibility of local authorities. Many people who were not considered part of the 'most vulnerable' did not receive that assistance and were excluded; people that were not vulnerable due to pregnancy, mental illness, age, handicap, physical disability or other 'special' reasons'. The notion of 'intentionality' of homelessness became more stringent (Nixon, 2016, pp. 52-53; Shelter, 2007). Also, whilst Ben argued that homeless people are no longer a visible part of British society, the group of 'hidden homeless' people is growing significantly (Crisis, 2004). Further, in 2014/15, local agencies reported that in London alone, 7581 people were sleeping rough (<http://www.crisis.org.uk/pages/homeless-def-numbers.html>).

3/ During the first interview already, Ben expressed his vision for the Pathways service to be focused on homeless people and that finding housing was a priority. In the second interview, Ben pointed out that certain areas within the Perth metropolitan area were already considered as the most likely places to expand into, because of the relatively high number of other UCW homelessness services in that area that would be able to send referrals to the Pathways program. In other words, the *intention* was to continue focusing on homeless people and expand into areas where other UCW *homelessness* services are already in operation. He also pointed out that housing remained a priority in service-delivery.

Marian, the Inclusion Manager, informed us however that the Pathways service was *not* designed to focus on finding housing for people and was not a crisis service. Marian designed the program with the HACC team to determine how the program would work with homeless people or with those at risk of homelessness. It is inevitable that after handing over the reigns to another person to give concrete shape to the design, other factors would come into play. Ben was recruited and Marian handed over the reigns for him to set up the Pathways service and write policies etc. Caseworkers were employed later. The interview with Ben indicates that he drew heavily on his experiences from working in a homelessness service in the UK that also used the Outcomes Star as an evaluation tool. His familiarity with the homeless services area and the Outcomes Star, and the ways in which Ben was supervised, would have shaped the current service culture and the Pathways service's systems- and management-structure. Ben's background, the ways in which he was supervised and the level of commitment of UCW to the person-centred approach, would have determined the ways and the extent in which caseworkers are now able to employ the person-centred approach.

4/ Iris, the Pathways engagement officer, was aware of the fact that the Pathways service was *not* designed to focus on housing only, but that this focus was a consequence of the fact that most clients came from the drop-in centre for the homeless, Tranby, which was situated next door to the Pathways office. It is not clear who determined that clients should be drawn from Tranby, but the natural consequence was that the service started to focus on homeless people more than on people *at risk* of homelessness. Prioritizing housing for clients, regardless of whether or not clients themselves prioritize housing, was a managerial decision that disempowers clients and impedes the person-centred approach that staff try to employ. Dowling, Manthorpe, and Cowley (2006, pp. 42-43) found that as a result of a legacy of exclusion from decision making processes, service users often feel unable to influence service-delivery. Their inclusion in personal planning processes needs to be extended to include service expectations. The authors also propose widespread training on person-centred planning, which should not be limited to frontline staff but include management.

5/ RAS employee Ella, who was involved in designing the Pathways program, claimed that the Pathways program received its funding to work with people who were at risk of homelessness and not (only) those who are already homeless. Hence the suggestion for the Pathways service to widen its scope to find the 'right' kind of clients and attract clients not only from UCW but also from non-UCW services. But as Chapter 8 already highlighted, the communication channels between RAS employees and management appear to be blocked. Dowling, Manthorpe, and Cowley (2006, p. 43) propose that the failure of agencies to work together at multiple levels blocks person-centred strategies. A multi-agency approach and good communications between staff including management at various levels is crucial to increase service users' options.

The disconnect between the team leader's aspirations and the funding objectives, and the communication breakdowns at various levels of service delivery suggests that a change is needed at a systemic level, and also in funding arrangements to ensure that the appropriate target group is serviced in a manner that is consistent with the person-centred approach and inclusive of service users (Dowling, Manthorpe, & Cowley, 2006, p. 43).

Also, if the Pathways service will continue to expand into the homelessness services area and focus primarily on homeless people, community stakeholders at various levels of service delivery including service-users, should be informed and a rationale given so as to prevent further confusion from occurring. Community stakeholders should also be informed about the various services that referred clients to Pathways to date and/or from where the Pathways service drew its client-group. The following data we received from the Pathways team leader should be communicated with community stakeholders:

Referrals from services (to date, 8 March 2016):

Tranby (to date):	51.00 %
Other UCW services:	20.40 %
Non-UCW services:	21.42 %
Self-referred:	7.14 %

UCW services that referred: PHAMS, Street to Home, Emergency relief assessment officer, Credit Care, Individual Disability Advocacy service, and Housing Department.

Non-UCW services that referred clients: Partners In Recovery, Ruah, Fiona Stanley Hospital, Mobile Outreach Clinic, 55 Central, Entry Point, 360 Health & Community, St Bartholomew house, Day Down, HACC.

6/ Funding arrangements that ensure that the appropriate target group is serviced in a manner that is consistent with the person-centred approach and includes staff and service users in decision making processes, should state how resources will be allocated and used (Dowling, Manthorpe, & Cowley, 2006, p. 43). For HACC this would imply a change in funding arrangements, making sure that service organizations enable their case managers to design and deliver individually tailored plans with matching resources, and take an active role in service decision making processes as part of the person-centred approach. Individual budgets and direct payments could also be considered to give service users more choice and control over service delivery. At the same time, HACC and/or other funding parties should engage in critical inquiry to examine the inefficiencies of the neoliberal model, which assumes that an approach based on competition will reduce inefficiencies within the service system. Coordinated cooperation could be seen as a viable and valuable alternative.

The importance for HACC to review its funding arrangements must be seen in the context of Bart's comments about the systemic problems Pathways staff experienced in terms of having timely access to financial and other physical resources. Bart used the examples of using a paid interpreter to ensure that people who do not speak English well can still see their most immediate needs met; something he was unable to do. Bart used two other examples that were also of a financial nature to help explain that a managerial and financial system that does not actively support staff and their work has a negative impact on their *ability to deliver a quality service*. One example involved a person who needed to buy his ID. Another the fact that staff need to take clients to a café for a coffee to have a 'casual' chat in a non-clinical environment so the client feels more at ease to talk about important issues. Also when clients need food and when Tranby is closed, Bart pointed out that the system of food vouchers is problematic because it takes too much time to have these processed, whilst clients usually need food

right here and now. The quality of service delivery is compromised with certain aspects of the system stifling staff's ways of working in their attempt to address the immediate, practical needs of their client group.

With respect to the second aim associated with Pathways receiving HACC funding, which revolves around the Pathways service educating the community services sector: in support of the person-centred approach, HACC could also stress that UCW management and the Pathways service need to demonstrate how the Pathways service acknowledges and builds on the agency of (homeless) people. If the service believes that housing comes first regardless of clients' own priorities, the service should justify to the community how and why it makes these decisions, and how it consults clients in the service in the process of decision making. It would need to demonstrate how Pathways works differently to community services that work in service-centred ways, why and how the person-centred approach as proposed by Kinsella (2000) enables people to live independently, and how the service-centred model disempowers homeless people and those at risk.

7/ Consistency in communicating information

With respect to educating the community services sector, it is important to make sure that information that is communicated from different channels is consistent and complete. As shown earlier, this consistency has been lacking in different service documents, which causes confusion in theory and the practice of service delivery. Inconsistent information was also communicated during interviews with staff. For example, during the second interview, which took place in June 2015, Iris said that 10 people had exited the program, of which four people had achieved their goals. Iris said that six people had not achieved their goals, but did not elaborate on why these six people had exited the service and not achieved their goals, other than that some were not 'ready' to be supported or moved interstate, and that one person had passed away. Iris said that 12 people were on the Pathways waiting list. During the second interview, which took place two months *after* the interview with Iris in August 2015, Ben said that nine people had exited the program (one less than Iris indicated), of which four had achieved their main goals, two people had deceased and three people had left the program. He said that 10 people were on the Pathways waiting list.

- The information we received from Iris and Ben did not match up, and suggests that there are gaps in the information exchange between staff.
- Regarding the nine people that, according to Ben, had exited the service, of which four had achieved their goals, three no longer wanted to be on the program and two people had deceased: it is not clear whether these two people had been exited after they passed away, but at least one person was about to be exited, Ben said, because his main goal – accommodation - had been achieved. This raises the question whether the Pathways service exits people too early. Especially because Pathways clients deal with complex issues. HACC assessor Ella similarly expressed her concerns about Pathways staff exiting clients too quickly. Ella said that the service exits people for example when contact with a person has been lost or the service had found the person temporary accommodation. People with complex issues are not ready to be exited from a service only because they have achieved (temporary) accommodation. Ella said that without clients having achieved goals that would keep them from becoming homeless again, the Pathways service is effectively not doing what it is funded for.
- From the perspective of person-centredness, it would be appropriate for UCW and the Pathways service to consider clients to 'self-select' as to when to exit the program, rather than that the service determines a client's exit.

8/ With respect to the Regional Assessment Service (RAS) staff's criticism around the Pathways service primarily focusing on homeless people rather than people who are *at risk of* homelessness: the 2013 report titled *Housing outcomes for groups vulnerable to homelessness* (Australian Institute of Health and Welfare (AIHW), 2014) states that of the more than 400,000 Australians who presented to Specialist Homelessness Services (SHS) over a two and a half year period from 1 July 2011 to 31 December 2013, the majority of clients who *were housed on presentation* (so were not (yet) homeless) did not become homeless whilst supported by homelessness services. Especially people with mental health issues were able to retain housing (92%) and women experiencing domestic violence (87%) experienced much benefit. The report also found that it takes considerable support (and associated)

resources to assist homeless people into housing (p. vii). In other words, adopting a preventative approach around homelessness is less costly for society and saves resources whilst capacitating services to assist a larger group of people in breaking the cycle of homelessness. A person-centred preventative approach would work particularly well because working with families is central to the person-centred approach. Services need to ensure however that clients' families are also supported in the process of developing effective strategies (Dowling, Manthorpe, & Cowley, 2006, p. 43).

9/ The need for team discussions to strengthen the team and prevent exclusion. During their second interviews, Ben, Bart and Iris were all enthused about the successes the team had been able to achieve within the relatively short time of one year. Fern never mentioned anything about the team's achievements. This begs the question as to whether she felt supported by the team, or felt isolated from the team. Also the fact that Steven did not involve himself in the team may indicate that some people within the team have a stronger voice than others, and that more sharing of people's viewpoints and values is needed to develop a shared understanding. The interview data suggest that formal team discussions to date only focused on policy and procedural matters, and informal team meetings took place on an ad-hoc basis. Substantial and matters of a 'deeper' quality were not discussed.

- Staff appeared to view the purpose of their work differently, which suggests that the team has not had a team-discussion on the exact purpose of their work. For example, for Bart it was important to see that clients 'evolve' and achieve their goals. For Ben it was important that clients are housed and stop relying on crisis accommodation. For Iris it was important for clients to love themselves, be able to motivate themselves and 'no longer rely' on crisis services like Tranby (be independent members of the community). For Richard it was important that clients work through their issues for people to get a wider perspective on life. For Annie it was for clients to have a happy life with a home, garden and family. For Karin it was for clients to have brightness, happiness and stability in their lives. For Daisy it was about clients having an enhanced sense of mental or emotional wellbeing, with housing and anything else that would help them feel more stable. For Deirdre it was for clients to recognize that they are worthy, appreciate the meaning of life, and have options. For Fern it was about assisting clients to get better. Robyn's purpose was to form and guide people so they place themselves center-stage.
- Staff held different viewpoints on what the service aim of 'breaking the cycle' means in practice. Breaking the cycle of homelessness meant for Ben that clients 'no longer rely on crisis accommodation'. In other words, people who normally rely on crisis services should be assisted for them to obtain safe *and* sustainable housing. Iris and Fern expressed frustration around the fact that they were limited in their capacity to 'break the cycle of homelessness' and employ the person-centred approach at the same time. Even though many clients wanted safe and stable housing, the shortage of social or affordable housing combined with clients' background and their financial problems limited caseworkers' capacities. They could only refer people to crisis accommodation hence help keep clients to stay 'stuck' inside the cycle. Richard and Annie both appeared to be in support of the Housing First model, stressing that for people to 'break the cycle of homelessness', safe and affordable housing was critical. Once housed, people could start to work on their recovery. But because the Housing Department confronted clients with the 'three strike system', Richard argued that UCW management should talk with the Housing Department and make sure that people would have access to safe and sustainable, long term accommodation so they can start to work on their recovery.
- Staff did not appear to have team discussions on what entailed a 'person-centred and strengths-based approach'; they expressed different viewpoints and made no reference to colleagues' perspectives. Iris and Bart focused on educating clients who needed to understand that caseworkers were not there to spoonfeed people or lead them by the hand. The clients themselves had to do most of the work. Bart did not appear to have a need to educate colleagues or challenge the old culture of care. But he did applaud the creative capacity of staff to meet clients' needs including around food and housing; a capacity staff needed to employ to 'get around' systemic limitations. He also highlighted clients' creativity and their agency. For example, he highlighted the fact that Indigenous homeless peoples in Perth from different countries (Indigenous and Maori people) had been helping each other out to find shelter. His comment on the atmosphere where the Indigenous peoples had put up their camp especially demonstrated Bart's appreciation for the Indigenous

peoples' willingness to include each other and help each other out. For Iris the person-centred and strengths-based approaches were similar because both place the client at the centre of attention. Workers' past experiences and clients' presumed deficiencies do not play a role. At the same time however, Iris said that Pathways staff relied a lot on information from Tranby staff. In other words, in practice workers' past experiences did play a role in Pathways' service delivery. Iris also felt the need to educate her colleagues in the field in order to transform the old culture of care, cognizant of the fact that clients will no longer be able to rely on services at some point in time because funding runs out and/or because funding arrangements change. For Fern, the person-centred approach was less about education and more activity-focused. For her, this way of working was central to her work as it allows clients to live their lives how they want to live it.

- A team discussion on the philosophy of Pathways would be useful also to clarify the notions of agency, culture, community integration and inclusion. Bart's point (addressed in chapter 5) around clients' need for structure and for meaning in their lives deserves attention and may have strategic service strategy and program policy implications. Pathways staff may also consider this notion as part of the person-centred planning process, e.g. when using the Outcomes Star and talking with clients about the area of 'relationships and community networks'. For example, Bart found that Pathways clients, especially those with mental health issues, had lost a sense of meaning and found comfort in the fact that services open and close at certain times and that they know where to get things they need. They know that, in East Perth (physical location) they can go to Tranby and to Pathways to meet respectively their physical needs (food, shelter) and social needs (certain people) at certain times (temporal location). It gives them a sense of agency and of purpose in life. Clients had a daily routine: after breakfast they had time to see the Pathways caseworker so they could have the rest of the day off to do other things. Bart also highlighted clients' agency in their linking in with other marginalized peoples in certain locations to achieve their goals. They create sub-cultures. In other words, clients create communities of homeless people in different spaces.
- Bart's point around clients' need for structure, making meaning and creating communities in different spaces, suggests he took up a constructivist position that determined his way of addressing clients' needs and wants. Constructivists adopt the position that people's health is determined by relationships with people and with the environment. Open Dialogue, for example is a relatively new constructivist method, used in family therapy settings. It is similar to the 'wraparound approach' in that professionals join with families and client to improve clients' mental health. But unlike the 'wraparound approach', Open Dialogue focuses on developing relationships. Developed by Jaakko Seikkula, this method stresses that 'being present in the here and now', 'having unconditional respect for the uniqueness of the other', 'not jumping to interventions' and 'tolerating uncertainty' are crucial elements, whilst pre-set categories, plans and goals can hinder listening (Arnkil & Seikkula, 2015; Avdi, Lerou, & Seikkula, 2015). Constructivism is a philosophical position that deserves attention and discussion inside the team, to help the team understand how they work towards a similar goal. For example, when Annie talked the need for social work qualifications, suggesting that people with a diploma or higher level qualification have a theoretical background that allows workers to understand that people's context needs to be taken into account, she referred to constructivist theory. Fern said that as part of the person-centred approach, she should value clients' wishes and not want to enforce any ideas onto clients. But when she was asked what her clients needed most urgently, Fern said that accommodation was most upfront in clients' minds. This made sense, she said, because without a house people cannot apply for work and get an income, so get ahead in life. Fern lumped together the words 'accommodation' and 'a house'. For Fern 'housing' meant having a place to sleep in or having a roof over one's head. Housing was functional. She did not talk about housing in terms of having a sense of belonging, though she was aware of clients who faced challenges, because even though they were now housed, they felt lonely and empty because missed their friends who were still living rough. Fern thought these people may stay in their accommodation for now because it was winter, but the moment summer would come around they might go back on the streets. A discussion on staff's various philosophical positions would be useful also, because Pathways is meant to become an integrated service, so healthy relationships with families and people in the community should be seen as central to offering quality service. Social justice issues and people's need for housing need to be seen in a socio-cultural context. Fields (2011) for example pointed out that housing is only one aspect of having a sense of belonging and

connecting with community. He found that homeless people with mental health problems feel attached to various networks and places. They often describe feelings of disconnection and alienation in their own neighborhoods. In other words, the concept of community integration cannot be limited to the idea of living in one space; people live in various 'spaces of community' including the spaces between whilst 'flowing between' various communities. Community is a sense of belonging from the inside-out, not the other way around.

- A team discussion on staff's strengths and ways of working would also be useful to strengthen the Pathways team. Bart's way of working for example was process-relational, demonstrated in his view on addressing social justice issues which he saw as a relationship between the individual and society and as a social dynamic that is not limited to time (atemporal). He said for example that the need for accommodation 'comes and goes' and clients' need for housing cannot be addressed separately from clients' needs for money, food, identification (ID), mental/emotional support, and education around issues like being exploited. Power dynamics within the service system also impacted on service delivery. Whilst some people's ways of working suggest a linear – first this (e.g. housing), then that (e.g. mental health care) – approach, Bart's way of working was a combination of long term planning and addressing immediate needs. It was flexible, relaxed perhaps and suited to working with a client group that is 'most in need'. Because Pathways clients' needs are complex and interwoven, the best way to make sure that clients do not fall between the cracks of the system is by offering a non-linear approach that includes both long term and short term thinking and planning and implementing strategies.
- A team discussion on the use of emotional intelligence (EQ) and drawing boundaries could help the team in supporting each other. Bart for example appeared to have a high degree of emotional intelligence (EQ) which allows people in mental health care positions to manage and monitor their own emotions and those they work with (van Dusseldorp, van Meijel, & Derksen, 2011), and as such renders them better able to protect their boundaries. Bart pointed out that his background in mental health was very useful, because he was able to plan certain activities but also 'go with the flow' to make sure that clients would not lose their focus. Bart pointed to the fact that not only having a background and/or qualification in mental health is very useful in working with the current Pathways client group, but also *having time as a resource* to get to know the client group better and a better insight into clients' state of health, especially their mental health. With respect to drawing boundaries, Bart suggested that people with experience in the field of mental health know how to draw boundaries, but these are of an interpersonal rather than mechanical nature. It is important to know when and how to draw those boundaries, because people self-sabotage and it would be easy to internalize their issues to then become a victim of vicarious trauma.
Bart's suggestions on drawing professional boundaries were consistent with ideas discussed in the UCW Professional Boundaries document (UnitingCare West, 2015), which claims that 'poor boundaries can result in staff creating a relationship where they see themselves in the "rescuer" role (which) disempower(s) people and increase(s) dependency. Maintaining good professional boundaries aids in avoiding burn out and 'compassion fatigue.' This document also highlights that 'grey areas' of practice should be explored during supervision sessions with the line manager.
- A discussion on the use of EQ and drawing boundaries would also be useful as a way for staff to offer each other supervision, because supervisors who have a low degree of EQ are not sufficiently attuned to the emotional needs of staff. If they are not open to negative feedback, apply (passive) aggressive defense strategies, and/or focus on staff's deficiencies rather than strengths, staff will experience a lack of systemic support. Richard for example had heard that his colleagues experienced a lack of systemic support. Bart said he felt supported when Iris was the acting Team Leader. During the first interview with Iris, she expressed a sense of hopelessness because she experienced a lack of systemic support. She had little hope for the future of the Pathways client group and felt limited in terms of what she could 'realistically' do to improve clients' lives and work with them towards 'the good life'. But when she spoke about the person-centred and strengths-based approaches during the interview, she regained her strength and spoke about her hopes and dreams. She could then see a future that she wanted to be able to work towards. In other words, her 'inner fire was lit' the moment she was given the opportunity to talk about the person-centred and strengths-based approaches. This suggests that her passion lies in those methods. During both interviews with Fern, she seemed also to feel disheartened. She also appeared to have *resigned*

herself to the fact that due to their financial limitations, clients had little options and were more or less forced to stay in temporary accommodation and remain 'stuck' in the cycle of homelessness. Fern also appeared to feel limited as to what she could do improve her clients' situation, because their physical or mental health problems posed a challenge too great for both her clients *and* for herself to deal with on their own. Annie had some difficulty in dealing with the fact that she lived a relatively comfortable life compared to that of her clients. She found herself being confronted with 'unfairness' and her own relatively comfortable situation. It is not clear whether she experienced a lack of systemic support. It appears to be important for staff to support each other both by acknowledging what is happening for them at an emotional level but also to reignite the fire within (inspire) each other when they feel disempowered, by acknowledging each other's strengths, how they like to inspire their clients, and what they hope for their clients in the future both in the short term and in the long term. In other words, it is important for staff to offer each other supervision to empower each other so as to better protect their boundaries. 'Reigniting the fire' is important particularly in the work with homeless people, because many homeless people do not see the future as particularly bright and they self-sabotage, as Bart suggested, which can rub off on workers and cause vicarious trauma.

- A discussion on the Housing First model would be useful for the team to be able to compare and contrast, and as such reflect on their own way of working. Annie was the only person we interviewed who was aware of the Housing First model and referred to the literature on homelessness. None of the other caseworkers, not the team leader and not even the Inclusion Manager and the Executive Manager Inclusion appeared to know about the Housing First model, which is remarkable considering this model has been in use for some time in various parts of the world to address the issue of homelessness and people with complex issues. Annie linked the housing issues that many Pathways clients struggled with to their mental health issues, and hoped that the current situation in Western Australia would improve for them. But finding long term housing was a real problem and working the way in which the Pathways service operated was doing it 'the hard way'. Annie would like the Housing First model to gain more traction, so that support-in-housing could be used to help stabilize clients' mental health problems. When asked how Annie knew about the Housing First model, she said she knew about it from having done some research on the topic, and from reading social work journals. She knew the model has been implemented in the Eastern states of Australia.
- A discussion on the position description of Pathways' caseworkers (UnitingCare West, 2014a) would be useful for workers to talk about and acknowledge what they see as their primary tasks. The formal description states that support workers need to offer case management, do administration and ensure a healthy and safe workplace. Case management is seen as revolving around goal-setting and making sure that clients achieve those goals. The described skills or competencies suggest that the support worker needs to be able to develop and maintain sound relationships with clients, stakeholders and colleagues. But for some reason, the position description does not mention any process-relational skills.

Pathways caseworkers gave a different description of their roles. Bart for example emphasized that his skills in planning certain activities combined with his capacity to 'go with the flow' were important in discovering the strengths and weaknesses of clients, and to ensure that clients would not lose their focus with respect to the goals they had set themselves. Fern similarly stressed that caseworkers needed to help clients to stay focused on their goals. Bart emphasized that, because 'going with the flow' required time, time was an important resource to have. He also stressed that building rapport with clients, having clinical support skills, and being able to be a sounding board are essential skills for Pathways caseworkers to have, because many clients feel isolated or plainly frightened, and they have trust issues. Because one quarter of the Pathways client group appears to have mental health issues that are not always obvious, Bart also believed that Pathways staff need to have a background in mental health. But educating clients on their personal responsibility was also important; clients' needed to know that caseworkers "cannot wave a magic wand". Iris described her role as a caseworker in more detail: Tasks she performed revolved around 1/ educating clients around Pathways as a 'not' crisis service, hence emphasizing making appointments and telling them how referrals processes worked; 2/ coaching clients by reminding them of their goals and strengths; 3/ looking for accommodation 'everywhere' due to the shortage of affordable housing. Process-relational 'skills' she employed were 1/ Flexibility, due to the

'unpredictable nature' of the current client group: their mental health problems and/or drug-use, and them not being used to making appointments (as a result of crisis services like Tranby); 2/ Resilience and creativity, because caseworkers are subjected to systemic limitations such as lack of housing and having to rely on crisis accommodation options. Attitude: 1/ 'going in there boots and all', for example when helping people with hoarding issues; 2/ 'not hiding behind the idea of doing 'social work' and 3/ having the right will of heart and 'not want clients to be evicted out of their home'.

Some staff struggled in an effort to blend case-management with administrative tasks. For example, during the first interview, Fern spoke about a client with children who needed food, to illustrate the sense of urgency some clients felt when they came in to ask for her help, and that addressing these immediate needs meant she could not do the administrative work she needed to complete. During the second interview, Fern said her first appointment with clients usually started at around 10am, and she was busy seeing clients well beyond lunchtime. Meanwhile, other clients would also come in because they needed sleeping bags or swags for the coming night, and Fern could not turn these clients away just because they did not have an appointment with her. As in the first interview, she again pointed out that she struggled to find the time to catch up on her administrative work.

Fern's concerns could be interpreted as a demonstration of poor time management. But they could also be interpreted as a demonstration of the paternalistic bureaucracy's insistence on reporting and 'measuring' performance; a demonstration of a defense mechanism in play, that is based on fear and anxiety and inhibits cooperation, instead creating a dependence on authority.

10/ Wraparound, including family and clients' close community, and the person-centred approach

Pathways support workers are meant to link clients in with their families and other support systems within their local community to aid their recovery in a sustainable manner (UnitingCare West, 2014a). It is clear that Pathways staff is supportive of the person-centred approach, but previous chapters also raised the issue that Pathways staff does not or rarely includes family-members and clients' natural support system or close community in the development and implementation of person-centred plans. It is not clear why such is the case. This issue may need closer examination among HACC, UCW and Pathways staff.

One of the key ingredients that make up the person-centred approach is the inclusion of family and/or clients' natural support system. Excluding members of this natural support system keeps the professional services system in control of service delivery, which contradicts with the idea of empowering service users. But as the literature suggests, service staff often find it difficult to include members of the natural support system in service delivery, because staff themselves want to stay in control and/or their services were bureaucratically structured, service-centred and budget-led (Dowling, Manthorpe, & Cowley, 2006; Holder, 2013; Innes, Macpherson, & McCabe, 2006; Kinsella, 2000). Innes, Macpherson, and McCabe (2006), who explored the barriers and opportunities to person-centred care delivered by frontline workers in Scotland, found that person-centred care is usually offered by services that believe in teamwork, in working with people in a way that places clients central to service delivery to promote their independence and autonomy, and that are willing and capable of offering reliable and flexible services which the service users chooses. The relationship between user and frontline worker is considered a key ingredient of quality person-centred care. However, Innes et al found that listening to and working effectively with families proved to be difficult for many workers. They also found that care work was undervalued in society at large, and that people from minority ethnic groups are given sufficient information and are culturally misunderstood. These inefficiencies are systemic, and the result of service-centred and budget-led bureaucratic structures and services.

The involvement of family is especially important in the Australian context with about one quarter of homeless group of people from Indigenous descent and 30% from overseas (Homelessness Australia, 2016). Family responsibilities are central to Indigenous people's lives. Fern was confronted with this issue in her work with an Indigenous client who could not 'kick out' his children due to cultural and family obligations. Steven, the Indigenous caseworker, also emphasized that Indigenous people have extended families who live all over Australia and they have responsibilities towards each other, which has implications for the Housing Departments in different states.

The inclusion of families and their communities, important also when people come from overseas, is called the *wraparound approach*, which Eber, Hyde, and Suter (2011) explain as a collaborative process of community based interventions that are designed, implemented and coordinated by a team of natural support people and community professionals. This team develops and implements individualized care plans that are accepted by clients' families and they address families' priorities that lead to realistic and practical strategies to support clients. Eber et al stress that the wraparound approach involves a process or journey of change that consists of four stages: 1/ Engagement and Team Development, where a wraparound facilitator meets with the clients and family to lay the foundation for success; 2/ Initial Plan Development, where the facilitator seeks consensus and commitment from the whole team including family, and all team members' roles are clarified; 3/ Plan Implementation, where the problem solving and intervention process starts so that clients' needs are met; 4/ continual successful functioning and the inclusion of more natural support systems. The wraparound approach is also applied in the Housing First model, which Busch-Geertsema (2013) refer to as 'support-in-housing'. Having asked Sam Tsemberis, who set up the Housing First model in the USA, whether the wraparound approach is a central part of the person-centred approach used in this model, Tsemberis (in personal communications, 7 July 2016) responded as follows:

Absolutely! It is a person-centered approach and provides (strengths-based or recovery focused) wraparound services. The support services provided are adjusted depending on the characteristics of the population served. Services are best provided using a team approach. Person-centered also means that the client is driving the decision making and treatment planning as much as possible. The client should be deciding the type, sequence and frequency of services or decide to use no services. Clients In HF programs must agree to sign a standard lease for their apartment, pay 30% of their income (if they have income) towards their rent and agree to a weekly home visit.

Blunden and Drake (2016, pp. 217-218) argue that Housing First is a promising concept for the Australian context, but it needs to be adapted to suit local circumstances. The key to success, they argue, is the wraparound support provided as part of the model. Wraparound in this case includes four key elements: street outreach, housing, support and integrated services. This wraparound approach results in tenancies being maintained at 77%. It also leads to a reduction in illness, an increase in wellbeing and health, and a reduction in recidivism.

11/ The staff/management disconnect: Different educational backgrounds

Bart pointed out that there was a disconnect between management and staff, and suggested this disconnect may be a result of the different ways of how staff were trained or educated. This viewpoint is reflected in the literature, which suggests that people trained in the medical area, in management or engineering think and work in mechanical ways and use linear plans and linear processes. They struggle with flexible, non-linear service-delivery (Dowling, Manthorpe, & Cowley, 2006). Their linear logic is reflected in discussions on equality and social inclusion that are underpinned by broader ideals of personal responsibility. They see individual people, individual groups and society as separate entities, and each individual entity is responsible for its own circumstances. This linear logic also underpins the creation of closed, mechanical systems and justifies a service-centred approach preoccupied with internal design, as other to open systems that focus on the exchange with the environment (Morgan, 1997, pp. 39-40). A linear logic struggles with the constructivist logic that sees people's responsibility as system-related and interconnected with systems (Boyd, Wadham, & Jewell, 2007). Constructivism considers 'socio-cultural advantages and disadvantages as systemically related through how society and its systems organize the production and distribution of material and symbolic goods' (Boyd, Wadham, & Jewell, 2007). Constructivism assumes that people are creators of their own reality and find meaning based on life experience, hence constructivist therapeutic approaches such as narrative and family systems therapy focus on people's ways of making meaning. Some people draw parallels between constructivist theory and the person-centred approach, because both approaches place the person at the centre and consider people as systemically related and as such meaning-making entities.

12/ Importance of gaining info about other services

Pathways caseworkers work in various services to achieve client outcomes, but it appears that they do not always have the necessary information, which can place Pathways clients at risk. The Engagement Officer is meant to 'be the central interface between participants, support workers, and other services' (UnitingCare West, n.d.-c), which suggests that the person in this role visits and gains as much information on various services as possible. To ensure duty of care and clients' safety, Pathways caseworkers should have at hand as much information as possible about the various services they link clients in with. They appear to lack this information at present. For example, at the time of the interview with Fern who took up the role of *acting* Engagement Officer, the researcher asked whether Fern could tell us more about Tom Fisher, a crisis accommodation service she had been sending clients to. Fern said she had never been there. Fern did not make any reference to information Iris could have collected, because Iris normally worked in the role of Engagement Officer. Fern did not say she should go to visit Tom Fisher to find out more about this service. Fern suggested we talk to Annie to find out more about the various services in Perth, because Annie had been working in the homelessness area for a long time. In other words, Fern suggested that information about other services should not be sourced from the Engagement Officer, but from staff who had been working in the homelessness services area for some time.

The interviews with Iris and Fern suggested that the Pathways Engagement Officer focuses mainly on contacting services to promote the Pathways service and get more referrals, rather than ensuring that services find out about each other's quality of service. During the second interview with Iris in June 2015, in her role as an Engagement Officer she said that liaising with other agencies was important because they might like to refer people to the Pathways service, so they needed to know what the Pathways service provides. Iris did not suggest that she 'should' also find out everything about the other services, so that Pathways caseworkers would know exactly what to expect from the services to which they refer clients. Thinking of the Beacon for example, a crisis accommodation service which according to Annie, is a place where contacts of drug networks aggregate, is important information for caseworkers to be able to ensure clients' safety. Gaining information about other services' history, and their formal and informal values, outcomes and organizational culture should be a key focus of attention for the Engagement Officer, as it allows staff to also understand the conditions under which colleagues in other services operate. This will help improve or strengthen interagency relationships. It would also allow UCW and Pathways management to offer feedback to other services about other services' performance, which is an important part of opening up the communication and feedback channels between different services to help improve the Perth community services ecology and assist integrated service delivery. Improved interagency communication and feedback channels are also essential with the proposed rollout of the NDIS, which will decrease interagency sharing and cooperation, as it will force agencies to compete with each other.

The Engagement Officer could also ensure that information about places where drug-use and drug-dealing is rife, is communicated throughout the community services network. This is because clients who want to 'get back on track' will not want to stay in these places, preferring to go back to live on the streets or move out of Perth, where they use their street-smartness and escape more easily from dangerous situations. Pathways staff also need to have this information so they understand why some clients may not want to stay in communication ('engage') because they would feel challenged by the circumstances surrounding the places where staff send clients to. Close investigation of each place where Pathways clients are being sent to is an absolute necessity to ensure their safety, but also to honor their trust which they place in Pathways staff and should not be broken.

13/ Working towards integrated service delivery

In their separate interviews as Engagement Officers, Iris and Fern both mentioned Tom Fisher as the most useful crisis accommodation agency because it offered free accommodation from five to 10 days. Iris found other useful agencies to be: WA Apartments, 55 Central, Inner City Mental Health for counseling services, Next Step for detox, and Bridge House also for detox. Fern mentioned the following additional agencies: St. Bartholomews, 55 Central, the Salvation Army's Beacon for (female) crisis accommodation, and the Department of Housing and Centrelink because Pathways clients used

these services. Further, charity organizations such as the Salvation Army and St Vincent's because clients can get goods there and receive good, personalized service. Fern also mentioned Tranby and Food Rescue for their food provision, and Ruah because it is a similar service to Tranby. When asked what Annie thought were useful agencies, she said that UCW has many in-house services that she could refer to easily for clients to get assistance with private rental, financial counseling, and food. Annie also said she worked a lot with Salvation Army, with St Vincent's for emergency relief funding, with Street to Home and with Partners in recovery.

This kind of information on the various community services Pathways staff engages with should be communicated across the Perth community services area, because it sends a positive message around the possibility for cooperation between services and integrated service delivery. But other, 'negative' information also needs to be communicated and discussed among service-professionals and shared with the larger community. This information should also be shared with relevant government bodies so they understand how they contribute to the problem of homelessness.

One core issue that emerged from data analysis is the way in which the Perth housing system operates and its strict regime that challenges homeless people with complex needs. Fern's sketch below depicts how this regime works and the competition that homeless people are exposed to whilst trapped in the cycle of homelessness.

I hear - it is a room. They just go there. They should be there by 5 o'clock, because during the day there is no staff there, because I think staff start at 4. They should be there at 5 o'clock and leave in the morning, so during the day there's no one there. The gate is locked. You basically go there to sleep - and it's just for seven nights, you can't go back within the same month. You have to wait. It's really hard to get in, so what we have to do is either wait until 4 o'clock, when staff go in, and send the referral then, or first thing in the morning.

Fern's sketch confirms and builds on Quirouette's (2016) finding that the regulation of emergency shelters challenges people who face multiple challenges only further complicates their needs. Quirouette argued that the homelessness cycle is vicious because it compounds the challenges homeless people with complex needs already face. These compounding challenges translate into the system even further tightening its regulations.

Other interviewees also commented on the complications the Perth homeless services area creates for Pathways clients, making it almost impossible for them to achieve their goal of securing safe and stable accommodation. For example Glen, one of Fern's Indigenous clients, told us he had been living with his auntie in Broome for five or six years 'to dry out and do cultural law'. Before he went to Broome, Glen was into crime and drugs. At the time of the interview he was staying at the Beacon, a place where he could stay for up to three months, and if he 'ticked all the boxes' he could stay for six months. But, as Annie pointed out when we spoke to her, and perhaps unbeknownst to Fern, the Beacon was also full of drugs, which would very much have challenged Glen. Perhaps it is not a surprise left Perth again, this time not to return to Broome to stay with his aunty but to the Pilbara region to live with his brother. It was not safe for him to stay in Perth.

Annie said that clients were feeling 'shunted around to different transitional accommodation places' which made it hard for them to find mental stability in their lives. The only consolation clients had, she said, was that they were 'moving forward' on the Housing Department's waiting list. But this consolation was also illusive, because as Fern suggested, people who had been able to secure a house from the Department of Housing, were still at risk of homelessness. For example, the Indigenous client who had been living in his home only for six weeks and was getting ready to focus on getting a job, was at risk of losing his home again because his neighbors had lodged a complaint with the Department.

Engagement Officer Iris said that many clients were more or less forced to move from Tom Fisher (free accommodation) into backpackers' accommodation for which they paid around \$350 per week, which led to the Pathways team's decision to build relationships with private real estate agencies, because clients would pay a similar amount of money or less. Caseworker Annie stressed that the people who

were able to actually move forward were those who found private rental accommodation, because they were more likely to offer secure a stable enough environment for Pathways clients to get out of the homelessness cycle. But Indigenous people were often confronted with racist landlords.

Annie said the stock of social housing in Perth has 'dried up' because people cannot or will not move out of these homes. Only policy changes could change the social housing situation, by committing to building more homes for people on low incomes and also housing that is better suited to people with mental health issues and for people from Indigenous and other cultures that require larger families to live together so they 'can sustain it, rather than get three strikes and then they're out'.

The above examples demonstrate that not only emergency shelters but also the Department of Housing and the private rental market pose various challenges to people with multiple challenges, which creates a distressing situation for homeless people but also those who have been able to secure housing. Communication problems with bureaucrats add another layer to this complexity. Annie pointed out that bureaucracy forms a major hurdle that leaves homeless people with complex needs literally out in the cold when it comes to getting ahead in life. In other words, homeless people with complex needs have to deal with multiple *systemic* challenges. Effectively the system keeps them from obtaining safe and stable accommodation which reinforces stigmatization of homeless people in society.

14/ Pathways commitment to culturally appropriate service delivery

Pathways is arguably committed to offering a culturally appropriate service. But more needs to be done to demonstrate this commitment. Policy needs to be developed but more importantly perhaps, team discussions need to be held and staff and volunteers need to be consulted because some already have the necessary knowledge. To recap some of the issues that were raised elsewhere in this report: The way in which the Pathways service operates at present appears to be guided by a code of ethics that is based on a neoliberal, rationalist model. Finding solutions and quick fixes formed the main focus in staff meetings. The notion of social inclusion gained little traction as demonstrated in Steven's case, the Indigenous caseworker who was subjected to a Western way of working and unable to suggest a collaborative way of learning in order to gain a better understanding of the Pathways aims, objectives and ways of working. To improve the inclusion of people from racial and ethnic minorities within the service it may be necessary to consider the following:

1/ Indigenous people

Steven made some valuable suggestions:

- Indigenous clients' link to country with its unique flora and fauna and Australia's isolated position in the world needs to be acknowledged as one that forces both Indigenous and non-Indigenous people to depend on each other and create a healthy ecology; a 'decent system of life';
- Indigenous people are a 'transient people' who live a communal life; family and community always come first, not materialistic matters. This transient and communal way of living means that sometimes a home is filled with 12 to 14 people, and at other times 'only' three or four people inhabit that same home;
- Pathways staff should engage in 'group conference' to develop a shared service ethic. 'Group conference' implies a collaborative way of working that Indigenous people often use to gain clarity and seek community consensus. Steven suggested it means people sharing stories and experiences, so as to come to a shared service ethic that is not imposed upon people but emerges from within;
- A sense of hope and the positive side of homelessness needs to be highlighted in the media rather than 'harping on the plight of the homeless in Australia and that they're not being looked after'. The media, Steven said, tends to home in mainly on the homeless people who are 'living off the system' and 'not trying to get themselves out of that situation'. This picture only exacerbates the challenges homeless people already face because politicians, corporate representatives and banks 'impinge upon the smaller person' and turn people into 'consuming fools';
- Pathways staff should be 'more discerning' about the client group and the 'genuine' homeless people. Those who try hard to get themselves out of the homeless situation should be the ones

receiving most service. To limit chances of putting Indigenous to shame, Indigenous people should be consulted at all times.

2/ for refugees

As an immigrant, Deirdre empathized with 'the circumstances, feelings and needs of asylum seekers, refugees and homeless people, because I have that experience'. She escaped Jordan 'because of religion' and 'moved six times from cheaper rooms to another cheaper room'. Her personal experience led her to want to work at Pathways as a volunteer, offering cooking classes. She would like Pathways to focus more on education, because 'a lot of people ... don't know their rights, where to go, how to solve 'how, where, when, why, what, you know?' Deirdre would also like to see more workshops on offer for clients 'to build their confidence' and 'how they deal with trauma'. Ultimately, she would like to help them so clients can 'assist themselves'.

Deirdre's motivation to work with homeless people appeared very strong and she has a clear vision of what she wants to achieve in her work. It is not clear how much influence she can exert on decision making processes and/or whether her contributions are acknowledged or formally integrated into service delivery.

Some considerations regarding future expansion of the Pathways service

The Pathways service has committed to service integration, which is important especially in light of the roll-out of the NDIS and the need for a wraparound approach in person-centred service-delivery. John, the Executive Manager of Community Inclusion said that at least one, if not more Pathways clients were already being channeled into the NDIS, and that there 'will be some questions as we progress with NDIS'. John did not elaborate on what 'some of those questions' could be, but some of the issues raised in this report may need consideration. Also the issue which Iris raised needs attention, when Iris said that she went to a meeting to find out that some of the services that Pathways caseworkers offer for free, are priced very highly in the market. With the introduction of the NDIS and HACC withdrawing its funding, Pathways clients would not be able to pay these high prices and they would probably shy away from purchasing those services. It appears important for UCW and Pathways staff to adopt a proactive attitude in the neoliberal political climate of today and insist on the protection of Social Justice and/or Human Rights principles. It may also be necessary to communicate more openly with external parties and find out where they are coming from, because past interagency relationships did not always develop into a preferred direction. Transparency in the development of interagency partnerships is necessary and the inclusion of staff and client is necessary to improve interagency relationships but also to protect clients' rights to being included.

But as has been reported in chapter 8, the feedback mechanisms the Pathways service produces and those to which the service is subjected challenge its commitment to service integration. Closing the Gap Clearinghouse (2011) stresses that one of the main barriers to integrated services is the lack of communication among collaborating agencies including feedback mechanisms that report on agency performance. UCW and the Pathways service would need to ensure that open communication and feedback mechanisms that report on agencies' performance are in place. Better information, and better communication and feedback mechanisms between different services cannot be underestimated and must be matched by a commitment from the various agencies involved in offering service to a particular client group, in this case homeless people with complex needs, and/or those at risk of homelessness. But this commitment cannot be the result from a top-down approach, nor from a neoliberal approach that presumes competition rather than cooperation, yet expects from services to work together and cooperate. As Robyn pointed out:

I think they always try these - you know, pilot programs where you try and work with other organisations so that there can be more of a harmonious case. But at the end it depends on how willing the organisations are to work with each other. Especially in the current funding climate, you're not able to work with other agencies, even if you're looking out for the best thing for the client, because they've had their funding reduced and they're not happy that - you have more funding than them and stuff like that. It's definitely competitive, and you're governed or controlled by the government, and you also want to

help the client, but you kind of get stuck in the middle somehow, and then the people who are also your friends who are also social workers, they're stuck in their own little worlds, and you can't just come together.

Though service integration proved possible in other Queensland, Tasmania and Victoria, Philips (2013, p. 77) found in his study that the process takes time. None of the three service delivery reform projects Philips studied had been able to achieve the hoped for outcomes during the planned time period. However, all projects had progressed in that period of time, in that different services had developed new ways of working together. They had shared their visions, innovated their services and built a common infrastructure in order to achieve the long term goal of 'preventing homelessness, delivering service system reforms and involving mainstream services' (p. 77). It is likely to take even more time in WA for services to integrate because of the ways in which services are funded and how the WA government operates.

Interorganizational networks and in between neighbourhood inequalities

Earlier in this chapter, we referred to Bart's comment about homeless people who make meaning out of living in different spaces of community. We referred to Fields (2011) who found that housing is only one aspect of having a sense of belonging and connecting with community and that homeless people with mental health problems feel attached to various networks and places. They often describe feelings of disconnection and alienation in their own neighborhoods. In other words, the concept of community integration cannot be limited to the idea of living in one space; people live in various 'spaces of community' including the spaces between whilst 'flowing between' various communities.

We would now like to juxtapose Fields' (2011) concept of homeless people's 'spaces of community' with that of Levine (2013) who also talks about community and the concept of space and places, but with respect to organizations. Levine looked at *how* and *where* organizations construct their networks of exchange in the same neighborhood and across neighbourhoods; a multilevel process of sharing resources which he labeled with the term 'organizational parochialism'. He found that the context for collaboration between different organizations tended to be localized, stimulated by states' neoliberal politics and decentralized urban political structures that shape 'institutional norms of comprehensive service delivery and anxiety over unreliable funding' (p. 327). But he queried whether service users in the wider community would ultimately benefit from these localized, 'emplaced' interorganizational networks. Organizations that restrict their partnership preferences to the immediate neighbourhood will produce some neighbourhoods to become 'resource rich', leaving others to miss out on service delivery, thus produce between-neighbourhoods resource inequalities.

Building on Levine's concept of emplaced interorganizational networks and drawing on Fields' concept of homeless people's 'spaces of community' as well as Bart's finding that Pathways clients create communities in different spaces, it appears that homeless people would increasingly gravitate towards service-rich neighbourhoods and bring with it the cooperative but also the aggressive back-stabbing culture that exists within the homeless people's community, along with the culture of drug-dealing and drug-abuse. At present, the Pathways team leader said the Pathways service is in the process of expanding into areas where other UCW services are already on offer. In other words, the service 'happily' contributes to the development of service-rich neighbourhoods and with that, between-neighbourhoods resource inequalities. This contribution and subsequent development of service-rich neighbourhoods will more or less push homeless people with mental health problems who experience a sense of belonging in different 'spaces of community' to 'hang out' in service-rich neighbourhoods. It will also expose them to the risks and tensions that exist within these neighbourhoods, highlighting the need for a larger quantity of safe and sustainable housing in other neighbourhoods. Another downside of contributing to the development of service-rich neighbourhoods would be that governance mechanisms that already focus on the failure of some people to 'integrate' and underplay the importance of agency, would be able to advance their control on those people.

The upside is that UCW and the Pathways service would have the opportunity to take a very clear political stance in the development of service-rich neighbourhoods, and ensure that strong interagency relationships develop. It would also offer an opportunity for UCW and Pathways to ensure that person-centred and strengths based approaches are employed across the community services area. But UCW and Pathways staff would need to demonstrate they understand and fully support the person-centred and strengths based approaches by adopting a collaborative and consultative approach. They would need to actively encourage Pathways clients to take up active roles inside the organization and within the interorganizational network. Reinforcing the notions of social inclusion and social role valorization, they would enhance clients' competencies and their image so that these are, as much as possible, positively valued in the eyes of the perceivers (Osburn, 2006). UCW and the Pathways service would also involve Pathways caseworkers in decision making processes during the initial stages of developing interorganizational collaborations, to make sure that communication is not set up as a one-way process of information provision, thus ensuring that staff/management relationships become and/or remain healthy. Family members and friends, who form part of the clients' natural support network, would also be involved. Sharing knowledge about the rationale for, and process of developing interorganizational collaborations at the grassroots level of service delivery recognizes and warrants the expertise and role of all stakeholders. Sharing knowledge also empowers all stakeholders so they can take on the transformative process and identify with the values underpinning the process of systems' and culture change, which is associated with the person-centred approach.

The above described strategies would demonstrate that UCW and the Pathways service adopt a proactive and leading role in making sure that the statewide roll-out of the National Disability Insurance Scheme (NDIS) will not lead to more competition between services and more fractures within the community services sector. They would demonstrate that UCW and Pathways are serious about their commitment to the integrated service model, and the idea of improving the connections between services and individuals in order to improve client outcomes.

An opportunity for theoretical re/positioning

With the welfare state including social work services increasingly affected by neoliberalism, and the push for community services to integrate, this report highlighted that it is necessary for management to deliberately engage in a sustained process of theorizing how to bring about institutional change and what this means in terms of the preferred leadership style to be adopted across the organization (McDonald & Chenoweth, 2009). An environment that not only provides a range of support services, including accommodation, independent living, mental health and disability services, and community and family service, but is also able to maintain strong links between the various programs within the organisation, is able to adequately address the diverse needs of each client but also the needs of staff. However, the context in terms of culture, systems and ecology needs to be carefully considered and addressed in communications with services across the Perth community services sector and also with government.

Paternalism and systemic co-dependency in the homelessness services ecology: Plato's cave

The data in this report and above suggest that a service-centred and budget-led culture dominates the Perth homeless and community services ecology, which infiltrates and includes UCW and the Pathways service; a finding that is consistent with the literature. Quirouette (2016) for example found that people living in crisis accommodation often struggle to survive, because staff live by the old system of care. As reported elsewhere in this report, though Pathways staff do their best to employ the person-centred approach, they are limited by the service-centred and budget-led culture of which they partake. As such, we can conclude that the Pathways *program* works in person-centred ways, but the Pathways *service* works in service-centred ways because it is nested in a service-centred culture. This culture creates and maintains systemic co-dependent relationships that are underpinned by a paternalistic attitude, demonstrated in how services are bureaucratically *structured* that keeps clients in an underprivileged position. This culture also consists of power-dynamics that reflect the 'patriarchal family'. It is headed by the WA Department of Child Protection (2010), which strives for an integrated homeless service system and theoretically supports a people-centred approach. But it also considers

that people who are at risk of or experience homelessness 'in need of service intervention' (Department of Child Protection, 2010). In other words, the WA DCP views homeless people as passive service recipients who do not need to be consulted on what they want or need. When people are no longer homeless, their exits from homelessness are attributed to outside intervention (Parcell, Tomaszewski, & Phillips, 2014). Clients' agency receives no attention or acknowledgement.

Assuming that human beings construct organizations, Morgan (1997, pp. 215-228) argues that organizational behavior is driven by conscious and unconscious drives. For example, some groups adopt a dependency mode and need some form of leadership to resolve the predicaments in which the group finds itself. In Western society this has traditionally been a male figure, hence traditional male values tend to underpin the hierarchical structure within Western cultures within which co-dependent relationships develop within the 'patriarchal family'. When anxiety is caused by threats imposed upon by 'the enemy' or 'a competitor' triggering fight and flight responses, when envy of colleagues or partner-organizations that do well in their work undermines people's capacity to cooperate, or when people who are 'too different' from 'the team' are excluded, feeling unable to cope with the various emotions and personal projections staff want someone or something else to intervene. This makes it easy for a leader to step in and take control.

A paternalistic attitude is underpinned by paternalistic thinking: a way of thinking that clashes with the person-centred philosophy as advocated by Kendrick (2008), who argues that services, agencies and systems in dominating roles disempower people and reinforce stigmatization of homeless people as helpless and/or irresponsible human beings. This way of thinking underpins a way of acting that increases homeless peoples' skepticism towards an establishment that has created a system that repeatedly fails, even though this system claims to 'support' people. Henry, a Pathways client who refuses to be part of the homelessness services system, expressed his issues with this system as one that creates 'co-dependency' because it attaches conditions to the 'support' it offers to homeless people. Those who receive the support are required to 'fit in' with a system that does not really help clients, and frontline workers are pushed to support the system and cannot offer unconditional help. Iris, the Pathways Engagement Officer, was adamant about educating frontline workers about the fact that the old system of care (Kitwood, 2004) creates co-dependency and that workers do not serve clients by doing things for them. Clients need to become self-reliant and function independently.

Emphasis on organizational learning

In addition to a theoretical re/positioning of UCW and the Pathways service and making sure that everyone is very clear on the operational aim of the Pathways service and the described five service expectations, we believe that UCW and Pathways management should focus more on organizational learning and less on achieving outcomes. Process-relational skills need to be emphasized in to produce healthy intra-agency and interagency relationship within and as part of the larger context of which the Pathways service partakes. Coordinated cooperation as opposed to subjugated cooperation is required to provide a supportive, warm climate that warrants the development of talents that lie within clients and staff at various levels of organization.

Theories on organizational learning that Chris Argyris (1923-2013) and Donald Schon (1930-1997) developed together would be useful for UCW management to consider. Argyris and Schon's theories have significantly impacted on people's understanding of the relationship between people and organizations. Key concepts, such as single- and double-loop learning, and espoused theories versus theories-in-use are highly relevant for learning organizations, and also for the Pathways service because it aspires to adopt a person-centred and strengths-based approach, so depends and builds on relationships between people, people's talents and on recursive feedback systems. Argyris and Schön (1974: 6-7) explained the difference between espoused and theories-in-use as follows: 'When someone is asked how he would behave under certain circumstances, the answer he usually gives is his espoused theory of action for that situation. This is the theory of action to which he gives allegiance, and which, upon request, he communicates to others. However, the theory that actually governs his actions is this theory-in-use'. In other words, *theories-in-use* are implicit in what we

do as practitioners and managers, whilst espoused theories are how we would like to behave. Argyris and Schön (1978: 2-3) described single- and double-loop learning as follows: 'When the error detected and corrected permits the organization to carry on its present policies or achieve its presents objectives, then that error-and-correction process is single-loop learning. Single-loop learning is like a thermostat that learns when it is too hot or too cold and turns the heat on or off. The thermostat can perform this task because it can receive information (the temperature of the room) and take corrective action. Double-loop learning occurs when error is detected and corrected in ways that involve the modification of an organization's underlying norms, policies and objectives'. In other words, when an organization emphasizes a service's efficiency in terms of outcomes, and takes goals, values and frameworks for granted, the organization engages in single-loop learning.

The following diagram, borrowed from Lamas and Luna (2015) explains that organizational learning offers the opportunity to 'birth' or develop the talent that lies within teams. It shows that basic needs are to be satisfied for a team and company to share values in a space that feels safe and secure, so that in turn, the team's collective intelligence is able to create an environment that allows staff to connect their values with their tasks; tasks that that case are related to clients with complex needs and who are socially excluded.

Conditions for a consistent HR strategy of Talent development	
Source of Motivation	Results
Basic needs are perceived as satisfied	Sensation of security – not anxiety
Team / company values, norms and beliefs are shared	Stimulates and orients the collective intelligence of the team Creates adequate environmental climate
Connection with own values in terms of goals and duties	Self inspiration for talent at the service of the company and the team

Table 12 Lamas and Luna (2015) Talent Development

The above diagram highlights the importance of ensuring that talents in teams can be developed when everybody is involved in the organization's evolution and recursive feedback loops are in place. Geerlof and van Beckhoven (2016) argue that recursive feedback loops are vital for an organization to develop in a way that ensures the whole and the parts feed into and out of each other, important for a healthy sustenance of the organization as a whole. Process-relational or dialogic ways of thinking and working are crucial for an organization to work in a way that is self-strengthening, important especially in nested and complex environments. One-way feedback loops do not strengthen process-relational ways of thinking and working, neither do transactional leadership styles.

Conclusion

This chapter concluded this report. It focused on the quality of Pathways' service delivery from an organizational perspective, recapped some of the main findings discussed in earlier chapters and focused on different formal and informal service aims, objectives, strategies and service relationships. It also highlighted some issues that emerged from data analysis that were not been discussed in previous chapters. We hope that the insights presented in this chapter and other findings that emerged and were discussed throughout this report were useful and will be considered as sources for creative discussion among staff and management.

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References

- Alliance for Nonprofit Management (2015). Guide for Nonprofit Integrating Community Engagement (NICE): Alliance for Nonprofit Management.
- Anderson, C. (2010). Presenting and Evaluating Qualitative Research. *American Journal of Pharmaceutical Education*, 74(8), 1-7.
- Annells, M. (2006). Triangulation of qualitative approaches: hermeneutical phenomenology and grounded theory. *Journal of Advanced Nursing*, 56(1), 55-61.
- Anson Management Consulting (2016). Job Vacancy UnitingCare West – Manager Inclusion. Retrieved 9 June, 2016, from <http://anson.com.au/jobs/wacoss/unitingcare-west-manager-inclusion/>
- Arnkil, T.E., & Seikkula, J. (2015). Developing Dialogicity in Relational Practices: Reflecting on Experiences from Open Dialogues. *Australian and New Zealand Journal of Family Therapy*.
- Australian Institute of Health and Welfare (AIHW). (2014). *Housing Outcomes for groups vulnerable to homelessness*. Canberra: Australian Institute of Health and Welfare.
- Avdi, E., Lerou, V., & Seikkula, J. (2015). Dialogical Features, Therapist Responsiveness, and Agency in a Therapy for Psychosis. *Journal of Constructivist Psychology*, 28(4), 329-341.
- Avolio, B.J., & Bass, B.M. (2002). Introduction. In B. J. Avolio & B. M. Bass (Eds.), *Developing Potential Across a Full Range of Leadership™, Cases on Transactional and Transformational Leadership*. New Jersey: Lawrence Erlbaum.
- Barker, J., Humphries, P., McArthur, M., & Thomson, L. (2012). Canberra: Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.
- Bass, B.M., & Riggio, R.E. (2006). *Transformational leadership* (2nd ed.). New York: Psychology Press.
- Beckett, P., Field, J., Molloy, L., Yu, N., Holmes, D., & Pile, E. (2013). Practice What You Preach: Developing Person-Centred Culture in Inpatient Mental Health Settings through Strengths-Based, Transformational Leadership. *Issues in Mental Health Nursing*, 34(8), 595-601.
- Blunden, H., & Drake, G. (2016). Homelessness, the 'Housing First' approach and the Creation of 'Home'. In R. Duffy-Jones & D. Rogers (Eds.), *Housing in 21st-Century Australia: People, Practices and Policies* (pp. 205-220). London: Routledge.
- Boyd, R., Wadham, B., & Jewell, P. (2007). Prospective teachers' perspectives on teaching and social justice. *International Education Journal*, 8(2), 304-317.
- Bronfenbrenner, Urie. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Boston: Harvard University Press.
- Bullen, J. (2015). Governing Homelessness: The Discursive and Institutional Construction of Homelessness in Australia. *Housing, Theory and Society*, 32(2), 218-239.
- Busch-Geertsema, V. (2013). Housing First Europe Final Report. Brussels: European Commission.
- Cairns, B., Harris, M., & Young, P. (2005). Building the Capacity of the Voluntary Nonprofit Sector: Challenges of Theory and Practice. *International Journal of Public Administration*, 28(9), 869-885.
- Cant, R., Meddin, B., & Penter, C. (2013). National Partnership on Homelessness: Evaluation of Western Australian Programs, Final Report. Perth: Social Systems & Evaluation.
- Closing the Gap Clearinghouse. (2011). *Closing the gap: effective practices for service delivery coordination in Indigenous communities*. Canberra.
- Committee for Economic Development of Australia (2016). *State Government considering selling Western Power*. Nahan. Retrieved 25 April, 2016, from <http://www.ceda.com.au/2016/02/epo-2016-perth>
- Council of Australian Governments (2009). *National Partnership Agreement on Homelessness: National Affordable Housing Agreement*. Canberra: Council of Australian Governments.
- Crisis. (2004). Britain's invisible city. http://www.crisis.org.uk/data/files/publications/HHBIC_report%5B1%5D.pdf
- Czarniawska, B. (2014). Why I think shadowing is the best field technique in management and organization studies. *Qualitative Research in Organizations and Management: An International Journal*, 9(1), 90-93.

- Davis, E., Corr, L., Gilson, K.M., Ting, C., Ummer-Christian, R., Cook, K., & Sims, M. (2015). Organisational capacity building : Readiness for change in Australian child care. *Australasian Journal of Early Childhood*, 40(1), 47-53.
- Department of Child Protection (2010). *Opening Doors To Address Homelessness*. Perth: Government of Western Australia.
- Department of Family and Community Services. (2014). *Specialist Homelessness Services Practice Guidelines*. Sydney: NSW Government.
- Department of Social Services (DSS) (2016). National Partnership Agreement on Homelessness. Retrieved 12 April, 2016, from <https://http://www.dss.gov.au/housing-support/programmes-services/national-partnership-agreement-on-homelessness>
- Dimitrov, V. (2002). Law of Requisite Vorticity in Human Dynamics. Retrieved 14 March, 2016, from <http://www.zulenet.com/vladimirdimitrov/pages/vorticity.html>
- Dowling, S., Manthorpe, J., & Cowley, S. (2006). *Person-centred planning in social care*. York, UK: Joseph Rowntree Foundation.
- Eber, Lucille, Hyde, Kelly, & Suter, Jesse. (2011). Integrating Wraparound into a Schoolwide System of Positive Behavior Supports. *Journal of Child & Family Studies*, 20(6), 782-790. doi: 10.1007/s10826-010-9424-1
- Farrugia, S.P., Bullen, P., Solomon, F., Collins, E., & Dunphy, A. (2011). Examining the Cultural Context of Youth Mentoring: A Systematic Review. *Journal of Primary Prevention*, 32(5), 237-251.
- Fields, D. (2011). Emotional refuge? Dynamics of place and belonging among formerly homeless individuals with mental illness. *Emotion, Space and Society*, 4(4), 258-267.
- Flatau, P., Wood, L., MacKenzie, D., Spinney, A., Zaretzky, K., Valentine, K., & Habibis, D. (2015). *The Inquiry into the funding of homelessness services in Australia AHURI Inquiry Discussion Paper*. Melbourne: Australian Housing and Urban Research Institute Limited.
- Fopp, R. (2009). Metaphors in Homelessness Discourse and Research: Exploring "Pathways", "Careers" and "Safety Nets". *Housing, Theory and Society*, 26(4), 271-291.
- Fopp, R. (2011). The National Homelessness Research Agenda: Questioning State-Sponsored Homeless Research. *Parity*, 24(9), 52-53.
- Fopp, R. (2015). Problematising aspects of evidence-based policy: an analysis illustrated by an Australian homelessness policy 1985-2008. *Australian Journal of Social Issues*, 50(3), 297-339.
- Fopp, R., & Parker, S. (2004). Attempting to Hear the Excluded: The Voice of Homeless People and Policy Implications. *Parity*, 17(9), 13-14.
- Geerlof, J., & van Beckhoven, A. (2016). Complexity, self-organization and leadership: Enlivened experiences from The Netherlands. *Integral Leadership review*, 4.
- Gill, R., Barbour, J., & Dean, M. (2014). Shadowing in/as work: ten recommendations for shadowing fieldwork practice. *Qualitative Research in Organizations and Management: An International Journal*, 9(1), 69-89.
- Government of Western Australia (2015). *Western Australia Project Plan, National Partnership Agreement on Homelessness*. Perth: Western Australian Department of Child Protection.
- Grant, J. (2010). What does it take to make integrated care work? Retrieved 27 April, 2016, from <http://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/what-does-it-take-to-make-integrated-care-work - 0>
- Habibis, D., Memmott, P., Phillips, R., Go-Sam, C., Keys, C., & Moran, M. (2013). Housing conditionality, Indigenous lifeworlds and policy outcomes: towards a model for culturally responsive housing provision, AHURI Final Report No.212. Melbourne: Australian Housing and Urban Research Institute.
- Hamstra, M.R.W., Van Yperen, N.W., Wisse, B., & Sassenberg, K. (2014). Transformational and Transactional Leadership and Followers' Achievement Goals. *Journal of Business and Psychology*, 29(3), 413-425.
- Harris, L., & Andrews, S. (2013). *Implementing the Outcomes Star WELL in a Multi-Disciplinary Environment*. Melbourne: The Salvation Army.
- Holder, J.B. (2013). *What are They? Comparing and Contrasting Three of the Main Counselling Approaches*. Retrieved 11 April, 2016, from <http://www.counselling->

directory.org.uk/counsellor-articles/what-are-they-comparing-and-contrasting-the-three-main-counselling-approaches

- Homelessness Australia. (2016). *Homelessness and Poverty*. Lyneham, ACT: Homelessness Australia.
- Homelessness Australia. (2016). *Homelessness in Australia*. Lyneham, ACT: Homelessness Australia
- Homelessness Australia. (2016). *Homelessness Statistics*. Retrieved 5 July, 2016, from <http://www.homelessnessaustralia.org.au/index.php/about-homelessness/homeless-statistics>
- Homelessness Taskforce. (2008). *The Road Home: A National Approach to Reducing Homelessness*. Canberra: Commonwealth of Australia.
- Homelessness Taskforce. (2008). *The Road Home: A National Approach to Reducing Homelessness*. Canberra: Commonwealth of Australia.
- Huey, L., Fthenos, G., & Hryniewicz, D. (2012). "I Need Help and I Know I Need Help. Why Won't Nobody Listen to Me?" Trauma and Homeless Women's Experiences with Accessing and Consuming Mental Health Services. *Social and Mental Health, 2*(2), 120-134.
- Human Rights & Equal Opportunity Commission. (2008). *Homelessness is a Human Rights Issue*. Sydney: Australian Human Rights Commission.
- Hunt, J. (2013). *Engaging with Indigenous Australia— exploring the conditions for effective relationships with Aboriginal and Torres Strait Islander communities*. In C. t. G. Clearinghouse (Ed.). Canberra: Australian Institute of Health and Welfare.
- Innes, A., Macpherson, S., & McCabe, L. (2006). *Promoting person-centred care at the front line*. York, UK: Joseph Rowntree Foundation.
- Jacobson, C.A. (2013). *Social Workers Reflect on Engagement with Involuntary Clients*. (Master of Social Work), St. Catherine University, Minnesota.
- Johnson, B. (2014). Ethical issues in shadowing research. *Qualitative Research in Organizations and Management: An International Journal, 9*(1), 21-40.
- Johnson, G., Parkinson, S., & Parsell, C. (2012). Policy shift or program drift? Implementing Housing First in Australia. Melbourne: Australian Housing and Urban Research Institute (AHURI) RMIT Research Centre.
- Kendrick, M.J. (2012). As the Years Pass: Reflections on the Last Twenty-Five Years and Looking Forward. *Interaction, 25*(3), 6-15. Kendrick, M.J. (2008). Key Dimensions Of Quality In Individualised Lifestyles And Support. *Interactions, 22*(4).
- Kendrick, M.J. (2008). Key Dimensions Of Quality In Individualised Lifestyles And Support. *Interactions, 22*(4).
- Kendrick, M.J. (2007). Valued Social Roles And The Necessity Of Values Based Leadership. *The SRV Journal, 2*(1).
- Kinsella, P. (2000). WHAT ARE THE BARRIERS IN RELATION TO PERSON CENTRED PLANNING? *Paradigm*.
- Kitwood, T. (2004). Cultures of care: tradition and change. In T. Kitwood & S. Benson (Eds.), *The New Culture of Dementia Care*. Bradford, UK: Hawker.
- Lamas, D.A., & Luna, M.O. (2015). Talent Strategies Development in HR by Stages: Developmental Theory Research Through Coaching. *Integral Leadership review, 8*(19).
- Lette, H., Fernihough, R., & Mulley, R. (2014). *Perth Registry Week 2014; Less Homeless*. Perth: RUAH Research & Evaluation.
- Leverentz, A. (2014). New Parochialism and Community Dynamics: Benefits and Possible Collateral Consequenc. *Criminology & Public Policy, 13*(2), 217-224.
- Levine, J.R. (2013). Organizational Parochialism: "Placing" Interorganizational Network Ties. *City & Community, 12*(4), 309-334.
- Louth, S. (2012). *Overcoming the "shame" factor: Empowering Indigenous People to Share and Celebrate Their Culture*. Paper presented at the International Conference: Innovative Research in a Changing and Challenging World (AUAMII 2012), 16-18 May 2012, Phuket, Thailand.
- Mansell, J., & Beadle-Brown, J. (2004). Person-centred planning or person-centred action? Policy and practice in intellectual disability services. *Journal of Applied Research in Intellectual Disabilities, 17*(1), 1-9.
- McDonald, S. (2005). Studying actions in context: a qualitative shadowing method for organizational research. *Qualitative Research, 5*(4), 455-473.

- McDonald, C., & Chenoweth, L. (2009). Leadership: A Crucial Ingredient in Unstable Times. *Social Work & Society*, 7(1).
- McDonald, S., & Simpson, B. (2014). Shadowing research in organizations: the methodological debates. *Qualitative Research in Organizations and Management: An International Journal*, 9(1), 3-20.
- Patton, M.Q. (2002). *Qualitative Research and Evaluation Methods* (3rd ed.). Thousand Oaks, Ca.: Sage.
- Mental Health Commission. (2012). Supported Accommodation Program Evaluation: Final Report. Perth: Government of Western Australia.
- Micah Projects. (2013). 50 LIVES 50 HOMES CAMPAIGN. Retrieved 26 March, 2016, from <http://www.micahprojects.org.au/community/50-lives-50-homes-campaign>
- Micah Projects. (n.d.). 500 LIVES 500 HOMES: Half Way There. Brisbane: Micah Projects Inc.
- Morgan, G. (1997). *Images of Organization* Thousand Oaks, CA: Sage.
- Nagel, T., & Thompson, C. (2010). The central role of Aboriginal families in motivational counselling: family support and family 'humbug'. *Australian Indigenous Health Bulletin*, 10(1), 1-11.
- National Ageing Research Institute. (2006). What is person-centred health care? A literature review. Melbourne: National Ageing Research Institute (NARI).
- Nixon, D. (2016). *Stories from the Street: A Theology of Homelessness*. New York: Routledge.
- NSW Department of Community Services, Aboriginal Services Branch in consultation with the Aboriginal Reference Group. (2011). *Working with Aboriginal People and Communities: A Practice Resource*. Ashfield NSW: NSW Department of Community Services.
- Osburn, J. (2006). An Overview of Social Role Valorization Theory. *The SRV Journal*, 1(1), 4-13.
- Parcell, C., & Jones, A. (2014). Bold reform or policy overreach? Australia's attack on homelessness: 2008–2013. *International Journal of Housing Policy*, 14(4), 427-443.
- Parcell, C., Tomaszewski, W., & Phillips, R. (2014). Exiting Unsheltered Homelessness and Sustaining Housing: A Human Agency Perspective. *Social Service Review*, 88(2), 295-321.
- Pardeck, J.T. (2015). An Ecological Approach for Social Work Practice. *The Journal of Sociology & Social Welfare*, 15(2), 133-142.
- Parker, S., & Fopp, R. (2004). 'I'm the Slice of Pie that's Ostracised ...'. Foucault's Technologies, and Personal Agency, in the Voice of Women who are Homeless, Adelaide, South Australia. *Housing, Theory and Society*, 21(4), 145-154.
- Parr, S. (2016). Conceptualising 'The Relationship' in Intensive Key Worker Support as a Therapeutic Medium. *Journal of Social Work Practice*, 30(1), 25-42.
- Philips, R. (2013). Integrated Responses to Homelessness in Australia: What works and why? Brisbane: Institute for Social Science Research, University of Queensland.
- Prochaska, J.O., & Norcross, J.C. (2001). Stages of Change. *Psychotherapy: Theory/Research/Practice/Training*, 38(4), 443-448.
- Queensland Council of Social Service (QCOSS) (2016). *Housing and homelessness service integration: Literature review*. Brisbane: Queensland Council of Social Service (QCOSS).
- Quirouette, M. (2016). Managing Multiple Disadvantages: The Regulation of Complex Needs in Emergency Shelters for the Homeless. *Journal of Poverty*, 1-25. doi: 10.1080/10875549.2015.1094774
- Rogers, R.C. . (1973). Toward a Modern Approach to Values: The Valuing Process in the Mature Person. In C.R. Rogers & B. Stevens (Eds.), *Person to Person: The Problem of Being Human. A New Trend in Psychology* (pp. 13-28). London: Souvenir Press.
- RUAH Community Services (n.d.). 50 Lives 50 Homes Project Launch. Retrieved 20 March, 2016, from <http://www.ruah.com.au/50-lives-50-homes-project-launch/>
- Ruppel, P.S., & Mey, G. (2015). Grounded Theory Methodology—Narrativity Revisited. *Integrative Psychological and Behavioral Science*, 49(2), 174-186.
- Sargent, L.D., & Sue-Chan, C. (2001). DOES DIVERSITY AFFECT GROUP EFFICACY? The Intervening Role of Cohesion and Task Interdependence. *Small Group Research*, 32(4), 426-450.
- Scerra, N. (2011). *Strengths-Based Practice: The Evidence, A Discussion Paper*. Parramatta, NSW: UnitingCare Children, Young People and Families; Research and Program Development Social Justice Unit.

- Senge, P. (1990). *The Fifth Discipline: the Art and Practice of the Learning Organization*. New York: Doubleday.
- Shelter (2007). *Homelessness Factsheet*. London: Shelter.
- Spohrer, J., Demirkan, H., & Lyons, K. (2015). Social Value: A Service Science Perspective. In K. Kijima (Ed.), *Service Systems Science*. Tokyo: Springer.
- Stalker, K., & Campbell, V. (1998). Person-centred planning: an evaluation of a training programme. *Health & Social Care in the Community*, 6(2), 130-142.
- Tetley, A., Jinks, M., Huband, N., & Howells, K. (2011). A Systematic Review of Measures of Therapeutic Engagement in Psychosocial and Psychological Treatment. *Journal of Clinical Psychology*, 67(9), 927-941.
- Towsey, M. (2010). The Biopsychology of Cooperation. In J. Karlyle & M. Towsey (Eds.), *Understanding Prout: Essays on Sustainability and Transformation* (Vol. 1, pp. 1-76). Maleny, QLD: Proutist Universal.
- Tracy, S., & Lyons, K. (2012). Service Systems and the Social Enterprise. *Human Factors and Ergonomics in Manufacturing & Service Industries*, 23(1), 28-36.
- Triangle Consulting (2013). *Outcomes Star 3rd Edition User Guide*. Hove, UK: Triangle Consulting Social Enterprise Limited.
- Triangle Consulting (n.d.). *Star validity and reliability*. Retrieved 3 June, 2016, from <http://www.outcomesstar.org.uk/validation/>
- Tsang, A.K.T., Bogo, M., & Lee, E. (2010). Engagement in Cross-Cultural Clinical Practice: Narrative Analysis of First Sessions. *Clinical Social Work Journal*, 39(1), 79-90.
- Tuckman, B. (1965). Developmental sequence in small groups. *Psychological Bulletin*, 63(6), 384-399.
- Tuckman, B., & Jensen, M.A.C. (1977). Stages of Small-Group Development Revisited. *Group & Organization Studies*, 2(4), 419-427.
- UnitingCare West (2013a). *Pathways Service Framework November 2013*. UnitingCare West. Perth.
- UnitingCare West (2013b). *UnitingCare West Home and Community Care (HACC) Homelessness Services Pilot*. Perth: UnitingCare West.
- UnitingCare West (n.d.-a). *Our History & Network*. Retrieved 16 June, 2016, from <http://www.unitingcarewest.org.au/about-us/our-history-and-network/>
- UnitingCare West (2014a). *Pathways Support Worker Position Description* UnitingCare West. Perth.
- UnitingCare West (2015). *Professional Boundaries Practice Resource*. Perth: UnitingCare West.
- UnitingCare West (n.d). *Pathways Foundation*. UnitingCare West. Perth
- UnitingCare West (n.d.-a). *Induction Handbook*. Perth: UnitingCare West.
- UnitingCare West (n.d.-b). *Pathways Service Blueprint*. UnitingCare West. Perth.
- UnitingCare West (n.d.-c). *Pathways Staff Roles*. UnitingCare West. Perth.
- UnitingCare West (2014a). *Pathways Support Worker Position Description* UnitingCare West. Perth.
- UnitingCare West (2015). *Pathways Theoretical Foundations*. UnitingCare West. Perth.
- UnitingCare West (2014b). *Supervision procedure and guidelines*. Perth: UnitingCare West.
- UnitingCare West (2014b). *Support Planning / Outcomes Stars and Safety Plan Policy and Procedures*. Perth: UnitingCare West.
- UnitingCare West (2014d). *Support Timescales Quality Standards*. Perth: UnitingCare West.
- UnitingCare West (n.d.-b). *UCW Community Services List*. Perth: UnitingCare West.
- Van Dusseldorp, L.R.L.C., van Meijel, B.K.G., & Derksen, J.D.L. (2011). Emotional intelligence of mental health nurses. *Journal of Clinical Nursing*, 20(3-4), 555-562.
- WA Department of Health (2015). *Chronic Condition Self-Management*. Perth: Government of Western Australia.
- WA Department of Health (n.d.). *HACC – Home and Community Care Program*. Retrieved 9 June, 2016
- WA Department of Home and Community Care (2011). *Frequently Asked Questions by WA HACC Service Providerseligibility, screening, assessment and support* Perth: Department of Health.
- Wadsworth, Y. (1998). What is Participatory Action Research? *Action Research International, Paper 2*.
- Wolfensberger, W. (2011). An "If This, Then That" Formulation of Decisions Related to Social Role Valorization As a Better Way of Interpreting It to People. *Intellectual and Developmental Disabilities*, 49(6), 456-462.

- Wolfensberger, W. (2011a). How to Comport Ourselves in an Era of Shrinking Resources. *Intellectual and Developmental Disabilities*, 49(6), 477-491.
- Yatchmenoff, D.K. (2005). Measuring Client Engagement From the Client's Perspective in Nonvoluntary Child Protective Services. *Research on Social Work Practice*, 15(2), 84-96.

Appendices

Pathways opening interviews

Indicative questions for staff and volunteers

1. Can you tell me about yourself over the course of the last five or so years, and what has led you to be part of this program?
2. How long have you been involved in volunteering or working in this sector?
3. How long have you been working with UnitingCare West as a volunteer or staff member? How have you found the experience so far?
4. If you were to pick the main reason/s you think that clients come to the Tranby day centre, what would it/they be (pick at least one):
 - Company of others
 - Food
 - To talk with staff
 - To talk with volunteers
 - Somewhere to be, to hang out
 - Something else _____
6. Can you tell me what you imagine for the program and participants in it one month from now?
7. Can you tell me what you imagine for the program and participants in it one year from now?
8. Can you tell me what you imagine for the program and participants in it two years from now?
9. Can you tell me what you imagine for the program and participants in it five years from now?
10. If you think of a song that represents how you see the situation of participants in Pathways now, what would it be?
11. If you think of a song that represents what you hope for participants in Pathways in the future after being part of this program, what would it be?
12. If you think of a television show that represents how you see the situation of participants in Pathways now, what would it be?
13. If you think of a television show that represents what you hope for participants in Pathways in the future after being part of this program, what would it be?
14. Is there anything else you would like to add, or think is important?

Thanks for your time.

Pathways opening interviews
Indicative questions for participants

1. Can you tell me about yourself and your life over the course of the last few months and years?
2. What in that time do you remember as happy?
3. What in that time do you think wasn't as pleasant?
4. How long have you been coming to the Tranby day centre?
5. If you were to pick the main reason/s you come to the Tranby day centre, what would it/they be (pick at least one):
 - Company of others
 - Food
 - To talk with staff
 - To talk with volunteers
 - Somewhere to be, hang out
 - Something else _____
6. If you imagine yourself one week from now, can you tell me what you imagine?
7. If you imagine yourself one month from now ...?
8. If you imagine yourself one year from now ...?
9. If you imagine yourself two years from now ...?
10. Can you tell me what you hope to get out of the Pathways program?
11. If you think of a song that represents how you see yourself and your situation now, what would it be?
12. If you think of a song that represents what you hope for yourself in the future after being part of this program, what would it be?
13. If you think of a television show that represents how you see yourself and your situation now, what would it be?
14. If you think of a television show that represents what you hope for yourself in the future after being part of this program, what would it be?
15. Is there anything else you would like to add, or think is important?

Thanks for your time.

Questions for clients (2nd interview)

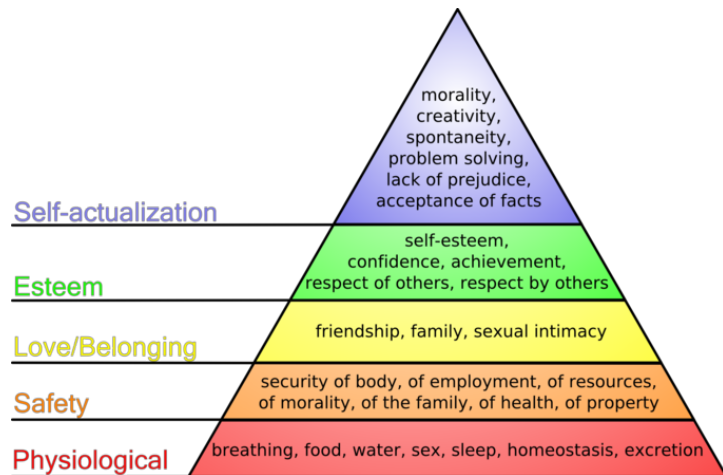
- 1/ Are you still a participant on the Pathways program? If so, why or why not?
- 2/ Have your needs changed since becoming part of Pathways?
- 3/ What do you think of the Pathways program both in negative and in positive terms?
- 4/ Has your situation improved or worsened since participating in the Pathways program? How so?
- 5/ What activities have helped you most?
- 6/ What activities have helped you least?
- 7/ What do you think of the Outcomes Star?
- 8/ What do you think of the HACC assessment?
- 9/ Do you like the process of goal-setting?
- 10/ What do you think of the process and/or the ways in which you do your goal-setting (e.g. the space where you do this, the amount of time it takes, the way of staff asking you questions, etc)?
- 11/ What do you think of the process of evaluating your goals and doing re-assessments, both with HACC (RAS) staff and with Pathways staff?
- 12/ Do these evaluations take place at the same time, or at different times?
- 13/ Do you know if you are able to complain or give feedback about the ways in which you receive assistance from Pathways staff, and/or how to do this?
- 14/ If you were in charge of the program, how would you improve the Pathways program?
- 15/ Would you like to have more input into the Pathways program?

Questions for Executive Manager Community Inclusion:

- 1/ What is your role precisely with respect to the Pathways program (includes Risk Management Plan, strengths based supervision, clients formal feedback mechanisms)?
- 2/ What criteria do you use in job interviews to decide whether or not a person is suitable to work with or for marginalized people, as a volunteer or as a member of staff?
- 3/ Do you think it important that staff have personal experience in life as a homeless or marginalised person?
- 4/ Do you check whether or not staff performs well, and if so, what elements do you focus on?
- 5/ Are you familiar with the Outcomes Star? If so,
 - a/ What do you think of the Outcomes Star, both in positive and negative terms?
 - b/ Have you been engaged in any of the training, e.g. training for senior management?
- 6/ Do you encourage Pathways staff to use other ways of measuring outcomes?
- 7/ How often would you meet with staff with respect to Pathways, and what is the objective usually of those meetings? Do those meetings include shared decision making and planning?
- 8/ What criteria are used to determine how many clients a staff member can or should take on? How about other allocations of resources, and the idea that person-centred planning should go hand in hand with restructuring funding and individual's requirements)? What do you think of the idea of Cash instead or care systems, where people receive money to buy their own support instead of receiving services?
- 9/ What criteria were/are used to determine what premises are most appropriate for the Pathways program to operate in the best possible ways?
- 10/ What do you see as positives and what as negatives with respect to person-centred ways of working, strength-based ways of working, and HACC's wellness philosophy?
- 11/ Who is responsible for maintaining communications and giving feedback to HACC about the Pathways program (other than sending stats to them)?
- 12/ Do you think the organizational philosophy of Pathways is different to that of other UCW services, e.g. Tranby? a/ If so, how? b/ Would you like this to be different?
- 13/ What is the benefit for clients to be eligible for HACC rather than NDIS? Does anyone from UCW talk with government representatives of NDIS to talk about Pathways clients?
- 14/ What outcomes does the funding agency (HACC?) expect?
How do you know if Pathways is delivering on those expected outcomes?
- 15/ With respect to funding, would NAHA (the joint Commonwealth/State National Affordable Housing Agreement) and/or NPAH (the joint Commonwealth/State National Partnership Agreement on Homelessness) be a more appropriate funding source? Positives and negatives?
- 16/ Imagine UCW is an organization that could be represented as a circle or a square. Imagine that also the various services UCW offers can be lumped together into one group e.g. services that deal with disabled people, services that deal with child protection, with homelessness, etc.. Each of these groups can also be represented as a circle or a square, that each differ in size according to the level of organizational commitment and amount of resources committed to each service group. These groups of services all have a place somewhere within, on the border or outside of the big UCW circle or square.

Could you draw an organisational map please that represents UCW and the different services it offers, please?

17/ With respect to Maslow's hierarchy of people's needs, can you rate for me please, in descending order from 5 to 1, where UCW places most of its accent?



18/ Where in this hierarchy does Pathways place most of its accent (and use resources)?

19/ Can you tell me how UCW currently contributes to the Housing First approach in Perth, which is titled '50 Lives 50 Homes'?

20/ How would you like to see UCW contribute to the Housing First approach in future, and what would be the place of Pathways within that picture?

21/ Would you like to see Pathways clients to be involved in or take an active part in the development of UCW services, as part of the person-centred approach?

Questions for Inclusion Manager:

- 1/ What is your role precisely in terms of Pathways, what would an average week look like for you in terms of Pathways, and who has designed and updates the Pathways Framework?
- 2/ How often would you meet with staff, individually and as a team, and what is the objective usually of those meetings?
- 3/ What criteria do you use in job interviews to decide whether or not a person is suitable to work with the Pathways client group, as a volunteer or as a member of staff?
- 4/ Do you think it important that staff have personal experience in life as a homeless or displaced person?
- 5/ Do you check whether or not a staff performs well, and if so, what are the criteria you use?
- 6/ Re the Outcomes Star:
 - a/ What kind of training does staff receive in order to use the instrument in the best ways possible?
 - b/ Is that type and the amount of training sufficient?
 - c/ I notice that the Outcomes Star covers 10 areas, but do you think they cover the kind of issues that Pathways clients tend to present with? E.g. it has no area that covers things like immigration, education, employment or training; things that are crucial in a person's life that relate in every way to homelessness.
 - d/ What do you think of the Outcomes Star, both in positive and negative terms?
- 7/ Do you encourage staff to use (and report on?) other ways of measuring outcomes?
- 8/ What outcomes does the funding agency (HACC?) expect?
- 9/ How do you know if Pathways is delivering on those expected outcomes?
- 10/ Who determines how many clients a staff member can or should take on? And what criteria are used? E.g. one client may need much less time to work with than another, so how is having a certain number of clients as opposed to 'severity' of caseload appropriate?
- 11/ What do you think of the physical, mental and spiritual space in which your staff work with clients?
- 12/ What do you think of the number of services that are available for homeless people in Perth, and the ways in which homeless people and/or you as an organization can navigate those?
- 13/ What organisations does Pathways liaise most with, and why?
- 14/ Do you think it more important what a person or organization is said to offer or is capable of offering than what a person or organization is able to deliver from your own experience or the experience of others you know? Why?
- 15/ What are your thoughts around bureaucracy and hierarchic, tree-root systems that chart causality and 'change' along chronological lines, and people who like their freedom or have bad experiences with such systems so choose to be homeless?
- 16/ What do you see as the differences and/or the similarities between person-centred ways of working, strength-based ways of working and HACC's wellness philosophy? Who is responsible for maintaining communications and giving feedback to HACC about the Pathways program (other than sending stats to them)?
- 17/ How many people living with autism do you think would be suitable for the Pathways program?
- 18/ When people with autism approach your service, how would you encourage staff to deal with their hesitation to share accommodation in hostels?
- 19/ Do you think the organizational philosophy of Pathways is different to that of other UCW services, e.g. Tranby? If so, how?
- 20/ Do Pathways clients need to make appointments with staff at all times, or can they drop in when the need arises (is there policy around this)?
- 21/ What do you think of this statement: Homeless people are homeless because of poverty and mostly unemployed (Homelessness Australia, 2016); No or too little income means no ability to pay for housing, hence homelessness is a consequence of unemployment.
- 22/ What is the benefit for clients to be eligible for HACC rather than NDIS? What are your thoughts of/about RAS?
- 23/ Do you (encourage a) match staff with clients, e.g. in terms of gender, ethnicity etc, and who determines who will work with whom?
- 24/ Is cultural appropriateness an important aspect of Pathways? If so, what kind of things are (to be) implemented at Pathways to ensure cultural appropriateness?

25/ Homelessness is something many Aboriginal people experience, among other difficulties. Do you think migrants and refugees are also 'at risk of homelessness' groups of people?

26/ Does UCW have a policy on displaced peoples?

27/ Pathways support workers talk about themselves mostly as 'caseworkers' or 'case support workers'. Why do you think such is the case? What is the importance of calling them 'support workers'?

28/ Could you draw a map of how you see the social organization of Pathways within UCW, and where people in their roles within Pathways (including clients) are placed in relation to everyone else?

29/ Can you tell me about whether and how the Housing First approach (in Perth titled '50 Lives 50 Homes') links in with the Pathways program? Does the Housing First approach used here in Perth draw from the 'Pathways to Housing' model? I did not ask this question, because Misty did not know about this approach, which is amazing! It says a lot about how strongly UCW focuses on the material world when it comes to Homelessness!!!

30/ Regarding RAS, and assessors 'helping clients' to set goals and then passing the clients on to Pathways, the onus lies on Pathways for their staff to help the client achieve those goals. But are these goals always realistic, especially considering Pathways is only a 2 year program? And what happens when Pathways cannot help the client to achieve those goals within that timeframe? Does RAS get that feedback and do they report to HACCC who then, either or not, withdraw or reduce their funding to UCW? How does this dependency on external agents and government funding impact on the client? And how does this impact on UCW as an organization, and on Pathways staff?