

# RE-ENGAGING IN COMMUNITY

FINAL EVALUATION REPORT

FEBRUARY 2023

Lisa Wood, Dane Webster, Isaac Wood

Institute for Health Research, University of Notre Dame



THE UNIVERSITY OF  
NOTRE DAME  
AUSTRALIA



## Acknowledgements

This independent evaluation of the Re-engaging in Community (REC) program has been undertaken by researchers from the Home2Health team at the University of Notre Dame.

We acknowledge and pay respects to the traditional owners of the land, the first people of this country, on which we work and live. We pay our respects to their culture, their elders past and present and to their emerging leaders.

The report authors gratefully acknowledge everyone involved in the REC program and its evaluation. From the Home2Health team, we particularly thank Elise Irwin for originally overseeing this evaluation, and Jake Turvey for his support with data collection. From UWWA, we thank former UWWA CEO Kath Snell for the vision to bring a program to fruition to build social and community connection for people who have experienced homelessness, and for her support in developing an evaluation framework. Many other UWWA staff have also contributed to the evaluation, from assisting with data collection, recruiting interviewees, providing case studies and by no means the least, navigating the delivery of this valuable program in the midst of an unprecedented global pandemic. We particularly thank Danyelle Greyling and Justine Roberts from UWWA for their reviewing of earlier drafts of this report.

Thanks is also extended to the REC participants who were happy to be interviewed or share their stories for this evaluation report, and to the referring homelessness services who provided feedback.

Finally, we thank Lottery west, not only for funding this unique program, but also for recognising the importance of evaluation.

## Recommended Citation

Wood L, Webster D, Wood I. Re-engaging in Community - Final Evaluation Report. February 2023. Institute for Health Research, University of Notre Dame Australia. Perth, Western Australia.

## Address for Correspondence

**Professor Lisa Wood**



Institute for Health Research, University of Notre Dame, Fremantle, WA, 6160



[lisa.wood@nd.edu.au](mailto:lisa.wood@nd.edu.au)



[www.home2health.org](http://www.home2health.org)

# CONTENTS

<b>1</b>	<b>Background</b>	<b>1</b>
1.1	Rationale for the REC Program	1
1.2	Program Overview	2
1.3	Development and Co-design of REC	2
1.4	Key Components of REC	3
1.4.1	Steering Group	3
1.4.2	Key Elements Underpinning REC Engagement of Participants and Volunteers	3
1.4.3	Promotion of Program and Referral of Participants	4
1.4.4	Recruitment of Volunteers	5
1.4.5	Training of Volunteers	5
1.4.6	Matching of Participants and Volunteers	8
1.4.7	Meetings Between Volunteer and Participant	9
1.4.8	Volunteer and Participant Engagement and Activities	9
1.4.9	Facilitating Closing of the Buddy Relationship and Caseworker Handover	10
<b>2</b>	<b>Who was Involved?</b>	<b>11</b>
2.1	Referring Organisations	11
2.2	Participant Matches	12
2.3	Participant Demographics	12
2.4	Volunteers	13
<b>3</b>	<b>Benefits for people supported</b>	<b>15</b>
3.1	Reducing Social Isolation and Loneliness	15
3.2	Increasing Community Interaction and Participation in Community Activities	18
3.3	Supporting People Towards their Personal Goals	19
3.4	Fostering Socialisation and Support Networks	20
3.5	Building Confidence and Wellbeing	21
3.6	Social Support During Difficult Times	22
<b>4</b>	<b>Volunteer Feedback</b>	<b>23</b>
4.1	How Volunteers got involved	23
4.2	Volunteer Training	23
4.3	Types of Activities Undertaken with Buddies	24
4.4	Volunteer Support Provided by REC	24
4.5	Volunteer Learning Outcomes	25
4.6	Volunteer Examples of benefits Experienced by Themselves and Their Buddies	26
4.7	Volunteer Suggestions and Comments	26

<b>5</b>	<b>Conclusions &amp; Recommendations.....</b>	<b>28</b>
5.1	Critical Success Factors .....	28
5.1.1	Duration and Flexibility of program engagement.....	28
5.1.2	Volunteer friendship style support .....	29
5.1.3	Individualised support.....	30
5.1.4	Low cost, low barrier.....	31
5.2	Program Learnings & Challenges .....	31
5.2.1	Impact of COVID-19 .....	32
5.2.2	Substantial time involved in matching and supporting participants .....	34
5.2.3	Challenges for volunteers and their support needs .....	35
5.2.4	Continuity of REC staffing .....	35
5.3	Recommendations .....	36
5.3.1	Ongoing Need for REC.....	36
5.3.2	Improved data collection, documentation, and availability .....	36
5.3.3	Increased homeless healthcare experience.....	37
5.3.4	Funding for activities and extra support.....	37
5.4	Summary .....	38
<b>6</b>	<b>References.....</b>	<b>39</b>
<b>7</b>	<b>Appendices.....</b>	<b>40</b>
	Appendix 1: UWWA Promoting REC Flyers .....	40
	Appendix 2: Volunteer Registration Form .....	38
	Appendix 3: Befriends Relationship Training (online).....	41
	Appendix 4: Out of Hours Protocol & Emergency Protocol .....	42
	Appendix 5: Session Notes Template.....	46
	Appendix 6: REC Monthly Online Volunteer Session Notes Data Collection Form.....	47
	Appendix 7: List of Referring organisations .....	48
	Appendix 8: Volunteer Survey .....	49
	Appendix 9: List of Useful Contacts Provided to REC Volunteers .....	51

## LIST OF FIGURES

Figure 1: Key aims of Re-engaging in Community .....	2
Figure 2: Key Considerations from REC Co-design Workshop .....	3
Figure 3: Key Stages of Re-engaging in Community .....	4
Figure 4: REC Promotional Poster displayed at Homeless Healthcare’s Medical Respite Centre .....	5
Figure 5: Types of training and resources provided by UWWA for Re-Engaging in Community.....	6
Figure 6: REC Out of Hours Protocol Decision Tree .....	8
Figure 7: Participant Referring Agencies.....	11
Figure 8: Participant Matching Status at end of Re-Engaging in Community program.....	12
Figure 9: Participant Demographics.....	13
Figure 10: Volunteer Matching Status at End of Re-Engaging in Community Program .....	13
Figure 11: Key areas of REC support and outcomes .....	15
Figure 12: Activity Engagement throughout Re-Engaging in Community .....	18
Figure 13: How people heard about the REC Program .....	23
Figure 14: Types of Training Provided to Volunteers.....	24
Figure 15: Types of Activities Undertaken During REC .....	24
Figure 16: Volunteer Learning Outcomes throughout REC .....	25
Figure 17: Overview of REC's Critical Success Factors .....	28
Figure 18: Overview of Key REC Program Challenges.....	32
Figure 19: Summary of challenges with related UWWA staff quotes .....	35
Figure 20: Overview of Key Recommendations Arising from the REC Program.....	36

## LIST OF BOXES

Box 1: Fostering New Friendships.....	16
Box 2: Supporting Social Interactions .....	17
Box 3: Successfully Engaging Participants in Community .....	22
Box 4: Supporting Needs & Emotional Wellbeing .....	18
Box 5: Supporting Passions and Interests.....	19
Box 6: Learning New Hobbies .....	19
Box 7: Mentoring and Goal Setting.....	20
Box 8: Creating a Safe Space for Conversation .....	22
Box 9: Career & Educational Support .....	21

## ACRONYMS

AOD	Alcohol and Other Drugs
ATSI	Aboriginal and or Torres Strait Islander
CALD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer
E4E	Employment for Power
HHC	Homeless Healthcare
PWC	People Who Care
REC	Re-engaging in Community
RTW	Right to Work
TAFE	Technical and Further Education
UNDA	University of Notre Dame
UWWA	Uniting Way Western Australia
WA	Western Australia

# 1 BACKGROUND

## 1.1 RATIONALE FOR THE REC PROGRAM

For many individuals with a history of homelessness and rough sleeping, the challenges associated with homelessness do not end once housed. A paradoxical consequence of securing stable long-term accommodation can often be that people find themselves lonely or isolated. Conversely, as noted by the US Homeless Policy Research Institute, relationships and strong social capital and social supports can have a significant positive effect on reducing returns to homelessness.<sup>2</sup>

*“Loneliness and social isolation are paradoxically a common but sad consequence of being housed and leaving behind one’s street-present community and way of life” - 50 Lives 50 Homes, final evaluation report <sup>1</sup>*

Australian research has shown that people can struggle to re-establish social networks they had prior to becoming homeless.<sup>3</sup> Adjusting to a housed life also often entails a shift away from past social relationships and support networks associated with homelessness or a way of life that people are now choosing to ‘leave behind’. Moreover, whilst homeless, daily waking hours are often spent in survival mode (finding food, shelter, and a safe place to sleep that night) and boredom is often an unanticipated consequence of becoming housed. In a UK study, feeling socially isolated once housed contributed to some people choosing to return to rough sleeping,<sup>4</sup> and this has been observed also in the evaluation of the 50 Lives 50 Homes Program in WA, now known as The Zero Project.<sup>1,5</sup>

Engaging in community and forging socially supportive networks, can however be immensely challenging for people who are anxious or affected by past experiences of trauma or exclusion.<sup>1, p52</sup> Homelessness can also leave a legacy of perceived marginalisation and stigma, and this, along with financial and other practical barriers can be an impediment to engaging in the community once housed.<sup>3</sup> Anecdotal evidence also suggests it can take considerable time before people feel ready or able to get involved in more mainstream community activities, combined with homelessness and tenancy support services generally not resourced to provide the level of support people may require for this level of engagement.

Growing international evidence however demonstrates the merits of peer, buddy and mentoring type programs as a way to support people with experience of homelessness to re-engage in the community.<sup>6,7</sup> Moreover, evidence from an innovative program in Frome, UK has demonstrated a reduction in ED attendances among people formerly socially isolated due to health and psychosocial issues.<sup>8</sup> Given the high prevalence of mental health issues, including depression and anxiety among people who have been homeless,<sup>9,10</sup> mounting international evidence for the impact of social support and community connectedness on health and wellbeing adds weight to the importance of reducing social isolation, loneliness and boredom among people who are now housed.

The impetus for the Reengaging with Community (REC) program thus grew out of recognition among homelessness services and in the literature of:

- The challenges of loneliness, social isolation and boredom experienced by people who have formerly been homeless
- The importance of sense of belonging, social support, connectedness and meaningful use of time for mental health and wellbeing overall, and for people’s recovery journeys after homelessness or other adversity

## 1.2 PROGRAM OVERVIEW

*Re-engaging in Community* was a pilot program developed to reduce social isolation and build community connectedness among people who had been housed after a period of homelessness. The REC program was conceived of and developed by United Way Western Australia (UWWA) in collaboration with the then 50 Lives 50 Homes Housing First Initiative, which subsequently transitioned into the broader Zero Project.<sup>1</sup> REC was funded through a LotteryWest grant and commenced in January 2020.

The overall aim of the REC program was to connect people who were formerly homeless, and now housed, with a volunteer social support ‘buddy’ to assist them with re-engaging in the wider community and develop pathways for social engagement and reducing isolation and loneliness.

The **key aims** of the Re-engaging in Community Program are shown in Figure 1 below.



**Figure 1: Key aims of Re-engaging in Community**

The REC program initially aimed to support 120 participants over a two-year period. Due to the COVID-19 pandemic, and the intended face to face nature of volunteer support, the program understandably faced some substantial challenges over its 2-year period. Whilst the program formally concluded in August 2022 due to lack of further funding, the rationale underpinning the program remains highly salient, as are many of the outcomes and learnings described in this final evaluation report.

## 1.3 DEVELOPMENT AND CO-DESIGN OF REC

The REC concept originated as a collaboration between 50 Lives and UWWA and involved a number of 50 Lives clients (who had recently been housed after homelessness) in the co-design of the program from the outset. An initial co-design workshop was held in late 2018 with key stakeholders and people with a lived experience of homelessness (primarily 50 Lives clients who had been recently housed) to shape the concept and to inform a funding grant application. The co-design workshop explored:

- Barriers and enablers to community engagement for people who have been homeless
- Key traits sought in a mentor or buddy
- Types of activities or support people might want
- Ideas for promoting the program to both potential participants and volunteers.

A summary of key considerations that emerged from the co-design workshop are depicted in Figure 2.



<p><b>Current barriers to participating in community and social activities</b></p> <ul style="list-style-type: none"> <li>• Financial barriers / activity cost</li> <li>• Fear of participating alone, want company, a buddy</li> <li>• Stigma, afraid of how others view me</li> <li>• Lack of transport to activity</li> </ul>
<p><b>Examples of activities clients would like to participate in</b></p> <ul style="list-style-type: none"> <li>• Getting outdoors e.g. walking, out in nature birds and animals, bike ride</li> <li>• Recreation and sports e.g. bowling, darts, sailing, footy, fishing, music, art</li> <li>• Human connection e.g. Mens Shed, shared meals, church</li> <li>• Sense of purpose e.g. volunteering</li> </ul>
<p><b>Characteristics that would be important in a mentor</b></p> <ul style="list-style-type: none"> <li>• Open and honest, not judgemental</li> <li>• Lived experience to ignite hope for recovery</li> <li>• Someone with similar interests</li> <li>• Understanding and empathetic</li> <li>• Keeping confidentiality</li> <li>• Not doing things for me without asking</li> </ul>
<p><b>Types of support people would you like from a mentor</b></p> <ul style="list-style-type: none"> <li>• Face to face contact, consistency, flexible support</li> <li>• Someone to talk to</li> <li>• Help to navigate through system and keep appointments</li> <li>• Relationship support with family and friends</li> </ul>

Figure 2: Key Considerations from REC Co-design Workshop

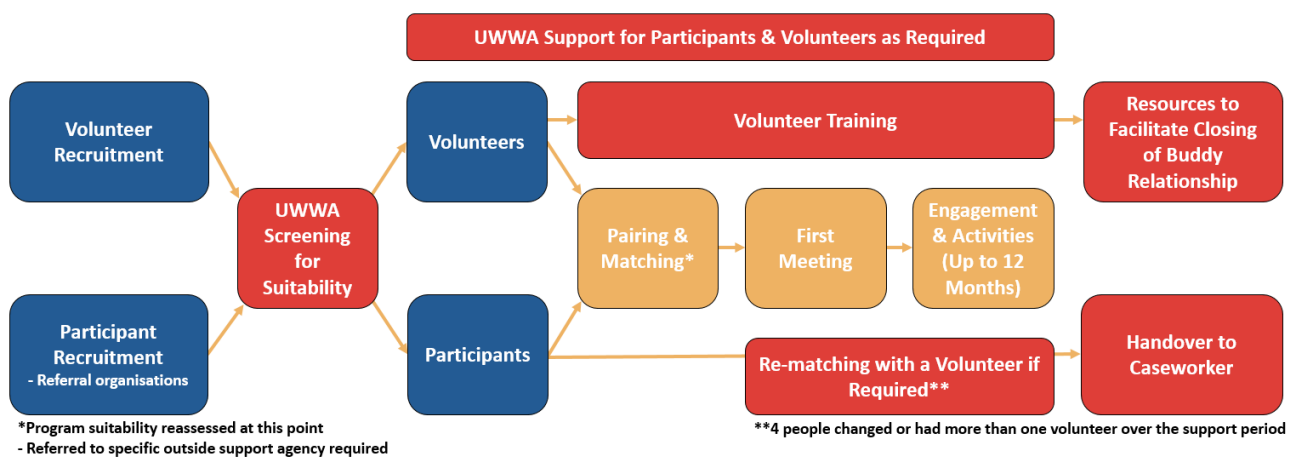
## 1.4 KEY COMPONENTS OF REC

### 1.4.1 Steering Group

While UWWA had extensive experience in coordinating other volunteer and mentoring programs, there was no ‘go to’ published example of a program such as REC that had focused on people who have experienced homelessness. The formation of a steering group was thus a critical first step and comprised representatives from numerous key community organisations involved in homelessness in the Perth and Fremantle metropolitan areas. Along with UWWA and Ruah (the organisations involved in developing the REC grant application), the steering group members included staff from Ruah, Befriend, St Bart’s, St Pat’s, Passages Youth Hub (Vinnies) and the Patricia Giles Centre for Non-violence. The steering committee met at least once every two months and in addition to the envisioned program oversight, was also involved in supporting the program through the challenges and adjustments associated with COVID-19.

### 1.4.2 Key Elements Underpinning REC Engagement of Participants and Volunteers

The REC program had two integrated strands, entailing the recruitment, screening, matching and support of both participants and volunteers, as well as tailored training for the volunteers prior to commencement. Informed by the co-design process, UWWA was responsible for the recruitment of volunteers, eligibility screening and matching of volunteers and participants, coordination of volunteer induction training, support for matched pairs, rematching with volunteers for participants where required, and finally, facilitating resources to volunteers in closing of the buddy relationship. An overview of the key stages and components of the REC program entailed is shown in Figure 3.



**Figure 3: Key Stages of Re-engaging in Community**

It is pertinent to note that the matching process to ensure a good fit between participant and volunteer was considerably more time intensive than had been originally envisioned, and in some instances, it could take multiple attempts.

### 1.4.3 Promotion of Program and Referral of Participants

To raise awareness of the REC program and encourage potential participants, a number of strategies were used. This included:

- Promotional flyers sent to homelessness and housing provider services to display (see example below in in Figure 4 and Appendix 1: UWWA Promoting REC Flyers)
- Referral from homelessness organisations participating on the REC steering group (e.g., St Bart’s, St Pat’s, etc.)
- Caseworker referrals (from organisations working with people who have been recently housed or struggling with social isolation after being housed)
- UWWA internal referrals

Over the course of the program UWWA developed several promotion flyers to raise awareness of and promote the program, that were distributed to homelessness and community services working with people who have been recently homeless. Informed by the co-design workshop and input from the steering group, the promotional materials took a strength-based approach, using language such as “develop a feeling of belonging”, “build confidence”, “explore your local interest”, “revisit your past interests”, “find out about events”, and “feel supported”. The example in Figure 4 was developed mid program and featured short stories and photos about people participating in REC.



Figure 4: REC Promotional Poster displayed at Homeless Healthcare’s Medical Respite Centre

Initially, participants were mainly referred into the REC program by their caseworker from participating homelessness and community support partner organisations. As the program became more established, it was promoted to a wider array of organisations (i.e., not limited to those who were part of the founding Steering Group Committee) and the breadth of referring organisations expanded. Overall, referrals were made by twenty-two different organisations, including UWWA itself as some people were referred to REC through UWWA other programs (see Chapter 3 for further details).

#### 1.4.4 Recruitment of Volunteers

Volunteer recruitment was undertaken by UWWA via a number of strategies:

- Local newspaper articles about the program and seeking volunteers
- Circulation of information to existing UWWA volunteers (including those involved in other mentor programs)
- Targeted callouts for volunteers in local areas/suburbs where there were potential REC participants who needed REC volunteers that lived locally. Callouts made in these situations to local volunteer centres, community centres, churches, and local volunteering groups.
- Social media callouts for volunteers
- UWWA and referring agency staff, personal, and collegial connections

Interested volunteers were asked to complete an expression of interest form, which included questions on their availability, location where live, and types of activities they might be able to engage people in (see Appendix 3: Befriends Relationship Training (online) for volunteer registration form).

#### 1.4.5 Training of Volunteers

All volunteers were offered training by UWWA to prepare for involvement in the REC program. The types of training provided is shown in Figure 5.

<b>Required training before commencement</b>	<b>Other training offered</b>
REC induction (UWWA) Relationship Training (Befriend)	Mental Health First Aid Trauma awareness Informed Practice (Ruah)
<b>Resources provided to volunteers</b>	
Volunteer handbook Session notes template (later via online)	Out of Hours and Emergency Protocol List of useful REC contacts

**Figure 5: Types of training and resources provided by UWWA for Re-Engaging in Community**

The induction and Befriend training were required to be completed before volunteers could commence supporting a participant. An “Out of Hours Protocol” was also distributed to volunteers if their buddy was in crisis and they required assistance when staff were not available to provide support.

#### *1.4.5.1 Delivery of Training*

It was a requirement of volunteers to complete induction training before being matched with a participant buddy.

Initially, the training was delivered as half day face to face training. The training session comprised three parts; the UWWA induction and the Befriend training with Ruah coming on board to deliver the Trauma Informed Practice Training, when it was realised there was a gap in this knowledge (each of these is described below). However, once COVID-19 restrictions were mandated, delivering the training face-to-face became infeasible, and training of volunteers was shifted to an online format (in the form of PowerPoint and recordings). The online resources were distributed to new volunteers as they were on boarded into the program. After completion of the online components, volunteers had opportunity to discuss any questions/concerns with REC staff.

Although challenging initially, switching from face-to-face to online delivery, feedback from volunteers indicated that the online resources were more beneficial as they still had access to the videos and could revisit whenever they needed or wanted a knowledge refresh.

#### *1.4.5.2 Training Components*

**UWWA Induction:** The UWWA Induction provided an initial introduction of the REC program to volunteers. The module included background about REC, an overview of the program and the role of volunteers, an explanation of the matching process, and program logistics. The induction also outlined considerations for volunteers relating to boundaries, safety, session note taking, expenses, and how to access further support for them and their buddies

The induction emphasised that the role of the volunteer is to be a support and guide for their buddy; if a need for more intense or professional assistance emerged, this was to be referred to UWWA. Throughout the program, volunteers were encouraged to reach out to the UWWA staff whenever needed and fill in session notes so they could document the type of support their buddy required, during the program and on handover. Furthermore, UWWA REC staff would also contact volunteers regularly to ensure early intervention if challenges arose.

**Befriends Relationship Training:** The stated learning objectives of the Befriend training were to support volunteers to:

- i. Understand the impact of social isolation and the importance of community connection.
- ii. Understand the role of a community connector in building relationships and community connection.

- iii. Consider the potential challenges of forming new relationships and share tips & ideas for getting started

When face to face training was no longer possible, the Befriend Relationship Training took the form of a written document containing hyperlinks for volunteers to review (see Appendix 3: Befriends Relationship Training).

**Ruah Trauma Informed Practice:** The initial training provided by Befriend to volunteers included information and insights into some of the challenges and vulnerabilities associated with a lived experience of homelessness that may have impact on participant engagement (such as recovering from drug dependence, trauma, anxiety). However, the REC steering group then identified a few months into the program, the need for additional and more dedicated trauma awareness training. This was in recognition of how pervasive trauma is among people who have been homeless, and the critical need for volunteer-buddy interactions to be trauma informed, further, for volunteers to be mindful where possible of potential triggers. Trauma Informed Practice training was then added to the suite of guidance training available to volunteers and was provided by Ruah.

The trauma informed practice training provided by Ruah was instigated to better equip REC volunteers to be aware of and understand the pervasiveness of trauma among people who have experienced homelessness, and how to respond. The training outlined different types of trauma and its consequences through a homelessness lens, and some basic tips on being trauma informed in interactions with REC participants. Staff members from UWWA who were involved in the REC program also undertook the Ruah training,

*“That training was really useful. It didn’t sugar coat what the cohort were experiencing and what a volunteer might experience. I thought that was very, very useful”. - UWWA Staff Member*

When the REC training was transferred to an online module, Ruah also supplied their training in a similar format with a 15-minute online video for volunteers made available.

**Other Training:** Mental Health First Aid was offered optionally to volunteers, out of the twenty-nine respondents in the volunteer survey 10% had completed this course.

#### 1.4.5.3 Resources Provided to Volunteers

In addition to the training, there were a number of other resources provided. This included:

- Out of hours safety and issues management protocol
- REC volunteer handbook
- A session notes template that could be used by the volunteer to make notes at the conclusion of each meeting with their buddy (see Appendix 5: Session Notes Template). In early 2021, the session notes process was switched to an online survey (see Appendix 6: REC Monthly Online Volunteer Session Notes Data Collection ).
- A list of useful contacts (see Appendix 9: List of Useful Contacts Provided to REC Volunteers)

#### 1.4.5.4 Out of Hours Protocol for Volunteers

Staff from UWWA were available for phone and email support and to assist volunteers to problem solve if a challenging or potentially unsafe situation arose during business hours (9am-5pm, Monday –Thursday). As UWWA was not funded to provide crisis support or after-hours on-call services, and as volunteers could meet with their buddies at any mutually convenient time, an out of hours safety management protocol was developed and provided to all volunteers (see Appendix 4: Out of Hours Protocol). A simple decision tree diagram included in the plan (see Figure 6) describes the steps volunteers should take if a potential risk occurred. The protocol outlines safety responses in case of

both emergencies and non-emergencies. In an emergency, volunteers were instructed to assess danger and remove themselves from harm before calling 000. For non-emergencies, volunteers were advised to follow their buddy’s individual safety plan, however a second option was supplied when an individual safety plan was not available. Signs of trauma and conflict warning signs were also described in the plan to assist volunteers in assessing these situations.

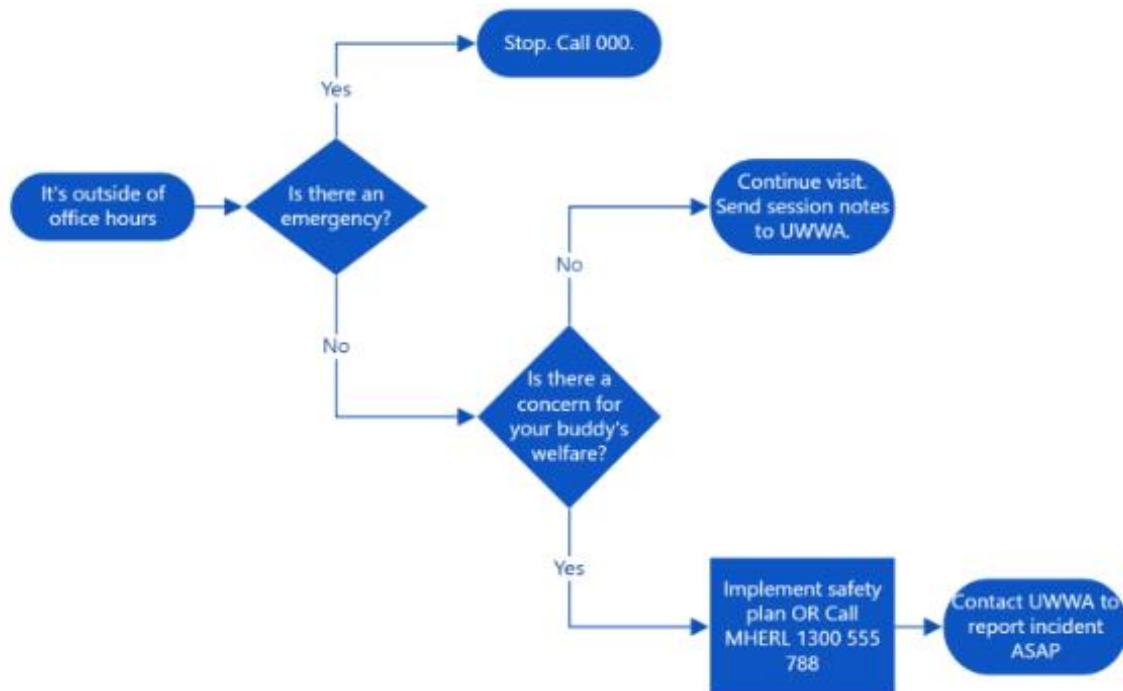


Figure 6: REC Out of Hours Protocol Decision Tree

#### 1.4.6 Matching of Participants and Volunteers

Once a referral was received by REC, a staff member contacted the participant via telephone for an initial intake conversation. Where not possible, usually due to the participant not having a phone, REC staff liaised with the participant’s caseworker who sent the referral to have intake conversation over call or in person. The discussion included information about the program and what their role would be, what their goals might look like, and what they wanted from a buddy. This would assess the suitability of REC for the participant and identify key areas in which a potential volunteer may be able to support them.

Participants were carefully matched with a volunteer based on determining factors, such as mutual interests, availability, and suitability/experience of the volunteer to the required amount of support for each individual participant. Other considerations included whether the participant had particular challenges (such as an AOD dependence or anxiety) that might require a volunteer with specific experience.

The importance of the thorough matching process is reflected in the following quotes from some of the UWWA staff:

*“There was a very careful selection process around that, so that we didn’t set anyone up to fail, or put them in a situation that was overwhelming – and also prepared them for what may happen, within the confines of confidentiality”.*

*“Making sure that the person who was matched with any buddy had the background they needed. For some of the buddies, with alcohol addiction or significant mental health*



*challenges, we would make sure that their buddy had a background that was stronger than just some training that we were able to do”.*

After the initial matching, REC staff would reach out to both participants and volunteers to ensure both parties were happy with their matches. Participants were made aware that if their initial volunteer buddy relationship did not work out, or circumstances changed that impacted on the viability or suitability of the pairing, they could request to be matched to an alternative volunteer. This only occurred a small number of times. Reasons for a new matching included:

- Volunteer not feeling they could adequately assist participant to reach their specified goals
- Changes in volunteer availability due to work commitments
- Changes in where either volunteer or participant lived that rendered distance a challenge
- Covid-19 related reasons (for example one volunteer did not want to be vaccinated)

#### **1.4.7 Meetings Between Volunteer and Participant**

The first meeting between participants and volunteers would be coordinated and supervised by a UWWA peer support worker. From there, volunteer buddies worked with their paired participant to identify and engage in a range of social opportunities and recreational activities in the nearby community that would have previously been prohibitive for participants to undertake alone. As the COVID-19 pandemic began not long after REC commenced, these initial face-to-face meetings between a UWWA staff member, the REC participant and volunteer were not possible. Therefore, these kick-off meetings for REC had to be put on hold and later resumed with mask wearing and other COVID-19 precautionary protocols.

The frequency of meet ups and the type of activities undertaken were largely at the discretion of individual pairs, however, it was a minimum requirement to spend at least 4 hours a month together. Catching up more than the minimum was up to the discretion of the participant and buddy to provide the participant with how ever much support they required from the program. Although, it was not an expectation for the buddies to give more time than the minimum, only if they wanted to and had the capacity for that. The volunteers and participants were encouraged to remain in close contact with the supervising peer-support worker, which included check-ins on progress, opportunity to discuss any issues or differences in expectations and ensuring that each pair was a 'good fit' for one another. Staff themselves conducted routine check-ins every few weeks, though participants and volunteers were made aware that they were welcome to contact staff in between check-ins if required.

#### **1.4.8 Volunteer and Participant Engagement and Activities**

REC was premised on the notion that there is no 'one-size-fits-all' model of support, and there was an emphasis from the outset on participation and the nature of interaction being non-prescriptive. In the next section of this report, examples of the types of engagement are provided along with volunteer, participant and referring organisation feedback.

The maximum length of support able to be provided by REC was 12 months, but it didn't have to continue for a year if a participant felt that their goals had been met or they had got 'what they needed' from REC in a shorter time frame. Sometimes for example, participants just wanted some initial support to try out a new activity or build confidence or to help them get on a pathway towards looking for a job. Again COVID-19 did have some impacts also on circumstances and duration. As a person-led program, it was up to participants how long they wanted to continue (with one year the maximum).

Throughout the REC program, volunteers were encouraged to complete session notes every meeting with their buddy (see Appendix 5: Session Notes Template). In early 2021, the session notes became

an online google form, these were completed at the end of every month (see Appendix 6: REC Monthly Online Volunteer Session Notes Data Collection ). These session notes assisted with:

- Setting a regular schedule for meetings
- Making UWWA aware of how the match is progressing
- Evaluating the success of the program
- Providing information to be passed on to case workers (a component assisting caseworker handover)

#### ***1.4.9 Facilitating Closing of the Buddy Relationship and Caseworker Handover***

It was made clear to participants and volunteers from the outset that REC was not intended to be an ongoing support program beyond 12 months. As noted earlier, some participants only wanted shorter term engagement (e.g., to help them navigate joining a community group or activity), while others wanted a longer duration. Regardless of duration, an important aspect of the REC program was to close out the buddy relationship by providing support and resources to both volunteers and participants.

As a participant's time in the program neared completion, REC equipped the volunteer with some resources to help them facilitate the closing of the buddy relationship. After the closing of relationship, a handover to the participant's caseworker who had referred them to the program (if they had one) would take place. The handover reminded the caseworker that the participant's time in the REC program was coming to an end to discuss the potential challenges this might introduce and how the caseworker can continue to support them now that their volunteer was no longer going to be around. This handover also included a brief summary of their time in the REC program. After this, the participant's time in the REC program would be fully concluded.



## 2 WHO WAS INVOLVED?

The REC project involved participants themselves, volunteers, referring organisations, as well as UWWA as the coordinating organisation.

### 2.1 REFERRING ORGANISATIONS

There were 22 different organisations that referred people to REC over the program’s duration, with the most common referring organisations shown in the **Error! Reference source not found.** below ( see Appendix 7: List of Referring organisations

The referrals came most prominently from three major homelessness services that had been involved in REC via the steering committee from the outset, namely St Bart’s (29% of participants), St Pat’s (15%), and Ruah (14%). The other 13% of referrals came from a range of organisations, including other homelessness transitional accommodation,<sup>i</sup> AOD rehabilitation services,<sup>ii</sup> return to work programs,<sup>iii</sup> domestic violence refuges,<sup>iv</sup> mental health and/or disability support services,<sup>v</sup> and homeless support services.<sup>vi</sup> The proportion of referrals by different organisations are shown in Figure 7.

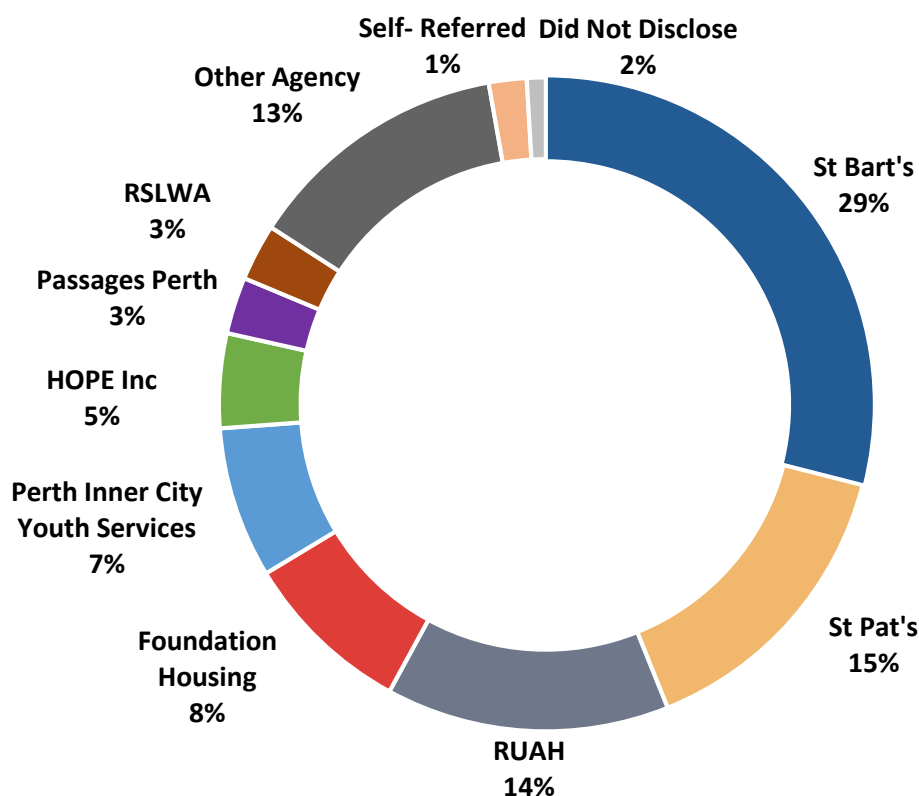


Figure 7: Participant Referring Agencies

<sup>i</sup> 55 Central, Salvation Army;  
<sup>ii</sup> Ngatti House, Palmerston;  
<sup>iii</sup> Return to Work (RTW) and Employment for Power (E4E);  
<sup>iv</sup> Pat Giles;  
<sup>v</sup> Neami, People Who Care (PWC), complex connect needs, and Rise;  
<sup>vi</sup> Perth Homeless Support Network and Homeless Healthcare.

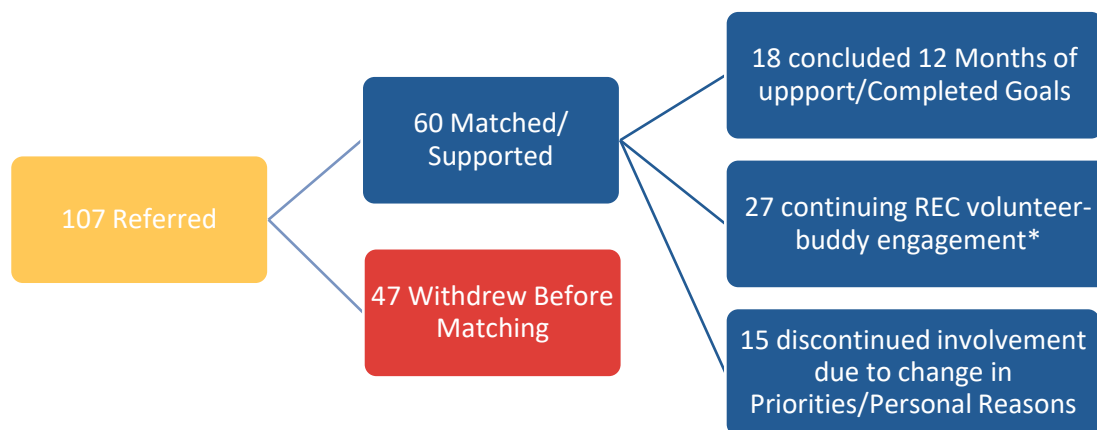
As observed by UWWA staff, as awareness of the REC program grew, the range of referring organisations expanded and UWWA also promoted the program more broadly to other organisations who they believed had clients who would benefit. This is reflected in the following quotes from UWWA staff involved in REC.

*“I think at the start at least, we had these relationships with certain organisations and we were relying on them a lot for referrals but as time went on, obviously, with word of mouth and everything it became a lot more widespread where referrals were coming from”.*

*“The difference from the beginning of the program, where the organisations we already had relationships with, we were in contact with specific people who we had liaised with before to get referrals, but towards the end they were just automatically contacting us going oh, we've got this person who we think would be a really good fit for REC, so not having to chase them as we did in the beginning”.*

## 2.2 PARTICIPANT MATCHES

Of the 107 referred to the Re-Engaging in Community program, 60 were matched with a volunteer buddy and 47 withdrew before matching. It is pertinent to note that COVID-19 contributed to some delays in the matching process and availability of volunteers in some areas. Of those who commenced the REC program (n=60), 30% of people (n=18) completed the full length of the 12 month program, and a further 45% of people (n=27) were still actively engaged in REC (i.e. their buddy-volunteer engagement was continuing) when the funding for REC concluded (see Figure 8).



\* at time of REC program funding ending

Figure 8: Participant Matching Status at end of Re-Engaging in Community program

## 2.3 PARTICIPANT DEMOGRAPHICS

Mean age for participants referred into the REC program was forty-six years-old with the oldest being ninety-one and the youngest being twenty-one. Fifteen percent of participants informed of their indigenous Australian status and twelve percent were culturally and linguistically diverse (CALD) individuals. Most individuals were male with 2% transgender and 47% female. Majority of participants were homeless for 1-5 years before being housed and were most likely to be housed for 1-5 years (see Figure 9).

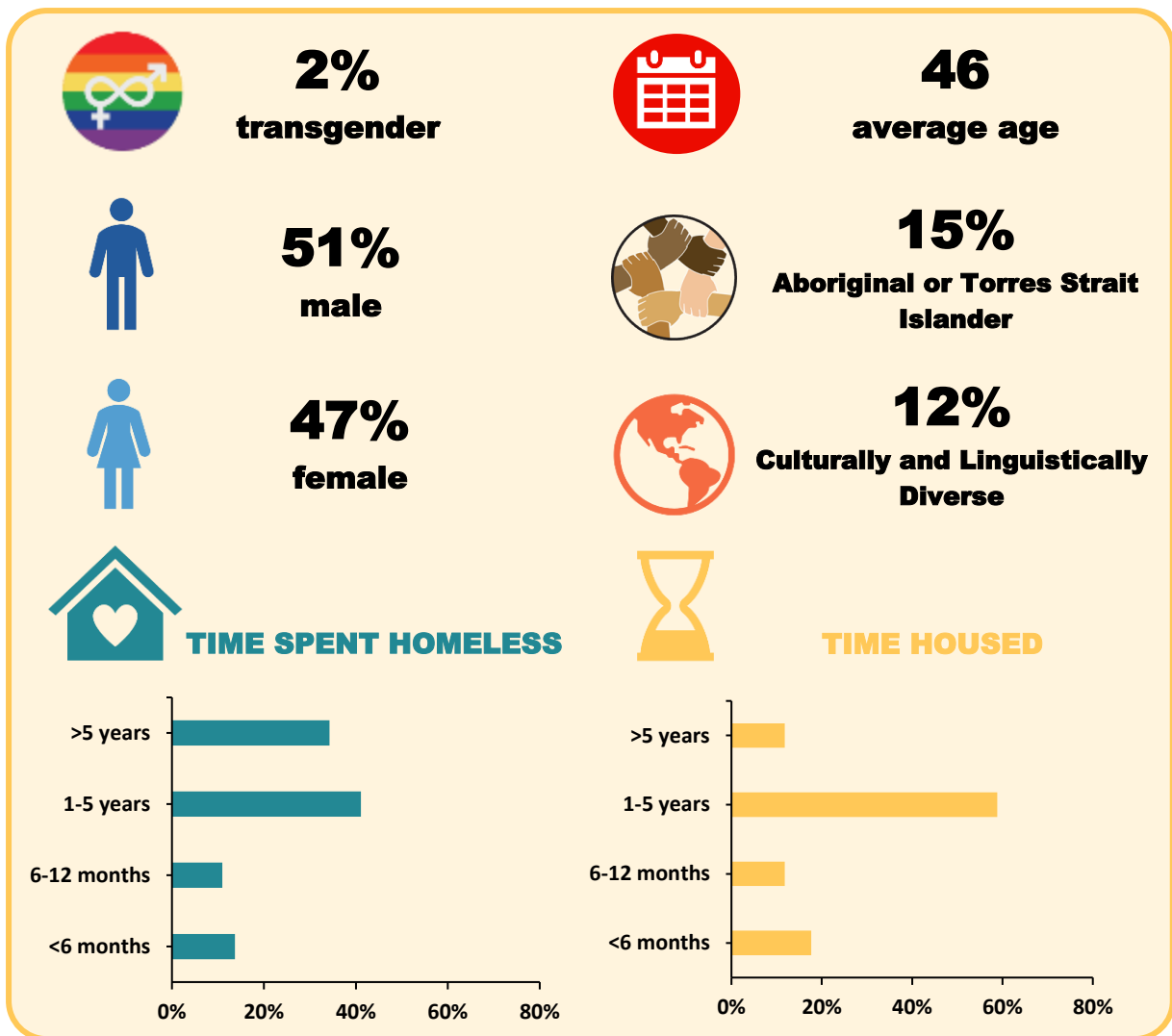


Figure 9: Participant Demographics

## 2.4 VOLUNTEERS

A total of 115 volunteers were enrolled into the Re-Engaging in Community program, of that 54 were matched (some were rematched after their first match concluded or after an unsuccessful start) (see Figure 10).

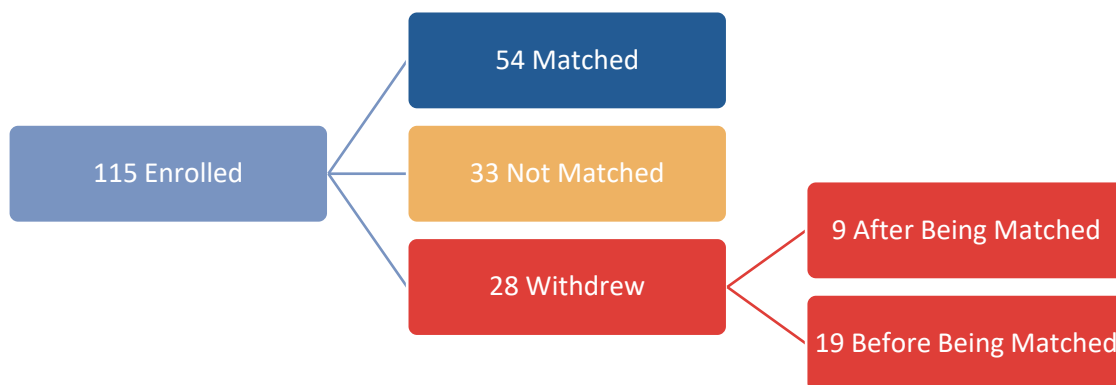


Figure 10: Volunteer Matching Status at End of Re-Engaging in Community Program

Over the course of REC, 28 volunteers withdrew, and the delays in program roll-out (including matching) due to COVID-19 was a significant contributing factor. Before being matched, 19 people withdrew as volunteers for reasons such as having decided to look for other volunteer opportunities, work commitments or relocating. Another nine people withdrew after being matched, for reasons such as moving interstate, study, work and other commitments, having personal issues that needed time away from the program, and being uncontactable by REC staff.

Of the 33 not matched, COVID-19 was also a factor as some people did not have the requisite COVID-19 vaccination proof, whilst others did not complete the training. One of the challenges for REC and UWWA was that there would sometimes be geographic areas with volunteers available, but not enough participants to be matched or, conversely, areas where there were potential participants but not enough volunteers in that area available. Fremantle was an example of a community where there were volunteers who did not get matched because of insufficient participant referrals.

Feedback from volunteers about REC is presented later in Chapter 4.

### 3 BENEFITS FOR PEOPLE SUPPORTED

Re-Engaging in the Community provided a program that gave many benefits to both participants and volunteers. Supporting now housed homeless individuals with volunteer buddies has immensely helped some of these individuals engage back into the community. The following chapter outlines the benefits experienced by participants, providing case studies concerning their engagement in the program. Further benefits can be found in the volunteer survey which was completed at the end of the program.

As noted in chapter 1, there were three overarching aims for the program from a participant perspective.

- Support participants to engage in the community and develop strong social networks
- Develop pathways for social engagements and activities they enjoy
- Support enhanced physical and mental health

Underpinning and related to these aims, the program also sought to:



**Figure 11: Key areas of REC support and outcomes**

Each of these six outcome domains are discussed below, drawing on data gathered through participant and volunteer interviews, case studies and other REC administrative data. Note that the case studies use pseudonyms for confidentiality.

#### 3.1 REDUCING SOCIAL ISOLATION AND LONELINESS

As observed in some of the homelessness literature and the recent evaluation of 50 Lives 50 Homes,<sup>1</sup> loneliness and social isolation are paradoxically a common unintended consequence once people are housed. For people who have been homeless, it is much more than just ‘relocating where you live’, as it often coincides with leaving behind one’s street-present community and way of life. Loss of contact with family and friends is also common among people experiencing homelessness and this can leave a void when people make the transition from long-term homelessness into a housed life.<sup>11</sup> Conversely,

*The REC program has been so well received by Foundation Housing residents and fills a gap that our own support services can’t. Whilst our residents are now housed and supported in their homes, there is nevertheless a great need for social and community interaction to help address the impacts of their previous homelessness. Foundation Housing directly funds some engagement activities but with a portfolio of over 2,000 homes, we can’t support people as individually (or for as long) as we would like to. That’s why REC has been so positive. Residents have their specific interests addressed with a mentor and they engage in activities suited to them and their schedule. The program has given people confidence to explore the wider community on their own and has introduced people to activities (such as visiting libraries) that they can then do themselves when the funding ends. – Foundation Housing Testimonial*

and as noted by the US Homeless Policy Research Institute,<sup>2</sup> relationships and strong social capital and social supports can have a significant positive effect on reducing returns to homelessness.

Often homelessness and rehousing coincide with seclusion from family and friends prior, during or post homeless episodes. The following case study illustrates how a participant struggling with isolation from his community was supported through REC to reduce his social isolation and support his goal of someday reintegrating into society.

### Box 1: Fostering New Friendships

#### Background

“Jacob” had been socially isolated on and off since 1996. It begun with a family breakdown and significant trauma which was further compounded by unemployment, multiple physical and mental health problems, as well as experiencing homelessness. Jacob really struggled to build a social support network and reintegrate into society despite overcoming many of these issues. In 2020, a social worker at Saint Patrick’s Community Support Centre referred Jacob to the REC program, United Way for social support. In mid-2021, coordinators of the REC program arranged a meeting for Jacob to meet Andy. They found common ground in their ethnic, cultural, and linguistic backgrounds.

#### Engagement with REC

As described by Jacob himself:

*“...beyond my expectation, I was delighted to find that Andy and I not only had many interests in common, but also had similar occupational backgrounds ... we (are) almost liked an old friend to each other, no need for any icebreaker to begin our conversation at all. Although Andy was very busy running his own business, he was willing to meet with me once a week and to have a chat with me for an hour or so. Since then, we began to have lunch or dinner together at various soup kitchens across Perth and Fremantle area and I enjoyed his company very much!”*

Jacob also expressed much gratitude towards Andy and UWWA for his referral to REC:

*“I have been enjoying my conversation and sharing with Andy and always look forward to our next meeting. I am very grateful to United Way for putting me in this REC program. With Andy’s help, I am confident that I will be able to reintegrate into the society one day.”*

St Bart’s was the most frequent referrer to REC, and observed that the increased social and community connections fostered as a result of REC had reduced the risk of people returning to homelessness:

*“The program has provided vital additional social support to our consumers who are socially isolated in community and want to integrate more with community life. We have referred 23 consumers to REC and have appreciated the program’s flexibility in their approach to matching volunteers with participants, particularly during the COVID-19 lockdown, via phone and online support. Additionally, all participants we have referred to REC so far have remained housed and, through feedback received, we can identify that the increased social and community connections produced through REC has decreased the potential of people experiencing a return to homelessness.” – Sara Zanella, Service Manager, St Barts*

Stigma associated with prior homelessness has been identified as a barrier to people feeling part of a community once they are housed.<sup>11</sup> For instance, in a Melbourne study with people who had been homeless and were now housed, the authors noted that “most respondents thought that other people looked down on them because of their homelessness, or that they would look down on them if they knew about their homelessness”.<sup>11, p1256</sup> In the REC program, anxiousness about getting out and about in the community was common, and some participants overtly articulated their concerns about being stigmatised or judged if people found out they had been homeless. Thus confidence building emerged as an immensely valuable outcome of REC for quite a number of participants.



**Photo 1: Participant and volunteer playing a board game together**

The following example of Nancy shows how her experience with REC has improved her confidence out in the community.

## Box 2: Supporting Social Interactions

### Background

“Nancy” (aged mid 50's) experienced homelessness for 2-3 years prior to being housed mid-2019. Although she was happy to be in her home, she felt lonely. Physical and mental health issues impacted on her ability to work and on her wellbeing

### Engagement with REC

Nancy was referred to REC in mid-2020 and matched with volunteer Trisha\* (of similar age). They met regularly at a local café or shopping centre and communicated via text. Trisha brought craft, clothes, or household items, from op-shops, which they sorted together, often items would prompt memories about positive times from the past. Nancy enjoyed sharing photos of her pets with Trisha. Nancy stated that:

*“... Involvement with my buddy Trisha has increased my confidence in communicating with people,... I feel more comfortable when I'm out in the community.”*

Trisha also shared previously during the REC program the changes she saw:

*“I have seen some really positive changes in how Nancy interacts with people when we are out and about- she isn't so defensive anymore and smiles more often...the other day I introduced her as my friend to someone I knew and she just blossomed, it really meant a lot to her to be called my friend.”*

After rehousing, the usual day-to-day “survival mode” is absent and can often cause loneliness and make an individual feel very socially isolated. Trauma and mental health impacts accompanying a history of homelessness can reinforce social isolation and it is often difficult for people to feel confident to engage in the community. Ron’s experience with REC outlined below outlines how the program assisted with gaining a positive outlook and supporting his emotional well-being.

### Box 3: Supporting Needs & Emotional Wellbeing

#### Background

“Ron” is an elderly man of an Asian descent who was in his late 60’s at the time of REC. He had a bit of family issues that made him lose contact with his family. Hence, that left him secluded from the community.

#### Engagement with REC

He was introduced to John on joining the REC program in August 2020. During their time in the program, they caught up and did some socialising activities together. John used to support his emotional wellbeing and they’d both go out and dine together, chatting about life experiences. John and Ron usually caught up as well at HOPE, a community service organization, and had some time together while they would have some lunch. Ron is now a much more cheerful man because he could relate with John on the needs he required assistance with.

## 3.2 INCREASING COMMUNITY INTERACTION AND PARTICIPATION IN COMMUNITY ACTIVITIES

Supporting people to engage in community activities was a big part of REC and featured in much of the feedback from participants, volunteers and referring organisations.

The types of activities varied considerably and were driven by the wishes and interests of the participant, in discussion with their buddy. Examples of some of the activities that participants and volunteers engaged in over the REC program’s duration are shown in the following (see Figure 12).



Figure 12: Activity Engagement throughout Re-Engaging in Community

The following case studies illustrate some of the ways that participants were supported to explore things to do or get involved with, aided by their REC buddy:



#### Box 4: Supporting Passions and Interests

**Background:** “Derrick” is a single father with a young son who had focused on surviving homelessness and caring for his son before being housed. Once housed, he had no time or money to do anything for himself and suffered some serious health issues.

**Engagement with REC:** Once Derrick joined REC, he found his buddy supported his interest in art, and the program was able to invest into some art supplies to further his passion. Fast forward a year in REC: Derrick had been in art shows and had some of his work on display in galleries. His volunteer buddy, Gerald, helped him find the info on the shows and how to get work displayed, attended the shows and encouraged him. His confidence has increased enormously from having joined the REC program and experiencing support from Gerald. Gerald still struggles with mental and physical health, however, the program has allowed him to feel more secure and encouraged.

*“It’s good to know I have someone in my corner.”*

#### Box 5: Learning New Hobbies

**Background:** “Jordan” joined REC in hope to explore their music passion and commence studies under the support of a volunteer buddy.

**Engagement with REC:** Jordan shared their aim to learn electric guitar with their care worker who helped them to obtain a second-hand acoustic guitar. Jordan matched with volunteer buddy, “Ashley” who was also interested in music. REC found a venue in the community for them to practice and learn music together. In the meantime, Jordan also enrolled at TAFE to study music and completed a course. Jordan’s confidence increased throughout the REC program, which was demonstrated in their understanding and commitment to improving outcomes through practice. REC also provided a short-term opportunity for Jordan to have a couple of guitar lessons with a professional guitar teacher post-program conclusion.

### 3.3 SUPPORTING PEOPLE TOWARDS THEIR PERSONAL GOALS

Supporting people around personal goals was one of the common types of support that the REC participants received and benefited from throughout their time with the volunteers. The goals of each participant varied considerably, ranging from wanting to improve their health and fitness, learning new skills, building confidence to and pursue further education and gain employment.

*Some of the stories have been fantastic, particularly in – the guy that’s cycling, who’s really struggling with alcohol, but makes sure that he goes cycling with his volunteer every week, and one of the participants who’s now started fishing with his son because he’s found that that’s a cost-effective way to spend time with him. And we’ve had a couple of people that have done some amazing artwork.” - CEO, UWWA*

Furthermore, not having a routine or things to look forward to is something commonly experienced by people when re-adjusting to a housed life and new community. Having routine and a sense of purpose to one’s day is however an important element of recovery. The transformative effect of this via REC is illustrated in the quote below from St Bart’s:

*“Luke” often talks about his plans with his buddy. He makes sure he knows where the meeting point for their next outing is by doing a trial run in the days before so he is ready and prepared on the day. He is showered, dressed up and hair combed back for his outings. Staff believe it is the highlight of his week.” – St Bart’s Testimonial for REC*

Another example illustrating increased confidence, ‘getting out and about’ and pursuing a personal goal around finding employment is shown in Box 7:

## Box 6: Mentoring and Goal Setting

**Background:** “Harriet” a young lady in her late 30’s, is a mother of one who joined the REC program in February 2021. She was a victim of domestic violence and as an impact of previous trauma generated in her past relationship, she was excluded from her Indigenous community which made her lonely and bored. At the time she was on the waiting list of community housing.

**Engagement with REC:** Harriet was matched with a volunteer who lived in Perth northern suburbs. Both shared a common leisure activity interests which helped them to click and interact from the outset. The pair would meet weekly on a regular basis; sometimes at a café for coffee, or at the library. In between in person catch-ups, they were in contact via text and often exchanged ideas. Harriet’s volunteer also supported her daughter’s interests in crafts and paintings. In addition to leisure and social interactions, Harriet was at the time seeking to find a part-time job, and with her volunteer, set some immediate goals and explored some different options.

Confidence for Harriet and her daughter to engage in the community increased over time.

### 3.4 FOSTERING SOCIALISATION AND SUPPORT NETWORKS

For many exiting homelessness, the most frequent social contacts are with caseworkers, support workers, health professionals or other services where the relationship is one of service provider and client. Yet a really important aspect of recovery after homelessness (or other adversity), is that people feel that they have connections and relationships with others that are not ‘paid’ to be with them, or where professional boundaries quite rightly limit the nature of the relationship that can be formed.

In the 50 Lives program that was part of the impetus for the development of the REC program, it was noted that it had often fallen to the AHSS and client case/lead workers to support people to identify activities that interest them and/or to build confidence to ‘try things out’.<sup>5</sup> Whilst many 50 Lives participants recounted their appreciation for this, it is not sustainable longer term, and does not directly broaden people’s social networks within the community.

*Foundation Housing estimates that over 80% of residents have a mental health issue of some sort. While support agencies can help in practical ways (such as drug and alcohol support, mental health referrals etc), it is the social connection that is generally missed. Agencies simply don’t have the staff to provide this individualised social and community support and REC addresses this so beautifully. –*

**Foundation Housing  
Testimonial**

The buddy relationship through REC is different to this, and as reflected in the following quotes, this is recognised and valued by participants:

*“... from the stories that I’ve heard, it’s been a positive experience for people. I think if anything, being a volunteer is a positive thing, because the participants see that someone’s giving their time of their own accord, not because they’re getting paid to do it.” - CEO, UWWA*

*“My buddy said I’m the only other adult he connects with who’s not there as a paid job. I’m there because I choose to be there and choose to be with him.” - Re-Engaging in Community Volunteer Survey Respondent*

One volunteer reflected on how providing their buddy with a safe space just to talk and process their feelings has led to improved wellbeing and relationships with their family:

*...from my experience with my buddy, who, when I started to meet with her – she was really struggling with a few things in life, and I felt like I was probably her only contact for a while. A year on and she’s got to try and schedule me in, because her life has changed very much. She has a family relationship back that she didn’t have at the start. She’s starting to go out and make*

*an effort to meet people. My relationship with her has purely been to go for a walk once a fortnight, or whenever we can, around the river. That has just given her an opportunity to talk and to download without judgement. I think that's probably helped her get into a better place.*



Photo 2: Volunteers Interacting with their Buddies

### 3.5 BUILDING CONFIDENCE AND WELLBEING

For many REC participants a number of factors add to their daily struggles and loss of confidence in themselves. The following case study sees the story of Leo and how he was able to gain some much-needed confidence towards computer literacy and enrolling in a TAFE course, but at a gentle pace:

#### Box 7: Career & Educational Support

**Background:** “Leo” is a man from Cambodia aged 47 at the beginning of his time with REC. He had limited English, and often struggled with trauma he experienced as a child during the Cambodian Civil War. Despite being successfully housed for 1.5 years, Leo felt socially isolated, and struggled to engage with other people in his local community.

**Engagement with REC:** Leo was referred to the Re-engaging Program in mid-2021 and was matched with his buddy Matt\*. The pair met regularly, they often took day trips out to explore nature and the local community. Leo expressed how this boosted his confidence significantly, and he no longer felt isolated.

Matt also helped Leo enrol in a TAFE course and assisted Leo in learning basic computer skills to help him with his studies. Leo was excited to continue learning and building his skills, engaging in more social activities and hopefully therefore find employment. As noted by Leo at the time:

*"I feel jubilant to get this support... I feel like I'm a part of the community now, and people actually care, and I'm not totally alone anymore."*

One volunteer reflected on how challenging being in a public space can be for some of the participants, and that this should be considered when thinking about how far they have come since they started:

*For some of our participants, even just going to the park in a public space is something that has been so far from their realm of comfortability that that is a huge success in their storyline. – REC Volunteer*

### 3.6 SOCIAL SUPPORT DURING DIFFICULT TIMES

Social isolation from moving into new housing away from old habits and friendship groups can be very daunting and lonely. Buddy relationships through REC have shown that simply catching up a couple times a month and lending an ear to talk to can soften this loneliness. Tom, one of REC's participants, was suffering social isolation and found a lot of benefit talking to his volunteer buddy:

*"... My client hadn't been travelling too well but felt that having his volunteer buddy to have a yarn with, benefitted him as he's usually only supported by paid support."* – **External case worker of a REC participant**

Another example of this is shown below:

#### Box 8: Creating a Safe Space for Conversation

**Background:** "Tom" (aged mid-20's) had been cycling in and out of homelessness for 2-3 years. Eligible for the 50 Lives program, he was successful in receiving secure housing in late 2019. Mental health, AOD and justice system issues had impacted his wellbeing.

**Engagement with REC:** Tom was referred to REC mid-2020 and matched with a female volunteer, Sara\* (aged mid 50's). They regularly met at a local café. The frequency of their catchups and conversations during their meetings were determined by Tom's mood and emotional state. Sara used to check in on him regularly via text msg or phone call. Their interactions created space for Tom to discuss his situation, and his hopes and plans for the future.

Tom's caseworker stated:

*"He definitely values Sara's time and appreciates the advice he gets from her."*

Tom described his relationship with Sara as one *"...based on mutual respect....she gets me."*

He described how *"...she often checks up on me, I listen to her point of view and take it on board."* Sara also stated; *"Tom has come a long way and I am very proud of him. I think having someone like me in the community has really helped him."*

Family connections are often adversely affected in the lives of people who have experienced homelessness and this in turn reduces the availability of emotional support that people generally often get from family. The following case study below outlines an example of a participant who found support through REC in circumstances of having few family or social supports.

#### Box 9: Successfully Engaging Participants in Community

##### **Background**

"Joanne" is an 89-year-old woman, with a long history of homelessness and trauma who has tried unsuccessfully over the years to link in with local community groups and Seniors Centres. Joanne was estranged from her immediate family and had often shared accounts of her loneliness and feelings of isolation.

##### **Engagement with REC**

After an initial phone call with one of the REC service delivery managers, an introduction was arranged for her to meet with a volunteer buddy in our centre. This introduction was followed with slow walks to the local coffee shop which gradually increased to shopping trips and other activities through which she regained her independence and confidence with traveling on public transport. She recently shared her immense delight in having been confident enough to reach out to family in Midland and even make her way to see them by train. She is now planning more such trips and encouraging others to do so too. She attributes this newly discovered independence to the caring and patient support that she received through the REC program and the wonderful volunteers at United Way WA.

## 4 VOLUNTEER FEEDBACK

As volunteers were an integral part of the pilot program, the evaluation team developed a survey to capture their perspectives on REC, including how they got involved, their feedback on training, and types of activities and engagement with participants. The survey also gathered suggestions from volunteers on how the REC program could work better to meet the needs of clients.

Participation in the feedback survey was entirely voluntary. The survey link was distributed by REC using Qualtrics to all volunteers (see Appendix 8: Volunteer Survey). There were 29 responses, equating to a response rate of 25%. The survey was available throughout the whole duration of the program (i.e. no close off date).

### 4.1 HOW VOLUNTEERS GOT INVOLVED

The most common conduit for involvement was United Way WA itself (41%), which included people responding to UWWA calls for volunteers, as well as some existing UWWA volunteers who got involved in REC. Hearing about it through other volunteering channels was also common (24%). The majority of volunteers (90%) had previously been involved in volunteering across a broad range of organisations.

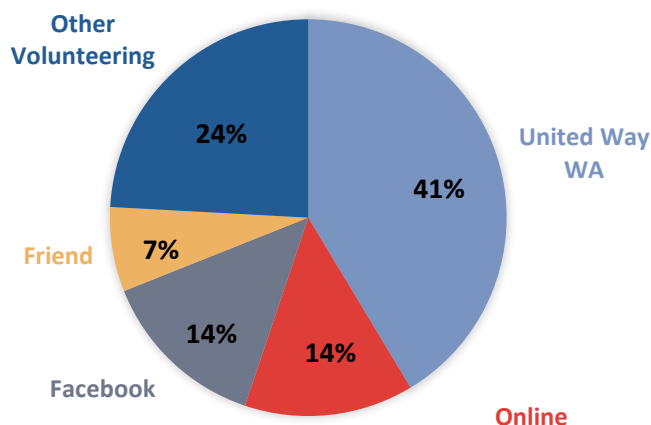


Figure 13: How people heard about the REC Program

### 4.2 VOLUNTEER TRAINING

Induction and training about the REC program were offered to all volunteers, as discussed earlier in this report. Feedback was sought on this via the survey. Of the 29 survey respondents, most volunteers (93%) felt like they were well prepared. When asked what training they recalled participating in, among survey respondents, Befriends Relationship Training was most frequently mentioned (69% of respondents), followed by UWWA induction (52%) and Ruah Trauma Informed Practice training (41%). Thirty-five percent of volunteers reported they had done previous training with another organisation that was found relevant when doing REC such as mental health first aid and domestic violence training.

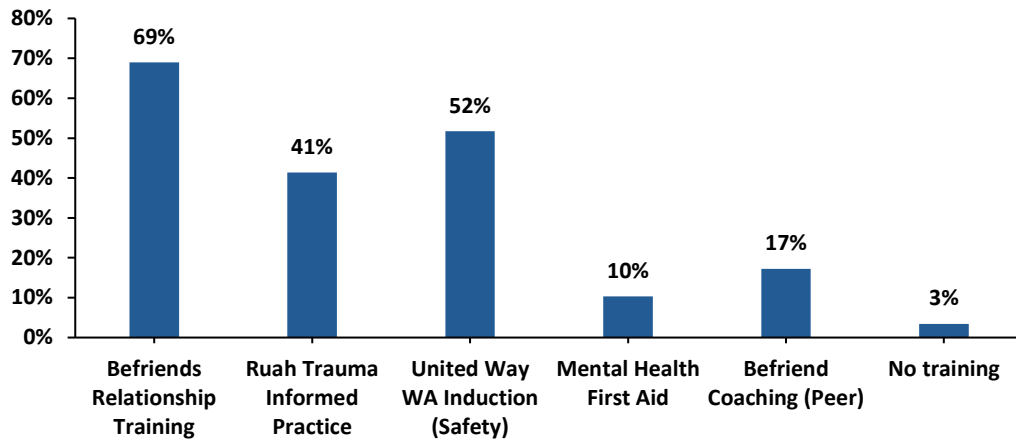


Figure 14: Types of Training Provided to Volunteers

Many had high regard for Ruah Trauma Training, one volunteer suggesting that "Ruah Trauma Training was incredible and could be lengthened". There was a mixed consensus about Befriends Relationship Training; "Both the befriend and trauma informed courses were great in gaining understanding about the backgrounds that our buddies may have come from"; although, another said that it "went too long and didn't really offer a whole lot of useful insight".

### 4.3 TYPES OF ACTIVITIES UNDERTAKEN WITH BUDDIES

Survey respondents were asked about the types of activities that were undertaken with their buddy. There was a broad range of responses as shown in **Error! Reference source not found..** Of note, the most common activity was meeting up for coffee and casual chat or similar (76%). Other types of engagement and how time was spent together included exploring potential interests/hobbies (38%), mentoring (17%), indoor and outdoor casual activities (17%), and community led activities (17%). Seven respondents selected "Other", six of which indicated in the comments that they had either not met up but plan to, not been buddied up as of yet, or cancelled the meeting.

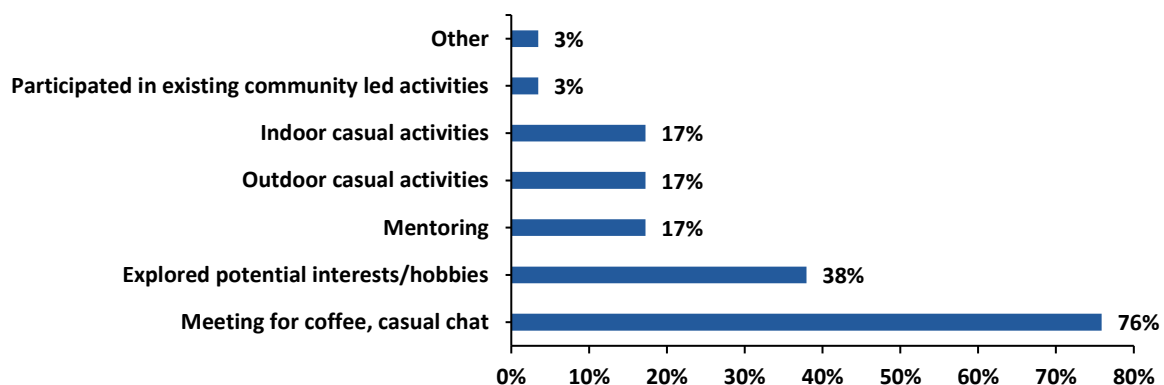


Figure 15: Types of Activities Undertaken During REC

### 4.4 VOLUNTEER SUPPORT PROVIDED BY REC

Throughout the REC program duration, REC provided support to volunteers to assist with the challenges they may face. Most volunteers felt they were well supported as a volunteer by REC, in particular many reported phone support supplied by volunteer coordinators to be very helpful:



*“All contact and communications I've had with the ladies has been incredible. Anytime I've messaged I've got a phone call back with support immediately” – Volunteer Survey Respondent*

In one particular situation the volunteer showed a lot of gratitude for the support provided by their volunteer coordinator:

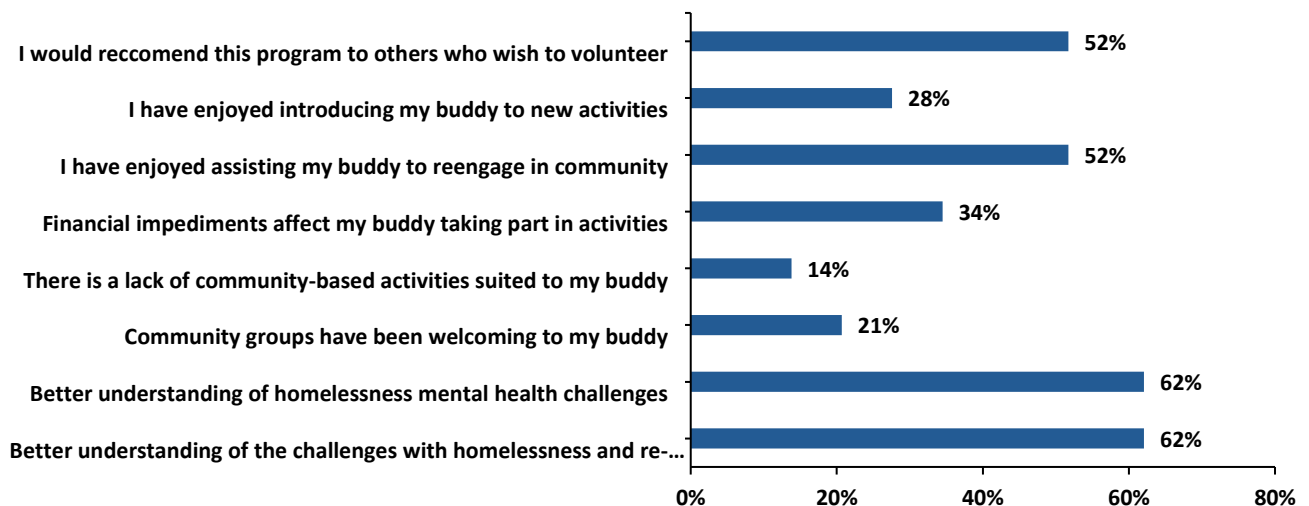
*“Personally, there were some incidences that I encountered that were completely unexpected for a buddy to experience, the support I received from my volunteer coordinator was exceptional and really appreciated during the tough times that resulted. However, this seemed like personal support outside the prescribed support of UWWA, and if it weren't for the ongoing support offered by the then coordinator, I think the experience would have been much more traumatising for my buddy and I.” – Volunteer Survey Respondent*

One volunteer reported a negative detractor of the support provided by REC:

*“My contact person has left REC after a few weeks, and I have had no further contact from REC.” – Volunteer Survey Respondent*

#### 4.5 VOLUNTEER LEARNING OUTCOMES

The survey asked volunteers about a range of potential outcomes of being involved in the program and selected those that applied to them. Responses to this are shown in Figure 16 below and full answer options can be found in Appendix 8: Volunteer Survey (Q10).



**Figure 16: Volunteer Learning Outcomes throughout REC**

As one of the most common responses, almost two thirds of the volunteers reported they got a better understanding of the challenges of homelessness and adjusting to re-housing (62%). This was reflected also in open ended responses:

*“It was an eye opener into the actual challenges of homelessness and the various organisations that are supporting them. The sector is continually underfunded and overwhelmed. Certainly, gives me a greater appreciation for the work that everyone does to try and resolve homelessness.” – Volunteer Survey Respondent*

Better understanding of mental challenges that may affect REC participants was also reported by almost two thirds of respondents (62%).

*“My participant is very socially isolated, is new to Perth and is going through a very challenging personal time. This program has allowed her to have someone to contact, chat with, understand and encourage her. I have benefitted from a sense of giving and sharing in her*

*troubles to help her find some comfort in the fact she is not alone. I can see a pathway of improvements in her life as we go along.” – Volunteer Survey Respondent*

Just over a third (34%) found that their buddy had financial impediments to take part in activities and 14% found that there was a lack of community-based activities. Approximately half (52%) of the volunteers in the survey said they would recommend the REC program to anyone who wishes to volunteer.

#### **4.6 VOLUNTEER EXAMPLES OF BENEFITS EXPERIENCED BY THEMSELVES AND THEIR BUDDIES**

Many volunteers indicated that REC provided them with a better understanding of the implications of homelessness and many survey respondents also commented on the satisfaction they got from helping those in need and seeing improvements in their buddies:

*“My buddy has really appreciated the time I have been able to spend with her, she has been able to gain the confidence to go for job roles that support people with a similar background to herself. I appreciate being able to make a difference in her life, that brings me great joy and purpose.” – Volunteer Survey Respondent*

*“This program helping me to understand the importance of helping people, and also this program helping me with work experience while I am studying.” – Volunteer Survey Respondent*

*“Early days but helping him understand where he needs to get to benefit himself and those close to him. Given me an understanding of the complexities of being homeless and change has to be a long-term solution.” – Volunteer Survey Respondent*

*“The companionship is simple and appreciated, I have learnt a lot from my buddy's experiences and the difficulties she faces in her day to day. This benefit sometimes is accompanied with guilt as I feel I shouldn't appreciate the lessons learnt through the continuing hardships of another, but I know my buddy and I have developed a sincere and caring relationship with one another.” – Volunteer Survey Respondent*

#### **4.7 VOLUNTEER SUGGESTIONS AND COMMENTS**

Volunteers were asked in the survey if they have any suggestions for improving the REC program in the future which mostly centred on training. A volunteer suggested training for the buddy participant:

*“I'm not sure if the participants receive any information or training. Of course, it could be an optional session, but I believe participants could be better equipped if they were able to make more sense of their experiences and health. Optional workshops or training for participants may be of benefit.” – Volunteer Survey Respondent*

Others advocated for increased training explaining that “there is never enough of training, we always have new things to learn so more training will be great.” Other than that, another recommended “links for volunteers to access additional online learning, resources, etc. if they so desire, including information re advocacy and other supports the person could be eligible for to assist them improve their occupational engagement.” A volunteer, however, commented on the idea of more training to equate in nil affect: “I think if someone has not been involved with any of the above it can be initially overwhelming. No training can prepare you for that.”

When respondents asked for further comments many offered praise and gratification for involvement in the program:

*“Should be more of it, it is ok to home someone but without support it puts people at risk of going back to rough sleeping” – Volunteer Survey Respondent*



*“The program is really worthwhile for both participants and volunteers. I am sure many socially isolated people living in the community would benefit from a similar program. I hope there are future opportunities for the program to obtain secure funding.”* – **Volunteer Survey Respondent**

The survey received only two negative comments from people who did not get matched with a buddy:

*“After receiving all the training, I still haven't been matched with a buddy or been given an update which is quite disappointing. Apparently, there are more volunteers than participants and I don't feel like I've gotten anywhere. Otherwise, I love the cause and it's great that there's so many people that want to help but maybe training should stop if volunteers are at capacity.”*  
– **Volunteer Survey Respondent**

## 5 CONCLUSIONS & RECOMMENDATIONS

REC was a unique pilot program that sought to provide a conduit for social support and community re-engagement to people who have recently been housed after a period of chronic homelessness. The pilot was instigated as a response to challenges of social isolation and loneliness need identified in the homelessness literature and by homelessness services.

As with all pilot programs, and particularly one that began in tandem with the COVID-19 pandemic, there were a number of challenges and learnings. These are important to capture, not only for the future refinement of REC itself, but for other programs that aim to involve volunteers in supporting formerly homeless people once they are housed. Conversely, there were also clear critical success factors for REC identified through this evaluation, and these are also salient to other programs and initiatives working with this population group.

In this final chapter of the evaluation report, we summarise its:

- critical success factors
- key challenges and learnings
- recommendations for the future

### 5.1 CRITICAL SUCCESS FACTORS

In the body of this evaluation report, there have been many positive aspects of the REC program identified, including those articulated in quotes from participants, volunteers and REC staff. In this section we particularly highlight four key strengths of REC that emerged from the evaluation that either set it apart from other programs and/or bolstered engagement and client outcomes. These are summarised in Figure 17 and each discussed below.

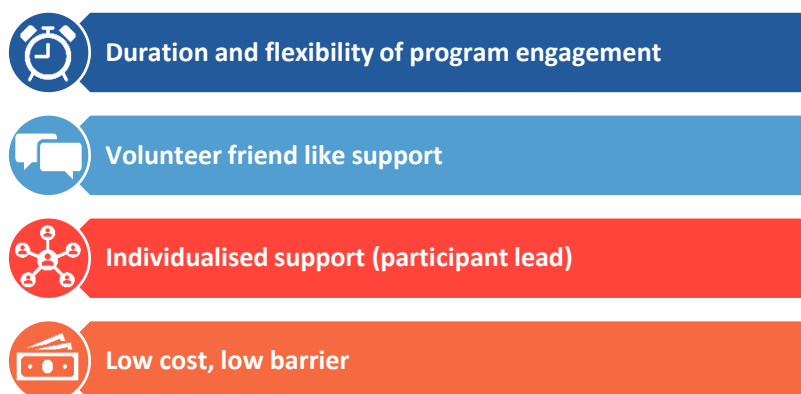


Figure 17: Overview of REC's Critical Success Factors

#### 5.1.1 *Duration and Flexibility of program engagement*

REC's premise from the outset was that participants themselves could determine the duration of engagement with REC, and how frequently this occurred. While the maximum length of support able to be provided through REC was 12 months, it didn't have to continue for a year if a participant felt that their goals had been met or they had got 'what they needed' from the program in a shorter time frame. For example, some participants just wanted initial company or moral support to try out a new activity or get out of the house more, or to build confidence to help them get on a pathway towards looking for a job.

Others however really valued that the program could run for a full year, as this offered greater continuity and gradual confidence building than a short more intensive community course or program, as illustrated by the following quote from one of the REC team.

*“I think another point of difference, which I'm sure must have come up in some case studies, is that participants often say that what they appreciate about the structure of REC is that often they get put in – referred to these programs by their case workers that are really intensive, like three- or six-week workshops. Then, it's just done, and then there is no time to really build momentum. You're just starting to build momentum, and then it's just finished, and support ends... They appreciated the longevity of REC, and that they actually have that support for a significant amount of time. It wasn't just like, okay, here's tools – now you're out on your own. They actually had someone with them, for a significant amount of time.” – UWWA staff*

Limiting program duration to one year was however intentional, as the longer term aim was, as reflected in the program name, to build participant confidence and avenues for re-engaging in their local community and forging other social support networks. This was made clear from the outset so that neither volunteers nor their buddies had unrealistic expectations about the program or their pairing up being of an ongoing endless nature.

*“One of the things, at least when we came on to the program, when we were bringing in new volunteers and participants, was just a heavy emphasis, particularly in the beginning of the program, when you were speaking to the participants and the volunteers and giving the training, that it was a 12-month program. That the support would only be offered for that amount of time. I think, as well, 12 months is quite – okay, it's quite quick, but it's also quite a significant amount of time, and often the volunteers and the participants do form a very close, trusting relationship, and then they get to the end of it, and they don't want to part ways.” – UWWA focus group*

### **5.1.2 Volunteer friendship style support**

As noted elsewhere in this report, people who have experienced homelessness can have limited social networks when first housed, and can sometimes feel that most of their social support contacts are with people ‘doing it as part of their job’, such as caseworkers, support workers, NDIS staff and so on. This does not at all negate the importance and value of those support relationships, but a recurrent theme in this evaluation was that participants deeply valued that buddies gave up time of their own volition, and invested personally in building a bond and supporting people to engage in the community.

Yet a really important aspect of recovery after homelessness (or other adversity), is that people feel that they have connections and relationships with others that are not ‘paid’ to be with them, or where. In the 50 Lives program, it was noted that it had often fallen to the AHSS and client case/lead workers to support people to identify activities that interest them and/or to build confidence to ‘try things out’.<sup>5</sup> Whilst many 50 Lives participants recounted their appreciation for this, it is not sustainable longer term, and does not directly broaden people’s social networks within the community.

Additionally, REC was prima-facie about the relationship, not about providing ‘a service’ or a contracted set type of support, but rather was shaped by the needs of the participant and co-determined with their buddy volunteer.

*“... from the stories that I've heard, it's been a positive experience for people. I think if anything, being a volunteer is a positive thing, because the participants see that someone's giving their time of their own accord, not because they're getting paid to do it.” - CEO, UWWA*

*“Even if I’m not having a great day, I will make sure that I get up to meet my [buddy]” is something we have heard from participants... it’s a person that is caring and is looking out for them.” – UWWA focus group*

The pilot program has had many success stories come from it, and in the view of the evaluation team, this was largely to do with the relationship being completely voluntary and not compulsory for either party.

*“... He hadn’t been travelling too well but felt having his volunteer buddy to have a yarn with, benefitted him as he’s usually only supported by paid support.” – Case worker of a REC participant*

*“My buddy said I’m the only other adult he connects with who’s not there as a paid job. I’m there because I choose to be there and choose to be with him.” - Re-Engaging in Community Volunteer Survey Respondent*

The volunteer nature of REC also created a sense of being equals (i.e. not a client and service provider relationship), that set it apart from a paid support service or role where professional boundaries can limit the nature of a relationship or ways of interacting.

*“I think that’s a particular thing that we encountered, because the set-up for REC wasn’t a mentorship. The volunteers weren’t going in, in this position of power... power and teaching. They were going as a friend. Just reminding volunteers that the role was actually to engage the participant in their community, rather than become their source of all social connection.” – UWWA focus group interview*

### **5.1.3 Individualised support**

From the outset REC was intended to be the opposite of a ‘one size fits all’ program, and this applied to the:

- careful matching of participants and volunteers, taking into account mutual interests, availability, and the experience of volunteers (for example, if participant had particular challenges such as anxiety)
- The non- prescriptive nature of the way in which participants and buddies could get together or interact
- focus on participants own goals that could evolve over time
- flexible frequency of meeting, types of activities engaged in
- duration of time participants engaged in program

The frequency of meet ups and the type of activities undertaken were largely at the discretion of individual pairs, however, it was a minimum requirement to spend at least 4 hours a month together. Catching up more than the minimum was up to the discretion of the participant and buddy to provide the participant with how ever much support they required from the program.

Flexibility was evident across all aspects of the program:

*“Part of the joy of the program was the flexibility of it. We said to people, this is the sort of ballpark time that we’d like you to spend with the participant, but it was very much down to what worked for the two of them, whether that was once a week or once a fortnight. For some people it was less and for some parts of the program it was on the phone, only, because of COVID. It just had that lovely flexibility about it, which made it, as an exercise, feel much more authentic.” – UWWA focus group*

*“Everybody’s goal has been different on this program, which I think we were really aware of, and flexible. For someone to get to A to B in one household looks very different from what the goal is A to B in another household.” – UWWA staff interview*

Participant goals and confidence often evolved over time, and quite a common positive outcome of REC was that participant’s confidence to engage in community activities would grow to the point where they were happy to continue alone.

*“[one of the buddy] are just towards the end of their time. They started out with the normal, the coffees, catch ups, just to get socially engaged and comfortable with each other, but by the time they’d gone probably about halfway through, they were attending Saturday night writers’ groups, which was a really big thing for the participant as she’d been very, very isolated for a very long time. Even though she had a great passion for creative writing, it was something that was far too intimidating for her to even consider when she was by herself. That became their regular catch-up. Instead of catching up for coffee, they’d go to the writers’ group every Saturday. The participant has just attended her first pottery class by herself.” – UWWA focus group interview*

*“For some of our participants, even just going to the park in a public space is something that has been so far from their realm of comfortability that that is a huge success in their storyline.” – UWWA focus group interview*

#### **5.1.4 Low cost, low barrier**

The support and activities engaged in the program are varied; however, the minimal requirements of meeting up and doing activities, such as walks in the park or buying a coffee, are very inexpensive and accessible. Even with minimal funding, doing seemingly small goals like going to the local park or using public transport have a much greater impact in the context of the participants' lives.

*“Just going to the park is something that’s really significant and life-changing for that individual.” – UWWA focus group interview*

Social situations where anybody would feel anxious are heightened for the participants as they often deal with trauma and the fear of stigma. The simple act of the volunteer accompanying them to a club or group can reduce this anxiety. The pure process of low-cost hang outs in public settings would be enough for many participants to get a lot out of a program such as the Re-Engaging in Community program. Being connected and developing that friendship is the core of the program, the fact the program is low cost and low barrier has been one of its key points of success.

## **5.2 PROGRAM LEARNINGS & CHALLENGES**

For the purposes of this report, we have grouped challenges and learnings into 4 key themes (see Figure 18).

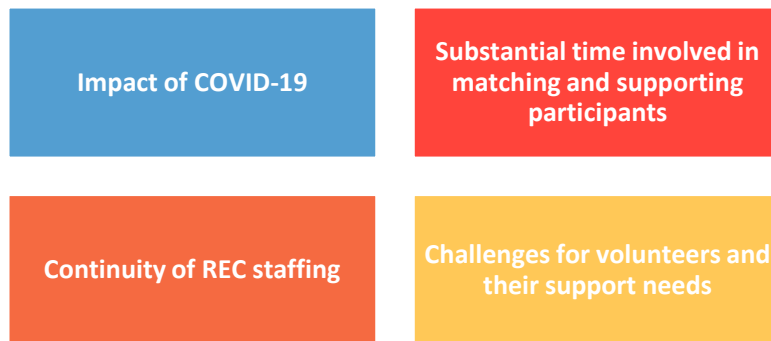


Figure 18: Overview of Key REC Program Challenges

### 5.2.1 Impact of COVID-19

The Covid-19 pandemic, this in particular had many unanticipated impacts on program recruitment and implementation. The REC program was due to commence early 2020, but due to the COVID-19 pandemic, full commencement was delayed until July. Referrals were slower than expected with other safety priorities for potential participants taking centre stage as a result of COVID 19. While the recruitment of volunteers continued, and some participant referrals were received from April, face to face volunteer training and introductions of participants and volunteers could not be undertaken until the emergency lockdown rules were eased.

This compelled the organisation to be innovative in their methods of delivery, providing volunteers with training online. Referrals for participants was reduced due to competing priorities of referring agencies, it was necessary to adjust from face-to-face meetings with participants to online and phone support. During the lockdown and subsequent knock-on impacts, ensuring people were in accommodation, fed, and safe became priorities. Referrals to REC program took a back seat. During this time, REC lost some of the recruitment momentum that was planned. The offering of online matches and meetings during COVID-19 lockdown, between volunteers and participants were not attractive to many, and had minimal uptake – however phone contact was popular and has remained popular. Other elements of the program were also delayed due to restrictions of physical distancing placed on attendance in community organisations. Planned social interaction activities, community BBQ's, morning teas and group classes, were not able to be offered.

*“We started this program just as COVID-19 hit. So, for organisations on the steering committee, who are in the major part, our referrers, the priority became making sure that people were safe and housed and fed. So programs like this took a backseat in the face of the pandemic, and referrals came through a bit slower – the pandemic certainly had its impact on that.” - CEO, UWWA*

Another quote from a focus group interview with UWWA staff on the untimeliness of COVID-19 and the commencement of the REC program:

*“So, I think the program lacked some speed. It was really slowed down, in that first year, year and a half, even. The main reason for that, I think, is the people that we were relying on to refer to the program really had bigger fish to fry during that time, so that became problematic.” - REC UWWA focus group interview*

*“As far as the complications that the COVID situation introduced, aggressively, in the first year and a bit, but even in the last six to 12 months, with changing things like mandates. By [end of the first year (2021)], I'm trying get some more funding applications out there, but the program hadn't really got enough profile for people to understand what the benefits were. So, I think by the time the program really got some momentum, which was probably midway [2021], or even towards the end of [2021], where we'd really started to lift profile and we had some*

*stories to share. Whereas, if we'd started seeing results in the first six to 12 months, we would have a bit more to go off and a bit more evidence base to go off.” - REC UWWA focus group interview*

Paradoxically, the COVID-19 pandemic also further emphasised the need for a program such as REC because of the way in which the pandemic exacerbated social isolation:

*“Having access to the REC program during the period of COVID-19 has also been extremely beneficial as many residents have seen their usual support services reduced or changed to online. This can be even more isolating, and we know from experience that opportunities for engagement are critical to people being able to maintain their tenancy and avoid a return to homelessness and the community they knew on the streets” - Kerryn Edwards, General Manager Foundation Housing*

The REC team being small, added further challenges in navigating through commencing the program while juggling the restrictions of COVID-19. Having a low number of staff restricted the amount of hours spent on the program, which was further compounded by government enforced COVID-19 mandates in Western Australia such as illness isolation and lock-downs.

*“From my experience is, when you're a small organisation, everybody's trying to do a bit of everything” - REC UWWA focus group interview*

Training volunteers became difficult due to the COVID-19 lockdown, providing further challenges to matching buddies as volunteers couldn't commence. This forced the REC team to adapt and deliver training online.

*“Training for the most part was delivered in workshop style over half a day. As things got complicated with COVID-19 and only being able to deliver training during work hours, it was often quite a challenge to get volunteers to attend. This led to us changing our training delivery mode to online. Befriend put together their part of the online training (linked below). RUAH no longer had capacity to be involved in delivering training, but they gave us the PowerPoint they had previously used as a resource. We then adapted the training a little and did an online recording which we then distributed to new volunteers as they came on board. This is also linked below.” - Danyelle Greyling, Support Coordinator UWWA (REC)*

*Having access to this program during the period of COVID-19 has also been extremely beneficial as many residents have seen their usual support services reduced or changed to online. This can be even more isolating and we know from experience that opportunities for engagement are critical to people being able to maintain their tenancy and avoid a return to homelessness and the community they knew on the streets. Residents who are engaged with the program have already expressed their worries about what will happen when they lose their mentor... COVID-19 has impacted the ability to deliver face to face services and this impact will continue to be felt over the next few months as the community impact of the pandemic increased. - Foundation Housing Testimonial*

Throughout the program on a few occurrences volunteers also expressed that they would exit the program due to mandates. Mainly due to requiring COVID-19 vaccinations to enter some venues in Western Australia during the majority of the pandemic.

*“We did end up having more than a couple of volunteers either verbalise that they were no longer going to be a volunteer, because of the mandate, or dropping out at the time that the mandates came in, without verbalising it was because of them.” - UWWA focus group interview*

## 5.2.2 Substantial time involved in matching and supporting participants

A key learning from this as a pilot project was that far more time than was originally envisioned. This applied to:

- Initial screening and matching of potential volunteer and participant pairs
- Getting in contact with participants
- Re-matching where required

Contact with and engaging with each participant took longer than expected – each participant taking an average of 4 phone calls/emails and attempts to meet before an initial meeting, and initial meetings can encounter no-shows, which took increased resources. This was observed as important learning from the program by UWWA staff involved in REC and has relevance also to other programs working with people who have experienced homelessness and/or people with trauma or complex life challenges.

As clearly recognised in the literature and among the homelessness sector, the legacies of trauma and chronic homelessness do not cease when someone is housed. Thus, the REC program found that it was often a big step for people to get started, even though they had wanted to be referred and to be matched to a buddy. It could take considerable time therefore between referral and a first meeting.

Other challenges relating to the time involved in recruitment, matching, and getting underway are summarised below in Figure 19 with illustrative quotes from UWWA staff.

Challenge	Quotes from UWWA staff relating to this
<b>Complexity of participant needs and importance of a suitable match (e.g., if someone had an active mental health or substance use issue, or susceptible to trauma triggers when in public)</b>	<i>making sure that the person who was matched with any buddy had the background they needed. For some of the buddies, with alcohol addiction or significant mental health challenges, we would make sure that their buddy had a background that was stronger than just some training that we were able to do. There was a very careful selection process around that, so that we didn't set anyone up to fail, or put them in a situation that was overwhelming – and also prepared them for what may happen, within the confines of confidentiality.</i>
<b>Hesitation/barriers to get underway</b>	<i>Like if they're worried about what meal is coming next, or if they're going to still have a place to live in the next week, it doesn't register very highly. Or it can be so daunting to sign up and follow through.  Sometimes people were like, I'm really overwhelmed at the moment. I'm engaged in all these other programs and I've all these health appointments and all these other things. This is just not something I feel like I have capacity for anymore right now, or things like that.  Volunteers sometimes struggled with being able to get hold of their buddy, or they did not turn up to meet as planned.</i>
<b>Difficulties getting hold of some participants to progress the matching</b>	<i>Even once housed, people who have experienced homelessness can struggle with memory, be hard to contact, often don't have phone credit, don't have email access etc).</i>
<b>Not having volunteers near to where a referred participant lived</b>	<i>We've also got a number of people who are still sitting there, in the Rockingham Mandurah area that we have worked so hard. We've contacted every single organisation or sporting group or [laughs] –</i>



	<p><i>there isn't anywhere we haven't touched, trying to get buddies for them, but we haven't been able.</i></p> <p><i>Volunteers were unhappy that they hadn't been selected. We had to make sure the priority was always the participant, and we did have a few volunteers who struggled with not being matched either quickly or at all. We did explain at the commencement of the process and at intervals that there may not be a participant who would be a good match for them either due to their requirements (age, gender and availability preferences or location) or the needs of the participant.</i></p>
<p><b>COVID-19 impacts</b></p>	<p><i>We did end up having more than a couple of volunteers either verbalise that they were no longer going to be a volunteer, because of the mandate, or dropping out at the time that the mandates came in, without verbalising it was because of them.</i></p>

Figure 19: Summary of challenges with related UWWA staff quotes

### 5.2.3 Challenges for volunteers and their support needs

While the majority of volunteers had been involved in other forms of volunteering previously, supporting someone who has been homeless was new territory for many. With this came added complexities and challenges. Strategies to support volunteers around some of these challenges were implemented (e.g. the addition of trauma training for REC volunteers). But as noted in the quote from former UWWA CEO, having adequate resourcing to support volunteers throughout a program such as REC is critical:

*“The volunteers, they’ve also been on a big learning curve. It is quite a challenging volunteer role, as there is a lot of complexity in who they are supporting.... it’s important that in a project like this, volunteers are offered quite a lot of support. So, I think if we were rolling this out again or if somebody else was, my advice would be that you’ve got to make sure you’ve got enough resources to support the volunteers. And if we found that there were really challenging participants that wanted to be on the program that we felt would benefit from it but would maybe a bit too challenging for a volunteer, I might consider changing the model a bit then to bringing in a paid support person in that complex situation. But I certainly wouldn’t want to do that for the whole program.” - CEO, UWWA*

Managing volunteer expectations is also important. For example, some volunteers experienced no shows for their first meeting, or were never able to contact their participant buddy. Continuity of engagement was also challenging, particularly where participants were stressed dealing with other life issues or had mental health struggles.

### 5.2.4 Continuity of REC staffing

Covid-19 had a destabilising effect on many workplaces across Australia, and the duration of the REC pilot had to be extended also because of COVID-19 related delays. There were thus a number of staff changes to the REC team at UWWA. This was unavoidable, but did disrupt some of the continuity of REC. The program relied for example on referrals from homelessness services, and networks and contacts take time to build up. ‘Corporate knowledge’ of any program inevitably suffers when people leave roles, and some of the continuity of data for the evaluation was also affected by this.

The REC team across the program nonetheless did outstanding work in often very challenging circumstances.

## 5.3 RECOMMENDATIONS

As a pilot program, we proffer some key recommendations that have emerged from this evaluation. These recommendations outline below (see Figure 20) are framed not only as opportunities for REC to build upon the pilot program and strengthen future service delivery and program outcomes, but are also applicable to other programs more broadly that seek to support and engage with people who have experienced homelessness.



Figure 20: Overview of Key Recommendations Arising from the REC Program

### 5.3.1 Ongoing Need for REC

The REC program garnered a lot of support from participants and referring organisations, and when its pilot funding was drawing to an end, a number of the most frequently referring organisations called for REC to continue, as reflected in the following quotes:

*“We continuously identify through our Day Centre and other program, many clients, who as a result of years of disadvantage and homelessness, have lost confidence and trust. Though they may be housed and relatively more stable now, they still struggle to build friendships and supports. They attend our Day Centre because it is a safe and familiar space where they can engage with staff and others. While this in part may help address some of their loneliness, we recognise that it is also important to broadening their participation in their community to increase their feelings of self-worth and build the necessary community supports that will help prevent their relapse into homelessness and encourage them to thrive.” - REC Referring Organisation*

*“Extending the funding for the REC program in some way is needed – or broadening it to include people who are at risk of homelessness or who have mental health needs – would see so many more benefit from the program. Foundation Housing estimates that over 80% of residents have a mental health impact of some sort. While support agencies can help in practical ways (such as drug and alcohol support, mental health referrals etc), it is the social connection that is generally missed. Agencies simply don’t have the staff to provide this individualised social and community support and REC addresses this so beautifully” - REC Referring Organisation*

### 5.3.2 Improved data collection, documentation, and availability

Resource limitations of UWWA is recognised but there are examples of other similar organisations that have shown that more standardised ways of capturing data that can enable statistics to be extracted more readily. Generating monthly or quarterly dashboards from key participant statistics is also something we have seen several other not for profit organisations do to facilitate timely feedback to funders, or to use in funding applications. Even if can’t fund a full evaluation, data is important for monitoring impact and to build arguments for further funding; as constantly, and comprehensively recording of data can often capture the progress of the program without a full evaluation report.

Continuation of REC or in future programs, it is recommended that all enrolment registers (that includes demographics, referral information, etc.), progress notes, and status in program registers/documentation (such as status in program, support received, etc.) should be recorded and filed in a readily available location.

As mentioned in Chapter 5.1, issues arising with staff continuity, COVID-19 vaccination and lock down mandates in WA and needing more time to complete tasks than initially envisioned did severely hinder REC in this capacity. Although having more staff and better continuity would have helped, this further places the importance of the availability of data and handover documents that would greatly improve program organisation and cover bases with high staff turnover. COVID-19 had a bit to play with staff turnover and just timing but can put things such as handover in place to help mitigate the negative effects of these unforeseen factors.

### **5.3.3 Increased homeless healthcare experience**

Although increased staff would have helped alleviate the extra time than initially planned for tasks, as mentioned in chapter 5.1, increasing the homeless healthcare experience in the team could have helped plan for this to begin with and mitigate the extra time involved. Furthermore, experience in recording and collecting program data for funder feedback and evaluation could have been greatly improved with experienced staff. If continued, these aspects would be expected to improve however, having experienced members from the start of the pilot program would have helped navigate through tough times such as COVID-19 WA mandates and staff shortages. For scenarios where higher referred help is needed (for participants and volunteers, someone with great homeless healthcare experience would be able to control the situation better and safer. Overall, more staff with homeless healthcare experience and program experience would improve all program challenges listed in chapter 5.1.

### **5.3.4 Funding for activities and extra support**

Throughout the REC program it became apparent that funding for certain activities were limited and non-ongoing. Due to the individualised nature of the program, the same amount of allowance for activities did not allow some participants to achieve their goals in community re-engagement. More funding for activities, and/or food allowances so participants have more disposable income to spend on their community activities and continue after program conclusion would provide greater program success.

*“If there is any reflection that can go to funding bodies through an evaluation like this, it's that it actually needs the ongoing funding, so that the impact can be as significant as we need it to be, because we know we're dealing with this vulnerable, at risk cohort, who are really hard to engage.” – UWWA focus group*

Towards the end of the program when funding was ending a lot back lash was received. Although this is expected in a pilot program with success stories, REC in particular struggled to develop originally, to finally get the ball rolling and cancel referrals.

*“it actually needs the ongoing funding, so that the impact can be as significant as we need it to be, because we know we're dealing with this vulnerable, at risk cohort, who are really hard to engage... all the places we were relying on to get referrals, obviously, they were focusing on other things when COVID hit, and they also now are at the point where they are starting to be in a space where they can refer people. So now, when we sent out the big email, telling everyone, okay, stop referring, because funding's coming to an end, everyone was like, what? I feel like now I actually have clients that are ready for the program. Spent two years building those relationships so we get those coming in, and then it's gone.” – UWWA focus group*

## 5.4 SUMMARY

Supporting people off the street and promoting physical health of these individuals has always been the priority of the homeless healthcare sector. Being rehoused and maintaining physical health for any homeless individual is a success story; however, as identified in a UK study<sup>4</sup> and in the evaluation of the 50 Lives 50 Homes Program in WA, social isolation once rehoused played a part for some to return to rough sleeping. The holistic approach to a healthy well-being is often neglected in these individuals as the challenges of loneliness, social isolation and boredom come about due to shifting away from past social relationships and support networks. As well as the fulfilling of physiological and safety needs once rehoused, activities that would occupy the main focus for these individuals back when they were homeless. Furthermore, the importance of a sense of belonging in the community and social support can be pivotal for people's recovery and processing of trauma from previous homeless lives. The WA Re-Engaging in Community pilot program provided successful stories of those requiring this sort of support, displaying a potential model for filling in this gap within homeless healthcare.

Over the past two and a half years, REC has supported 60 individuals to re-engage with their communities. The support received by participants in the program was highly individualised; some completing the 12 months of support (the maximum length offered by the program), while others received initial meetings with volunteers, hampers or referring onto higher support. REC empowered its participants to direct the support that they needed most which was supported by a volunteer buddy that operated as more as a friendship rather than a mentorship. Success was found in this model as it was lower cost, dictated by what the participant needed by the participant, longer than most other programs, and was approached with more trust as displayed in chapter 3, as real friendships and benefits for both volunteers and participants were being formed.

Throughout the Re-Engaging in Community pilot program evaluation recommendations were identified to increase the success of this program and/or future programs that use REC's model. Volunteers and participants during the program were limited by funding, although previously outlining the low cost necessary for most interactions, as the program heavily relies on the ability for participants to complete activities to re-engage these individuals; funding for extra activities and further optional support would provide a program such as REC with greater success. Furthermore, compounded with challenges of staff turnover and COVID-19 induced limitations in WA, the need for comprehensive data collection and recording is pivotal for program evaluation and reporting. A program utilising REC's model in the future should be aware of the substantial time required for contacting, screening, and matching of volunteers and participants and a heavy emphasis on recording and documenting these details will minimise the negative effects of staff turnover and tracking of the program.

Having started the program in early 2020 with COVID-19 coming into play, the REC program struggled with higher prioritisation in the homeless healthcare sector with supporting those on the street. Volunteers struggled to lend a helping hand due to personal pandemic struggles, vaccination mandates limiting unvaccinated volunteers early in the program and lockdown mandates in WA limiting access to activities and venues. Towards the end of the pilot program having greater flexibility with decreasing limitations due to COVID-19 and experiencing more recognition for the support the program supplies in the WA community, the program could become more successful and lend support to more individuals.

## 6 REFERENCES

1. Wood L, Vallesi S, Tuson M, Quinn D, Turvey J. Zero Project: A Housing First Response to Ending Homelessness in Perth. Findings from the 50 Lives 50 Homes Program. Final Evaluation Report 2022. Perth, Western Australia: Centre for Social Impact, University of Western Australia (UWA) Business School; Institute for Health Research, University of Notre Dame Australia, 2022.
2. Homelessness Policy Research Institute. Homeless Service Outcomes and Reasons for Re-entry California HPRI 2018
3. Bower M, Conroy E, Perz J. Australian homeless persons' experiences of social connectedness, isolation and loneliness. *Health & Social Care in the Community* 2018; **26**(2): e241-e8.
4. Bowpitt G, Harding R. Not Going It Alone: Social Integration and Tenancy Sustainability for Formerly Homeless Substance Users. *Social Policy and Society* 2009; **8**(1): 1-11.
5. Vallesi S, Tuson M, Turvey J, Wood L. The Value of After-Hours Support as Part of a Housing First Response to Ending Homelessness: Zero Project Snapshot. Perth, Western Australia: The University of Western Australia Centre for Social Impact & School of Population and Global Health, 2021.
6. Barker SL, Maguire N. Experts by Experience: Peer Support and its Use with the Homeless. *Community Mental Health Journal* 2017; **53**(5): 598-612.
7. Repper J, Carter T. A review of the literature on peer support in mental health services. *Journal of mental health* 2011; **20**(4): 392-411.
8. Abel J, Kingston H, Scally A, et al. Reducing emergency hospital admissions: a population health complex intervention of an enhanced model of primary care and compassionate communities. *British Journal of General Practice* 2018; **68**(676): e803.
9. Hossain MM, Sultana A, Tasnim S, et al. Prevalence of mental disorders among people who are homeless: An umbrella review. *International Journal of Social Psychiatry* 2020; **66**(6): 528-41.
10. Ayano G, Belete A, Duko B, Tsegay L, Dachew BA. Systematic review and meta-analysis of the prevalence of depressive symptoms, dysthymia and major depressive disorders among homeless people. *BMJ Open* 2021; **11**(2): e040061.
11. Chamberlain C, Johnson G. From long-term homelessness to stable housing: investigating 'liminality'. *Housing Studies* 2018; **33**(8): 1246-63.



# 7 APPENDICES

## APPENDIX 1: UWWA PROMOTING REC FLYERS



United Way WA is looking for participants to apply for our Re-Engaging in Community program. Are you someone who has experienced homelessness, are now re-homed but struggling to go out and explore your community?

We understand this can be a lonely time, so this program aims to:

- Develop a feeling of belonging
- Build confidence
- Explore your local area
- Revisit your past interests
- Find out about events in your area
- Feel supported
- Re-Engage in Community

Feelings of disconnection can affect your physical and mental health and can also trigger old patterns of behaviour.

From feedback we received through our workshops, we have carefully crafted a program that encourages re-connection with community, revisiting past interests and discovering new ones, all with someone by your side to help.

We are in the process of recruiting empathetic buddies with time, understanding and connection in the local community.

Whilst physical distancing is still in place, interactions are limited to phone calls and digital socialising, but once restrictions are lifted, buddies can join each other on activities to explore their surroundings, attend local events, walks along the rivers or beach and re-discover themselves in their new environment.

To learn more, contact your agency who has referred you and let them know you're interested, or email us at [united@unitedwaywa.com.au](mailto:united@unitedwaywa.com.au)

Or phone: 9440 4800 and please leave a message.



LIVE UNITED  
United Way WA - 54 Edward Street (Cnr. Gladstone Street), Perth WA 6000  
T 03 9440 4800 - E [united@unitedwaywa.com.au](mailto:united@unitedwaywa.com.au) - W [www.unitedwaywa.com.au](http://www.unitedwaywa.com.au)  
Charitable Collection Licence No. 18475 - ABN 17 670 584 575

# RE-ENGAGING IN COMMUNITY

LIVE UNITED



United Way  
West Australia

- Develop a feeling of belonging
- Build confidence
- Explore your local area
- Revisit your past interests
- Find out about events
- Feel supported

## Interested in:

- Sport
- Volunteering
- Overcoming public transport barriers
- Art and craft
- Cooking
- Walking

**Do all of this with great company!**



**Talk to your case worker  
or After Hours support to  
register your interest**





**RUAAH**  
COMMUNITY SERVICES



## APPENDIX 2: VOLUNTEER REGISTRATION FORM

United Way West Australia Re-Engaging in Community Volunteer Enrolment Form			
<b>SECTION A: VOLUNTEERING DETAILS</b> <i>To be completed by UWWA Staff Member enrolling Volunteer.</i>			
Last Name:		First Name:	
Enrolment Date: Click or tap to enter a date.		Contact Number:	
Email:		Suburb:	
<b>SECTION B: ELIGIBILITY</b> <i>To be completed by Volunteer or UWWA Staff Member assisting with volunteer enrolment application.</i>			
Unfortunately, UWWA cannot accept Volunteers on certain work restrictions. Do you fit into any of the following categories?		<input type="checkbox"/> Ineligible for Volunteering	
<input type="checkbox"/> Not an Australian Citizen; Not a Permanent Resident with the right to work in Australia Unfortunately, we cannot accept your enrolment.			
<input type="checkbox"/> Sickness benefits, People without valid Visas, Workers' Compensation Unfortunately, we cannot accept your enrolment.			
<input type="checkbox"/> Workers' Compensation; Return to Work Unfortunately, we cannot accept your enrolment.			
<input type="checkbox"/> None of the above Please continue.			
All Volunteers must either have Medicare, Private Health Insurance or Travel Insurance that covers them for an accident and/or an emergency. Please complete the information relevant to your insurance.		Medicare No: Expiry Date: Private/Veterans Health Insurance Policy No: Expiry Date: Travel Insurance Policy No: Expiry Date:	
If you are not an Australian citizen or Permanent Resident, do you have any restriction/s to work or Volunteer in Australia? <input type="checkbox"/> Yes (please specify) <input type="checkbox"/> No		Visa Type: <input type="checkbox"/> Resident Return <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Working Holiday Visa No: Expiry Date: Nationality as written on Passport:	
Signature required for Visa Permission Check To proceed with your Volunteer Enrolment application, we require your signed permission for us to conduct a Visa check with the Immigration Department and Border Protection and Conduct a National Police Certificate for Volunteers		Name: Signature: Date: Click or tap to enter a date.	
LIVE UNITED			

United Way West Australia Re-Engaging in Community Volunteer Enrolment Form			
<b>1. Re-Engaging in Community Program Eligibility</b>			
Re-Engaging in Community is a buddy system created for people in our community who have been homeless and are now living in their own home, but not confident to engage with their new community. Do you fit into any of the following categories?			
<input type="checkbox"/> Have real life experience like overcoming hardship or adapting to a major life change with a positive can-do attitude?			
<input type="checkbox"/> Capacity to commit approx. 1 hour per week for up to 12 months.			
<input type="checkbox"/> Post COVID-19 social distancing requirements, capacity for face to face as a volunteer buddy (2-4 hours per month) over a minimum of 6-12 Months?			
<input type="checkbox"/> Confident in sharing and making community connections?			
<input type="checkbox"/> Commitment to induction and training; approximately 5 hours face-to-face during business hours in a half-day workshop?			
<input type="checkbox"/> Willingness to engage with people who have experienced trauma and homelessness?			
<input type="checkbox"/> None of the above; please continue for additional Volunteering opportunities			
Current Employer		Length of Employment	
Job Title:			
Previous Employer		Length of Employment	
Job Title:			
<b>SECTION C: VOLUNTEERING SCOPE</b> <i>To be completed by Volunteer or UWWA Staff Member assisting with Volunteer enrolment application.</i>			
Days Available for Volunteering	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Ad-Hoc Days	
Hours Available for Volunteering	<input type="checkbox"/> 8:30am to 11:00am <input type="checkbox"/> 8:00am to 12:00pm <input type="checkbox"/> 9:00am to 11:00am <input type="checkbox"/> 9:00am to 12:00pm <input type="checkbox"/> Ad-Hoc Morning Hours	<input type="checkbox"/> 12:00pm to 2:00pm <input type="checkbox"/> 12:00pm to 3:00pm <input type="checkbox"/> 12:00pm to 4:00pm <input type="checkbox"/> 12:00pm to 5:00pm <input type="checkbox"/> Ad-Hoc Afternoon Hours	
LIVE UNITED			



**SECTION D: ADDITIONAL INFORMATION**  
*To be completed by Volunteer or UWWA Staff Member assisting with Volunteer enrolment application.*

Do you have any previous volunteer or mentoring experience?  
 No  
 Yes; please see specifics below

Name of Program:	Length of Program:
Name of Program Support Organisation:	
Name of Program:	Length of Program:
Name of Program Support Organisation:	

**SECTION E: VOLUNTEER PERSONAL DETAILS**  
*To be completed by Volunteer.*

Title	
Last Name	First Name
Date of Birth	Click or tap to enter a date.
Preferred Name	Gender
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary, Transgender, Other (please specify with preferred pronouns)
Street:	Suburb:
	Postcode:
Telephone:	Mobile:
E-mail Address:	
Drivers' Licence Number:	Expiry Date: Click or tap to enter a date.
Emergency Contact Person	Full Name:
	Relationship:
	Contact Number:
References	Full Name:
	Relationship:
	Contact Number:
	E-mail Address:



<b>MEDICAL INFORMATION</b> United Way WA (UWWA) has a duty of care to protect your health and safety while Volunteering with us.	Are you aware of any condition or allergies that may impact your Volunteering activities? <input type="checkbox"/> Yes Please provide details of any condition or allergy; e.g. medication/s, side effects, restriction/s, epilepsy management plan, epi-pen, etc.  <input type="checkbox"/> No
	Do you have Ambulance Cover? <input type="checkbox"/> Yes <input type="checkbox"/> No Ambulance Cover No: Expiry Date:
	Do you have any dietary requirements? If so, please list
	Is there anything else we need to know about you, so we can provide support for you to be successful and happy in this role? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:

**First-Aid Certification**

Do you currently hold a First-Aid Certificate?  Senior  Basic  In a Care Setting  No

Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Optional Diversity and Inclusion**

Applications from Indigenous Australians, people with disability, people from diverse cultural and linguistic backgrounds, mature age workers and lesbian, gay, bisexual, transgender and intersex (LGBTIQ+) people are most welcome.  
 Completion of this section of the Enrolment Form is optional and any information gathered will be deidentified and utilised for statistical purposes only.

Do you identify as being an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as being of a Culturally and Linguistically Diverse background?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as being LGBTIQ+?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you identify as being a person with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Languages spoken other than English?



**SECTION F: Checks or Certificates**

**National Police Certificate for Volunteers**

We are legally required to obtain a National Volunteer Police check for all volunteers engaged in our programs.

We will obtain a summary of your police record at our cost following your interview.

Having a criminal record does not necessarily exclude you from joining us as a Volunteer. This will be discussed with you.

**COVID Vaccination Status**

As a United Way WA volunteer, it is required by the WA Department of Health for you to provide proof of a covid-19 vaccination, due to the nature of our work. This is as a part of the rollout of the government Mandatory Vaccine Plan for industries and occupations.

Please understand that provision of certification or an exemption is mandatory, and the Government has set out that inability to provide, will lead to those individuals being unable to volunteer with us.

COVID vaccination first dose	Date --/--/20--
COVID vaccination second dose	Date --/--/20--
COVID vaccination third dose	Date --/--/20--
Proof of vaccination provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION G: DECLARATION**

*To be completed by Volunteer.*

**This is important; please read and sign if you agree. Thank you.**

I, \_\_\_\_\_ agree to;

- Attend an induction and training sessions
- Give permission for United Way WA to conduct; Driver's License check, Demerit Point check and Vehicle Registration check via the Western Australia Department of Transport
- Work safely always and keep any necessary Vehicle Licence and Drivers' Licence, vehicle insurance and registrations up to date
- Keep all information gathered during my Volunteering about corporates, community partners, clients, staff and Volunteers confidential always unless required by law
- Not attend Volunteering work under the influence of any non-prescribed medications or alcohol
- Obtaining a satisfactory National Police Certificate for Volunteers Only at the cost of UWWA (dependent on Volunteering role)
- Obtaining a Working with Children Clearance (dependent on the Volunteering role)
- Participate in surveys and other forms of data collection for the Re-Engagement in Community Project



- Give permission for United Way WA to share relevant information with the School of Population Health UWA for ongoing evaluation of the program.
- If I am on a working or holiday Visa, I have my own medical or travel insurance
- Completion of the 3-month reflection period to ensure it is a suitable Volunteering placement
- Notifying any changes to my personal details

**I hereby declare that all the information I have given is correct.**

Signature:

Date: Click or tap to enter a date.

**Privacy Statement**

United Way WA abides by the National Privacy Principles in all its dealings with partners, clients, Volunteers and the public. The personal information you have provided will be treated as confidential.

Please return the completed form to [volunteering@unitedwaywa.com.au](mailto:volunteering@unitedwaywa.com.au) Thank you

## APPENDIX 3: BEFRIENDS RELATIONSHIP TRAINING (ONLINE)

### Re-Engaging in Community

#### Relationships, Friendships & Community Connections

**How long do I need?:** Watching the videos takes just over 1 and a half hours. You can stop, pause and take plenty of breaks.

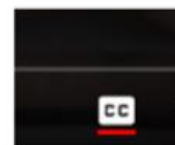
\*handy hint - workshop video can be played at 1.25 speed which reduced 66 mins)

**How do I access:** Online video via links below:

- 1) [Workshop video featuring Lucy Smales & Ria Ferris from United Way WA](#) (83mins / or 66mins at x1.25 speed)
- 2) ['No Fixed Address' – featuring Allan Barry](#) (5mins)
- 3) [Brene Brown - Daughter's lesson on trust \(the marble jar\)](#) (4mins)

#### What will I do/ learn

This online workshop includes a mix of information sharing, videos, practical tools and opportunities to reflect. There are closed captions available as you view the view click the CC icon in the toolbar along bottom right.



#### By the end of the workshop you will:

Understand the impact of social isolation and the importance of community connection.

Understand the role of a community connector (you!) in building relationships and community connection.

Consider the potential challenges of forming new relationships and share tips & ideas for getting started

#### What do I need?

- Videos can be accessed via your computer or mobile phone, a computer is preferable for a better viewing experience.
- You may like to use headphones or ear plugs, however they are not essential.
- You will need a quiet space (or headphones) and whatever you need to be comfortable.
- Have a pen and paper handy, for writing down notes and questions, you may wish to follow up with United Way WA, or [RSVP@Befriend.org.au](mailto:RSVP@Befriend.org.au)



Want to know more about Befriend watch this ...

[▶ What is Befriend?](#)





## APPENDIX 4: OUT OF HOURS PROTOCOL & EMERGENCY PROTOCOL

  
RECOGNISE & RESPOND  
to the needs of  
volunteers  


# REC Out-of-Hours Safety Management

A GUIDE FOR UWVA STAFF AND VOLUNTEERS

### Introduction

Our REC program is designed to support volunteer and buddy meets, often in person, and out in the community. Community outings carry some inherent risk. This guide has been produced to support risk and safety management for United Way WA staff and volunteers, when they are conducting their roles in the community.

Where a safety or risk situation arises during normal business hours (9am-5pm, Monday to Thursday) UWVA team members are available on phone and email to support you in problem solving and seeking help. For this reason, UWVA encourages REC buddy meetings to occur during business hours.

However we recognise that circumstances might arise where a REC buddy meeting is scheduled to occur outside normal business hours, for example after 5pm on a week day, or anytime on a weekend.

**IMPORTANT:** UWVA **does not** provide crisis support or after-hours on-call services. Consequently, this guide has been designed to ensure volunteers engaged in the REC program have measures in place to support the safety and wellbeing of themselves and their REC buddy if needed outside of normal business hours.



### Safety response in case of emergency

An emergency is characterized by any situation in which there is a threat of harm, or actual harm to self or others. If a UWVA volunteer finds themselves in an emergency situation while carrying out their duties as a volunteer for the REC program, they must follow these steps:

1. Take all reasonable steps to remove yourself from harm as a priority, and assess dangers in the environment.
2. Call for help. Either contact emergency services yourself, or call for onlookers to contact emergency services. We recommend downloading the St John Ambulance emergency app which will share your location automatically when you call emergency services. [More information here.](#) Call 000 and request the appropriate service. If you're not familiar with your location or don't have the emergency app, ask someone nearby to collect this information for you while you wait for the operator to connect you to emergency services.
3. If you are first aid trained, apply all relevant first aid processes to your situation, remembering to check for danger as your highest priority and not take any action that puts your safety at risk.
4. Maintain your safety until emergency services arrive. Provide as much information to them as you can.
5. If your buddy is involved in the incident, take advice from paramedics regarding your safety and your buddy's safety, before you leave the scene.

Page 1 of 7

Out of hours safety protocol REC – Updated August 2021

  
RECOGNISE & RESPOND  
to the needs of  
volunteers  


6. Once the incident is cleared, seek support for yourself. Consider a suitable family member, friend, or other close contact you can be in touch with to discuss how you feel. Do not delay this action, and look out for signs/feelings of shock. It is normal to experience shock after an emergency event. If required, make an appointment with a health professional for further support.
7. As soon as possible, compile a written summary of the incident and email to United Way WA or keep safe until you can call UWVA during office hours to discuss (see incident summary template below). It is important the incident is written down soon after the event, to ensure a clear memory of the incident. A UWVA staff member will collect information from you, and support you once they return to the office. United Way WA may request that you assist them to compile an incident report, which may require further details from you. This will be done sensitively, so as not to cause further trauma.
8. Continue to monitor your own wellbeing. If any signs of trauma or concern continue to arise for you, ensure UWVA is aware, and work with the staff team to plan steps for supporting your wellbeing.

### Safety planning for out-of-hours welfare concerns (non-emergency)

Incidents may arise that are not an immediate emergency, but you may develop concerns for the welfare of your buddy.

Here are some examples where you may have welfare concerns for your buddy:

- Your buddy confirmed a meet-up with you, but didn't attend and now they're not responding to contact, or
- Your buddy raised some concerning information during your conversation, which leads you to feel concerned about their mental health, or general safety and welfare.

If these situations arise outside of normal business hours, please use the following resources and strategies until UWVA re-opens for business and you can contact the team to discuss further.

### Option 1 – Individual Safety Plans

Some REC buddies will have their own **safety plan** in place for these situations. If you are aware of a safety plan for your REC buddy, and have consent from your buddy to implement it, please do so. This may include details of who to call or notify if specific circumstances arise.

As you build trust and rapport with your buddy, they may share an emergency contact with you, and give you consent to contact that person if you have concerns for their welfare. Ideally, put this information in writing (e.g. text message) to confirm you've understood and update the United Way WA team (with consent) for their records and future reference.

Always give your buddy the option to change or revoke their consent for you to have access to their safety plan or to contact their nominated close contact if they no longer wish you to have or use that information.

Page 2 of 7

Out of hours safety protocol REC – Updated August 2021



### Option B – General Mental Health and Welfare Management

If the above safety plan does not apply for you and your buddy, please follow the protocol here:

1. If your buddy is with you, and you have concerns for their welfare, gently/kindly explain that you are concerned, and ask if there is anyone you can contact e.g. "I'm a bit concerned, is there anyone you feel I can contact?".

If you need to end the session early, please do so. This is an appropriate course of action if you feel the session is unsafe or unproductive for either of you.

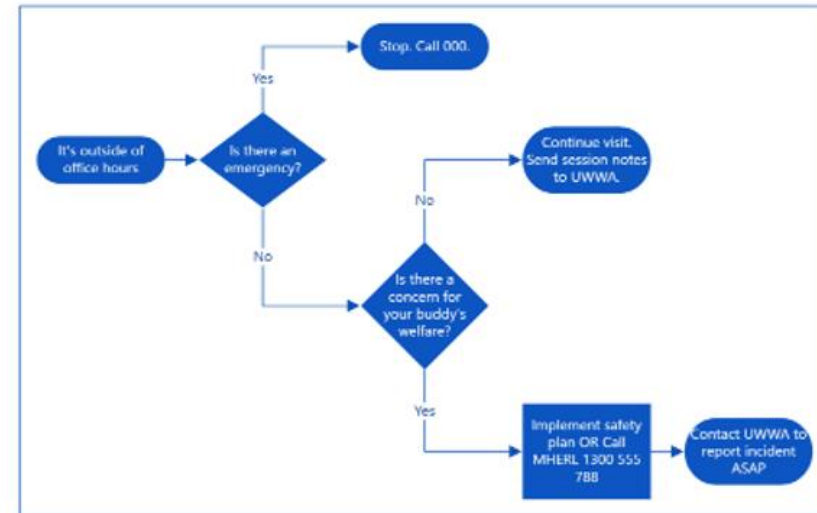
2. For general advice, and support, and to discuss concerns you may have for your buddy, contact **Mental Health Emergency Response Line (MHERL) on 1300 555 788.**

[https://www.mhc.wa.gov.au/getting\\_help/help\\_lines/mental\\_health\\_response\\_line/](https://www.mhc.wa.gov.au/getting_help/help_lines/mental_health_response_line/)

3. This service is free, and available 24/7. It is highly encouraged that you contact this service for any support outside of normal business hours, if you have concerns for the welfare of your buddy.
4. Once this is completed, ensure you take steps to manage your own self-care and debrief with a family member or significant other to support your own mental health. Please ensure you maintain your buddy's privacy and confidentiality as you do this.
5. As soon as possible, compile a written summary of your concerns and email to United Way WA, or call UWWA during office hours at the earliest opportunity. Please use the incident report template below to assist with collecting your thoughts. United Way WA may request that you assist them to compile an incident report, which may require further details from you. This will be done sensitively, so as not to cause further trauma.
6. United Way WA will work alongside you, your buddy, and your buddy's referring agency (or mental health case worker) to review your concerns and put a plan in place for the safe continuation of your buddy partnership.
7. Continue to monitor your own wellbeing. If any signs of trauma or distress arise for you, ensure UWWA is aware, and work with the team to plan steps for supporting your wellbeing.



### Decision Tree diagram



### Signs of Trauma

Following a frightening or distressing event it is normal to develop strong reactions for a short period of time, but these should begin to reduce after a few weeks. These after-effects can exhibit as physical, mental, emotional and behavioural reactions and aren't always immediately detectable. Please take the time to roughly familiarise yourself with the signs, as there are many things you can do to cope with and recover.

<https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/trauma-reaction-and-recovery>

Make sure to seek professional help if you don't begin to return to normal after three or four weeks.

### Conflict warning signs

When engaging with people who come from or are still dealing with complex mental health situations, it is important to remain calm while protecting both your own safety and that of the people around you. One of the best ways you can do this is by noticing the early warning signs of rising conflict and acting to either deescalate the situation before it starts, or by removing yourself and potentially your buddy (if it is safe to do so) from the situation.

A few warning signs to look out for are:

- Clenching fists, tightening, and untightening of jaw
- Sudden change in body language or tone during a conversation
- Pacing or increase of fidgeting
- A change in type of eye contact
- "Rooster Stance" – chest protrusion, arms slightly away from the body
- Disruptive behaviors – Such as yelling, bullying, actively defying or refusing to comply with rules.

### What to do if you do notice one or more of these signs?

- Remain calm
- Become aware of your environment (e.g. people, objects, entrances and exits)
- Ensure your body language is non-threatening
- Make personal connection
- Listen to the person's concerns
- Shift the conversation
- If possible, remove yourself and your buddy from any inciting situation

For a more detailed understanding of de-escalation methods, please take a few minutes to read over this article.

<https://hsi.com/resources/conflict-de-escalation-techniques>

### Be safe, but also kind

Many people who come through the REC program have not had the opportunity to learn to regulate their emotions effectively or have suffered some trauma that has made regulating difficult.

This means that some situations will require you to model the best way to deal with potential problems. It doesn't mean that inappropriate behaviour is acceptable, but it does mean that we should be compassionate of these challenges when helping to redirect the flow of a potential conflict.







### Incident Report Summary Template

WHO was involved:	
WHERE did the Incident occur:	
WHEN did the incident occur, date, time of day and duration:	
WHAT occurred, describe the event from beginning to end:	
WHAT was the outcome, or action taken after the event:	
Notes, any other important information:	



## APPENDIX 6: REC MONTHLY ONLINE VOLUNTEER SESSION NOTES DATA COLLECTION FORM

**\*Required**

**Q1. Volunteer (Your) Name \***

**Q2. Your Buddy's Name \***

**Q3. How many meets did you have with your buddy this month? \***

<input type="checkbox"/> 0
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5+

**Q4. What types of activities have you engaged in with your buddy? \***

**Q5. Where do your buddy meets usually happen? \***

<input type="checkbox"/> On the phone
<input type="checkbox"/> Local Park
<input type="checkbox"/> Local Library
<input type="checkbox"/> Local Café
<input type="checkbox"/> Other (add text)

**Q6. Did any issues or concerns arise during your buddy meets this month?**

**Q7. Do you have a good news story from this month that you'd like to share (with consent)?**

**Q8. What do you have planned for your next month of buddy meets?**

Thanks for your time! If you have any questions or feedback, please contact us [volunteer@unitedwayway.com.au](mailto:volunteer@unitedwayway.com.au)

## APPENDIX 7: LIST OF REFERRING ORGANISATIONS

- St Bart's
- St Pat's
- RUAH
- Foundation Housing
- Perth Inner City Youth Services
- HOPE Inc
- Passages Perth
- RSLWA
- 55 Central
- Complex Connect Needs
- Homeless Health Care
- UWWA (internal transfer)
- Neami National
- Ngatti House
- Palmerston
- Pat Giles
- Perth Homeless Support Network
- PWC
- RISE
- The Salvation Army
- Employment for Power (E4E)
- Right to Work (RTW)

## APPENDIX 8: VOLUNTEER SURVEY

The following was sent out to all volunteers involved in the Re-engaging in Community Program via Qualtrics online survey:

**Q1. How did you first hear about REC?**

--

**Q2. Have you been involved in volunteering in the past?**

Yes (please give us the organisation name)
No

**Q3. What types of activities have you undertaken with the REC participant/buddy you support? (Tick all that apply)**

<input type="checkbox"/> Meeting for coffee, casual chat
<input type="checkbox"/> Explored potential interests/hobbies
<input type="checkbox"/> Mentoring
<input type="checkbox"/> Outdoor casual activities
<input type="checkbox"/> Indoor casual activities
<input type="checkbox"/> Participated in existing community led activities
<input type="checkbox"/> Participated in community sporting/social clubs
<input type="checkbox"/> Other (add text)

**Q4. Please tick the modules of training that you have undertaken while volunteering with REC.**

<input type="checkbox"/> Befriends Relationship Training
<input type="checkbox"/> Ruah Trauma Informed Practice
<input type="checkbox"/> United Way WA Induction (Safety)
<input type="checkbox"/> Mental Health First Aid
<input type="checkbox"/> Befriend Coaching (Peer)
<input type="checkbox"/> No training

**Q5. Have you undertaken any other training with another organisation that you have found relevant to the REC program?**

Yes (please give us the name of the training module you undertook)
No

**Q6. Do you feel you were well prepared through the training received from REC, for your role as mentor/buddy?**

Definitely yes
Probably yes
Probably not
Definitely not
No answer

**Q7. Do you have any further comments about the training you received?**

--

**Q8. Do you feel you were well supported as a volunteer by REC, in your role as mentor/buddy?**

Definitely yes
Probably yes
Probably not
Definitely not
No answer

**Q9. Do you have any further comments regarding being supported as a volunteer?**

--

**Q10. We are interested in capturing the learnings of volunteers involved in this program. (Please tick all that apply, since being involved in the program)**

<input type="checkbox"/> I have a better understanding of the challenges of homelessness and re-housing e.g. social stigma, social isolation, loneliness
<input type="checkbox"/> I have a better understanding of the mental health challenges that may affect participants.
<input type="checkbox"/> I have found community activities/groups to be generally welcoming to my participant/buddy.
<input type="checkbox"/> I have found there is a lack of community-based activities suited to my participant/buddy.
<input type="checkbox"/> I have found there are financial impediments to my participant/buddy taking part in activities.
<input type="checkbox"/> I have enjoyed assisting my participant/buddy to reengage in community.
<input type="checkbox"/> I have enjoyed taking part/introducing my participant/buddy to new activities.
<input type="checkbox"/> I would recommend this program to others who wish to volunteer
<input type="checkbox"/> Please add comments if you would like to elaborate on any of the above points

**Q10. Continued - Please add comments if you would like to elaborate on any of the above points**

--

**Q11. Can you provide a brief example of how this program has helped or benefitted your participant/buddy and (if applicable) how you yourself has benefitted?**

--

**Q12. Do you have any suggestions for improving the Re-engaging in Community program in the future? E.g. Further training around the challenges of homelessness, housing, mental health.**

--

**Q13. Do you have any further comments about the Re-Engaging in Community program?**

--

## APPENDIX 9: LIST OF USEFUL CONTACTS PROVIDED TO REC VOLUNTEERS

Meals in Perth		
Perth City Church of Christ	6114 2039 Fri: 5:30pm-8pm, Sat 6-8pm, Sun: 10am-12pm	23/7 Aberdeen St, Perth
Red Cross	9225 8888 Mon-Fri 9am- 4pm (Google)	110 Godreich St, Perth

Food Hampers		
Hope Inc	94275013 / 0480109016 Tues and Fri, 10am – 3pm	142-146 Beaufort Street, Perth
Riverview <i>Client is required to make a booking to obtain a woolies or Coles voucher</i>	94160000 Mon, Wed, Thurs 9am-1pm Tues 9am- 1:30pm	1 Thorogood St, Burswood & 116 Winton Rd, Joondalup
Uniting WA	1300 663 298 Mon- Fri 8:30am-4:30pm	10/5 Aberdeen St, Perth

Accommodation		
Crisis Care Helpline	1800 199 008 or 9223 1111 24 hours, 7 days a week	

Mental Health		
Lifeline WA	13 11 14 (24/7 crisis support)	7 Aberdeen St, Northbridge Mon- Fri, 9am- 5pm
Suicide Call Back Service	13 11 14 24 hours	
Mental Health Emergency Response line	1300 555 788 24 hours	
Domestic Violence Support	1800 RESPECT 1800 737 732	<a href="http://www.1800respect.org.au/">http://www.1800respect.org.au/</a>

Drug and Alcohol		
Parent and Family Drug Info Support Line	08 9442 5000 24 hours	
Shalom (male only)	0488 661 725 9am -4pm	Midland
Esther Foundation (female)	(08) 6298 0223	

	9am – 5pm	
Cyrenian House	9328 9200 Mon & Thurs 9am – 8pm Tues & Wed 9am – 5pm Fri 9am – 4.30pm	318 Fitzgerald Street, Perth
Palmerston Perth	9328 7355 Mon & Tue 9am- 5pm Wed & Thurs 9am – 8pm Fri 9am-5pm	134 Palmerston Street, Perth
Harry Hunter	9398 2077 24/7	2498 Albany Hwy, Gosnells
Next Step Drug and Alcohol Services	9219 1919 Mon, Tue, Thurs, Fri 9am – 4pm Wed 8am – 3pm	32 Moore St, East Perth

Emergency Relief		
Vinnies	1300 794 054 9am – 1pm	
Uniting WA	1300 663 298 Mon- Fri 8:30am-4:30pm	10/5 Aberdeen St, Perth
Riverview <i>Appointments need to be made</i>	9416 0000 Mon, Wed & Thurs 9am-1pm	1 Thorogood St, Burswood
Victory Life Centre	9202 7111 Mon- Fri 8:30am- 4:30pm 0417 977 058 – after hours	1 Neil St, Osborne Park
Salvation Army	9260 9500	333 William Street, Northbridge

Free Financial Advice		
National Debt Helpline	1800 007 007	
Anglicare Financial Counselling	1300 114 446 Mon- Fri 8am-5pm	Armadale Lotteries House, Suite 5/122 Forrest Road, Armadale



Other Drop- in Services		
Tranby (18+)	1300 663 298 Mon-Fri 7am- 2:30pm Sat 7am-12pm Sun 12am-5pm	10/5 Aberdeen Street, Northbridge
Ruah Centre (20+)	13 78 24 Mon - Fri 8:30am- 2pm (Closed public holidays)	33 Shenton Street, Northbridge
The Shopfront	9371 9109 Mon-Fri 11am-1pm	59 John St, Bentley
Passages (Youth 12- 25)	9228 1478 Mon- Thu 9am-12pm, 1-4pm Fri 9am- 1pm	143 Edward St, Perth
Jacaranda	94774346	146 Epsom Ave, Belmont
HALO Team Inc	9586 2245 Mon-Fri 9am-4pm	3 Gibson St, Mandurah

Adult/ Individuals		
55 Central	9272 1333	55 Central Ave, Maylands
The Beacon	9492 71001	9 Aberdeen Street Northbridge 6004, Perth

Males Only		
St Barts (18+) (Need referral)	9323 5100	7 Lime St, East Perth
St Pats, Housing services (18+) <i>Assessment interview required</i>	(08) 6372 4835	12 Queen Victoria Street, Fremantle

Families		
Indigo Junction	9274 5382 or 9250 5256 Mon- Fri 8:30am-4:30pm	53 Great Northern Hwy, Midland
St Barts Family Support Accommodation	9323 5100 Mon- Fri 9am-4pm	7 Lime St, East Perth
Centrecare Family Accommodation	08 9325 6644 Mon & Fri 9am-5pm Tue- Thurs 9am-8pm	456 Hay Street, Perth
Anglicare Family Accommodation	9394 9200 or 9528 0735	1/2232 Albany Hwy, Gosnells

Youth Service		
TINOCA (15-19 y/o)	9307 4520 24/7	70 Davidson Terrace, Joondalup
PICYS (16-25 y/o)	9388 2791 Mon- Fri 9:00am-5:00pm	22 Blencowe St, West Leederville
Holyoake Victoria Park	9416 4444 Mon & Fri - 9:00am - 5:00pm Tue-Thu 9:00am-8:00pm	75 Canning Highway, Victoria Park
Mission Australia	9225 0400	275 Abernethy Rd, Cloverdale
Y- Shac	9523 3400 - Rockingham 9412 0673 - Spearwood	
Ebenezer (homeless youth accommodation)	9440 1736 Mon-Fri 8am-4:30pm	Girrawheen WA
Indi House	9274 1611	
Anglicare Housing - YES! Housing (15-25 y/o)	9263 2009	
Uniting WA	1300 663 298 Mon- Fri 8:30am-4:30pm	10/5 Aberdeen St, Perth

Women's Refuge		
RUAH - Harmony Place (women with children)	9227 6616	
Kambarang 18+ (no children)	9328 7562	
Byanda (women and children)	9328 7284	
Nunyara (women without children)	9328 7284	
Zonta House (18+)	1800 870 149	
Rebecca West House	9300 0340	
Kira House (18-)	0408895613	

Youth Service		
TINOCA (15-19 y/o)	9307 4520 24/7	70 Davidson Terrace, Joondalup
PICYS (16-25 y/o)	9388 2791 Mon- Fri 9:00am-5:00pm	22 Blencowe St, West Leederville
Holyoake Victoria Park	9416 4444 Mon & Fri - 9:00am - 5:00pm Tue-Thu 9:00am-8:00pm	75 Canning Highway, Victoria Park
Mission Australia	9225 0400	275 Abernethy Rd, Cloverdale
Y- Shac	9523 3400 - Rockingham 9412 0673 - Spearwood	
Ebenezer (homeless youth accommodation)	9440 1736 Mon-Fri 8am-4:30pm	Girrawheen WA
Indi House	9274 1611	
Anglicare Housing - YES! Housing (15-25 y/o)	9263 2009	
Uniting WA	1300 663 298 Mon- Fri 8:30am-4:30pm	10/5 Aberdeen St, Perth

Women's Refuge		
RUAH - Harmony Place (women with children)	9227 6616	
Kambarang 18+ (no children)	9328 7562	
Byanda (women and children)	9328 7284	
Nunyara (women without children)	9328 7284	
Zonta House (18+)	1800 870 149	
Rebecca West House	9300 0340	
Kira House (18-)	0408895613	

