‘Whose responsibility are they?’ What is the role of social work in safeguarding people experiencing multiple exclusion homelessness who self-neglect?

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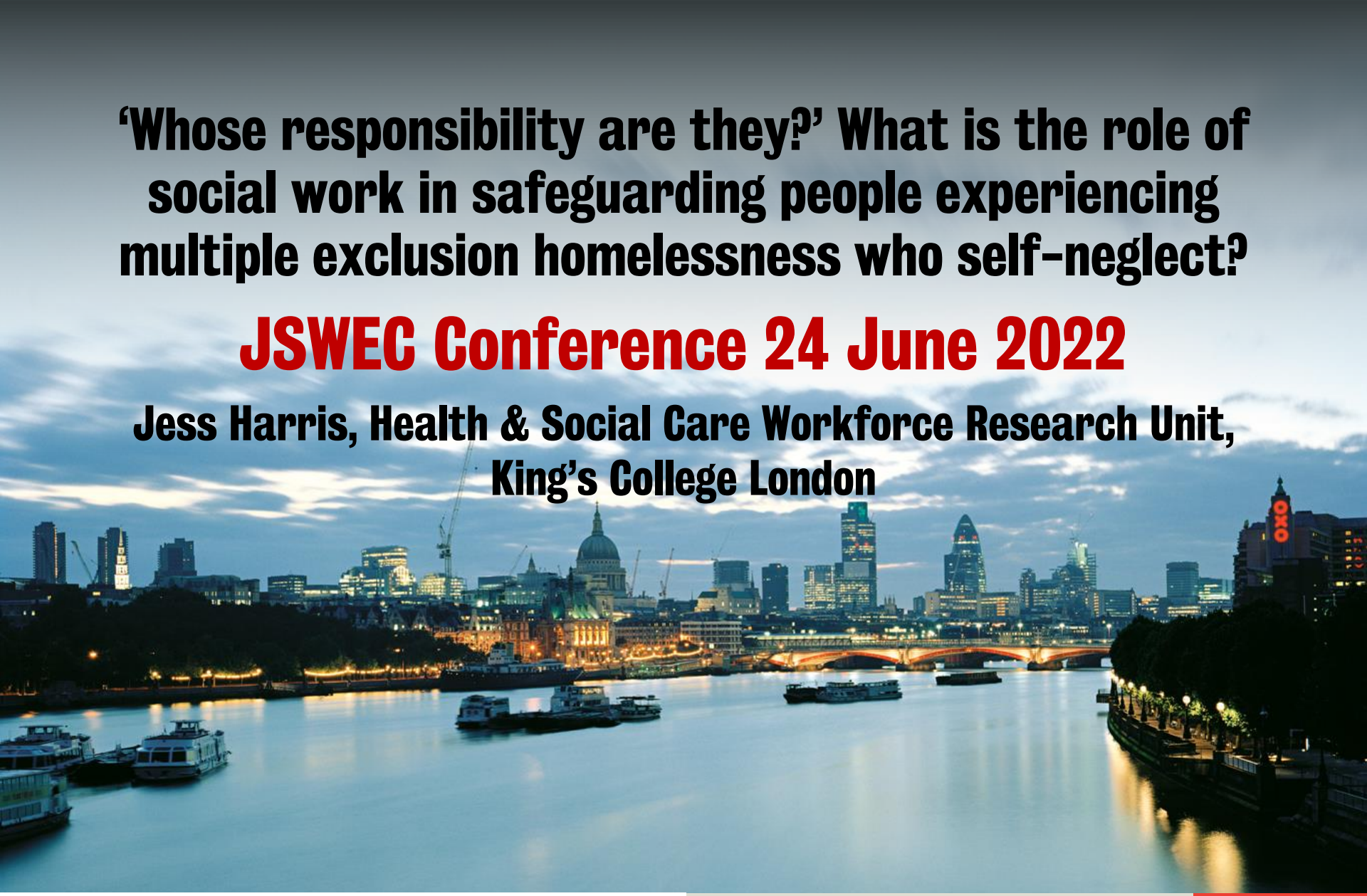
Jess Harris, Health & Social Care Workforce Research Unit,
King’s College London



NIHR | Policy Research Unit in Health and Social Care Workforce

King’s College London

Study outline: 2019 – 2022

Title: 'Opening the 'too difficult box': Strengthening Adult Safeguarding responses to homelessness and self-neglect'

Aim: Explore how self-neglect is experienced by people who are homeless, particularly at the intersection with substance misuse and other forms of social exclusion (**multiple exclusion homelessness**), and how this might be addressed through **strengthening adult safeguarding responses**.

Website: www.kcl.ac.uk/research/homelessness-research-programme

Study context: why focus on Adult Safeguarding?

Learning from Safeguarding Adult Reviews (SARs) featuring deaths of people experiencing multiple exclusion homelessness (MEH):

- Failure to see and name 'self-neglect' within MEH.
- Chronic alcohol or drug use seen as a 'lifestyle choice' even when mental health problems and trauma part of picture.
- Failure to see situation in terms other than 'primary' issue of housing; can lead to lack of assessments: Care Act, Mental Capacity Act and Safeguarding.

Study methods: three strands

1. **Primary data collection (qualitative)**
   - 22 initial interviews with social workers (vignettes).
   - Focus groups with Experts by Experience.

   In study sites:
   - 60 interviews with practitioners across services.
   - Face to face interviews with people who are homeless.

2. **Communities of Practice**
   - Reported Jan 2022: doi.org/10.18742/pub01-075

3. **Economic analysis and modelling**

Study progress: where are we now?

- **Still analysing wealth of data and themes:** attitudes; ownership; approaches; structures; governance; commissioning; workforce issues; austerity; collaboration and antagonism between services; good practice – systematic or individual; approaches inside and outside safeguarding structures; and more…
- **Today presenting 'emerging findings' from two sets of interviews: what did social workers report about social work's role in safeguarding and working with people experiencing MEH?**

1. Interviews with social workers using vignettes

- Recruited online; **no mention of homelessness**:

  'If you're a social worker with an interest in 'self-neglect' we'd like to invite you …'

- **22 participants** based in wide range of roles and settings; range of years of practice and seniority.

- **Aim:** draw out attitudes and approaches to safeguarding people who are homeless by comparing responses to **two *almost* identical fictional scenarios featuring severe self-neglect**, one featuring dementia; the other a **history of homelessness and drug use**.

What emerged from vignette interviews?

Commonalities between vignette responses:

- Fantastic **person-centred approaches** to self-neglect.

Differences between vignette responses:

- Relationship between **homelessness and adult social care** and how this might impede working:

'Homelessness isn't seen as part of the social care umbrella unfortunately … whatever social care needs they may have is very much at the last thing on that list … if you're homeless you are Housing's problem.' **V3B**

What emerged? Safeguarding not always 'working'

Safeguarding referrals can be just 'going through motions' if homelessness isn't 'part of the social care umbrella':

'He is a danger to himself - it is self-neglect … he has been in and out of hospital I think it was ten times … We do our assessments, because we have to be driven by the Care Act 2014 … the outcome of the Adult Social Care assessment is that he's been referred to Housing … his primary need is homelessness.' **V18A (unquestioning)**

'When we make referrals for safeguarding, we quote the Care Act and we quote all the risks and the vulnerabilities. Nine times out of ten it comes back `Not going to a Section 42, no real investigation', which is quite sad really because those individuals are really vulnerable … They have left that risk and not done anything because that person is 'difficult' … usually safeguarding doesn't go anywhere.' **V17B (questioning)**

What emerged? Structural barriers

(familiar) Barriers to working with MEH:

Siloed working rather multi-disciplinary team:

'If this referral came in and they saw heroin and crack addiction, straight away they would say `It's the Street Drugs and Alcohol Team', and then they'll go on to the homelessness, `It's not us, it's the Homeless Team', and then later on: `Oh, and she's in depression, it's not for us it's the Mental Health'. **V1B**

Approaches rarely configured for long term work:

'Social work now has a formalised process, sometimes tick boxes aren't applicable for the people we deal with; their story or journey has been so horrendous that we're not going to expect change in that amount of time.' **V4A**

What emerged? Uncertainty with the Care Act

(less familiar) Barriers to working with MEH:

What should prompt an adult safeguarding response under the Care Act 2014?

'The safeguarding process is very much based on that 'care and support need' which I don't necessarily think is a completely accurate reading of the Care Act … [if] *you're homeless then that is seen as not Adult Social Care's issue …* [If] *Jane was an exceptionally abused child it just changes, she hasn't got a care need but she's probably got a support need … that's a lot more intangible … Adult Social Care would lose their minds around that I think because they already have an extensive workload.'* V6A

What emerged? Any local responses to MEH?

No: gaps in service responses contribute to cycle of repeat crises, service contact and homelessness:

'Adult Social Care, they're very geared up that people are allowed to make unwise decisions … 'case closed' because they have capacity and they have a roof over their head … they'll be kicked out again because there's no change; they're back on the street.' V4A

Yes: new multi-disciplinary responses; after learning from local deaths and SARs nationally:

'There's been a case of somebody who died … after that they identified I think about 100 cases … they formed this team … to support the person, whether it's housing, whether it's personal care, whether it's support with drug and alcohol rehabilitation, people cannot just be left in the streets.' V9B

Summary from initial Vignette interviews

- ✓ Tenacious, compassionate attitudes and (described) approaches to working with people experiencing MEH (from social workers with a declared interest in self-neglect).
- ✓ (Few) emerging good practice multi-disciplinary models.
- ✗ But, reports of barriers in attitudes and systems and uncertainty and inconsistency re social work and MEH:
  - Homelessness isn't part of social care 'umbrella'?
  - Homelessness doesn't 'fit' Safeguarding?
  - Housing is the 'primary need': needs are sequential?

We raised these issues in interviews in study sites…

2. Interviews with practitioners in study sites

- **60 interview participants across study sites: three Safeguarding Adults Boards (SABs) = six local authorities (LAs):** Social workers, SAB members, homelessness workers, safeguarding leads in LAs and NHS, police, probation, housing.
- **Included 20 social workers:** team managers, adult safeguarding leads, SAB chairs, principal social workers, NQSWs, homelessness outreach roles.
- **Focus today: Messages from social workers about current attitudes and practice and suggestions for improvement.**

Study focus: SHIFTING…

Explore how self-neglect is experienced by people who are homeless, particularly at the intersection with substance misuse and other forms of social exclusion (multiple exclusion homelessness), and how this might be addressed through **strengthening adult safeguarding responses**…

<u>and</u> day to day multi-disciplinary approaches.

What emerged from interviews in study sites?

Again, inconsistent picture of whether social work 'works' with homelessness: based on individual passion rather than systematic?

'We do try and do that, that's why we link up with some of the temporary accommodation … I've got a bit of a passion for people who are homeless … other areas, it doesn't hit their radar because they don't see it as their issue.' **NSW1 Team Manager**

However, signs of progress rather than static:

'I can see now we are starting to work with those people that historically I would not have been able to get through Adult Social Care's doors.' **NSW3 Principal Social Worker**

What emerged from interviews in study sites?

Examples of working with homelessness - holding cases under the radar:

'When we get a homeless person or substance misuse person coming through the system … social workers say 'lifestyle choice' or … `can't really assess his needs because he's living on the streets, he's told us to cart off so it's a non engagement' … I'm a bit naughty really because I probably keep cases open that I shouldn't … just carry on as much as I can.' SSW5

'The only way I can do it is to allow my staff the flexibility to keep chipping away at cases as long as they need to … I have to tell a few porkies with senior management.'
SW2 Team Manager

What emerged from interviews in study sites?

For some, desire for greater social work role working with homelessness: 1. Supporting homelessness staff

'Some of the skills that we have, as Social Workers are really useful … we can support people, but we can do that potentially alongside people who have … understanding of working with people who are currently experiencing MEH, because actually those people could be far more relatable … we're not always the most appropriate people to engage with the adult, but we can still provide people with that support and that knowledge and that's part of what we should be doing.' **SS1 Principal Social Worker**

What emerged from interviews in study sites?

For some, desire for more social work roles working with homelessness: 2. Informed social work outreach

'If you make a referral to Adult Social Care a social work assistant, so not a qualified worker, calls the person … that immediately sees off most of my clients because either they don't answer the phone or … if they get a phone call saying 'tell us about your continence issues' they're going to be like `No, I'm fine…', and then it's `Ok, close that one, doesn't want any support.' … That's been so frustrating that I try and do as much as possible … saying `Don't do your phone call please, this person needs a full assessment by a qualified social worker.' **LF2 Mental Health Outreach Social Worker**

What emerged from interviews in study sites?

Specialist social workers: found few examples

- eg: Adult Social Worker; line manager is Homelessness Team Rough Sleeping Coordinator; clinical supervisor is Adult Social Care Service Manager:

'I'm split between the two teams but I do sit firmly within Homelessness Service, but my relationships with my Adult Social Care colleagues are really important, and ones I really value. And my role is as a typical social worker in that I have a caseload, I complete statutory duties under the Care Act but also non statutory duties, more early intervention.' **LSW2**

- Combines both roles outlined previously: carrying out assessments on the street and in homelessness settings plus early advice and support, and supporting colleagues.

What emerged from interviews in study sites?

Specialist social workers: early reports of success

'Things have really improved since [name]*'s been around,* [name]*'s really, really committed … it works when you've got somebody who's specialist rather than generic, and I think sometimes that social workers, we've got generic knowledges about a lot of things and our bread and butter work is lots to do with older adults … we don't do outreach or go out there so I think we sometimes need the expertise of the people on the ground.'* LSW6

What emerged from interviews in study sites?

Specialist social workers: emerging success factors

- Skills, specialist knowledge and passion for working with MEH.
- Outreach as standard; based alongside homelessness workers.

'It's not quick and easy work … you can put in place the best structures in the world but the people working within them are going to be important … it's going to be down to those individual skills … in **[LA]** ***I'm sure their specialist social workers were sat within voluntary organisations … that step removed from Adult Social Care, which I think worked very well.'*** **NSW4 Principal Social Worker**

Questions for the social work profession

<u>How</u> might social work education and practice develop and support these isolated roles?

- Specialist roles in multi-disciplinary homelessness teams; carry out Care Act, Mental Capacity, Safeguarding assessments; earlier intervention to reduce crisis escalations and repeat referrals to generic teams; bridge building by combining cultural perspectives.

<u>Why</u> develop and support these roles? Human rights and equality arguments plus the prevention agenda:

'This generation of homelessness people are going to become your long-term residential nursing care if you don't do something to prevent that … I've done a couple of papers now for my AD; I need some support to prevent this happening.' **SSW2 Team Manager**

Resonance with new NICE Guideline

NICE Guideline on **'Integrated health and social care for people experiencing homelessness'** (March 2022) raised the profile of social work role in homelessness teams:

1. **Homelessness multidisciplinary teams** should act as expert teams, providing and coordinating care … **may include social workers** (p16).
2. **Where a social worker is embedded in the homelessness multi-disciplinary team** … **consider appointing them to lead on safeguarding** enquiries about people experiencing homelessness (p29).

However: No effectiveness 'evidence'; based expert testimony.

www.nice.org.uk/guidance/ng214

Next steps for the study team

- **Additional focus late 2022:** evidencing the impact of homelessness specialist social workers.
- **Hold initial event October 2022**: for homelessness social workers; with Chief Social Worker for Adults, Lyn Romeo and Ruth Allen, CEO, BASW; to explore, develop and support (CPD and peer) the role eg national network / Community of Practice / BASW Thematic / Special Interest Group…
- **Your ideas?**

HSCWRU Homelessness Seminar Series: all study findings

www.kcl.ac.uk/events/series/homelessness-series

Thanks

Research Team: Michelle Cornes, Michela Tinelli, Jess Harris, Stephen Martineau, Bruno Ornelas, Jill Manthorpe, Stan Burridge, Jo Coombes

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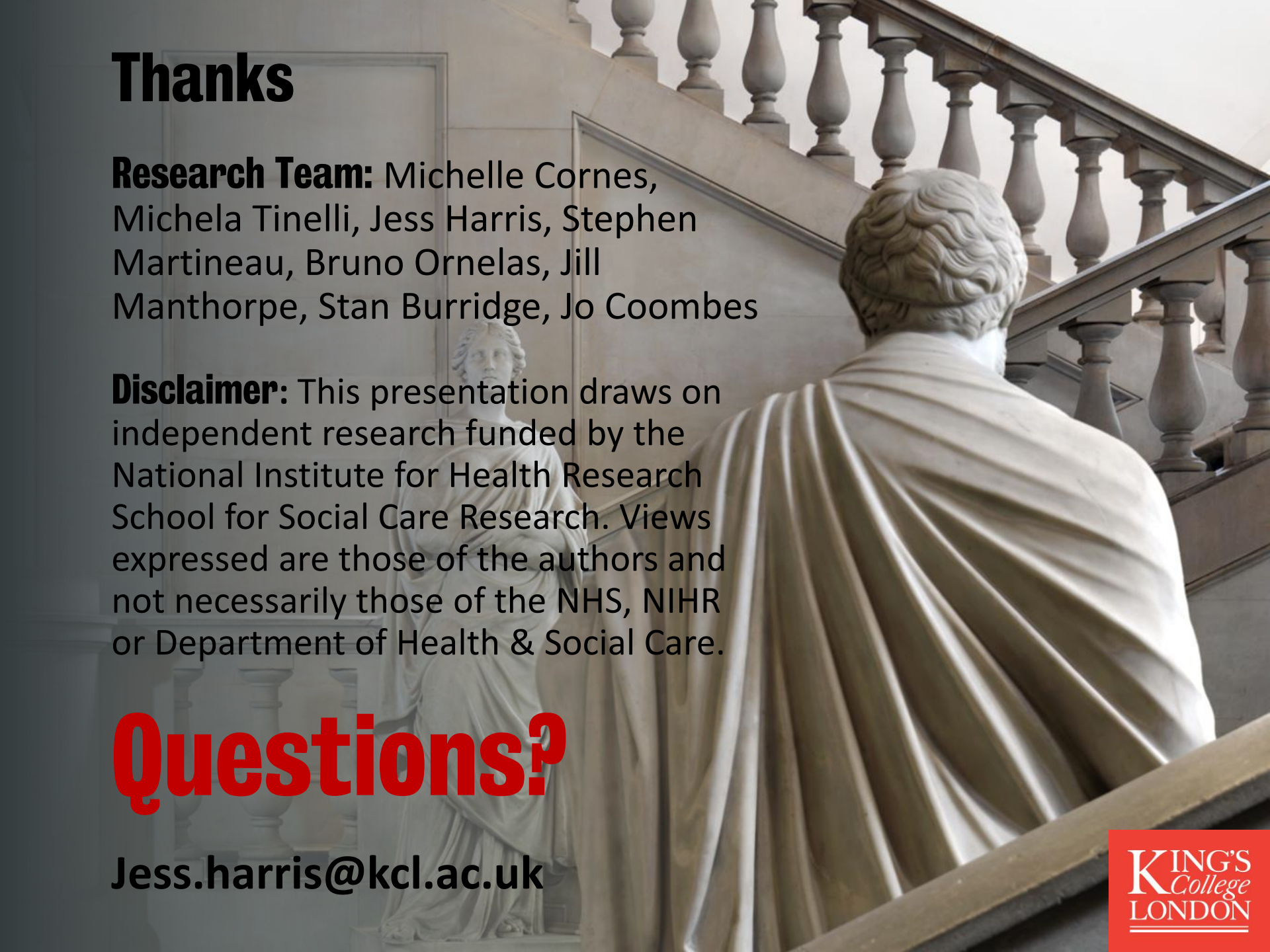
Questions?

Jess.harris@kcl.ac.uk



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