

Social Work & Homelessness

Emerging messages from a national study of homelessness, self-neglect & safeguarding

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Background **to the study**

National research study: 2019 – 2022

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

Funder: National Institute for Health and Care Research (NIHR) School for Social Care Research (SSCR).

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 safeguarding responses**

... including those **outside formal adult safeguarding**

... and in **day to day multi-disciplinary practice.**



Common thread/focus here: the social work role.

Study context: **why focus on Adult Safeguarding?**

- Mean age at death: 45.9 years men; 41.6 women.

Office for National Statistics, 2021, Deaths of homeless people in England and Wales: 2020 registrations

Prior 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 ill health and trauma part of the picture.
- Failure to see situation in terms other than 'primary' issue of housing; can lead to lack of assessments: Care Act 2014, Mental Capacity Act and Safeguarding.

Study methods: **three main strands**

1. **Primary data collection (qualitative)**

- Interviews with 82 professionals (homelessness, safeguarding leads in local authorities and NHS, police, probation, housing; 42 social workers: SAB chairs, NQSWs, principal social workers, homelessness roles).
- Interviews or focus groups with 30 people experiencing Multiple Exclusion Homeless and Experts by Experience.

2. **Communities of Practice in three study sites**

(3 Safeguarding Adults Boards = 6 Local Authorities):

- Reported Jan 2022: doi.org/10.18742/pub01-075

3. **Economic analysis and modelling:** reviewing SARs to compare 'un-met needs' with 'met needs' scenarios.

Emerging study findings

Safeguarding not 'working' for MEH

Safeguarding often seen as inaccessible: referrals can be just 'going through motions' or 'covering our back'; there may be a slow or no response; usually no assessment or investigation:

- Homelessness doesn't 'fit' Safeguarding, even when self-neglect:

'We had a response that came through stating that `We don't accept safeguarding referrals for individuals who are rough sleeping.' LS5 Rough Sleeping Coordinator

- Housing is the 'primary need'; needs are sequential:

'He is a danger to himself - it is self-neglect ... he has been in and out of hospital I think it was ten times ... the outcome of the Adult Social Care assessment is that he's been referred to Housing ... his primary need is homelessness.' V18A Social Worker

- Unclear if homelessness is part of the adult social care 'umbrella':

'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.' V3B Social Worker

If homelessness isn't part of social care 'umbrella'...

IMPLICATIONS? For professional attitudes; service structures; training; understanding and responding to the complexity of MEH:

- Can lead to inappropriate service responses and generate frustration from homelessness services:

'There just does need to be something which is more proactive, something which is more systematic, something which provokes an Adult Social Care Team to say: These third sector employees ... are going out, day in day out ... We're sitting in our offices and tapping away saying, Sorry, they don't meet our thresholds, sorry we're not going to do a Care Act assessment, sorry, we're not going to do a Capacity Act assessment, and that's wrong, that's really wrong.' LF4 Rough Sleeping Coordinator

'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 Worker

Exploration of SW professional attitudes (by SWs)

■ Issues of 'choice' and blame:

*'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.'* SSW5 Social Worker

*'Social Workers wouldn't have great knowledge of trauma informed practice ... that's part of the reason why, in terms of eligibility decisions, they're very crudely made I'd say, you either meet the criteria or you don't ... we wanted a different approach because of the high level of risk and then **acknowledgment that people, they weren't to blame for the circumstances they ended up with ... there is a lot of stereotyping I think still and negative labelling** ... We now have an opportunity to change the way we work ... **all Social Care should be practicing in a positive way that includes everyone.**'* NS5 Social Work Service Lead

Exploration of SW professional attitudes (by SWs)

- **Issues of 'fit' with the support and services on offer:**

*'There are very complex circumstances that lead to people rough sleeping and there's a high likelihood that they would fall under the Care Act ... I don't think it's necessarily just that Adult Social Care are just, 'Oh they're homeless, they aren't our problem' but ... **they don't necessarily fit well into the statutory framework, so therefore I don't think it's just apathy on behalf of the workers but also a knowledge that there isn't actually much we can offer.'** LSW2*

Homelessness Social Worker

*'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 X] 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 ... ASC would lose their minds ... they already have an extensive workload.'** V6A Social*

Work Manager / Previously Safeguarding Lead

- **Stretched services and gaps in commissioned support.**
- **Do we evidence those support gaps if we anticipate them, and so fail to assess and to identify any un-met needs?**

A wealth of good practice: but not systematic

- **Compassionate attitudes and tenacious, good practice approaches** to working with people experiencing MEH; some under explicit policies and some under the radar; **often dependent on individuals** (frontline and managerial):

'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 Social Worker

'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

However, signs of broadening the social work 'umbrella':

'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

How to improve system support for MEH?

- **Widespread call for specialist Homelessness Social Work:**

'A Social Worker to go into a hostel ... once a week, look at what you're dealing with, see if there's any doors that you can open, and then it saves the Third Sector doing a clearly inappropriate referral ... it would have to be people that really took homelessness seriously ... very much of the mindset that it's an individual that needs support, not it's an individual that's 'made their own bed so lie in it', and we do get that, and I hate it... That would be ideal, a small specialist team.' SF4 Homelessness Service Coordinator

'Each team should have a Champion ... we used to have a Mental Health Champion ... [but not] a Homeless Champion ... that's what I would like, I would go back full time tomorrow.' SSW5 Social Worker

'I would want it to be people that were experienced in this field .. that particular case worker or individual should have a better understanding ... that entrenched rough sleeper ... something tragic could have happened to them, they're very vulnerable, they can be manipulated ... Having somebody that could understand ... that's a really difficult thing to probably ask, isn't it?' NF3 Rough Sleeper Coordinator

Emerging evidence of successful practice

‘Things have really improved since [X]’s been around, [X]’s really, really committed ... it works when you’ve got somebody who’s specialist rather than generic ... Social workers, we’ve got generic knowledges ... we sometimes need the expertise of the people on the ground.’ LSW6 Senior Safeguarding Practitioner

‘Specialist social workers were sat within voluntary organisations ... removed from Adult Social Care, which I think worked very well.’ NSW4 Principal Social Worker

‘We have very good experience ... where Social Work is embedded in the team, so that’s made a dramatic difference.’ LO1 Rough Sleeper Team Manager

Factors for success of specialist SW role

- 👉 Skills, specialist knowledge and interest in working with MEH.
- 👉 Based in homelessness outreach teams, with social care links.
- 👉 Undertaking Safeguarding, Care Act 2014, Mental Capacity Act assessments, adapted to the circumstances of MEH.
- 👉 Offering timely advice, legal literacy, and links to risk sharing.
- 👉 Preventative work and earlier intervention to reduce crisis escalations and unnecessary/repeat referrals to other teams.
- 👉 Bridge building by combining cultural perspectives of homelessness outreach and adult social care.

*'It's not quick and easy work ... **people working within them are going to be important ... it's going to be down to those individual skills.**'* NSW4 Principal SW

Key roles for success (beyond assessments)

- **Advising / supporting the homelessness workforce:**

*'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

- **Bring statutory oversight to high risk cases:**

*'I don't necessarily believe that it should be Adult Social Care dominating ... it's useful to have a 'lead agency' in that someone who's got oversight, **someone who's got a statutory responsibility to have oversight and to be monitoring ... more facilitating a conversation.**'* LSW2 Homelessness SW

*'There should be some social work support to those services, an ability to share some and manage those risks ... I can see that gap, where I do think the Social Work teams are going to ... support the work the Homelessness Team are doing, just to **make sure that we're operating safe services.**'* NS5 Social Work Service Lead

Tensions for the specialist social worker role

- **Responsibility for bridge building by combining cultural perspectives (and double the admin):**

*'I'm trying to instil lessons I've learned from Homelessness which is the fast pace, the outreach ... but also the statutory duties, and it's just the balance ... trying to be there and just be present and be out on the streets or in the hostels ... Homelessness, there's so many people involved, there's just endless email trails, hundreds of emails a day, and then I have to copy all those emails onto Mosaic to show the conversation, and it's just so much bureaucracy, but it's important in its own way, but **trying to capture the ethos of homelessness but also the statutory duty of Social Care is a lot.**' LSW2 Homelessness SW*

- **Specialism can bring isolation and burnout:**

'It was a bit lonely before, sometimes caught between the expectations of mainstream ... services and the expectations of outreach workers.' LF2
Outreach Social Worker

Tensions for the specialist social worker role

- **Concerns specialism discourages wider ownership:**

*'If we were to ever say `yeah, there's a rough sleeping 'specialist' in our Adult Social Care Team ...' that to me is a massive point of failure because it means that you are solely reliant on that person always being around to do the work ... you're stunting the sharing of knowledge ... all of our Social Workers need to be able to know and do all of these things as a minimum, with then **the notion of a specialist ... that go to the conferences predominantly, those are the ones who are really keenly interested and they feedback that practice and those developments ... I want the Social Care team to be properly engaged.**'* LF4 Rough Sleeping Coordinator

- **Social work sharing – not taking all – the risk: ensure multi-agency working not experienced as a 'hand-off'.**

*'The problem for a lot of local authorities is **the fear comes from a hand-off culture which says 'Once this is a section 42 inquiry we don't have to do anything more with it, we hand it over to the local authority and it's their problem' ... Local authority staff get very defensive because they know that if they take that on, they are having to do a whole load of stuff that maybe they're not actually best equipped to deal with ... [we need] a commitment that any sharing around cases or people's lives would not be a hand-off.*** LS3 Director Adult Social Care

Implications for education, training, leadership?

- **Lack of focus within qualifying training**

'There wasn't any training specifically on my course about people who are rough sleeping or people who are homeless ... I don't necessarily think the answer is to have a lecture about homelessness or a day ... the only thing that they have in common is the fact they don't have a home but everything about them is different otherwise. ... Everybody comes to the table with certain experiences and histories, particularly when you're working in homelessness ... working in this field, in this job, has showed me ... I thought of trauma as someone who has a diagnosed PTSD ... I wasn't thinking about it as a universal lens to look at people through, and why they're making the decisions they're making, how we can work in a way that's sensitive to that ... I don't think it is as embedded in Social Work training.' LSW2 Homelessness Social Worker

- **Based in / outside ASC, need social work leadership**

*'It's a specialist area so it requires some specialist knowledge and specialist trainings ... a dedicated role for working with more complex groups because I don't think all social workers are up to that standard ... That then **requires a different kind of skillset and toolkit from a social worker ... as leaders it's how can we support that change ... because that's not easy to do.'** NS5 Social Work Service Lead*

National policy direction:
Social Work &
Homelessness

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NICE Guideline ‘Integrated health and social care for people experiencing homelessness’ (Mar 2022)

‘Homelessness multidisciplinary teams should act as expert teams, providing and coordinating care across outreach, primary, secondary and emergency care, social care and housing services ... may include social workers.’ (p16)

‘Where a social worker is embedded in the homelessness multidisciplinary team ... consider appointing them to lead on safeguarding enquiries about people experiencing homelessness. (p29)

National policy direction: **Social Work & Homelessness**

Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA) guidance note for Directors of adult social services: **'Care and support and homelessness: Top tips on the role of adult social care'** (July 2022)

'Early intervention and outreach work can help avoid a need for more serious interventions. Be as proactive as possible – use safeguarding preventative measures.' (p9)

'Consider jointly commissioning dedicated resource, in the form of specialist multidisciplinary teams, homelessness nurses or social workers, to provide in-reach support (in A&E for example), target interventions and meet the specific needs of this cohort. There is evidence that a more specialist response can deliver improved outcomes.' (p13)

National policy direction: **Social Work & Homelessness**

Rough Sleeping Strategy ‘Ending Rough Sleeping For Good’ (Sep 2022)

‘We will ensure new local **Integrated Care Systems (ICSs)** take account of the **health and social care needs of people sleeping rough**. (p14)

Many people sleeping rough ... **struggle to access the long-term care and support** (including through Care Act Assessments) that they need. (p76)

Social workers and social care staff play a hugely valuable role in supporting those that are experiencing homelessness ... Chief Social Worker’s office has committed to promote best practice guidance for engaging, assessing and providing support to someone experiencing homelessness including rough sleeping – to **ensure that social workers and social care staff are empowered to deliver the highest-quality care and, in turn, improving the experience and outcomes for those people in need**. (p93)

What next for Social Work & Homelessness?

How can policy, education, training and practice approaches support this role?

- Development and support (CPD and peer) via a national network, Community of Practice or a BASW Special Interest Group?
- Ensure social work qualifying curriculum includes relevant learning, eg within complex Safeguarding, Mental Capacity Act and Care Act 2014 assessments?
- Expand the offer of placements for social work students in homelessness settings nationally?
- Develop specialist training in homelessness social work as a respected area of advanced practice?
- Embed social workers long-term in homelessness teams in all areas – Adult Social Care (co)owned; not a ‘nice-to-have’ add-on when short term funding permits?
- **Your ideas?**

Study references

- **Article on initial social worker interviews:**
<https://doi.org/10.1093/bjsw/bcac180>
- **Communities of Practice (CoPs) Report:**
<https://doi.org/10.18742/pub01-075>
- **Webpage:** www.kcl.ac.uk/research/homelessness-and-self-neglect
- **Homelessness events series (more study findings to follow):**
www.kcl.ac.uk/events/series/homelessness-series

All documents open access / All events free to attend

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Questions?

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