Homelessness Social Worker Role: Challenges & Impact

HSCWRU Homelessness Event Series: webinar 20.7.23

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Outline

- **Background & context**
- **Findings from initial study**
- **Findings from follow up study**
  - **Different impacts & how to measure them**
  - **Tensions**
  - **Practicalities**
- **Policy & guidance context**
- **What next for the role?**
- **Questions, comments, experiences?**

Background to today: main research study

National research study (2019 – 2023): <u>Strengthening Adult Safeguarding responses to homelessness and self-neglect</u>.

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

Focus: To **explore self-neglect at the intersection of homelessness with substance use and other forms of social exclusion (multiple exclusion homelessness - MEH), and how this might be addressed through strengthening safeguarding responses** … including outside formal processes and in day-to-day practice.

Methods: interviews across six local authorities - talked to 82 professionals (homelessness, safeguarding (NHS & local authority), police, probation, housing; included 42 social workers (SWs) (SAB chairs, NQSWs, principal SWs, frontline, (incl only 1 permanent homeless SW role); also to 30 people with lived experience of MEH.

<u>**One central finding of study:**</u> **importance of the social work role.**

Background to today: 'added value' study

Small follow up study (2022 – 2023): [Evidencing the social work role within responses to multiple exclusion homelessness](#)

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

Focus: To **further explore the experiences, impact and support needs and development of the specialist homelessness social worker role** via interviews at sites where there is a developed focus on specialist homelessness social work and interviews with other homelessness social workers across England.

Methods: 20 interviews (17 social workers (specialist homelessness roles, non-specialist roles but working with homelessness, managers / supervisors of specialist roles); 3 non-social worker interviews: 2 line managers (in non-social work teams); 1 elected member (local authority councillor) lead for homelessness.

A short project report will follow ([check back here](#)).

Context: why focus on Safeguarding & MEH?

- **Mean age at death if homeless: 45.9 years men; 41.6 women.**
  Office for National Statistics, 2021, Deaths of homeless people in England and Wales: 2020 registrations

What is Multiple Exclusion Homelessness (MEH)?

- MEH describes the overlap between homelessness and other forms of deep social exclusion: **experience of 'institutional care', substance misuse, and participation in 'street culture' activities**:

  *'a distinctive and exceptionally vulnerable subgroup within the broader homeless population.'**

- A range of **factors and risks contribute** to people both *becoming* and *remaining* homeless, particularly 'street homeless', including **adverse childhood experiences, trauma, mental illness, acquired brain injury, autistic spectrum conditions and learning difficulties**.

- Past negative experiences of statutory services and of stigma and discrimination contribute to **service mistrust and deter people from seeking or accepting help**.

*Fitzpatrick, S., Johnsen, S. and White, M. (2011) 'Multiple Exclusion Homelessness in the UK: Key Patterns and Intersections', Social Policy and Society 10(4): 501-512. 10.1017/S147474641100025X

Emerging
Findings from initial study

For more, see [Social Work and Homelessness webinar 26.10.22](#)

Safeguarding not 'working' for MEH

Two interlinked contributing factors:

- **Homelessness may not 'fit' Safeguarding, even where is 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*

- **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

- **Implications for attitudes to / understanding of the complexity of MEH - can lead to lack of, or inappropriate, service responses:**

*'**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** … 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.' … **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*

Exploration of SW professional attitudes (by SWs)

- **Concerns amongst some social workers about assumptions of 'choice' and issues of 'blame' and discrimination within the profession, plus interpretations of Care Act thresholds:**

*'We get a homeless person or substance misuse person coming through ... **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*

*'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 ... **Social Care should be practicing in a positive way that includes everyone**.' NS5 Social Work Service Lead*

*'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 <u>not</u> 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** ... Adult Social Care would lose their minds ... they already have an extensive workload.' V6A Social Work Manager / Safeguarding Lead*

A wealth of good practice: but not systematic

- **Found compassionate attitudes and tenacious, good practice approaches to social work with people experiencing MEH**; some following explicit policies; some 'under the radar'; **often dependent on individuals (frontline and managerial) where no specialist social worker or team in place**:

*'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*

Asked: how to improve support for MEH?

■ **Recognition of the value of / need for specialist Homelessness Social Work where currently there are gaps in support:**

*'A Social Worker to go into a hostel ... 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** ... 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** ... I would go back full time tomorrow.'* SSW5 Social Worker

*'I would want it to be **people that were experienced in this field** ... that entrenched rough sleeper ... 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 role

'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

'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

(Emerging) factors for success of specialist SW role

☞ Skills, knowledge and interest in working with MEH.

☞ Based in homelessness outreach and other teams with high levels of MEH clients, but with adult social care links.

☞ Undertaking Care Act 2014, Mental Capacity Act, Human Rights (where NRPF), Safeguarding assessments.

☞ Offering timely advice, legal literacy, links to risk sharing, training for other colleagues / teams in relation to MEH.

☞ 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.

Emerging
Follow up study
Findings

How do we measure different impacts of role? (1/2)

- **Impact of short term, preventative work and the therapeutic impact of interventions more difficult to capture than counting assessments carried out / individuals accommodated:**

*'One of the early benchmarks was **how many assessments we'd done from rough sleeping prior to X coming in role and how many were done since ...** [but] **it's about impact and how we measure** ... **short term,** that **therapeutic intervention relationship base** and then the **longer term** ... People who have gone into accommodation ... that's the easy ones to find; ... **Half of it which is the preventative** ... **how do you measure that?** ... There's some strong **relationship-based practice,** there's **information and advice,** of course, but there's also that **therapeutic intervention of spending time with somebody** ... **that's the most difficult to capture ...***

*... a really simple one was a person ... didn't want to then leave the accommodation because they were ashamed ... couldn't afford to get a haircut, even sores developing, X bought some clippers ... **the impact of that really low-cost intervention, and it's only become because they built up a relationship ... the person has then disclosed that they're feeling this** ... **that's a fantastic piece of work** ... `This person never goes out, they just stay in their room all the time,' you've heard that kind of thing, and **this person ... has a shame that they want to get over, and simple things like that can help.'** AVM2 Manager*

How do we measure different impacts of role? (2/2)

- **Other harder to capture impact, such as wider culture change:**

*'There's **a lot of work that goes into communication that you can't equate a number to, you could probably say how many multi agency meetings does X sit in but it's more** … **how creative X is in introducing new ways of doing things** … **added value like 'good news' stories** … there's **definitely things that aren't quantifiable in numbers that it's hugely having an impact culturally**.'* AVM3 Manager

- **Tracking longer term impacts complemented by case studies:**

*'We need a bit **more time within my role to really see the results** because I'm working with a lot of the same people that I started off with … now we're finally coming to get some data … I did a **few case studies which were really well received** … by the Directors of Adult Social Care.'* AVSW10 Social Worker

Impact of the role 1 – equality and inclusion

- **Greater inclusion for the most marginalised population:**

'Lots of people in … really complex situations, you were concerned they had really severe underlying social care needs, previously you'd be relying on trying to somehow co-ordinate an assessment with a social worker … trying to arrange them to get to a mutual venue for them then to have to build rapport with this person, to then have to probably repeat the same questions … it would just be a complete non-starter … assessments never happened and it would just go down as 'failure to attend or not engaging' … for those particular individuals it opened the doors completely … you were then able to do assessments at street level, say literally just sat on the pavement … with one person, I managed to arrange for a pub that he felt comfortable in to open before opening hours.' AVSW11 Social Worker

'[Previously] assessments lasted ten minutes … I even met a Social Worker who says `I'm doing this, but this person's got no social care needs,' did the assessment with me there; came back out again with a [care] package … only because I kept ringing and harassing - there was a presumption that this man had no social care needs … this particular gentleman, he's got some learning difficulties, he's been homeless on and off for about the last 20 years, when we did get him a property … would befriend everybody … they'd take over the flat … he'd come back [to streets] again … This time round I moved him into sheltered accommodation and they sent … a small package of six hours a week … He's been in it four and a half years, no issues.' AVSW13 Social Worker

Impact of the role 2 – evidence of positive results

- **Positive results through perseverance working with individuals with 'entrenched' experiences of MEH:**

'This is about perseverance and not giving up on people, this is about spending the time to get to know someone, to break down those barriers … people who are entrenched homelessness … There was one person .. what we achieved in a year was amazing and he's never been in such a good place, and that's partly because we accommodated him in a hotel for so long, like six months, we gave him the stability to be able to engage with the GP and Substance Misuse Team and [social worker] kept working, kept pushing for housing and eventually getting that … We've got someone at the moment and it's the longest he's been out of prison, he's only 41 … we're still accommodating him to maintain his stability, to enable him to get his Methadone … we are two weeks away from getting somewhere for him to live and we keep saying, `Oh, he trashed our hotel, we're not going to cover it again,' but actually …`Let's stick with him' … We wouldn't have, I think, a few years ago.' AVM5 Manager

'There's a large hostel for people who substance misuse, so it's CQC registered, so you can only go there if you've been referred by Adult Social Care … so we're getting people off the street … so I do assess a lot of people who's in hostels who are on the verge of getting somewhere to live or gaining independence so there's a level of pride, they've overcome substance misuse … they've done remarkably well, their journey has been fantastic … their main motivation is not substance misuse or drink but then it's the most scary part of their life is where they've suddenly got to go and live independently, right where it can all go wrong very, very quickly … they've got to start caring about themselves and I've seen people break down … someone who got independence actually killed himself … it is such a key time and if I can ease that … it feels like we're making massive, massive changes.' AVM4 Social Worker

Impact of the role 3 – preventative work

- **Working with individuals earlier before needs and risks escalate and last minute / repeat referrals received:**

'They [Housing] *would work with someone all day and … **suddenly 'Oh, over to you' at quarter to five … we don't have that I don't think as often because we're preventative**, which is the part of what we should be doing.'* AVN5 Manager

'They [Adult Social Care] *actually were getting a lot of these people referred to them anyway, and were just missing a lot of assessments with people … **there were people that were going to be coming on their radar at some point, and as these people became more unwell they're going to get referrals from different places** anywhere, if they hadn't already.'* AVSW11 Social Worker

Impact of the role 4 – work beyond the 'front side'

- **Not just working with the 'front side' of homelessness to get people off the street; supporting other elements of MEH lived experience across the local system:**

*'We **worked with the local Mental Health Trust to 'step down' people** … in our cohort it was **almost exclusively former rough sleepers** to step down from higher level where they had been discharged from hospital … **we've had people who have been 14 years in high level supported living, now living independently, and with support** … there's that side of it as well because what we're talking about is the front side of it and sometimes there's longer term impacts of it* [MEH] *and how you support that.'* AVM2 Manager

Impact of the role 5 – reducing system pressures

- **Investment in the role reducing pressure elsewhere in the health and social care system:**

*'It massively benefitted the Local Authority … **they were getting backlogs, so the Local Authority really benefitted from having some of their assessments essentially done** … **Everyone benefitted in that assessment getting done quickly with people that were really hard to reach**, and in some cases just getting placements or **getting support in place for somebody quite fast, who would potentially stay on the streets and face real danger, or would just quite quickly end up in hospital.'** AVSW11 Social Worker*

Impact of the role 6 – on Adult Safeguarding

- **May be reducing, or be increasing, Safeguarding referrals:**

*'Adult Social Care's **frustration about safeguarding referrals being made ... it's definitely improved** ... **one of X's objectives is to smooth that out**, as it were, that the Outreach Teams, the accommodation providers they're not trigger happy ... 'We've got concerns around neglect, quick put a safeguarding referral in!' ... there's been a lot of training ... X's role is to be the bridge and to communicate each other's perspectives ... **We've definitely turned down a notch** ...'It's your job', 'No, it's your job!'* AVM3 Manager

*'Part of my original vision for the social work role was to increase the knowledge around safeguarding ... helping the team get up to speed to recognise safeguarding issues and to feel confident ... it **probably did lead to more safeguarding alerts being sent in, but I think it was a higher level of suitable referrals**.'* AVSW11 Social Worker

- **Supporting Safeguarding work:**

*'I get lots of **interest from Safeguarding where they've had people on their caseload for a long time** ...`Can you help me with this person?' ... Me being here has given that outlet for different ideas*.'* AVM4 Social Worker

Impact of the role 7 – on job satisfaction

- **It feels like 'true' social work – making a difference:**

*'It feels like **true Social Work**, it's not process driven, you are absolutely making a difference, **you're applying all that you really signed up for as a Social Worker**, here's the biggest opportunity to fight for dignity, for justice, for rights, for advocacy, for change, and I suppose it's some of the most traumatised, excluded people in society which makes you want to fight all the harder.'* AVSW9 Manager

- **Strong emphasis on creative and flexible social work:**

'It's about being flexible ... meet people in fields, meet people anywhere ... sometimes it's going to take weeks to build that trust ... when I was newly qualified this is what we did.' AVSW6 Social Worker

'You've got to be a little bit more proactive, you have to have the professional curiosity ... I am bridging some of those gaps ... we found to be an issue time and time again is the, maybe not unwillingness, but inability to work in those creative ways ... I'll see names being popped back up again, people I've worked with a couple of years ago, and I'll pick them straight back up ... why it's really helpful for me to stay involved is because I've got the flexibility ... time to build up those relationships, I mean I took someone to do his Care Act assessment, I took him bowling ... 21 years old at the time and he had been living on the streets since he was about 18 and he said `this is the first time in a long while that I felt like I can actually act my age' ... I stayed involved in his case just so that he could have someone ... that cares about what happens ... that's been really, really beneficial for a lot of my service users.' AVSW5 Social Worker

Tensions for the specialist social worker role (1/4)

1. Specialism can bring isolation and burnout so support systems vital (including peer support, reflective practice, supervision):

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

'*Because* **there's nobody else in the role, nobody else really know it**, *knows what's going on, and how I'm being torn in all directions.*' AVSW10 Social worker

'*When I had somebody working alongside … I had that peer support and that was working really well …* **I do feel somewhat isolated and disconnected from my peers** *within Adult Social Care and* **I'm still trying to work out the best way to manage that**.' AVSW7 Social Worker

'*Wellbeing is a really important …* **it is very emotionally taxing and there needs to be a culture of reflective practice** *and of that being easily available … you want it to be cross-service … but at the same time everyone needs a team and everyone needs colleagues.*' AVSW3 Social Worker

'*Part of my role is* **chairing a peer-led reflective supervision every month**.' AVSW9 Manager

'**I was very conscious of the pressure on the social worker** *… banging from either side onto* [X] *and I think that's been the toughest thing …* **my role is about saying 'that is not your pressure, right, that is system pressure'** *… you need the systems in place to support that.*' AVM2 Manager

Tensions for the specialist social worker role (2/4)

2. Responsibility for bridge building across services 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** ... be present and be out on the streets or in the hostels ... hundreds of emails a day, and then I have to copy all those emails onto* [IT system] *... **trying to capture the ethos of homelessness but also the statutory duty of Social Care is a lot.***' LSW2 Homelessness Social Worker

*'**You've got two systems that are completely separate, that's your big barrier** ... what this post has done, is **you've brought in somebody with one foot in both camps**.'* AVM2 Manager

*'**Barriers are really the tensions between Housing and Social Care in terms of resources** ... the to-and-froing between the two different services ... **having to mediate and navigate my way between them ethically it's quite challenging** ... I find that **difficult, managing those expectations and trying to bridge that gap**.'* AVSW7 Social Worker

3. May be uncertainty from adult social care colleagues:

'I couldn't tell you the number of times people have said `Why isn't [X] working on duty?' … my response is `effectively [X] has their own duty' … I have to be clear … [X] sits with another system.' AVM2 Manager

'It's about trying to have that specialism but still making sure that there's equity across our service … the interpretation of the 'strength based' can be quite different … sometimes I read things and I think `mm.. if I was signing that off, I would be questioning that.' AVSW12 Social Worker

'We've still got work to do. I think X … has definitely brought a different approach and view … [but] there are social workers …'that's not our problem, that's not our area of work'.' AVM3 Manager

4. Concerns about precarity: few homeless social workers in permanent positions; some insecurely funded, on temporary secondments, or reliant on time-limited national funding pots:

*'I'm just very proud that it works, that's we've build this ... **What happens when the funding runs out? That's the thing we need to keep on the agenda ... homelessness is not going to go away**.'* AVM5 Manager

*'I just think **they need to fund it, and actually get on with it**, because my job, my contract, is only till 2024.'* AVM4 Social Worker

*'**Obviously we're working really hard on getting** ... **sustainable funding but it's a work in progress**, I think, in terms of **embedding that into X Council in a way that that's not going to go away, even if the pockets of funding disappear.**'* AVSW10 Social Worker

*'They've got drug and alcohol problems, domestic violence, homeless plus mental health ... [now] **I don't know what's going to happen** ... **they're just going to be 'signposted' ... there's been a lot of upset ... homeless people and the multi-disadvantaged I think are going to suffer.**'* AVSW8 Social Worker [team being disbanded]

What were catalysts / leaders of role development?

▪ **Heads of services working collaboratively and prepared to innovate; interest from Safeguarding Adults Boards / local political leadership; individual social workers with a passion, making the case for the role:**

*'We **didn't necessarily have a real understanding of how it was going to play out** … you don't when you're trying something new … so we started it and we recruited … we've had this discussion: … **important that the role sits outside the Adult Social Care systems, that it is different**.'* AVM2 Manager

*'There's been a political will and ambition … Local Authority bureaucracy things moved slowly, but … **I think it is about the uniqueness of the political shift and will … and having this 'can-do' approach**.'* AVM3 Manager

*'**I started asking questions about our policy … is this really working?** Is this really getting people off the streets? … to champion rough sleeping.'* AVM6 Elected Member

*'**One of the drivers** … **a Senior Management Team that have got your back** and that they value you … gives you a loyalty, a drive, an enthusiasm … we're protected.'* AVSW9 Manager

Practicalities (2/6): benefits of homelessness location

- **In central London / major cities role may be part of multi-disciplinary outreach teams; where these not in place, there is value being based day-to-day within a homelessness service rather than Adult Social Care:**

'Being physically located some of the time with [homelessness service provider] *or in the hostel you just, **you pick things up or you hear about people, and that's sometimes where you can do a short term piece of work that resolves an issue** and saves where, probably it would never have been picked up and put onto an allocation list, and then waiting for six months … **it's something you can do because you're on site** and getting information from the Outreach Workers.* AVSW10 Social Worker

*'It's **important for X to be embedded within the** [Homelessness] **Team** … **X has all those relationships and understands day to day what's going on; if they were sat here in our office** they would not have that same level of intelligence essentially about the citizen group and the people they're working with, and I think **would be less preventative, because now they're hearing the calls that are coming in.'** AVM5 Manager

Practicalities (3/6): challenges if third sector employed

- **Access to social work supervision, peer-working and training:**

*'That's **something that could often be missing** … **bring people together as a team**, discuss practical things and **allow updates from the Local Authority** … they need to have **regular training done around their Safeguarding, Mental Capacity to the same standard** … **training that you can sometimes struggle to get**.'* AVSW11 Social Worker

- **Duties, decision-making, inclusion, parity of role:**

*'You also are **limited by the fact that you cannot make the same level of decisions** … duty of care still falls back onto the Statutory Services … **through escalations processes, through safeguarding … I can be left out of the decision-making processes**, and I think **that's what makes it really difficult** … **trying to be seen as just as much of a Social Worker**.'* AVSW5 Social Worker

- **Negotiating access to local authority IT recording systems:**

*'**We didn't have shared computer system access with the Council** … Adult Social Care would just give you a breakdown of any existing relevant information. Once you had your assessment done you would just send over a copy … they would upload it … **Shared access to systems … became such a barrier that it just delayed the whole programme** … that's the benefit of having someone embedded in Adult Social Care.'* AVSW11 Social Worker

Practicalities (4/6): factors for successful recruitment

- **Building a picture of important attributes for the role:**

*'Working with the complex needs people ... you've either got it or you haven't ... **Students who have got it and who are able to build fast relationships, who are able to ... keep their head about them when they hear someone shouting and screaming at you, keep calm and able to calm people down**, I've had students who do that and who are fantastic.'* AVM4 Social Worker

*'I don't give up either, **I'm quite tenacious and yeah I'll fight for the person**.'* AVSW8 Social Worker

*'Getting **the right person is really important** ... we recruited a person that we both **had confidence in** ... **with a high degree of legal literacy and understanding.'*** AVM2 Manager

*'**Essential components that I look for always when somebody's joining the team is their moral compass, their value base, their curiosity, and tenacity;** if they're there, there's potential to add the rest.'* AVSW9 Manager

Role may be based within (but not necessarily funded by):

- Adult Social Care.
- Local Authority Homelessness team.
- Specialist complex care / drugs & alcohol / mental health / MDT teams.
- Homelessness provider service (third sector).

Funding may be (or was initially) from:

- [Rough Sleeping Initiative](#) (RSI) / [Fulfilling Lives](#) / [Changing Futures](#) programmes - often catalyst for development of innovative roles.
- May be joint funded including other local authority Adult Social Care / Housing / Homelessness sources, plus third sector fundraising.
- Rarer to have secured long-term funding from Adult Social Care.

Practicalities (6/6): developing ownership of funding

- **Establishing the need for funding this role:**

'In the absolute initial stages ... it was more of a adversarial relationship ... It was a long process over time building understanding of the level of need in the rough sleeping population and the specific barriers faced by rough sleepers, or people in particular with multiple exclusion homelessness ... there would have been no point discussing funding for a role from Adult Social Care ... the need hadn't been established ... It's taken a long time to get to that point, but there is now a jointly commissioned role.' AVSW11 Social Worker

- **Frustration about barriers to permanence & joint ownership:**

'The post is fixed term, they just renew on a yearly basis ... there is an acknowledgement of the value and the need for people skilled up in working with rough sleepers, but I think there's not the sense that it's an Adult Social Care-wide responsibility.' AVSW4 Social Worker

'It's an age-old challenge isn't it ... I still can't quite get my head around why we don't have pooled budgets for anything, really we've spent so much time in quibbling ... We're all here for the same reason, which is to support citizens' outcomes.' AVM5 Manager

National policy and guidance on Social Work & Homelessness

(a 2022 renaissance)

National direction: Social Work & Homelessness

NICE (National Institute for Health and Care Excellence) **Guideline on 'Integrated health and social care for people experiencing homelessness'** (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 multi-disciplinary team** … **consider appointing them to lead on safeguarding** enquiries about people experiencing homelessness. (p29)

National direction: Social Work & Homelessness

'Care and support and homelessness: Top tips on the role of adult social care' Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA) **Guidance Note for Directors of Adult Social Services** (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 direction: Social Work & Homelessness

(Cross-government) **Rough Sleeping Strategy: 'Ending Rough Sleeping For Good'** (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 …

… **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 the **Homelessness Social Worker role?**

What next for the role?

Can multi-disciplinary service planning and pooled funding – possibly led by Integrated Care Systems (ICSs) – support the development of the role in all localities?

- Embed social workers long-term in all homelessness / MDT / Severe Multiple Disadvantage (SMD) outreach teams?

- Ensure role is Adult Social Care (co)owned and permanent; not 'nice-to-have' when time limited funding pots permit?

What national training and development and support does this role need?

- Development and support (CPD and peer) via a national network, Community of Practice or Special Interest Group?

- Develop training in homelessness social work as a respected area of advanced practice?

Your ideas?

Thanks

Disclaimer: This presentation draws on independent research funded by the National Institute for Health and Care Research (NIHR) School for Social Care Research. Views expressed are those of the authors and not necessarily those of the NIHR or Department of Health and Social Care.

Many thanks: to all our research participants and our Lived Experience and Advisory Group members for your generous time and insights.

Questions, comments, experiences?