Working Together to Address Multiple Exclusion Homelessness

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Sue O’Halloran
Michelle Cornes, Louise Joly and Jill Manthorpe

King’s College London
& University of Cumbria,
Objectives of the study

- Describe the varied nature of the workforce dealing with multiple exclusion homelessness
- Show how interprofessional collaboration helps to manage the interfaces between homelessness and other aspects of deep social exclusion
- Find out how interprofessional collaboration can best work to prevent multiple exclusion homelessness.
Fieldwork

Three different settings

- A housing support & homeless prevention service for offenders, in a remote and sparsely populated rural area.
- A rent deposit (bond guarantee) scheme based in a metropolitan town
- An inner-London hostel

- Fieldwork involving 13 vignette focus groups and 23 individual interviews (work is continuing)
Looking at
- the causal routes into homelessness
- the relationship between homelessness and deep social exclusion
- the degree of overlap between various deeply socially excluded groups
- the outcomes of interprofessional interventions and finding best practice.
The Common Assessment Framework (CAF) is a method that the relevant agencies can work within to deliver health and social care to the individual.

It states that, in any geographical locality, there must be shared understanding and agreement, among different agencies and professionals, around procedures for information sharing and coordination.

The ‘lead worker’ can be a single person or possibly a multidisciplinary team of professionals who meet to coordinate the individual’s care and support needs.
There is a man with a long standing alcohol problem…He has a degree of physical disability…but he won’t meet the threshold for ordinary residential care…he has a degree of cognitive impairment but we are not sure how much…probably not too much so he doesn’t fit the mental health criteria… and he is a very difficult person in his behaviour So if you add it up he has got multiple needs but there isn’t actually a service that meets his needs… so he remains on the street.’
Exclusions

However, remember that exclusions (‘gate keeping’) are rooted in:-
- ever tightening eligibility criteria and
- high case loads extend across adult social care

and are not restricted to people with experience of multiple exclusion homelessness.
The process of compartmentalising needs in terms of separate specialist referrals for
- drugs,
- alcohol and
- mental health problems

is a central feature of much ‘joint working’ in multiple exclusion homelessness and can compound exclusion
The role of the housing support worker

With Sam you have got the behaviour, the paranoia… the family dynamics or history… and the addiction which always seems to be the stumbling block, alcohol use and the rent arrears as usual… all the indicators of someone having a chaotic lifestyle… So there was so much wrong with him really…
Emerging Findings

- Duplication across the system and a lack of ‘joined-up’ working means that people are being bounced between different parts of the system
- Housing support workers are providing much more than low intensity ‘housing related support’
- Housing support workers are filling the vacuum left by the retreat of social workers from ‘direct work’ with adults (Cameron 2010)
Recommendations

- In each locality, clear leadership and commitment is needed at the highest levels to secure the implementation of the ‘Common Assessment Framework’ (CAF) for adults.
- Local homeless forums must lobby hard to ensure that local services are available to all adults (i.e. including those with experience of multiple exclusion homelessness).
- There is a need to re-evaluate the job role of the housing support worker, recognising that the role has extended well beyond the provision of low intensity support.