Multiple Exclusion Homelessness: Implications for Workforce Development and Interprofessional Practice

Understanding Complex Lives: Tackling Homelessness and Exclusion
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Aims

To explore how different agencies and professionals work together to support people with experience of multiple exclusion homelessness

To identify opportunities for workforce development and practice improvement
Methods

- Fieldwork in Cumbria, Calderdale and Inner London
- Interviews (n=48) and focus groups (n=17) with stakeholders from a wide range of agencies across health, housing, criminal justice and social care including housing support workers/hostel staff
- Interviews with people with direct experience of MEH (‘Experts by Experience’) following their journeys through the ‘system’ over a six month period (32 first interviews and 22 follow-up interviews)
- Partnership working with local partner agencies to develop findings for practice
(22.12.10) Bob is admitted to an acute in-patient mental health unit. Diagnosis: mental and behavioural disorder due to multiple drug use, and social anxiety problem. Depression and attempted suicide.

**DISCHARGE PLAN**
Because Bob is homeless he is referred to a housing support project. A locum consultant psychiatrist supports the referral with a letter which is intended to “expedite the tenancy”.

In the letter it is noted that any discharge plan will include initial support from the Crises Resolution and Home Treatment Team. His CPN will then provide regular monitoring and review. It is noted that the drug and alcohol team are involved and that he has a drugs worker allocated to him.

8.3.10 Bob is accepted onto a Supported Housing Scheme but there is a waiting list. Discharged to local hotel for four nights B&B before accessing accommodation.
Community Mental Health Team:
Bob has had Community Psychiatric Nurse (CPN) involvement from 2007 onwards to help with ‘self harm’. However, CPN has often been off sick so has only seen her 5 times since 2007.

10.3.10 (CRISIS) Bob has bad shakes face and legs. Housing Support Worker calls doctor and is told to take Bob to A&E. Was told medication needed changing.

Ongoing often daily support…
Bob’s Journey Continued…

Health and Social Care

Housing Related Support

6.5.10 Not engaging with drug and alcohol services anymore… Locked up last night for shoplifting

23.10.10 Probation officer reports that Bob had taken overdose of anti-depressants. Said it was an impulse thing as he felt bad about shoplifting… food parcel given.
Strategic Solutions - Common Assessment Framework (CAF)

GP & Community Health Services

Mental Health Services

Drug and Alcohol Services

Community Care Assessment

Case Management

Care Plan

Support Plan

Support Plan

Support Plan

Supported Housing Provider

Employment/Training Big Society etc,

Integrated Personal Plan Identifying Outcomes to which all Agencies and Professionals Agree to Work Towards Achieving Together

Individual Budget

Monitor & Review... Ensuring Continuity
Personalisation – Who is Eligible?

- Personal budgets will only be available to those deemed eligible under the Fair Access to Care policies of local authorities. The trend over the past decade is that fewer people are treated as eligible. (Mandelstam, 2010)

- In some areas Supporting People funding has been redirected to adult social care budgets to support people with ‘higher level needs’
Inverse Care Law

“There is a man who has a long-standing alcohol problem... He has a chronic infection in one of his legs... The hostels felt they couldn’t manage him and then very shortly after that he threatened one of the hostel staff and he was evicted so he is back on the street. He doesn’t want any help with his substance misuse so he doesn’t meet their threshold... 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 parcel it up he has got multiple needs but there isn’t actually a service... he remains on the street”.

(Housing Support Worker)
Critical risks to independence and well-being...

- life is, or will be, threatened; and/or
- significant health problems have developed or will develop; and/or
- there is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- serious abuse or neglect has occurred or will occur; and/or
- there is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- vital involvement in work, education or learning cannot or will not be sustained; and/or
- vital social support systems and relationships cannot or will not be sustained; and/or
- vital family and other social roles and responsibilities cannot or will not be undertaken.

Summary

- Inverse care law – Personalisation (ensure access to Community Care Assessment)
- Reconceptualise the role/find new ways to support ‘housing support workers’
- Invest in and nurture local interagency relationships
More Information…

For more information please contact
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Reports available shortly at:
http://www.esrc.ac.uk/my-esrc/Grants/RES-188-25-0010/read