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Evidencing the social work role within responses to multiple exclusion homelessness is a small 2022 – 2023 project carried out by the NIHR Policy Research Unit in Health & Social Care Workforce (HSCWRU), part of the Policy Institute at King's College London, and funded by the National Institute for Health and Care Research (NIHR) School for Social Care Research.

Evidencing the social work role within responses to multiple exclusion homelessness

Background to this project

The project outlined in this report is a follow up to a 2019 – 2023 national research study of safeguarding responses to self-neglect by people experiencing homelessness, led by the NIHR Policy Research Unit in Health & Social Care Workforce at King's College London and funded by the NIHR School for Social Care Research (SSCR).

The 2019 – 2023 study generated rich qualitative data on attitudes and approaches to safeguarding people experiencing homelessness who self-neglect, including some practitioner doubts as to whether people experiencing homelessness 'fit' with Adult Safeguarding or under the 'umbrella' of Adult Social Care. There were concerns about some professional assumptions and – at worst – discriminatory attitudes that contribute to poor practitioner engagement with individuals and a lack of appropriate assessments of need.

The study also evidenced a wealth of good practice, often dependent on individual practitioner 'interests' and 'passion', and therefore inconsistent, often inadequate responses where social workers lack interest, expertise, and the permitted flexibility for working with the complexity of homelessness.

One central finding of that study was the importance of the specialist homelessness social worker role integrated into outreach responses to multiple exclusion homelessness (MEH). This project builds on that larger study and contributes further evidence to inform debates about the impact and support needs of the role.

Main messages

This report presents findings from a 2022 – 2023 project that has sought to better understand the distinctive impact and tensions, as well as some of the practicalities, of the specialist homelessness social worker role.

In 2022, three national policy or practice guidelines were published which raised the profile of, and emphasised the need for, homelessness social work practice, yet the project has found that in 2023 the specialist homelessness social worker role remains rare across England, often isolated, and usually temporarily funded.

The role is understood here to be one that is based in a homelessness outreach setting, and plays a coordinating, preventative and advisory role, as well as fulfilling statutory assessment functions.

The project findings confirm that the role is an important contributor to improving outcomes for people who experience homelessness and who often 'struggle to access the long-term care and support that they need'.

The findings indicate that this is a role which requires greater national recognition and training for the specialist knowledge and practice approaches required, and support that acknowledges the tensions that the role inevitably inhabits.

Improved multi-disciplinary service planning and ring-fenced Adult Social Care or pooled funding will be needed if this 'Inclusion Social Care' role is to be embedded across all localities, to address inequalities in access to services for a profoundly socially excluded population.

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What is Multiple Exclusion Homelessness (MEH)?

MEH is a term that describes the overlap between homelessness and other forms of deep social exclusion, such as experience of 'institutional care', substance use, and participation in 'street culture' activities:

'a distinctive and exceptionally vulnerable subgroup within the broader homeless population.' (Fitzpatrick et al., 2011)

A range of factors and risks contribute to people both *becoming* and *remaining* homeless, particularly 'street homeless'; these include 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 can contribute to mistrust and can deter people from seeking or accepting services or support.

Why focus on 'Inclusion Social Care' for homelessness?

The estimated number of deaths among people experiencing homelessness increased by over 50% from 2013 to 2021. Among men, mean age at death is 45.4 years; among women it is 43.2 years (ONS figures for England and Wales).

Findings

The range of impacts of the role

Interview participants emphasised that measuring and evidencing the effectiveness and impact of this distinct social work role requires consideration of the whole range of short term and longer term, preventative and therapeutic, and wider cultural impacts of the role, many of which are elements that can be difficult to 'count' or capture:

'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.'
AVM2 Manager

'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 ... there's definitely things that aren't quantifiable in numbers that it's hugely having an impact culturally.'
AVM3 Manager

Suggested benchmarks included how many Care Act 2014 Section 9 needs assessments are carried out, as well as Mental Capacity Act assessments and supporting Safeguarding enquiries, compared to prior, although it was recognised that it is the nature of assessments, rather than the number, that is critical.

Longer term, participants were mapping people with an entrenched history of street sleeping who are being supported into, and are remaining within, accommodation. These successful outcomes for individuals are helping to prevent the further escalation of risks and crises, repeat referrals to services and, and shift pressure from stretched emergency services and other areas across the system:

'[Adult Social Care] were getting a lot of these people referred to them anyway and were just missing a lot of assessments ... and as these people became more unwell, they're going to get referrals from different places ... [Now we are] 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

Greater equality and inclusion for the most marginalised

Prior to introduction of the role, social workers described the difficulty of securing an appropriate Care Act 2014 needs assessment for individuals with complex needs, who may need to be assessed where they are situated:

'Lots of people in ... really complex situations, you were concerned they had really severe underlying social care needs ... it would just be a complete non-starter ... assessments never happened, and it would go down as 'failure to attend' or 'not engaging' ... For those particular individuals it opened the doors ... you were then able to do assessments at street level, say literally just sat on the pavement.' AVSW11 Social Worker

Where care and support needs are not identified, and trauma and mental ill health, or the lack of skills or the mental capacity to maintain a tenancy are not addressed, repeated resource-intensive attempts to accommodate an individual regularly fail, when the rules of the tenancy are breached, for example where 'cuckooing' takes place:

'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 ... but then it's the most scary part of their life ... it can all go wrong very, very quickly ... I've seen people break down ... someone who got independence actually killed himself ... it's such a key time and if I can ease that ... it feels like we're making massive, massive changes.' AVM4 Social Worker

'A Social Worker who says 'I'm doing this, but this person's got no social care needs,' did the assessment ... only because I kept ringing and harassing - there was a presumption ... 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 the street] again ... This time round I moved him into sheltered accommodation [with a] ... small package of six hours a week ... He's been in it four and a half years, no issues.' AVSW13 Social Worker

Impact on Adult Safeguarding

The role was usually described as reducing, but could also be increasing, the number of Safeguarding referrals relating to homelessness, but all interview participants described the role as supporting quality improvements in Safeguarding approaches to people experiencing homelessness, by supporting cross-service discussions about risks and thresholds, helping to deflect unnecessary referrals and support necessary ones:

'Adult Social Care's frustration about safeguarding referrals being made ... it's definitely improved ... X's role is to be the bridge and to communicate each other's perspectives.' *AVM3 Manager*

'My original vision for the social work role was to increase the knowledge around safeguarding ... 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*

'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*

Social worker job satisfaction: ability to 'be creative' and 'make a difference'

Whilst the role is associated with a number of pressures and tensions, outlined below, there was also a strong emphasis on the job satisfaction that it brought practitioners, who described it as an opportunity for 'true' and impactful social work:

'It feels like true Social Work, it's not process driven, you are absolutely making a difference ... to fight for dignity, for justice, for rights, for advocacy ... [for] some of the most traumatised, excluded people in society.' *AVSW9 Manager*

Equal emphasis was placed on the ability to practice creative and flexible relationship-based social work, that incorporates a therapeutic component, recognising the trauma that often contributes to and is increased by individuals becoming homeless, and help to explain individual reluctance to engage or accept support:

'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'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 ... 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

Isolation

The specialist nature of the role, alongside the high levels of risk experienced by the client group, can bring isolation and increase practitioner burnout where there are no other homelessness social workers to offer peer support; one interview participant had just resigned from the role for this reason. Others felt they were managing this, but alone:

'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 ... [now] I do feel somewhat isolated, and disconnected from my peers within Adult Social Care.' *AVSW7 Social Worker*

The perceived responsibility for 'bridge building' across services by managing the different cultural perspectives, practice approaches, budgets and understandings of risk, as well as often double the administration, was also noted:

'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*

There may be uncertainty from some adult social care colleagues about the validity of the role, and why it might include different responsibilities and practice approaches to their own:

'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.' *AVM2 Manager*

'It's about trying to have that specialism but still making sure that there's equity ... I think '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 ... [but] there are social workers: ... 'That's not our problem, that's not our area of work.' *AVM3 Manager*

Precarity

An additional tension for the role is the concerns about precarity: very few homeless social workers interviewed for this study were in permanent positions; some were insecurely funded, reliant on time-limited funding pots, some were on temporary secondments, and some roles were being withdrawn:

'I'm just very proud that it works [but] ... what happens when the funding runs out? ... Homelessness is not going to go away.' *AVM5 Manager*

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

'We're working really hard on ... sustainable funding, but it's a work in progress, I think, in terms of embedding that into [local authority] 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 ... I don't know what's going to happen ... they're just going to be 'signposted' ... there's been a lot of upset ... the multi-disadvantaged I think are going to suffer.' *AVSW8 Social Worker* [team being disbanded]

Need for strong professional support systems

The professional support systems that should be in place for all social workers – such as regular and accessible reflective practice and supervision – were described as particularly vital to support individuals to manage the distinctive tensions of this specialist role:

'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 [the role] to be cross-service ... [but] everyone needs a team and ... colleagues.' *AVSW3 Social Worker*

'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 ... you need the systems in place to support that.' *AVM2 Manager*

Practicalities of the specialist social worker role

Development

In the absence of a mandated specialist homelessness social work role nationally, the project explored the catalysts and leaders of the role development. Heads of services working collaboratively across historic service silos and prepared to innovate; local governance interest from Safeguarding Adults Boards and local political leadership from lead members (elected councillors) and sub committees for homelessness and rough sleeping; national or central government targeted funding programmes; and individual social workers with a passion – making the case for taking on the role themselves – were all cited as contributing factors in the development of the role:

'We didn't necessarily have a real understanding of how it was going to play out ... [just] 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 getting people off the streets?' *AVM6 Elected Member*

'One of the drivers ... a Senior Management Team that have got your back and that they value you.' *AVSW9 Manager*

Recruitment

Whilst lived experience or professional experience in working with mental health, drugs and alcohol, or homelessness could be an advantage, interview participants described what they saw as other important attributes for recruitment of 'the right person ... a person that we ... had confidence in' (*AVM2*) to the role.

Individual values, people skills and legal literacy were all mentioned, but most noticeably, the role is seen as requiring tenacity – both in working with individuals who may be traumatised and hard to engage with, and in working within and across health, social care and housing 'systems' that may not readily engage with those individuals or with each other:

'I'm quite tenacious and, yeah, I'll fight for the person.' *AVSW8 Social Worker*

'The right person is really important ... with a high degree of legal literacy.' *AVM2 Manager*

'When they hear someone shouting and screaming at you, keep calm and able to calm people down.' *AVM4 Social Worker*

'Their moral compass, their value base, their curiosity, and tenacity ... there's potential to add the rest.' *AVSW9 Manager*

Location

In some (usually central) London boroughs and a small number of major cities across England, social workers may be integrated into multi-disciplinary homelessness outreach teams, but nationally the role remains rare and often isolated. Interview participants suggested that where there are no multi-disciplinary teams in place, there is value in the role being based wholly or substantially within a homelessness service rather than alongside other social workers in Adult Social Care, to better understand the client group and offer timely advice and intervention:

'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

'Being physically located some of the time with [homelessness 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.'
AVSW10 Social Worker

Distinct challenges were identified if the role is third sector employed and based (rather than just located for day-to-day practice): statutory sector IT / information sharing may be less achievable, and continuing professional development (CPD) training and professional supervision less accessible:

'That's something that could often be missing ... allow updates from the Local Authority ... they need to have regular training done around their Safeguarding, Mental Capacity ... training that you can sometimes struggle to get.' AVSW11 Social Worker

'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 ... Shared access ... 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

More broadly, third sector employed and based specialist homelessness social workers described experiencing a lack of parity of their professional role, in the duties, decision-making, and inclusion in multi-disciplinary working:

'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 ... 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

Funding and 'ownership'

Funding and 'ownership' of the role varies widely: it may be based within (but not funded by): Local Authority rough sleeping teams, Adult Social Care complex care, drugs and alcohol, or mental health social work teams; within NHS-led multi-disciplinary outreach teams; or third sector (non-statutory) homelessness provider services.

Funding may be (or was initially) from [Rough Sleeping Initiative \(RSI\)](#), [Changing Futures](#) or other national government programmes, which were described as the catalyst for the development of innovative posts. Posts may be joint funded, combining local authority Adult Social Care, Housing, or Homelessness-specific funding pots, and even third sector fundraising.

It appears to be rare to have secured long-term Adult Social Care funding for a defined role specialising in homelessness and rough sleeping, and developing Adult Social Care 'ownership' of the role – and therefore of its longterm funding – was often expressed as a central concern:

'In the absolute initial stages ... it was more of an 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

'The post is fixed term ... 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

Ultimately, the lack of a single, possibly 'pooled' funding stream, alongside a coherent multi-disciplinary approach to address the complex support needs of people experiencing MEH, was seen as wasting practitioner time spent advocating or 'quibbling' for the appropriate support for individuals:

'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

The national policy and guidance context: recent references to Social Work and homelessness

Rough Sleeping Strategy: ‘Ending Rough Sleeping For Good’ (2022) (cross-government)

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)

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)

‘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. (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)

Project ethics, methods, limitations

Minimal Risk Research Ethics permission was secured from King’s College London, registration number: MRA-22/23-34574. One-to-one in-depth semi-structured interviews were then carried out online, 2022 – 2023, with 20 interview participants, and were audio-recorded with their informed written consent. Interviews were transcribed, and thematically analysed by the researcher who carried out all the interviews.

As part of the analysis process, emerging findings were discussed with the wider research team on the original study of homelessness, safeguarding and self-neglect, including colleagues with lived experience of MEH. Findings were then presented and discussed at a [webinar](#) with over 170 participants, including homelessness social workers, managers, and individuals with lived experience.

Interview participants brought a range of perspectives to the examination of the role. 17 were social workers who were – or had recently been – working in defined homelessness social work roles; were in non-specialist roles but informally leading on homelessness; or were managers and/or supervisors of specialist homelessness social work roles; the remaining three interview participants were elected member (local authority councillor) for homelessness or line managing specialist homelessness social workers in multi-disciplinary teams.

To enable a focussed ‘case study’ approach to explore the local development, impact and stakeholder perceptions of the role, nine interviews focussed on the role in one local authority, and five interviews focussed on the role in a second local authority. The remaining six interviews targeted a wider geographic spread of homelessness social workers, based in six different local authorities across England. Of the 20 participants, one was NHS employed, two were employed by third sector homelessness provider organisations, and the rest were local authority employed.

This was a small scale qualitative study and limited in its scope; although lived experience interviews were not possible, these perspectives have been [captured in the larger study](#) (outlined above) that this project builds on.

Acknowledgements and disclaimer

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