

# Care and support and homelessness

Top tips on the role of  
adult social care



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# Foreword

There are inextricable links between having a secure home and a person's health, wellbeing and quality of life. Homelessness and rough sleeping are significant risks for experiencing harm and ultimately premature death – the average age of death for those experiencing homelessness is 44 for men and for women is 42.

From a social justice perspective, we know that people with protected characteristics are more likely to live in poor quality or insecure housing, that people who draw upon care and support are more likely to face insecure accommodation and that many people who are homeless have unmet care and support needs.

As public servants, and particularly with regard to your duty as directors of adult social services, we seek to get support to those that need it in our community. Often those experiencing homelessness are on 'the edge of care', but we have the aspiration that we can be human and understand the person experiencing homelessness as having potential. We can connect services together to not only meet immediate needs but to support them toward better life chances.

The pandemic demonstrated what is possible when there is a shared vision and coordinated, resourced response locally – more than 37, 000 people were supported into accommodation according to Crisis and the number of homeless deaths fell by 11.6 per cent stated Census 2021 between 2019 and 2020. It is through a coordinated response from all local public services which can bring individuals from the edge of care into the fold, improve opportunities, and potentially save lives.

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# Introduction

This guidance note is aimed at directors of adult social services and their teams and focuses on the role of social care in supporting people experiencing and recovering from homelessness.

Social care plays a hugely important role in improving the health and wellbeing of communities, and social justice and inclusion is at the heart of this work; ensuring all people are able to access the care, support and safeguards they need.

People at risk of or experiencing homelessness often have complex needs; they may have mental health or substance misuse issues, may have experienced abuse or coercion, may have no recourse to public funds (NRPF), have experienced trauma and multiple disadvantage, and may be reluctant to engage with services. For those who are recovering from the trauma of homelessness it can be a long journey before their quality of life is improved.

In March 2022, a Roundtable event brought together over 30 people with direct experience and / or service responsibility to discuss ways of improving outcomes for people experiencing homelessness, and more specifically the role and contribution of adult social care in this.

That discussion was set in the context of significant events and developments over the last two years; learning from the pandemic and the 'Everyone In' campaign on rough sleeping; current work across 17 pilot sites as part of the Shared Outcomes Fund work; a growing movement of peer-led support; updated guidance documents on homelessness and health; forthcoming national policy reform across health and social care; and continuing pressure on resources.

Putting the person experiencing homelessness at the centre and changing the nature of the relationship is critical in all areas of the care and support journey; assessment, co-designing a support plan; commissioning, service delivery. Leading a system for strengths-based approaches enables partners to come together and see the whole person. It is the approach that builds trust, not the process. Strengths-based approaches have not been 'singled out' as a specific heading, but are at the core of what we are trying to achieve, and are assumed across all the suggestions in this guide.

Within this already marginalised group we need to address equalities issues and particularly how sex, gender identity, age, race, culture, language etc impact on presentation and engagement with services /assessment – and how this informs the response required.

This document recognises the complexity and diversity of the issue of homelessness. It does not seek to prescribe service models but provides a resource for directors of adult social services to consider their local response.

Feedback on the document is encouraged and will be used to inform future updates.

The authors of this report would like to thank partner organisations for their contribution to the roundtable event, as well as the abundance of literature that they signposted to. A library of good practice resources and guidance is included at the end to support systems in implementing these top tips.

# 1. Partnership working

Partnership working is crucial to providing wraparound support and improving outcomes – no single agency has all the answers.

**“it’s not just about social care, it’s not just about housing and it’s not just about health, what our community needs is a coordinated response”**

- Consider the range of roles and services that might be involved. This may include, but is not limited to:
  - People with lived experience (see theme two on ‘coproduction’).
  - Council colleagues including housing, planning, public health and adult and children’s social care. In two-tier areas these will be spread across different councils.
  - Council leadership including portfolio holders in housing, health and adult social care
  - Local housing providers across the range of provision, from general needs to supported housing and care homes.
  - Strategic health leads including the Integrated Care Board (ICB) and Integrated Care Partnership (ICP).
  - Local health services in both primary and secondary care and which may include homelessness nurses, homeless discharge leads etc.
  - Voluntary sector both as advocates and as commissioned providers of services.
- Consider the contribution and role of these colleagues and how best to engage with them. Where do you use your leverage; are you getting right people round the table and then pursuing it with the right angle? Consider for example building tri-partied relationships across social care, housing and health, to build shared understanding. Be proactive and clear about the vital contribution from adult social care.
- Ensure that joint work at a strategic level is replicated across frontline teams, so there is strong collaborative and inclusive multi-disciplinary working, which can be built through joint training and co-location.
- Look at ways to build knowledge of respective services and take a systematic approach to multi agency working. Make sure colleagues know how to access social care support with expertise in working with people experiencing homelessness. Consider a local protocol which sets out the roles and contact details of teams, and the process for accessing support – including out of hours/crisis support. Make sure pathways are streamlined / as simple as possible.

# 2. Coproduction

Coproducing support and services allows those with lived experience to provide evidence of what works, building trust and confidence with the system from their perspective, and encouraging engagement from other individuals who are experiencing or have lived experience of homelessness.

**‘It’s the quality of the relationship between people that is the best indicator of whether people will achieve outcomes, and particularly those outcomes that last.’**

**‘We need to shift from more rigid, label-focused professional /client transactions to more equal, deeper relationships which see the whole person - to build on their strengths and assets including their community connections.’**

**‘if we’re going to be making a difference in somebody’s life and particularly tackling the incredible health inequalities that people experiencing homelessness and then even worse rough sleeping experience, having that aspiration and seeing them as a person with potential with assets is absolutely crucial starting point, isn’t it?’**

- Look at coproduction from a strategic as well as more operational / individual perspective, so a co-produced approach applies in commissioning, service delivery and individual assessment.
- Build coproduction capacity through work with local organisations and providers who can help build on existing local co-production. Identify what has worked locally and consider scaling the approach to bring those out of reach into the fold. Look also at national examples – some are included in the reference section.
- Embed continuous coproduction in the commissioning cycle – ensure that the user voice remains a key focus throughout the procurement and delivery of services.
- Explore options for peer-led support eg within advocacy, outreach and housing support services. Growing a ‘virtuous circle’ can provide purpose and draws on the assets of those who have previously used services, and a trusted route into services for those ‘on the edge of care’.
- Use links with the local voluntary sector and community support forums to build your understanding of homelessness in your area – and in particular any inequalities issues that it interacts with – and consider opportunities for prevention and intervention where appropriate.
- Consider involving your elected members in your links with the local voluntary and community sector homeless response, to ensure visibility to both partners, and bring focus to the issue of homelessness in your area.

# 3. Care Act Assessments

The Out of Hospital Care Models programme and other initiatives provide evidence that people experiencing homelessness have more limited access to Care Act assessments. It is vital that we bring those individuals into the fold and provide access to an assessment which understands their capabilities and challenges.

**“Homelessness will rarely be addressed just by providing a roof over someone’s head ...there are usually complex health and social care issues which need attending to”**

- Ensure there are clear arrangements for people to access statutory assessment in a timely and flexible way – emphasising the local authority power as well as duty to assess the needs of those who appear to need care and support and to provide support for those needs which are eligible.

On the actual assessment process:

- Look at ways to engage and agree approaches which may require a longer lead in time to build trust and engagement and consider different approaches such as the involvement of peer support. Listen to what people tell us to understand why they might not want to engage.
- Build MDT working which focuses on risk and need in a holistic way, so seeing social care needs in that wider community context. Look at ways to build common approaches to assessment across the system.
- Ensure the assessment takes as wide and holistic an approach as possible – looking with someone at broader and longer-term goals - as well as the immediate presenting risks and need.
- Focus on outcomes and ways to support choice.
- Consider executive functioning as part of an assessment of mental capacity. Consider capacity in a wider context, for example the capacity to make ‘choices’ when experiencing addiction. Some learning might come from work with people with brain injury.
- Apply trauma-informed approaches to understand, for example, the adverse childhood experiences, PTSD, and other mental health issues that lead to people being on the streets and at high risk yet refusing help.
- Ensure that practitioners have the knowledge and skills to work effectively with the Care Act, Mental Capacity Act and Mental Health Act and understand the Human Rights Act requirements – ensure they have timely access to legal/para legal advice to ensure that all avenues are explored to safeguard and support an individual without undermining their human rights.
- Gather data on outcomes for those who have been supported to better understand what works.



# 4. Safeguarding

There has been much work on safeguarding and homelessness, drawn from research, Safeguarding Adults Reviews, people with lived experience and practitioners. The evidence-base comes under four domains, namely direct practice, 'team around the person', organisational support for team members, and governance.

- For effective direct practice, the key message is to 'see the person not the stereotype':
- Early intervention and outreach work can help avoid a need for more serious interventions. Be as proactive as possible – use safeguarding preventative measures.
- Ensure that practitioners listen to what people say and don't walk away.
- Many people who experience homelessness have care and support needs. Ensure that these are assessed and that the Care Act duty to meet eligible needs and the power to meet other needs are robustly implemented.
- Ensure that possible safeguarding concerns are explored. The role of social workers is absolutely critical to ensure safeguarding processes are used when the three criteria are clearly met.

For effective 'team around the person', the key message is that 'safeguarding must be everyone's business':

- What works is wrap-around support, which is about health, housing and social care working collaboratively together with the person.
- Ensure collaborative, legally literate working. Using multi-agency risk management or other types of whole system meetings will facilitate effective information-sharing and support planning.

For effective organisational support, leadership can make a significant difference:

- Senior staff can reinforce messages about legal literacy, ensuring that both duties and powers in the Care Act 2014 and other legislation are considered.
- Leaders can promote culture change and service development to support safeguarding adults who experience multiple exclusion homelessness.
- Senior staff can ensure that practice, policies and procedures use the current evidence base, learning from what has and hasn't worked.
- Leaders can support whole system collaborative working.

For governance, cross-partnership working, and continuous improvement are key

- Make sure your Safeguarding Adults Boards considers homelessness. Is there a Board member leading on/advocating for homelessness?
- What level of re/assurance do you have that services deliver practice which is informed by the evidence-base?
- How are you holding agencies and partnership(s) to account for policy and practice on adult safeguarding and multiple exclusion homelessness?

How have lessons from audits and Safeguarding Adults Reviews, completed locally or elsewhere, informed practice and service development, and achieved change?

# 5. Workforce and training and development

Building understanding and relationships within the workforce to enable care professionals to provide the right support is essential, recognising the unique contribution of social workers in multi-disciplinary approach and provision of support.

**“a decent support worker, whether they’ve got shared, lived experience or not, is often the thing that makes a difference to people’s lives”**

Build understanding:

- Be clear on the role of social care and social work in supporting the local homelessness response, raising awareness/building knowledge / supporting those working in housing / homelessness sector, so this cohort are able to access social care support.
- Prioritise the importance of a well-trained – and supported – workforce. Allow time for development and the need to take time ‘away from the day job’ to design and implement better working practice so there is expertise in working with homelessness.
- Consider provision of training on taking a trauma-informed response to providing care and support and safeguarding. Build on social workers’ core skills and training in listening, understanding, empathy and non-judgement. Include information on how to signpost to other services such as the voluntary sector.
- Build consistency in understanding the legislative and statutory requirements relating to this cohort amongst front line staff.
- Ensure that training enables staff from different sectors to better understand each other’s roles and responsibilities in order to provide appropriate wraparound care. Identify ways of working that support this, for example attending the other sectors’ meetings where possible, keeping informed and sharing information with your teams.
- In delivery of training consider varied approaches, for example Expert Citizens have service users train social work teams to understand people with multiple disadvantages/ multiple needs. Joint training with health, housing and social care colleagues can improve understanding of the holistic local response to homelessness and a shared trauma-informed approach to reducing inequalities in the provision for this cohort.
- Embed a culture of continuous learning and development, encouraging the use of good practice sharing and learning forums locally and on NHS Futures.

## Build relationships:

- Consider how social workers are linking in with homelessness teams in the local area; what forums already exist and are both sides proactive in creating opportunities for early intervention?
- Whilst this document does not seek to prescribe service models, and there are clearly resource constraints, there are clear indications of improved outcomes where there is some dedicated resource. Designated staff in social care teams who have lead responsibility for homelessness – or even a Social Worker(s) based in homelessness / outreach teams – can improve the equality of access to services, and add expertise and streamline assessment and referral processes for this cohort.
- Foster a mutual respect and understanding of the roles and responsibilities of partner organisations, at strategic and operational levels.
- Provide wellbeing support to workforce, and be sensitive to the emotional impact of hearing first-hand experience of trauma.

# 6. Commissioning and working with providers

An effective community approach requires responsive, inclusive local housing strategies – along with planning and relevant partners – led local authorities as leaders of place and working closely with the housing and service provider markets.

- Bring together partners to develop integrated housing, health and care strategies. (This is a proposal within the Adult Social Care White Paper).
- Work with health, housing and care providers to achieve a joint understanding of the complexity of this cohort, with particular regard to the local context, to inform commissioning decisions.
- Consider and agree with partners the services which may need to be jointly commissioned and those which are the sole responsibility of social care.
- Consider jointly commissioning dedicated resource, in the form of specialist multi-disciplinary 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.
- Consider where need might be met by adjusting or expanding the remit of existing commissioned services. The range of services to consider include prevention, crisis response, reablement, domiciliary care, supported housing, personalised budgets. Ensure that the inclusiveness of the pathways is communicated to your workforce.
- Work with housing and health partners to consider the range of accommodation-based support, from general needs housing to supported housing, through to specialist CQC accommodation.
- Embed those approaches which have been shown to work. Often that means being bolder about transferring resources from what doesn't work as well, to emerging models that have been proven to achieve better outcomes.
- Build resilience by identifying and working with existing local voluntary and user-led organisations, scaling up successful models of prevention and community support.
- Explore opportunities within the recently announced Housing Transformation Fund (to be available over the next three years) to identify needs and development opportunities to work with NHS and housing partners in ensuring appropriate housing and pathways are in place.

# Resources library

Delivering health and care for people who sleep rough: Going above and beyond, The King's Fund, 2020

The Department of Health and Social Care (DHSC) and Ministry of Housing, Communities and Local Government (MHCLG) commissioned this independent research as one of the projects to support the implementation of the 2018 Rough Sleeping Strategy (MHCLG 2018a). It is designed to deepen understanding of gaps in the provision of health and care for people sleeping rough and what can be done to better meet the needs of this group.

'Clarissa' film and supporting resource pack, Groundswell.

This important film aims to create change through insights within the storyline of the main character, Clarissa. Her story is one of trauma, the importance of trust, and how this impacts someone's experiences of healthcare. It has been woven together from real experiences of people trying to access the healthcare system while facing homelessness in the UK.

Care Act Multiple Needs Toolkit, Voices and Expert Citizens, 2016.

This toolkit is to help people with multiple needs and their support networks to articulate their circumstances in the context of the Care Act.

Safeguarding resources, Local Government Association

A collection of resources to support local areas' roles and responsibilities in keeping people safe.

Adult safeguarding and homelessness: experience informed practice, LGA, 2021

Examples of positive learning and practice from the different sectors involved, especially housing, health and social care, both statutory and third sector.

Adult safeguarding and homelessness: A briefing on positive practice, LGA and ADASS

Adult Safeguarding and Homelessness: Understanding Good Practice, Jessica Kingsley Publishers, 2022

This book brings together research evidence, service development knowledge, practice expertise and the voices of people with lived experience to help social workers and practitioners navigate the complex area of safeguarding adults and supporting adults with housing-related needs and includes issues of Leadership and Strategic Partnerships.

Learning from Safeguarding Adults Reviews: An evidence base to support positive practice, Homeless Link, 2021.

This briefing explores the evidence base related to Safeguarding Adults Reviews where the individuals were homeless and shares the learning and key recommendations for practitioners and managers working in homelessness services.

Safeguarding Responses to Homelessness and Self-Neglect Communities of Practice, NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London, 2022.

As part of research, Communities of Practice were held to discuss experiences of responding to homelessness and self-neglect and develop ideas for improvements. Participants included statutory and independent sector practitioners including Social Care, local authority and NHS Safeguarding, Police, Probation, Housing, Outreach, Mental Health, Accommodation, Health Care, Substance Misuse, plus Experts by Experience. Messages are summarised here.

Integrated health and social care for people experiencing homelessness, National Institute for Health and Social Care Excellence guidance, 2022.

This guideline covers providing integrated health and social care services for people experiencing homelessness. It aims to improve access to and engagement with health and social care, and ensure care is coordinated across different services.

The impact of homelessness on health: a guide for local authorities, LGA, 2017

The information and ideas in this briefing aim to support local authorities in protecting and improving their population's health and wellbeing, and reducing health inequalities, by tackling homelessness and its causes.

Evaluating the Person-Led, Transitional and Strength Based (PTS) Response, NEF Consulting, 2022.

This report presents findings from a two-year evaluation of the Person-Led, Transitional and Strength Based (PTS) Response, in Northampton and Newcastle, which brings together an asset-based approach and advantaged thinking to work with people transitioning out of homelessness and other difficult life transitions to achieve long-term sustainable outcomes for people as the way to respond to homelessness.

Embedding palliative care into homeless hostels in the UK, UCL Blog, 2021.

In this blogpost, Dr Caroline Shulman and Dr Megan Armstrong discuss their work on embedding palliative specialists into homeless hostels across the UK.

## Round table

With thanks to the organisations who participated in the Care and Support and Homelessness Round table on Thursday 10 March 2022. Organisations represented:

Local Government Association

Association of Directors of Adult Social Care

London Councils

Department of Health and Social Care

Department of Housing, Communities and Levelling Up

HSCWRU, King's College London

Cornwall Council

National Housing Federation

Groundswell

Enabling Assessment Service London

St Mungo's

No Recourse to Public Funds Network

Mayday Trust





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REF 25.207