



**The Future Role of Social Work in Homelessness Event  
Report  
7<sup>th</sup> July 2005**

**A Joint Report by the Scottish Council For Single Homeless &  
the 21<sup>st</sup> Century Review of Social Work**

## Introduction

The purpose of this report is to outline the views presented by participants at the homelessness event on the 7<sup>th</sup> July 2005.

The aims of the event were:

- to provide a forum for discussing the emerging themes from the review, and
- To debate the issues and challenges of supporting people with homelessness and housing problems.

The event had four objectives:

1. To engage a wide range of stakeholders including professionals, users and the general public in the work of the review.
2. To consider the implications of the review's findings for the future of social work in homelessness and housing.
3. To consider the role of social work services in delivering the homeless task force recommendations and preparing for 2012.
4. To seek consensus on what kind of social work we need for the future.

The day was structured around two workshop sessions. The first session examined what the issues were that concerned participants. The 5 groups provided overviews of what these issues were. The facilitators then fed these points back to construct a list of 10 areas that were deemed to be of key concern. In the afternoon workshops these 10 subjects were divided up allowing participants to choose which subjects they were interested in exploring. The focus of the afternoon workshops was on how to solve the problems identified

## Summary of Findings

### ***The issues***

The five workshop groups devised very similar lists of the issues that concerned them. These subjects then determined the ten afternoon discussions on how to solve problems. This summary outlines the ten key areas of concern to participants and outlines the solutions suggested. Also listed, following the ten areas, are additional areas of concern that were not so widely raised.

#### ***1. Role of the social worker***

Gateways to resources or gatekeepers of resources? There was a feeling that social workers were currently acting in a gatekeeping role.

There was concern that social workers were being 'beaten back by bureaucracy' and were only able to perform crisis management. Getting the right skill mix was seen as potentially assisting in the early intervention process e.g. being able to ask key questions to uncover issues under the surface. This was not seen as something that necessarily had to be done by qualified social workers, but was about making best use of the existing workforce and the range of staff available to best meet need. A particular issue that people drew attention to was assessment. It was felt social workers doing all assessments was not necessarily the best use of their time and that social work assistants could take on some assessment work.

The role of the Chief Social Work Officer should be examined and homelessness responsibilities included in the role.

A positive image of social work was seen as essential to improve the recruitment and retention of staff. The workshop participants felt that whilst there was a lot of interest in the profession there was not enough practice placements.

There was a perception that the professional autonomy of social workers was being negatively affected by over-bearing middle management. This needed to be addressed in terms of supervision being focused on practice skills rather than administrative issues.

#### ***2. How to make the person centred approach a reality***

There was a feeling that services were not designed around the user with users having to fit into the services available. Also relationships with users tended to lack continuity. Service users were currently seeing a series of social workers rather than building relationships with one worker.

The workshop participants made the following recommendations to make the person centred approach a reality:

- Increased understanding between agencies and clarity on who was providing what service.
- Room for flexibility in funding usage.
- Involving clients in service design and delivery.

- Social workers practising autonomously.
- Dedicated prevention workers.
- Improve the general awareness of homelessness across social workers.
- Social workers and service users need to talk the same language.

### **3. Prevention and early intervention**

Participants felt that early intervention and preventive work were central to tackling homelessness since homelessness itself being seen as a symptom of other problems not an isolated problem. There was very strong consensus for an enhanced role for preventative work. Services needed to be refocused from crisis intervention to prevention of homelessness. Participants believed that supporting people as a preventative measure would have the advantage of being far cheaper than constant crisis intervention.

The following solutions were discussed:

- Joined up planning to prevent homelessness.
- Educating social workers on housing issues e.g. distributing housing option guides to social workers.
- Identify those at risk of homelessness at an earlier stage.
- Shared language of risk.
- Increased tenancy sustainment work.
- Increased commitment across sectors e.g. education playing a role.
- Ring fenced funding for early intervention work.

### **4. Joined Up Working**

The discussion examined the boundaries between social work and homelessness services.

There was discussion around the topic of whose responsibility homelessness was. Research indicated that homeless people often suffered from four/five serious health issues and generally had a range of needs which could be difficult to identify. They therefore tended to not fit into neat categories so regularly needed more than *just* housing, or *just* social work or *just* health services. Participants therefore believed that LAs had to join up strategies to tackle homelessness across internal boundaries.

Suggested solutions:

- Integration needs to occur at the operational and structural levels.
- Clarity needed over where responsibilities lie e.g. who is responsible when a client has 4/5/6 needs to be met, or when a medical need is not severe enough for primary medical responsibility but too severe for social work responsibility.
- Training at the front line, strategic planning at the top and robust middle management.
- Sharing the same language.
- Time to let teams grow and develop organically.
- Appreciation of each disciplines value.
- Shared location of teams.
- Social work services more integrated in themselves.

## **5. Service Redesign**

The major resource issue identified was a lack of housing stock. This meant that there was a current lack of varied, available accommodation to meet different client group needs. This issue was noted as being particularly pertinent in rural areas where the range of services needed was simply not there.

Participants reported that they felt constrained in their use of the existing resources and needed the flexibility to use them more effectively.

Suggestions

- Redesign of services around user needs.
- Make social work values clear.
- Clarity surrounding what social workers can/cannot do.
- Look at examples of good practice and build on these.
- Increase leaders, decrease managers.
- Improve risk management.

## **6. Access to services**

There were a range of problems outlined in regards to accessing services e.g. long waiting lists, hard to access services, pathways into specialist services being too complicated and drawn out referral processes.

People experiencing homelessness were being given services that did not fit their needs e.g. being placed in B&B accommodation. This resulted in people often 'falling out of the system' only to later reappear with the same or worse problems; a cycle being created.

Accessing support from social work was felt to be very difficult for people who just needed low level support.

Specific problems were noted in regards to crisis response out of hours, the feeling being that if a crisis occurred before 5pm clients were okay but that after this it proved very difficult to access.

Overall there was consensus from participants that more flexible models of service delivery was required which was able to meet need as and when it occurred, not when office hours dictated. This would require examination of staffing roles, patterns and hours.

A key part of improving access to services would be the provision of clear, appropriately tailored, readily available information on how to access services.

## **7. Community development**

Participants felt that social work had lost its community development role and that it needed to regain this through social workers being 'freed up' to do community oriented work.

Ways of making it happen

- Invest in capacity building for all services to respond to need.
- Ensure all professions have a preventative approach.

- Utilise community resources.
- Community resource centres which link people to specialist services – ‘one stop shops’.
- Resource advice and information services across all professions.
- Intelligence mapping and tapping into information held by GP’s.
- Involve service users in feedback.
- Accessible services that are not stigmatised and open when people need them.

### ***8. Joined Up Planning and Policy Making***

There were widespread complaints regarding Scottish Executive policies not linking up e.g. ASBOs, immigration, and benefits. Further, there was felt to be a lack of elected member support, conflicts across departments, and competing priorities. Participants wanted stronger political leadership from both local authorities and the Scottish Parliament.

Suggestions for joining up policy:

- Consultation of front line workers.
- Policy proofing e.g. equality proofing in local authorities.
- Scottish executive looking at policy implications.
- Involve housing in policy making process.
- Join up performance/outcome reporting frameworks.
- Standardised housing benefit policy across local authorities.

### ***9. Communication, information sharing and confidentiality***

Many of the participants were frustrated in integrated teams when systems did not link up e.g. different IT systems and information protocols in housing/social work. Single software systems were needed to ensure the right people, had the right level of access, to the right information.

Suggestions to improve communication:

- Need joined up planning of services.
- Improved partnerships between local authorities and voluntary organisations.
- Learning across sectors.
- Shared training.
- Shared location.
- Joined up standards and single shared inspection.
- Need for tailored IT training.
- IT systems connected and shared.
- Simplification of the tendering process.
- Central repository of forms.
- Local authorities need to share information better internally.
- Establishment of local forums and strategy groups.
- Strong management and leadership.
- Frontline devolved responsibility.

### ***10. Relationship between local authorities and the voluntary sector***

Some participants were critical of the statutory sectors relationship with other sectors. There is a perceived lack of listening to what other sectors were doing resulting in few connections between services being built. The sectors were not seen as learning from each other or sharing good practice.

There were disparities noted in regulation levels with participants feeling that the voluntary sector had to 'jump through too many hoops' in that it was far more regulated than the statutory sector.

### ***Other areas of concern -***

- ***Generic vs. specialist services***

Participants felt that a balance needed to be struck between generic and specialist services since homeless people needed regular contact with both services due to their often complex and extensive problems. The fact that so many different services could be involved with any individual often led to communication problems.

- ***Direct Housing***

All participants were in agreement that one of the key problems was the lack of housing stock. Whilst more housing stock was needed interlinked was the issue of needing housing support work also. More recognition needed to be given to the case that addressing homelessness was about more than just giving people a house, people needed ongoing support.

People experiencing homelessness were often seen as being left for too long in poor quality 'temporary' accommodation. This resulted in a poor process of helping people to rebuild their lives.

- ***Minority groups***

Issues surrounding who takes 'ownership' for people such as sex offenders or people with personality disorders was raised. There is concern for these people who are constantly 'moving through' the system with no-one taking responsibility. Need to look at who is responsible – health, social work?

Migrants and asylum seekers - one of the problems outlined by participants was that there was a certain amount of 'fobbing off' of problems i.e. immigrants could not access housing departments so they were 'dumped' on social work.

Legislation was acting to limit local authorities' ability to deal with these people. They could only get involved if the individual was affected by community care or childcare issues. These people had no access to state benefits so up till now local authorities have dealt with them in terms of ethical responsibility. Trafficked children were another group who were falling through the statutory system with social workers and others referring them to the voluntary sector to cope with.

- ***Young homeless people***

Young homeless people were currently falling between Community Care and Children & Families social work. Issues were also identified in relation to the case where many young people were unable to sustain tenancies. More realistic solutions were needed such as shared accommodation for young people.

- **Legislation**

Participants felt that there were too many restrictions, regulations and legislation on how funding could/could not be used.

There was a lot of discussion centred around ASBOs, a talk to wall comment on this subject stated: *Legislation and policy initiatives are not complimentary – results in conflicts on an operational level e.g. ASBO's and inclusion agenda.* There was concern that 'communities were being allowed to police individuals' and that this would exacerbate the homelessness problem. Participants felt that homelessness was not currently seen as anyone's particular responsibility. It was suggested that there should be a statutory responsibility for social work.

### **Opinion polling statements**

The following 7 statements were displayed at the event and participants were invited to vote on whether they 'strongly agreed', 'agreed', 'neither agreed nor disagreed', 'disagreed' or 'strongly disagreed'.

**1. For most Social Workers peer supervision is more valuable than management supervision.**

Agreement with this statement

10 people agreed, 8 voted neither and 2 people disagreed.

**2. There is a true learning culture in Social Work**

Most people (13) disagreed

6 neither agreed nor disagreed and 4 agreed.

**3. Quality assurance should be about promoting and sharing good practice rather than top down inspection.**

Clear strong agreement

All of the voters (27) either strongly agreed (16) or agreed (11).

**4. The way we deliver social work services promotes independence.**

Majority disagreed (15)

5 voting neither and 7 agreeing.

**5. We need a completely new approach to handling access to services.**

Strong agreement

19 people agreed or strongly agreed, 3 voting neither and 0 disagreeing.

**6. Local authorities provide an ideal environment in which professional practice can thrive.**

Disagreement (19)

7 voted neither, 2 agreed.

**7. We need a new kind of partnership between local authorities and voluntary organisations.**

Strong agreement (23)

2 voting neither and 0 disagreeing.

## **'Talk to the wall' comments**

*'People with a housing problem not homeless people'*

### **Performance Improvement**

- *Better supervision of front line staff*

### **Legislation**

- *Legislation and policy initiatives are not complimentary – results in conflicts on an operational level e.g. ASBO's and inclusion agenda*

### **Service organisation and delivery**

- *Needs 'the person' at the centre of this – active listening and accountability of this listening*
- *Stigma of 'social work' not all homeless people want social work involvement this could be due to their past experiences as children growing up in an unstable family etc.*
- *Needs to be more of focus on support of homeless people (especially families with children). Less of a punitive way of working.*
- *More support for people with personality disorders to sustain accommodation to go along with new legislation giving priority need status for temporary accommodation.*
- *Bring stakeholders aboard: Housing Associations and others RSL's have and are playing a major role in developing and providing housing and support for homeless people . Why are they not represented today?*

### **Confident, competent workforce**

- *By regular meetings interagency, e.g. see what each is trying to achieve*

### **Management & Leadership**

- *Need to listen to front line workers and service users*
- *Over management v. professional competence and autonomy. Where is the accountability to be in the next 20 years?*
- *Recognition of the immensity of scale of homelessness and joint focus*
- *Need one partner agency to be case co-ordinator - write up protocol and policy across agencies*
- *'Inclusion' should be used rather than 'integration' – if you really want people to be part of things rather than separate that they need to be integrated!*
- *To change culture need to change language – not homeless person but person experiencing homelessness*

### **Role of the Social Worker**

- *Rethink the idea that homelessness is not a social work priority when drugs/alcohol, child protection, mental health are all deemed priorities and are so intertwined with homeless ness*
- *Feel real resistance to new ideas from social workers*
- *Need more social workers at these events*
- *Joint working – mutual professional respect*

- *Social work is a human rights discipline with a Code of Ethics. Often they are faced with issues of competing human rights*
- *The specific skills that social workers have are: 1 social analysis 2 social catalyst for change 3 through the social relationship*
- *Social work educators should include prevention of homelessness – information and advice – not refer when homeless, but when risk occurs – even before the 56 day threshold*
- *All social work should be community social work – it's not a specialism – it's a value*
- *Need to look at solutions – not get caught up in 'but that's how it is'*

## **Notes from the workshops**

These are the full notes that were taken during the workshops.

### **Workshop 1: What are the issues that concern us?**

#### **Group 1**

Points identified for discussion:

- Generic vs. specialist services
- Access to accommodation
- Migrants, child traffickers, asylum seekers
- Communication and integration of social work departments
- Boundaries between social work/homelessness
- Crisis led/preventative work
- Housing stock
- Market place /commissioning role
- Minority groups e.g. those with personality disorder
- Priority need groupings
- Community issues vs. chaotic lifestyles
- Privacy – human rights issues

#### Accommodation

Delivering priority need is difficult without adequate levels of accommodation. There is also the problem of attitudes surrounding those who are 'deserving/undeserving'.

One size does not fit all – rights – needy and dangerous. Huge reduction in social rented housing – not keeping pace – contravening legislation by using B&B's but there are no alternatives.

Fobbing off problems i.e. immigrants can't access housing departments so they fob off to social work department.

#### Access to services

Differences in local authorities with Housing/Social Work definitions e.g. people not getting income.

Restricted now with regulations/legislation in how to use funding – over legislated.

#### ASBO Legislation

Community being allowed to police individuals. Will increase in the next 8 months. They arsenal they have will exacerbate the homelessness issue later. Contradictory legislation - homelessness leg vs. ASBO  
ASBO very reactive piece of legislation and is punitive.

#### Role within community development

Social work has lost its community development role. People need to be freed up to get back to this. Only one community development worker in Scotland. Support as a preventative measure is far cheaper than constant crisis intervention.

Person centred does not necessarily mean working with one person.

Current social work involvement, especially with families focuses on the negatives; should move to have a more positive focus.

Accessing support from social work is very difficult for people who need low level support. Alternative mechanism not available at point of need: revisit social work at point of crisis use of housing support work.

Skill mix assists the early intervention process e.g. being able to ask key questions to uncover issues under the surface. Huge workforce available to carry out some of the work.

Timing of access to social workers. Sharing of skills etc increases the resources.

#### Integration

Health and social work services. Sense of loss – power dynamic. Difficulties in stock transfer. Community Care function has proved a barrier. Integration of services is more effective from the bottom up than structural integration e.g. Management across different services have barriers. Formal agreements to provide consistency.

Relationship between community bodies and voluntary sector. Communication poor between prison based services (social work of health) and community support providers. No funding mechanism that secures the accommodation prior to release. No statutory obligation or obligation on the prison service.

Sex offenders, personality disorders – ‘move through’ on a constant basis: looking at who is responsible? Health? Social work?

Roles in some local authorities are clear - good linking with police, social work and housing.

Custom built accommodation meets extreme resistance. One to one personal support packages would be choice based letting and common housing register. Glasgow setting up personality disorder services: priority group are the homeless.

Difficulties encountered in smaller authorities in linking services e.g. health. Managing of expectations e.g. realism.

#### Migrant workers/asylum seekers

Legislation limits local authorities’ ability to deal with this. Breaches of legislation. Only if affected by community care or childcare issues. No access to state benefits – local authorities have up till now dealt with them in terms of ethical responsibility however, the enforcement of surcharges.

'Trafficked children' brought in through the sex industry. Social work and others referring them to the voluntary sector to assist.

Joining up linkages between and within legislation.

Process of consultation – overloaded. Good practice showed that agencies etc were responding jointly.

## **Group 2**

Issues identified:

- Integration and integrated working – what do we mean by integration?
- Communication, information sharing & confidentiality
- Organisational structures
- Role of the qualified social worker – is there a role for the qualified social worker?
- Resources
- Young homeless people – falling between Community Care & Children and Families
- People with most complex needs
- Issues around engagement
- Refocus crisis intervention to prevention of homelessness
- Rights and Responsibilities
- Relationship between Local Authorities and the voluntary sector

Definition of role of qualified social worker would lead into discussion of other areas – e.g. integration/communication.

Social work longitudinal – housing is a fixed service. Issue about marrying this in the life of an individual. Difficult to define this.

Not all social workers work for a local authority – they are seen as having a gatekeeping role. Priorities are the statutory duties.

Do we need social workers? What we need are the skills required to meet the need and at different levels. These may not always come from social work. Wider than skills, way of approaching things. What is it that social workers bring to the delivery of services? Combination of the two.

Need to look at why we intervene in people's lives – all agencies. Other agencies have more traditional view of homelessness.

Role clarification – not just for social workers or social care staff. Look at what people from different backgrounds bring.

Social workers coming in to the profession now expect to be care managers.

Strategic side linked to funding stream/being linked to QSW

Lot goes on in field of homelessness over and above the QSW role.

Consider range of other staff in direct work.

Voluntary sector has as part of its strategic structure social work input.

Care Commission gives policy and procedures.

Supporting People monies have allowed agencies to call on other services without using social work.

### Designing a homelessness service

Values and principles of social work (underlying principle of how social work works).

Values: acceptance of people for who they are. Social work picks up people who are excluded. Priority is the outcome for the client. Non-judgemental advocacy. Assessment of person's need for services and finding a way to help people to access services themselves; become more independent.

Housing supply – not enough housing stock.

Need to focus more on preventative side.

Homelessness is a symptom of other problems.

Social work starts from an understanding of people's problems working with people in a progressive way. Sociological understanding. Focuses more on individual whereas housing has to balance rights of individual with rights of the community.

However things have moved on with homelessness and housing. Increasingly a shared value of the person as a whole and their position in the environment. Health involvement also looks at the person holistically.

Often insulting for a healthcare professional to have to bring in a social worker to carry out assessment. Also ties in with gatekeeping role. Not best use of resources. Also issues about information sharing.

### **Group 3**

Post it points:

- Partnership – we all already have integrated teams. The problem is that we have social work models and health models – we need a completely new model.
- Conflicting priorities – competency demand across and within services.
- Waiting times and poor access to services
- Appropriate accommodation – need to match need and circumstances
- Housing availability
- Gateways to resources or gatekeepers of resources
- Issues of access to specialist services such as mental health and drug abuse.
- Problems of information sharing and confidentiality.
- Wider political agenda issues – ASBOs

### Integrated Working

Aberdeenshire rural area – they have a variety of vulnerabilities. Out of hours emergency help – hotels and B&B's not enough need real homes and places to stay. Night shelters have been closed after inspections. Too many regulations and standards.

Hotel and B&B accommodation does not give short term care for people in need.

Local authority roles are not working.

SE policies do not link up. Lack of elected member support, conflicts across departments, different priorities. Stronger political leadership is needed from local authorities and the Scottish Parliament.

Frustration even though there are integrated teams. Different IT systems and information protocols. Single software system. Need to take integration further. IT systems of social work and housing different. Everyone needs to help work together and pull in the same direction.

Management and on the ground need to work and help develop integration. Need to go back to ideas of common goal and objectives. Can deliver faster response services working collectively.

If integration isn't there you are leaving issues of quality or service to chance.

Service users have two part services. Statutory sector doesn't listen to what other sectors are doing. Don't know the connections. Should be learning from each other, sharing good practice. Need to recognise the commonalities.

Complexity of individual needs require networks and connected services, collective common understanding of issues which are tailored to their specific needs.

Waiting lists, hard to access services, long referral processes. The services they get don't really fit needs – e.g. B&B accommodation. They then fall out of the system then later they reappear with the same and worse problems. A constant cycle.

Far too many separate agendas and need resources.

Need clear definition of roles and what all parties do.

Need to be effectively delivered, fast – due to the extreme needs.

There is currently no clear duty to really provide for needs. This has to change for the problems to be resolved. More preventative work is needed.

### Direct Housing

More housing stock is needed but it is also about housing support work. It's more than just giving people a house to respond to problems. They need regular ongoing support.

Resources need to be well provisioned within localities.

There is too much refusal taken place which is done on the basis of people's criminal records. Local authorities are currently able to pick and choose.

Some people get left too long in 'temporary' accommodation. Regularly the process to help them rebuild their lives can not occur as they have no permanent address.

Poor housing quality.

It's hard to get them to a better stage of home living.

### Crisis Response

Out of hours not same resources.

Hard to define when crisis occurs, difficulties of prioritisation. Crisis needs to be defined as when the service user thinks it is rather than when care manager or social worker thinks it is.

If a crisis occurs before 5pm you are OK but after 5pm much more problematic. Client needs do not stop at 5pm neither should services.

Voluntary sector has to jump through too many hoops, is far more regulated than the statutory sector. But the voluntary sector can handle homelessness services better.

People are not taking on the responsibility, everyone's job but no-one actually doing it.

Change in culture i.e. shift patterns are needed but many workers are not happy to change their working hours. People need to want to change.

Should have emergency workers and flexible shift patterns. Support systems for workers need to be in place – can't just be front line staff that are expected to adapt also needs to be managers.

Need to be able to show good practice, innovation and share amongst everyone.

### Accessing specialist services

Internal boundaries were still causing problems. Pathways into specialist services were still too complicated.

People have to sleeping rough to actually get access to the services they need – they have to be in high problem bracket – the services are out there but the process of accessing them is too difficult.

Issues of breaching confidentiality, data protection can be the cause of many problems. Need to have systems that ensure the right people have the right level of access to information.

It's about building relationships and trust in order that users get the services they need. Some social workers are good at sharing information others are not.

Teams are made of people with varied skills and backgrounds. Key to teams working is that everyone is clear about their own and each others role and responsibilities.

Generic service relationship to specialist services. Homeless people need regular contact with both sets of services. It is so complicated to co-ordinate networks of services as homeless people have complex and often extensive problems. The fact that so many different service providers are involved can lead to communication problems.

Rural issues: whole set of other issues, Glasgow set up would not work.

Clarity of the role of the social work and social workers amongst themselves and amongst other providers.

### Main Points:

- Better joined up working at all levels needed from start to finish.
- Better access to appropriate housing. Proper accommodation with the support package they need alongside this. It's got to be more than a house.
- Provision of 24 hour service that is flexible responds to user need. Integrated in relation to crisis support.
- More joined up policy development is needed. Policy has to really match what is going on at the ground level.

#### **Group 4**

- Integration
- Assessment
- Whose responsibility is homelessness? Research indicates that the homeless often suffer from 4-5 serious health issues. And generally have a range of needs which can be difficult to identify. They tend to not fit into neat categories. To address these needs requires more than just social work services.
- Legislation - Homelessness is not seen as anybody's particular responsibility – is it not time that homelessness was made a statutory responsibility for social work? SE needs to state legislative position on where social work/health etc role is in homelessness. Need to examine the role of the Chief Social Worker Officer and include homelessness in the role.
- Resources – where there are resources services can be developed to meet needs. When resources are tight people get protective.
- Services aren't designed around the user - the user has to fit into the services available.
- Role of the social worker – currently beaten back by bureaucracy. All they are able to do is fire fight. Are we making the best use of social workers time? Do we really need them to be doing assessments? What about other agencies or social work assistants performing this role?
- Becoming homeless can be seen as a means to getting housing - we need to find a way to prevent this.
- Contradictions in policy – ASBOs vs. Homelessness.
- Early intervention & prevention vs. crisis management

#### Access to services

Takes too long to access services has to reach crisis level.

Responsibility for homelessness has shifted from social work to housing; it needs to shift back to social work. However homelessness cannot be seen as just a social work issue or just a housing issue, it is a local authority issue. They need joined up strategies to tackle the problem across internal departments.

Continuity of social worker/client relationship – service users should get the same social worker to deal with their problems.

All people want is decent accommodation, they don't ask for much.

Issues of integration and access to services are dealt with much quicker in smaller local authorities. In big urban areas people will 'bounce around'. Raises the question of whether weaknesses in services are a resource issue or a bureaucracy issue.

Lack of accommodation is a big issue – creating a situation where not only do you have to be homeless to get accommodation but also to access services.

Not about where services sit but how accessible they are. Councils need to examine how they are delivering services.

Accessing social work services – reception areas often not approachable, can be scary to approach.

#### **Group 5**

- Social worker workloads & staff shortages – perception that nothing will improve until there are more social workers. Need to examine what is the qualified social workers role. What has to be a qualified social worker task? At what level of intervention does a qualified social worker need to get involved?

- Bureaucracy & Paperwork
- Service User involvement
- Resources – lack of housing stock. Need different sorts of accommodation to meet different client needs. There needs to be flexibility and variety of services with different agencies linking up e.g. prison services linking up with social work and other transition support services. These issues can be particularly pertinent in rural areas where a range of services may not be there. People need the freedom to be able to use resources more flexibly, cannot just hide behind 'lack of resources' argument.
- Image of Social Workers – Poor image. Perception that the middle class graduates in social work departments have a lack of life experience to draw on in their work. Need people who have a holistic approach to work with vulnerable client groups. Need to be more opportunities for people already involved in social care work combine studying to become a social worker with working. Opportunities for this kind of study/work combinations have opened up a bit but more needed to be done to ensure the people with the best skills were becoming social workers. Currently seems to be an identity crisis for social work in terms of accountability, who is doing what and where social work sits in relation to roles such as housing support workers.
- Over-welfarisation
- Professional autonomy and accountability
- Culture and understanding – homelessness is a temporary position rather than a permanent state. Do not have homeless people but people who are experiencing a housing problem.
- Access to Services - contact with social workers can take a long time for things to go up the system – not enough back up services. Services generally are neither accessible nor flexible enough to meet user needs as they occur. E.g. when a client might decide that they are ready to go into rehab it might then take 13 weeks for this to be processed. Have situations where people have been in homeless hostels for 20 plus years.
- Crisis Management vs. preventative and early intervention work – addiction, direct access hostel they are not at the stage where they want to address their problems. Is there a role for social workers to start working with these people? Social workers could be advising on harm reduction – getting clients to think about their problems. Social workers need time to build relationships – however culture of quick outcomes – but this is not possible with these types of complex problems. Should social workers have a role in preventing people losing their tenancies?
- Generic vs. specialist services – specialist services can address issues and prioritise problems.
- Legislation – different department in local authorities work to different parts of legislation. Need to ensure that there is understanding about what each other is doing. Legislation generally can be very contradictory. Legislation can also force different people to be prioritised to others detriment.
- Integration - barriers to holistic working when social work departments are split into different departments. Local Authority strategies on homelessness – housing cannot deliver on own needs social work support.
- Institutionalisation – Moving people on from hostels to accommodation – if they do not receive good after care they will end up back in hostels. There has been a gap in providing this transitional support for people.
- Communication & Information Sharing – not enough joint communication between agencies working with clients.

## **Workshop 2: How do we solve the issues brought up in the morning session?**

### **1. Role of the Social Worker**

'Identity crisis' defining the role. Relationship with social workers and other professions.

What should/could they do in the homelessness problem?

Gatekeeping role. What are the boundaries between what social workers do and what other's do?

Issues around recruitment and retention.

Recruitment and retention: public relations to promote social work – SSSC could play an instrumental role in this? Lots of interest in the profession, although not enough placements and practice placements. Need to capacity build in the existing service.

Professional autonomy and control is negatively effected by over middle management. In recent years there has been an increase in the number of middle management.

Supervision should be about practice skills more than admin and practical stuff.

Social workers focus on the negatives 'what's not working in this family' change to positives, should be more proactive. Other workers could do assessments – i.e. benefits office.

Social workers intervene at crisis point because skill, capacity and coping mechanism building (i.e. group work etc) is no longer a part of their remit in local authorities. (There are some social workers in community voluntary organisations). Social workers are trained in being proactive and in early intervention but their role in social work departments focuses on the negative issues to be fixed in times of crisis.

Not helping anyone to assume that the mask of expertise of being a registered social worker that the social worker has better skills necessarily than unqualified workers in the voluntary sector.

Is supervision and line management the same? And can they be delivered by the same person?

Should take out the middle level of management or at least make them do casework for a minimum of one week per year.

Need to present a positive image of social work to recruit social workers. Recognise the value of multi-disciplinary work undertaken by the voluntary sector.

### **2. How to make the person centred approach a reality**

Understanding between agencies and clarity on who is doing what. Need to examine the tensions in relationships and address gaps in services. Lack of flexibility in funding.

Need to ensure that we get better at involving the service user in design and delivery. Collaboration between services and joining up of services. Lack of flexibility issue.

Feedback at the review session is an example in that they tend to concentrate on service providers rather than service users – travel to these events is an issue.

Service users need to be looked at as people not just a name in a system.

Should be about the individual matched to their needs in relation to resources. Scarcity of resources leads to poor services – makes clients feel undervalued – frustrating for social workers.

Social workers need to be able to be more autonomous – there still needs to be constraints but bureaucracy needs to be cut.

There are resources out there but a lot of wasting is going on – look outside of social work

Listen to what the client wants and try to give it to them

There are no prevention workers; the more prevention you have the less it will cost to provide services.

A lot of homeless don't know how to live in a house they need more help when they get accom with bills, benefits etc.

Professionals may feel disempowerment if service users are empowered

There needs to be a culture change in the power dynamic between social workers and service users.

Quite often service users don't fit the service available. Social workers have limited skills in homelessness

What social workers should provide is a values base applied to homelessness – issue about how you train people other than social workers to have these skills

We need to improve awareness in sw – its an issue in how we engage people

Social workers need to talk same language as service users

Sw isn't definable its about listening and trying to facilitate.

Social workers are agents of social control this becomes a complex issue for people and may stop them approaching social workers. A lot of people distrust social workers

If statutory sector prevents social workers building relationships with clients then they work in the vol sec

When a sw has to say no to a client then the client loses trust

### **3. Prevention & Early Intervention**

Is it right that crisis intervention is the only time social workers are involved?

How can we prevent homelessness? Need to have joined up planning to avoid homelessness – what role does social work have in this.

Early intervention would be giving social workers education on housing issues.

People still don't know that they can go to housing before they are homeless

Need to identify those at risk of h at an earlier stage – host of areas where if risk areas were identified could start joining up with agencies earlier

Need a shared language of what risk is

Tenancy sustainment work more needed

Social workers should be more involved in tenancy sustainment, resettlement work

Not expecting sw to deal with all risk issues but knowing the best networks and resources for the individual

Locality development co-coordinators in Glasgow – shifting focus away from city centres to local areas.

Really early intervention to tackle housing problems to prevent people becoming homeless in the first place

Social workers need to get a grip of key housing issues

Additional resources are needed to deliver on early intervention

Local authorities amount of homeless presentations need to recognise that early I and preventative work is the only way forward.

Need to have services for young people to tap into needs to be more than just in the curriculum there is more that education could be doing but the problem is persuading them that this is their role. Have to have commitment from headteachers to commit to having on the curriculum

Health wellbeing, homelessness and social work – review needs to bring these 3 policy strands together

Do we therefore need to clearer about the role sw has to play in tackling homelessness? Social workers do not have the time to be doing preventative work as they are too busy doing crisis management, not having the resources, different roles have sprung up to meet these gaps such as rent arrears early intervention officers

Gov wants measurable outcomes from early intervention however these are very difficult to quantify.

Social workers need to be intervening in situations where people are in danger of losing their tenancy and need to be able to provide basic housing advice

Local councillors, culture of community to challenging people – attitude of move them on from this area, attitudes of make yourself homeless to get housing – this is where social work education needs to come in

‘Housing option guides’ need to be circulated to social workers. Need to communicate better with social workers housing information.

Across local authorities not ‘brought in’ to the homeless agenda, has been left to housing only

Access to homelessness has broadened need to look at different options – e.g. shared accommodation rather than 16 year olds trying to sustain tenancies themselves – no realistic chance of been g able to do so.

Clash between policy and what is practical.

CHP’s will lead to communities saying ‘do we want these people here?’

Sw should be involved in homeless prevention – however needs the investment in specialist committed to the cause – need to sell this need to senior managers.

Social workers needed to inform other services where risk of homelessness occurring exists

What is key is a shared understanding of what risk is and what other services can do for each other

About people making the connections – housing departments passing info on to social work and vice versa.

Needs to be ring fencing for early intervention – will always do crisis management unless there is the ring fencing of funding – resources are key in this issue

Prevention & early intervention are not so much about who does it but rather that range across public services recognising the risk/potential for tenancy lost

#### **4. Joined Up Working**

What do we mean by integration? Different pressures and priorities on different parts of the system. How can assessment be joined up? How can crisis support be joined up?

Concept of integration not yet started in earnest in terms of delivery in some parts of Scotland. Successful integration works on two levels operational and structural. Good practice example: health, police and social work are key players for emergency social work in Aberdeenshire.

Problems occurring e.g. health model vs. social model – who's responsible when there is 4,5,6 needs to be met for the person or when medical need not severe enough for primary medical responsibility and medical need too severe for social work responsibility – what to do? Middle management can give out mixed messages which is where the confusion starts. Need training at the front line, strategic planning at the top and a robust middle management.

Difficulties occur when integration appears only at one level. 'Passing of buck' by health where individuals present at A&E and don't have medical needs.

Vulnerable Adults Bill – legislation that will help deliver a framework where the model will be more centred on the person's needs.

Inconsistency within management is an inhibitor to good integrated working.

Characteristics of effective integration: goodwill from staff, training – understanding terms jargon – sharing the same language, structural support, time to let it grow organically. Overall balancing the needs & risks – social workers have to be able to focus on meeting needs rather than getting to bogged down in accessing risk.

Value of each discipline not being appreciated. This is causing a huge barrier to integration on the ground. Lack of respect.

Look at transferable skills, knowledge: breakdown the component parts of need and engage specialist assessments where appropriate.

The consultancy role: importance of sharing expertise/skill.

Co-location is crucial to effective integration.

Organisational Structure:

Effective integration works best with a lower level of hierarchy.

Social work needs to be integrated within itself. Managers become detached and this results in decision making becoming slow and difficult. Social work should be more autonomous.

Use of peer support – creative solutions. Should be more decision focused as supposed to practice-development focused.

At management level need to determine who is responsible for policy/integration issues and driving them on.

Re-configuration of management (middle) structures to assist the integration e.g. continue to practice

Meetings audit – what are the necessary priority meetings.

Integration of the public sector?

Real integration of voluntary sector has been happening for many years within the voluntary sector – they are the real true players in integration.

## **5. Service Redesign**

How can we get better at designing services around the needs of the users? Do we need to start from scratch? We need to think beyond barriers – can not be done by one part alone.

Redesign of services around user needs

Make sw values clearer – what they can and can't do.

Service users have to be at the centre of planning

Need to look at positives and what to build on

Need to break down barriers

There's lots of management but not much leadership managers need to take more risk.

## **6. Access to Services**

Need to ensure that access to support services is clearer and available when people need them. Way in to services is a well kept secret – needs to be more joined up. Better signposting needed. Have we set up a system based on keeping people out?

We need a completely new approach to handling access to services.

Strong agreement with this statement; 19 people agreeing or strongly agreeing, 3 voting neither and 0 disagreeing.

## **7. Community Development**

Need to ensure that we invest in building the capacity for all services to respond to need, ensure all professions have a preventative approach whilst utilising community resources.

Communities also need to take responsibility.

Homelessness happens to a person at a particular point in their life – people should not be labelled throughout their life as 'homeless'.

Services should be accessed in localities creation of resource directory that is locally based.

CHP's allows authorities to build a community base. This may be moving away from generic social worker.

Why not have a community resource centre which could link people to specialist services – 'one stop shop'.

Local authorities need to think about how they deliver service. Perhaps move away from councillors wards.

People need to get more involved around community planning. This would allow people to understand better about bigger community issues.

Need to remember that other agencies provide services too – need to link in with these.

Issues about provision of 'one size fits all' services – i.e. getting communities to accept, for instance, sex offenders.

Society's expectations of service delivery have risen.

Need to resource advice and information services across all professions.

Currently don't do this well.

Community resource centre locally based staffed by skilled staff and also volunteers. Open 8-8, 24/7

Run by the community for the community.

Local authorities are beginning to work out of 9-5 hours.

Intelligence mapping – need to tap into information held by GP's.

In rural areas communities should take more responsibility. Not just a social work issue.

Social work needs to get better at asking service users about the service they receive.

Social workers on a day to day basis do take risks but they need to be supported doing so.

Mediation needs to start earlier in supporting families to stay together. Large percentage of young people who present as homeless often go back to their family. Would a community approach be more effective in dealing with these problems?

Communities determining how resources are managed needed. Difficult issues: exclusion of certain groups of people from communities e.g. sex offenders, paedophiles etc

Need non-stigmatized services that are available when people need them, open accessible hours, not just nine to five.

## **8. Joined Up Planning & Policy Making**

Perceived contradictions between different policies – ASBOs, immigration, benefits. How can we ensure better policy making? How can we learn from front line workers what will work?

Policy proofing – different social policies need to be checked through different departments like 'equality proofing' in local authorities – SE needs a 'Policy Implication Unit' – joke but key to solving the problem.

Se doesn't involve Housing enough in the homelessness policy making agenda – not seen as professional

Performance/outcome reporting frameworks are not particularly joined up.

Regulatory frameworks also not joined up.

Need to have same housing benefit processes across local authorities – too much variance in application of housing benefit – in order to use regulations in order to meet targets

Homelessness strategies need to be joined up in local authorities and also on a national level – currently there are too many rules and regulations complicating matters

## **9. Communication Voluntary & Statutory Sector relationship**

Issues around how we do/don't share information in joined up working. IT systems not linking up (even within social work departments). Making sure that bureaucracy doesn't get in the way of good service delivery.

Needs to be more to it than local authority just buying services – needs to be joined up planning. Relationships between staff at all levels including senior levels to enhance delivery of services. Variability of voluntary sector size - very large and smaller local organisations have good knowledge and expertise that we don't want to lose.

Face to face interaction breaks down barriers on both sides and from then on interaction is good.

Shadowing in the voluntary sector – better understanding of what each other is doing. Watch and learn from each other. As people learn about each other this breeds understanding. Physical showing the way to do this – among same workers in different sectors and different workers in different roles.

Share training

Voluntary sector diverse and don't always have the networks to support interaction – so many represented under the label 'voluntary sector'.

Sensitive information can be shared if users are asked and agreements are made, mandates so information can be shared. Guidance, protocols have to be made over what information can actually be shared.

Sharing of buildings, IT, joint funding and ways in which guidelines advice can be given as to how these can be set up.

Sometimes the voluntary sector isn't poorly resourced and taking from the statutory sector. Sometimes they can fund help to stat – provide services and training within the vol sector that can benefit the stat too.

Sometimes vol groups want to remain 'independent' some times don't want to get involved with the stat. networks have to be well balanced – very sensitive. Competing standards, sector regulations, too many hoops and different sets of laws, hard to work within. Need joined up standards and single shared inspection.

Need to agree on common understandings – relation to producing statistics for different tiers of inspection.

By joining up health and sw departments make too large and bureaucracy goes up.

Respect locality and uniqueness of small areas – local power is important to build.

Working with local vol groups take in the burden of small longer term social work tasks. These small add-ons and groups can make the difference to providing care.

IT training and 'technophobia' – need for proper appropriate training. Computer systems need to be connected and shared. Staff have restrictions upon computer access. i.e. can't access email externally in Glasgow city council only from middle grade up is this allowed.

Palm top recording ease. Voice recognition software.

Issues of size and ability to fund technological funding. Local authorities may need to help some out to ensure everyone is connected.

Tendering – guidance nationwide not always who is cheapest for tendering but a balance of quality, skilled staff etc. Small yearly application need to be longer – too short termist. The large amount of work put into tendering and not always successful. Is this the best way of allocating money?

Should be more about the quality of service than cost. Unreasonable levels of bureaucracy in relation to the amounts of money allocated.

Tendering process needs to be simplified and there is too much monitoring – needs to be proportionate.

Consider getting a funding officer?

Smaller organisations struggle more with same forms and monitoring as large ones. These agencies still need to make a profit but can't afford to do this.

Central repository of forms, simplified, clear advice.

Should not have to refill the same forms every year.

Still reliant on paper forms, simplify PDF forms shared on intranet and internet basis.

Operational issues – how local authorities communicate and work together – need to share information *within* local authorities across different departments.

Need to set up a database, shared contact list of related groups.

People are ignorant and have poor understanding of issues like mental health etc and need to communicate, share and educate.

Forums, sharing strategy groups – everyone can contribute to.

Management leadership co-ordination. Someone at the top has to have a finger on the pulse. Leadership holds it together and unity leadership agenda has to be there.

Break up the hierarchical structure – though in smaller local authorities this is not a problem – flatter structures. Frontline devolved responsibility.

The vol sector doesn't want to feel so disempowered. That's why many voluntary agencies like their independent funding.

There needs to be access to those who make the decisions and trust not 'have to be pleasant to the powerful, can't upset the balance amongst statutory sector who control and decided the voluntary circumstances.

**Nicky Cleghorn**  
**Research Assistant**  
**21C Social Work Review**  
**20<sup>th</sup> July 2005**