

Outreach Essentials Bitesize E-Learning

Safety, well-being and development

Welcome to the final video in this series of four bite-size introductions to effective outreach. In videos one, two and three, we looked at the tools outreach teams can use and ways of working they can adopt to be most effective when supporting those sleeping rough. In this final video, we will look at the safety, well-being and development of outreach workers themselves.

Let's look first at physical safety. What measures can outreach teams put in place to identify and assess risk, and what infrastructure can be put in place to ensure the physical safety of outreach workers and other staff whilst on shift?

Rough sleeper outreach is not building-based and doesn't follow a 9 to 5 timetable. Outreach workers can often find themselves on shift late at night or very early in the morning, visiting secluded or difficult to find locations where few others are around. For this reason, it is important for outreach workers to be able to identify and assess risk.

Identifying risk and approaching a sleep site appropriately is also important for the physical and mental safety of those sleeping rough, to ensure they are not unintentionally triggered or re-traumatised by being approached by outreach workers.

Risk can be both static and dynamic.

Static risks are those that can be thought about in advance, their probability and impact assessed against a risk matrix, and mitigated for.

They are things such as location, for example, is it secluded, is there street lighting, is there clearly defined footpath, is it difficult to find, in a derelict building?

For example; if it is in a secluded location do you have accurate directions? If there won't be street lighting, is it possible to visit during daylight hours? If not, do you have torches? If you are going to use torches how are you going to approach the person you're looking for without frightening them or accidentally shining the torch in their eyes creating night blindness? If you are going to a site in an abandoned building or block of flats, how will you get in and out safely?

You also need to consider what you already know about the person you will be approaching. Do they have a history of violence? Do you know about any mental

health support needs? Might it be a female in which case can she be approached by a female outreach workers?

Do you know how many people are using a site? If more than one person is using the sleeping site, might it be better to visit when you've been able to find out more about them, or when you have support from the police or other outreach colleagues?

Dynamic risks are those that have the potential to change and that you need to think about and constantly reassess as you're working. This could include things like changes in the weather and conditions underfoot, the behaviour of the person whose site you are visiting if this is your first contact with them. There might also be more people at sleep site than you are expecting, dogs or other animals, or tents that you can't see inside of.

An experienced outreach worker will often automatically assess risk as part of their shift planning. But, for anyone new to the role their induction and training must include being supported to properly assess risk using a risk matrix and putting in place written safety plans.

As well as physical safety, it is equally important to think about the psychological safety of you and your outreach colleagues. Individuals working in the homelessness sector often face challenges in the workplace and can be exposed both to those who are traumatised and to traumatic situations. Over time, this can lead to what is called vicarious trauma or secondary traumatic stress. These terms are often used interchangeably, but they are both a type of indirect trauma experienced as a result of working closely with trauma survivors.

Burnout can occur in individuals as a result of chronic workplace stress that has not been successfully managed. The impact of burnout can be both physical and psychological, for example, an overwhelming sense of exhaustion; feeling unable to cope; and feeling emotionally detached and cynical.

It is important for everyone working in frontline homelessness services to understand and recognise the symptoms of vicarious trauma, secondary traumatic stress, and burnout. These symptoms might include; a change in world view and in your beliefs about yourself, other people and the world; experiencing nightmares, flash-backs or intrusive thoughts; hypervigilance and difficulty concentrating; and difficulties relaxing and falling asleep.

So often, it is accepted that working in the homelessness sector comes with a high level of stress and therefore symptoms go ignored and somewhat normalised. But you and your colleagues can be supported in your work through regular supervision with a line manager, reflective practice and debriefs.

Managers should ensure that they are having regular **supervision**/1:1 meetings with staff members, dedicating sufficient space for reflection and a wellbeing check-in. Providing space for individuals to acknowledge that things can be difficult can alleviate that person's pain and make it easier for them to cope.

Reflective practice is where individuals or teams take time to think about their role, including what is going well, what is difficult, how they are feeling, and how they make others feel. Embedding reflective practice into homelessness organisations is essential so that everyone can take a step back from their work and make sense of their experiences and responses in the workplace.

Debriefing is a process teams can use to help them cope with stressful situations and challenging incidents at work. Debriefing is essential for allowing everyone involved to unpack a situation, reflect on what happened, and learn from the experience. Allowing time to debrief helps people make sense of difficult workplace experiences and reduces the chance that these incidents will have a negative impact on staff.

The final support tool we will consider here is **continuous professional development**. It is widely accepted that workforce retention is better in organisations that invest in continuous professional development for their staff. Therefore, staff development will not only help outreach workers to refresh their existing knowledge and learn new skills, but also create a diversity of knowledge and experience within a team.

Professional development for outreach workers might include training on working with people with mental health or drug and alcohol support needs, how to support an individual to prioritise their health and access health services, trauma-informed, person-centred and strengths-based ways of working. Such training and development will also help outreach workers add to their networks of organisation and individuals who can play a role in successfully supporting anyone rough sleeping away from the streets.

Self-guided activities

Use the following self-guided activities to think about the issues discussed in the video that may have impacted you as a result of your work.

Individually, listen to season 2 episode 4 of [Homeless Link's Going Beyond](#) podcast, which delves into the differences between vicarious trauma, secondary traumatic stress and burnout, and the impact it can have on frontline staff. Think about how the issues discussed in the episode may have impacted you as a result of your work. You will find a link to the podcast episode in the transcript for this video.

As a team, in a team meeting or reflective practice session, share what resonated with you most about the issues discussed in the podcast. Think about whether there are any common themes, and what tools you have, individually and as a team, to support you to face up to challenges.

Suggested action

Review and update your team's static and dynamic risk assessment processes. Can improvements be made to your processes using the knowledge gained over the course of these bite-size sessions?