
Delivering effective outreach services

Principles of outreach

- Risk of rough sleeping can be identified by assertively engaging those identified as vulnerable.
- Similarly, for those already sleeping rough, help is most effective if people are identified and engaged quickly and assertively.
- Staff need to establish a trusting relationship with vulnerable people in order to properly assess and respond to their needs.
- Trusting relationships can be established by listening, being open and flexible, and helping address immediate needs without constraint or restriction.
- Once trust is established, vulnerable people will be willing to engage in joint work to address practical and attitudinal barriers to change.

Outcomes

Some of these practical barriers relate to the housing and benefits system. Outreach workers are uniquely positioned to resolve these barriers because of their simultaneous understanding of both systems and of individuals' needs. In addition, through its relationship with other services and by exemplifying how to work with vulnerable people, the outreach service works to change the approach of mainstream services – so they are better able to deal with vulnerable people in future. The intended outcomes of the service are:

- Vulnerable people better understand their entitlements and have the capability to access and engage with mainstream services.
- They accept there's something wrong about their situation and take responsibility to change.
- Improved emotional coping skills: such as self-worth, self-esteem.
- They are more hopeful & motivated: can think beyond their current situation and plan their future.
- Ultimately they will agree on a plan to change their situation, which will include entering accommodation and changing their lifestyle.
- Vulnerable people may also be referred to mainstream services - which will be better equipped as a result of the wider work of the outreach service.
- Furthermore, as a result of this work we expect to see a minimisation of rough sleeping, begging and criminality.

Harm reduction

Assertive outreach practice guidelines are for interventions as needed. A harm reduction approach aims to provide a quality service by reducing the adverse effects of living outdoors. The primary goal of outreach when working with people who are sleeping rough is to assist people to improve their health and housing outcomes. Furthermore, it involves providing a broad range of risk reduction, health, social and related services.

Harm reduction involves a non-judgmental and respectful approach; assisting people in identifying the harmful effects of drug and alcohol use as well as benefits of decreasing or ceasing use; exploring alternate and safer activities; celebrating small successes; and developing flexible plans to address a range of issues.

Communication and trust

Effective practice should be centred on the development and maintenance of a trusting relationship between a worker and the person sleeping rough. The building of such relationships can begin to rectify mistrust of services and the trauma of demeaning behaviours and attitudes.

The process of effective engagement involves the development of a common language between workers and clients to enable the full consideration and exploration of possibilities for healthy changes from a common frame of reference. When outreach workers pay attention to subtle meanings in a person's language, they can learn to use this understanding to form meaningful connections with the person. As part of this process, workers attempt to genuinely comprehend and respond to the words and gestures communicated.

Assertive outreach

A persistent approach to street-based outreach requires repeated contact with individuals initially unwilling to engage. To provide a persistent approach the following support systems are required:

- An awareness by service management of the issues involved in supporting persistence, such as caseload size and capacity issues to prevent worker burnout
- Ensuring assertive outreach attracts employees with the necessary skills and personal attributes to successfully engage with people
- Providing appropriate training to employees throughout the process of recruitment
- Frequent contact between outreach workers and individuals is a central component of assertive outreach and can increase the likelihood of successful engagement.

Key is predictability, but flexibility when needed. Given the challenges people who are sleeping rough experience in accessing services, it is important that assertive outreach is organised at predictable times, days, and locations. Such a structure assists people to receive a service and facilitates the process of developing trust with individuals. Whilst predictability is an important element, there is also the need for flexibility so that outreach can manage unexpected events, such as an increased group size in hot spots and transient rough sleeping sites as people move to new locations.

Collaboration

Collaboration is another significant development of providing assertive outreach services. Outreach requires an integrated service response based on effective collaboration. Such an approach addresses gaps in the service system and strengthens the sectors capacity to support the holistic needs of people. It could be argued there are four main responses to homeless outreach:

1. prevention and early intervention
2. rapid re-housing
3. crisis and transitional accommodation
4. intensive responses for people with complex needs

Identifying need

When we set up the outreach, we knew the importance of developing an effective framework and to do this it is critical to understand the individual demographics and the proportion of people sleeping rough in a particular area. For example, looking at those experiencing primary homelessness:

- People who have been sleeping rough for a long period
- People with complex needs
- People new to primary homelessness with complex needs
- People who return to primary homelessness after a period of stable accommodation or housing
- People new to rough sleeping who may not have complex needs but are experiencing primary homelessness due to situational factors

Evidence indicates that the needs of people experiencing long-term primary homelessness and those new to rough sleeping can be vastly different. This is because the longevity and exposure of long-term homelessness can significantly compound the severity of complex needs, while a person new to primary homelessness will have less exposure to the breadth of conditions accompanying rough sleeping.

Furthermore, to prevent people becoming entrenched in primary homelessness it is necessary to develop early intervention strategies for people new to rough sleeping. Our outreach programme is based on the principles of trauma informed care, as such practice supports clients to become empowered by providing opportunities for skills development, focusing on individual strengths and promoting choice.

Trauma-informed and Person-centred

Our evidence suggests that people experiencing homelessness have a high prevalence of historical and current exposure of multiple experiences of trauma. Given this, it is important for outreach workers to understand how such traumatic experiences perpetuate the cycle of homelessness and to ensure current practice does not potentially re-traumatise people.

We also use person-centred practice, ensuring that service design is centred on the needs of an individual. A person-centred approach is a strengths-based framework which focuses on building individual capacities, skills, resilience, and connections to community. It is a way of discovering what people want, the support they need and how they can get it. It is evidence based practice that assists people in leading an independent and inclusive life.

As outreach is delivered in an external environment, it is important for workers to be mindful that the way services are provided requires a high level of flexibility comparative to traditional responses. This in mind we approach our service in several ways:

- Responses that focus on client needs
- Flexible engagement
- Individual choice and involvement
- Collaboration with other services

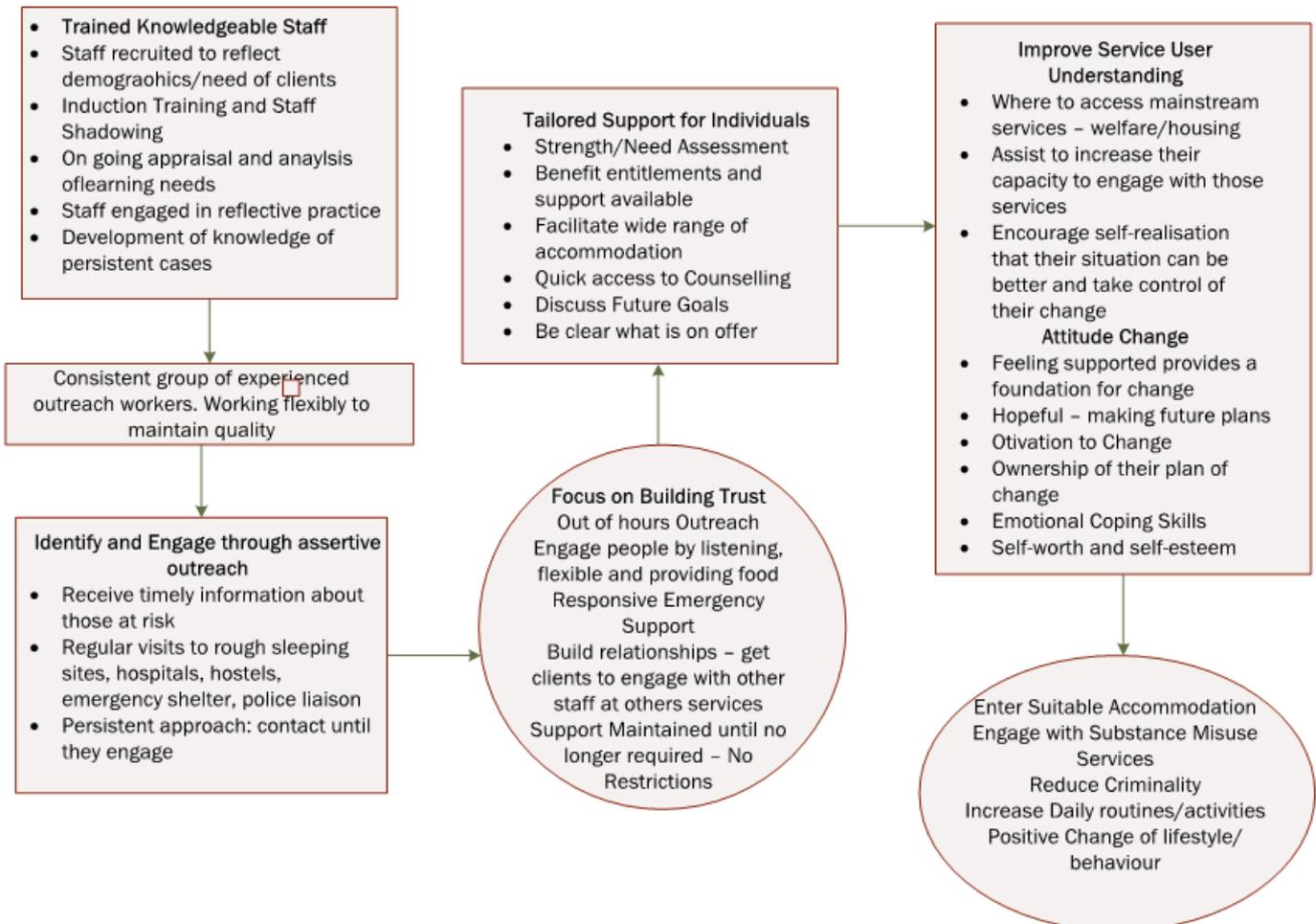
- Assessment tools that link client needs to the best service response
- Culturally appropriate responses
- Case management and coordination
- Skilled outreach workers
- Reintegration to family and community
- Timely engagement with individuals

Early Intervention

As highlighted earlier, to prevent people becoming entrenched in the rough sleeping community it is important to intervene early. The No First Night Out (NFNO) and No Second Night Out approach (NSNO), that we use, is an example of an early intervention strategy for people new to rough sleeping and is considered good practice. NSNO seeks to resolve a person's homelessness quickly, ideally on the first night or within 72 hours. The goals are to bring people to safety and to prevent and end homelessness, especially to prevent long-term episodes of homelessness, through rapid intervention. The purpose of the approach is to ensure a person's safety and to connect them to alternative housing options before living on the streets becomes a way of life. The five key principles of the NSNO are:

1. People new to rough sleeping should be identified and helped off the streets immediately so that they do not fall into a dangerous lifestyle of sleeping rough.
2. Members of the public should be able to play an active role by referring people sleeping rough to service providers
3. People should be helped to access a place of safety where their needs can be quickly assessed and they can receive advice on their options
4. They should be able to access emergency accommodation and other services, such as healthcare, if needed.
5. If people have come from another area or country and find themselves sleeping rough, the aim should be to reconnect them back to their local community unless there is a good reason they cannot return.

Outreach process



Outreach Process for Homeless Response Service

Changing Lives case study – Sam

Sam is a female of 36 years and had been released from prison and unable to return to her parents' address or any other previous accommodation. Initially street homeless on release, spending the first night out sleeping rough.

She had been in and out of prison over recent years due to minor theft charges, due to substance misuse problems and having very little stability. Although no long-term diagnosed mental health issue, she described suffering from anxiety and depression due to her lifestyle. Used illegal substances on occasions to 'self-medicate' and had worked with recovery services previously, but was trying to stay clean as she was pregnant at the time of contact. She had received support from housing agencies in the past, but this had been mainly temporary hostel accommodation and a short stay in supported housing.

Sam was referred by Changing Lives Women's Services while in prison but did not attend a prearranged appointment on release. When she did eventually attend Housing Options they contacted the Changing Lives' Housing Response Service (HRS), as she was unable to reside in any temporary hostel accommodation in Sunderland due to previous rent arrears and other related issues.

The HRS worker arranged to meet Sam at Housing Options and assess her referral needs. HRS arranged with a local private landlord for Sam to gain her own tenancy in Sunderland. This was a single bed property but with the chance to move on to a two-bed property once the baby was born. This was secured due to the offer of continued and intensive support as part of Housing First element of HRS, which gave the landlord confidence in accepting Sam as a tenant.

The property would be ready in 10 days, so the support worker arranged for Sam to stay in a room in an HMO until the property was ready for her to move into. During this period the worker supported Sam to register at a GP and, from this referral, Sam was able to get help from the substance misuse midwife at Sunderland Royal Hospital (SRH) and then linked in the Social Services for welfare checks. Sam was also supported to claim Housing Benefit and other benefits appropriate to her needs.

HRS arranged for a food parcel and essentials, such as bedding, personal hygiene products etc. This allowed Sam to transition from custody back into her community smoothly and quickly build a more stable footing in which to consider her own needs.

At the time of writing, Sam is still in the community and has not re-offended. She continues to be monitored by both health and social services around her pregnancy. She says that she is not using any substances at present, attends regular testing and is now housed in her own property.

Initially there were concerns about her stay the temporary HMO but, due to the intensive support offered by HRS, these issues were effectively managed and Sam has continued with her recovery. Sam is maintaining her property to a good standard and has recently sought counselling from the Sunderland Changing Lives volunteer counselling service. Sam's plans are very dependent on the outcome of her pregnancy and whether the baby gets to remain with her. There is more chance of this at present due to her current situation, but we continue to be mindful of the effect of a removal may have on Sam.

Sam said "I am happy at the moment but I know things might change. Diane has been an amazing help, but it's up to me as well".

Rough Sleeping								
Name	DOB	Location	Time	Reason for sleeping rough	Identified needs	Action taken (or to be taken as follow up)	Housed? information	Keyworker If applicable

Other								
Name	DOB	Location	Time	Reason	Identified needs	Action taken (or to be taken as follow up)	Housed? information	Keyworker If applicable

Locations checked on shift:

Client Log

Date	Initials & Date of Birth	Presenting Needs	Outcomes	Brief Interventions	Ongoing Client	Referred By	Referred To