

Committee:	Dated:
Homelessness and Rough Sleeping Sub-Committee	06/12/2021
Subject:	Public
Homelessness Team Social Worker – Impact Report	
Which outcomes in the City Corporation’s Corporate Plan does this proposal aim to impact directly?	1, 2, 3, 4, 11
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	N/A
What is the source of Funding?	N/A
Has this Funding Source been agreed with the Chamberlain’s Department?	N/A
Report of: Andrew Carter, Director of Community and Children’s Services	For Information
Report author: Maddie Tait, Social Worker in the Homelessness Prevention and Rough Sleeping Service	

Summary

This paper discusses the impact of the Homelessness Prevention and Rough Sleeping Social Worker role in the City of London over the last nine months. Background to the role and the current context in the City is given, and there is further discussion of the work undertaken since the role started. From looking at the number of care and support needs assessments completed with those who were homeless or sleeping rough in the City in the nine months before the role started and the nine months since, it can be seen that the number of assessments completed has quadrupled. This highlights the current impact of the role: increasing access to statutory services for our clients, which is also echoed in feedback gathered from colleagues in the City and our partner agencies. The paper also considers how the role can grow further in the future, and current plans heading into the winter months to support people experiencing homelessness in the City.

Recommendation

Members are asked to:

- Note the report.

Main Report

Background

1. In 2020 the City of London Corporation designed a new role for an Adult Social Worker based in the Homelessness Prevention and Rough Sleeping Service.
2. This is a relatively unique role, with few other examples of such an approach in London or the rest of the country.
3. The role was created to address the need for specialist social work input for clients who are homeless or sleeping rough in the City of London. It was hoped that this

role would act as a bridge between the Adult Social Care team and the Homelessness service, teams that have historically worked very closely together due to the common needs of clients accessing the two services.

4. The post is a one-year fixed term contract, funded by the Department for Levelling Up, Housing and Communities (formerly the Ministry of Housing, Communities and Local Government). I began the role in February 2021. I have now been in post for approximately nine months.
5. For the City as a whole, there have been significant changes during the COVID-19 pandemic, but particularly in the Homelessness service. The 'Everyone In' mandate has meant more people coming inside, and more opportunities to stay inside. This has also meant clients' social care needs that may have previously 'gone under the radar' have come to the fore, particularly for clients who have insecure immigration status.
6. It has highlighted the complex needs of clients who have continued to live on the streets, known as street-attached rough sleepers.
7. The timing of this role also coincided with an increase in research into the experiences of, and statutory responses to, those sleeping rough – such as how safeguarding referrals are managed. For example, the Homelessness Research Programme at King's College London (www.kcl.ac.uk/scwru/res/hrp), or recent work by Professor Michael Preston-Shoot, University of Bedfordshire ([Adult Safeguarding and Homelessness](#)). I have engaged with these different research groups and tried to instil the recommendations from research into my work, including lessons from Safeguarding Adult Reviews.

Current Position

8. I have been holding a case load of 15 to 20 people, the total number fluctuating throughout the nine months. This does not include people 'on my radar' where I can offer one-off and non-specialist advice.
9. My case load currently spans those sleeping rough (five people), those experiencing homelessness in temporary accommodation/hotel accommodation (three people), those in hostel accommodation, including the City Assessment Service (four people), and those at risk of homelessness or who have recently moved into accommodation (three people).
10. I have received a total of 32 referrals. Of those: 16 came from within my team in the Homelessness service; five came as transfers from Adult Social Care; and 11 were referred by partner agencies. I went on to work with 28 of these referrals. The four I did not work with had either moved out of the City, or it was agreed that another service would better suit their needs.
11. I have discussed clients 145 times in different multi-agency meetings (mostly standalone professionals' meetings to discuss specific clients, but also regular multi-agency meetings where we discuss multiple people).

12. I have been working closely with colleagues in Adult Social Care as well as the Homelessness service, and tried to facilitate relationships between the two to get the best possible service for the people we work with. I have attended Adult Social Care meetings and Homelessness meetings to provide a presence in both.
13. I have gone on 190 visits to people, some jointly with other professionals, but also some solo when risk assessed to be safe.
14. In regard to the nature of work I have been completing, I have provided both statutory and non-statutory input. I have completed 13 assessments under the Care Act (2014), seven care and support plans, five assessments under the Mental Capacity Act (2005), and two human rights assessments under the Human Rights Act (1996). I have been the allocated worker on two safeguarding inquiries. Two individuals I have worked with had needs that met the threshold for supported living placements, funded by Adult Social Care.
15. Alongside the statutory work I have also carried out a number of non-statutory cases where, while individuals did not meet the threshold under the Care Act (2014), I continued to offer a service. For example, by either using the Adult Social Care Early Intervention pilot, doing a short-term piece of work, or joining multi-agency meetings.
16. I have learnt a lot in the last nine months and have many hopes for the role going forward. These are largely based on the feedback I have received. These include:
 - a) Going into the winter months, I have arranged to do a monthly early shift with the Outreach team, so I can directly meet people who might benefit from social work input while sleeping rough.
 - b) I am in the process of arranging a drop-in advice and discussion session every other week with our Outreach teams and City Assessment Service team, to increase the offer of support to our partners during the winter months.
 - c) I would like to organise with partner agencies (including St Mungo's, and Thames Reach) to be part of their new starter inductions so that, as soon as someone joins, I can introduce myself and explain how they can reach me.
 - d) I am hoping to establish stronger links with other social workers based in local authority Homelessness teams and create a network to share best practice and information relevant to our roles.
 - e) I am working on a longer-term report reviewing the work completed so far. I am also establishing further plans for the future with targets for how these will be achieved. The links I have established with our partners, within the homelessness team and Adult Social Care have been fantastic, and I hope will be a foundation for further systemic change in

developing the overall *City's approach* to homelessness, (rather than separate Adult Social Care or Homelessness team approaches).

Options

17. There are no additional options arising from this paper.

Proposals

18. There are no proposals arising from this paper.

Key Data

19. The table below details the number of assessments offered to those of no fixed abode or homeless by the Adult Social Care team prior to my role starting in February 2021. As it has been approximately nine months since the role started, I have included the number of assessments completed in the nine months before the role to compare a similar time period.

	Number of assessments completed by City Adult Social Care (for those who are homeless)	Number of assessments completed by Maddie (for those who are homeless)	Total assessments completed
9 months prior to role starting May 2020– February 2021	4	0	4
9 months since role started February 2021– November 2021	6	13	19

20. This illustrates how the number of assessments carried out under the Care Act (2014) for those rough sleeping or of no fixed abode has more than quadrupled in the nine months since the role started, highlighting the increased access to statutory assessments the role has facilitated. From my input I have more than trebled the number of assessments previously offered to our clients.

21. From the assessments I carried out, I assessed six of these individuals as having eligible care and support needs, with five of these requiring a care package of some description. Three of this group have no recourse to public funds. For two individuals, I also carried out a Human Rights Act assessment to adjoin the care and support needs assessment. Having no recourse to public funds occurs when an individual's immigration status in the UK is insecure or rejected, so they do not have a right to access public resources, but they may still have care and support needs while waiting for an outcome of their claim or before they are deported from the UK. During the assessment process for two individuals I realised they were entitled to support from a different local authority, and have been following this up with those local authorities to make sure the individuals receive the support they are entitled to.

22. Following on from the assessments, I have continued to work with the other seven clients, for example, accessing Early Intervention pilot for four people, and signposting to other organisations as required.
23. I have also been keen to gather as much feedback from colleagues as possible. I sent out a survey to colleagues within the Homelessness department and to outside partners to capture feedback from their experiences of working with me. All submissions were anonymous, and I encouraged responders to be honest and open – emphasising that I want constructive feedback. I received eight responses in the period the survey was open.
24. I asked: “Prior to the role of Homelessness Prevention and Rough Sleeping Social Worker being created, how would you rate your experiences of adult social care in the City of London for the service users you were working with? (1 being poor, 10 being excellent) (if you were not in role before Feb 2021 please ignore this question)” and the average response was 5.38.
25. I then asked: “In the last six months while the role of Homelessness Prevention and Rough Sleeping Social Worker has been operational, how would you rate your experiences of adult social care in the City of London for the service users you were working with? (1 being poor, 10 being excellent) and the average response was 9.25.
26. From the responses received, the average rating score of experience of social work in the City for clients who are homeless or requiring 'no further action' (NFA) has increased by a score of 3.87 since the inception of the social work role in the Homelessness service.
27. The reason participants gave for this improved score was mainly now having a clear point of access to social care and the increased presence of social work input.
28. Participants also gave useful ideas for how to expand the role further, which informed my plans for the role, as discussed earlier in the report.

Corporate & Strategic Implications –

29. There are no strategic implications related to this report.
 - Strategic implications – N/A
 - Financial implications – N/A
 - Resource implications – N/A
 - Legal implications – N/A
 - Risk implications – N/A
 - Equalities implications – N/A
 - Climate implications – N/A
 - Security implications – N/A

Conclusion

30. The impact of the Social Worker role in the Homelessness Prevention and Rough Sleeping service in the City has been varied, but a major theme is the increased access to statutory adult social care support for those who are homeless in the City. This increased access has meant an increase in the number of people going onto benefit from funded support in the form of a care package or use of the Early Intervention pilot. As well as this, colleagues report benefitting from the presence of a social worker and having a clear point of access to get social work support for clients. The last nine months have laid a good foundation for the role and going forward I hope to expand and adapt the role further to the demands of the context we are in (such as cold winter weather) and the needs of the service users and colleagues.

Appendices

- Appendices – None

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