

Assertive Outreach: Principles for Wales



October 2019

About this project

This work was funded by the Welsh Government. It was developed, written and designed by Cymorth Cymru in partnership with providers of homelessness, housing and support services in Wales.



About Cymorth Cymru

Cymorth Cymru is the representative body for providers of homelessness, housing and support services in Wales.

Our members provide a wide range of services that support people to overcome tough times, rebuild their confidence and live independently in their own homes.

We act as the voice of the sector, influencing the development and implementation of policy, legislation and practice that affects our members and the people they support. We are committed to working with people who use services, our members and partners to effect change.

We believe that together, we can have a greater impact on people's lives. We want to be part of a social movement that ends homelessness and creates a Wales where everyone can live safely and independently in their own homes and thrive in their communities.

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Assertive Outreach: Principles for Wales

Be focused on housing

Be adaptable

Be person-centred, purposeful and persistent

Be choice-led

Be consistent

Be knowledgeable

Be trauma-informed and psychologically-informed

Be a partner



Scope and Purpose

On behalf of Welsh Government, Cymorth Cymru engaged with the homelessness and housing related support sector to gauge understanding of the assertive outreach model, identify areas where assertive outreach is being delivered, and review supporting literature. This was carried out with the purpose of outlining what the assertive outreach model should look like in practice, the success factors and barriers to delivery, and recommendations for principles.

Cymorth Cymru collected views and experiences using three methods:

- In depth interviews with researchers and practitioners at relevant organisations;
- Three focus group days held across Wales;
- A survey circulated to our membership and the wider sector.

The experience of providers, local authorities and RSLs across Wales

There was a considerable array of experience and expertise demonstrated by those we consulted with over the course of the project. Experience ranged from those who had little direct experience of delivering assertive outreach projects (but who had interacted with organisations who had), all the way to individuals and organisations who had specifically created services built on and around the structures of assertive outreach.

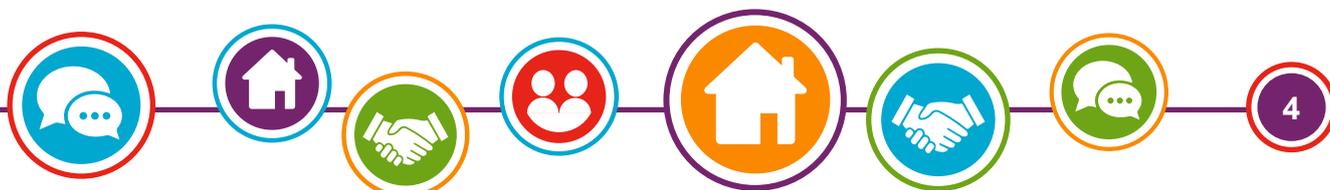
The level of knowledge shared with Cymorth throughout the project demonstrates that across Wales, the assertive outreach model is already being delivered, and in some areas particularly to a very high standard. Therefore any principles recommended going forward should actively recognise this work and be rolled out in a way which is sensitive to this.

Along with the review of supporting literature, the views shared to the focus groups and through the survey, have been combined to form this document.

Key themes identified from desktop research:

The research identified four key themes to assertive outreach:

- Focused on housing people
- Persistent and purposeful
- Person-centred
- Multi-disciplinary



Key themes identified by practitioners:

The themes identified in the research were discussed as part of the in-depth interviews and focus groups, to further develop the principles for asserive outreach in Wales.

● Need for non-traditional engagement methods

Practitioners recognised that traditional engagement methods do not often have a high success rate with those who are furthest away from support. They suggested that language such as 'hard to reach' should cease to be used and should instead be replaced with concepts such as 'need to reach'. This re-framing should lead services to challenge themselves internally to consider how to best engage people in need of support.

The theme that came through most consistently is that there is no 'one size fits all' solution. It was raised at multiple stages that often referrals or engagement happens in informal ways such as word of mouth, once time had been taken to build relationships. Techniques that were both dispersed and targeted were suggested as means of engagement, meaning outreach workers should be far-reaching and wide-ranging, but afforded the flexibility to deploy specific interventions when needed.

One example of this is individual budgets. Asking people about their wider life, goals, aspirations can be a starting point – and take the emphasis away from 'pushing' a message or offer the individual has already said no to. There should be a clear rationale for activities or interventions that starts with harm minimisation and engagement but is clearly linked to outcomes defined with the individual for improving their wellbeing. For example, fishing equipment can offer access to a community of people, and the opportunity to relax without being seen as anti social. A television and licence might make it easier for someone to stay in a flat, when they have struggled to do so in the past.

A point raised by an expert practitioner is the need for outreach workers be able to see people in other settings, such as police stations (if arrested), A&E departments (if ill or hurt), or even mental health units (if experiencing distress). Outreach teams must also go into parks, car parks and other areas that are not on main thoroughfares. People may be hiding from plain sight in order to feel safe, but it is important that they are not deprived of the outreach service offered to people in more visible locations.

Outreach services need to start no later than 5am and include shifts going out after midnight (or 1am, in the example of Cardiff and other cities with an active night-life). Every contact opportunity must be utilised, even if this means waking people, as this is an opportunity to reiterate the offer of support and could be the right time for someone to engage.

An expert practitioner also suggested that outreach teams should consider having some workers 'released' from a night shift a few times a week, so that they can engage in outreach work with individuals in the day – building on relationships established at other times.



● Need for multi-agency engagement and commissioning

Mentioned time and time again, it came as no surprise that multi-agency engagement came through as a prominent theme. Multi-agency or 'wrap around' support is a key factor in the existing research literature on assertive outreach.

Key agencies identified include the police, A&E, hospital discharge, social care, mental health and substance misuse. These were also identified as organisations and institutions that need to improve partnership working, increase their awareness of assertive outreach, or internally adopt that way of working. All too often, people begin to engage with one service, but an intervention by a different service can knock them back to a position of 'non-engagement'. All partner agencies need to be aware of the assertive outreach principles and which service will be most effective for each person and their individual support needs. The person who needs support should identify their own needs, with services then ensuring that person is helped to access that service.

Commissioning practices are vital to ensuring that assertive outreach can be effective and offer people the specialist assessment that they need, in the place where they are based. It is therefore important that future commissioning of assertive outreach services should include specialist workers, such as GPs, drug and alcohol professionals, mental health professionals, psychiatrists and more. This will enable the person to get the specialist advice, assessments and support they need, when and where they are ready to engage, rather than requiring them to go elsewhere or try to navigate the appointment system.

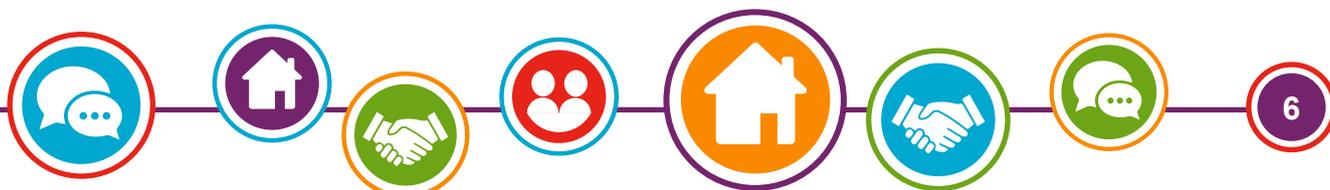
If the specialist service cannot be taken to the person, then assertive outreach workers should escort people directly to these services, rather than simply directing or referring them, as this could lead to another system failure and the person not getting the support they need. Additional services should be a 'wrap around' service for individuals, with minimum delay, so that holistic support can be offered exactly when and where it is needed.

Furthermore, other services and sectors that report to the Welsh Government need to be funded to offer flexible pathways to homelessness services and specifically outreach services. For example, hospital discharge needs to be more consistently linked in to homelessness services; ambulance service shifts could include housing advice or outreach workers; and drug and alcohol services could offer naloxone on the streets. These are just some specific examples but there is a great deal more that could be done, to ensure all services are assertive, and that all services reach out beyond their traditional boundaries.

● Need for patience and emotionally aware practitioners

A foundation for assertive outreach is the skill and effectiveness of practitioners – not, necessarily in their knowledge, but in their methods of practice. The importance of relationship-based working was stressed numerous times, as a means of supporting the non-traditional methods of engagement. Building relationships based on trust, honesty and integrity quickly, but effectively, was deemed to be the single most important skill that an assertive outreach practitioner should possess.

Ensuring that frontline practitioners are aware of the impact of trauma, and that environments are set up to be psychologically-informed, is crucial. Simple qualities such as possessing a sense of humour, and being patient, and allowing an individual to engage in their own time, and on their own terms, were also required to make assertive outreach a success.



Identified barriers to this happening include the increasing responsibilities and support work placed on front line staff. This increased pressure can lead to physical burnout, emotional fatigue, rushed encounters and high turnover of staff – all of which prevent meaningful relationships from growing.

Honesty, as mentioned above, is vital. Outreach teams need to see individuals as experts in their own care and outcomes. This can help people sleeping rough to develop agency and control over their lives, but also to see the impact of their behaviours and choices on themselves. At times, some behaviours and choices may need some enforcement interventions, but always as part of a holistic package and timed properly. Sometimes outreach teams may need to make tough choices, but these should always be provided alongside coaching or other similar interventions.

● **Need for the service to be consistent, persistent and purposeful**

The relationship-based practice that assertive outreach is built upon requires consistency in practice and approach, even if specific interventions are tailored to the individual. This means that if a person is engaged, or is approached and asked to engage, they should always be treated in a consistent, values-based way, even if the eventual services they choose are different.

In addition, individuals should be given persistent opportunities to engage. The feedback was consistent: on one day, someone could be in a completely different headspace or emotional state than the next, due to a whole range of factors. Because of this, asking one day could achieve different results to the next. A person saying ‘no’ to an offer one day shouldn’t mean they’ve missed their chance, offers shouldn’t expire, but they can change and adapt to meet the needs of each person and their individual needs.

Working with this specific group of people cannot be given a time limit, and nor should people be subjected to criteria around how many times they can refuse support. It must be open ended, and the support should be ‘sticky’ (i.e. remain with the person as long as they need it).

As much as offers should not ‘time out’, there also needs to be clear and consistent honesty from outreach teams about what is possible. There may need to be deviation from an initial offer, otherwise simply repeating an offer that has already been rejected could become coercive in nature. Instead, the mantra needs to be that individuals are offered something better than where they are at that moment – so it could be B&B access for the night, if they do not feel safe in a hostel.

Outreach should also take the form of alternative choices for services. For example, asking people about their wider aspirations and goals, can take the pressure away from repeating an offer that an individual has already said no to.

Similar to this, there is also a need for an individual to be purposeful, as working at the pace of an individual can, at times, act as a smokescreen. Therefore the practitioner should pro-actively encourage, build relationships, and help people recognise that they want to change after all. Moving away from minimising harm, for example, towards a recovery mindset, is one way of approaching the delicate balance that this will require.



● Need for a 'toolkit' of approaches

One approach does not work for everyone. Practitioners should be supported to develop a 'toolkit' of approaches, and have the opportunity to offer a range of housing options, such as a mixture of wet and dry provision (properties where alcohol use is permitted versus those where it is prohibited), varying lengths of stay, and flexibility in the link between support and housing.

This works best when providers are allowed the space to work in a creative mind-set. The aim should be to develop environments and working relationships where organisations and individuals ask themselves what services are already out there and how an assertive outreach approach can be built on top of that – for example, using existing breakfast runs, or smaller support services 'buddying up' to create an assertive outreach team for the area.

● Need for a flexible and receptive environment

Environments should be psychologically-informed, when people are being asked to engage in a traditional way (Housing Options office, for example). Where individuals are met on the street, or in other outreach settings, as much care should be taken as possible to make the individual feel welcome and comfortable.

● Separating organisations from outreach

Practitioners with experience of delivering an assertive outreach service shared they sometimes found that some people were put off engaging if the assertive outreach officer was connected to a specific agency. This may be for a variety of reasons, but could be due to a negative earlier experience, or fear of judgement.

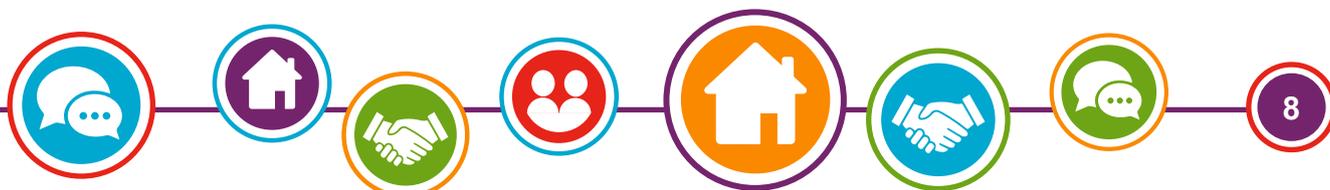
For example, someone may find it difficult to trust an organisation which has previously determined that they have no right to housing (e.g. priority need) or other services. Another example may be an organisation which provides hostel or supported accommodation where the person has had a negative experience.

The separation of outreach workers from other organisations can help them to be seen as honest brokers, on the side of the person sleeping rough rather than as part of the faceless homelessness system. In addition, our focus groups indicated that when assertive outreach teams were dressed in natural clothing, services found there was a much more positive response, and the teams were able to build relationships on a more one to one basis.

● Meaningful and aspirational choice

A key factor of assertive outreach is choice and the right a person has to choice. Whilst Cymorth Cymru advocates that it is nobody's choice to sleep rough, we recognise that when presented with an offer the person may not feel they are in a position to accept and as a result continue sleeping rough.

For offers to be a choice they must be meaningful for the person and seen as aspirational towards supporting that person to thrive rather than simply setting people up in (sometimes unsuitable) accommodation and withdrawing support. Choice must be at the heart of the assertive outreach model, and a person led approach would foster this.



Building the principles

Drawing on the themes and barriers identified above, and the three key themes from the research literature focus group, attendees were asked to draft what they considered to be the key principles – Cymorth Cymru used these to create the recommended key principles below. There are eight key principles that services should follow.

Be focused on housing

The focus of the research conducted over the years has demonstrated that housing needs to be the end goal of assertive outreach. This also requires a greater focus on Housing First and rapid rehousing, rather than traditional services such as hostels.

Be adaptable

Be adaptable with time and locations - people most in need of support may not be in a position to meet opening hours and fixed appointments or may not be in the places you expect them to be.

Be prepared with the tools to respond quickly when a person is ready to engage.

One size does not fit all, and so organisations should be adaptable and ready to try new things with people they work with.

Work to make meaningful offers beyond accommodation (e.g., community, friends, support).

Be person-centred, purposeful and persistent

Treat every encounter as an opportunity, and be pro-active in engaging with people.

Be flexible, intensive and responsive in your approach.

Adopt a person centred approach where the person is a key partner in identifying the appropriate support for them.

Respect a person's choice to refuse an offer at first but decide to accept at a different time.

Be mindful of the time it takes to build trust and relationships where a person may feel comfortable to engage with services.

Tailor each support package to the needs of the person you are supporting.

Work to create offers which are realistic whilst being meaningful and aspirational.

Consider why a person has refused an offer multiple times (location, wet house, etc.) and see where offers can be altered to better meet the person's needs.

Avoid 'aggressive outreach' e.g. giving ultimatums, labelling people refusing offers as not engaging, repeatedly making offers that the person is not in a position to accept, threatening action if an offer is not accepted.

Work towards using new language and ways of describing people you work with, avoiding terms such as 'hard to reach', replacing with concepts such as 'need to reach', or similar.

People should be trusted to understand their own needs and request the support and services they need – they are experts in their own story.

Be choice-led

Organisations delivering assertive outreach services should recognise that an individual will make the choice to engage when the right service, relationship or project is available, and when they are in a position to engage. Assertive outreach is not about forcing people to engage, but about working with the individual until they can make the choice to engage.

Be consistent

Approaches to people should be consistent and stable, in the sense that contact should not stop, and the attitudes and ways of engaging people should be consistent (e.g. always being honest, always listening). Assertive outreach consistency is not about making one offer again and again, but about applying the principles here consistently.

Be knowledgeable

Build a knowledge database of partner agencies and support referrals to the most appropriate service.

Deliver the assertive outreach model in parallel with other recognised approaches (e.g. psychologically-informed / trauma-informed approaches).

Be trauma-informed and psychologically-informed

Services that deliver assertive outreach should have staff trained in delivering psychologically informed environments / trauma-informed approaches, to ensure that every contact is as effective as possible in engaging with people.

Working in this way relies on a workforce that is supported to be emotionally resilient and capable of working in difficult situations with honesty and integrity. The workforce need to have access to mental health support and clinical supervision where needed.

Be a partner

Co-commission assertive outreach services which include specialist professionals such as GPs, drug and alcohol workers, and mental health workers.

Provide assertive outreach services in other settings such as A&E and police stations.

Encourage joint working and multi-disciplinary engagement at every opportunity.

Things to consider changing:

Focus group attendees were asked to identify what they thought might need to change about the system, to enable an agency to deliver the assertive outreach model. Please see below the most common answers.

This is not a key focus of our work, but it is useful to consider the potential challenges that hinder us from delivering assertive outreach, for future development and work.

- Outcomes are too linear, sometimes unhelpful and too subjective. Current outcomes miss a lot of the small successes and produces too much paperwork
- Access to mental health and substance misuse services
- Services may have found a way to be more flexible in their approach but are still met with rigidity from health service processes.
- Staff turnover is disruptive towards building relationships
- Resources – longer contracts, financial, capacity “more people on the ground”, specialised roles, not diluted, best practice guides
- PSPOs for people sleeping rough
- An inflexible interpretation of the guidance – this is something that the Housing Support Grant guidance will need to consider.
- Finding people affordable/ suitable accommodation that is available when people are ready to engage.



