



Homeless Link

Outreach Guidance

Guidance for people working in rough sleeping outreach services.



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The National Practice Development Team

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Overview

In homelessness services, outreach refers to the assessment and support which takes place where people are sleeping rough. Rough sleeping outreach services are designed to meet people where they are, both geographically and emotionally.¹ Rather than operating within the confines of building-based services, outreach allows access to a large spectrum of places where people experiencing homelessness find refuge,² be this outside, or in places not designed for people to live in. This means that outreach can provide a more flexible approach to supporting people who are rough sleeping, with the ability to bring services to some of the most marginalised people.

Rough sleeping outreach services can be incredibly diverse in the way they are designed and delivered across England. Local authority commissioned services, voluntary sector organisations and faith-based groups are all involved in outreach. As a result, there can be a marked lack of consistency in the way people sleeping rough are supported. With this in mind, Homeless Link, with support from the Department of Levelling Up, Housing and Communities, have developed a set of 8 principles for rough sleeping outreach services³ to ensure services are delivered in line with best practice and have some consistency.

-  1. Outreach services play a leading role in the contact, assessment, and support of people sleeping rough in their area.
-  2. Interventions are timely and purposeful.
-  3. An active engagement approach is used by staff for as long as is needed.
-  4. Person-centred support and advocacy is provided.
-  5. Verification is not a barrier to advice and/or support.
-  6. The service is trauma-informed and seeks to reduce harm.
-  7. There is close partnership working with other agencies.
-  8. There is a focus on staff safety, wellbeing, and development.

¹ Olivet et al., (2010) 'Outreach and engagement in homeless services'.

² https://www.feantsa.org/public/user/Resources/magazine/2021/FEA_010-21_magazine_summer_v6.pdf

³ Read the full principles document here: <https://homeless.org.uk/knowledge-hub/principles-for-rough-sleeping-outreach/>

This guidance will build on these principles, exploring how they can be applied in practice. Experiences and patterns of rough sleeping can vary greatly depending on location, especially when comparing rural and urban areas. Therefore, the guidance aims to outline where different approaches may need to be considered, dependent on the area. Case studies are also provided from outreach services across England to demonstrate good practice, as well as quotes from the Rough Sleeping Lived Experience Forum who contributed to the principles and this guidance.



Principle 1: Outreach services play a leading role in the contact, assessment, and support of people sleeping rough in their area.

In September 2022, the Government published their rough sleeping strategy: “Ending rough sleeping for good”.⁴ It set out a clear and defined vision for ending rough sleeping: that it is prevented where possible, and where it does occur, it is rare, brief, and non-recurrent. One of the main purposes of outreach is to move people away from where they are sleeping rough as quickly as possible, thus contributing to national rough sleeping strategies.

“For me, it's one of the most important jobs on the street because it's the first contact. And it's a gateway to services. And you never know, a year later, somebody's sitting in a flat, has been to the hospital, in touch with mental health services, which is all important.”

Rough sleeping outreach is about taking a proactive approach to ending homelessness, meeting people who are rough sleeping in their territory.⁵ Outreach is an integral part of local authorities’ housing services, so it is important that outreach teams work closely alongside their local Housing Options service to resolve people’s homelessness. This means:

- Clear communication between teams about when referrals are open and closed.
- Having open conversations about the individual’s level of support needs and the local authority’s statutory duties.
- A joined-up accommodation pathway for people, whether they are rough sleeping, or in unstable housing arrangements.

Because of their role, outreach services should be the authority on who is rough sleeping in the local area and their support needs. The Centre for Homelessness Impact (CHI), alongside DLUHC, created a rough sleeping data framework⁶ in May 2023 which provides

⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1102408/20220903_Ending_rough_sleeping_for_good.pdf

⁵ https://www.feantsa.org/public/user/Resources/magazine/2021/FEA_010-21_magazine_summer_v6.pdf

⁶ View our webinar outlining the new framework here: <https://homeless.org.uk/knowledge-hub/ending-rough-sleeping-data-framework-webinar/>

a set of indicators that will better capture both the true level of need and the complexity of the picture in each area.⁷ Alongside this, the annual rough sleeping snapshot⁸ figures, which all local authorities are required to submit, indicate the number of people sleeping rough in the area on a 'typical night' between the 1st October and 30th November. It is therefore important that record keeping and intelligence gathering is in line with monitoring requirements, whilst at the same time maintaining accurate information about people sleeping rough in the area, to tailor the outreach approach.

To gather intelligence on who is rough sleeping, depending on your area, you may wish to consult with:

- Police
- Park wardens/farmers
- National parks & forest rangers
- Environmental/refuse collecting teams
- Car park teams
- Community Safety Officers/Wardens
- Local voluntary and community organisations
- Local authority rough sleeping leads
- Faith and community groups
- Specialist services, e.g., LGBTQ+ services, women's centres, sex worker support agencies.

Outreach workers need to be knowledgeable of local service provision and the potential routes out of homelessness. Outreach teams should map services within the local area, for example:

- Night shelters
- Day centres
- Food banks
- GPs
- Drug and alcohol services
- Mental health services
- Domestic abuse support services
- Immigration support
- Citizens Advice Bureau
- Law Centres
- Advocacy services
- Primary health services

⁷ <https://www.homelessnessimpact.org/news/new-data-points-the-way-to-ending-rough-sleeping-for-good>

⁸ See our Rough Sleeping Snapshot Estimates Toolkit here: <https://homeless.org.uk/knowledge-hub/rough-sleeping-snapshot-estimates-toolkit-2023/>

Contact should be made with these services to explain the role of the outreach team, and to obtain signposting materials to hand out during outreach shifts. This mapping exercise should be done regularly, to ensure any new services are contacted and utilised.

Key Points

- Outreach services should work closely with their local authority Housing Options teams.
- Accurate information should be gathered regularly from various sources about people sleeping rough in the area, and their needs.
- The outreach service should tailor their approach according to the needs of people sleeping rough in their area.
- Information about local support services should be readily available to signpost people to.



Principle 2: Interventions are timely and purposeful.

For interventions to be timely, a clear referral system needs to be in place:

- For voluntary organisations and local authority housing teams, a data sharing agreement could be set up to enable direct referrals to the outreach team.
- For the general public, StreetLink⁹, an online platform which connects people sleeping rough to services, should be utilised.
- StreetLink, and other referral mechanisms need to be effectively advertised, e.g., on social media, the local authority website, local notice boards, at community centres, and libraries.
- Especially in rural locations, to increase referrals, a network of community referrers should be built through mapping groups and organisations with intelligence around who might be rough sleeping.¹⁰
- A monitoring system should be in place for referrals, e.g., a 'duty worker', with referrals responded to at the earliest opportunity, and within 48 hours.

Alongside responding to referrals, outreach workers should be proactively and regularly looking for people sleeping rough. For example, this could include visiting known 'hot spots', checking different locations whilst on outreach, and keeping an eye out for signs that someone may be rough sleeping.

⁹ <https://thestreetlink.org.uk/>

¹⁰ The LGA and English Rural have developed a guide for tackling rough sleeping in rural communities: <https://www.local.gov.uk/publications/evidence-led-approaches-tackling-rough-sleeping-rural-communities-local-authority#three-planks-to-building-an-evidence-led-approach-to-rough-sleeping-in-rural-communities>

For interventions to be purposeful:

- Outreach shifts should be conducted regularly, intelligence-led, and in a way that means people will be found.
- Operational times should be adjusted to meet the needs of individuals and the area context. There should be a mixture of shifts so outreach workers can both find people at night, but also build rapport and deliver support during the working day.
- Services should be flexible and responsive to reality and intelligence gathered. For example, if women are known to be rough sleeping in the area, shifts should be conducted during the daytime, as women are less likely to be seen rough sleeping at night¹¹. Alternative locations should also be targeted, such as libraries and late-night takeaways.
- Where shift patterns change, outreach workers should notify those sleeping rough in the area when the next shift is. This will encourage engagement and keep workers accountable.
- Outreach workers should consider leaving a card with people if they are asleep, to meet them the next day, or at a particular service.

“You don't move because outreach don't give you a time. The outreach team don't say we're gonna come at 2:00 AM. They say we're gonna come somewhere between 10:00 PM and 7:00 AM. Do you have to be in that one place for such a length of time, regardless of weather, regardless of danger?”

“I've finally got to sleep and then I get woken up at 3am by someone standing over me shining a torch in my face which can be really scary. You can't start to build a relationship this way.”

Interventions should be purposeful, and whilst initial outreach engagement may not be the time to ask intrusive questions, the intention to support people appropriately must always be there. Where possible, initial assessments should be completed at first contact to respond to any immediate risks, including safeguarding concerns¹² and interventions when there is severe weather.¹³ Outreach workers should not hesitate to call emergency services should they be concerned for a person's welfare. A more in-depth assessment can then be conducted at a later date, either at a more suitable location, or over time as a rapport is developed with the person.

“It's not just about the first contact. It's about every contact, it's about what is most likely to create a relationship. Instead of asking questions, outreach should answer questions, about the service and what it can offer, with a level of transparency and honesty about what the service can and cannot do.”

¹¹ <https://www.shp.org.uk/Handlers/Download.ashx?IDMF=63cf55d5-668a-4d9d-81ce-81bef00074a1>

¹² Read guidance & toolkits on safeguarding here: <https://homeless.org.uk/knowledge-hub/guidance-on-safeguarding/>

¹³ Read Homeless Link's guidance on SWEP: <https://homeless.org.uk/knowledge-hub/guidance-on-cold-weather-provision-swep-and-heatwaves/>

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Pathways for support should already be established including Housing Options (with workers being aware of a clients Personalised Housing Plan¹⁴), substance and alcohol use services, physical and mental health support, and immigration advice. Outreach workers should be knowledgeable of local support services, with the ability to make referrals, and ideally, should have the capacity to support individuals to attend various services.

In order for outreach teams to work effectively, timely, and purposefully, sufficient infrastructure needs to be in place:

- For outreach services covering large areas (e.g., more rural areas), a car should be made available to use on shift.
- IT equipment should be available, e.g., access to a tablet, smart phone, and internet access. For areas where Wi-Fi/signal may be a problem, physical copies of paperwork/resources should be taken on shift.
- Geocoding systems such as What3Words¹⁵ can help to identify rural locations more precisely without addresses.
- There should be access to and budget for interpretation services, such as Language Line¹⁶, to avoid communication barriers.

Key Points

- A clear referral system into the outreach service needs to be in place, advertised widely, and monitored regularly.
- Outreach shifts should be conducted regularly, based on intel, with flexibility given to shift times.
- Immediate risks and safeguarding concerns should be responded to, with the client's consent, during the first interaction with someone.
- Outreach workers should have knowledge of support pathways.
- Infrastructure should be in place to allow effective, timely, and purposeful interventions.

¹⁴ https://www.nhas.org.uk/assets/docs/Personal_Housing_Plans_FACTSHEET_NHAS_1.pdf

¹⁵ <https://what3words.com/>

¹⁶ <https://www.languageline.com/en-gb/>

Change Grow Live: Tent Protocol

Please note, this is the current protocol for CGL staff. Other organisations may have different policies in place.

If workers come across a tent during a street outreach session, they should:

- Approach the tent from the front whenever possible (don't attempt to shine a torch inside the tent as this could startle the occupant).
- Speak loudly and clearly, explaining who you are, and that you are checking on the welfare of anyone inside the tent. Let them know your name, and the organisation you work for.
- If you are carrying refreshments, offer the occupants a hot /cold drink as this may encourage them to respond to you.
- If there is no response, continue to speak louder and repeat who you are, what service you are from, and that you just need to know if they are okay.

At this point, workers need to make a joint decision as to whether they have enough concerns to open the tent. If workers do not feel safe, an alternative plan of action should be put in place, e.g. a time to revisit, request to the Police to visit the tent to do a welfare check, other worker/partner agency to attend with them or on their behalf. If the site is an encampment with multiple tents, it may be safer to return later with partner agencies/more staff to re-visit the location.

If workers decide that they are going to check the tent, they must complete a dynamic risk assessment taking the following into consideration:

- Is this a new tent or do they know who has been seen in the tent previously?
- If they know who is staying in the tent, are there any concerns for the individual e.g., self-neglect, risk of overdose, deterioration in mental health.
- What is the likelihood of someone who is unknown having moved into someone else's tent?
- Are workers aware of any risk related to the individual in the tent such as previous aggression towards workers or known to carry weapons?
- Do workers think there could be a dog inside the tent? (If so, do not open the tent as the dog could be dangerous, especially if it is protecting its owner)
- Do workers have a clear route to exit the rough sleeping site quickly should they need to?
- Are all workers involved (especially if accompanied by a partner agency or observer) in agreement when to leave the site if anything does occur?
- Is there any CCTV in the area or is the site clearly lit by streetlights?

When a full risk assessment has been completed, workers should:

- Let the occupant of the tent know that you are going to open the tent to check on their welfare.
- Explain clearly that if they do not wish for you to open the tent then they should respond now.
- Check the zip/tent area for dangerous items, e.g. needles, faeces, broken glass.
- Begin to unzip the tent, all the time letting the individual know that you are only opening the tent to check on their wellbeing.
- Check the tent (often in this situation, the tent is empty)

If there is no one inside, ensure that you leave the tent as you have found it. You may wish to leave a leaflet or contact card with the time that you visited or the time that you will re visit. It is good practice that if you have disturbed the tent and it is obvious someone has opened it, that you leave a card or leaflet to reassure the occupant(s) that it is a professional who has been at the tent. Remember that the service user may require leaflets in different languages.

For more information on CGL's Tent Protocol, contact Lesley Howard, Head of Homelessness Services: Lesley.howard@cgl.org.uk



Principle 3: An active engagement approach is used by staff for as long as is needed.

An active engagement approach means working creatively and persistently with those who, for many reasons, may be reluctant or unable to engage.¹⁷ This approach is often called 'assertive outreach', used to target the most marginalised individuals. Cymorth Cymru's principles for assertive outreach in Wales¹⁸ suggest that language such as 'hard to reach' should be avoided and replaced with 'need to reach'. This re-framing should lead outreach services to consider how best to engage people in need of support.

- Work at a pace set by the client.
- Be proactive about building relationships: it can take time to build rapport.
- Consistency is key to developing trusting relationships.
- Consider who is most appropriate to lead the support e.g., consider the gender of the worker and client.

¹⁷ <https://www.mungos.org/wp-content/uploads/2021/03/Recovery-Approach-Evidence-Review-Final-21-July-2020.pdf>

¹⁸ <https://business.senedd.wales/documents/s94916/ELGC5-29-19%20Paper%202.pdf>

- Experiences of trauma can impact people's ability to form relationships so being transparent, reliable, and not changing workers without warning makes people feel safe.¹⁹
- Consider other needs such as autism, brain injury and mental ill health, which may impact how someone approaches support.

Outreach is about meeting people where they are, physically, and in relation to their journey away from rough sleeping. It is important to consider why a person may refuse an offer of accommodation, or other support, and to not deem this as 'non-engagement'. Trying to support someone who is not ready may also carry risks for staff, if people feel they are being pushed into making changes.

"It may not be your choice as an outreach worker to be living in a tent, but for that person you're talking to, it may be the best thing for them at that time... there are all sorts of reasons why people end up in a tent or shop doorway and it may actually be a safer space for them."

Despite the aim for rough sleeping to be brief, it is important that the service adopts a philosophy that there is always potential for positive change, regardless of the length of time someone has slept rough. Outreach teams should proactively connect with people who have rough slept for a long period of time and not give up on that person's potential for a more positive future. Reflective practice²⁰ should be offered to staff to provide them with a space to discuss opportunities for creative support work and encourage collaboration across the team. Recruiting people with direct experience of homelessness is a fantastic way of showing that recovery is always possible.

Individuals who face higher barriers into services should be consistently contacted and supported by the outreach service. For example:

- **Women**²¹ are less likely to access services such as day centres, as these are predominantly male-environments, and are likely to be distrustful of services, for example, if they have had children removed from their care. Women are also less likely to be visible when rough sleeping due to safety concerns so taking an active approach to locating women is necessary. Outreach services should aim to build up trusting relationships with women who are sleeping rough, thinking about which support worker would be more appropriate, and understand referral pathways into women-only services where they exist.
- For **people with disabilities**, including people who are neurodivergent, engaging with outreach can take time so a persistent approach is needed. People

¹⁹ Read Homeless Link's guidance on trauma-informed care: <https://homeless.org.uk/knowledge-hub/trauma-informed-care-and-psychologically-informed-environments/>

²⁰ Read Homeless Link's guidance on reflective practice: <https://homeless.org.uk/knowledge-hub/reflective-practice-in-homelessness-services/>

²¹ Read our resources on gender-informed practice: <https://homeless.org.uk/knowledge-hub/the-gendered-lens-framework-for-homelessness-services/>

with learning disabilities²² may take longer to take in information, and may forget previous conversations, which could lead to missing appointments.²³ Taking an active engagement approach, thinking creatively about how to engage with individuals, and making reasonable adjustments to support offered is key.

- **People with uncertain or restricted eligibility²⁴ due to their immigration status** may have to rough sleep for much longer, especially if they have no resource to public funds. Consistent contact with the outreach team is especially important for these individuals, who may have little access to other services. Seeking out services related to people's cultural needs, as well as prioritising linking people in with immigration services, and supporting this individual through this (often long) journey, is important.

Key Points

- Outreach services should work persistently and creatively with individuals who may be reluctant or unable to engage.
- Work at a pace set by the client and take time to build trusting relationships.
- Those who face higher barriers into services, for example, women, people with disabilities and non-UK nationals, should be consistently supported by the outreach team, for as long as is needed.

Change Grow Live: Assertive Outreach Model

Our outreach sessions are delivered at various times of the day and night. If we want to engage with people who are 'bedded down', this is usually from around 5.30am. Outreach sessions last around 3 hours as we have learnt that after this time, people often start to leave their rough sleeping sites to attend appointments and breakfast clubs.

We always work in pairs and try to ensure that both male and female workers are on shift. Often, our outreach is delivered in partnership with another service, such as a homeless health team, or a drug and alcohol service. We offer refreshments such as hot or cold drinks, as this encourages engagement from someone when they have just woken up. All outreach workers are trained in using Naloxone, which is carried in their bags whilst on shift. If we are concerned for someone's welfare, we may wake them up. A full dynamic risk assessment is completed by both workers before this happens.

We may be the only person that an individual speaks to all day, so we don't waste this opportunity and try to offer immediate assistance in some way.



Principle 4: Person-centred support and advocacy is provided.

Person-centred support is about:

- Making the service fit the individual instead of trying to make the individual fit the service.
- Being flexible and taking a tailored approach to the situation and person, depending on their needs.
- Respecting everyone's unique journey, valuing their diversity, and allowing them the time and space to open up and lead the way for the support they need.²⁵
- Considering people's cultural, gender, and religious identities, and how this can impact support. E.g., respecting people's preferences over workers, the time of day they are contacted, food that is offered, and support services they are signposted to.
- Providing holistic support that considers the broad range of needs an individual may wish to address. E.g., many people may not want to focus on finding accommodation first but may want support with their mental health.
- Letting the person guide their own support, rather than the worker having their own agenda.

“Everyone is different. Everyone goes down a different path. You need to think about what is going to make a real difference in their lives. What is going to make their life that little bit easier? It's about working out what that person needs, with them”.

Outreach workers should be able to effectively advocate on behalf of their clients to overcome barriers to accessing services and support. Groundswell's Making Every Contact Count through Advocacy (MACCA)²⁶ is an approach to holding conversations around health with people experiencing homelessness. It takes an advocacy approach, which means it is person-led, and places the wishes of the individual at the heart, rather than telling people what to do. It is important for outreach workers to encourage people to self-advocate when they are able to but be there to support and lead where someone may, for example, lack mental capacity.²⁷

Outreach workers should have legal literacy in order to advocate for clients. For example, they should be familiar with homelessness legislation²⁸, Safeguarding, the Care Act, the

²⁵ https://www.feantsa.org/public/user/Resources/magazine/2021/FEA_010-21_magazine_summer_v6.pdf

²⁶ https://homelesslink-1b54.kxcdn.com/media/documents/MACCA_1-Page.pdf

²⁷ Read our resources on mental health & homelessness, including using the Mental Capacity Act:

<https://homeless.org.uk/knowledge-hub/mental-health-and-homelessness-resources/>

²⁸ In particular, Part 7 of the Housing Act & the Homelessness Code of Guidance.

Equality Act, and the Mental Capacity Act²⁹. Core training³⁰ should be provided to outreach workers in these areas and managers should be aware of escalation routes when there are concerns over people not being adequately supported.

“It’s frustrating when you’re visited by outreach and they’re nice. Nice doesn’t get many people housed. You know, if they were trained in homelessness law, or they were trained in advocacy, in person-centered approaches and stuff like that, ... if they were more honest with what they can and can’t do, it would be a better relationship.”

Key Points

- Support should be offered in a flexible, tailored way, to meet the needs of the individual.
- Outreach workers should consider people’s diversity needs when offering support.
- Holistic support should be offered, not just focussed on accommodation.
- Outreach workers should have legal literacy to be able to effectively advocate for their clients.



Principle 5: Verification is not a barrier to advice and/or support.

Many outreach services across England have to ‘verify’ someone as rough sleeping, i.e., see someone ‘bedded down’, in order to access certain accommodation and support pathways. However, this traditional verification process does not serve all groups of people and can exclude some of the most marginalised people from accessing appropriate support.

Homeless Link facilitated a focus group³¹ in May 2023, to explore views on rough sleeping verification. For some participants, it was felt that the process of verification ensured that outreach services were working with those who were rough sleeping, which helped to target efforts to support people most in need. Moreover, as resources are often scarce, verification can be a way of gaining access to accommodation for

²⁹ Homeless Link has guidance, training, and E-Learning on these topics, accessible via our Knowledge Hub (<https://homeless.org.uk/knowledge-hub/>) and on our training page (<https://homeless.org.uk/what-we-do/developing-the-workforce/>)

³⁰ Homeless Link offers a variety of training courses for individuals & teams: <https://homeless.org.uk/what-we-do/developing-the-workforce/>

³¹ Read the full findings from the focus group here: <https://homeless.org.uk/knowledge-hub/rough-sleeping-verification/>

people who are not owed a duty for interim accommodation under the Homeless Reduction Act (2017). However, verification was also seen as an 'artificial and unnecessary hurdle' to accessing support, with too high a burden of proof on the individual experiencing homelessness.

“When I was visited by the outreach team, it was part of the verification process. And then you're starting off that relationship with, ‘we don't believe that you're homeless.’”

Using verification as a means of gatekeeping advice and support results in people who are more likely to be 'hidden homeless' remaining without support. For these people (for example, women, LGBTQ+ people, people with disabilities, and people with restricted eligibility due to their immigration status), it is important that outreach services apply professional judgement and a multi-disciplinary approach when 'verifying' someone as rough sleeping. Rather than having to see someone bedded down or asking people to remain in particular locations for extended periods, outreach workers should gather intelligence from partner organisations, to establish if someone is rough sleeping.

The London Women's Rough Sleeping Census³² in 2022 found that women's rough sleeping is often hidden, transient, and intermittent, but this does not mean women are not sleeping rough. Therefore, it is important to take a gendered approach to outreach, targeting areas like libraries, A&E's, and women's services to engage with women. Some women may be sex working, or staying at someone's house in exchange for sex and therefore unlikely to be found verifiably bedded down at night but may be sleeping rough during the day. People who identify as LGBTQ+ are also likely to remain 'hidden', as they are more likely to be subject to hate crime. They too are therefore, less likely to be verified.

In rural contexts, people often rough sleep in areas like large parks, woodland, farm land etc., which will affect how easy it is to verify someone. Applying professional judgement, and using a range of intelligence, can make this process easier. This will also help to establish a positive working relationship (as opposed to one which starts from a sense of mistrust/doubt).

Anyone who states they are rough sleeping should be provided with support and/or advice:

- Where there are legal duties and protections owed to someone under the Housing Act (2004), amended by the Homeless Reduction Act (2017)³³, there

³² <https://www.solacewomensaid.org/london-womens-rough-sleeping-census-2023/>

³³ Homeless Link delivers training on the HRA: <https://homeless.org.uk/team-training-courses/homelessness-law-practice-and-the-homelessness-reduction-act/>

should not be a requirement from local authorities that individuals are rough sleeping in order to access what they need.

- Once a person has approached their local authority and given them 'reason to believe' that they are homeless, eligible, and in 'priority need'³⁴, regardless of if they are verified as rough sleeping, suitable interim accommodation should be made available to them.
- Local authorities and outreach services should offer support to help people who are rough sleeping to secure accommodation, and link them in with other support services, even if they aren't verified.
- For outreach services, this could mean having a drop-in at a day centre for people who are less likely to be seen during shifts.

Key Points

- The traditional verification process excludes groups who are more likely to be 'hidden homeless'.
- Outreach teams should apply professional judgement and use a multi-disciplinary approach when 'verifying' someone as rough sleeping.
- Support/advice should be provided to anyone who states they are rough sleeping, regardless of verification status.



Principle 6: The service is trauma-informed and seeks to reduce harm.

Workers, services, and organisations should adopt a trauma-informed approach to improve awareness of trauma and its impact, to ensure that the services provided offer effective support and, above all, that they do not re-traumatise those accessing or working in services.³⁵ It is recommended that outreach services invest in trauma-informed training for their teams³⁶ so that workers can understand the impact of trauma on people's behaviours and how best to support them. Policies and procedures should also be designed through a trauma lens. Providing trauma-informed support will result in people feeling respected, in control, valued and listened to.

³⁴ Information on priority need can be found here: <https://www.nhas.org.uk/news/article/who-has-priority-need-for-homelessness-assistance> and in the Homelessness Code of Guidance: <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities>

³⁵ The Office for Health Improvement and Disparities published a working definition of trauma informed practice in Nov 2022: <https://www.gov.uk/government/publications/working-definition-of-trauma-informed-practice/working-definition-of-trauma-informed-practice>

³⁶ Homeless Link delivers TIC training: <https://homeless.org.uk/team-training-courses/trauma-informed-theory-and-principles/>

Things to consider whilst on outreach:

- Where are interactions taking place? Does the person feel safe to disclose information?
- Can you have a conversation at the same level as that person? E.g., both sitting down.
- Are female workers available to support women?
- Are people given clear information about what the service can offer them?
- Are outreach workers honest and transparent about what can be achieved? E.g., be realistic, detail any limitations of the service.
- How much paperwork is there? When is this completed? Are questions kept to a minimum?
- Can information about the client's support needs be gathered, with consent, from partner agencies, rather than them having to repeat their story?
- Are people given clear information on how their information will be gathered, stored, and shared?
- Are resources available in different languages?

“They've already been let down time and time again and traumatised time and time again by the system... You're not the first person, so you can't go into it thinking there's a magic wand because we don't believe that... but also a recognition of the fact that one person is literally on the floor and one isn't, and there's that massive sort of gap of power and vulnerability.”

Part of being a trauma-informed service is about supporting people to identify their strengths and goals and allowing them to be active participants in determining the support they need. Adopting strengths-based practice³⁷ allows people to re-build control in their lives by defining their own support. It involves building an equal and trusting relationship so that the individual is able to share their hopes and goals and unlock their own self-esteem.

It is important for services to recognise the relationship between structural disadvantage and experiences of trauma. For example, women are at a higher risk of interpersonal abuse and people's experiences of racial discrimination can impact levels of trauma. Services should take this into consideration when offering support, for example, being respectful of personal boundaries, and recognising and addressing unconscious bias.

Rough sleeping is not safe, and people are at more risk of harm. However, within this context, outreach services can look to reduce harm where possible. For example, for people who are using substances and alcohol, outreach workers should have knowledge

³⁷ Read Homeless Link's framework for strengths-based working: https://homelesslink-1b54.kxcdn.com/media/documents/A_framework_for_strengths-based_working1.pdf

surrounding safer using practices to reduce risks.³⁸ Naloxone³⁹ should also be brought on every outreach shift to reduce the risk of death from opioid overdose. It is important that outreach workers acknowledge that some people may not wish to stop using substances at that moment in time, but can be supporting in other areas, such as physical and mental health, working in a holistic way.

Key Points

- Support should be delivered in a trauma-informed way, to avoid people being retraumatised by the outreach service.
- Outreach workers should consider how to make people feel safe during interactions, for example, not asking intrusive questions, and considering the environment.
- Strengths-based practice should be used to empower people to define their own support.
- A harm-reduction approach should be adopted when supporting people who are using drugs and/or alcohol.

Porchlight: Trauma-informed approach to outreach

Our initial meetings allow the worker to develop their understanding of the client and their needs. We know that many clients are distrusting of services, may have been homeless for years, and therefore we offer appointments in non-clinical settings, offering them a choice of location, or just sitting down next to where they are bedded down.

We use a trauma-informed approach when making an initial assessment and check-in regularly with the client throughout the process. Many people who are rough sleeping will have spoken to potentially multiple different workers/services over the years, each time having to re-tell their story. If there is an area of their life they don't want to disclose, we will focus on other topics. It is important to remember that when someone re-tells their story, they may be triggered or re-traumatised, so rather than completing assessments like a tick-box exercise, having a simple conversation where you get to know the person and their needs is our approach. At the end of each session, we will briefly review what both sides have agreed to do and agree the next meeting.

³⁸ Listen to Series 4, Episode 2 of Homeless Link's Going Beyond podcast on harm reduction: <https://homeless.org.uk/knowledge-hub/going-beyond-homeless-links-practice-podcast/>

³⁹ Read our guidance on the use of Naloxone in homelessness services: <https://homeless.org.uk/knowledge-hub/naloxone-in-homelessness-services/>

We are always transparent and honest in what support we can and cannot provide – too many supporting relationships have broken down due to people over-promising and under-delivering. Simple acts such as asking someone if they want to be part of their own multi-agency meeting allows the individual to take control of their own support. Housing referrals are always client-focussed with their needs and desires central to any plans.

Example Case Study

A Streetlink report was received for a woman in a broken-down camper van. This was verified by the early morning outreach team, but she didn't wish to engage at the time. Outreach workers visited her later that day and again, she didn't wish to engage, but gave her name and details. A second visit was made the next day and this time she opened her van door and sat crying for half an hour while the outreach workers offered emotional support. They managed to encourage her to join them for a coffee at a nearby café. Over the course of that coffee, the workers were able to establish her needs. Immediately afterwards, a food parcel was organised and brought to her, and her case was discussed internally with the team. On the second visit, the same two workers were able to bring other material support including hygiene products and clothes. Several weeks later it was possible to place the client in temporary accommodation and she continued receiving support from the lead worker. After 6 weeks of intensive support, the client was emotionally healthy, had received physical healthcare, and was able to move on and start working again.



Principle 7: There is close partnership working with other agencies.

Outreach services should be embedded within a network of organisations that are working together to end rough sleeping. Partnership working can be beneficial to maximise resources, knowledge, and skills.⁴⁰ Genuine, effective, joint working with other organisations provides an opportunity to deliver an integrated service for clients, establish joint responsibility for outcomes, provide wrap-around support, and avoid duplication. It is important that services take accountability for their actions.

The Centre for Homelessness Impact⁴¹ states that outreach teams should identify other services in the local area to improve collaboration between multi-disciplinary teams.

⁴⁰ <https://www.mungos.org/wp-content/uploads/2021/03/Recovery-Approach-Evidence-Review-Final-21-July-2020.pdf>

⁴¹ <https://www.homelessnessimpact.org/intervention/street-outreach>

Once services have been identified:

- Clear contractual agreements should be made that bring relevant partners on board.
- Regular multi-disciplinary meetings⁴² should occur to ensure clear communication across services including individual case conferences, where the client is invited to attend.
- Joint assessments and support planning should be considered to allow multi-agency action planning to avoid duplication.
- Robust data sharing agreements⁴³ should be implemented between services to protect client's privacy and data.

Outreach services should consider bringing professionals from other sectors on shift. This could include:

- Nurses
- Mental Health practitioners
- Social Workers
- Local Authority Housing Officers
- Immigration Specialists
- Specialist women's services
- Advocates

Having multiple services together on outreach shifts promotes a 'one stop shop' model of support, bringing services to people, rather than asking clients to visit multiple locations for different appointments. If possible, it is important to notify clients who may be coming along on the outreach shift so they know who to expect and be clear about how their information will be shared, and with whom.

East Sussex RSI Outreach Service: Partnership working.

Our rough sleeping outreach service, run by Southdown, covers the East Sussex area. Working in partnership with other organisations is key to bringing different perspectives and knowledge to situations, so that our clients can receive the best support. As outreach workers, we can't hold all the knowledge, for example, there may be different referral routes into support that we aren't aware of/don't have access to, and other organisations may be best placed to advise on risks and support needs. Rough sleeping is multi-faceted so you can't just involve one service.

⁴² Read our guidance on having effective multi-agency meetings: <https://homeless.org.uk/knowledge-hub/effective-multi-agency-meetings/>

⁴³ Read our guidance on data sharing in multi-agency meetings: <https://homeless.org.uk/knowledge-hub/data-sharing-in-multi-agency-meetings/>

We have regular multi-disciplinary team meetings (MDT) which includes Sussex Partnership NHS Foundation Trust, Adult Social Care, Change Grow Live, Changing Futures and staff from local councils housing teams. These meetings allow us to highlight cases which are a real concern, create joint action plans, and share information about transient people. We invite people from the MDT to come on outreach shifts, to show them the reality of outreach work, and how we are trying to support people away from the streets, reducing unhelpful assumptions about rough sleeping. Having other professionals with us on outreach shifts means we're not waking people up for no reason; we've brought a service to them who can help, which is key to forming relationships. Our outreach workers also try to go out with different RSI teams to understand how they operate, to share good practice, and promote changes in working.

At Southdown, we make sure we get a signed consent form for everyone we work with, which lists the services which we work and share information with. This gives transparency to data sharing for the client and allows us to gather as much information and evidence as possible to present to the council and other partners.

Key Points

- Multi-disciplinary working provides an integrated service for clients, provides wrap-around support, and avoids duplication.
- Regular multi-disciplinary meetings should occur to ensure clear communication, safeguard clients, and share resources.
- Robust data sharing agreements need to be agreed between organisations.
- Bringing professionals from other sectors on outreach shifts means that services are brought to people, increasing engagement.



Principle 8: There is a focus on staff safety, wellbeing, and development.

To ensure the physical safety of staff whilst on an outreach shift:

- A minimum of two members of staff should be on shift together, preferably mixed gender. However, only one person should make the approach to avoid overcrowding people.
- Staff should be provided with a tracking/lone-working device, or policies should be in place for regular check-ins/location sharing throughout shifts.
- The service should have a robust written safety protocol which all staff are familiar with and adhere to. This should also be shared with any external workers and volunteers before joining an outreach shift.
- Dynamic risk assessments should be carried out before approaching a sleep site to determine the level of risk.

To ensure the wellbeing of staff:

- The outreach service should provide access to an office space/base, to conduct casework, have regular team meetings/debriefs, and supervisions.
- Debriefs should happen where incidents have occurred on shift⁴⁴, to allow staff to process what has happened, learn from the experience, and provide emotional support to each other.
- There should be access to regular reflective practice⁴⁵ to allow staff to reflect on their work and the impact of other people's action on them, to learn and develop professionally.
- Shift rotas should be in place to allow staff to recuperate and take time off.

All staff should have a robust induction⁴⁶ period before starting outreach. This should include core training⁴⁷ to ensure staff feel confident and safe to do their job well, as well as shadowing an experienced outreach worker. It is important that staff understand the differing experiences people may have when sleeping rough to ensure they have the appropriate empathy, respect, and are non-judgmental. An understanding of the impacts of trauma is key to delivery, especially when managing challenging behaviour by understanding the reasons why someone may behave in a certain way.

⁴⁴ Listen to Homeless Link's 'Going Beyond' podcast episode on the importance of debriefing (Series 2, Episode 5): <https://homeless.org.uk/knowledge-hub/going-beyond-homeless-links-practice-podcast/>

⁴⁵ Read Homeless Link's guidance on reflective practice: <https://homeless.org.uk/knowledge-hub/reflective-practice-in-homelessness-services/>

⁴⁶ Read Homeless Link's guidance on 'Psychologically Informed Management', including briefings on inductions and supervisions: <https://homeless.org.uk/knowledge-hub/psychologically-informed-management/>

⁴⁷ Look at our National Homelessness Skills Framework for a list of essential knowledge, skills & behaviours for outreach workers, including links to training & resources: <https://homeless.org.uk/what-we-do/developing-the-workforce/national-homelessness-skills-framework/>

Ongoing training and development should be offered to all staff, not just new people, and all should be encouraged and supported to specialise in certain areas. The outreach service should ensure that the staff team reflect the diversity of people accessing the service, in terms of skills and experience, for example, employing people from different cultural backgrounds and those with direct experience of homelessness. Employing people who have experienced rough sleeping can bring about a higher level of empathy in the support offered, and a heightened level of trust from clients in the service. Consider building in lived experience involvement in recruitment processes too.

Key Points

- A minimum of 2 members of staff should be on an outreach shift with a location sharing protocol in place.
- Staff should have access to regular supervision, team meetings and reflective practice, with an office space/base to do these from.
- A robust induction period should be planned in for new starters, including core training & shadowing.
- There should be a diverse range of skills/experience within the team, including people with direct experience of homelessness.

What We Do

Homeless Link is the national membership charity for frontline homelessness services. We work to improve services through research, guidance and learning, and campaign for policy change that will ensure everyone has a place to call home and the support they need to keep it.

Homeless Link

Minorities House
2-5 Minorities
London
EC3N 1BJ

www.homeless.org.uk
@HomelessLink

**Let's End Homelessness
Together**

