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# People and Deep Social Change

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Homelessness has become a huge current social problem. In England each year approximately 200,000 single people experience homelessness. This statistic cannot have altered significantly since Catherine McAuley brought her Sisters of Mercy to London, Birmingham and Liverpool over a hundred and eighty years ago. “What an ineffable consolation,” she remarked, “to serve Christ himself in the person of the poor and to walk in the very same path He trod!”

People become homeless for many different reasons. There are social causes of homelessness, such as lack of affordable housing, poverty and unemployment, and life events. People can become homeless when they leave prison, care or the army with no home to go to. Many homeless women have escaped a violent relationship. Not being able to afford the rent is another cause. Life events, such as relationship breakdown, losing a job, mental or physical health problems, or substance misuse can be the trigger. Being homeless can make many of these problems even harder to resolve.

Many of them have other support needs besides their need for housing, and as such require some type of tailored assistance. Most have experienced some form of trauma. Homeless people are presenting at hostels more and more, with complex needs. Mental health needs seem to have increased, which is generally attributed to difficulties in accessing mental health services and the barriers of dual diagnosis (a mental health problem plus substance dependency). Homelessness services in the UK continue to face the challenge of meeting increasing levels of demand with diminishing resources. People experiencing substance dependency and mental health problems continue to face significant barriers to accessing mental health support services.

Hostels face significant challenges in moving people on from the hostel, with lack of affordable housing being the main barrier. The hostels generally aim to support people progress to independence, not just accessing accommodation, but also developing skills, abilities and resources needed for re-integration and personal development. Hostels also provide safety, security and opportunities for people to access support to address their needs and problems. Key working support, informal support and the provision of meaningful activities form a core part of hostel’s activities. Many of the entrenched rough sleepers are encouraged to engage with services by focussing on removing the system barriers. Many of the service users have a mistrust of services, have tendencies to disengage with support and often display destructive behaviour, with the result that they are barred from services. This can prove to be problematic for the hostel support worker and all in the hostel.

A great emphasis, as support workers, is on positive and trusting client/staff relationships, which are key to achieving positive outcomes. A flexible and adaptable approach is essential in order to encourage meaningful engagement and meet people's needs. Strong partnerships with a wide range of external and specialist agencies, is key to meeting a wide range of needs.

As a front-line support worker in a hostel for homeless people my work is challenging and rewarding at the same time. As most hostels experience, many have come from a wide range of backgrounds and have various needs, not just homelessness, but often they are fleeing domestic violence, experiencing drugs and /or alcohol addiction, offending, low self-esteem, confidence and/or motivation, low literacy and/or numeracy skills, learning disabilities, poor self-care, mental and/or physical health needs, isolation from family and/or other support networks. People are now presenting with increasingly complex needs.

Although as hostel support workers, our ultimate aim is to achieve independence for the people we work with, this is not always realistic because of the level and /or complexity of their needs. We aim instead to focus on preparatory work with individuals in breaking down the barriers to living independently, by helping them develop self-confidence, self-care and improved emotional and mental wellbeing.

Most of the people at the hostel are suffering from some form of mental health problem, ranging from varying degrees of depression and anxiety, to schizophrenia and other psychotic illnesses. Many are not linked in with specialist services before coming to the hostel and some are reluctant to even consider such help. Very often as well as having some mental health issue, the person can also have an addiction to drugs and or alcohol. Again he/she is not accessing the substance misuse services and this can often take months to establish.

Once a person has been assessed by the specialist services, they often need a great deal of support from the keyworker in continuing to attend appointment and in engaging with the specialist workers.

As service users begin to settle we assess their needs and work with them individually to compile personalised support plans that are geared towards self-determined goals, with a focus on supporting them to consider their future and the options that are available to them. Through liaison with the various health and social care professionals, we support them to address their immediate and long term needs such as claiming benefits, accessing health services, and eventually moving on from their present situation of homelessness. Each keyworker is responsible for 11-12 clients and although he/she is responsible for the on-going support of those clients, all the support staff would be aware of individual cases, so in times of staff absence, other staff could continue the support as a member of the team. Although formal key-work sessions are a requirement within the hostel, we often find that some service users disclose personal problems and past traumatic experiences more readily in an informal meeting. These interactions are of great importance in the development of personalised interventions and in helping each service user gain the trust, self-confidence and motivation to improve their situation. There are many who are unwilling or unable to engage in structured

support sessions, so we as staff try to adopt a flexible approach and prioritise the building of relationship. An example of this form of approach is when J was referred to the hostel for interview for a place. He did not turn up at the expected time and got into trouble with the police on the way. Eventually, he arrived looking very dishevelled. He came just in the clothes he was wearing, which were dirty and smelly. It was obvious that the immediate need for J was to be given some practical help. He was offered clean clothes, toiletries and a nice clean bed to sleep in. It was clear that he was not ready to talk or to complete the necessary paperwork that is part of the interview process. We were aware that J had been evicted from many hostels in the past due to his chaotic drug use and all that goes with this.

As time went on there were many struggles for him and for me as his key worker. It took many failed attempts to get him to do even the daily basics, such as changing his clothes, showering daily and getting up on time for meals. It was even more difficult for him to keep appointments with external services.

However, after several months of gentle prompting, lots of encouragement, patient listening and many setbacks, J began to engage and to respond to the help that was available to him within the hostel and outside. He reduced his drug use and totally turned his life around. He reconnected with his mother and siblings, who had spent years trying to find him. He was eventually capable of independent living and is now in his own flat, in a stable relationship and employed as a support worker for the Housing Association that ran the hostel where he lived.

I would like to think that it was as a result of all the professional interventions that he was able to turn his life around. Ultimately it was J's own resolve that made it possible. Nevertheless without the patience and dedication of all those involved in his support, he may never have found the necessary self-belief. Catherine McAuley knew all too well that healing and growth come from a relationship of respect and mutuality as much as from practical assistance. She did not 'do unto' the needy: she loved and thereby empowered them. It was, as Mary Carmel Bourke said of her, a ministry of 'courteous presence': in scenes of wretched poverty, she saw only the person.