Supporting knowledge and skill development among workers in homelessness services: a case study from Ireland

Dr Briege Casey and Dr Mary Farrelly
Dublin City University
Background

Working in current homeless service provision demands knowledge concerning a range of welfare, health and socio-cultural issues/rights as well as skills in effective assessment and support planning/case management and interagency working. (Martin et al 2012)
Contexts and pressures

- Changing demographics, issues, needs in homelessness.
- Emerging neo-corporate models of governance (Phelan and Norris 2008).
- Expectations to translate new policies and ideals into action, e.g. housing led, strengths-based and homeless prevention focused practice (O Sullivan 2012).
- Lack of investment, consistent approaches, support, training
Little is known about the composition of homeless sector workforce and scant attention has been paid to developing its capacity to effectively address the current challenges of homeless service provision.

Where training exists, it tends to be ‘ad-hoc’.

Internationally, many 3rd level courses in social work do not include any specific focus on homelessness in their curricula.

(Spinney 2013)
New homelessness and housing qualifications need to be developed at different educational levels which are adaptable and dynamic, involving relevant stakeholders in curriculum design and delivery (Spinney 2013).
The Educational and Vocational Context of Workers in the Dublin Homeless Sector

- At least 100 agencies delivering services to approximately 4,262 people (Census 2016) who are homeless in Dublin.

- Workers at the interface of homeless service provision are keyworkers or case managers, depending on the intensity of service required by the service user and the necessity for co-ordinating interagency collaboration. (Dublin Region Homeless Executive 2008)
- Approximately 750 workers in the Dublin homeless sector services, with a range of vocational and educational profiles.
- Many have worked in the sector for over 20 years and have a wealth of practice knowledge/skills but little or no formal education/qualifications.
- Those coming into the sector in the last 10 years have 3rd level qualifications/ training and working backgrounds in social care, social work, nursing, addiction, counselling and psychotherapy.
Various sectorial services have made substantial investments in on-the-job training; however the nature of this training has not been consistent across the sector.
Undergraduate Certificate in Homeless Prevention and Intervention: Background and Context

The Dublin Region Homeless Executive (DRHE)

- Lead statutory local authority in the response to homelessness in Dublin.
- Tasked with administering funding for homeless services in the region and working collaboratively with homeless sector services to develop policy and practice in homeless prevention and intervention.
- Supports training and professional development of sector staff.
In 2008, the DRHE undertook a sector-wide skills audit to determine the educational needs of a range of staff. The audit revealed the following areas of skill/knowledge deficit as identified by key workers and managers.
Knowledge/Skills Deficits Identified in Skills Audit (DRHE 2008)

- Accommodation and housing options
- Welfare rights
- Education/ training options for service users
- Legal issues/offending behaviour
- Working with families and children
- Assessment and support planning practice
- Helpful approaches e.g. Motivational interviewing
- Professional boundaries, dealing with challenging behaviour
- Advocacy
- The impact of intercultural issues
- Physical/mental illness and addiction
- Care and case management/inter-agency working
These findings echo results from other studies concerning perceived knowledge/skills deficits of homeless sector workers (Mullen and Leginski 2010). Following some months of collaboration between DRHE, sectorial homeless services and Dublin City University, the Undergraduate Certificate in Homeless Prevention and Intervention (CHPI) was established in 2009.
Dublin City University
School of Nursing and Human Sciences
Located in North Dublin, Ireland

Courses:
BSc/MSc/PhD Nursing (General, Mental Health, Intellectual Disability, Sick Children)
BSc Health and Society
BSc Psychology
BSc/MSc/ PhD Psychotherapy
MSc/PhD Sexuality Studies
Undergraduate Certificate/Diploma in: Peer Recovery Coaching, Homeless Prevention and Intervention
CHPI Programme Overview

The CHPI is the first and only university accredited programme in Ireland that is specifically related to the contexts, needs and holistic assessment/support of people who are at risk of or who experience homelessness. Currently, keyworkers within the sector are funded jointly by DRHE and their local homeless service to undertake the programme.
Certificate in Homeless Prevention and Intervention

- Undergraduate certificate
- 30 Credits
- 3 X 10 Credit modules
- Level 8 (NFQ) Honours Bachelors Degree level

Entry Requirements

- Current role involves working (including assessment and support planning) with people experiencing homelessness
- Educational attainment at Leaving Certificate level or equivalent
- Basic proficiency in and access to information technology i.e. MS Word, email and internet.
Programme Aim

To enable key workers/case managers in homeless sector services to develop a range of knowledge and skills that equips them for effective assessment, support planning and support interventions with individuals and families at risk of or experiencing homelessness.
3 modules
Delivered over 3 semesters

1. Assessment and support planning: process and practice

2. Socio-economic contexts of people in homelessness

3. Health illness and addiction in homeless contexts
Curriculum design and teaching and learning methodologies

Adult learner
Recognition and use of students’ previously gained knowledge and experience regarding homelessness; promoting integration and retention with new knowledge and experience.

Student engagement
Supported through group work, debates, collaborative projects, practice innovation incentives as well as ongoing eLearning activity and communication within DCU and practice contexts.
STRENGTHS-BASED APPROACHES IN ASSESSMENT PRACTICE

By Patrick Clifford and Briege Casey

‘The fundamental premise is that individuals will do better in the long run when they are helped to identify, recognise, and use the strengths and resources available in themselves and their environment’

(Graybeal, 2001)

Concepts such as building a good therapeutic relationship (O’Farrell, 2006) and using core conditions (Rogers, 1958) are commonly included in training programmes for those who work as helpers in the caring professions. In addition, evidenced based strategies and techniques such as motivational interviewing (Miller and Rollnick, 2002), strengths-based approaches

While these authors promote the benefits of a strengths-based perspective, researchers also argue that deficit-based assessment practices provide obstacles to client empowerment and can generate an unequal power balance in the client-helper relationship. Cowger (1994) claims that much of social work assessment literature including assessment instruments is overwhelmingly concerned with individual inadequacies. Similarly, Hill (2008) warns against a problem-centred approach which often arises from a needs assessment and is evaluated on its successes in addressing social problems. Weick and Chamberlain (1997) believe that if the social worker focuses on the client’s problems, he/she may neglect the client’s strengths and former success in rallying against these problems.

There exists the potential that the client may be participating in the assessment on a very stressful day, possibly even experiencing hunger, a trauma, or any one of a host of negative emotions. In addition, the client...
Course Assessment Strategies

The diversity in student learning style, ability and preference is accounted for in a wide range of possible assessment types across the three modules. Course assessments are practice and evidence centred:

- Case studies
- Reflections on/in practice
- Online participation
- Simulation/blogging
- Roleplays
- Essays
- Practice development projects
- Research awareness/activity in practice
- Class Presentations

Early detection of difficulties and timely support through enabling draft attempts with feedback and referral to DCU student learning services are provided.
Getting animated about Support Planning and Motivational Interviewing

Welcome to this blog. It has been especially designed to complement the activities you are undertaking in Block 2 as well as support you with Assignment 2. I hope that you will use this resource to learn more about goal planning/support and motivational interviewing approaches among people experiencing homelessness. You are also invited to share ideas and practices and experiment with some of the resources you will find here.
Health, Illness, Addiction and Homelessness- Assessment example

Students are required to:

- develop, implement and evaluate a health promotion initiative based on their assessment of a health problem/health risk factor that is prevalent in the service user group with whom they work.

- prepare a poster suitable for display in a residential or drop in facility that conveys a clear health promotion message and present this project and poster to the class.
## Health Promotion Projects

<table>
<thead>
<tr>
<th>Aspects of health addressed in CHPI health promotion practice projects 2012-2014 (n=122)</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug / alcohol abuse and harm reduction</td>
<td>31</td>
<td>25</td>
</tr>
<tr>
<td>General physical health (including foot and skin care, health screening, eye care, smoking cessation, dental care, pregnancy care, managing illness, accessing health services)</td>
<td>31</td>
<td>25</td>
</tr>
<tr>
<td>Mental health promotion and managing illness</td>
<td>28</td>
<td>23</td>
</tr>
<tr>
<td>Nutrition</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Blood borne disease</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Sexual health</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>
AFRAID TO SMILE?

The Dental Treatment Services Scheme (DTSS) provides access to dental treatment for adult medical card holders.

EVERYONE DESERVES TO SMILE.

Services are provided by dentists employed by Local Health Offices in your area and by private dentists who have contracts with the HSE to provide certain services

www.hse.ie
Evaluation of the programme

- Lecturers and Students
- External examiner
- Key stakeholders-Dublin Regional Homeless Executive and homeless sector services
- University processes
## Evaluation - students and employers

<table>
<thead>
<tr>
<th>Reported benefits (CHPI students)</th>
<th>Observed changes (managers)</th>
<th>Reported impact in practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased knowledge and skill level.</td>
<td>Improvement in competencies of staff after course participation. – evident in practice.</td>
<td>Improved service delivery. Raised professional/quality standards.</td>
</tr>
<tr>
<td>Relevant to the work. Useful for linking theory to practice.</td>
<td>Using frameworks/reference points to help service users work on their health issues.</td>
<td>Practice informed by evidence/research. Development of practice knowledge</td>
</tr>
<tr>
<td>Insight into emotional psychological needs, empathy.</td>
<td>Making reference to “therapeutic relationships”.</td>
<td>Move to more holistic models of practice.</td>
</tr>
<tr>
<td>Professional/career development.</td>
<td>Interest/willingness to update skills and obtain a recognised qualification for career.</td>
<td>Transferability/consistency of skills across sector. Development of learning culture</td>
</tr>
<tr>
<td>Motivation, sense of purpose, clarity.</td>
<td>Has become more aware of what is involved in case management.</td>
<td>Enacting support plans. Consistency of service, clarity for service users.</td>
</tr>
<tr>
<td>Advocating for physical/mental health needs (increased knowledge)</td>
<td>Have noted increased confidence among staff who have completed the training.</td>
<td>Change management. Advocating for change.</td>
</tr>
<tr>
<td>Hearing the experiences of others.</td>
<td>Networking/sharing with other services. Unifying effect on service when all staff participate.</td>
<td>Role clarification, Recognising other’s skills, Improved teamwork, interagency working.</td>
</tr>
</tbody>
</table>
Student feedback

“There was a great variety of speakers who seemed to have a great deal of experience in their areas”

“I found learning in the lectures and practical learning I can bring back to work with me”
Student feedback

“The pitch and delivery was perfect. There was a lot I was not aware of or only had surface information on before I joined the course”
Student feedback

“Less powerpoint, more groupwork”

“I felt lecture led powerpoint presentations worked best for me”

“Don’t like roleplay”

“I enjoyed role plays, discussion groups and case study groups”
Opportunities

- Varying levels of prior educational preparation and prior learning among students

- Wide range of work specialities and areas e.g. drug use, migrancy, families, domestic violence, youth, sex workers, prisoners, hostel work, street work, drop in services, wet shelters, office based placement services

- Opportunities for diverse learning but constant review required to meet changing student and service needs
Challenges

- Education vs Training - Expectations
- Range of interests and levels of engagement/prior education
- Work/study/life balance
- Expectations of managers service – support for students
- Compassion fatigue and burnout evident in classroom
Lessons Learned

- Service buy-in/collaboration is essential in ensuring student engagement/support and maintaining relevance to the practice context
- Possibility of developing different levels of educational provision
- More input/support re developing practice reflection, self care and strengths - based approaches
That's all Folks!
References

- Dublin Region Homeless Executive (2008) *Workforce skills audit*. Dublin, DRHE.


