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# The role of specialist women's workers

*A case study from the South East Partnership*

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This case study provides insights and learning on the role of specialist workers in supporting women with multiple needs. It comes from the South East Partnership and is one of a series of case studies on projects funded as part of the Big Lottery Fund's Fulfilling Lives: Supporting people with multiple needs initiative.

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## Background

The South East Partnership (SEP) supports people with multiple and complex needs who have previously not engaged well with services. Service users said that when services are targeted, accessible and better co-ordinated then this has a positive effect on their ability to manage their lives.<sup>1</sup> In order to achieve this SEP are using specialist workers. This case study explores the role of specialist workers supporting women with multiple needs and how they are tackling systemic barriers. It includes learning from the South East on the pros and cons of recruiting health professionals into these roles and concludes with an extended example illustrating the impact of their work.

The SEP works across East Sussex in Brighton and Hove, Eastbourne and Hastings. Brighton Housing Trust (BHT) are the overall accountable agency in the partnership and three local

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<sup>1</sup> <http://mcnevaluation.co.uk/about/the-project/south-east/>

delivery teams work across the three areas: Equinox<sup>2</sup> in Brighton and Hove, CRI<sup>3</sup> in Eastbourne and the Seaview project<sup>4</sup> in Hastings. The involvement of different delivery agencies in each area sometimes results in different approaches to implementing the specialist worker model; these are discussed later in the case study.

The case study is based on interviews with the SEP project lead, specialist workers in Brighton, Eastbourne and Hastings, the service user involvement co-ordinator, five service users and the operations director at Brighton's Women's Centre. The fieldwork was undertaken between October and December 2015.

## Specialist worker posts

A specialist worker is someone who works specifically with a particular type of individual. In each of the three areas, for the first two years of project delivery, the SEP had one specialist worker for individuals with dual diagnosis<sup>5</sup> and one to work with women with multiple needs. These target groups were chosen because it was felt that they were often overlooked and under-represented by services in a lot of strategies around multiple and complex needs.

*In terms of genuine support one of the things I keep coming across over and over again with my clients is that they have no-one (who) is currently invested in them...they've burned all their bridges with their family and other professionals.*

Specialist workers have small, targeted caseloads of individuals who have the most entrenched and complex needs. The worker provides assertive engagement (where workers maintain strong engagement with clients to move them toward behaviour change that is self-directed and lasting), support and clinical interventions that are tailored to the individual needs of the service user. The worker will have frequent contact with their client (at least three to four times a week) and they will continue to engage with a client even if a service user disengages from services. Ultimately, the worker will seek to move the client into mainstream services. Figure 1 overleaf illustrates SEP's model for supporting people.

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<sup>2</sup> Equinox is an assertive outreach organisation that works with street drinkers: <http://www.equinoxcare.org.uk/services/equinox-brighton-drug-and-alcohol-outreach-team/>

<sup>3</sup> The CRI are a substance misuse provider: <http://www.cri.org.uk/content/star-drug-and-alcohol-recovery-service-eastbourne>

<sup>4</sup> The Seaview project is a Homeless Day Centre in Hastings: <http://www.seaviewproject.co.uk/>

<sup>5</sup> Someone with co-existing mental ill health and substance misuse.

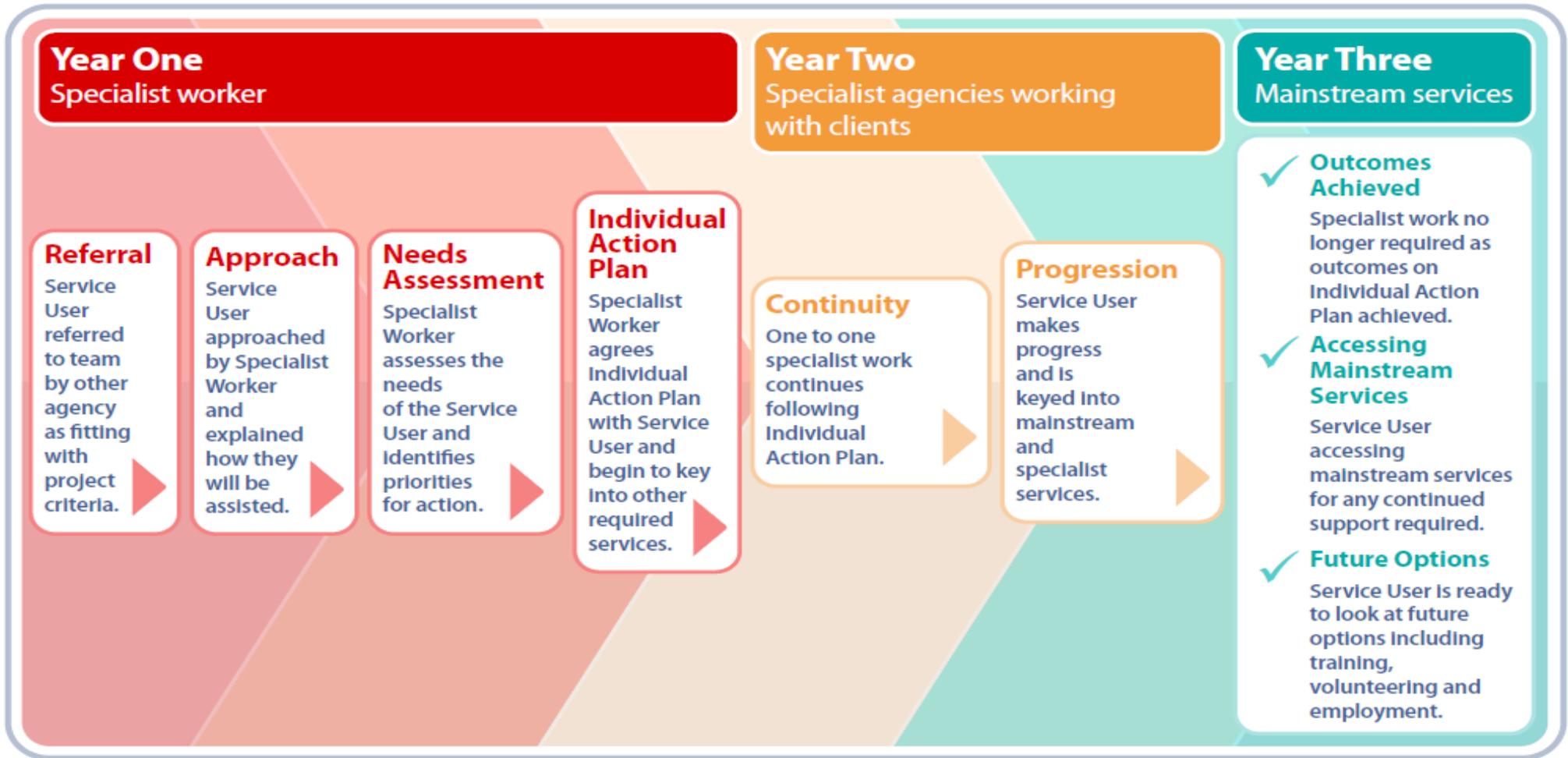


Figure 1: Specialist worker model, South East Partnership

## Recruiting health professionals as specialist workers

Initially, the SEP sought to recruit staff with professional registrations, such as nurses or social workers in order to open doors and facilitate change. While this has had some benefits, there have also been drawbacks and it has not always been possible to recruit the staff desired.

Service users had stated that they wanted:

*Someone with clout who could open doors, who could phone and talk to a consultant or a GP, or a senior social worker and actually make something happen...as opposed to a generic support worker who might be 'nice and supportive' but would not get anything changed.*

Individuals with experience in health were preferred over those with housing or substance misuse backgrounds as they were felt to have 'more clout' with services. The partnership did not seek specific experience of working with women such as domestic violence specialists or independent domestic violence advisors (IDVA).

With a preference for health experience, the partnership sought nurses at a senior practitioner level.<sup>6</sup> Staff at this level would link workers to clinical supervisors within the NHS, provide knowledge of different services available to women as well as many years of experience. As the nurses were to be seconded from the Sussex Partnership Trust they would be able to access wards in clinical settings as well as make use of the Trust's links and networks. Consequently, nurses could liaise directly with health services rather than going through different stages of referrals for their clients.

In Brighton, a nurse was successfully seconded into the SEP; in Eastbourne, the lead agency, CRI, employ their own clinical staff and elected to do their own recruitment for their post; and in Hastings, a nurse was originally recruited but then left the project (the current post is held by an individual with social work experience).

The partnership was interested to learn whether having a worker with a health background does indeed provide greater weight in influencing service delivery and systems change than those with housing or substance misuse backgrounds. Whilst the roles are still relatively new, the SEP has witnessed a number of key differences between the workers with a health background and those without.

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<sup>6</sup> Nurses are paid in bands contingent on experience and expertise; there are nine available bands and the partnership sought band 6 nurses.

## Positive outcomes of using a health focused specialist worker

**Being seconded from a health background provides the ‘clout’ the SEP were hoping it would.** The worker understands how the NHS works and can navigate through their systems with greater ease, communicating in terms that other NHS staff will comprehend.

*When I introduce myself as working for Sussex partnership that holds more weight sadly. If I say I'm Fulfilling Lives, they don't really understand or get that.*

In addition, a secondment has meant that the specialist women's worker has access to the relevant PIN numbers, logins, emails and support networks within the health environments. This has allowed more efficient access to services such as being able to print off referrals and forms in hospitals.

**Working across all four areas of multiple needs (homelessness, substance misuse, mental health and offending) has been useful in developing cross-specialism understanding.** The seconded nurse is learning from other core services and is able to share knowledge to others who may not previously have had experience of clients with multiple needs:

*In terms of sharing and partnership and breaking down some of those barriers and being able to do joint working and having links in, I'm learning so much about probation and the legal system it's huge. No one can ever take that away from me because that's just going to be so embodied.*

**Having a health background opens more doors for advocacy:** Specialist workers with a nursing background have found that some GP surgeries have been willing for them to attend medical appointments on their client's behalf. This has allowed the worker to obtain paperwork to progress benefit claims, access prescriptions when needed and generally support their clients in a way that non-health professionals have so far not been able to do.

*I've never done that before. I've never sat in the GPs appointment for somebody else before. [...] when I eventually got this client, it took months to get her paperwork together for benefit entitlement, the doctor actually backdated the certificate to the day I met her.*

Providing the opportunity to advocate in the health service for a client without them present has enabled specialist workers to overcome one of the key service access barriers – having a client attend an initial triage or referral appointment.

**Providing clients with a key worker who has mental health training has been welcomed by the clients.** A key issue for clients with multiple needs is accessing mental health support. Many self-medicate through substances which precludes them from getting mental health support. Providing a key worker with mental health training provides a client with immediate access to support enabling them to begin to overcome the barriers of dual diagnosis and work towards their recovery.

*I'm a mental health nurse, I'm a trained counsellor and I'm halfway through family therapy training...So [name], the first time I met her she cried with delight that I ticked all the boxes and it was the mental health component that was the key thing for her.*

### Challenges of using a health focused specialist worker

**There is a difference in approach to assessing and managing risk.** Health professionals were said to be more risk averse than workers from other backgrounds. One of the particular features of the SEP programme, and of the Fulfilling Lives (Multiple Needs) initiative more generally, is that support is open-ended rather than time limited. Keeping a case open even when the client disengages from the project is an important part of the assertive outreach principle. For nurses, this creates a risk to their professional registration as they are held responsible for a client while on their caseload. As such, they prefer to close cases quicker than other workers.

*In terms of accountability and managing risks, I can't have a client open on my caseload and not know where they are, because professionally, I am responsible to some extent for that person.*

**Ability to be flexible with support can be a challenge.** What is and is not acceptable in providing flexible support to clients is often the subject of debate among workers. The flexibility to provide tobacco or alcohol to a client has sometimes provided positive outcomes in retaining engagement of clients with services. For example, a client was giving evidence and making a police statement about an assault against her and the stress was causing her to want to leave. The decision was made to obtain the client some tobacco so she could smoke and then continue with the interview. However, obtaining tobacco for an individual goes against nursing practice.

*Nursing is black and white and enshrined in ethics but working with people with (multiple and complex needs) means that there are several shades of grey.*

While employing health professionals as specialist workers has many benefits, the flexible, assertive outreach approach is a new way of working for many nurses and will not be for

everyone. Indeed, the SEP had difficulty recruiting nurses who were willing and able to work in this way.

## Addressing support needs

A specialist women's worker will primarily seek to engage a disengaged client and then work with them to access services by advocating for the individual. As part of this journey the worker will seek to understand access issues, gaps in services and identify where the blockages are that prevent individuals receiving the support they need.

SEP have identified that the key issues exist around transition points, for example leaving prison, hospital or community treatment. The current support system expects the individual to be responsible for seeking out their own support pathway and advocate for themselves. However, it is known that people with multiple needs will generally not do that.

*The conventional 'one size fits all' will never work for these people because of the complexity of their physical and mental health and addiction issues....so it's only by someone like myself going and finding them...lots of nurturing and support and persuasion around engagement. Without that you won't reach these people....you can get people in the door with a different approach, and the approach is you have to go to them.*

Specialist workers conduct outreach early. By working with clients prior to them exiting a transition point (prison, hospital, temporary housing) specialist workers are able to begin to prevent clients 'falling through the gaps'.

As part of the expectation that an individual will proactively seek out their own care most services are designed to give a fixed appointment on a set day. If the person engages with this, they are able to access a service; if they don't, there is no flexibility or outreach and an individual does not get the service. Even if a client does gain access to a service, many organisations provide support that is time restricted (for example, meeting for 20 minutes once a week or only for a fixed number of weeks). As such, the entrenched needs experienced by clients with multiple needs are never fully addressed.

In order to work with disengaged multiple needs clients in this environment, specialist workers at SEP operate in the following ways.

**Providing consistency over the long-term to enable trust to be built.** Specialist workers highlight the importance of proving to a client that they are not only available but are there for a longer time period than most services. Providing consistency enables trust to be built and clients begin to start to engage with the worker and then with services.

*You're just another worker, I'll tolerate you being here...then a month or so on, she's still here, she's still hanging around...then a few months down the line... 'Who are you to me? How are you different from other workers?' Then there was this sense of trust. They know that you're there.*

**Being persistent and encouraging with clients** By being gently persistent and focusing on the priorities of the client, specialist workers are able to see positive outcomes and clients engagement with services improves:

*Even though she's had multiple addresses, multiple times in prison, sustaining that relationship we've been able to do various bits of work, which have just slightly improved things for her – getting her to hospital that just would never have happened because of the hours in the morning that she needed to get there and the mil by mouth and ringing the buzzer 800 times to get her down for transport, cajoling the transport to wait, going in the transport with her...*

**Negotiating new ways of accessing services** Advocating for their clients, specialist workers have been able to negotiate new ways for chaotic clients to access services. For example, to access RISE (support service for domestic violence) an individual must go through triage and appointments to obtain a support worker. These appointments were generally early time slots at a considerable distance from the client and so were missed. The specialist worker negotiated with RISE to meet the client at a more suitable location and time. As a result the client has a safety plan in place for the first time.

Currently this negotiation occurs on a case by case basis but the team hope that if the evidence proves this approach works then they can look at different entry pathways into the service for individuals with multiple needs. In the meantime, specialist workers have found that their joint working with services is paying off in terms of providing flexible approaches for clients. For example, one organisation, although resource restrained, undertook outreach work with clients because they had seen the benefits of doing so.

*They did the outreach work...when they couldn't really manage that in the longer term but saw the huge benefits of it...now...they're basically saying...unless Fulfilling Lives are involved they're not going to be.*

**Challenging preconceptions** By working directly with multiple services specialist workers are able to share knowledge and experience, which helps to challenge some of the preconceptions held within organisations. For example, as a result of working directly with domestic violence services, workers discovered that, on average, a victim of domestic violence

will leave seven times before they finally leave. Sharing this insight with other services starts to help challenge views previously held about clients, such as ‘well, she keeps going back to him’.

**Offering therapeutic support** Staff interviewed for the case study stated that female clients with multiple needs often have mental health needs arising from trauma in childhood. The specialist workers have found that most clients have not received supportive therapeutic work before because their substance misuse had prevented access.

*Women in particular were...expressing and explaining how important it is that there is a staff that is skilled and trained to be able to...receive, to listen to and to deal with very complex traumatic issues.*

In order to provide therapeutic support to clients who cannot access traditional therapeutic routes, due primarily to dual diagnosis, SEP’s specialist worker in Brighton is a systemic practitioner<sup>7</sup> who can offer family/couple work.

In addition, the project commissioned an organisation who provides Horse Therapy.<sup>8</sup> This organisation works flexibly with SEP allowing individuals with dual diagnosis to access their service through the project. The tools provided by the therapy enable clients to address issues and provide coping mechanisms so that they can begin to be less reliant on substances to do that for them. However, there will be an overlap between reducing substance misuse and using therapeutic tools. This is where flexibility is needed.

*When she first went to equine she was taking alcohol with her in a small bottle to get her through. You wouldn’t get through any door for psychological therapy ordinarily with that in your hand.*

**Being non-judgemental** Many clients are used to being chastised for their behaviour, for missing appointments or for not taking responsibility. Specialist workers have found that a non-judgemental approach that gently encourages an individual to try something is more effective.

*One of the things that I found people respond to is I say ‘ You know what, I’m not here to nag you, I’m not here to say ‘You’re not doing this, you’re not doing that’ or ‘why don’t you*

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<sup>7</sup> Family Systemic Therapy works with an individual in relation to the other key roles in their life; it examines the system around the person in terms of their partner, associates, family members etc. with whom they will often have a difficult and negative relationship.

<sup>8</sup> Horse Therapy puts people and horses together along with a therapist in an environment designed to promote emotional growth and learning.

*do this?’ ....What I will do is I will nudge you. If you say, ‘I’m thinking of doing that, I’m going to be the one who says, ‘We said we’re going to do this....let’s try it.’ ...they’ve never had, often, anyone who gives a damn enough to say ‘I think you should try that.’ ...it’s got to be really subtle and nuanced.*

It is important to adopt this approach as workers have found that when they initially work with a client and have attended service appointments with them, the first ten minutes are often very negative. Specialist workers have witnessed service providers berating a client for missing an appointment or turning up late and this puts clients off returning to a service. If an appointment begins negatively a worker will seek to intervene to change the tone of the conversation. This is a delicate approach that has to be done sensitively but has been found to be effective when services are able to observe the outcomes and the interaction that occurs when the approach changes.

*One said ‘I feel really bad about some of the interactions I’ve had with people and the approach I’ve taken...services are designed to make people feel that it’s their responsibility.*

## **The impact the specialist worker approach – Jane’s story**

The following example focuses on one female client and illustrates how taking the specialist worker approach impacts clients and the results it can provide in a relatively short period of time.

Before joining the SEP Fulfilling Lives initiative Jane<sup>9</sup> had received support from a number of services and workers but only for short periods of time. This was due to a mixture of the set number of sessions available and staff turnover. She explained that the longest time she had been with a single worker was eight weeks. Having to repeat her story to new people caused stress and anxiety and she felt it was a contributing factor to her continual relapses.

*You feel like you can’t move forward because you get a certain amount of time to work with someone and if you’re repeating everything that’s the first half hour gone by telling them all about yourself.*

Since joining SEP, Jane has been provided with **consistency** from her specialist worker enabling her to focus on her recovery in the longer term as opposed to short term goals. The worker has had time to get to know Jane and understand her challenges and goals and work with her accordingly.

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<sup>9</sup> Names have been changed to protect the identity of respondents.

*The thing with treatment is you get to know someone and then they leave, then you get to know someone else and then they leave...I think the really good thing about Fulfilling Lives is you get a worker and then you build that relationship and every time you see them you don't have to repeat everything all over again.*

Jane explained that for her, the ability to build a relationship with a worker is important in aiding recovery. She spoke of how support services provide appointments that last for ten minutes and whilst the services are available the relationship building is not. Services did not discuss the factors that Jane felt influenced or contributed to her substance misuse/mental health issues - they would simply want to know if she was using substances and whether she was at risk (suicidal). Jane's specialist worker has taken the time to get to know her as individual and tailored her support accordingly, providing a **persistent and person-centred** approach.

*(Before Fulfilling Lives, I felt) lost in the system. Nobody listened. I was asking for help and nobody was listening. I just felt insignificant... [My specialist worker is] like a net, she does all the things that need to be done that other people can't do.*

The relationship Jane has built with her specialist worker is **non-judgemental**, something she feels she did not receive previously. Prior to SEP, Jane felt that services 'judged' and labelled her on past actions. She felt that she was not listened to and that her substance misuse was frequently used as a reason to exclude her from services. Jane's relationship with her specialist worker is built on trust and she feels it has helped increase her self-esteem and confidence allowing her to take responsibility for herself with her worker's support.

*Carol<sup>10</sup> has given me hope. She makes me feel listened to and has given me the confidence to feel that I can do things.*

One of the ways that Jane's specialist worker has been able to support her is by **negotiating new ways of accessing services** that would benefit her recovery. Previously Jane had become homeless after entering a detox programme because her room in supported housing was not retained while she was in the programme. In addition, Jane had previously not completed detox programmes as she was excluded due to her behaviour.

Through the advocacy of her specialist worker Jane's housing was retained whilst she entered a detox programme. Her worker regularly visited her during detox and was able to advocate for Jane with service staff by recalling information and previous discussions. The advocacy helped

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<sup>10</sup> Names have been changed to provide anonymity

address Jane's behavioural challenges whilst providing her with the support she needed through the detox process from someone who knew and understood her well.

The SEP provided Jane with access to **therapeutic support** via Horse Therapy. Before therapy Jane was unable to get on buses, go shopping, visit busy places, wait in queues of more than four people or use stairs. The therapy has enabled her to deal with her anxiety, rationalise her fears and conduct mindfulness.

Jane has now successfully been part of the SEP Fulfilling Lives initiative for over a year. She has completed her detox, retained her supported housing and is successfully addressing her mental health issues. For her, the Fulfilling Lives specialist worker approach has provided her with freedom:

*It's given me my freedom back. The more you do it the more you feel powerful.*

She is now looking at volunteering for a gardening programme, finishing her A-level English and conducting further volunteering with animals. Her focus is to undertake activities that are *not completely wrapped around recovery* so that she can *feel normal*.