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## 1. Policy and Scope

- 1.1. This policy and procedure sets out how we work with clients in all services, including fundraised services. It accompanies case management policies and procedures for each individual service type.
- 1.2. We commit to working in ways consistent with our organisational values: Empowering, Creative, Committed, Inclusive and Accountable. We commit to the Recovery Approach.

## 2. Working with Clients – What We Do

- 2.1. We deliver housing related support, enabling people to establish **a place of safety** from which **to grow and realise their aspirations**.
- 2.2. Externally, we might use our job titles to explain our roles. With clients, we see ourselves simply as people working with people and refer to ourselves by our names. Our expertise lies in bridge building: we support people to establish and maintain support networks – we do not try to deliver statutory specialist functions ourselves.
- 2.3. **A place of safety** means a secure base from which to grow and – when ready – take positive risks. It involves good quality housing, freedom from violence and discrimination (physical, emotional and psychological), but broader factors too, such as a sufficient income and access to health services.
- 2.4. **To grow and realise aspirations** means focusing on strengths and aspirations, matching aspirations to opportunities, learning new skills, having processes that encourage self-determination and empowerment; having supportive, professional relationships.
- 2.5. For many clients, growing and realising aspirations will often entail transitioning towards more independent accommodation and having the knowledge, skills and resources (and support where needed) to maintain it. It may mean learning something new and reaching education, training and employment goals. For others, it may mean moving towards greater self-efficacy, control or positive feelings about themselves.
- 2.6. The recovery approach is central to how we work. We must:
  - Take care how we begin relationships: we start with establishing trust.
  - Secure resources and opportunities for the people we support.

- Empower our clients to develop their own problem solving skills.
- Identify and support the development of core skills where needed: literacy, numeracy, ESOL, digital and move on.
- Do things “with” rather than “to” them.

### 3. Key Principles

- **Collaboration** – We do things “with” not “to” clients, maximising their involvement in how our services are run.
- **Move on** – For many people we work with, making positive changes often entails moving away from homeless services and living more independently. For others, it might mean making sense of where they are and what they want to achieve, developing coping strategies, believing in themselves or have positive feelings about themselves.
- **Non-Judgement** – Sometimes we will need to label a particular behaviour, but never a person. We never judge a client’s behaviour or choices. Instead, we focus on supporting people to identify impact, consequences and choice.
- **Person-Centred** – We believe in utilising existing strengths and partnership working, recognising individuals as the experts on themselves.
- **Positive Risk Taking** – Necessary for recovery and growth, this should be encouraged.
- **Psychologically Informed Environments (PIE)** – We aid recovery by providing environments that help clients feel physically and emotionally safe. We take a proactive interest in our clients’ lives, getting the possible understanding of what makes them feel safe, valued and positive.
- **“Right amount” of support** – We commit to getting the balance right: too little can set a client up to fail, too much can create over-dependency.
- **Recording** – We adhere to this principle of good practice: “If it’s not recorded it didn’t happen”.
- **SMART Actions** – If we agree an action, we make sure it is: Specific; Measurable; Achievable; Realistic and has a Timescale.
- **Strengths Based** – We believe and focus on client strengths, not on what we think they need.
- **Trauma Informed Support** – Clients may have experienced severe or multiple trauma. We remain mindful that for many people, this affects their ability to trust, build relationships and manage emotions. We will understand that trauma responses may be triggered by power imbalance and by a lack of consistency.

### 4. Creative Engagement

- 4.1. We do not use the language of “non-engagement” – even a client who tells us to leave them alone is engaging. We give ourselves the best chance of building a meaningful relationship with a client if we start by getting to know them and understand their priorities, rather than rushing to ask them to do things. With each person we work with, we make sure to listen, demonstrate interest, display curiosity and continue to review and use different strategies for engagement.

4.2. Where a client finds it difficult to engage with traditional ways of support, we view this as a positive challenge and will explore creative ways for reaching them. Good practice includes:

- Is there anything the client wants? Are we focusing on our priorities instead of theirs? If we do not know what the client wants, have we asked them? Are we asking the right questions?
- What will the client get from interacting with us? If our answer is “nothing” or “they just need to”, we need to re-think.
- Labelling a client as someone who does not engage is unhelpful.
- Are we learning about their identity? Do we know their access requirements? Do we know any language barriers? Are we checking what their pronouns are?
- **We do not refer to ourselves as keyworkers** or as holding keyworker sessions – unless a client specifically wants this. For many people this language is alienating and can be difficult to explain. We can simply introduce ourselves as “My name is... and I’m looking forward to working with you.” Externally, we might use our job titles to explain our roles. With clients, we simply see ourselves as people working with people.
- Has the client’s perspective been asked for and considered? Trauma and past experiences of services can affect how they engage with us. We will reflect on how this impacts on the client’s and how we will respond.
- Would peer support help?
- Are we “pushing too hard”, or missing any opportunities for engagement?
- Is there something the client does regularly, somewhere they go, where we would have a better chance of engaging them (without placing ourselves at risk)?
- Are we being persistent, or giving up? Start with “where the person is at”. This can mean physically going to where the person is, actively listening, and understanding and responding to their priorities, not our own.
- Do we understand how the client communicates? Do their words and gestures represent what they’re really communicating? For example, fear and distrust can be expressed through anger or avoidance.
- Be patient. Is more time needed to build trust and get to know them first? Are we rushing?
- Has something happened or changed that has made the client change the way they were working with us?
- Is the environment right? Is it too noisy? Too distracting? Too formal?
- Is the way we communicate authoritative or patronising in any way? Are we talking with clients in an adult to adult way?
- Does the client prefer regular meetings that offer structure, drop in sessions or group activities?
- Does the client prefer to work informally or formally? Do they prefer to fill in paperwork themselves? Do they prefer not to see any paperwork at all? Do they prefer to receive a copy of the paperwork?

- Is the client working well with external agencies or another member of staff? If so, what can we adapt?
  - Is there any duplication with external services? Are clients having to have the same conversations, or having to fill in similar support plans, with more than one service? If so, would the client consent for plans be shared or completed together rather than repeated?
  - Can the Complex Needs Team help?
  - Can external services help? Have we tried a multidisciplinary meeting to get different perspectives?
- 4.3. Ensure all attempts to engage with the client are properly recorded, including the ones where clients do not respond to contact or do not attend.

## 5. Joint Working

- 5.1. We achieve more together. To get the best possible outcomes for those we work with, we seek to involve the people most important to them (with consent and where safe to do so), as well as offering them the opportunity to build a diverse and supportive network that endures into the future.
- 5.2. Staff members and the people we support should identify internal teams, external services and other third parties, for example family or friends, who can help the person stay safe and to achieve their goals.
- 5.3. Where appropriate and as agreed by the person we are supporting, other members of their support network can be invited to joint meetings and contribute to their support tools.
- 5.4. The work of St Mungo's should complement that of other services. Communicate with any external services working the person to reduce any duplication or contradiction. Are they having to have the same conversations or completing similar paperwork with more than one service? If so, ask the client if they would prefer to have a joint meeting with everyone, or would be happy for plans to be shared between services instead.
- 5.5. We should be mindful of the level of support our service provides and ensure other agencies are involved where a particular need or potential would be better met by others, for example physical or mental health services, drug and alcohol services.
- 5.6. Where a person we support wishes information shared with a friend, family member or next of kin, this should be evidenced with a signed consent form (see Information Security Page). Clients should be informed that they can change or withdraw their consent preferences at any time, either verbally or in writing.

## 6. Reflective Practice

- 6.1. Reflective practice is reflecting on our actions and experiences to encourage learning and improve service delivery. It can be done alone as part of day to day working practice, or formally in a group with a facilitator.
- 6.2. Staff should take opportunities to reflect, discuss and improve the support they provide, using opportunities such as:

- Support and Supervision
- Case Review Meetings
- Personal Reflection
- Updating Casework Tools
- Team Meetings and Away Days
- Reflective Practice Sessions
- Informal Peer Support
- As part of the Appraisal Process.

6.3. A basic reflective structure:

- **What?** What happened? What was I trying to achieve? What went well? What didn't go so well? What was I feeling during the situation? What was I feeling before and after the situation? What do I think other people were feeling about the situation?
- **So what?** So what does this tell me? What other knowledge (my own and others) can help me understand the situation? What could I have done differently? What is my new understanding and any broader issues? What skills do I need to develop for me to handle a situation like this better?
- **What now?** What do I need to do now? Are there any broader issues? What might be the consequences of this?

## 7. Client Involvement

- 7.1. **All services must have a client involvement lead worker** and fulfil its role description.
- 7.2. In residential services, we will have **at least one appointed client involvement lead worker** who is encouraged and supported to attend a minimum of two Client Involvement forums per year, to share practice and resources with the team. Please contact the Involvement and Inclusion Team for more information.
- 7.3. **Feedback tools should be used** (including St Mungo's feedback cards and 360 appraisal forms available on MungosNet). There should be a mechanism for reviewing the feedback regularly as a team and communicating to clients how they have responded to their feedback.
- 7.4. All clients should be informed about opportunities, rights and how they can be involved in St Mungo's and the community. A template welcome pack is available on MungosNet on the Client Involvement page.
- 7.5. **Clients should be involved in some way in the recruitment process for all client facing roles.** This can include clients sitting on recruitment panels, having a say on interview questions asked or being part of new staff member's induction. Please contact the Involvement and Inclusion Team for a short resource that can be used to prepare clients to sit on panels.
- 7.6. **Clients should have opportunities, individually and collectively, to influence any decisions which may affect them.** This can include involvement in away days and development/implementation of team work plans, as well as choice and control over their own support (e.g. who their lead worker is and how they work together).

## 8. Looking After Our Own Wellbeing

- 8.1. We should be aware of the emotional impact that case working may have on us. Listening to people describing traumatic experiences and managing challenging behaviour can be traumatic in itself.
- 8.2. Support is available from:
- Occupational Health.
  - Employee Assisted Programme (EAP).
  - Workplace Supporters.
  - Line Managers.
  - GP.
  - The Staff Wellbeing Handbook.
- 8.3. For more information about support available for staff and how to support them, see [Staff Health and Wellbeing](#) and [trauma pathway resources](#).

## 9. Diversity Implications

- 9.1. We commit to a person-centred approach in our working, tailoring support dependent upon an individual's strengths and preferences. We are mindful of age, gender, gender reassignment, pregnancy, sexual orientation, religion or belief, relationship status, disability and ethnicity, using our Equality and Inclusion policies for guidance. We are committed to creating a space where clients feel safe to be their authentic selves.
- 9.2. Where any processes are paper based, we ensure:
- Information is tailored to each individual's language and literacy ability.
  - People we support are fully aware of the meaning and implications of written information.
  - Reasonable adjustments are made for those with cognitive or sensory impairments.
- 9.3. Some people we work with will not be fluent in English; we will seek support from internal and external translation services where appropriate. We are mindful of how background and culture may affect how the people we support express themselves. We always seek to clarify what they mean if unsure, to avoid miscommunication.
- 9.4 We are clear that clients should never be subjected to bullying or harassment, including that motivated by hostility towards a person's age, disability, race, religion, sexual orientation, or gender identity...in line with our Responding to Bullying and Harassment Policy.

## 10. Service Types

- 10.1. We are a leading homelessness charity, with expertise in supporting single adults. To have the greatest impact in the areas we can make most difference, we must be disciplined. This means focusing energy and resources on specific areas of work.
- 10.2. As an organisation, we seek to grow and change. At the same time, we commit to the principles underpinning each of these service types, as captured in the policy and procedure underpinning each one. This gives us the best chance of realising our ambitions and keeping our work focused.
- 10.3. Each team will be required to record their work using the appropriate system tools defined through the procedure aligned with that service type.

### Agreed Service Types

1. Outreach.
2. Assessment (including Assessment Centres; NSNO; Staging Posts; SSTs; Routes Home).
3. Supported Housing (including Hostels and Semi-independent).
4. Registered Care Homes.
5. Temporary Accommodation.
6. Services that Support you in your Home (including Housing First and Floating Support).
7. General Needs (including Real Lettings).
8. Learning, training & Employment.
9. Prison-Based Services.
10. Advice Services (including Street Link; probation-based services; Street Legal; Welfare Rights).
11. Psychological Intervention Services.
12. Through Care Services.

- 10.4. We must not adapt a service beyond the principles of its particular service type. New opportunities must be matched by the Business Case Owner to existing service types. The Executive Director of Services must verify the match, following a recommendation from the Head of Quality, Safeguarding and Complaints.
- 10.5. To ensure alignment with overall strategic direction, completely new service types must be authorised by the Executive Team via a business case. If authorised, the new service type should be added to this policy, with an accompanying service type policy and procedure of its own.
- 10.6. This process applies to all forms of new business / new services, not simply those that come through tendering.

## 11. Relevant Documents, Policies and Procedures

- [The policy and procedure underpinning each service type.](#)
- [Achieving Excellent Services](#) Policy and Procedure.
- [Client Involvement](#) Policy and Procedure.
- [Evictions and Abandonments](#) Policy and Procedure.
- [Our Recovery Approach Resources.](#)
- Referrals and Tenure Policy and Procedure.

## Working with Clients Policy

Issue: 1 Approved by: **Services Committee**

### This policy and procedure was developed in consultation with:

1. Clients.
2. Outside In.
3. Client Services Directorate.
4. Service Expert Focus Groups.
5. Diversity Networks.
6. Central Support Teams.
7. External Providers.