Adult Safeguarding and Homelessness: Foundations for Positive Practice

Care and Health Improvement programme

The Evidence-Base

Voices of lived experience

Research evidence

Learning from SARs

Critical reflection on practice, policy and service development
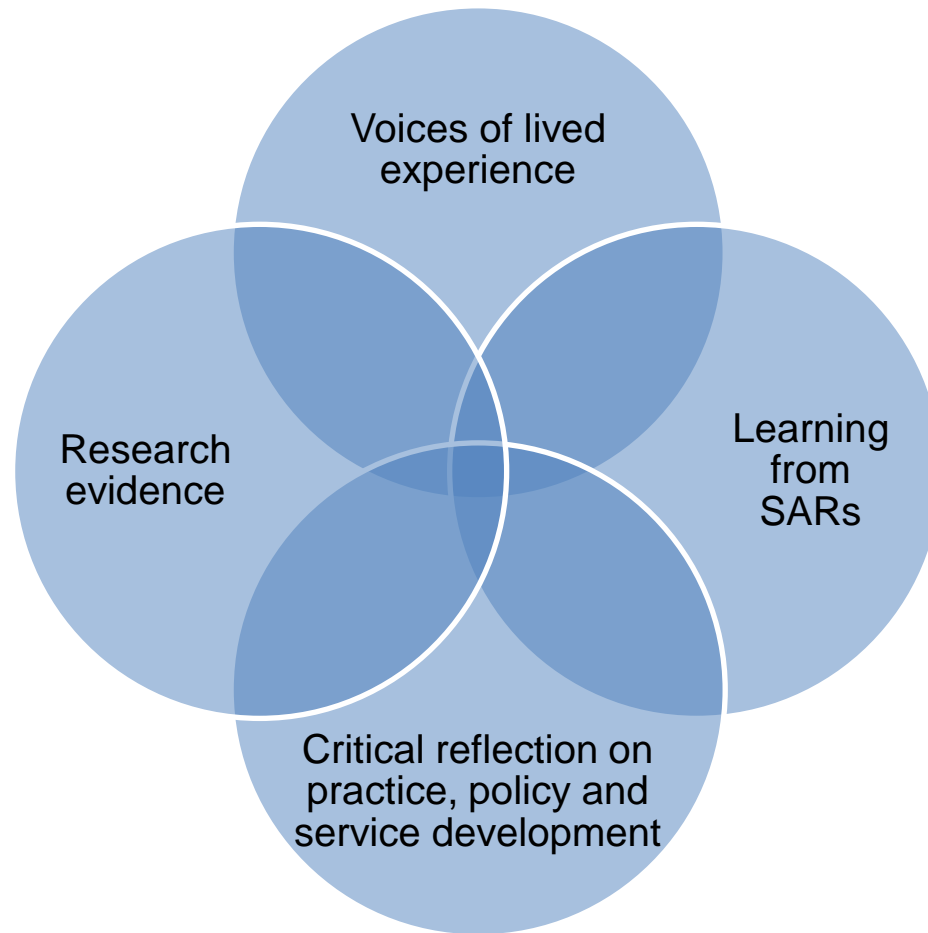
Voices of Experts by Experience

- When asked what he needed, Terence replied: "Some love, man. Family environment. Support." He wanted to be part of something real, part of real society and not just "the system". (reported in a thematic review on people who sleep rough, Worcestershire SAB (2020)).

- From the Leeds Thematic Review (2020):
  - "I lost everything all at once: my job, my family, my hope."
  - "Without [this help in Leeds], I'd already be dead. I've no doubts about that. If the elements hadn't got me, I would have got me. Sometimes I have rolled up to this van in a real mess and they have offered help and support and got my head straight."

- Ms I's partner commented (Tower Hamlets SAB (2020) Thematic Review):
  - At times "she could not help herself" because of the feelings that were resurfacing; access to non-judgemental services was vital and helpful, and that support is especially important when individuals are striving to be alcohol and drug free. It was during these times that stress, anxiety and painful feelings could "bubble up", prompting a return to substance misuse to suppress what it was very hard to acknowledge and work through.

Learning from the voices of lived experience

- Seeing the whole person in their situation
- A trauma-informed, whole system response to the person in context
- Being careful and care-ful when thinking about removing a coping strategy
- In the context of people's experiences of multiple exclusion homelessness, the notion of lifestyle choice is erroneous
- Tackling symptoms is less effective than addressing causes.
    - Attempting to change someone's behaviour without understanding its survival function will prove unsuccessful. The presenting problem is a way of coping, however dysfunctional it may appear. Put another way, individuals experiencing multiple exclusion homelessness are in a "life threatening double bind, driven addictively to avoid suffering through ways that only deepen their suffering."

What people with lived experience say about working with them

- *Engagement* – recognise that people may be wary of professionals and services, possibly due to past experiences of institutions and the care system; appreciate that individuals may feel alone, fearful, helpless, confused, excluded, suicidal and depressed, unable to see a way out.

- *Professional curiosity* – "I was not asked 'why?'" There is always more to know. Experiences (traumas) had a "lasting effect on me." "Appreciate the beginning of the journey."

- *Partnership* – "work <u>with</u> me, involve me, and support me." "Keep in touch so that we know what is going on." Help with form filling, bank accounts and other practicalities.

- *Person-centred* – see the person and, where necessary, adapt our approach; "people did not see beyond the sleeping bag"; challenge misconceptions of people who are homeless and any evidence of assumptions (unconscious bias) that someone may be undeserving; there are multiple reasons behind why a person may become homeless.

- *Assessment* – what does this individual need? Do not assume or stereotype.

- *Language* – be careful and respectful about the language we use; words and phrases can betray assumptions. For example, who is not engaging? What does substance misuse imply?

What people with lived experience says about how services work together

- *Collaboration* – widen the multi-agency, partnership and colocation approach; a breadth of expertise is needed to respond to individuals' complex needs involving physical and mental health, substance use and homelessness.

- *Safeguarding* – do not assume that people know what adult safeguarding actually is; for some it may be understood as the removal of children and as practitioners "working against, not with me."

What people with lived experience advise organisations

- *Commissioning* – focus on evidence-based practice and what works. Hostels and night shelters are not suitable for everyone and can be more frightening than the streets. Wrap-around support is often crucial – "I would not have coped otherwise."

- *Managerial oversight* – understand the barriers to effective practice and learn from positive outcomes.

- *Supervision and staff support* – support a culture of reflective practice across teams to enhance practitioner wellbeing and resilience.

- *Service development with commissioners and providers* – use our expertise and experience to promote improvement and enhancement.

Comments from people with lived experience about governance and social policy

- *Review* – learn from failures.
- *Training* – education is essential so that practitioners and managers understand the multiple routes into homelessness and the pathways for prevention, intervention and recovery.
- *Involvement* – use our expertise.
- *Audit* – not just tick boxes but outcomes that matter to people.
- *Policy* - reform should be guided by evidence.
- *Covid-19* - learn from the "everybody in" initiative during the pandemic, which enabled people living street-based lives to settle in accommodation, with support to meet their health and social care needs.

Multiple Exclusion Homelessness

- Extreme marginalisation that may include childhood trauma, physical and mental ill-health, substance misuse and experiences of institutional care.

- Adverse experiences in childhood can include abuse and neglect, domestic violence, poverty and parental mental illness or substance misuse.

- For many of those who are street sleeping, homelessness is a long-term experience and associated with tri-morbidity (impairments arising from a combination of mental ill-health, physical ill-health and drug and/or alcohol misuse) and premature mortality.

- Presence of other chronic and acute physical health conditions, physical disabilities, learning disabilities and/or cognitive impairments.

- Do not assume or expect that individuals can keep to scheduled clinic appointments, in our time and space; assertive outreach.

Definitions

- Care and support needs arise from or are related to physical or mental impairment or illness. This can include conditions as a result of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury (Care and Support (Eligibility Criteria) Regulations 2014.

- There is a duty to meet eligible needs (which are defined) and a power to meet other needs (section 19). Human Rights Act 1998 assessments crucial here.

- Unable to protect themselves – applying what is known about a person's life experiences, history and current circumstances, take the ordinary meaning of the words.

- Care Act 2014 statutory guidance (Chapter 15) on interface with housing and care and support. Consider housing and the provision of suitable accommodation when considering the provision of care and support. Part of the wellbeing principle.

- Section 23 (Care Act 2014) clarifies the boundary with the Housing Act 1996.

- Suitability of accommodation is a core component of wellbeing.

National SAR Analysis: April 2017 – March 2019

- N = 231
- London region (66), followed by the North West (38), South East (28) and Social West (24)
- 132 SABs in England. 29 had not completed any reviews in the two years in scope
- 25 SARs in the national analysis (11%) contain references to homelessness, majority published
- 57 SARs in the national analysis (25%) contain references to alcohol abuse and dependence
- Self-neglect the most prominent type of abuse and neglect reviewed in the sample (n = 104; 45%)
- Clarity about section 44 Care Act 2014 – mandatory and discretionary SARs: all reviews are statutory

Available reviews

- Doncaster SAB (2018) 'Adult G'
- Bexley SAB (2019) 'AB'
- Wiltshire SAB (2018) 'Adult D'
- Tower Hamlets SAB (2019) 'Ms C'
- Redbridge SAB (only available in an annual report 18/19)
- Brighton and Hove SAB (2017) "X"
- Southampton SAB (2019) Adult P
- Newham SAB (and others) (2019) Mr YI

Some recent reviews

- Thematic review – Leeds SAB (street homeless deaths)
- Thematic review – Manchester SAB (seven street homeless deaths involving self-neglect, substance misuse, homelessness, imprisonment, mental and physical ill-health) (2020)
- Thematic review – Oldham SAB (four cases involving self-neglect, substance misuse and housing/homelessness issues) (2020)
- Thematic review – Oxfordshire SAB (nine cases involving self-neglect, domestic abuse, no recourse to public funds, substance misuse and housing/homelessness issues) (2020)
- Thematic review – Ms H and Ms I Tower Hamlets SAB (two cases involving self-neglect, substance misuse and homelessness issues) (2020)
- A SAR – "Jack" Cornwall and Isles of Scilly SAB (a homeless person now in nursing care following a Court of Protection ruling) (2020)
- Milton Keynes SAB (2019) 'Adult B' – former care leaver
- Worcestershire SAB (2020) Thematic Review. People Who Sleep Rough.
- Haringey SAB (2021) Thematic Review.
- City of London and Hackney SAB (2021) MS.

Findings on multiple exclusion homelessness

- 14 references to good practice
  - Rapport building, expression of humanity, provision of care and support and emergency accommodation, health services outreach, colocation of practitioners, clear referrals
- 42 references to practice shortfalls
  - Delayed or missing risk, mental health and mental capacity assessments, unclear referral pathways, discharges to no fixed abode, lack of use of available legal rules, absence of consideration of vulnerability
- 18 recommendations
  - Wrap-around support (health and care and support as well as housing), coordination of response, legal literacy, commissioning for health and social care as well as housing, governance oversight

Care and Health Improvement programme

Being Knowledge-Informed

- Braye, S., Preston-Shoot, M., Preston, O., Allen, K. and Spreadbury, K. (2020) *National SAR Analysis April 2017 – March 2019: Findings for Sector-Led Improvement*. London: LGA/ADASS.

- Cream, J., Fenney, D., Williams, E., Baylis, A., Dahir, S. and Wyatt, H. (2020) *Delivering Health and Care for People who Sleep Rough. Going Above and Beyond*. London: Kings Fund.

- Public Health England (2018) *Evidence Review: Adults with Complex Needs (with a particular focus on street begging and street sleeping)*. London: Public Health England.

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A safe system has alignment of checks and balances between the different layers of the system
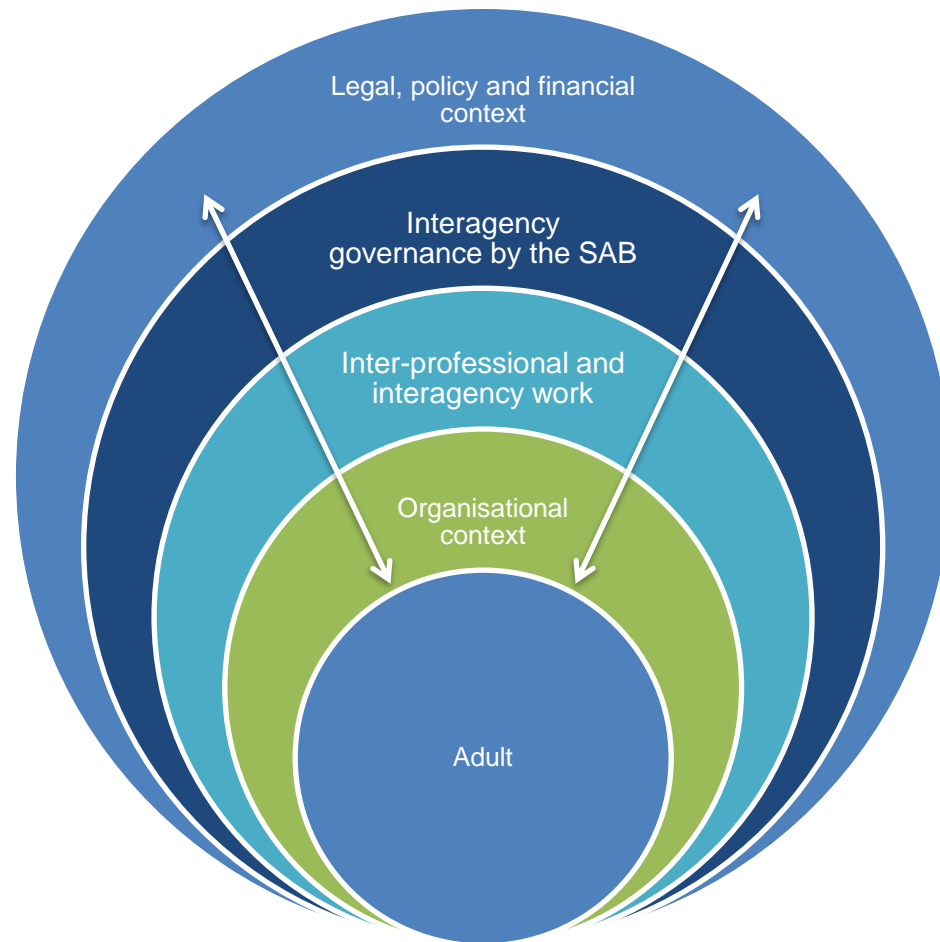
Direct practice – best practice

Person-centred approach, keeping in contact

Professional concerned curiosity

Thorough risk and care and support assessments

Seeing transitions as opportunities

Thorough mental capacity and mental health assessments

Thinking family

Exploring the impact of trauma and adverse exeperiences

Exploring non-engagement and repeating patterns

Understanding the person's history

Inter-organisational environment – best practice

Services work together to provide integrated care and support

Information-sharing & communication

Referrals clearly state what is being requested

Use of multi-agency risk management meetings

Exploration of all available legal options

Clear roles and responsibilities (lead agencies and key workers)

Comprehensive recording of practice and decision-making

Use of safeguarding enquiries to coordinate prevention and recovery

Clear pathways for prevention, intervention and recovery

Organisational environment – best practice

Developing commissioning to respond to the needs of people experiencing multiple exclusion homelessness

Management oversight of decision-making

Supervision to promote reflection and analysis of case management

Supporting staff

Providing workforce development and ensuring that workplace culture and policies enable effective practice

Access to specialist legal, safeguarding, mental capacity and mental health advice

SAB governance – best practice

SAB audits cases involving self-neglect and multiple exclusion homelessness

SAB uses the evidence-base to hold partners accountable for practice standards

SAB coordinates governance with Community Safety Partnership and Health and Wellbeing Board

Workplace as well as workforce development

SAB promotes procedures for working with self-neglect and multiple exclusion homelessness

Use of SARs to inform policy development, practice audits and training

Recommendations from SARs on governance

- Involve people with lived experience in the development of policies, procedures and protocols
- Agree the main location for strategic leadership and oversight (two tier authorities)
- Ensure strategies on homelessness contain overt references to (pathways into) adult safeguarding
- Review range of procedures (people living street-based lives; high risk cases where individuals have capacity; risk assessment; frequent flyers; self-discharge)
- Reach out to national services (Royal Mail, utility companies, DWP)
- Clarify pathways for case reviews
- Review impact of previous SARs

Recommendations from SARs on enhancement of practice and management of practice

- Ensure guidance is embedded in practice (training, case and supervision audits)
- Promote recognition of interface between homelessness and self-neglect
- Audit adult safeguarding decision-making (section 42(1) and 42(2))
- Review pathways (mental health; services for women)
- Review commissioner-provider relationships, including gaps in provision
- Promote trauma-informed practice
- Promote shared databases to build a shared case narrative

Leeds Thematic Review (2020) Prevention, Intervention and Recovery Strands

Prevention

Strong governance and system-wide leadership, involving care and support, criminal justice and community safety

Multi-agency strategies that cover different routes into homelessness and street-based lives (transient, frequent and embedded)

Hub and spoke model (core team linking with statutory and community services, groups and resources)

Intervention

Joint commissioning

Co-location

Multi-disciplinary working

Trauma-informed practice

Persistence, assertiveness, support to manage disengagement and, sometimes, enforcement

Recovery

Not just housing

Not just time-limited

Wrap-around support that sees the person, their strengths and their needs

High support and high challenge; people and place

Applying the Six Principles

- Empowerment – look beyond the presenting problem to the backstory; make every adult matter; listen, hear and acknowledge

- Prevention – commissioning to avoid revolving doors and to provide integrated wrap-around support; transitions as opportunities

- Protection – address risks of premature mortality

- Partnership – no wrong door; make every contact count

- Proportionality – minimise risk; judge the level of intervention required
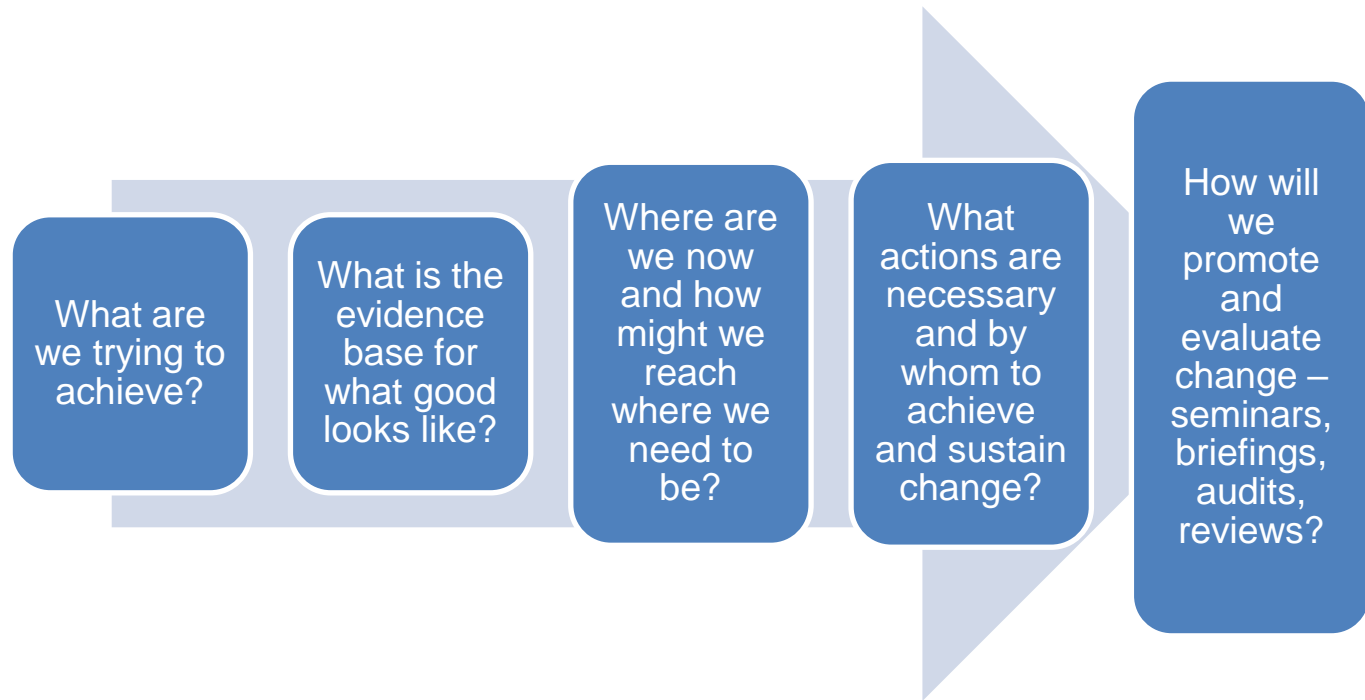
- Accountability – get the governance right

The missing system

- The legal and policy context, and the extent to which mandates are helpful, weak, contradictory, unclear, oppressive and discriminatory …

- Understanding of the MCA 2005 principles and the challenges of assessing fluctuating capacity and executive functioning

- Legal literacy regarding DPA 2018 and when it is lawful to seek and to share information

- Attitudes and legal literacy when responding with people have no recourse to public funds

- Very few recommendations about the legal, policy, financial and market contexts.

- Illustrating what has been achieved for people experiencing homelessness as the response to the pandemic shifted social policy

Crisis as opportunity

- Response to Covid-19, investment in providing accommodation for people experiencing homelessness.

- Provision of wrap-around support – GP registration, responses to health care needs.

- Work to do to increase capacity in substance misuse services and to achieve access to mental health provision

- Housing support on site, outreach provision and risk management processes

- Moving on focus – support planning into interim settled accommodation

- Regional partnership working involving PHE, NHS E&I and ADASS.

- Homelessness Guidance updated on priority need in response to the pandemic

- Building on what we know about integrated commissioning – specialist pathways and contracts, support to engage, co-location, design around individuals, coordination and flexibility

Thinking about change – a whole system conversation with SAB as the guiding presence

What are we trying to achieve?

What is the evidence base for what good looks like?

Where are we now and how might we reach where we need to be?

What actions are necessary and by whom to achieve and sustain change?

How will we promote and evaluate change – seminars, briefings, audits, reviews?

Aim - the change sought

Inputs to achieve the desired change

Outputs - expected products

Outcomes - benefits expected

Where are we hoping to see change?

Partner reactions — •Views of their experience of working with the SAB and in adult safeguarding

Changing attitudes — •Perceptions of partnerships in adult safeguarding are modified

Knowledge and skill acquisition — •Developing understanding and application in practice of procedures regarding assessment, intervention, purchaser/provider roles in adult safeguarding

Changes in practice — •Implementing new learning about adult safeguarding by the workforce

Changes in organisational behaviour — •Implementing new learning in organisational culture and procedures

Benefit to service users and carers — •Improvements in wellbeing

Discussion

❖ What barriers are there to working effectively with people who experience multiple exclusion homelessness?

❖ What are the enablers that promote effective practice?

❖ What changes, if any, have taken place since implementation of the Care Act 2014 and the Homelessness Reduction Act 2017?

❖ What will you do next and why?

❖ What might the challenges be as you take these next steps?

❖ How could SAB partners, elected members, senior managers, operational managers and practitioners help?

❖ What examples of positive practice can you share?

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- Martineau, S., Cornes, M., Manthorpe, J., Ornelas, B. and Fuller, J. (2019) *Safeguarding, Homelessness and Rough Sleeping: An Analysis of Safeguarding Adult Reviews*. London: Kings College London.

- Public Health England (2018) *Evidence Review: Adults with Complex Needs (with a particular focus on street begging and street sleeping)*. London: Public Health England.

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