## Learning Briefing Dee



## What were the circumstances that led to this Rapid SAR?

Dee was a white British female aged 48 at the time she was found deceased near a Day Centre for the homeless during early March. Dee was previously in another area of the country where she had become homeless the previous Autumn. Dee had moved to Worcestershire to stay with her parents over the Christmas period.

Dee had been discharged from hospital at lunchtime the day before her death; she had no fixed abode, despite a search and co working with housing, no placement locally was found which could house both Dee and her dog, so she was given details of the Day centre. The Day centre completed several referrals for support including to a Hostel who had a bed free, but as per the system, a referral needed to be processed. Dee was also temporarily registered with a GP.

Dee had told workers at the Day Centre that alcohol was the reason she "lost everything".

The Homeless Pathway Liaison officer stated that Dee was released from hospital and not allowed back to her parents due to stealing from them.

Dee had been refused support by the Council Housing department, as she had no local connection, although they had offered to pay train fare back to the area she came from where she been accepted into a 40-person mixed gender hostel. Dee refused this offer of accommodation.

The Homeless Pathway Liaison officer tried every possible place but no places available for emergency or temporary accommodation. The Day Centre was to continue to encourage Dee to accept an offer to return to her previous county.

As Dee arrived late on a Friday at the day centre and there were no accommodation options available, the Day Centre issued a sleeping bag and asked her to return on Monday. When the day centre staff left, Dee was asleep in the garden.

## **Noted Good Practice**

- The Agencies in the county where Dee had previously lived worked very well together with evidence of good communication and support packages once she was homeless.
- The Homeless and Rough Sleeping Nursing Team continued to support Dee when she was living in a hotel away from her home area offering good support, liaison, and food parcels as necessary.
- Dee's GP knew her very well and offered good and empathetic support.
- The Worcestershire agencies worked hard together to try and find accommodation for Dee.

Learning identified		What will help?
<ul> <li>Pending homelessness can be a possible trigger for return to substance misuse in those that are</li> </ul>		If you are working with a person who may become homeless, consider what that may trigger for a person.
currently not using.		Can you proactively prevent homelessness occurring by intervening using multi agency approach such as the Complex Adult Risk Management (CARM) framework?
		Link to CARM Framework
		Think about safeguarding and prevention frameworks you can use to prevent or prepare a person for homelessness?
<ul> <li>Persons who move are moving on a ter may stay away long anticipated.</li> </ul>	mporary basis	Where a vulnerable person at risk is moving to a new area, albeit temporarily, is there an agency that could be contacted in the area they are moving to?
<ul> <li>Discharges from how who are homeless from a Multi-Disciple discharge meeting meeting facilities if</li> </ul>	would benefit linary Team (via video	Consider a multi-agency discharge planning meeting for those in hospital who are due to be discharged homeless.
<ul> <li>Discharge planning are homeless shou of the homeless se hours and not be o especially in winter</li> </ul>	Id take account rvices' available ut of hours	When a person who is homeless is due to be discharged and signposted to homeless services, consider the time of day and the time of year. Will services be there to support with enough time to make effective referrals before services close for the evening/weekend?