

Adult safeguarding and homelessness

A briefing on
positive practice





Acknowledgements

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Executive summary

There are 11 sections in this briefing. The briefing can be read as a whole or readers can select the parts most of interest to them. The 'Background' section outlines the genesis of the service improvement project that has led to this briefing and the political interest in the relationship between homelessness and adult safeguarding that indicated the need for the project's focus. It explains that, whilst the components of positive and effective practice, presented in the briefing, are relevant to all those with housing-related needs, particular focus is given to people experiencing multiple exclusion homelessness.¹ The 'Methodology' section describes the whole systems approach that has been adopted in order to gather information to support the development of the briefing.

The section entitled 'Legal powers and duties' provides an initial introduction to relevant law, not least because of evidence from research and from Safeguarding Adult Reviews (SARs) about variability in levels of knowledge and application of powers and duties derived from human rights, mental capacity, mental health, housing and care and support legislation. The 'Learning from Safeguarding Adult Reviews' section distils SAR findings into an evidence-base for what good looks like across four domains of practice and management of practice. This evidence-base is then further developed in the ensuing four sections.

'Effective Practice – working with individuals' presents the evidence for positive practice in terms of engaging with people who experience multiple exclusion homelessness, understanding the person and their life experiences, assessing risk, mental capacity, mental health and care and support needs, managing transitions such as hospital and prison discharge, and working with relatives and friends who could provide circles of support. The 'Effective practice – multi-agency and multi-disciplinary team around the person' section reviews the components of partnership working, highlighting especially

safeguarding and legal literacy, information-sharing, collaboration, the use of multi-agency meetings and recording. This section might be particularly helpful for Safeguarding Adults Boards (SABs) and other key decision-makers when deciding whether or not to undertake SARs.

The 'Effective practice – organisations around the team' section considers how senior managers can best support and develop their staff, supervise decision-making and commission effective services. Finally, the section entitled 'Governance' explores how Safeguarding Adults Boards can demonstrate effective leadership in this field of practice through, for example, the development and review of policies and procedures, the commissioning and completion of SARs and other approaches to case review, audits and learning events.

'The fifth domain – legal, policy and financial context' acknowledges that central government has responsibilities to provide an overarching context that supports local and regional efforts to end rough sleeping. It provides pointers to where the current context obstructs rather than facilitates a whole system approach. 'Next steps' pulls the different strands of the briefing together, identifies how the project will be taken forward and poses questions for how you, the reader, will take forward the positive practice that the briefing has presented. The final section, 'Resources' lists some useful references.

A key message from this briefing is that multiple exclusion homelessness refers quite probably to people with care and support needs, who may well also be experiencing abuse and neglect (including self-neglect). Adult safeguarding responsibilities are therefore also engaged. A key aspiration for the briefing is that it will assist Safeguarding Adults Boards and other key decision-makers in deciding how to review and respond to the learning that emerges from cases involving multiple exclusion homelessness. The questions that follow here are designed to support your reflections and to

¹ See below p.6

promote action planning as you read through the briefing. Leadership is everyone's responsibility and the questions are directed at those holding different roles in the partnership that underpins adult safeguarding and multiple exclusion homelessness.

Key questions for practitioners

Where does your practice correspond with the components of effective practice for working with individuals?

What supports you to practise in line with the evidence-base?

What examples of positive outcomes from practice can you share?

What gets in the way of practising in line with the evidence-base?

How might you advocate for policy, organisational and system change to enable practice to mirror more closely "what good looks like?"

Key questions for operational managers

How closely does practice correspond with the components of effective practice and management of practice described in this briefing?

What supports practice in line with the evidence-base?

What examples of positive practice can you share?

What gets in the way of practising in line with the evidence-base?

How can you promote and support effective practice when working with adults who experience multiple exclusion homelessness?

Key questions for strategic managers

How closely do single and multi-agency practices, policies and procedures correspond with the components of effective practice and management of practice described in this briefing?

What supports whole system collaborative working in line with the evidence-base?

What examples of positive practice can you share?

What gets in the way of services aligning with the evidence-base?

How can you promote and support culture change and service development for work with adults who experience multiple exclusion homelessness?

Key questions for Safeguarding Adults Boards and elected members

What level of reassurance do you have that services are aligned to deliver practice that corresponds with the evidence-base presented in this briefing?

How are you holding agencies and the multi-agency partnership to account for policy and practice in the field of adult safeguarding and multiple exclusion homelessness?

Are there gaps in policies, procedures and protocols that need to be filled?

How have lessons from audits and SARs, completed locally or elsewhere, informed practice and service development?

What examples of positive practice can you share?

The purpose of this briefing is to assist senior

Background

leaders, such as members of Safeguarding Adults Boards (SABs), as well as commissioners, practitioners and operational managers who are working across relevant sectors and agencies in this field, to support people who are at risk of or experiencing abuse or neglect. This is a complex area of safeguarding adults' practice, that requires an integrated whole system response but, perhaps, has been consigned to the 'too difficult' box for a long time. There is certainly evidence to suggest that social workers and social care workers feel ill-equipped to support people with housing-related needs.² The intention is that the briefing will support and improve practice and encourage debate about policy and service development.

The information within this briefing on relevant legal rules, and the components of effective practice that follow, are relevant with respect to all those who have housing-related needs, including individuals and families in temporary accommodation as a result of domestic abuse and/or relationship breakdown. This briefing however, focuses on those who experience what has been termed as "multiple exclusion homelessness". This comprises of extreme marginalisation that includes childhood trauma, physical and mental ill-health, substance misuse and experiences of institutional care.³ Adverse experiences in childhood can include abuse and neglect, domestic violence, poverty and parental mental illness or substance misuse.⁴ For many of those who are rough 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.⁵

There is evidence of growing numbers of people experiencing homelessness, who increasingly experience abuse, exploitation and neglect, escalating health and care needs, and premature mortality.⁶ In response to rising concerns, media publicity and the increased visibility of homelessness as an issue across the country, the Government released its Rough Sleeping Strategy (2018).⁷ This has raised the profile of people sleeping rough and the Government's commitment to end this by 2027.

The strategy makes an explicit link between homelessness and adult safeguarding in respect of individuals who die whilst sleeping on the streets. The strategy states ...

"We agree with the Advisory Panel, who were clear that Safeguarding Adult Reviews are powerful tools, which unfortunately are rarely used in the case of people who sleep rough. We will work with Safeguarding Adult Boards to ensure that Safeguarding Adult Reviews are conducted when a person who sleeps rough dies or is seriously harmed as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. Lessons learned from these reviews will inform improvements in local systems and services".

2 Simcock, P. and Machin, R. (2019) 'It's not just about where someone lives: educating student social workers about housing-related matters to promote an understanding of social justice.' *Social Work Education*, 38 (8), 1041-1053.

3 Mason, K., Cornes, M., Dobson, R., Meakin, A., Ornelas, B. and Whiteford, M. (2017/18) 'Multiple exclusion homelessness and adult social care in England: exploring the challenges through a researcher-practitioner partnership.' *Research, Policy and Planning*, 33 (1), 3-14.

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

5 Mason, K., Cornes, M., Dobson, R., Meakin, A., Ornelas, B. and Whiteford, M. (2017/18) 'Multiple exclusion homelessness and adult social care in England: exploring the challenges through a researcher-practitioner partnership.' *Research, Policy and Planning*, 33 (1), 3-14.

6 Data on numbers www.bmj.com/content/360/bmj.k902/rr and www.mungos.org/wp-content/uploads/2018/06/Dying-on-the-Streets-Report.pdf and www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2018

7 www.gov.uk/government/publications/the-rough-sleeping-strategy

Some Safeguarding Adults Boards (SABs) have undertaken or commissioned Safeguarding Adults Reviews (SARs) into a death or number of deaths⁸ of people experiencing homelessness. These reviews can then provide a platform for reappraisal of commissioning, for service and practice development, learning and improvement. Other SABs have considered referrals but concluded that the SAR criteria were not met. The adult must appear to have/have had care and support needs as defined by the Care Act 2014.⁹

The question of whether or not the deaths of people who are homeless meet the SAR criteria illustrates the complexity of the relationship between adult safeguarding, adult social care and homelessness. Whilst not everyone who is sleeping rough or living in a hostel will have care and support needs, as defined by the Care Act 2014, and be eligible for adult social care and/or adult safeguarding, there is considerable overlap. However, research¹⁰ has observed the impact of financial austerity on the capacity of Adult Social Care departments to absorb the workload arising from recognition of the care and support needs, and safeguarding concerns of people sleeping rough. Research¹¹ has also highlighted that resource scarcity can lead to unlawful gatekeeping and the exclusion of people who are homeless from care and support.

It must be emphasised, however, that in relation to people experiencing multiple exclusion homelessness, safeguarding really is everyone's business. As SARs identify,¹² people sleeping rough and in temporary accommodation are at risk of financial and physical abuse, and exploitation. They often have multiple physical and mental health problems, and not infrequently die as a result of chronic ill-health and the effects of long-term substance misuse and mental ill-health, including suicidal ideation. Adult safeguarding is not just the responsibility of adult social care.

The briefing and the work underpinning it have been sponsored by the workstream on safeguarding adults within the Care and Health Improvement Programme (CHIP), funded by the Department of Health and Social Care and delivered by the Local Government Association, in collaboration with the Association of Directors of Adult Social Services. The ethos within the programme is one of sector led improvement. An expert reference group has supported and advised on the development of this work, comprising civil servants, adult safeguarding and homelessness practitioners and managers, and SAB independent chairs and business managers, health and police representatives.

The sections that follow explain the methodology used to prepare this briefing before summarising relevant legal rules and reflecting on the learning from SARs. Learning about effective practice that emerges through these SARs and from research is then explored in more detail, organised around five domains – working with individuals, the team around the person, the organisations around the team, governance, and the legal, policy and financial context. The briefing concludes by identifying next steps and available resources.

8 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.

9 Section 44, Care Act 2014; The Care and Support (Eligibility Criteria) Regulations 2014

10 Mason, K., Cornes, M., Dobson, R., Meakin, A., Ornelas, B. and Whiteford, M. (2017/18) 'Multiple exclusion homelessness and adult social care in England: exploring the challenges through a researcher-practitioner partnership.' *Research, Policy and Planning*, 33 (1), 3-14. Cornes, M., Mathie, H., Whiteford, M., Manthorpe, J. and Clark, M. (2016) 'The Care Act 2014, personalisation and the new eligibility regulations: implications for people experiencing homelessness.' *Research, Policy and Planning*, 31 (3), 211-223.

11 See, for example, Whiteford, M. and Simpson, G. (2015) 'Who is left standing when the tide retreats? Negotiating hospital discharge and pathways of care for people experiencing homelessness.' *Housing, Care and Support*, 18 (3/4), 125-135.

12 Presentations by Michael Preston-Shoot (2019) *Learning from Reviews: Self-Neglect and Homelessness*, and by Stephen Martineau, Jill Manthorpe and Michelle Cornes (2019) *Safeguarding and Homelessness: Learning from 14 Safeguarding Adults Reviews*.

Methodology

This briefing has been developed from input from four workshops held in Birmingham, Leeds and London in Autumn 2019. Each workshop was well attended by practitioners and managers working across statutory services and third sector agencies with people who experience homelessness, SAB independent chairs and business managers, and senior leaders with responsibilities for policy development and service improvement. Services represented included social care, health, police, housing and ambulance. Short presentations¹³ were designed to present learning about effective practice drawn from: SARs and other approaches to fatality reviews; knowledge of relevant legal rules; examples of effective partnership working between agencies and services to respond to the complex needs presented by homeless individuals; and creative approaches to direct work with people living on the streets or in hostel accommodation that engage and respond to their care and support needs.

Workshop participants were invited to engage in reflective discussions to identify the hallmarks of good practice and how this standard can be achieved. There was a focus on identifying what enables good practice to be developed and sustained, and where the barriers might be. These reflective discussions covered engagement with individuals, creating and sustaining a team around the person, single and multi-agency support for staff and strategic partnerships and governance.

This recognises that effective practice will only flourish and be sustained when there is alignment across the whole system, each component of the system working in an integrated way to support effective practice. This briefing draws on the presentations and outcomes of the workshop deliberations across these domains¹⁴ of practice and leadership of practice.

A whole system approach was emphasised (figure one).

Whole system understanding



¹³ See www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal

¹⁴ Braye, S., Orr, D. and Preston-Shoot, M. (2015) 'Learning lessons about self-neglect? An analysis of serious case reviews.' *Journal of Adult Protection*, 17 (1), 3-18.

Legal powers and duties

The purpose in this section of the briefing is to provide an introduction to the legal rules at the interface between adult social care, adult safeguarding and multiple exclusion homelessness. This can be experienced as a challenging interface, not least when different powers and duties appear to collide rather than coalesce around meeting an individual's health, housing and social care needs. What is presented here is the minimum expected by the legal rules, with the aim that practitioners and managers will get the basics right.

Research¹⁵ has spotlighted the challenge of different workforce sectors understanding the powers and duties available to different statutory agencies. Thus, adult social care staff have the challenge of exploring the fit between vulnerability as defined by the Housing Act 1996 and subsequent case law with the duty in the Care Act 2014 to assess anyone who appears to have care and support needs. Staff working directly with people experiencing homelessness similarly have to know about how the Care Act 2014 conceptualises wellbeing and eligible needs, and to map people's stories and needs accordingly to secure access to adult social care. Social workers and social care staff may also be uncertain how wellbeing and the criteria regarding eligible needs are to be applied, for example to promote social inclusion of people who are homeless.¹⁶

Care Act 2014 – Assessment for care and support

Section 9 Care Act 2014 requires single and upper tier local authorities to assess a person who appears to have needs for care and support, regardless of the level of need. Where the authority is satisfied on the basis of a needs assessment (that a person has needs for care and support), it must determine whether any of the needs meet the eligibility criteria (section 13). The eligibility criteria are set out in the Care and Support (Eligibility Criteria) Regulations 2015. An adult's needs meet the eligibility criteria if (a) the adult's needs arise from or are related to a physical or mental impairment; (b) as a result of the adult's needs the adult is unable to achieve two or more of certain specified outcomes; and (c) as a consequence there is, or there is likely to be, a significant impact on the adult's wellbeing. Thus, such needs may arise from physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. The specified outcomes include being appropriately clothed, being able to maintain a habitable home environment, and being able to use facilities and services in the community. These are needs that many people experiencing multiple exclusion homelessness have and outcomes which they may not be able to achieve. If the needs are urgent, care and support can be provided before an assessment is completed (section 19(3)).¹⁷

The authority is under a duty to meet the adult's needs for care and support which meet the eligibility criteria if the adult is ordinarily a resident in the area or present and of no settled residence (and conditions as to charges for services and the adult's financial resources are met) (section 18). This includes duties to those returning from abroad, veterans and people coming out of prison.

¹⁵ Mason, K., Cornes, M., Dobson, R., Meakin, A., Ornelas, B. and Whiteford, M. (2017/18) 'Multiple exclusion homelessness and adult social care in England: exploring the challenges through a researcher-practitioner partnership.' *Research, Policy and Planning*, 33 (1), 3-14.

¹⁶ Mason, K., Cornes, M., Dobson, R., Meakin, A., Ornelas, B. and Whiteford, M. (2017/18) 'Multiple exclusion homelessness and adult social care in England: exploring the challenges through a researcher-practitioner partnership.' *Research, Policy and Planning*, 33 (1), 3-14.

¹⁷ Braye, S. and Preston-Shoot, M. (2016) *Practising Social Work law* (4th ed). London: Palgrave Macmillan.

Local authorities also have a power to meet other care and support needs, again for adults ordinarily resident in their area or elsewhere or present and of no settled residence (section 19 (1), Annex H – Statutory Guidance¹⁸).

Section 11(2) requires a local authority to complete an assessment where the individual lacks capacity to refuse and an assessment is in their best interests, or the adult is experiencing/or is at risk of abuse or neglect, including self-neglect.

Section 67 (Care Act 2014) requires the local authority, in certain circumstances, to arrange for an independent advocate to be involved in assessment and care planning.

Section 76 (Care Act 2014) requires the local authority in which a prison is situated to assess individuals when they appear to have care and support needs. Eligible needs must be met whilst in prison and plans prepared to meet eligible needs on release.

Local authorities must follow the requirements of The Care and Support (Disputes between Local Authorities) Regulations 2014. The local authority in whose area a person is living or, if transient, the local authority in whose area the person is present, must assess the needs for care and support as if the adult was ordinarily resident in its area. Disputes between local authorities must not delay performance of duties in the Care Act 2014.

Care Act 2014 – Safeguarding Enquiries

Section 42(1) sets out the circumstances in which the local authority (under section 42 (2)) must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case

18 Department of Health and Social Care (2018) Care and Support Statutory Guidance: Issued under the Care Act 2014. London: The Stationery Office.

and, if so, what and by whom. This duty to make enquiries is triggered where an adult who has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. Practitioners should take the ordinary meaning of the phrase “unable to protect themselves” by applying what is known about a person's life experiences, history and current circumstances.

Care Act 2014 – Relationship with Housing

Section 23 (Care Act 2014) seeks to clarify the boundary between care and support and housing legislation. The statutory guidance¹⁹ that accompanies the Act, particularly Chapter 15, provides further detail. The lack of suitable accommodation puts health and wellbeing at risk. Suitable accommodation is one way of meeting a person's care and support needs. However, where a local authority²⁰ is required to meet a person's accommodation needs under the Housing Act 1996, it must do so. Where housing is part of the solution to meet a person's care and support needs, or prevent them, then the care and support plan may include this, even though the housing element is provided under housing legislation. Any care and support required to supplement housing is covered by the Care Act 2014.

Case law²¹ has also established that a need for accommodation on its own is not a need for care and support and local authority adult social care departments must consider if care and support needs are accommodation related. It is difficult to

19 Department of Health and Social Care (2018) Care and Support Statutory Guidance: Issued under the Care Act 2014. London: The Stationery Office.

20 This will be the local housing authority, the lower tier authority in a two tier situation.

21 R (SG) v Haringey LBC [2015] EWHC 2579 (Admin).

conceive of situations in which homelessness does not have a significant impact on an individual's wellbeing. All of which would suggest a required focus on how the provisions in the Care Act 2014 relating to care and support are being implemented with respect to people who are homeless.

Housing Act 1996 and Homelessness Reduction Act 2017²²

Part 7 of the Housing Act 1996 (as amended by the Homelessness Reduction Act 2017) enables a person to apply to a local housing authority for housing assistance. If the authority has reason to believe that the applicant may be homeless or threatened with homelessness, it must make enquiries to determine whether they are eligible for assistance (which relates to their immigration status) and, if so, whether any duty is owed to them (section 184).

The duty owed will depend on whether the applicant (a) is homeless or threatened with homelessness; (b) is eligible for assistance; (c) has a priority need; and (d) became homeless intentionally. The highest form of duty, the main housing duty, requires the local authority to secure accommodation for the applicant's occupation. It is owed to those who are homeless and eligible for assistance, have a priority need, and did not become homeless intentionally. Where the main housing duty would be owed but the applicant has no local connection with the authority's district, their case may sometimes be referred to another authority if the applicant has a local connection with that authority's district (section 198).

There is substantial case law on priority need, vulnerability, intentional homelessness and local connection. Priority need includes vulnerability arising from disability. Vulnerability means significantly more vulnerable than ordinarily vulnerable as a result of being rendered homeless. The comparator is the ordinary person if made homeless and not an ordinary actual homeless person (*Hotak v Southwark LBC* [2015] UKSC 30).

Intentionally means deliberate act or omissions as a result of which the person becomes homeless from accommodation which was available and reasonable for them to continue to occupy (section 191). Unintentional homelessness may arise from domestic violence and/or harassment and/or local crime. Local connection can arise where the applicant is/was normally resident in an area, or is employed, or has family associations there, or because of special circumstances (section 199).

Since the relevant amendments made by the Homelessness Reduction Act 2017 came into force in April 2018, any applicant who is homeless or threatened with homelessness and eligible for assistance will be owed some duty regardless of priority need. Their case must be assessed, and the authority must seek to agree a personalised housing plan (section 198A). If the applicant is homeless and eligible for assistance, the authority is required to take reasonable steps to help the applicant secure accommodation (section 189B). If the applicant is threatened with homelessness, the authority is required to take reasonable steps to help the applicant to secure that accommodation does not cease to be available (section 185).

If the authority has reason to believe that the applicant is homeless and eligible for assistance and has a priority need, it must secure accommodation for the applicant pending its decision as to what duty is owed (section 188).

²² LGA (2017) *Get in on the Act. Homelessness Reduction Act 2017*. London: Local Government Association. Ministry of Justice (2018) *Guidance: The Homelessness Reduction Act 2017 Duty to Refer*. London: The Stationery Office.

An applicant can request an internal review of the authority's decision as to the duty owed (section 202) and can appeal against a review decision in a county court (section 204).

Since October 2018 certain public authorities must refer people who are or may be homeless, or threatened with homelessness, to a local housing authority (section 213B). This duty requires the person's consent, and choice of which local housing authority receives the referral, and applies to prisons, probation services, hospitals providing in-patient treatment, urgent treatment centres and social service authorities²³.

Effective prevention of homelessness requires pre-release/discharge planning and close cooperation between services.

Mental Health Act 1983

Accommodation may be provided for those who are eligible for after-care (section 117). Judicial²⁴ and Ombudsman²⁵ decisions continue to remind local authorities that financial charges for mental health after-care services cannot be imposed and that these arrangements must continue for as long as mental health needs endure.

Equality Act 2010

Authorities may be under a duty to make reasonable adjustments for disabled people (section 20 Equality Act 2010). Further, in the exercise of their functions, authorities must have due regard to equalities issues, including the need to take steps to take account of a disabled person's disabilities (Section 149).

²³ The Homelessness (Review Procedure etc.) Regulations 2018.

²⁴ *R v Manchester City Council, ex parte Stennett* [2002] UKHL 34; *Tinsley v Manchester City Council and Others* [2017] EWCA Civ 1704.

²⁵ Local Government and Social Care Ombudsman and Hillingdon LBC (2018) Complaint Number 16 005 688; Local Government and Social Care Ombudsman and Solihull MBC (2019) Complaint Number 19 002 160.

Modern Slavery Act 2015

Section 52 (Modern Slavery Act 2015) places a duty on local authorities (and some other public authorities) to notify the Home Office if the authority has reasonable grounds to believe that a person may be the victim of slavery or human trafficking.

No recourse to public funds²⁶

Many individuals who are subject to immigration control have no entitlement to public housing²⁷ and there are restrictions on most welfare benefits. This includes homelessness assistance.²⁸ However, access to other publicly funded provision may still be available, including health (NHS General Practice – GP services) and adult social care. Some individuals with no recourse to public funds may be given assistance under the Care Act 2014 provided that their needs for care and support have not arisen solely because of destitution or the physical effects, or anticipated physical effects, of being destitute.²⁹ Provision can include accommodation owing to the individual's need for care and attention.³⁰

Certain people are excluded from this support under the Care Act 2014 (and various other provisions),³¹ for instance if they are unlawfully present in the UK or are failed asylum seekers and have failed to cooperate with removal directions. However, that exclusion does not apply if it is necessary to prevent a breach of their rights under the European Convention on Human Rights.

²⁶ Ramezankhah, F. and Brammer, A. (2019) 'The interface between the Care Act 2014 and asylum law: exclusions and innovations.' In S. Braye and M. Preston-Shoot (eds) *The Care Act 2014: Wellbeing in Practice*. London: Sage. (pp. 144-158)

²⁷ They may also be excluded from private rented housing.

²⁸ Section 85 Housing Act 1996 and the Allocation of Housing and Homelessness (Eligibility) (England) Regulations 2006

²⁹ Section 21, Care Act 2014; *R (Westminster City Council) v National Asylum Support Service* [2002] UKHL 38.

³⁰ Section 8, Care Act 2014; *SL v Westminster City Council* [2013] UKSC 27.

³¹ Schedule 3, Nationality Immigration and Asylum Act 2002.

In those circumstances a Human Rights Act 1998 assessment may be required to determine whether support is necessary to prevent a breach of their human rights, especially the right to live free of inhuman and degrading treatment (Article 3, European Convention on Human Rights). In the context of homelessness, this might require consideration of whether the decision to withhold accommodation-based support or health care would result in actual bodily harm or intense mental suffering and physical harm. Provision might also be considered under the Localism Act 2011.³²

Defensible decision-making

Local authority adult social care decision-making has been successfully challenged by way of judicial review and through investigations by the Local Government and Social Care Ombudsman. For example, a decision by an adult social care department that a person was not in need of care and attention was found to be irrational. Moreover, in the circumstances of that case, returning the person to his country of origin would have been a breach of his human rights.³³ In another case involving an individual with no recourse to public funds, a local authority had failed to properly assess the duties owed towards a rough sleeping homeless person who had been exposed to human trafficking and domestic violence and who had substance misuse issues. Safeguarding alerts had been raised to which there had not been a satisfactory response. Assessments, for example to prevent breaches of the person's human rights, had either not been completed and/or adequately recorded.³⁴

³² R (GS) v Camden LBC [2016] EWHC 1762 (although more recent case law has cast doubt on whether the Localism Act 2011 can be used to accommodate persons who are ineligible for housing assistance).

³³ R (de Almeida) v Kensington and Chelsea RLBC [2012] EWHC 1082 (Admin).

³⁴ LGSCO and Royal Borough of Windsor and Maidenhead (Complaint Number 16 019 229).

Local authority housing decision-making has also been questioned, especially regarding whether individuals are vulnerable and in priority need. In one case a person was homeless with post-traumatic stress disorder of moderate severity and depression, this impacted on his cognitive functioning, activities of daily living and social interaction. The assessment that he was not in priority need despite evidence of disability because of mental illness being overturned.³⁵

Practitioners and managers would therefore be well-advised to ensure that their practice meets the standards required by administrative law. Namely that decision making is:

- lawful
- reasonable and rational
- timely
- mindful of all relevant considerations
- taken without bias and after consultation with interested parties
- transparent about whether to exercise available discretion
- supported by reasons.³⁶

³⁵ Cherry v Tower Hamlets LBC [2018].

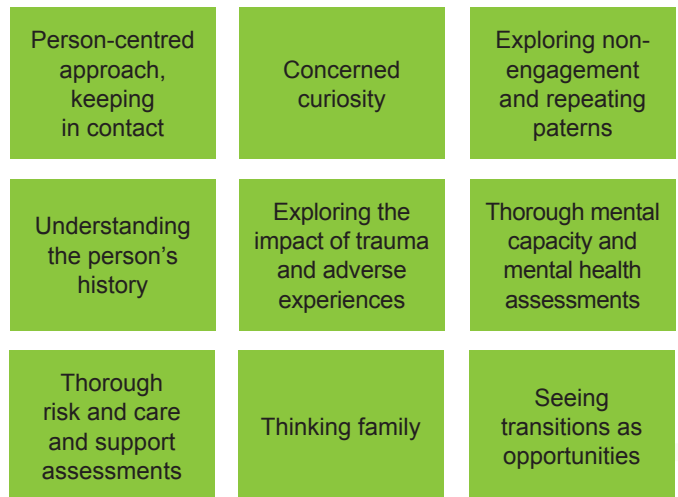
³⁶ Preston-Shoot, M. (2019) Making Good Decisions: Law for Social Work Practice (2nd ed). London: Macmillan/Red Globe Press.

Learning from Safeguarding Adult Reviews

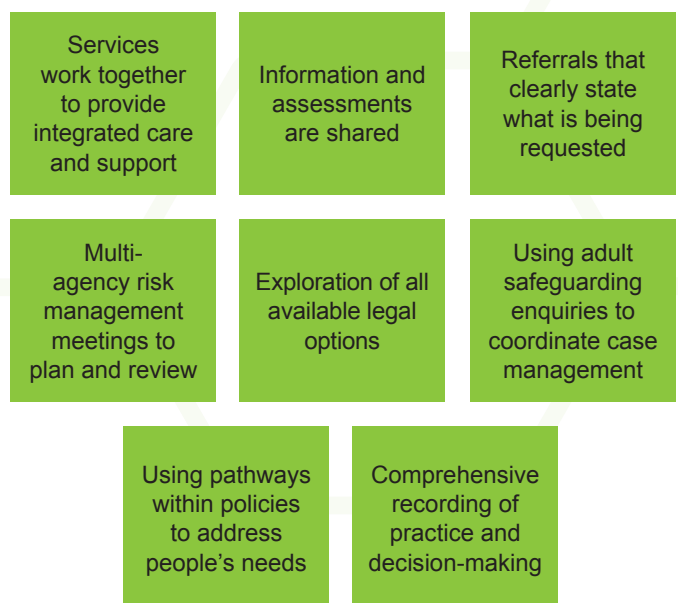
Safeguarding Adults Boards (SABs) have commissioned and/or completed Safeguarding Adult Reviews (SARs) where either the Care Act 2014 mandatory (section 44 (1) (2) (3)) or discretionary (section 44 (4)) criteria have been met. One thematic analysis³⁷ draws on 13 cases. Research, especially into reviews of self-neglect cases, has identified a further eight, with other SARs and thematic reviews involving homelessness having been commissioned but not yet completed.³⁸

Based on their findings, SARs draw out lessons for policy and practice, in the main for the commissioning SAB and its partner agencies. However, it is possible to combine the findings and recommendations from individual reviews into a model of effective practice. Relevant for this briefing are thematic analyses of reviews on self-neglect,³⁹ housing⁴⁰ and alcohol abuse.⁴¹ The model presented here has been adapted from the evidence-base compiled from SARs on self-neglect cases, to incorporate learning from the thematic reviews on housing, homelessness and substance misuse. The evidence-base comprises four domains as follows.

The first focuses on direct practice with individuals



The second domain focuses on the multi-agency, multi-disciplinary team around the person



37 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

38 Presentation by Michael Preston-Shoot (2019) *Learning from Reviews: Self-Neglect and Homelessness*.

39 Preston-Shoot, M. (2019) 'Self-neglect and safeguarding adult reviews: towards a model of understanding facilitators and barriers to best practice.' *Journal of Adult Protection*, 21 (4), 219-234.

40 Parry, I. (2014) 'Adult serious case reviews: lessons for housing providers.' *Journal of Social Welfare and Family Law*, 36 (2), 168-189.

41 Alcohol Change UK (2019) *Learning from Tragedies: An Analysis of Alcohol-Related Safeguarding Adult Reviews Published in 2017*. London: Alcohol Change UK.

The third domain focuses on the organisational network that surrounds the team that is working with the person



Finally, the fourth domain focuses on governance issues



Using the model enables exploration of what facilitates and what prevents good practice. It is a framework for building a clear and shared vision. The next sections of this briefing draw on the presentations and on the outcomes of the four workshop deliberations to elaborate on the model for positive practice.

Effective practice – working with individuals

Human stories are at the centre of homelessness and adult safeguarding. They emerge through SARs, such as the story of Howard⁴² and Adult B,⁴³ and through direct testimony.⁴⁴ That direct testimony highlights the importance of ‘no wrong door’, not referring people on but walking with people to the services they need. It emphasises the diverse routes through which people can become homeless, the experience and risk of further abuse and exploitation, and the importance of ‘wrap-around’ health, mental health and social care support when people are found accommodation.

Simply shifting people off the streets into housing will not on its own meet health and care needs that remain, may have contributed to, or been exacerbated by homelessness. It acknowledges that homelessness is wider than rough sleeping. It pinpoints the importance of spending time with the person; challenging our stereotypes, unconscious bias and pre-judgements about people who are homeless; recognising care and support needs; and responding positively when they take that first step towards seeking support. As expressed in the referenced video,⁴⁵ this person is a person. As expressed in engagement with service users by one SAB, the message is “talk to me, hear my voice.”⁴⁶

Isle of Wight SAB (2018) Howard

- homeless single adult without local family support
- longstanding alcohol misuse and physical ill-health
- hospital and prison discharges to no fixed abode
- police and ambulance crews concerned about risks of financial and physical abuse, and his self-neglect
- refused housing as not regarded as in priority need
- no wet hostel available
- referrals to adult safeguarding do not prompt multi-agency meetings or investigation; no completed Care Act 2014 care and support assessment
- no lead agency or key worker; no risk assessment or mitigation plan.

Milton Keynes SAB (2019) Adult B

- adverse childhood experiences; substance misuse as response to trauma
- unable to sustain hostel place due to substance misuse
- unplanned hospital discharges
- adult social care assessments of his needs arising from autism and homelessness delayed and incomplete at time of death
- no lead agency or practitioner championing his unmet underlying needs
- lifestyle and health concerns mount with no signs of professional scrutiny – no professional curiosity
- no mental capacity assessment or full safeguarding assessment
- no use of advocacy or escalation of concerns
- lack of inter-agency response including multi-agency meetings

42 Isle of Wight Safeguarding Adults Board (2018) Howard: A Safeguarding Adult Review.

43 Milton Keynes Safeguarding Adults Board (2019) Adult B.

44 For example, personal testimony about the experience of homelessness.

www.youtube.com/watch?v=iUmFYC81JjI

45 www.youtube.com/watch?v=iUmFYC81JjI

46 Leeds SAB (no date) Talk to Me, Hear my Voice: Citizen-Led Practice Guidance.

- lack of management guidance, direction and supervision.

There are positive examples of making safeguarding personal with people who are homeless and sleeping rough, one essential component of the model for effective practice is presented in the previous section. In Leicester⁴⁷ an outreach social worker has been employed to build relationships with individuals sleeping rough and, through the trust that is created, to complete and/or facilitate assessments of health, housing and care and support needs. This work emphasises the importance of challenging how we see people, creating a human portrait, reframing social work practice and changing the narrative. It offers a person-centred, strengths-based approach and uses diverse legal powers and duties to meet people's needs.

Assessment of care and support needs is a core duty within the Care Act 2014 and another core component of the model for effective practice. Whether undertaken where the person is, as in the Leicester approach, or through office-based appointments, practitioners need to recognise care and support needs, question attitudes towards people who misuse substances and challenge assumptions about lifestyle choice. One assessment toolkit⁴⁸ aims to improve the quality of referrals and assessments of both care and support needs and safeguarding concerns.

However, assessment and intervention also must respond to mental distress and substance misuse.⁴⁹ These problems are regular features of multiple exclusion homelessness. The majority of service users have mental ill-health as a primary

support need. An integrated response is indicated from mental health and substance misuse providers. However, it is not unusual to find that individuals have limited or no contact with mental health services.⁵⁰

Family Group Conferences⁵¹ is an approach that addresses the “think family” component of the effective practice model. It aims to build a circle of support around the person and involve family and friends in helping to meet a person's needs.

Finally, the story of Emma, presented by Crisis,⁵² illustrates many of the essential components of the model for effective practice when working with individuals. Making a difference for Emma required building a relationship, creating trust and working at her pace. It involved working on her priorities as a “way in” and focusing on her wellbeing rather than the convenience of services. The approach had to be creative and solution focused. As with other human stories, the work challenged assumptions surrounding lifestyle choice of a ‘service refuser’, looking beyond an individual's presentation to consider trauma informed approaches based on an understanding of what has happened to that person. Are people unwilling to engage or for some reason unable? It also challenged assumptions about mental capacity to consider the long-term impact of illness and substance misuse. This is complex and complicated work, which recognises the personal and situational factors that create risk, and the importance of being flexible, responsive and person centred, for example at points of transition such as hospital or prison discharges.

47 Presentation by Bhavna Maher, Julie Roadnight, Bindu Parmar, Laura Hefferman, Daxa Pancholi and John Leach (2019) Safeguarding adults who are homeless/street lifestyle: role of social worker in Leicester City Council.

48 Presentation by Bruno Ornelas (2019) Care Act Toolkit: needs assessment for multiple exclusion homelessness.

49 Presentation by Ian Tweedie and Will Norman (2019) Rough Sleeping and Adult Social Care in the City of London.

50 Redbridge Safeguarding Adults Board (2019) Annual Report 2018-2019.

51 Presentation by Jerome Charles and Susan Harrison (2019) A family group conference is a bridge.

52 Presentation by Rebecca Pritchard (2019) Safeguarding Adults who are homeless.

Mention of transition is reinforced by reference to homelessness fatality reviews,⁵³ which have found that without careful planning transition can become a 'cliff edge'.

Emma's story is also a reminder that the causes of homelessness are multi-faceted and impact differently on men and women. Routes into homelessness can have a gendered dimension, founded in abuse and violence in close relationships. Research⁵⁴ has found positive appreciation of keyworker and women only provision but frustration at having to engage with multiple, fragmented services at the same time and with provision that was not personalised to their needs. Adverse childhood experiences have resulted in women who are homeless experiencing a complex range of social and health needs and their situation exposes them to risk of further abuse.

Unsurprisingly, feedback from workshop participants resonated with the components of effective practice identified through a reading of SARs. Unsurprising because what is identified when working with people experiencing multiple exclusion homelessness are people skills, precisely the same skills when working with anyone who is the focus of adult safeguarding concerns.

Working with people – drawing on all available evidence, what needs to happen?

Person-centred practice is key, core components of which are being human, compassionately persistent, open and transparent, respectful use of language, listening and giving time and commitment. Effective practice involves hearing the voice of lived experience, identifying what is important to the individual, sharing reflections about possibilities and demonstrating professional curiosity about history, about the 'there and then' and the 'here and now' of their human story. It involves going at the pace of the person – it is their journey, in their time. Working toward change, which involves them fully, proceeds from this foundation.

Person-centred work is only possible also when practitioners reflect on how pre-judgements or prejudices, and **unconscious bias** may affect what they see and how they respond to assessments. Just one way to illustrate this is to question how we see substance misuse – a lifestyle choice or an attempted solution to cope with trauma, loss and experiences of abuse and neglect? There is evidence⁵⁵ of negative attitudes, for example in mental health services, towards those who misuse substances.

Professional curiosity is especially important when there are episodes of non-engagement. Is the person unwilling and/or unable to engage?⁵⁶ Has sufficient account been taken of the impact of stigma and shame, or of how services are organised? Not everyone can manage office-based appointments at set times. Outreach may be more effective. Are services being sufficiently creative and flexible, making

53 Presentation by Gill Taylor (2019) Homelessness Fatality Review

54 Cameron, A., Abrahams, H., Morgan, K., Williamson, E. and Henry, L. (2016) 'From pillar to post: homeless women's experiences of social care.' *Health and Social Care in the Community*, 24 (93), 345-352.

55 The Kings Fund and University of York (2019) *Health and Care Services for People Sleeping Rough*.

56 Braye, S., Orr, D. and Preston-Shoot, M. (2014) *Self-Neglect Policy and Practice: Building an Evidence Base for Adult Social Care*. London: SCIE.

reasonable adjustments in line with the Equality Act 2010? Are the right questions being asked? It is too easy to close cases without stepping back to ask if everything has been done to stay alongside the person.

Involvement of family and friends might assist with understanding and resolving issues of engagement. Are there circles of support to tap into? Where family and/or friends are not available, the principle of empowerment should lead to consideration of advocacy to enable people to participate in assessments and planning.

Assessments should be integrated wherever possible so that the person does not have to repeat their story. All assessments should be recorded in a way that allows readers to understand the workings out and the reasons for final decisions. Assessments for care and support (section 9 Care Act 2014) should consider all the components of wellbeing (section 1) and be strengths-based.

Mental capacity assessments should explore rather than simply accept notions of lifestyle choice. This means applying understanding of **executive capacity** and how adverse childhood experiences, trauma, brain injury, and 'enmeshed' situations can affect decision making.⁵⁷ Repeating patterns may be one clue here, especially when someone does not follow through on expressed intentions.

Transitions, whether involving hospital and prison discharges, or young people leaving care, for example, are opportunities to put the right support in place. Transitions are just one example of the central criticality of comprehensive **risk assessments and mitigation planning**. Risk assessment templates may be useful here, for example that focus on the person, the individual's immediate

environment and wider networks. Underlying mental distress should indicate the inclusion of mental health assessment and support in the overall approach to risk.

Reviews⁵⁸ have recommended that NHS Trusts should review their discharge policies and procedures, and work with housing and social care services to prevent discharge to no fixed abode. National Institute for Health and Care Excellence (NICE) has issued guidance about the transition between inpatient mental health or general hospital settings and community settings. For people with serious mental health issues who have recently been homeless or are at risk of homelessness, the guidance⁵⁹ recommends intensive structural support to assist with finding and retention of accommodation. This support should begin prior to discharge and continue for as long as necessary. Housing and mental health services should work together to jointly problem solve.

Similar guidance for people in inpatient general hospital settings⁶⁰ recommends, on admission, that a person's housing status is established and that, prior to discharge, if a person is likely to be homeless, liaison occurs with the local authority's Housing Options service to ensure that advice and help is offered. Homelessness and safeguarding issues should be addressed by agencies working together to ensure a safe and timely discharge. Those at risk of readmission should be referred to community practitioners prior to discharge for health and social care support.

57 NICE (2018) Decision Making and Mental Capacity. London: National Institute for Health and Clinical Excellence.

58 See, for example, Redbridge Safeguarding Adults Board (2019) Annual Report 2018-2019.

59 NICE (2016) Transition between Inpatient Mental Health Settings and Community or Care Home Settings. London: National Institute for Health and Clinical Excellence.

60 NICE (2015) Transition between Inpatient Hospital Settings and Community or Care Home Settings for Adults with Social Care Needs. London: National Institute for Health and Clinical Excellence.

Assessments of mental capacity, mental health, care and support needs and risk should also be regularly reviewed. Tools and guidance⁶¹ are available to assist practitioners in completing such assessments and reviews.

Equally, police and ambulance crews may witness that people who are homeless are also experiencing abuse and exploitation, as the case of Howard, reported earlier in this briefing, demonstrates. There are two adult safeguarding responses required here, namely meeting the immediate need for protection and triggering a multi-agency response to coordinate a longer-term plan to address health and social care needs. This highlights the importance of clear referral pathways and safeguarding literacy, discussed in the next section.

One particular danger here is when practitioners become desensitised or inured to risks in particular cases, or when their standard approach to cases means that important information or different ways of seeing a situation are overlooked. This highlights the importance of supervision, discussed later in this briefing.

In summary, the focus is on making every contact count and demonstrating that every adult matters. One size will not fit all; to a degree each case will require a bespoke approach. The challenge is to find the right support in the right place at the right time.

⁶¹ Pathway with Lambeth Council, South London and Maudsley NHS Trust, ThamesReach, the Greater London Authority and EASL (no date) Mental Health Service: Assessments for Rough Sleepers – Tools and Guidance. Voices of Stoke (no date) The Care Act Multiple Needs Toolkit. Cornes, M. et al. (2019) Transforming Out-of-Hospital care for People who are Homeless: Support Tool and Briefing Notes. London: NIHR et al.

Effective practice – multi-agency, multi-disciplinary team around the person

The Crisis and Leicester practice examples, referenced in the previous section, illustrate several of the essential components for effective practice by the team around the person. Key to effective work with Emma⁶² were proactive and timely information-sharing; flexible working across agency boundaries, rather than buck passing; professional respect and trust; and collaboration that recognises the contribution that can be made by statutory and third sector agencies. Opportunities for joint working become missed opportunities when professional boundaries become barriers.

The Leicester approach⁶³ to safeguarding adults who are homeless also recognises that barriers can obstruct effective practice – silo working and withholding information, for example. To promote multi-agency working, they have created a street lifestyle operational group that seeks to remove barriers to collaboration and integrated working. This operational emphasis on bringing agencies and services together features in other responses to safeguarding adults who are homeless. In the City of London⁶⁴, a rough sleepers, mental health and Care Act meeting occurs monthly to respond to referrals, unblock barriers to making progress and to also provide advice.

In Plymouth⁶⁵ a Creative Solutions forum also brings services and agencies together to share responsibility for responding to cases where multiple hand offs occur, where complexity means bespoke solutions are necessary, where risk is unacceptably high and needs to be shared and/or where thresholds and boundaries have become blocks to help. In Stoke-on-Trent⁶⁶ a multi-agency

resolution group similarly focuses on stalled and stuck cases where a multi-agency response is required to risk mitigation and problem-solving. Once again the emphasis is upon collaboration and flexible responses, drawing on the resources and expertise from social care, health and mental health, substance misuse and other services.

Characteristic of all these approaches is the recognition that bespoke and flexible rather than standardised responses are often needed for addressing the needs of people experiencing multiple exclusion homelessness. These needs extend beyond housing to include physical health, mental health and care and support. To achieve that bespoke response requires a collaborative and collegiate culture across the partnership that endorses challenge, values information-sharing and discussion, appreciates the value of integrated approaches towards prevention and of sharing expertise, and supports practitioners. Co-location, as in the City of London and Plymouth examples, is seen as beneficial in promoting and sustaining this culture. For example, embedding health practitioners in street outreach teams, and mental health practitioners in emergency response teams, is one way of promoting understanding of how health fits into housing and safeguarding pathways, and how housing fits into mental health pathways.⁶⁷ What is being promoted is a whole system rather than individual service response. That means the involvement not just of local authority housing and social care staff but also professionals drawn from healthcare and commissioning, mental health providers, primary and secondary healthcare providers, public health, substance misuse, and accommodation providers, emergency services and the Department of Work and Pensions.

62 Presentation by Rebecca Pritchard (2019) Safeguarding Adults who are homeless.

63 Presentation by Bhavna Maher, Julie Roadnight, Bindu Parmar, Laura Hefferman, Daxa Pancholi and John Leach (2019) Safeguarding adults who are homeless/street lifestyle: role of social worker in Leicester City Council.

64 Presentation by Ian Tweedie and Will Norman (2019) Rough Sleeping and Adult Social Care in the City of London.

65 Presentation by Gary Wallace (2019) Creative Solutions Forum.

66 Presentation by Bruno Ornelas (2019) Homelessness and Adult Safeguarding.

67 The Kings Fund and University of York (2020) Health and Care Services for People Sleeping Rough. <https://www.kingsfund.org.uk/projects/health-care-services-sleeping-rough>

Workshop participants could clearly articulate enablers and barriers when reflecting on their experience in this domain. The enablers and barriers translate into hallmarks of effective practice, which include golden threads that run through all the domains – being person-centred rather than service-centred, making every contact count, and accepting the practice principle of “no wrong door.”

Team around the person – drawing on all available evidence, what needs to happen?

Safeguarding people experiencing multiple exclusion homelessness is everyone’s responsibility. However, rather than working in silos, practice needs to be coordinated. **Working together** requires those involved to understand each other’s roles and responsibilities, and the knowledge and skills they can bring to meeting someone’s unique set of needs. Whether or not co-located, which does seem to promote ease of communication and early intervention, the aim is to create a partnership to agree a clear purpose and to achieve a creative and flexible response. The golden thread of respecting each other’s expertise, parity of voice across statutory and third sector agencies, is key here. A single point of contact may appear beneficial, or agreement on lead agency and keyworker appointment to provide system leadership.

Effective **information-sharing** is built on the recognition that the law allows information to be requested and shared, proportionately, when necessary to safeguard the wellbeing of an adult at risk (Data Protection Act 2018). A multi-agency protocol to reinforce expectations about timely information-sharing is helpful. The golden thread of parity of voice is important here too, respecting the contribution of all services, including the third sector.

Another aspect to information-sharing is accessibility of IT systems that enable professionals from across services to see and contribute to the building of a case record.

One component of effective information-sharing is **referral practice**. Practitioners should be professionally curious about other people’s language, as the ‘referrer’ conveys their own world through speech patterns. Words mean something different in different sectors/professions. For example, as the section on legal powers and duties earlier will have highlighted, “vulnerability” used in a housing context may mean something different in a social care context. The team around the person is reaching for a common, shared language as a way into understanding the person.

Equally language conveys images of the person and may reflect stereotypes or unconscious bias. Implicit notions of who is deserving and undeserving may influence whether referrals are made and how they are received. Finally, thresholds may influence referral practice. A golden thread appears here again, namely challenging hand-offs and working together to problem-solve.

One component of working effectively together is use of **multi-agency meetings**, whether framed as high risk panels, complex case panels, harm reduction forum or multi-agency risk management meetings. They are a necessary response to the often-reported difficulty of getting the right people around the table to engage in problem solving. The focus is on sharing responsibility, working flexibly across service and organisational boundaries, and offering ideas and solutions. Respectful of each other’s expertise, no handoffs are allowed. Plans should be agreed, with clear lines of responsibility, contingency planning and mechanisms for reviewing outcomes. Given

the risks inherent in many cases, multi-agency meetings offer a framework to reach for safer uncertainty⁶⁸ where wellbeing outcomes cannot be guaranteed.

Multiple exclusion homelessness is a safeguarding issue. Reporting a safeguarding concern should be considered in situations where there is, or is a risk of, abuse or neglect (including self-neglect). These concerns will be considered under section 42 (1) of the Care Act 2014 to determine the most helpful response, whether this be an enquiry under section 42(2), use of a different part of the Care Act or another multi agency response. Hence the importance of **safeguarding literacy**, namely all involved appreciating when safeguarding concerns should be reported, together with the criteria that should trigger a formal safeguarding enquiry and the referral and feedback pathways.

There are various legal powers and duties across the health, housing and social care sectors that may be relevant in specific cases, hence the importance of **legal literacy**. One example is knowledge of legislation relevant to meeting the needs of people with no recourse to public funds. The effective practice standard for the team around the person is evidence of having considered all legal options, including human rights responsibilities, powers and duties with respect to meeting care and support needs, mental capacity and referral to the High Court's inherent jurisdiction. Here, particularly, it may be helpful to draw on legal advice, case law (for example on priority need and vulnerability following the Housing Act 1996) and also on previous local cases as learning tools.

Some services or partnerships employ navigators to help service users access appropriate provision. Leaving aside, for now, the question of whether the need for navigation means that systems are too complicated, or that services don't exist and/or are gatekeeping as a means to manage limited resources, what is clear is that service users and practitioners need to understand **pathways** into provision. For example, what locally is the pathway with respect to co-occurring mental ill-health and substance misuse or patients who are homeless and working collaboratively to avoid discharge to no fixed abode?

The maxim "if it is not written down, it did not happen" illustrates the centrality of **recording**. For decision-making to be defensible, what was decided must be recorded and recording must identify what was considered and by whom, and the reasons for the approach adopted. When plans are agreed, it should be clear who is responsible for specific components of the plan, the outcome achieved and how the unfolding situation has been reviewed.

68 Mason, B. (2019) 'Revisiting safe uncertainty: six perspectives for clinical practice and the assessment of risk.' *Journal of Family Therapy*, 41 (3), 343-356.

Effective practice – organisations around the team

Among the components of effective practice within this domain are management oversight and responsive commissioning. Management oversight of the adult safeguarding and homelessness field of practice is prominent in the City of London approach.⁶⁹ The senior management team reviews particularly complex cases to encourage collaborative working and to ensure engagement of strategic managers with the lived experience of work for operational managers and practitioners. Feedback can then be taken into strategic planning, with its links to health, social care, housing support, commissioning and expectations of providers. It may be challenging to convert learning from complex cases into lessons for commissioning but connecting staff with strategic and operational responsibilities promotes a collegiate approach and community of practice.⁷⁰

Hallmarks of effective practice for supervision, staff support, commissioning and workforce and workplace development were also prominent in the workshops.

Organisations around the team – drawing on all available evidence, what needs to happen?

Supervision and **staff support** are essential to enable staff to manage the demands of working with people who experience multiple exclusion homelessness. It is important to recognise and respond to staff stress and any evidence of compassion fatigue and vicarious trauma.⁷¹ Responsiveness to escalation of concerns is also essential.

Any evidence of silo working within organisations should be challenged. Strategic managers must hear the lived experience of work as articulated by operational managers and practitioners if service development is to be fully informed.

One feature of effective staff support is **access to legal, safeguarding, mental capacity, mental health and housing specialists** who can provide robust advice, challenge and guidance. One area where such access will be especially important is how organisations should respond to those with no recourse to public funds. Such access promotes confidence and competence and enables operational staff to find a way of “carrying on”.

There are several angles to **commissioning** here. The first is to think critically about the assumptions contained in New Public Management.⁷² For example, when setting targets or performance criteria, how will these help to ensure effective service provision? The second is to reflect on whether procurement cycles, for example for housing related support, promote or disrupt continuity of care, workforce and management. Greater flexibility in existing procurement frameworks may be needed. The third is the need to bring people, including those with lived experience of multiple exclusion homelessness, into the conversation to map services, review gaps in provision and design the right services and pathways into provision. The fourth is to explore whether further moves towards joint commissioning and pooled budgets can remove silos, enhance cost effectiveness and limit the problems created by short-term funding of initiatives.

69 Presentation by Ian Tweedie and Will Norman (2019) Rough Sleeping and Adult Social Care in the City of London.

70 Presentation by Bruno Ornelas (2019) Homelessness and Adult Safeguarding.

71 www.homeless.org.uk/products/training/staffwellbeing

72 Presentation by Gary Wallace (2019) Creative Solutions Forum.

SARs can be a useful source of learning about gaps in service provision or challenges with service delivery. The approach of services to co-occurring mental health and substance misuse needs is one example. Learning can prompt system change. Feedback from operational staff can also feed into commissioning decision-making so that services adapt to people's complex needs. People experiencing homelessness will not necessarily (be able to) respond to office or clinic-based services. Outreach may prove more effective, as the Leicester example demonstrates.⁷³ Similarly, co-location of homelessness staff in secondary healthcare settings and of healthcare staff in day centres may prove effective in engaging with individuals experiencing multiple exclusion homelessness.

Workforce development is characterised by investment in people's experience and career development, to promote continuity and the use of expertise in direct work with people who experience multiple exclusion homelessness. Training in legal literacy, mental capacity assessments, adult safeguarding and multiple exclusion homelessness all appear indicated. Support for continuing professional development should be a priority for staff in both statutory and third sector agencies. Staff working with people with complex and multiple needs, for example in supported accommodation, should not be neglected.

Workplace development focuses on giving staff autonomy to practise in line with "what works" and of clarifying expectations about effective practice when making decisions in response to risk assessments.

Workforce development will prove less effective if the workplaces to which staff return after training are not aligned to enable them to implement their learning, knowledge and skills.⁷⁴ Workplace development will require a focus on capacity to engage in long-term working where this is indicated, and on ensuring that the workforce, for instance in Adult Social Care, understands that multiple exclusion homelessness refers quite probably to people with care and support needs, who may well also be experiencing abuse and neglect (including self-neglect). Adult safeguarding responsibilities are therefore also engaged.

A key question for leadership in workplace development to answer is about what type of **culture** should characterise the organisation. 'Making Every Contact Count' and 'Making Every Adult Matter'⁷⁵ would be examples of the vision that is being promoted. This may then require policy development, for example on information-sharing and escalation of concerns. It may require reconsideration of thresholds so that those in need are not excluded from support. It is about humanising the organisation, both for staff and service users. It is about giving autonomy, permission and space to staff to devote time to build relationships, to understand a person's background and needs, and to respond in a personalised manner, rather than a process-driven one.

Finally, the focus should not just be inward-facing but also outward facing. There are two directions here. One is towards experts by experience as key partners at both operational and strategic levels, engaging with their feedback based on their lived experience.

73 Presentation by Bhavna Maher, Julie Roadnight, Bindu Parmar, Laura Hefferman, Daxa Pancholi and John Leach (2019) Safeguarding adults who are homeless/street lifestyle: role of social worker in Leicester City Council.

74 Braye, S., Orr, D. and Preston-Shoot, M. (2013) A Scoping Study of Workforce Development for Self-Neglect Work. Leeds: Skills for Care.

75 The MEAM Approach (2019) Making Every Adult Matter. London: Homeless Link and Mind.

The other is finding common ground and developing a strategic vision and operational offer that is multi-disciplinary and multi-agency. One workshop participant described this as forming a “coalition of the willing.” One expression of this strategic commitment to partnership working is a commissioner/provider forum that meets regularly to review the quality of service provision both generally and for specific cases. Another is the use of strategic meetings, such as between senior leaders across housing and social care, again to address themes and issues arising from the experience of working with people experiencing multiple exclusion homelessness.



Governance

A survey of SAB activity,⁷⁶ to which over a third of boards responded, indicated the high profile given to adult safeguarding and homelessness. Around three-quarters of responding SABs had engaged with the issue through audits, policy development, work with Community Safety Partnerships and partner agencies, and conferences, seminars and reviews. Over half had received SAR referrals, with reviews being commissioned and completed.

Clearly SABs have completed reviews on cases involving people experiencing rough sleeping or chronic homelessness and are continuing to do so.⁷⁷ However, SABs can also use the permissive powers in section 44, Care Act 2014, to develop and promote other approaches to learning lessons. Haringey SAB has supported the development of homelessness fatality reviews.⁷⁸ As with SARs the focus is on implementing learning, for example on making safeguarding pathways and high risk panels more accessible, and providing staff development opportunities on safeguarding and relevant law.

As with SARs, fatality reviews remind managers and practitioners of the importance of relationships in people's lives and also of the impact on staff of fatalities, whether or not they were directly involved in the case. There is a link here back to the previous domain and the need to focus on supervision and staff support. Reviews, of whatever type, represent an opportunity to focus on human stories, to humanise. There is an annual report to the SAB on the outcomes of this approach to reviews.

The City of London and Hackney SAB has the interface between adult safeguarding and homelessness as a strategic priority,⁷⁹ which involves for example consideration of SAR findings, exploring workforce development options and reviewing policies and procedures. SAR findings have been considered and used by other SABs too. For example, Brighton and Hove SAB have used a completed SAR that the Board commissioned as the basis for a multi-agency audit of safeguarding responses to homeless adults.⁸⁰

It considered and found key points of learning across some of the core components of the evidence-base for effective practice, namely quality of information-sharing (domain two), multi-agency partnership working (domain two), client involvement in decision-making and care planning (domain one), evidence of appropriate safeguarding action (domain two) and adherence to self-neglect procedures (domain two and three).

Practitioners, operational and strategic managers and SAB independent chairs and business managers recognise the importance of clarifying ownership of responsibility for ensuring the effectiveness of multi-agency partnerships in this field of policy and practice. It is possible to identify the hallmarks of effective practice in this domain.

76 Lloyd-Smith, W. and Bampton, L. (2019) Homelessness and Safeguarding: A Survey of Safeguarding Adults Boards Managers.

77 Presentations by Michael Preston-Shoot (2019) Learning from Reviews: Self-Neglect and Homelessness, and by Stephen Martineau, Jill Manthorpe and Michelle Cornes (2019) Safeguarding and Homelessness: Learning from 14 Safeguarding Adults Reviews.

78 Presentation by Gill Taylor (2019) Homelessness Fatality Review.

79 Presentation by Ian Tweedie and Will Norman (2019) Rough Sleeping and Adult Social Care in the City of London.

80 Brighton and Hove SAB (2019) Learning Together from Safeguarding Audits.

Governance – drawing on all available evidence, what needs to happen?

Getting the governance right is both challenging and important. Clearly the SAB holds the statutory mandate for governance of adult safeguarding. However, there is no one model for where governance of multiple exclusion homelessness might reside – the SAB, Health and Wellbeing Board, Community Safety Partnership or Homelessness Reduction Board may all be appropriate choices for ‘holding the ring’, for providing strategic leadership and holding partners to account. What works may vary depending on local government structures – unitary authorities, metropolitan boroughs, county councils.

What is required is a governance conversation, inclusive of elected members, partnership and board chairs and strategic leaders, where agreement is reached on a common and shared vision alongside roles and responsibilities for assuring the quality of policies, procedures and practice. Where one board or partnership forum takes lead responsibility, all agencies/ services with a potential contribution to offer must participate, represented by senior leaders with authority to commit their service to partnership working. Communication channels to other boards and partnership bodies will also require clarification. Whatever governance arrangements are agreed locally, they need to be able to hold relevant organisations and system leaders to account for delivering strategic objectives and service improvement. It follows that local partnership delivery mechanisms will need to report regularly into the agreed governance arrangements on progress with improvement activity.

Wherever governance oversight sits, one responsibility will be to ensure that lessons are learned from different types of reviews. SARs,

whether mandatory or discretionary, depending on how a case is seen as fitting section 44 Care Act 2014 criteria for commissioning, focus on adults with care and support needs. Consideration will be required to agree a process for commissioning reviews with respect to adults who did not appear to have care and support needs but where there are concerns about multi-agency collaboration in response to abuse and neglect.

Barriers to effective practice will need to be addressed, especially where systemic issues emerge from repetitive findings. Review methodology should enable a proportionate consideration of these systemic issues, with a focus particularly on addressing the barriers that frustrate effective practice.

Effective practice can also be promoted through the development and subsequent review of policies and procedures that combine adult safeguarding and multiple exclusion homelessness. Policies and procedures for adults who self-neglect might provide one strategic home for this focus. Alternatively, a stand-alone policy and procedure on multiple exclusion homelessness might be developed.

Regular audits will be another responsibility for the board or partnership forum that takes the lead on adult safeguarding and homelessness. Audits, using findings from reviews, the requirements of policies and procedures, and the evidence-base of effective practice, can explore the degree to which lessons have been learned. They are one form of appreciative enquiry – where are the enablers of effective practice, what has changed and improved, and what further work is necessary?

Policy development and audit will need to focus on relationships and protocols, not just within a SAB’s area but across local authority boundaries. For example, agreements will be necessary between district and county

councils in two-tier authorities on roles and responsibilities with regards to homeless people. Protocols should also provide clear guidance on the law relating to ordinary residence and transient people who present within a local authority's boundaries to ensure 'no hand-offs' of homeless adults with care and support needs.⁸¹

Getting governance right will minimise silo working by providing strategic and holistic overview and direction. In response to a 'so what?' challenge, it should be possible to evidence the changes that have been achieved to improve the interface between adult safeguarding and homelessness. These changes and improvements to services should be reported regularly to the agreed local governance arrangements.

⁸¹ City of London and Hackney SAB, Islington SAB, Lambeth SAB and Newham SAB (2019) Mr Y1 – SAR.

The fifth domain – legal, policy and financial context

SARs do not routinely comment on the impact of the wider legal, policy and financial context in which adult safeguarding and work with people experiencing multiple exclusion homelessness is situated.⁸² However, a focus on learning lessons and supporting a model of effective practice must highlight where central government policies are facilitating or undermining effective policy and practice locally and regionally.

Images of deserving and undeserving individuals permeate housing and homelessness legislation through criteria on priority need, vulnerability, intentionality and local connection. Nor do these categories, especially those of priority need and vulnerability, necessarily dovetail neatly with wellbeing and care and support needs as defined in the Care Act 2014. Moreover, clarity is lacking regarding the meaning of criteria, underpinning decision-making about section 9 (assessment) and section 42 (enquiries) in the context of homelessness. Care and support should not be described narrowly in terms of physical need but also address emotional needs and addiction issues. Lack of clarity impacts on confidence in identifying and reporting care and support and/or safeguarding concerns. The lack of alignment between different legal frameworks renders more, challenging the objective of ending rough sleeping.

Nowhere is the lack of alignment between different legal frameworks demonstrated more clearly than in relation to those individuals who have no recourse to public funds. The section on legal powers and duties in this briefing highlights the challenges in meeting the needs of people who have no recourse to public funds, which can present formidable obstacles when seeking to prevent or alleviate homelessness. In addition, human stories, such as those that become the focus of a SAR, may highlight gaps in the legal rules. For example, some jurisdictions have adopted legal rules for the civil containment and

⁸² Preston-Shoot, M. (2016) 'Towards explanations for the findings of serious case reviews: understanding what happens in self-neglect work.' *Journal of Adult Protection*, 18 (3), 131-148.

protective detention of people with severe and enduring substance misuse problems. No such provision exists in England. The Mental Health Act 1983 and Mental Health Act 2007 explicitly exclude dependence on alcohol and/or drugs as disorders or disabilities of mind for the purposes of that legislation. The Acts cannot be used simply because an individual is dependent. A question for debate is whether there is a gap in the law with respect to addressing the experiences contained within the human stories of people like Carol⁸³ and Howard.⁸⁴ Where a person has lost capacity due to substance dependence, with their self-determination compromised due to behavioural compulsion, the question for debate (ultimately nationally) is whether for this group of people the use of such legislative powers would promote their wellbeing and future autonomy.

Policies on the building of social housing and financial austerity have impacted adversely on available provision. There is a shortage of appropriate accommodation. The advent of Universal Credit has aggravated the position, making it difficult for people needing accommodation to afford it through the private rented sector. There is also evidence of victimisation and other risks of abuse and neglect arising from when people who are homeless are placed in "exempt" accommodation, the quality of which is not regularly inspected.⁸⁵ Arguably, the regulatory framework is incomplete.

These features of the adult safeguarding and homelessness landscape highlight the importance of policy advocacy, of SABs and other strategic partnerships using networks to influence social policy.

⁸³ Teeswide Safeguarding Adults Board (2017) Carol: A Safeguarding Adult Review.

⁸⁴ Isle of Wight Safeguarding Adults Board (2018) Howard: A Safeguarding Adult Review.

⁸⁵ Birmingham Safeguarding Adults Board and Housing and Communities Research, University of Birmingham (2018) Risk, Safety and Wellbeing in Shared "Exempt" Accommodation in Birmingham, England. Birmingham: Spring Housing Association.

Next steps

The aim of this briefing has been to outline for practitioners, managers and commissioners across statutory and third sector services a framework for positive practice when working at the interface of multiple exclusion homelessness and adult safeguarding. It is the beginning rather than the end of a journey to assist SABs and their partner agencies in creating a policy, organisational and practice culture and context where services work more effectively together. Put another way, it expresses the evidence-base from research, reviews and practice about “what good looks like” and is intended to shift practice and multi-agency leadership of practice further towards excellence.

Further work is anticipated, which will include regional workshops to disseminate the findings from the national workshops held in 2019 and the framework in this briefing as one means of supporting service and practice development. These regional workshops will also offer an opportunity to capture case studies of good practice, since human stories can inspire change.

Further work will also include collating and disseminating guidance, toolkits and templates that assist with assessment of mental capacity, health, housing and care and support needs, and extending the map of laws begun in this briefing.

What has been clear from the workshops and from discussions in the expert reference group is the energy, commitment, drive and leadership to ‘get things right’ for those experiencing multiple exclusion homelessness. Demonstrating leadership here is everyone’s responsibility. This briefing is intended to support that practice, policy and service leadership. It is everyone’s business.

Action planning – what needs to happen now?

Having read this briefing:

- 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?

Resources

Multiple Exclusion Homelessness: A safeguarding toolkit for practitioners. Stoke-on-Trent: VOICES

<https://issuu.com/voicesofstoke/docs/safeguardingtoolkit>

Homeless Health, an e-learning toolkit for health and care professionals.

https://portal.e-lfh.org.uk/Learning_Centre/LaunchForGuestAccess/571225

The Care Act Multiple Needs Toolkit

www.issuu.com/voicesofstoke

Mental health services interventions for rough sleepers – tools & guidance

www.pathway.org.uk

Blog for family and group conferences of people in housing need

www.healthylondon.org/family-group-conferences-a-different-approach-to-support-adults-who-are-homeless

Homeless Link Safeguarding Vulnerable Adults, guidance for frontline staff

www.homeless.org.uk/sites/default/files/site-attachments/Safeguarding%20guidance%20March%202018.pdf

Homeless Link resources on MCA and MHA

www.homeless.org.uk/our-work/resources/guidance-on-mental-capacity-act

Development of a system to enable outreach workers to add information about a person's needs and to facilitate provision of care and support

www.shropshirestar.com/news/politics/2019/12/14/app-developed-to-give-faster-support-to-homeless-people-in-shropshire

Local Government Association publication on Making Safeguarding Personal

www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal

Support for women and girls at risk of abuse, poverty, poor mental health, addiction and homelessness

www.weareagenda.org/who-we-are-and-what-we-do

Local Government Association homelessness and safeguarding presentation

www.local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/making-safeguarding-personal -

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