


# Adult Safeguarding and Homelessness: Foundations for Positive Practice

# Workshop Objectives

- To bring together people working in services for people who are homeless and rough sleeping, safeguarding and adult social care to understand how better to work together to provide effective support and safeguarding
- To learn from each other, from reviews in this area and from good practices
- To develop our understanding in order to produce a second briefing to support those working in these areas

# Workshop Programme

	Leeds	Homelessness and Safeguarding
10.00	Opening	Dr Adi Cooper OBE
10.10	Michael Preston-Shoot	Best evidence on adult safeguarding when working with people experiencing multiple exclusion homelessness
10.35	Questions and Answers	
10.55	Break	
11.10	Bruno Ornelas	Understanding care assessments and safeguarding planning for people experiencing homelessness
11.35	Questions and Answers	
11:55	Next Steps and Closing	Further Workshops in the Series



**Best evidence on adult  
safeguarding when working with  
people experiencing multiple  
exclusion homelessness**

Care and Health Improvement Programme  
December 2020

# Helen's Message and Terence's Message

- “What hope do I have to ever recover or feel better when this keeps happening? I encourage anyone who truly care to come and spend a day with me to see what it's like to be helpless, when days feel like weeks, weeks feel like months.” (reported in a Luton SAB SAR).
- When asked what he needed, Terence replied: “Some love, man. Family environment. Support.” He wanted to be part of something real, part of real society and not just “the system”. (reported in a thematic review on people who sleep rough, Worcestershire SAB (2020)).

# Learning from the voices of lived experience

- Seeing the whole person in their situation
- A trauma-informed, whole system response to the person in context
- Being careful and care-ful when thinking about removing a coping strategy
- The problem is not the problem; it is the solution that is the problem.  
Tackling symptoms is less effective than addressing causes.
  - Attempting to change someone's behaviour without understanding its survival function will prove unsuccessful. The problem is a way of coping, however dysfunctional it may appear. Too often we are responding to symptoms and not causes. Put another way, individuals experiencing multiple exclusion homelessness are in a "life threatening double bind, driven addictively to avoid suffering through ways that only deepen their suffering."

# Using the voice of lived experience (SAR - Ms H and Ms I – Tower Hamlets SAB)

- In the context of people's experiences of multiple exclusion homelessness, the notion of lifestyle choice is erroneous.
- Ms I's partner commented:
  - At times “she could not help herself” because of the feelings that were resurfacing; access to non-judgemental services was vital and helpful, and that support is especially important when individuals are striving to be alcohol and drug free. It was during these times that stress, anxiety and painful feelings could “bubble up”, prompting a return to substance misuse to suppress what it was very hard to acknowledge and work through.
- Making Safeguarding Personal is not just about respecting the wishes and feelings that an individual expresses.
  - He reflected on the challenge of knowing when to allow a person freedom of movement and when, for their own benefit, to curtail or supervise this. He described this as a “moral question.” It is indeed a question that, in a multi-agency and multi-disciplinary forum, needs to be answered in each unique situation, drawing on an analysis of risks and mental capacity.

# Multiple Exclusion Homelessness

- Extreme marginalisation that includes childhood trauma, physical and mental ill-health, substance misuse and experiences of institutional care.
- Adverse experiences in childhood can include abuse and neglect, domestic violence, poverty and parental mental illness or substance misuse.
- For many of those who are street sleeping, homelessness is a long-term experience and associated with tri-morbidity (impairments arising from a combination of mental ill-health, physical ill-health and drug and/or alcohol misuse) and premature mortality.
- Presence of other chronic and acute physical health conditions, physical disabilities, learning disabilities and/or cognitive impairments.
- Do not assume or expect that individuals can keep to scheduled clinic appointments, in our time and space; assertive outreach.



# Definitions

- Care and support needs arise from or are related to physical or mental impairment or illness. This can include conditions as a result of physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury (Care and Support (Eligibility Criteria) Regulations 2014).
- There is a duty to meet eligible needs (which are defined) and a power to meet other needs (section 19). Human Rights Act 1998 assessments crucial here.
- Unable to protect themselves – applying what is known about a person’s life experiences, history and current circumstances, take the ordinary meaning of the words.
- Care Act 2014 statutory guidance (Chapter 15) on interface with housing and care and support. Consider housing and the provision of suitable accommodation when considering the provision of care and support. Part of the wellbeing principle.
- Section 23 (Care Act 2014) clarifies the boundary with the Housing Act 1996.
- Suitability of accommodation is a core component of wellbeing.

# National SAR Analysis: April 2017 – March 2019

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

# Available reviews

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

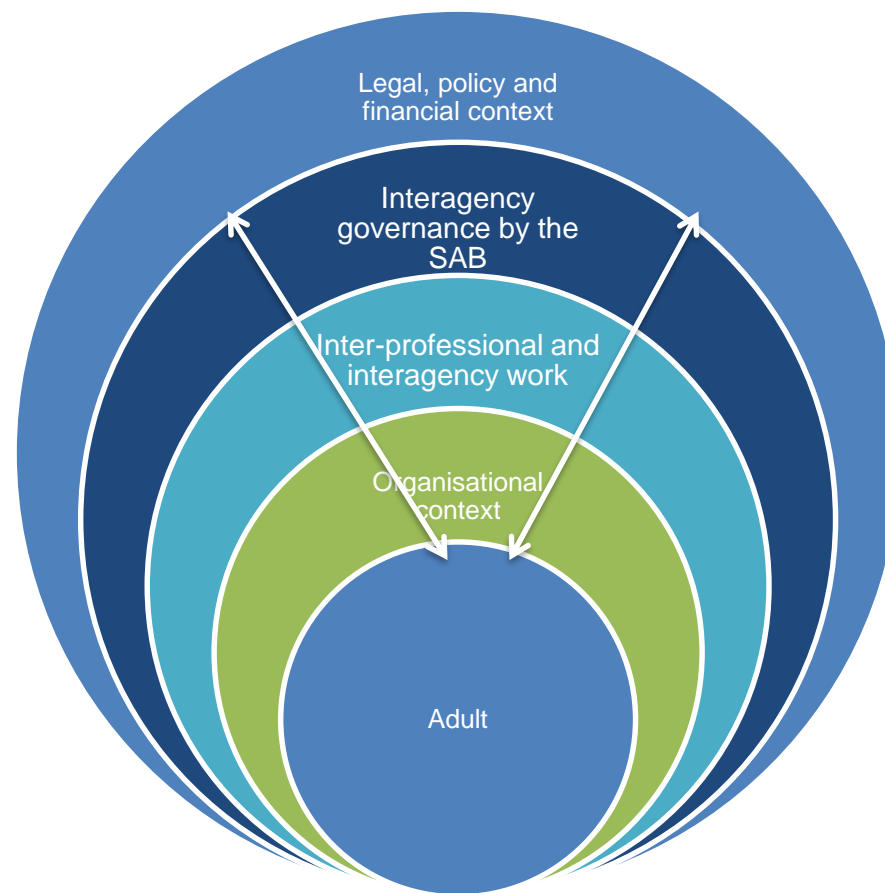
# Recent reviews

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

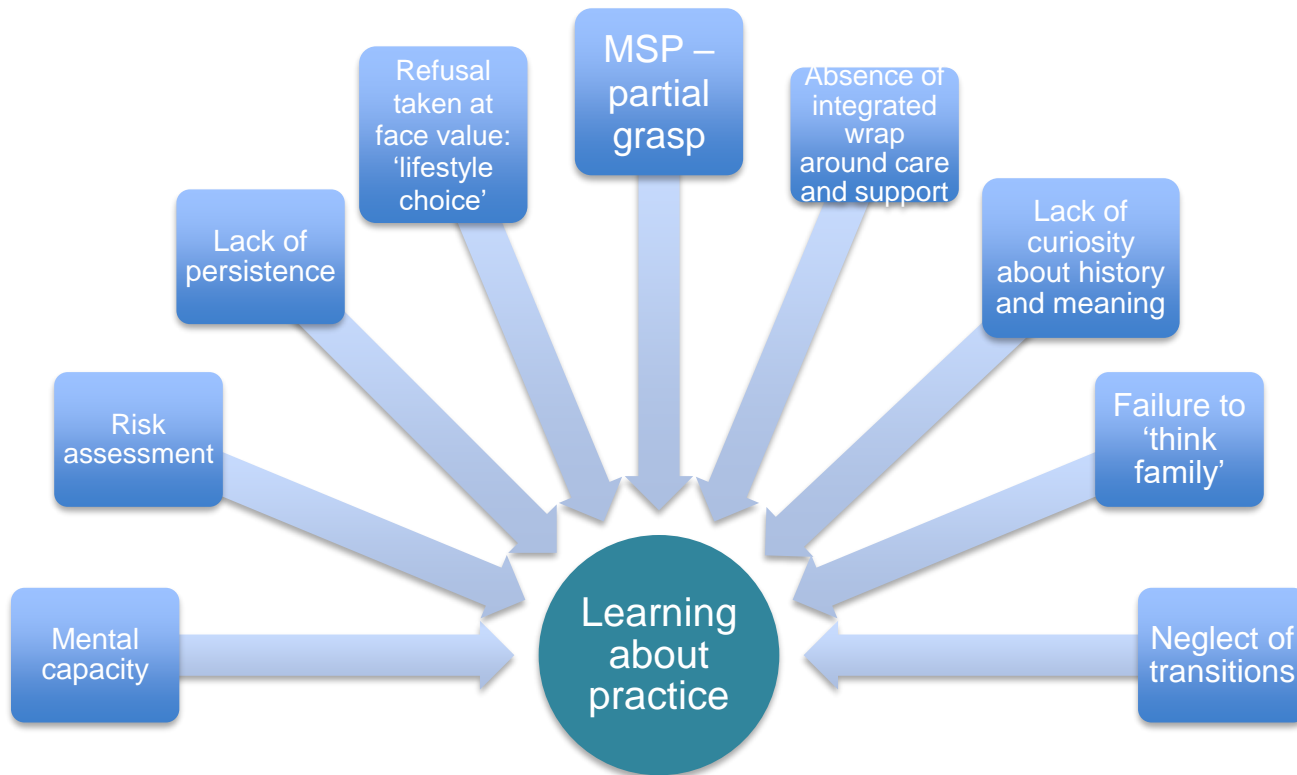
# Being Knowledge-Informed

- Braye, S., Preston-Shoot, M., Preston, O., Allen, K. and Spreadbury, K. (2020) *Biennial Analysis of Safeguarding Adult Reviews April 2017-March 2019: Findings for sector-Led Improvement*. (forthcoming)
- Cream, J., Fenney, D., Williams, E., Baylis, A., Dahir, S. and Wyatt, H. (2020) *Delivering Health and Care for People who Sleep Rough. Going Above and Beyond*. London: Kings Fund.
- Public Health England (2018) *Evidence Review: Adults with Complex Needs (with a particular focus on street begging and street sleeping)*. London: Public Health England.
- 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.
- Preston-Shoot, M. (2020) *Adult Safeguarding and Homelessness. A Briefing on Positive Practice*. London: LGA and ADASS.
- St Mungo's (2020) *Knocked Back. How a Failure to Support People Sleeping Rough with Drug and Alcohol Problems is Costing Lives..*

A safe system has alignment of checks and balances between the different layers of the system



# Direct practice with the adult



# Organisational factors





# Interagency cooperation



# SAB governance

Audit & quality assurance of what good looks like

Training for IMR writers & case review group members

Review of management of SARs

Workplace as well as workforce development

Whole system governance conversation

Continual review of outcome of recommendations

# Applying the Six Principles

- Empowerment – look beyond the presenting problem to the backstory; make every adult matter; listen, hear and acknowledge
- Prevention – commissioning to avoid revolving doors and to provide integrated wrap-around support; transitions as opportunities
- Protection – address risks of premature mortality
- Partnership – no wrong door; make every contact count
- Proportionality – minimise risk; judge the level of intervention required
- Accountability – get the governance right

# The missing system

- The legal and policy context, and the extent to which mandates are helpful, weak, contradictory, unclear, oppressive and discriminatory ...
- Understanding of the MCA 2005 principles and the challenges of assessing fluctuating capacity and executive functioning
- Legal literacy regarding DPA 2018 and when it is lawful to seek and to share information
- Attitudes and legal literacy when responding with people have no recourse to public funds
- Very few recommendations about the legal, policy, financial and market contexts. Is the COVID-19 pandemic shifting our systemic gaze?

# Crisis as opportunity

- Response to Covid-19, investment in providing accommodation for people experiencing homelessness.
- Provision of wrap-around support – GP registration, responses to health care needs.
- Work to do to increase capacity in substance misuse services and to achieve access to mental health provision
- Housing support on site, outreach provision and risk management processes
- Moving on focus – support planning into interim settled accommodation
- Regional partnership working involving PHE, NHS E&I and ADASS.
- Homelessness Guidance updated on priority need in response to the pandemic
- Building on what we know about integrated commissioning – specialist pathways and contracts, support to engage, co-location, design around individuals, coordination and flexibility

# Discussion

- ❖ What barriers are there to working effectively with people who experience multiple exclusion homelessness?
- ❖ What are the enablers that promote effective practice?
- ❖ What changes, if any, have taken place since implementation of the Care Act 2014 and the Homelessness Reduction Act 2017?
- ❖ What further changes in systems, policy or practice could minimise the risk of recurrence?
- ❖ What specific recommendations would you make?
  - ❖ In relation to your own organisation?
  - ❖ In relation to interagency working?



# Professor Michael Preston-Shoot

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