Homelessness & Safeguarding: Making the Invisible Visible

IASW

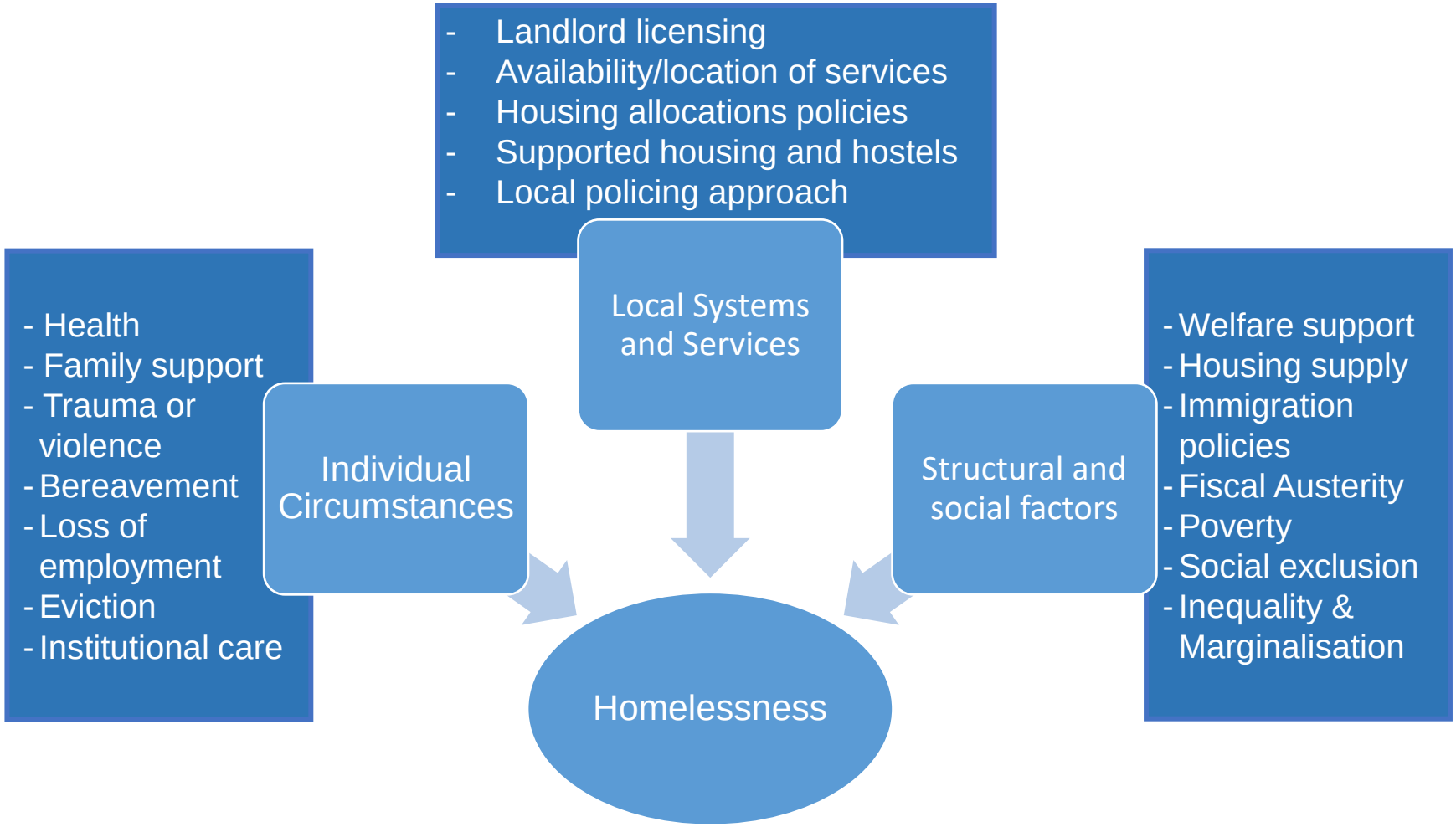
30th September 2021

Session Outline

- Content Note
- Homelessness as a social care concern
- Overview of the Care Act (2014)
- The Practice of Safeguarding
- Building on the Care Act
  - Risks vs Needs vs Assets
  - Multiple Disadvantage
  - Challenging Stigma
  - Integration
- Q & A

Triggers, causes and risk factors at different points in people's lives

	0 - 10 years	11 - 15 years	16 - 24 years	25 - 44 years	45 - 59 years	60+ years
Contact with Institutions	Adverse childhood experiences		Family conflict and relationship breakdown			
	Child in need/looked after child		Care leaver	Vulnerable adult		
		Youth offending	Released from prison			
			Discharged from armed forces			
			Discharged from hospital without appropriate accommodation			
			Refugees required to leave Home Office accommodation			
Poor Social Conditions - environment, community safety, health and education	Domestic abuse					
	Involved in or affected by crime, anti-social behaviour, harassment or discrimination					
	Poor educational attainment		Lack of qualifications and skills			
		Teen pregnancy				
	Insecure or unsuitable housing conditions, disrepair, overcrowding, sofa surfing					
	Poor physical and/or mental health, disability, substance misuse, history of trauma					
Economic Deprivation	Shortage of affordable, suitable housing					
			Low income, debt, pay day loans, rent arrears			
			Lack of employment			
			Lack of affordable childcare			
Welfare Related			Benefit delays, sanctions, conditionality			
			Benefit caps			



Factors that Influence Homelessness

ACE's & Trauma

Adverse Childhood Experiences (ACE's) include;

- Abuse
- Neglect and abandonment
- Loss of a parent/care giver
- Divorce and separation
- Parental substance use
- Parental mental health/trauma
- Parental imprisonment
- Homelessness
- Family violence

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well being.
- Trauma may occur at any time in a person' life in a single traumatic event or repeated over many years.
- Trauma experiences often overwhelm a persons coping resources. This often leads to the development of new coping mechanisms.

Studies show that adults who experienced multiple ACE's are more likely to:

- Adopt coping mechanisms with significant health risks, e.g. drug and alcohol misuse, heavy smoking, risky sexual behaviour, self-harm,
- Experience difficulties managing or regulating emotions and behaviour
- Die prematurely
- Experience PTSD symptoms – flashbacks, memory problems, disassociation
- Struggle to build or maintain relationships
- Experience severe sensitivity and irritability – startle responses, panic, noise, outbursts
- **Experience chronic homelessness & rough sleeping**

Homelessness & Inequality

60% of people rough sleeping in Ireland have a formal mental health ‘disorder’

People who have been in care make up 1% of the population but 15-20% of the adult homeless population

The national average age at death for single homeless people in Ireland is 42/38

50-60% of homeless women have experienced domestic abuse

There has been a 36% increase in arrests for begging since 2005/6 (UK)

THE CARE ACT (2014)

The Care Act 2014

The Care Act 2014 was by far the most wide-ranging legislation affecting adult social care in the UK. It consolidated existing legislation and provides a more systematic focus on the “wellbeing” of all adults.

It extends safeguarding and care beyond the responsibility of Adult Social Services, with all areas of the council now having a role to play in:

- Promoting individual well-being
- Preventing needs for care and support
- Promoting integration of care and support with health & housing services etc.
- Providing information and advice
- Promoting diversity and quality in provision of services
- Co-operating with relevant partners

One key development was the introduction of more systematic safeguarding arrangements so key organisations and responsible individuals can agree how to work together to keep adults at risk safe.

The Act signifies a shift from a duty to provide particular services, to the concept of ‘meeting needs’.

Safeguarding in the Care Act

Section 42 of the Act requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect.

An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom. A Section 42 enquiry isn't intended to duplicate assessment/care planning duties or replace risk management pathways e.g. MARAC (UK domestic abuse risk matrix)

Section 44 of the Act requires the Safeguarding Adults Board (SAB) to arrange a Safeguarding Adults Review when an adult in the area dies as a result of abuse or neglect, or suffers serious abuse or neglect, or there is a concern that partner agencies could have worked more effectively to protect an adult.

Section 44 (4) of the Act gives the SAB the power to initiate *any other relevant review* process it deems useful for the purpose of learning and prevention.

The Scope of Safeguarding

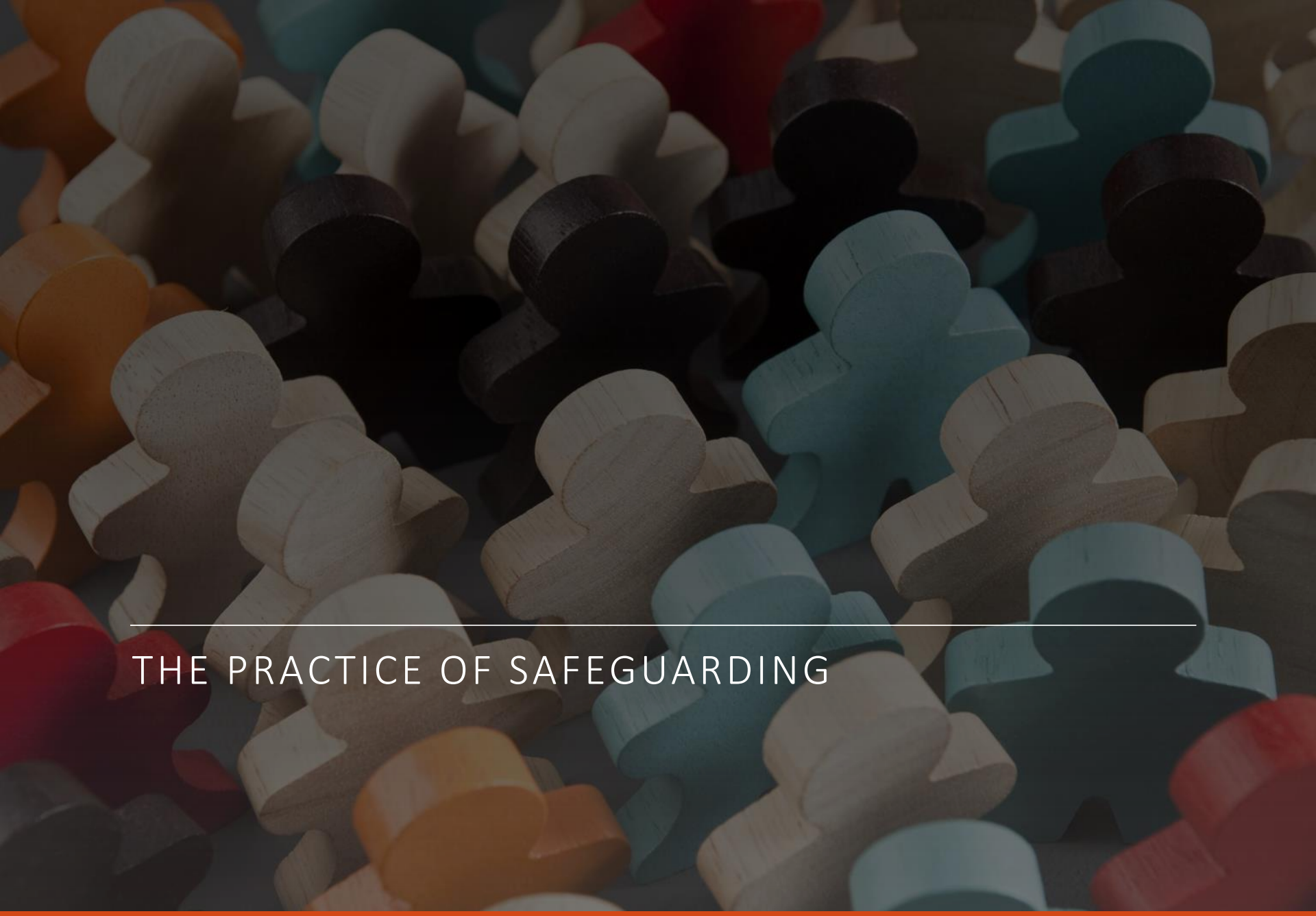
Safeguarding is defined as *"protecting an adult's right to live in safety, free from abuse and neglect"* (Care and Support Statutory Guidance, Chapter 14).

Adult safeguarding then, is about preventing and responding to concerns of abuse, harm or neglect affecting adults.

In the context of the legislation, specific adult safeguarding duties apply to an 'Adult at Risk' who is a person :

- aged 18 years or older, and;
- with 'care and support' needs, whether formally assessed or suspected, and;
- is experiencing, or is at risk of, abuse or neglect, and;
- is unable to protect themselves from either the risk of, or the experience of abuse or neglect, because of those needs.

Safeguarding Principles



THE PRACTICE OF SAFEGUARDING

Abuse, Neglect and Homelessness

- People from all walks of life can be affected by or at risk of homelessness and by abuse and neglect.
- However, homelessness exposes people to discrete vulnerabilities around exploitation, abuse and harm
- Gender, sexuality, age and race (as well as other characteristics associated with inequality) expose people to intersecting safeguarding risks when homeless
- People with rough sleeping histories have often experienced repeat instances of exploitation, abuse and neglect starting in childhood
- They are more likely not to have had their care and support needs identified, diagnosed or met
- They are more likely to be concerned about disclosing or addressing experiences of harm and abuse because of the fear that it will put them at greater risk
- They feel less likely to be believed, to have their wishes respected, and have significantly less choice available in relation to their safety.

Safeguarding Enquiries

MEANINGFUL COLLABORATION

IDENTIFY LEAD PRACTITIONER

IDENTIFY KEY CONTACTS

INFORMED CONSENT

ENCOURAGE ADVOCACY

CASE CONFERENCING

INFORMATION SHARING PROTOCOLS

JOINT ASSESSMENTS

Multi-Agency Solution Panels

A key focus of the Care Act is on preventing abuse and neglect by responding earlier to need and vulnerability.

Multi-agency panels can be used to explore solutions for people who experience complex risks and vulnerabilities, for who traditional services and solutions aren't working

Panels discuss and devise creative and personalised solutions to reduce risk(s) which might lead to a safeguarding concern, or to the escalation of known care and support needs

Panel are typically made up of relatively senior representatives from housing, social care, health, community safety and lived experience orgs and services.

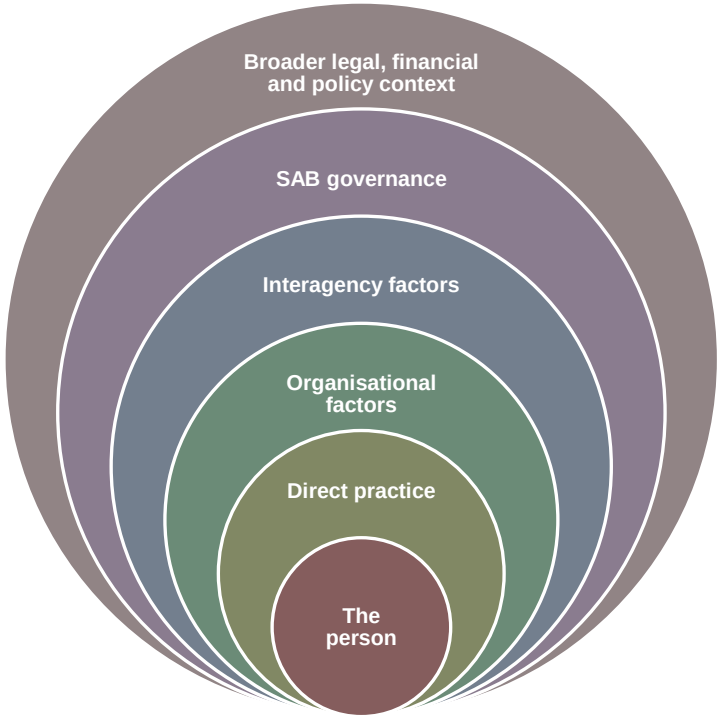
People do not necessarily need to be accessing social care services to be referred, the aim is to prevent the escalation of risk and harm.

Panels usually meet between every 4-8 weeks

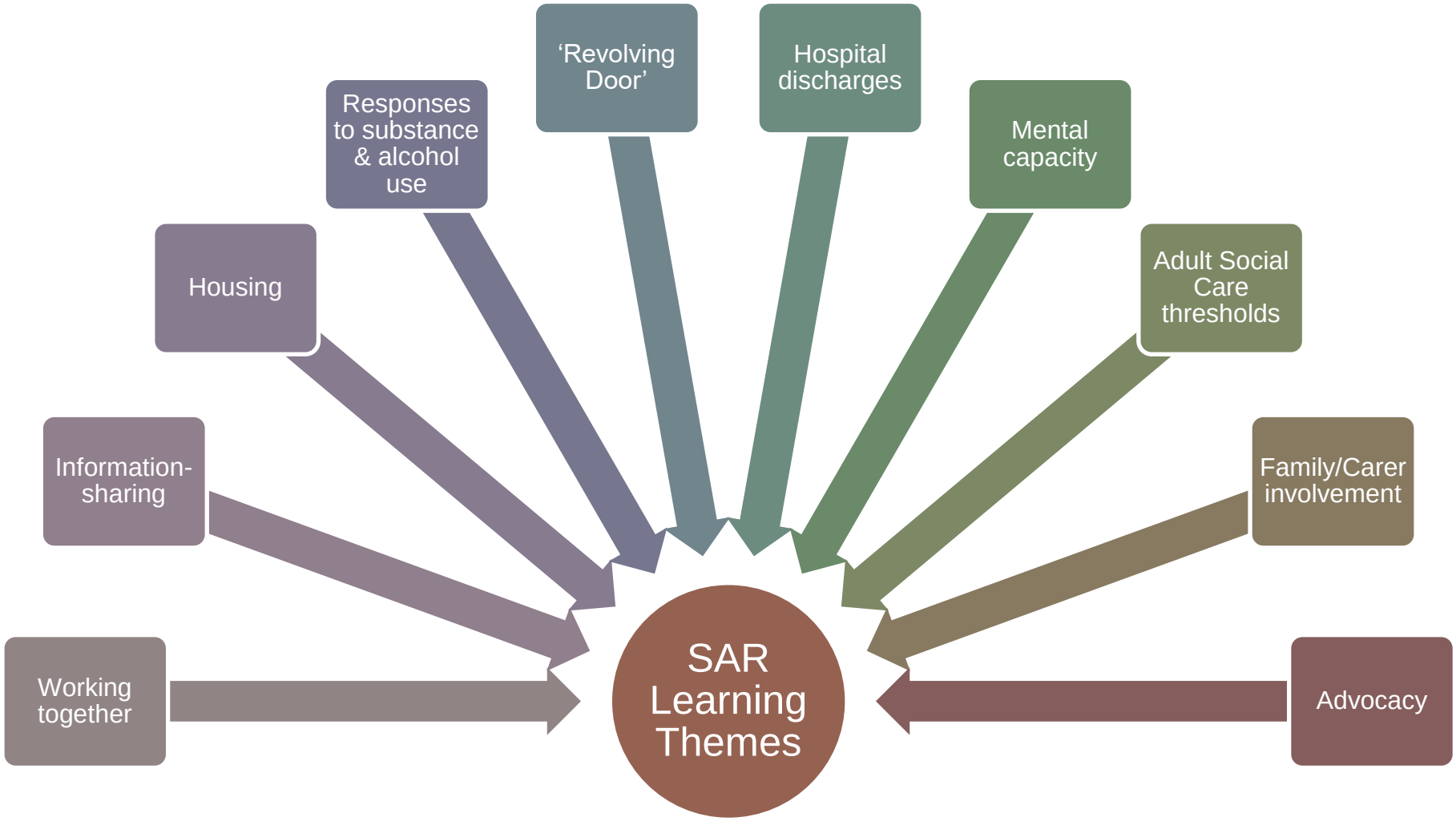
Any practitioner in a borough/area can refer

SAR's and Fatality Reviews

- The Care Act places a statutory duty on the Safeguarding Adults Board to conduct a Safeguarding Adult Review (SAR);
  - Where an adult with care and support needs has died and the Board knows or suspects that the death resulted from abuse or neglect, and
  - There is reasonable case for concern about how the Board, its members or others worked together to safeguard the adult
- Boards can also initiate any other relevant review to explore a death or serious incident
- Due to the limited scope of SAR's, the adoption of discrete Homelessness Fatality Review processes has enabled rigorous and collaborative exploration of the deaths of people rough sleeping
- The purpose of all reviews is to understand, learn from and prevent future deaths and serious incidents.



Whole System Enquiry



Adapted with permission from Prof Michael Preston-Shoot (2014)

Learning from Fatality Reviews

- **Grievability** – how do we create space to grieve for the lives of people who society deems responsible for their own fate?
- Severe **loneliness & social isolation** are key determinants of poor health outcomes
- **Mutually Respectful Relationships** between professionals, and between professionals and service users are crucial
- 'Cliff edges' – **transitions between services**, from hospital to community, from one worker to another present significant risks if poorly managed
- Should street **homelessness be considered a health diagnosis?**
- Practitioners who have the **flexibility** to visit people where they are (literally and figuratively)
- Stigma around **'inevitability' creates professional lethargy** around risks and vulnerabilities
- The value of honest and **reflective discussion** between practitioners cannot be underestimated
- **Accountability** is a major enabler to change

BUILDING ON THE CARE ACT

Beyond Risks, Beyond Needs?

RISK-FOCUSED	NEEDS-FOCUSED	ASSETS-FOCUSED
How do we keep the person safe?	***How do we help the person?***	***How do we work alongside the person?***
Deficit-based	Deficit-based	Strengths-based
Paternalistic	Paternalistic	Empowering
Restrictive	Limited by professional assessment	Self-directed
Generic	Service-focused	Personalised
Hierarchical decision making	Consultative decision-making	Co-produced decision making
Largely reactive	Planned, but often focused on completing actions	Planned and reactive as needed

Severe & Multiple Disadvantage

The experience of three concurrent social disadvantages; *homelessness, substance use, offending history.*

- In England, it's estimated that 56,000 adults are affected by SMD (Hard Edges, 2015)
- 78% are men, mostly between 25-44 years old
- Largely invisible due to not meeting individual thresholds for care and support pathways
- High risk of premature death
- High risk of long-term rough sleeping, repeat prison stays and acute hospital admissions
- Disjointed communication between support services create life-threatening 'cliff edges' and 'service gaps'
- Failure to see their experiences holistically, as layered and not singular issues, results in risks being missed or downplayed.
- Often categorized as 'hard to reach' or 'non-engagers' this group are frequently unable to access the help they need to stay safe

Challenge Stigma & Prejudice

Stigma: The experience of shame or disgrace that sets people apart and identifies them as being different or undesirable

Prejudice: a preconceived opinion that is not based on reason or actual experience

What does it look like?

- ‘Lifestyle choice’
- ‘Hard to reach’
- Lack of curiosity about life-course
- Seeing harm, and even death, as inevitable
- Professional lethargy
- Disbelief / fear of disclosing abuse
- Assumed perpetrators of ASB/crime
- Drug or alcohol dependency as a reason to refuse services
- Inflexibility of support
- Failure to recognise coping mechanisms
- Capacity (both failure to recognise issues and to over-use)
- Failure to explore alternatives or to offer choices (lack of trust)

An Integrated Homelessness System

All Haringey residents affected by rough sleeping and multiple exclusion homelessness are able to access integrated housing, health, care, employment and community support that enables and sustains their recovery from homelessness.

Haringey LONDON

NHS Haringey Clinical Commissioning Group

Infrastructure/Enablers:
Data & evidence
Contract management
Info Sharing Agreements
IT Systems
Joint Commissioning

Principles:

- Psychologically-informed
- Strengths-based
- Co-produced
- Trauma-informed

Governance
- Borough Plan
- Health & Wellbeing Board
- Live Well Board/Borough Partnership
- Rough Sleeping Strategic Board
- MEAM Strategic Board
- NCL Homelessness Leads

Acute and Primary Health	Public Health	Social Care	Income, Employment & Education	Community, Relationships and Culture
Dedicated GP	Dual Diagnosis Navigator	Dedicated Social Worker	BEAM employment pilot	Mulberry Junction
Weekly MDT	Naloxone training	Multi-Agency Solutions Panel	Time Credits	Arts programme
Street-based mental health team	On-site s/u workers	Homelessness Fatality Reviews/SAR	CEHAS service	Women's Peer Support
NRPF Pathways	Sex worker clinics	Vulnerable Adults Protocol	Radical Recruit	Improving access to libraries & arts
Early onset frailty	Flu Programme	Use of Human Rights Act Assess		
Long-term health conditions/palliative	BBV testing/HIV			
	Sexual Health			

Housing
Supported Housing Pathways
Social Lettings quotas
Housing First
Floating support services
Outreach Team
Night Shelters & Cranwood

Planning & Workforce:

- **Prepared:** 2nd Wave Planning/winter pressures
- **Vision:** Creative and collaborative leadership
- **Shared approach:** integrated training/induction for all system staff
- **Culture:** 'permission' to be person-centred

Further Reading

Homeless Link	https://www.homeless.org.uk/our-work/resources/guidance-on-safeguarding-vulnerable-adults
Voices of Stoke	http://www.voicesofstoke.org.uk/2019/03/04/case-study-mental-health-safeguarding/ http://www.voicesofstoke.org.uk/care-act-toolkit/
Association for Directors Adults Social Services (ADASS)	http://londonadass.org.uk/wp-content/uploads/2018/01/Appendix-Seven-Safeguarding-adults-who-sleep-rough-in-London-draft-chapter-2.pdf https://www.adass.org.uk/AdassMedia/stories/Mental_Health/Bull_Docs08/HousingLIN.pdf http://londonadass.org.uk/wp-content/uploads/2019/01/Adult-safeguarding-and-homelessness.pdf
Local Government Association	https://www.local.gov.uk/publications/adult-safeguarding-and-homelessness-briefing-positive-practice https://www.local.gov.uk/adult-safeguarding-and-homelessness-foundations-positive-practice-safeguarding-people-who-are
Safeguarding Adult Reviews	Haringey (2021) Thematic review of 3 cases Kings College (2019) Thematic review of 14 cases North Yorkshire SAB (2012) 'Robert'
Healthy London	https://www.healthylondon.org/wp-content/uploads/2018/01/April-2019-Revised-Commissioning-Guidance.pdf https://www.gov.uk/government/publications/homelessness-applying-all-our-health/homelessness-applying-all-our-health