SUPPORTING ADULTS AT RISK, EXPERIENCING MULTI-EXCLUSION HOMELESSNESS

Improving support for Adults at risk and sleeping rough

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Independent Chair, Barnet SAB

- Please put all microphones on **MUTE**
- If you would like to ask a question, please use the **CHAT** function
- **RESPECT** the stories you hear and protect the identity of adults at risk through **CONFIDENTIALITY**
- Take care of your own **WELLBEING** throughout this session

HOW TO REPORT CONCERNS IN BARNET

Social care direct at Barnet council are the point of first contact

Tel 020 8359 5000 text (SMS) 07506 693707
email socialcaredirect@barnet.Gov.Uk

Police community safety unit or in an **emergency 999**

Tel **020 8200 1212** email sxmailbox-tib@met.Pnn.Police.Uk

What happens after you report abuse: https://www.Barnet.Gov.Uk/sites/default/files/assets/citizenportal/documents/adultsocialcare/whathappensafteryoureportabusebookletmay12.Pdf

Your concern should always be taken seriously and acknowledged. Usually, the adult at risk will be consulted and you should always be told if the concern will be investigated.

If you haven't had this- it is ok to ask again!

BSAB THEMATIC REVIEW: PHIL AND COLIN

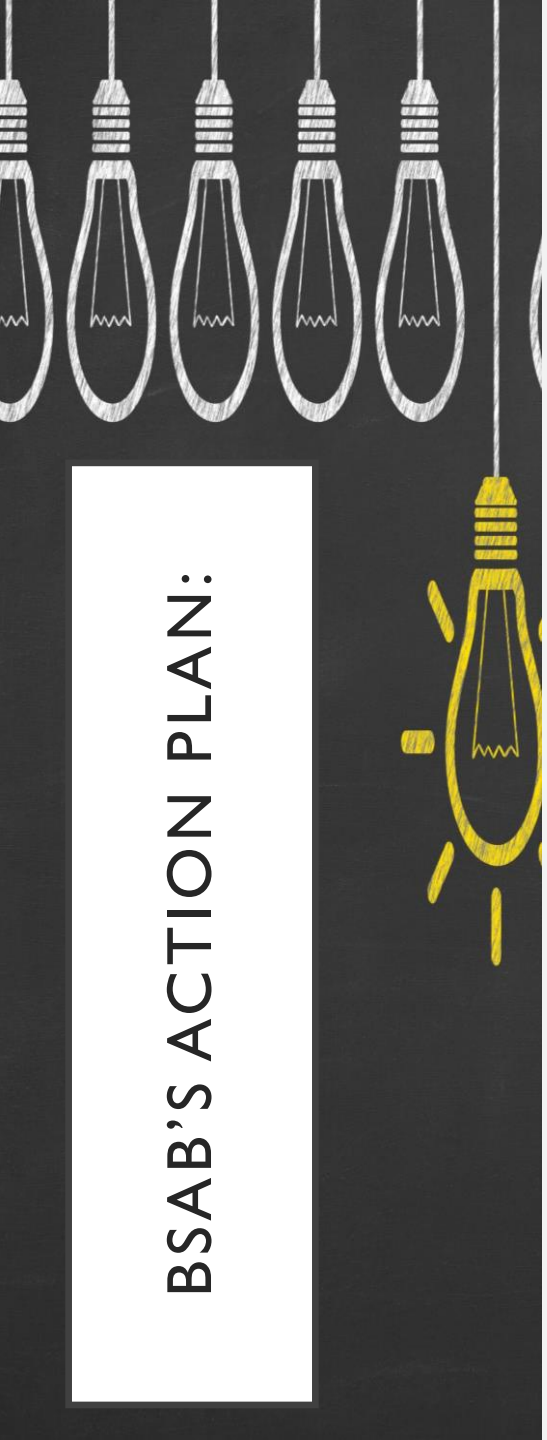
- Two men, with care and support needs had died while sleeping rough in the borough, each in very different circumstances. Both men were aged 50-65 and of white ethnicities.
- Phil went missing from his residential care home in January 2022. In April 2022, his body was found in a rough sleeping site in woodlands near to the North Circular. He was 64 when he died. The Coroner's Inquest was unable to establish a specific cause of death as it is likely he had died months before he was found. The police investigation ruled out any third-party involvement.
- In May 2022 Colin died from a sustained violent attack while he was sleeping rough in North Finchley. He died on his 55th birthday. The perpetrator of the attack pleaded guilty to manslaughter on the grounds of diminished responsibility. The perpetrator was sentenced with a hospital order. There is nothing to suggest that Colin and the perpetrator knew each other before these tragic events.

FINDINGS AND RECOMMENDATIONS

Access to specialist mental health support and coordinated early intervention is crucial. Nationally pathways between primary and secondary mental health aren't well understood. Expertise within the voluntary sector homeless agencies isn't always harnessed.

More work is required to embed the understanding of executive capacity across partner agencies and applying this to multi-agency problem solving

The homelessness duty to refer is not being routinely met and there is a lack of joined up working to reduce health inequalities experienced by MEH citizens



BSAB'S ACTION PLAN:

- BSAB is working with Barnet's Homeless Health Steering Group and the HWBB to address strategic ambitions, operationally 'blue light' and high-risk panel work to embed the Making Every Adult Matter approach.
- Design webinars, MECC briefings and present review at NCL's conference to encourage GPs to use frailty pathway led by CLCH
- Barnet Council have reviewed DoLS pathways- they also provide QA reports quarterly to BSAB and audit case files to ensure legal duties are met
- BSAB developing a decision support tool to improve consistency in safeguarding practice across all agencies and enhance parity of esteem between VCFS and statutory partners
- VCFS safeguarding leads and MASH team now meet quarterly, this practitioner forum is a sub-group of BSAB so they can report directly to the board any emerging issues
- ICB have a hospital discharge policy which includes expectations for safe discharge for those experiencing homelessness
- North London Mental health Partnership (NHS Trust) have 3 safeguarding advice surgeries for staff, a domestic abuse coordinator has delivered training. They will also report on further action at our challenge and progress meetings
- BSAB have introduced a new SAR protocol to address the procedural issues which arose in this review.

OVERVIEW: LEGISLATIVE ASSESSMENT DUTIES

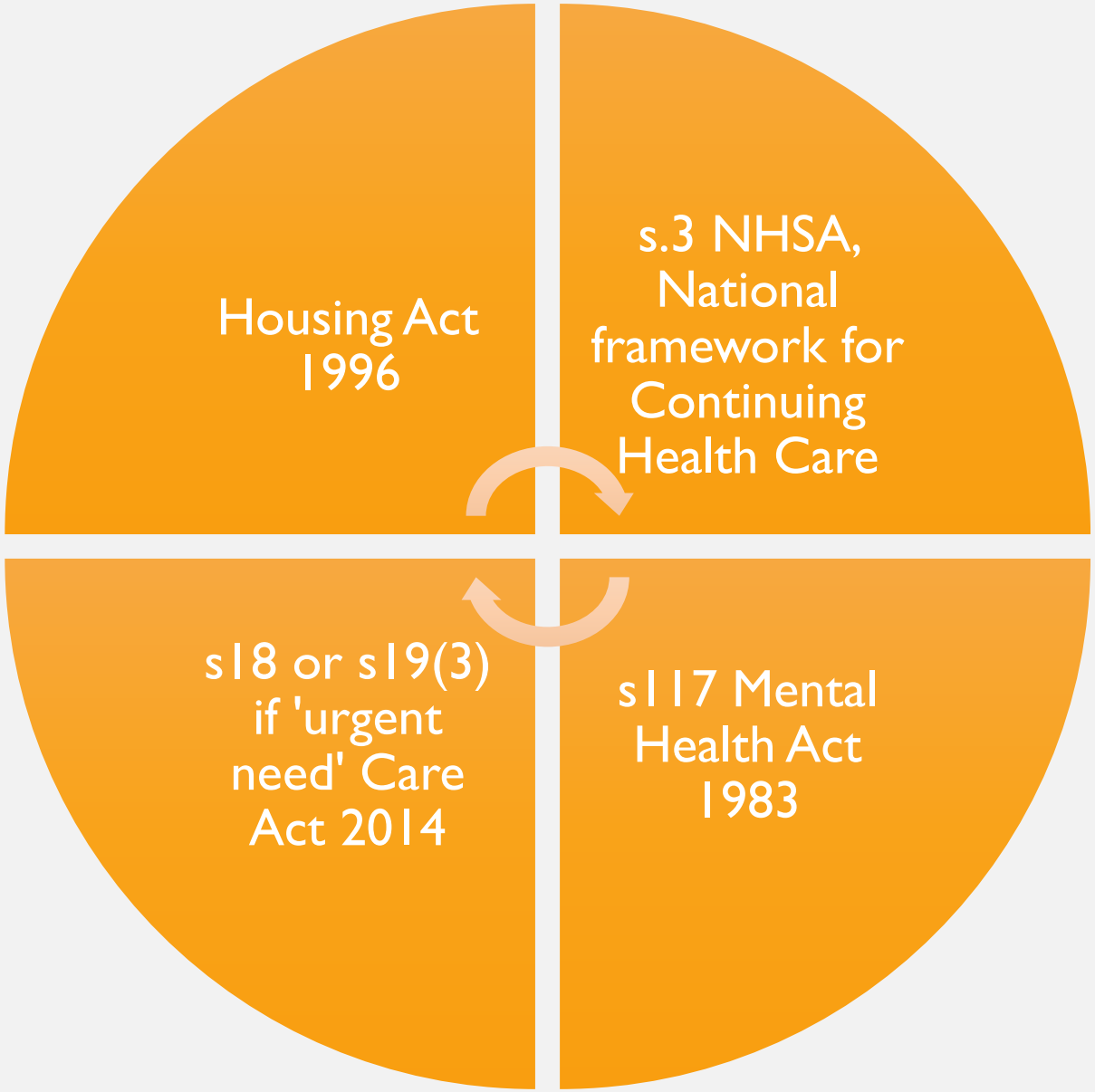
Staff from SAB partner agencies must be mindful of the wider duties to assess and meet need that sit alongside the duty to enquiry and take action when an adult at risk is experiencing abuse/neglect and can't protect themselves. s6-7 and s45 Care Act 2014 requires practitioners to be aware of referral mechanisms within organisations and ensure cooperation with other depts. and partner agencies. Practitioners must understand obligations owed to individuals and their carers under:

- The Homelessness Reduction Act 2017
- The Children Act 1989 and Care Act 2014,
- Mental Capacity Act 2005 and Mental Health Act 1983

You must also recognise when statutory partners' duties to assist arise. Given what we know about characteristics of those experiencing MEH, of particular importance will be:

- Prison Governors and Probation to support those with care needs on release from prison
- Home Office duties (to determine immigration status and provide safe accommodation & support)
- Access to education or work, health, public health and social care support
- Access to welfare benefit eligibility

DUTIES TO ACCOMMODATE: HOUSING, HEALTH AND SOCIAL CARE RESPONSIBILITIES



Responses require inquisitive enquiry, including reviewing the case history so all safeguarding issues are understood in context. The s42 duty provides an effective mechanism to support multi-agency risk management as it is triggered whenever there is *reasonable cause to suspect* …

An adult in the area

- Responsibility for considering any adult safeguarding concern under s42 Care Act lies with the local authority where the adult is physically present, '***whether or not the adult is ordinarily resident there***'.
- Local connection/ ordinary residence is relevant to ongoing assessment duties- interim protection plans should set out how the adult will be able to access follow up support to address longer-term needs.

with care and support needs

- This can include conditions linked to physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. See pg6.104 Care and Support guidance.
- Consider whether 'reasonable adjustments' are necessary to access assessment and if any accommodation offered if appropriate to meet their daily needs.
- Range of useful toolkits to help identify specific conditions e.g. autism, pregnancy, brain injury. [see p25- of the toolkit]

is experiencing or at risk of abuse/ neglect

- There is NO threshold of 'significant harm' regarding safeguarding duties to those over 18
- Guidance [pg 14.16- 14.35] and your local SAB webpages provide an '*illustrative guide to the sort of behaviour which could give rise to a safeguarding concern*'. It is important to remain up to date with research regarding types of abuse as this will inform your understanding of risk assessment and provide insight into the questions or scope of any investigation.

unable to protect himself

- Actively consider if risk of abuse is more acute because of the adult's care and support needs. Look for patterns of neglect/ abuse.
- Making safeguarding personal and Mental Capacity Act principles require practitioners to ask the adult '*do you understand why I am concerned about the level of risk to your wellbeing*?' Providing opportunity to work with the adult at risk to understand what might be preventing them from protecting themselves.

MENTAL CAPACITY AND 'ABILITY TO KEEP THEMSELVES SAFE'

It is vital that capacity assessments are recorded and consider the interface with the wider obligation to act if someone does not have the ability to protect themselves (s42(1) Care Act). This means a proper exploration of the risks and their ability to understand those risks and execute actions/decisions that will reduce risk.

So many SAR reports have identified overreliance on assumptions about 'lifestyle choices'. Practitioners often do not evidence compliance with NICE guidance re executive functioning. A person's weighing-up process must be embedded in the practice of professionals working with adults experiencing MEH and at risk of self-neglect or other forms of abuse.

An extensive programme of training in the Mental Capacity Act 2005 has been delivered across the Safeguarding Partnership, but there are also useful on-line webinars and tools to improve practice and support us to have difficult conversations.

SECURING APPROPRIATE MULTI-AGENCY INPUT INTO SUPPORTING ADULTS AT RISK AND SLEEPING ROUGH

Within reasonable timescales practitioners must gather sufficient information to understand what legal duties to assess and provide support are owed to the adult at risk by the relevant statutory agencies

AND

Identify how the facts of a specific case impact on those agencies' duties so that partners engage effectively and can be held to account.

COMMUNICATION OF SAFEGUARDING CONCERNS

The fact that information is passed between different professionals by way of email or formal referral results in a cautious approach to communicating low-level safeguarding concerns.

When different agencies have co-located services, there can be a more natural flow of information as 'soft' intelligence is more likely to be shared verbally.

Practitioners need to feel confident that information they share will be used proportionately by other agencies, so that each agency has all of the necessary pieces of the puzzle to identify when clinical or safeguarding risks are escalating.

When information is shared that indicate a risk, this needs to be given parity- especially if it is from those with expertise in engaging with adults experiencing MEH. Practitioners from VCFS regularly warn too little weight is given to their concerns- they are our partners and have expertise. The duties under s42(2) means that they, like all statutory partners, may be involved in protection planning for the adult at risk.

THE IMPORTANCE OF FACT FINDING: MULTIPLE EXCLUSION HOMELESSNESS AND SAFEGUARDING. A TOOLKIT FOR PRACTITIONERS

- This was designed to support fact finding, thinking, communication, and decision-making when there are safeguarding concerns about a person experiencing multiple exclusion homelessness.
- Completing the document will help set out the known facts and support recognition of concerns or likely responses. It is intended to aid communication across multi-disciplinary teams, but does not replace local risk management pathways or safeguarding policies so please make use of the resources highlighted within the guidance sections of the toolkit.
- It is designed to answer 3 key questions:
  - Have you somewhere safe to sleep tonight?
  - Do you understand why I am concerned about the level of risk to your wellbeing?
  - What help do you need to protect you?
- The toolkit is a prototype for testing- we welcome comments or suggested improvements. It is available at: https://www.voicesofstoke.org.uk/2020/06/01/multiple-exclusion-homelessness-a-safeguarding-toolkit-for-practitioners/

HAVE YOU SOMEWHERE SAFE TO SLEEP TONIGHT?

Getting the right response at the earliest opportunity requires housing, social care, health professionals and carers to know how to:

- Identify the signs of abuse (14.16 Care and Support Guidance)
- Understand how to conduct a safe enquiry
- Report and secure preventative support for an adult at risk.

All assessment, care planning or safeguarding functions includes a requirement to promote the person's wellbeing (s1 Care Act 2014).

Consider longer-term risks to people experiencing homelessness. Likewise, actions to reduce or remove risk should be personalised and respect obligations under human rights law.

Failure to do so can produce more costly, poorer outcomes in the longer-term!

Case Study: Yi SAR

Use this question to explore with the person their understanding of the risks they face, how these impact on their immediate and longer-term wellbeing and their plan/ wishes to address those risks.

Prepare for the conversation by:

- Review any case history held by services or partner agencies;
- Look for any indicators that the person's decision making might be impaired. Many people who have experience of multiple exclusion homelessness may exhibit institutionalised behaviours, or may be at increased risk of exploitation by others;
- Consider any necessary reasonable adjustments to ensure the person is best placed to participate (s1(3) Mental Capacity Act 2005);
- Identifying the risks and how likely those risks are to impact on their wellbeing;
- Map what is know against possible assessment duties, including statutory housing duties, health and social care needs;
- Think about the role that informal carers or the person's support network plays, can this be harnessed to mitigate some risks?
- Avoid overly paternalistic, or organisational risk averse practices.

WHAT HELP DO YOU NEED TO STAY SAFE?

Nationally we know practitioners benefit if empowered to respond to homelessness. Building confidence requires flexibility- committed at every level of statutory and provider services to effective interventions that asks *'what do we want as an outcome for this person and how do we use our collective legal powers to get there?'*

s.42(2) Care Act 2014 provides a legal mechanism for partner agencies to work collaboratively with the person facing homelessness, taking into account wider statutory duties to reduce opportunities for professional conflict or error.

Many statutory bodies have powers to provide accommodation-based support, but offers of accommodation must be:

- 'suitable'- Will it address the person's vulnerability? Can they access necessary support from the new location? Will they need additional facilities to enable carers to stay?
- manage ongoing safeguarding risks- Sharing safeguarding information with supported housing providers/ landlords to ensure they can work with the person to reduce risk is not only permitted, often is it a requirement of safe care planning (s25(3) Care Act 2014).

In addition to our thematic review, other SARs identify that risks associated with fire safety, cuckooing, suicidal ideation or self-neglect can be overlooked leading to foreseeable harm.

MORE INFORMATION IS AVAILABLE AT:

https://homeless.org.uk/knowledge-hub/bitesize-strengths-based-practice/

https://homeless.org.uk/knowledge-hub/bitesize-learning-multiple-and-complex-needs/

Homelessness code of guidance: https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities

Safeguarding and homelessness-a briefing on positive practice: https://www.local.gov.uk/publications/adult-safeguarding-and-homelessness-briefing-positive-practice

www.bailii.org Good search engine for UK and European case law