Ministry of Housing,
Communities &
Local Government

Working across housing, social care and safeguarding for Long Term rough sleepers

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Objectives

- Clarify how the duties and legal powers support effective cooperation and consider routes for dispute resolution
- To share positive practice working with adult safeguarding and long term/stalled/stuck rough sleeping
- To explore emerging findings from safeguarding and homelessness research
- To provide practical examples for local authorities working across adult social care and housing.
- Identify existing resources (guidance and toolkits) to support working with people experiencing homelessness

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Agenda

Presenter	Title
Minister Rushanara, Ali Parliamentary Under Secretary of State for Homelessness and Democracy	Welcome
Bruno Ornelas, Homelessness & Rough Sleeping Programmes Policy Lead	Setting the scene
Robert Lewis, Mental Health Social Work Lead DHSC	Working with social care
Gill Taylor, Independent SAR Author, Researcher and Facilitator Pathway UK	Safeguarding and Systems Change
Ellie Atkins, Social Worker Lead	Local Authority Experience – Manchester City Council.
Jess Harris, Research Fellow at the Health & Social Care Workforce Research Unit (HSCWRU) at King's College London	Research Findings: Strengthening Adult Safeguarding responses to homelessness & self-neglect
Gemma Finn, Head of Changing Futures	Local Authority experience – Stoke on Trent City Council
Michelle Kaye, Group Leader	Local Authority Experience –Barnsley Metropolitan District Council
Question and Answers	We will publish these in due course – we thank you for your patience
Further Resources and Close	Resources

Ministry of Housing, Communities & Local Government

Welcome

Minister Rushanara Ali Parliamentary Under Secretary of State for Homelessness and Democracy - Welcome

Transcript from video:
Hello, I'm Rushanara Ali, Minister for Homelessness and Democracy. I'd like to thank you all for taking the time to attend this webinar, especially during such a busy period. Local authorities play a vital role in supporting those experiencing homelessness. Your dedication is evident in the work you do and the successes you share. The collaboration between homelessness and social care services is crucial to safeguarding some of the most vulnerable people in our country, and ensuring no one falls through the cracks. I know all too well as a local MP, how much of a difference early intervention and proactive outreach work can make in preventing the need for more serious interventions down the line. We know how critical it is to listen service users, to stay with them through their journey, and ensure their care and support needs are carefully assessed. This is especially important under the Care Act, where we must meet eligible needs and take every opportunity to prevent harm. We must also focus on some of the most complex cases—those individuals who have been sleeping rough long-term, often bouncing between different services without finding a stable resolution. Tackling these cases requires a concerted, multi-agency effort, ensuring our support systems are integrated and flexible. I hope you'll take the opportunity in this webinar to reflect on your achievements and share your insights. It is this kind of collaboration that truly makes a difference, and I hope you all draw on today's discussions to strengthen your approach this winter, and we look forward to learning from your work and your expertise. As a Government, we are carefully considering how we address the causes of homelessness and rough sleeping. We will develop a new cross government strategy, working with mayors and councils across the country to end homelessness. We have also set up a dedicated Inter-Ministerial Group, chaired by the Deputy Prime Minister to drive forward this agenda. We have taken immediate action by announcing £10 million for councils across England for accommodation to get rough sleepers off the streets this winter. By working together we can make positive, long-lasting progress in tackling homelessness and rough sleeping. Our goal is to ensure everyone sleeping rough gets the tailored, person-centred support they need. That means health, housing and social care working together. I hope the collaboration in today's webinar will pave the way for continued joint working as we all work together to prevent homelessness and rough sleeping. Thank you so much for all you do.

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Setting the scene

Bruno Ornelas, Homelessness & Rough Sleeping Programmes Policy Lead

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Shared understanding of key terms:

Long Term Rough Sleeping: The number of people experiencing multiple and/or sustained episodes of rough sleeping. Individuals will meet the criteria for this indicator if they have been seen recently (within the reporting month), and have also been seen out in 3 or more months out of the last 12 months

Target Priority Groups (TPG/T1000 [Target 1000, London]): Made up of all people sleeping rough in an area who are furthest from having their rough sleeping resolved, have been in this position for some time and will remain so without a bespoke multi-agency intervention. The TPG / T1000 can include people currently sleeping rough, or those currently in off the street settings who are most likely to return to rough sleeping

Multiple Disadvantages: combinations of: homelessness; substance misuse; poor mental health; domestic abuse; and contact with the criminal justice system

Multiple Exclusion Homelessness: *People who have been 'homeless' (including experience of temporary, unsuitable accommodation as well as sleeping rough) and have also experienced one or more of the following additional domains of deep social exclusion: 'institutional care' (prison, local authority care, psychiatric hospitals or wards); 'substance misuse' (drug problems, alcohol problems, abuse of solvents, glue or gas); or participation in 'street culture activities' (begging, street drinking, 'survival' shoplifting or sex work)*

Vulnerable adult: subjective term, used in PACE, Vetting and Barring and housing legislation. The s42 Care Act safeguarding duties apply to an…

Adult at risk: 18 or over, at risk of abuse, exploitation or neglect, in need of care and support and ***as a result of those needs*** is unable to protect themselves from abuse. Practitioners must understand impact of any physical ill health, cognitive or sensory impairments, mental health conditions (including risk of suicide, low motivation) which might increase risk or impair the person's ability to recognise and respond appropriately to that risk so as to protect themselves. Professional curiosity is needed- especially in regards to the circumstances where an adult has 'disengaged' from necessary services, is elderly, socially isolated or misusing substances.

Challenging/risky behaviour is also subjective, but defined objectively within the NHS CHC Decision Support Tool

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Shared understanding of key terms:

Care Act 2014:-
Section 9 assessment for care and support - the duty to assess arises when a person appears to have a need for care and support
Section 6-7 duties **to co-operate across agencies.** Relevant partners, including Police, DWP, health and housing providers, must co-operate when exercising their functions. Refusals only permitted if in writing and show incompatible with their own duties or would have adverse effect on their own functions.
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 19(1) local authorities have a power to meet needs that do not meet the eligibility criteria Care Act 2014
section 19(3) there is a power to meet needs and provide emergency accommodation pending an assessment.
Section 42(1) requires that the local authority 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 – based on a 'reasonable cause to suspect' (quite low trigger criteria)
Section 67-68 grants formal rights to Independent Advocacy if the person would otherwise have 'substantial difficulty' being involved in a care and support or safeguarding process
Section 76 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

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Shared understanding of key terms:

Homelessness Reduction Act 2017:-
Section 10 *duty for* public authorities to refer homeless people and individuals who are threatened with homelessness. This duty applies to prisons, probation services, hospitals providing in-patient treatment, urgent treatment centres and social service authorities.
Section 5 the local authority is under a duty to help to secure accommodation for homeless people and for those threatened with homelessness regardless of priority need **(section 4).**

Housing Act 1996
Vulnerability means being less able to fend for oneself so that injury or detriment will result where a less vulnerable person would cope without harmful effect. The comparator is the ordinary person becoming homeless and not an ordinary homeless person (Hotak v Southwark LBC [2015] UKSC 30).

Mental Health Act 1983
Section 117 accommodation may be provided for those who are eligible for after-care

Partnership: Reciprocal duties to refer if a person may require social care support on discharge from hospital [discharge regs 2014] or is threatened with homelessness [s213B Housing Act] if the person is young (16-17) or a care leaver (18-24) or would leave custody without accommodation [pg23.4 HCOG]. Practitioners must also make **reasonable adjustments** so that organisational barriers (e.g. rigid operational service criteria, appointment times) don’t prohibit people from securing support

There are also provisions under the Equality Act 2010; Mental Capacity Act 2005 and Human Rights Act 1998

Dispute resolution and escalation:

- The Care and Support guidance sets out roles and responsibilities for safeguarding enquiries at operational and strategic level. It also requires that local **Safeguarding Adults Boards [SAB] develop protocols for dispute resolution** [14.214].

- Every local authority area will have a SAB. This is a **partnership of 'relevant organisations**' including the local authority, clinical commissioning group, police. It provides partner agencies opportunities to review safeguarding practice, provide positive cross-agency challenges to enable accountability and strengthen the culture of continuous improvement.

- They have a statutory function to review cases where an adult with care and support needs dies or suffered serious harm as a result of abuse or neglect and there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult.

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Robert Lewis
DHSC Mental Health Social Work Lead, Office of the Chief Social Worker for Adults

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- It is a real privilege to be able to lend my support to this event today and to share a few thoughts, particularly given the critical nature of such a hugely important public health issue.
- As an approved mental health professional, I was called in to those cases where treatment in the community options had been exhausted and detention under the Mental Health Act appeared the only option When picking apart such referrals and seeking options outside of compulsion, it was often possible to see how an individual came to that situation, often having fallen between services, with missed opportunities and a loss of the voice of the individual as professional concern increased.
- This may sound familiar to many here today. This is often the case with those who find themselves sleeping rough, they too can become lost in the gaps between various referral criteria, acceptance thresholds and interfaces between teams. I would argue it is within our gift to close such gaps through stronger working connections. This is the approach to partnership working that we're encouraging today.

- This is not to say we are getting it all wrong and it is really important that we recognise the incredible work that has already been carried out across local authorities. I was fortunate to hear from Manchester City's Rough Sleeping Support Services, where those sleeping rough have a multi-agency commitment that optimises statutory, social and healthcare services and harnesses the expertise of the voluntary, community and faith sector. As services seek to address the realities of rough sleeping, we have to be clear that this is not just a housing issue and that it takes all of our efforts to address this.
- One of the common threads that appeared to me to unite each of the various interfaces on offer, was compassion. This was combined with a recognition of the challenges faced by those who find themselves rough sleeping and coupled with a desire to address those issues. While stigma, intimidation and violence by some sections of the community towards rough sleepers is sadly a reality, as professionals we can offer our human interest, our hope, and our compassion to counteract these realities.

- You won't find compassion written in the Care Act or in statute and guidance, but it is essential. Compassion, when combined with professional curiosity, organisational ownership and a commitment to legal literacy, along with the promotion of human rights, can create a powerful combination and it's one that brings us closer to the type of partnership working that we want to see in this area.
- Our responsibilities, powers and duties under the Care Act and other related legislation and guidance creates the framework that allows us to work in a positive multi agency way. It allows us to show that compassion and should give us confidence in stepping up to fill those gaps in services.

- Legislation is not there to restrict us and shouldn't be used as an excuse. It can allow us to be creative and it creates potential. This is a useful moment to remind ourselves that the Care Act and statutory guidance places a duty on local authorities to cooperate with partners and that those partners must also cooperate with that authority.
- The Care Act sets out measures that allows us to assess and support in circumstances perhaps where there may be a refusal to engage. It enables us to adapt our assessment processes in an "act now assess later" way and it allows us to pursue our attempts at safeguarding the individual, even in challenging circumstances.

- Those sleeping rough are at significant risk of physical, sexual and financial abuse, at risk of neglect and are vulnerable to developing some severe physical health complications. We need to learn the lessons and listen to the recommendations from our safeguarding adult boards and safeguarding adult reviews.
- We need a commitment to change in response to the evidence and not just stay in our silos. Now, there's nothing I'm saying here today that is new, but it's still something that I think requires repeating that, this is difficult work and I know colleagues on this call will be under significant pressure every day to deliver for people sleeping rough in their areas

- My final request of you all is to give compassion to those that you work with but also to take time to give yourself praise and recognise your own and your colleague's successes, even if they seem small. If you see a colleague struggling, or if there's something they need, don't be scared to ask them or ask for your own support yourself. Creating our own safe spaces when we do this work will help create a caring environment which I think feeds through into our work to helping those that need that support outside.

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Developing Homelessness Fatality Reviews

Gill Taylor

Independent SAR Author, Researcher and Facilitator

Pathway UK – Safeguarding and Systems Change

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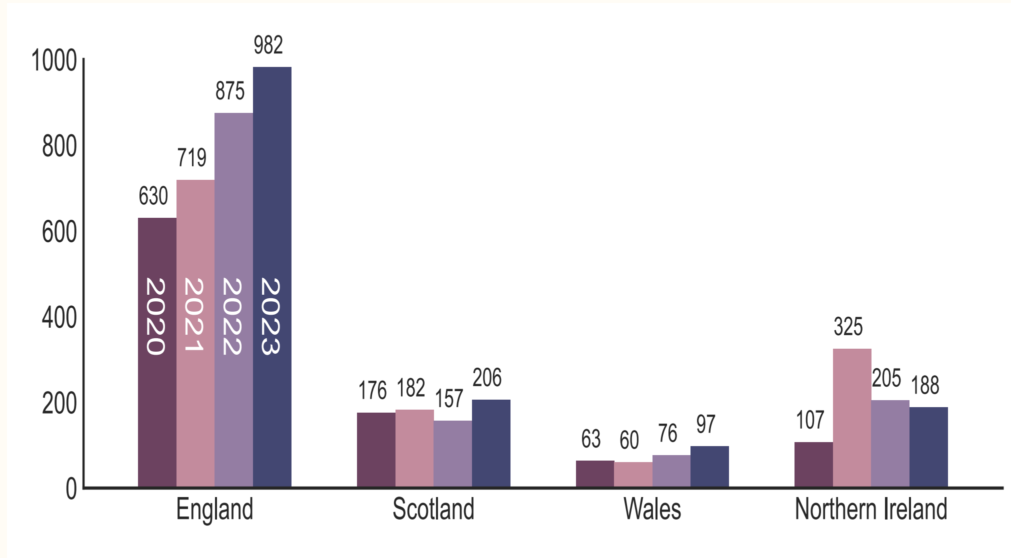
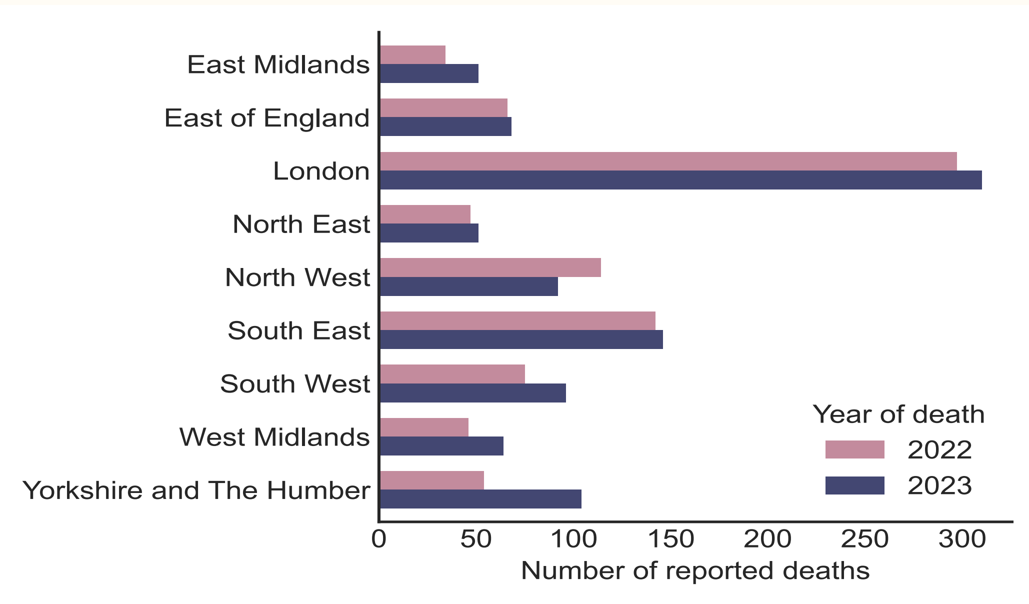
Dying Homeless





Source: Dying Homeless Project, Museum of Homelessness (2024)

- The most recent stats by ONS relate to 2021.
- The Museum of Homelessness, Dying Homeless Project found that 1474 people experiencing homelessness died I the UK in 2023
- Outside London, the North East has the highest rate of homeless deaths and Yorks and the Humber has seen the most significant increase
- There was a reported 42% increase in deaths of people rough sleeping since 2022
- Homeless women make up 26% of the people who died
- The average age at death for people experiencing homelessness is 40 years younger than the house population
- People experiencing homelessness are more likely to die by suicide and murder

Drivers for Change

Then (2018-19)

- Sharp increase in deaths locally
- National Rough Sleeping Strategy (2018-2022)
- Hard Edges Research, Lankelly Chase (2015)
- Making Every Adult Matter
- Meta-Analysis of Homelessness SAR’s, Kings College (2019)

Now

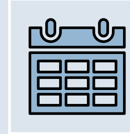
- National Rough Sleeping Strategy – Ending Rough Sleeping for Good (2022-2025)
- NHS England Framework for Action on Inclusion Health (Oct 2023)
- Ministerial Letter (May 2024)
- Inter-Ministerial Homelessness Unit (2024)
- Deaths of Despair Research, Manchester University (2024)

Background

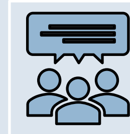
Primary Aim: to prevent the premature deaths of people experiencing homelessness.

Secondary Aims:

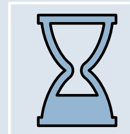
1. To enable multi-disciplinary learning and practice development
2. To bridge the gaps around SAR criterion for people experiencing homelessness
3. To create a strengths-based, trauma-informed portrait of people who've passed away



Implemented in February 2019

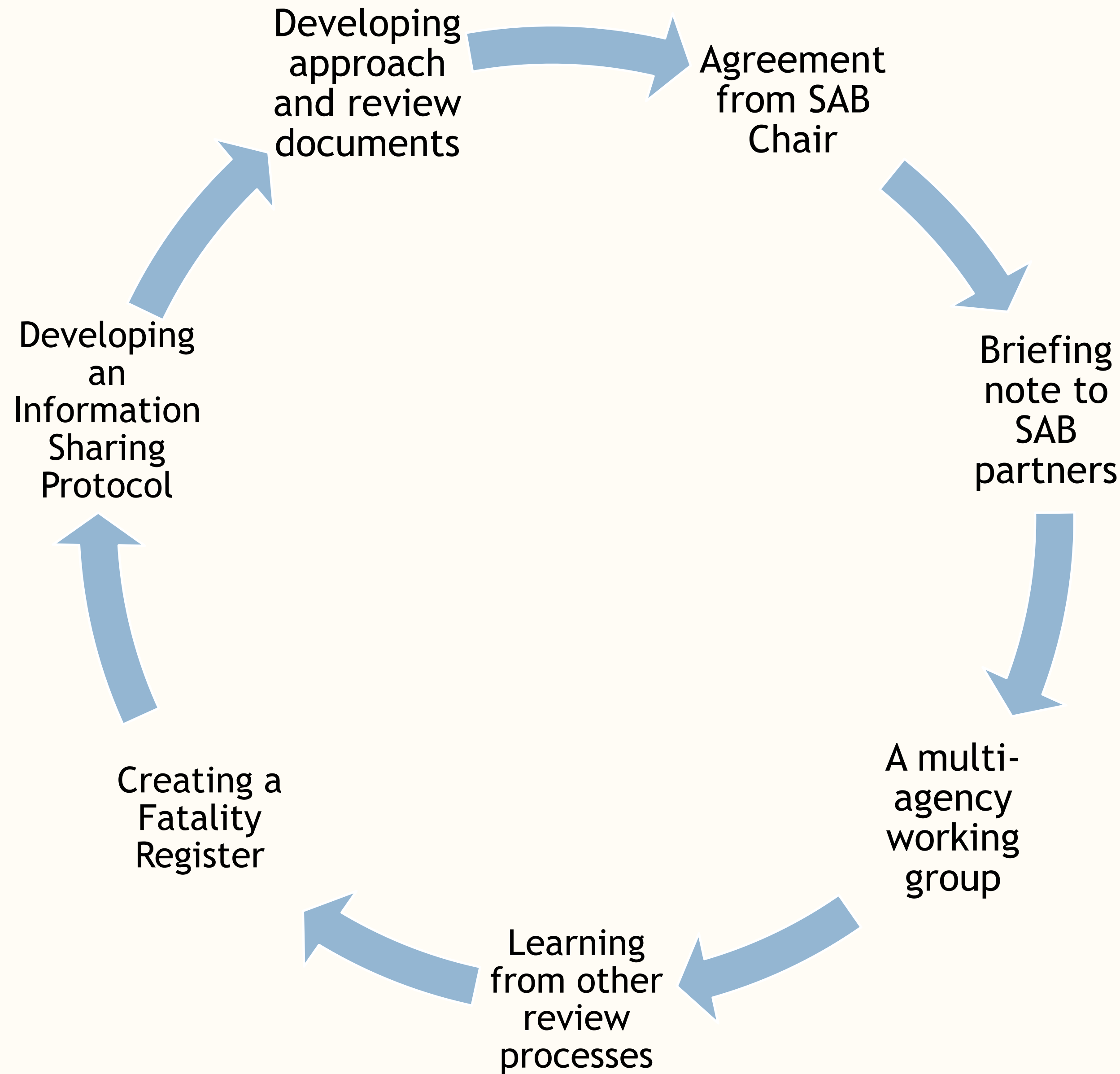


Adopted using powers under Care Act 2014 (Section 44)



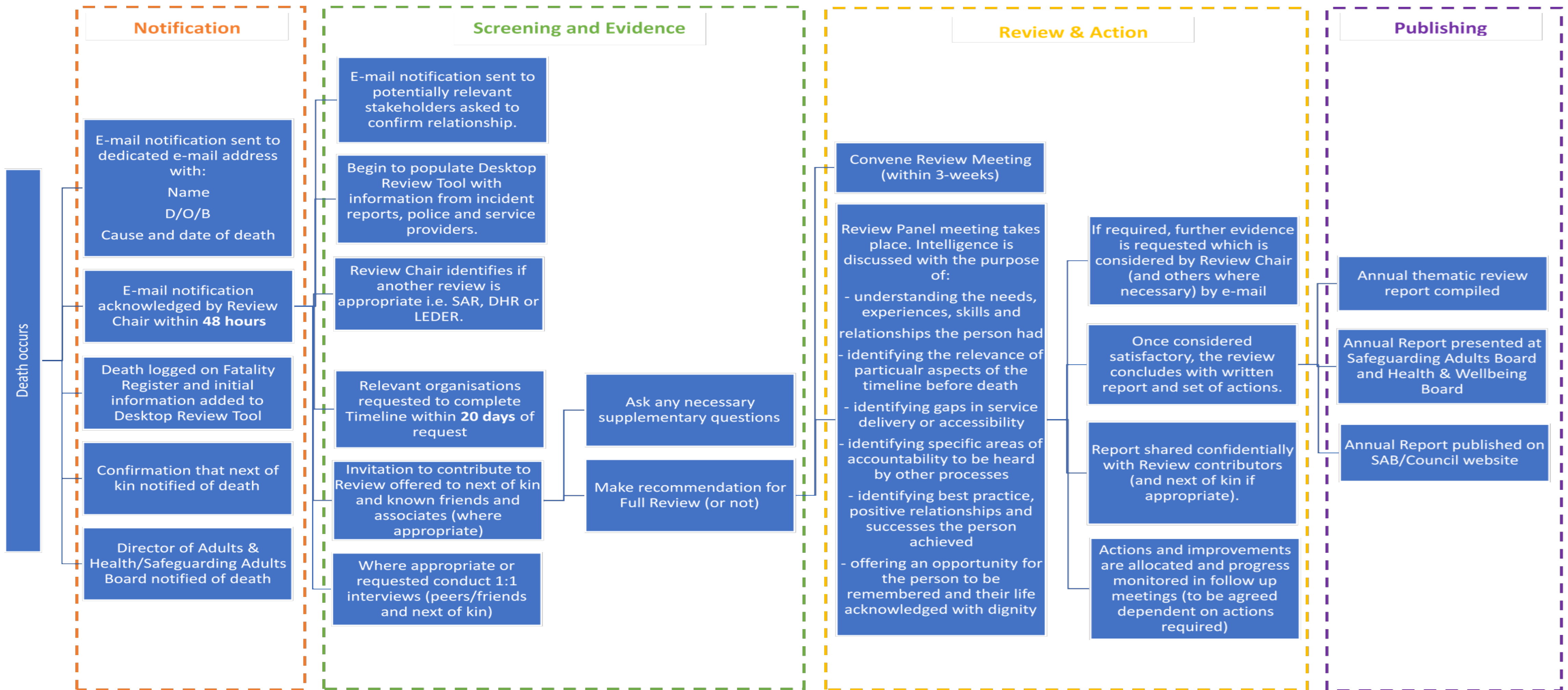
Faster than a SAR, actions and recommendations are implemented in 'real-time'

Submits an annual thematic review to the local SAB



DEVELOPING THE PROCESS

A Staged Approach



Key Learning - Individual

- Severe **loneliness & social isolation** are key determinants of self-neglect and deaths caused by drugs and suicide
- **Relationships** between professionals, and between professionals and service users are crucial to prevention
- 'Cliff edges' – **transitions between services**, from hospital to community, from one worker to another present significant risks if poorly managed
- Timely **access** to services is a major issue, usually due to eligibility criteria which inadvertently exclude street homeless people

Review Process

- **Celebrating and learning** from someone's achievements is as important as learning from what went wrong
- **Grievability** – practitioners felt able to express their grief and to share their memories of someone.

Key Learning – Organisational & Multi-Agency

- An attitude of **’inevitability’ creates lethargy** around risks and vulnerabilities
- Trauma-informed and de-escalatory responses to challenging and anti-social behaviour are needed
- Crucial role of specialist health partners in **facilitating access** to services (frailty, dual diagnosis)
- More emphasis needed on **self-neglect & homelessness**
- Practitioners and clinicians who have the permission to work **creatively and flexibility** to meet people where they are (literally and figuratively)
- Information Sharing Agreements are the roots of strong partnership between sectors

Review Process

- Value of **reflective discussion** for practitioners
- Platforming tensions, limitations and conflicting practices between organisations is crucial
- **Accountability** is a key enabler to change

Key Learning - Governance

Use of Care Act Section 44(4) powers are crucial for giving process an equal footing

Making rough sleeping a SAB strategic priority strengthened investment & knowledge sharing

Leadership & investment of independent SAB Chair a key driver of change across partnership

Annual report format – effective use of resources and enabled the sharing of a holistic overview

Stay in Touch

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Local Authority Experience Manchester City Council

Ellie Atkins, Social Worker Lead

Back to Agenda

Adult safeguarding with people experiencing multi-exclusion homelessness.

Back to Agenda

Hello, My name is Ellie Atkins.

I am here today from The Entrenched Rough Sleeper Social Work team, in Adult Social Care Complex Needs Directorate, Manchester.

I lead a team of 5 social workers, that work with people experiencing multi-exclusion homelessness and significant health inequality, people that have become entrenched in sleeping rough.

In Manchester, we use practice led evidence, our golden threads from the frontline, with evidence from research, in the transformation, development, service design and delivery of our specialist social work team.

With the person at the heart of what we do, I'm going to show you today how the specialist homelessness social work role in adult safeguarding delivers better outcomes and better lives for the people of Manchester.

In Manchester, our team's priority is to drive the Care Act to the hardest to reach, the people that sleep on our streets and refuse to come indoors.

The people that the Everybody in initiative did not work for.

We do this in collaboration with our partners, here they all are, this is our pioneering, weekly Homelessness Partnership meeting.

Every Monday we come together, in person, valuing our professional relationships and interplay in a way that galvanises on all our knowledge, resources and skills. We know that working together is the only solution to working with people experiencing multi-exclusion homelessness.

This forms a proactive and compassionately driven culture, of ensuring every adult matters that we work with, forming a team around them-can you imagine what this achieves when we work together like this! Each week we celebrate good news stories!

This is because we do not pass the person from one organisation to another, we all own the solutions together.

This does not come without its own challenges, because this requires strong, brave and dynamic social work leadership and co-ordination based on a culture of valuing human connection and relational practices, doing right by the people and navigating system barriers.

To overcome these challenges, the design and delivery of our ways of working are evidence based.

For example, our specialist social work team has been designed from the ground up, using the Kings college London research-The specialist social work role in homelessness.

The way we practice is informed by Kings research- Strengthening adult safeguarding responses to homelessness and self-neglect.

The homelessness partnership meeting implements the Local Government Association, Care and Treatment in Homelessness.

And we use a radical safeguarding toolkit designed by Gill Taylor.

Our team's priority is to increase access to Care Act assessments, this need was highlighted in the Housing, Care and support article published by Kings in 2018.

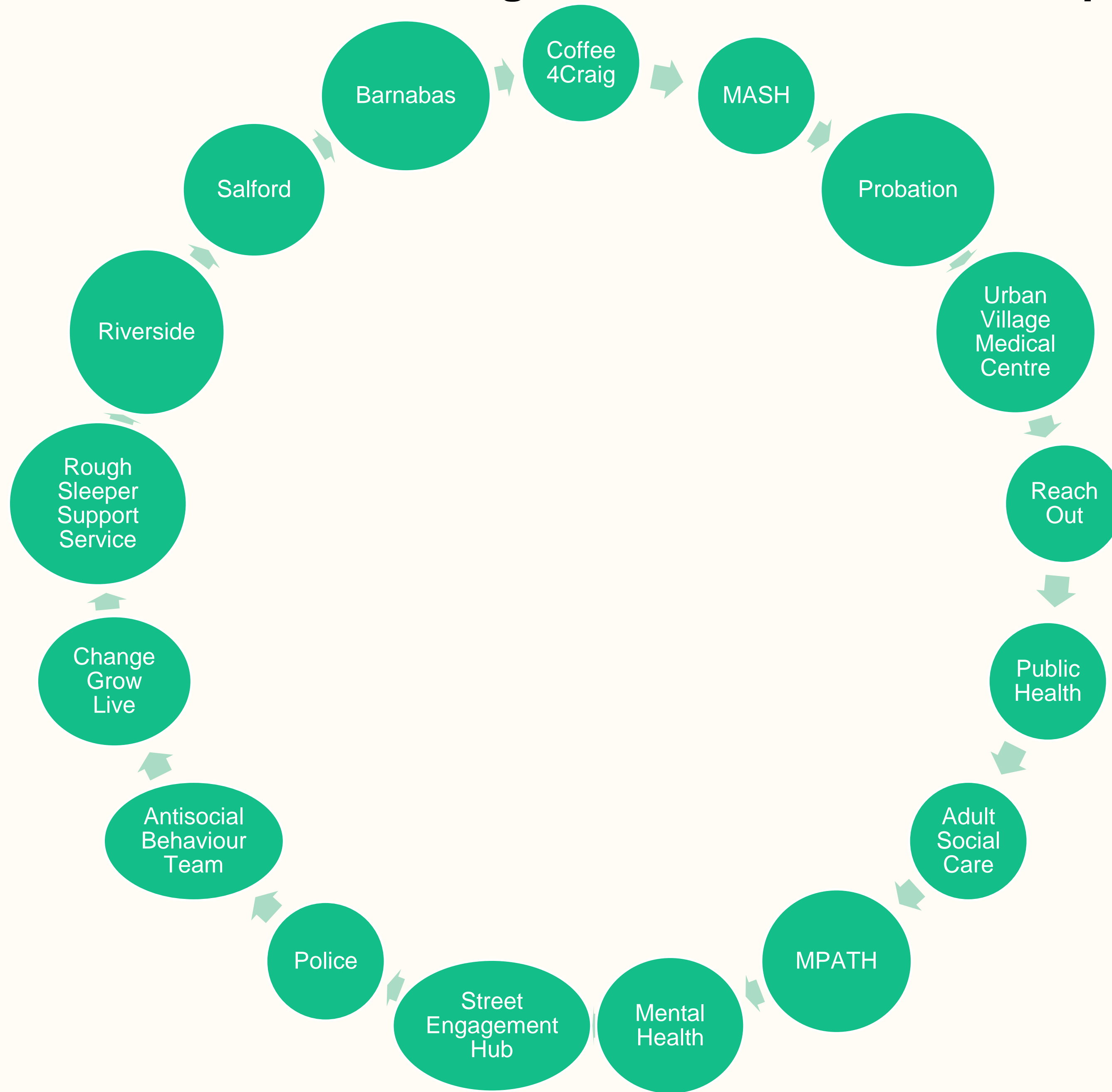
In the last year we have increased our Care Act assessments from 4% to 91%

As a direct result, we have a 85% increase of people under Adult Safeguarding, section 42 of the Care Act.- Yes, you heard me right 85%

The partnership are evidencing a need for Housing, health and social care integration, in the design, delivery and commissioning of longer term psychologically and trauma informed homes and practices, where people feel safe as their non negotiable need.

And it is the stories of peoples lived experiences that drives and shapes what we do and why we do it….

The Pioneering Homelessness Partnership Weekly Meeting: The Manchester Way.



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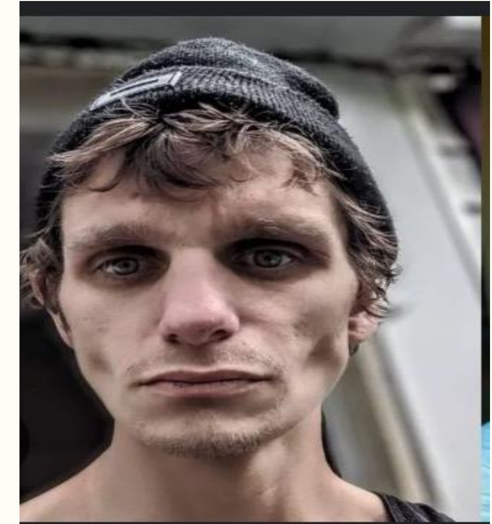
Why did the ‘Everybody in’ initiative NOT end rough sleeping, in its entirety during this time?


Richard is fictional, this photo is in the public domain to represent cases

The case study told below is fictional and all images used are in the public domain

This is Richard

He is just one example of many, why the Everybody In intuitive did not work .

He had 18 different temporary accommodation placements during this time because of the way he behaved.

Let us show you why and what adult safeguarding can achieve in reducing rough sleeping, improving people's lives.

Richard father of two, was married to Sarah. They met on their last day at Manchester Grammer, one might call them high school sweethearts.

Their life wasn’t your average, they grew up with opportunities aplenty.

Fast forward 10 years; Richard is a director headed for a global leadership role at a one of Manchester's most prestigious law firms.

But one Friday, the eve of a family holiday to Mauritius, he’s waiting at a traffic light.

The traffic light is red, and so is it for Tom coming from the south. Only Tom doesn’t see red, he only sees that he’s late for supper with his wife. Tom never makes it to dinner, he will take his last breath the moment his car collides with Richards.

Richard wakes up from a coma in hospital 5 days after the accident, with his wife and two daughters beside his bed.

Two weeks later and he’s back home with Sarah and his daughters.

However, Sarah and his family do not recognise him. He is angry, frustrated, lashes out, forget things and doesn’t look after himself.

Richard is fictional, this photo is in the public domain to represent cases

One day his anger results in Richard lashing out at his wife with his right arm, catching her cheek.

He immediately apologised, horrified by what he'd done and utterly unable to recognise his own actions.

Sarah consoled him, for she too recognised this was not the Richard she'd fallen in love with and married.

However, this was to be the first of many such incidents.

For Sarah this had to stop. She filed for divorce, Richard moved in with a friend and….

He went on to burn through his friends, the same friends that would call him before his car accident to hear his rational advice in their moments of need.

They were now putting up with him for a matter of weeks before he turned on them too.

Richard was now homeless.

He began sleeping rough on the streets of Manchester.

Once a considerate and loving person was harassing people for money to pay for his next bottle of whiskey.

Ladies and gentlemen, I would like you to meet….

MIND THE GAP

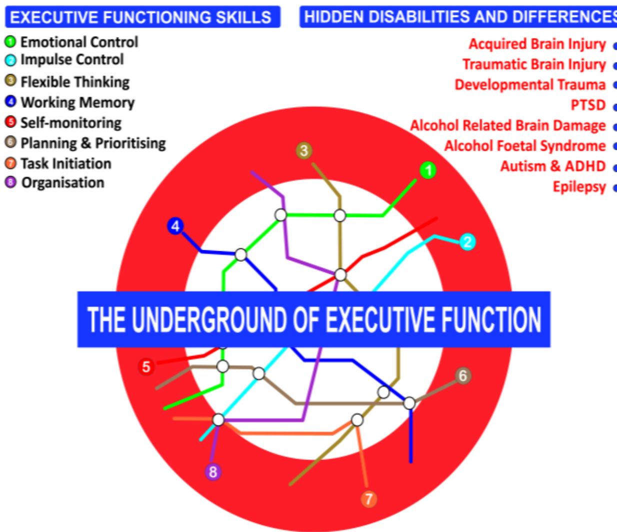
This is Richard

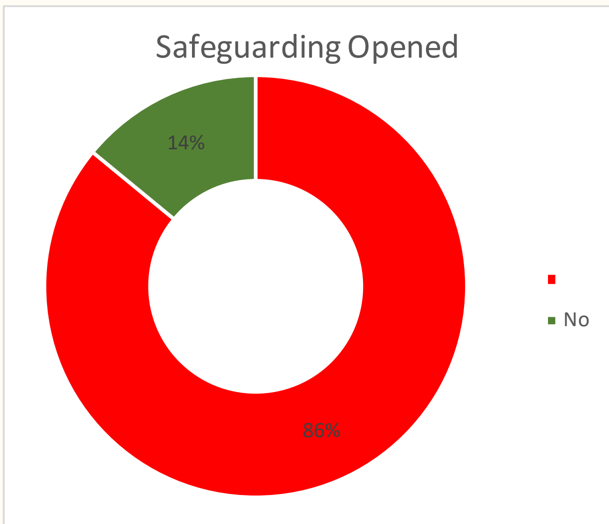
Richard is fictional, this photo is in the public domain to represent cases

- Richard, drinks alcohol all day every day and has become entrenched in sleeping rough on the streets of Manchester.
- Richard has had 18 different temporary accommodation placements in Manchester and has been asked to leave each one, because of the way he behaves.
- Richard is apathetic and has lost hope.

- Richard is like many people we work with that have become entrenched in sleeping rough on the streets of Manchester, that the Everybody In intuitive did not work for.

MIND THE GAP





- Richard and I are going to suggest WHY the Everybody In initiative didn't work for people like him… we're going to suggest that it is because we don't remember Richards story.
- You see, years pass, and we see Richard as a drinker with anti social behaviour who self neglects.
- We forget to ask what was his journey to the streets?
- Richards story started with a brain injury and trauma from the car crash, that changed his behaviour.
- In Manchester, by driving The Care Act to people like Richard, we are unveiling the context in which Richards struggles appear.
- This is a man living with an acquired brain injury, post-traumatic stress disorder, who is emotionally dysregulated and impulsive because he lives in a state of hypervigilance, he is scared and he says he uses alcohol to numb and function.
- You see Richard has hidden disabilities and differences.
- Brain injuries and post-traumatic stress disorder are where you fall through the gap.
- These are the gaps in psychologically trauma informed design, delivery and commissioning of supported accommodation and practices for people like Richard, that have a brain injuries and trauma and use substances to cope.
- If you fall through that gap, homelessness will not be 'Rare, Brief and Unrepeated.'
- This is where people like Richard develop apathy, loose hope and become entrenched in sleeping rough.
- This is where people like Richard, become severely multi disadvantaged and excluded in society and develop complex needs.
- This is where huge health inequalities live.
- This is where we experience humanitarian and financial cost to our citizens and communities.

85%

Increase in safeguarding adults experiencing multi-exclusion homelessness.

- Executive function is a set of cognitive processes that provide us with the skills ‘get things done’, set goals, make plans and see them through.

- They are the skills of our own self-awareness, our ability to control our emotions and behaviours.

- They are the skills that allow us to have the capacity and ability to act out our wishes and be who we want to be.

- When these processes are compromised, this is called executive dysfunction, it can be hidden and hard to spot.

- Acquired brain injury
- Alcohol related brain damage
- Alcohol Foetal syndrome
- Post traumatic stress disorder,
- Neurodivergence

- To name but a few, are all evidenced to impact our executive functioning, therefore the way we behave, like Richard

On the next slide you will see an **executive function wheel**.

- I'm showing you this because we used this wheel for the first time in conjunction with **team around Richard under safeguarding, with professional curiosity** to understand the ways in which Richard behaved and others, who the **everybody in intuitive did not work for.**
- Manchester have now embedded this wheel in our Care Act and capacity assessments.

Let me try and explain how executive dysfunction affects Richard, to try and understand him better.

1. Richard **really struggled to remember things**. Was he that intoxicated or was his working memory of his executive function compromised?

2. Richard would act **impulsively**; he didn't seem to think out consequences of his action. Was this because of his drinking or was his impulse control of his brain compromised.

3. He presented in hypervigilant dysregulated **emotional** aroused states,. This did not seem to be because of his drinking, this seemed to be because he was scared.

- Using this executive function wheel, Richards behaviours could be matched to each of the eight executive functions of his brains frontal lobes.

This is an executive function wheel

MIND THE GAP

What is executive function?

Controlled by our frontal lobes of our brain.

Cognitive processes for the control of our behaviors.

Skills that help humans get things done.

OUR CAPACITY/ABILITY TO ACT.

MAKING SENSE OF THE WHY?

Using the Care Act, the executive functioning wheel, the team around the Richard from the homelessness partnership, under Adult Safeguarding, we were able to stabilise Richard in temporary accommodation, working along side our Homelessness Directorate.

Richard could not remember where he was staying, who was supporting him or when and how much money he received.

We carried out mental capacity assessments in three specific decisions: residency, care and treatment and finances, all of which he did not have capacity.

Unable to retain, recall, weigh up and communicate his decisions.

We conducted a Montreal cognitive assessment, MoCA-he scored 12/30, further demonstrating a significant cognitive impairment. Richards housing, health, care and support needs could not be met in hostel accommodation.

Therefore, we applied to our health and social care funding panel for 12 weeks of joint funding for Richard to be placed in a specialist brain injury unit.

The mental capacity act, asks us to optimise Richards ability to make decisions, so we provided a facility for cognitive recovery and assessments.

12 weeks later, Richard was diagnosed with:
- Post-traumatic stress disorder, PTSD from the trauma of the car accident.
- Traumatic brain injury from the car accident
- And alcohol related brain damage from his years of drinking since the car accident.

He was assessed as having executive dysfunction in emotional regulation, impulse control, task initiation and planning and prioritising.

But perhaps what is most harrowing, is the dysfunction in his working memory, he was assessed as only being able to remember the last 3 words I have just said. The rest of his communication he filled with confabulation.

These conditions mean that Richards brains executive functioning need to feel safe and be supported in where he lives, in the way we work with him and with the people around him.

Richard now lives in supported accommodation for people with acquired brain injuries.

He is back in touch with his family.

Richard says " I feel understood, safe and I am so happy to be in touch with my family again.

Executive functioning & The capacity to act?

Richard is fictional, this photo is in the public domain to represent cases

- So we don't see people that use substances and sleep rough…..

- We see people that are some of the most traumatised people.
- We see people with brain injuries.
- We see people with alcohol related brain damage.

- We're not suggesting this is the story of everyone, but these are the stories people tell us and they want to be heard.

- We see people that are surviving with executive dysfunction and because of this don't always have the capacity to act out their wishes and be who they want to be.

Richard is a fictional case study. Photos used are in the public domain

Health, Housing, Social Care.

TOGETHER for change

- **So…**
- Does adult safeguarding work for people experiencing multi exclusion homelessness?
- Yes, when we:
- Value the **specialist homelessness social worker** role as a bold and dynamic leadership of coordination of a 'team around the person'.
- Value **practitioner led evidence with research**.
- Value and **galvanise on the strengths of our community partnerships.**
- Value **professional curiosity**, asking WHY, using an **executive function wheel**.
- Drive the **Care Act** to which purpose it was intended-to **remove barriers** and close the **equity gap** for the most excluded.
- Use the **interplay of legal frameworks**, when necessary, to support people live with dignity and choice.
- The challenge I propose to you today by highlighting 'why the everyone intuitive did not work for everyone'…….
- **……Is Now what?**
- *This I hope you to understand….is a **call for action.***
- *A need for **Health, Housing and Social Care** to come together in the **design, delivery, and commissioning of psychologically, trauma informed provisions and practices that place psychological safety and well-being at the forefront, for people like Richard and prevent them returning to sleeping rough on our streets time and time again.***

ellie.atkins@manchester.gov.uk

Twitter: **@EllieAtkinsUK**

To join a national network:
A national Peer Network for social workers specialising in homelessness and rough sleeping - King's College London (kcl.ac.uk)

Please share this message:
ellie atkins beryl - YouTube

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Research Findings: Strengthening Adult Safeguarding responses to homelessness & self-neglect

Jess Harris

Research Fellow at the Health & Social Care Workforce Research Unit (HSCWRU) at King's College London

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Strengthening Adult Safeguarding responses to homelessness & self-neglect: research findings

Working across Housing, Social Care & Safeguarding for people experiencing long term rough sleeping

MHCLG Webinars: 14 & 19 November 2024

Jess Harris, Research Fellow, HSCWRU, King's College London

NIHR | Policy Research Unit in Health and Social Care Workforce

King's College London

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- **Background**
- **Definition**
- **Methods**
- **Findings**
  - **Safeguarding barriers and positive practice**
  - **Managing risk outside safeguarding**
  - **Positive practice in day to day working**
  - **Lived experience reflections**
- **Positive practice checklist to consider**

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Background to a national study: 2019 - 2023

- **Title**: ***Opening the 'too difficult box'*: Strengthening Adult Safeguarding responses to homelessness and self-neglect**

- **Context**: When people die while homeless, mean age: 45 years men; 43 years women (ONS 2021). Care Act 2014 Guidance included 'self-neglect' for first time as category of 'abuse and neglect' in safeguarding responsibilities in England. No research, but evidence from Safeguarding Adults Reviews (SARs) featuring deaths whilst homeless report lack/failure of safeguarding.

- **Aim**: **Explore how self-neglect is experienced by people experiencing multiple exclusion homelessness (MEH) and how this might be addressed through strengthening adult safeguarding responses**

- … including those **outside formal adult safeguarding**

- … and in **day to day multi-disciplinary practice**.

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Definition: what is Multiple Exclusion Homelessness?

- Focus on 'MEH' captures the **overlap between homelessness and other forms of severe and multiple disadvantage**: experience of institutional care, mental ill health, domestic / sexual abuse, substance use, and 'street culture' activities.
- Social exclusion and negative experiences of services and of stigma and discrimination often contribute to mistrust and deter individuals from seeking or accepting support from services.
- Likely to be **people experiencing long term / cyclical rough sleeping**.

'…***a distinctive and exceptionally vulnerable subgroup within the broader homeless population.***'

Fitzpatrick, S., Johnsen, S. and White, M. (2011) 'Multiple Exclusion Homelessness in the UK: Key Patterns and Intersections', Social Policy and Society 10(4): 501-512.

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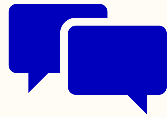
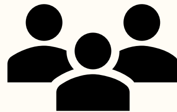
Study methods: three main strands



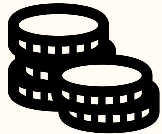
Primary data collection: in-depth interviews

- Confidential interviews with 82 practitioners across England: social workers, Safeguarding Adults Board (SAB) members, homelessness services, safeguarding staff in local authorities and NHS Trusts, police, probation, housing: Webinar
- Face to face interviews (and online during Covid) with 30 people experiencing / lived experience of MEH (+ peer researcher): Webinar



Communities of Practice in our three study sites

3 Safeguarding Adults Boards = 6 English Local Authorities: Report



Economic analysis and modelling

- Reviewed SARs to compare costs of ‘un-met needs’ with ‘met needs’ scenarios developed with experts, exploring potential savings: Webinar

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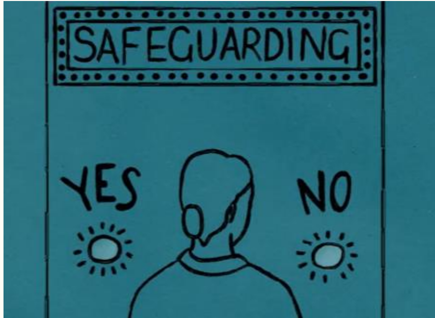
Barriers to safeguarding homelessness (1/2)



- **Found little safeguarding of people experiencing MEH**; putting in referrals - 'alerts' - can be experienced as ***'going through the motions'*** or ***'covering our back'***; very few enquiries undertaken; may be slow or no response to alerts.

Practitioner uncertainties / attitudes:

- Can be **unclear to some if homelessness ever 'fits' safeguarding**; may not see beyond the lack of a roof, or substance use, so not consider care and support needs:

'We get a homeless person or substance misuse person coming through the system … social workers say ***'lifestyle choice'*** *or …* ***`can't really assess his needs because he's living on the streets, he's told us to cart off so it's a 'non engagement'.'*** SSW5 Social Worker

- One reason described why homelessness doesn't 'fit', because **housing is 'primary need'** and needs may be viewed as **sequential**.
- Safeguarding sits under Adult Social Care (ASC) but **homelessness not always seen as part of ASC's *'umbrella'*;** may not be familiar with the complexity of MEH - including why people may reject support - so not fully assess individual's risks/needs.
- Lack of **clarity over safeguarding thresholds:** only 'reasonable cause to suspect' care and support needs, which can be triggered by substance use or mental ill health; no requirement for 'ordinary residence'; refusal to engage or to consent, capacity or lack of, and immigration status or NRPF are not barriers to safeguarding.

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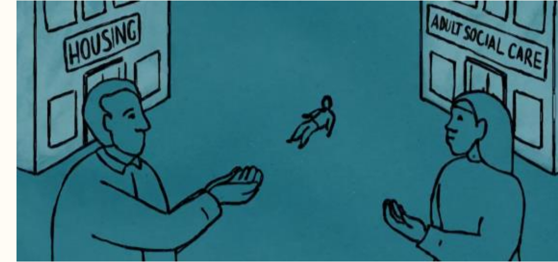
Barriers to safeguarding homelessness (2/2)

Service barriers:

- **Services may try and hand off responsibilities** (to protect limited resources) so safeguarding referrals can be used to address stalemates:



'Adult Social Care, Housing Needs, ***they've known for months that he's going to be evicted*** *…* ***nothing's happened*** *because it's just been a lot of people pointing at each other saying `Oh, it's your responsibility'… this is ridiculous,* ***this is a safeguarding concern.****'* LF2 Mental Health Social Worker

• Referrals prompted by support gaps for people experiencing MEH:

- **Repeat referrals** can be triggered by practitioner frustration at **inaccessible, or gaps in, day-to-day statutory or commissioned provision** to help address unmet MEH needs.
- This, in turn, can generate **frustration from safeguarding staff**: ***'What can we offer?'***

- Contributes to **cycle of use of emergency services,** repeat safeguarding referrals, **long term and cyclical rough sleeping:**

'They're just ***turfing him back out onto the streets and he's coming back*** [A&E] *…* ***I don't think we've got a service for somebody like that.****'* V18A Social Work Assistant

Concern: How are we **mapping any service gaps,** if we might anticipate the lack of a service response, and so we **may not carry out full assessments that would identify un-met needs?**

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Positive practice: specialist social work

- Study found **examples of good safeguarding and Adult Social Care practice;** may be led by individuals or particular teams rather than systematic; bringing **passion and expertise in working with MEH** and **tenacity to challenge any system barriers;** signs of broadening the social work ‘umbrella’ as the study progressed.

• Specialist homelessness social workers in outreach roles:

- Supporting **referrals to safeguarding;** working and carrying out **Care Act 2014 assessments in homelessness outreach settings;** bring **earlier intervention and advice**; **reduce crisis escalations and inappropriate or repeat safeguarding referrals.**

- **Difficult but important bridge building role** combining cultural perspectives from different services; often an ‘add-on’ so need to **embed / fund these roles long-term.**

- Follow up study: **Evidencing the social work role within responses to MEH:** short report

***‘Things have really improved** since* [name]*’s been around … **it works when you’ve got somebody who’s specialist rather than generic,** and I think sometimes that social workers … **we don’t do outreach or go out there, so I think we sometimes need the expertise of the people on the ground.**’* LSW6 Social Worker

- National Peer Network for social workers specialising in homelessness and rough sleeping.

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Barriers to managing risk outside safeguarding

- Most alerts did not lead to adult safeguarding; more concerns were referred to / picked up by **alternative risk management forums**; sometimes **seen as necessary** because '***safeguarding is not suitable***'**:** because someone '***has capacity***' or is '***not consenting***' **-** concerns about interpretation of eligibility.
- May be that safeguarding staff lack experience / expertise working with MEH; may be seeking a longer term multi-agency risk management approach.

- **May be multiple risk management routes,** eg can be for short term crisis management, ongoing case management, senior leadership creative solutions panels: **no one clear path**.
- Some forums **lack the scrutiny and multi-disciplinary leverage** that safeguarding can bring, so less well attended and focus only on information sharing rather than on action.
- Some **practitioners** leading cases **may not experience support** to 'share' risks so reluctant to refer their cases.

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Positive practice: managing risk outside safeguarding

- A **transparent, locally agreed risk management – and risk sharing – pathway for MEH** which includes all required services (including third sector expertise).
- Equivalent **leadership and infrastructure, statutory sector 'ownership'**, and **local governance oversight** that adult safeguarding can bring.
- Forums which combine **local authority-led multi-agency approaches to ongoing risk management** plus **expertise in working with MEH:**
- *'It's really **important that services try and do what the legislation purports** … [so] **Adult Social Care team are every fortnight operating a meeting that's got Mental Health, Housing …Voluntary Sector … Substance Misuse … Police … saying, `Ok, who have we got on our streets at the moment? All of these people are at risk of very serious health outcomes, what can we do to make a difference?**'* LF4 Rough Sleeping Coordinator
- **Do services walk away** if someone seen as making 'unwise' decision to reject support, where mental capacity is 'presumed', not assessed, despite high risks? May require legal intervention under the **Mental Capacity Act** (MCA); are all options considered?
- *'**Court of Protection … that was the response that I wanted**, the co-ordination of that all coming together in a statutory framework … **The response is just so inconsistent … to support people that are really, really vulnerable and at risk of dying on the streets … We've built up cultures of wanting to say that this person is 'choosing' to live like this, it's not our responsibility.**'* LF5 Service Manager
- New study exploring thinking about and approaches to **mental capacity and MEH**.

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Embedding safeguarding/risk management day to day

- **MEH is, by definition**, **multifaceted and extremely risky** – multiple concerns with long term rough sleeping**.**
- Key structural barrier to day to day impactful support is **working across service silos** (antagonistically at times to protect resources) so **safeguarding used as last resort.**

• Positive practice in day to day multi-disciplinary working:

- **Multi-disciplinary teams** working with MEH, bringing together **social care, housing, physical health, mental health and drug and alcohol expertise; working to address risks before they escalate.**
- Shared **'trauma informed' approach,** working **flexibly, tenaciously and collaboratively** to **support people to achieve better outcomes.**
- **Impact: reduces stand-offs** between services, people **falling through the gaps**, **reliance on emergency services**, and **safeguarding referrals**.

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Whether in safeguarding, risk management or day to day

Lived experience reflections on being 'safeguarded'

- **Lived experience participants** were often not clear about 'safeguarding'; but they often **described rejecting offers of support** as a process where mental ill health, substance use, longstanding service distrust, 'bravado' and despair were all factors:

- *'I just stopped eating, just neglecting myself … **I don't know what safeguarding is** … **Just to stop me feeling, like, mad, to stop me feeling suicidal?**'* NSU07

- With hindsight, participants were **grateful for support that stuck with them**, despite their rejection of it, and often **perplexed if no form of 'safeguarding' took place:**

***'Just having someone consistent that you can trust is so important** … that's the biggest problem … you will get lost through the system.'* FG13

- *'**I'm a young vulnerable female on the streets** that's addicted to substances, that's street working, clearly putting herself in danger every day, playing Russian Roulette with a needle, I mean **I can't see why there was no safeguarding**.'* SSU02

'I think if I hadn't have been [safeguarded] ***I wouldn't be here, I really do, I was determined*** **[to kill myself]** *… **they've put themselves out for me so it's like I don't want to let them down** … they could see that I'd just had enough.'* NSU04

- **Is it helpful that we talk about 'choice'?**

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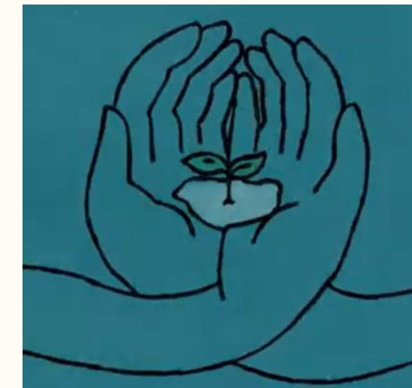
Positive practice checklist to consider…

- **What are our attitudes towards MEH** – is there acceptance of discrimination or gatekeeping? Is there **clarity about thresholds** for safeguarding and social care, and **consideration of concepts of 'choice' and mental capacity** in the context of trauma, substance use and other features of MEH we see in long term rough sleeping? Do we have **system-wide practitioner training** to ensure **consistent**, **trauma-informed understanding** of and responses to the complexity of MEH?
- **Are our service approaches** (whether in adult safeguarding, in other risk management forums, or day-to-day practice) **siloed and self-protective**, or **collaborative** with shared data, objectives, budgets? Do we have **expertise in MEH in adult social care, in safeguarding teams,** and across relevant services, and **clear escalation processes** when any concerns arise?
- **At oversight and governance level**: do we scrutinise **outcomes from safeguarding** and from **alternative risk management** referrals? Do we **review homeless deaths**? Do we have a **homelessness lead on the Safeguarding Adults Board** and relevant sub committees? Do we have systematic **data collection and learning to inform our practice approaches and commissioning** and to **improve outcomes for excluded and at risk individuals**?



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Thanks!

NIHR | School for Social Care Research

- **Animation of summary findings here** *(4 mins).*
- **Study website here** (*all publications so far and more to be launched*)

Research Team: Jess Harris, Stephen Martineau, Jill Manthorpe (King's College London), Michelle Cornes (University of Salford), Michela Tinelli (London School of Economics and Political Science), Bruno Ornelas (Expert Practitioner), Stan Burridge (Lived Experience Lead).

- **Funder**: National Institute for Health and Care Research (NIHR) School for Social Care Research (SSCR).
- **Disclaimer**: This presentation draws on independent research funded by the National Institute for Health and Care Research (NIHR) School for Social Care Research. Views expressed are those of the authors and not necessarily those of the NIHR or Department of Health and Social Care.
- **Thanks**: To our research participants and to our Lived Experience and Advisory Group members for their generous time and insights.

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Local Authority experience
Stoke on Trent City Council

Gemma Finn, Head of Changing Futures - Stoke on Trent City Council

Shane Britton Changing Futures - MHCLG

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Embedding Changing Futures

within Adult Social Care

Gemma Finn, Head of Changing Futures

Adult Social Care, Health Integration and Wellbeing – Stoke on Trent City Council

Social Work Team

- Referrals into Changing Futures are all processed via Adult Social Care Front Door Team
- Enables educational opportunities to the Adult Social Care department on multiple disadvantage
- Engaged with the Rough Sleeping Action and Accommodation Group ensuring more timely access to Care Act Assessments
- Working closely with the Housing Team and a focus on the Target Priority Group
- The case co-ordination approach has been recently adapted to encompass a 6-9-week model to provide a rapid response to the customer

Working in Partnership

- Highlighted the importance of lived experience and the voice of the service user in shaping policy and practice within the local authority

- Multi-Agency Resolution Group (MaRG) has provided the mechanism for shared risk management and effective accountability, enabling system change levers via robust partnerships within statutory and non-statutory agencies

- Recommendations from Safeguarding Adult Reviews where key learning areas are identified, have been addressed via the lived experience training provision which has demonstrated further embedding of trauma informed care, and developing the wider workforce on multiple disadvantage

The Multi Agency Resolution Group (MaRG)

- Independently Chaired multi agency group where system and service barriers are escalated and solutions sought.
- Most challenging issue faced by the Group is finding suitable accommodation for the individuals in need of support, where factors can hinder or exclude access.
- One such barrier is previous behaviours, and the development of a good practice guide to support practitioners and housing providers in effective risk management processes and considerations to support those with Arson convictions / fire setting behaviours into accommodation.
- Explore opportunities for joint commissioning between Housing, Public Health and Adult Social Care on housing and support for people with complex needs

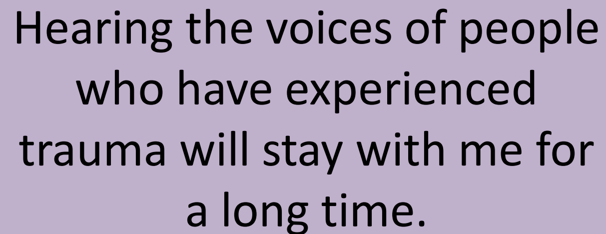
Safeguarding Practice and Changing Futures

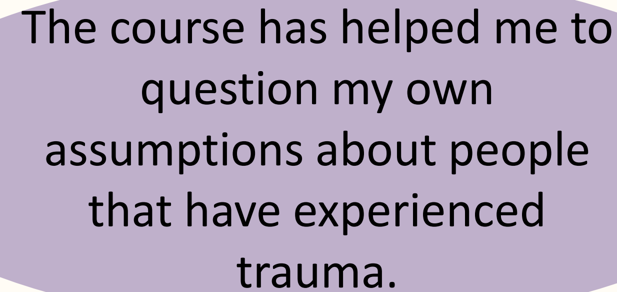
- Upholding principles around putting the person at the centre – trauma informed; strengths based; tenacity
- Commitment to relationship building
- Multi-agency working, including the MARG
- Supporting workers with empathy fatigue and burnout
- Manage the shared risk
- Changing the culture away from process-driven
- Clearly defined responsibilities between the Case Co-ordinators and the Social Workers

Workforce Development and the Insight Academy

Local training co-produced with people with lived experience:

1. Trauma-informed Care
2. Human Connection: Making Safeguarding Personal
3. Motivational Interviewing and Empathy Fatigue
4. Effective Recording / Team Building for new Front Door team





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Local Authority Experience
Barnsley Metropolitan District Council

Michelle Kaye, Group Leader

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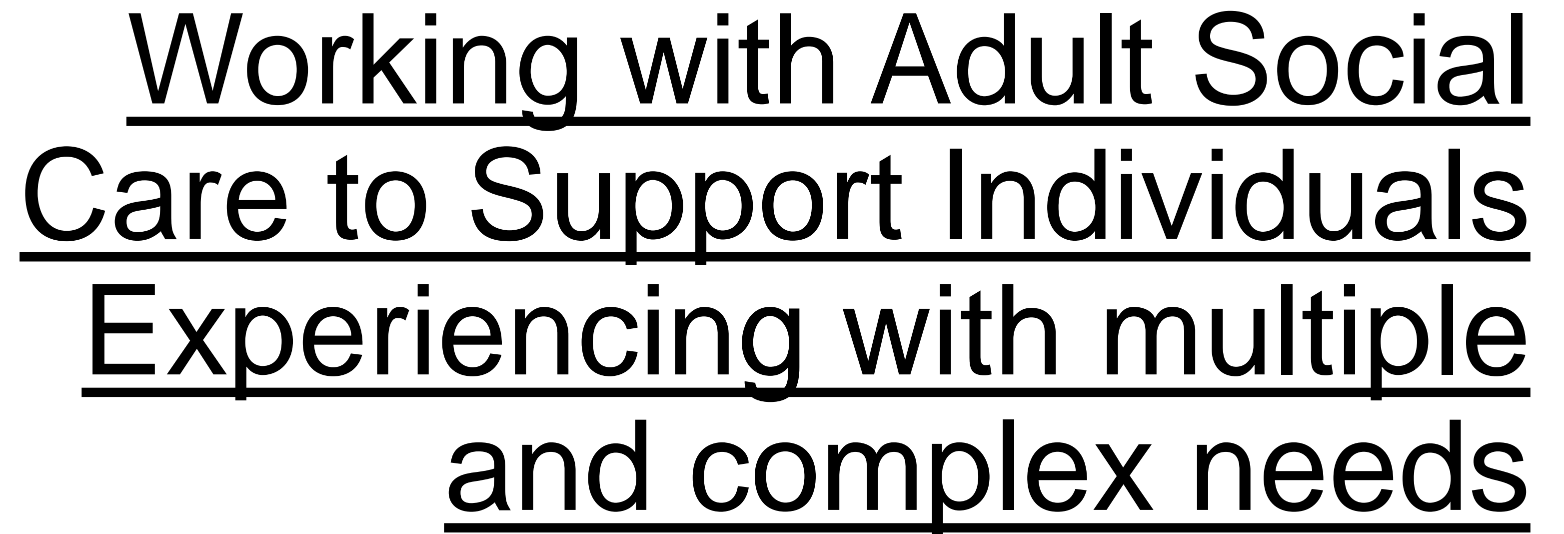


DLUHC Webinars

14th and 19th November 2024

Michelle Kaye – Group Leader, Housing and Welfare

michellekaye@barnsley.gov.uk

Barnsley Context

- Population of 244,660
- 54.8% of the population are in employment
- 17.2% of people rent privately in Barnsley (up from 12.8 in 2011 census)
- 64% are owner occupiers and 20% live in social housing
- Average house prices are £155k
- Average rents are £600 a 7.8% rise on a year ago – LHA for a 3 bed is £506
- 38th Most deprived LA of the 317 in England
- Famous for pits and brass bands and a few good pubs !!

Vulnerable Adults Panel

Often referred to as VAP –

Risk enablement – Working with those with the most complex lives

Our Journey in Barnsley

- Previously struggled to get assessments and support from ASC
- In 2020 a new Head of Service for social care started in Barnsley
- She had a real passion for homelessness and rough sleeping and the links to adult social care
- From this the VAP started
- Now a well establish multi agency partnership

What is VAP ?

An Alliance of professionals to provide wrap around support for those most in need

The core group is made up of, representatives from the following areas:

- Adult Social Care
- Housing Options
- Community Safety
- Police
- Fire Service
- Community Matrons/ Health
- Mental Health
- Barnsley Recovery Steps – Substance misuse
- Berneslai Homes

Other agencies are invited as and when required depending on the cases being presented ie Legal, Probation, Domestic Abuse Servcies

It does not replace other multi-agency forums such as MARAC, MAPPA, Safeguarding etc

All agencies are invited to bring live cases to the group for discussion and advice as appropriate

Co-chaired by Housing and ASC

Purpose of the Panel

- To put the person at the centre of the process and work together to identify the right support systems are in place
- The panel members listen to the concerns around those with the most complex lives and share information
- Most, not all, referrals are known to services, some of the cases will have been explored via our self-neglect and hoarding process, and/or safeguarding concerns will have been raised
- Unfortunately, some people find themselves in such complex situations to the point that they are disempowered and unable to gain control of their circumstances and in some cases, fall below the radar of safeguarding

The purpose of the panel is to work together to come up with solutions to support people and minimise risk

The Aims of Panel

- The collective aim of the panel is to assist in progressing cases which are often **'stuck'**
- There is a focus on keeping people in accommodations and **preventing homelessness** or getting people into appropriate accommodation
- To have joint discussion between professionals - ***monitoring client's whereabouts, welfare, risks and progress***
- Due to the complex nature of the cases, ***it is not always possible to reach an absolute resolution.*** However, the panel keeps cases on for discussion until a suitable outcome is identified
- Members of the group will be on hand to advise and support in between, keeping **communication channels open**
- We have the **expertise of legal and the Police** also, in the event that there are any illegal or criminal activities impacting on the identified vulnerable adults (County lines – Organised crime)
- To take a risk management person centred approach

This panel aims to demonstrate that, as a joint approach, we do not give up on those most in need

Positives of the panel

- Housing and homelessness now more embedded into ASC processes
- Joint peer reflective sessions, opening up a safe arena to discuss and challenge as a means to improve practice that is consistent and legally compliant
- Avoiding silo working and handing off cases or closing cases too early
- All round knowledge that offers the advice that safeguards both the individual, the workers and the organisation reputation
- Co-production – learning from lived experience, where the relationship built from cases of positive outcomes, are of crucial value
- To address any deficits in working towards practice that is rights-based, while promoting risk enablement
- Learning from SARs and promoting positive practice - where a positive outcome was unfortunately not reached

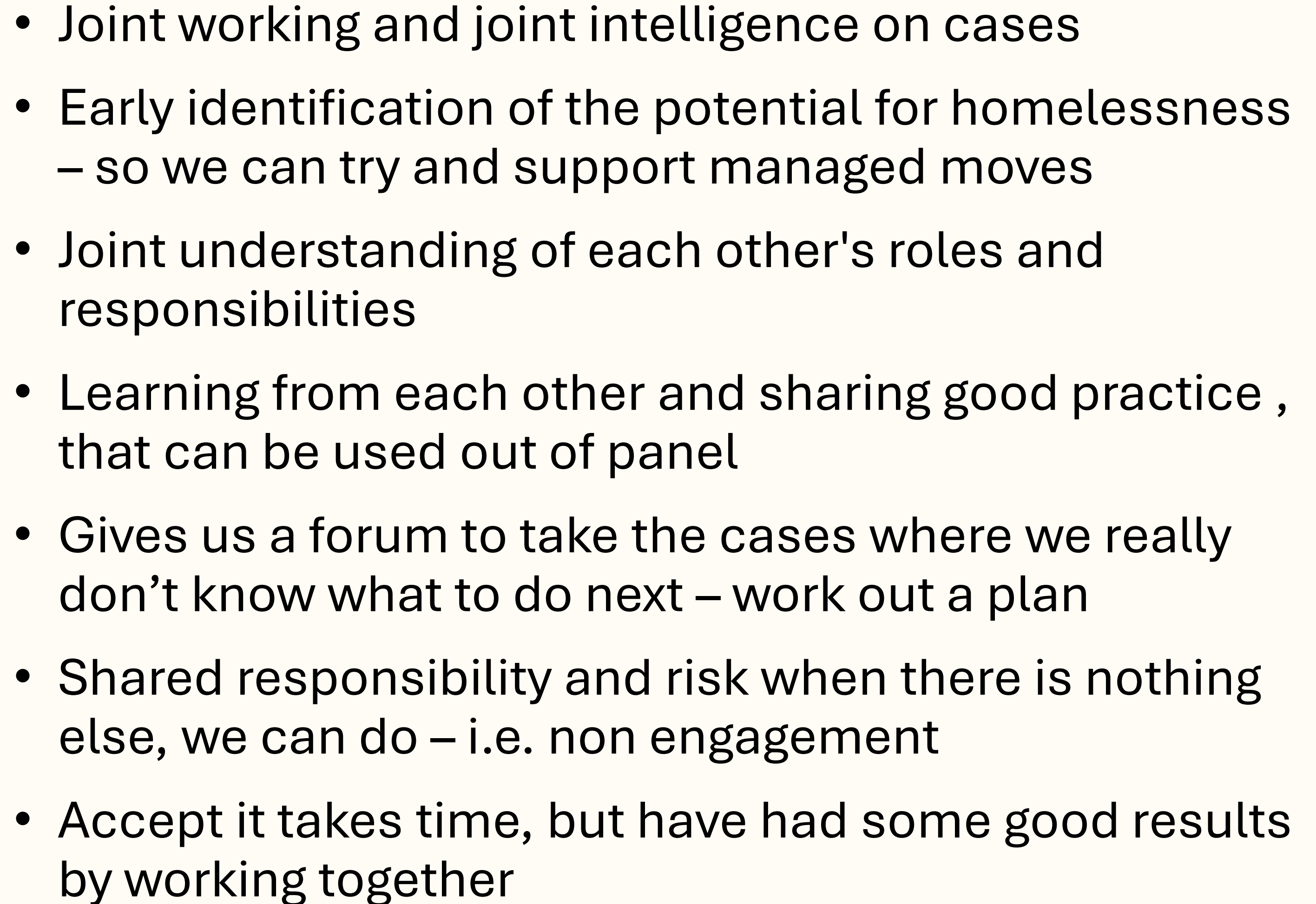
How the VAP Supports and Links in with the Work of the Police

- Helps us (police) in our partnership approach to problem solving
- Information sharing

  - One stop shop for information sharing
  - A foot in the door for partners
  - Many eyes to see with

- Reality checking for better a risk assessment.
- A guide, to navigate partners through the police service
- Active assistance with cases of concern
- Prevention. Cases dealt in VAP will not escalate to become high demand cases for police to address.

Housing Options Feedback on VAP



- Joint working and joint intelligence on cases
- Early identification of the potential for homelessness – so we can try and support managed moves
- Joint understanding of each other's roles and responsibilities
- Learning from each other and sharing good practice , that can be used out of panel
- Gives us a forum to take the cases where we really don’t know what to do next – work out a plan
- Shared responsibility and risk when there is nothing else, we can do – i.e. non engagement
- Accept it takes time, but have had some good results by working together

Challenges

- Accountability and governance
- Culture change
- Prevention
- Safeguarding/ Self neglect
- Engagement of clients and some partners
- Gaps in service provision and housing
- No Magic wand
- Wider referrals

Some of the successes

- More rough sleepers are in the safeguarding/ self-neglect arena
- Has prevented rough sleeping for some complex cases
- Accessed health care, especially wound care
- Promoted positive relationships with other servcies
- Care packages in place / joint funding
- Some now housed / prevented rough sleeping / need for temporary accommodation
- Joint understanding of other servcies and their pressures and scope

Safeguarding Adult Review findings (Homelessness)

- Lack of leadership and co-ordination between agencies
- Challenges in preforming and interpreting assessments
- Lack of suitable accommodation
- Poor hospital discharge arrangements
- Lack of professional curiosity or normalisation of risk
- Shift in culture to protect against professional preconceptions often applied to multiple excluded homelessness
- Failure to recognise care and support needs
- A lack of parity given to concerns raised by housing practitioners of those working in homelessness, resulting in their exclusion from decision meeting

Going forwards

- Accountability - making sure the panel sits in the right governance structure – links to Safeguarding Adults Board
- Empower adults at risk to protect themselves / change the culture of staff
- Improve/ develop joint risk assessments
- Learn from SARs and implement findings and good practice
- Understanding self-neglect in a safeguarding and rough sleeper context – too many times we hear ‘they have capacity’ or ‘they are making unwise life choices’

Some statistics

Only recently started collecting data on the panel

Q1 2024/25

- 11 ongoing cases
- 6 closed – 4 to case management and 2 risk reduced

Q2 2024/25

- 9 new cases
- 13 closed – 7 case management and 6 risk reduced
- 3 cases ongoing (1 case 9 months and 2 cases 6 months)

Main concerns:

- Alcohol, hoarding, self-neglect, rough sleeping, domestic abuse cuckooing, non-compliance with servcies, ASB/ criminality

Case Study

- Male 97, case brought to panel by fire service due to clutter and hoarding – fire risk , owner occupier
- Case was on VAP for around 18 months
- Male had health needs and daughter was living there, even though she had her own property- unable to access due to hoarding
- Both had had successful careers in the police
- Daughter was refusing access to property by professionals – lack of trust
- Concerns about his health, wellbeing and general personal care, living in one chair , risk of fire, falls
- Daughter had her own mental health issues due to bereavement
- Social workers took a long time to gain trust and get access to the property
- Lots of services tried to engage with the family, district nurses, physiotherapist, housing social care , fire, environmental health,
- Enforcement action started alongside safeguarding , escalated to senior management
- Support was offered to daughter in her own right and refused
- After many months of perseverance an EHO and social worker got into the property and a joint plan was agreed with social services and clients to make some progress with the hoard
- Main action was to clear the living room of the hoard – this was subsequently refused by daughter
- Male was offered respite case, but refused and daughter said she would engage in support
- A chorology for legal was put together to consider things like welfare orders
- Significant concerns remained and in the end the police were asked to attend and found both in an emaciated state, unkept, house was filthy and the hoard a lot worse
- Male taken to a place of safety- care home
- Daughter taken back to her property and housing supported to get gas and electric back on
- Work progressed to clear the house with a view to him returning with a support package
- In February this year he sadly passed away in the care home and staff are still supporting his daughter

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Resources

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Adult Safeguarding and Rough Sleeping

Resources

- Multiple Exclusion Homelessness: A safeguarding toolkit for practitioners (2023) Safeguarding_Multiple_Exclusion_Homelessness_TOOLKIT_2023.pdf (kxcdn.com)
- Care Act ‘Multiple Needs’ Toolkit (2016) VOICES_Care_Act_Toolkit.pdf (kxcdn.com)
- Adult Safeguarding and Homelessness LGA (2020). A briefing on positive practice https://www.local.gov.uk/adult-safeguarding-and-homelessness-briefing-positive-practice
- Adult safeguarding and homelessness: experience informed practice (2021) Adult safeguarding and homelessness: experience informed practice | Local Government Association
- Learning from tragedies: an analysis of alcohol-related Safeguarding Adult Reviews published in 2017 (2019) ACUK_SafeguardingAdultReviews_A4Report_July2019_36pp_WEB-July-2019.pdf
- How to use legal powers to safeguard highly vulnerable dependent drinkers in England and Wales (2021)Safeguarding-guide-final-August-2021.pdf
- Analysis of Safeguarding Adult Reviews April 2017 – March 2019 local.gov.uk/sites/default/files/documents/National SAR Analysis Final Report WEB.pdf
- Analysis of Safeguarding Adult Reviews: April 2019 - March 2023 (executive summary) Analysis of Safeguarding Adult Reviews: April 2019 - March 2023 (executive summary) | Local Government Association
- Resources to support local areas’ roles and responsibilities in keeping people safe. Safeguarding resources | Local Government Association
- Martineau, S. J., Cornes, M., Manthorpe, J., Ornelas, B., & Fuller, J. (2019). Safeguarding, Homelessness and Rough Sleeping: An analysis of Safeguarding Adults Reviews. London: NIHR Policy Research Unit in Health and Social Care Workforce, The Policy Institute, King's College London. https://kclpure.kcl.ac.uk/portal/files/116649790/SARs_and_Homelessness_HSCWRU_Report_2019.pdf
- Mental Capacity – the key points – webinar by Alex Ruck Keene: *https://www.mentalcapacitylawandpolicy.org.uk/capacity-the-key-points-webinar/*

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Adult Safeguarding and Rough Sleeping

Resources

- Mason, K., Cornes, M., Dobson, R., Meakin, A., Ornelas, B., and Whiteford, M. (2017). Multiple Exclusion Homelessness and adult social care in England: Exploring the challenges through a researcher-practitioner partnership. Research, Policy and Planning (2017/18) 33(1), 3-14. Multiple Exclusion Homelessness and Adult Social Care in England: Exploring the Challenges through a Researcher-Practitioner Partnership. Homelessness, social work, Care Act 2014, community of practice — King's College London (kcl.ac.uk)
- Findings from National study on safeguarding responses to multiple exclusion homelessness (MEH) and self-neglect; Health & Social Care Workforce Research Unit (HSCWRU), King's College London
- Webinar Adult Safeguarding and Homelessness (LGA, 2020) Webinar: Adult safeguarding and homelessness (youtube.com)
- Webinar Safeguarding People Sleeping Rough (Homelesslink, 2022) Safeguarding people sleeping rough | Homeless Link

Free access to the Homelessness webinar series hosted by Health & Social Care Workforce Research Unit (HSCWRU), King's College London

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