Strengthening Adult Safeguarding responses to homelessness and self-neglect:

Emerging findings from a national study

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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**.

Funder: National Institute for Health and Care Research (NIHR) School for Social Care Research (SSCR).

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Study context and aim

Context:

- Mean age at death: 45.9 years men; 41.6 years women.
  Office for National Statistics, 2021, Deaths of homeless people in England and Wales: 2020 registrations
- Since *Care Act 2014* Guidance, self-neglect included as a category of 'abuse and neglect' under adult safeguarding responsibilities.
- No research, but learning from Safeguarding Adult Reviews (SARs) which featured deaths of people experiencing homelessness indicated lack, or failure, of adult safeguarding.

Aim:

- Explore how self-neglect is experienced by people who are homeless, particularly at the intersection with other forms of deep social exclusion which feature within **multiple exclusion homelessness** (**MEH**) and how this might be addressed through **strengthening safeguarding responses**

… including those **outside formal adult safeguarding**

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

What is Multiple Exclusion Homelessness?

MEH captures overlap between homelessness and other forms of deep social exclusion: **experience of 'institutional care', substance misuse, and participation in 'street culture' activities**: *'a distinctive and exceptionally vulnerable subgroup within the broader homeless population.'**

A range of **factors and risks contribute** to people both *becoming* and *remaining* homeless, particularly 'street homeless': **adverse childhood experiences, trauma, mental illness, acquired brain injury, autistic spectrum conditions and learning difficulties**.

Past negative experiences of statutory services and of stigma and discrimination contribute to **service mistrust and deter people from seeking or accepting help**.

*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. 10.1017/S147474641100025X

Study methods: three main strands

1. **Primary data collection (qualitative)**
   - Interviews with 82 professionals (social workers, SAB members, homelessness services, safeguarding leads in local authorities and NHS, police, probation, housing).
   - Interviews / focus groups with 30 people experiencing or with lived experience of multiple exclusion homelessness.
   - Observation (online) of risk management forums.

2. **Communities of Practice in three study sites**
   (3 Safeguarding Adults Boards = 6 Local Authorities)
   - *Reported January 2022*: doi.org/10.18742/pub01-075

3. **Economic analysis and modelling**
   - Reviewing SARs to compare costs of 'un-met needs' with 'met needs' scenarios developed with service experts; *Webinar 12.12.22:* www.kcl.ac.uk/events/economic-impact-of-closing-the-gaps-in-responses-to-homeless-self-neglect

Emerging findings

1 - Messages about **safeguarding responses to multiple exclusion homelessness,** including those outside formal adult safeguarding, and day to day multi-disciplinary approaches.

Safeguarding not 'working' for MEH; WHY?

Putting in referrals to adult safeguarding can be seen as *'going through the motions'* or *'covering our back'*; may be slow or no response; practitioners may stop making safeguarding referrals.

Uncertainties and barriers that emerged:

- **Can be unclear if homelessness 'fits' Safeguarding:**

'We make referrals for safeguarding, we quote the Care Act and we quote all the risks and the vulnerabilities. ***Nine times out of ten it comes back `Not going to a Section 42'*** *...* ***They have left that risk and not done anything because that person is 'difficult'*** *...* ***usually safeguarding doesn't go anywhere****.'* V17B Social Worker

'We had a response that came through stating that ***`We don't accept safeguarding referrals for individuals who are rough sleeping****.'* LS5 Rough Sleeping Coordinator

- **Doesn't fit as housing is 'primary need' and needs are sequential:**

'He is a danger to himself - it is self-neglect ... he has been in and out of hospital I think it was ten times *... he's been referred to Housing ...* ***his primary need****.'* V18A Social Worker

Safeguarding not 'working' for MEH; WHY?

- **Adult Safeguarding falls within the responsibility of Adult Social Care within local authorities: but homelessness is not always seen as part of the social care *'umbrella'*.**
- **Adult Social care / safeguarding teams may not fully understand or appropriately address the complexity of MEH, or why people may reject support, so may not explore care and support needs:**

*'**If you make a referral … a social work assistant, so not a qualified worker, calls the person … that immediately sees off most of my clients** because either they don't answer the phone or … **if they get a phone call … they're going to be like `No, I'm fine…' and then it's `Ok, close that.' … That's been so frustrating! … this person needs a full assessment by a qualified social worker**.'* LF2 Mental Health Social Worker (outreach)

*'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'** … I probably keep cases open that I shouldn't.'* SSW5 Social Worker

Safeguarding not 'working' for MEH; WHY?

- **Safeguarding referrals can be triggered by concerns about inaccessible or stretched services, or gaps in statutory or commissioned provision; this generates frustration from safeguarding staff about what the process can offer, if locally *'we don't have a service for that'*:**

'There are very complex circumstances that lead to people rough sleeping and ***there's a high likelihood that they would fall under the Care Act*** *…* ***I don't think it's necessarily just that Adult Social Care are just, `Oh they're homeless, they aren't our problem'*** *but … they don't necessarily fit well into the statutory framework, so therefore* ***I don't think it's just apathy on behalf of the workers but also a knowledge that there isn't actually much we can offer.'*** LSW2 Homelessness Social Worker

Concern:

- **How are we mapping any commissioning and service gaps if we anticipate the lack of possible service response, and so fail to carry out assessments that would identify un-met needs?**

Safeguarding not 'working' for MEH; WHY?

Picture is not all negative …

- **There is a wealth of good social care practice; often localised, led by passionate individuals rather than being systematic:**

*'I've **got a bit of a passion for people who are homeless** … other areas, it doesn't hit their radar because **they don't see it as their issue**.'* NSW1 Social Worker

*'The only way I can do it is to **allow my staff the flexibility to keep chipping away at cases as long as they need to** … **I have to tell a few porkies with senior management**.'* SW2 Team Manager

- **Some signs of broadening the social work 'umbrella':**

*'I can see now **we are starting to work with those people that historically I would not have been able to get through Adult Social Care's doors**.'* NSW3 Principal Social Worker

Emerging successful practice: social work

Specialist homelessness social workers working in outreach

- **Supporting Safeguarding referrals and inquiries and carrying out Care Act 2014 assessments in homelessness settings; bring legal literacy; offer earlier advice and intervention; reduce crisis escalations and inappropriate / repeat referrals for assessments.**
- **Difficult but important bridge building role, combining cultural perspectives from different services; currently the role is rare, often short term and usually *not* Adult Social Care funded; needs to be embedded long-term in homelessness teams:**

*'**Things have really improved** since* [name]*'s been around,* [name]*'s really, really committed … **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 Senior Safeguarding Social Worker

- See Social Work and Homelessness webinar 26.10.22 for more research findings
- See Evidencing the social work role within responses to multiple exclusion homelessness an 'Added Value' project developing further evidence about this role

2 - Messages about safeguarding responses to multiple exclusion homelessness, including **those outside formal adult safeguarding**, and day to day multi-disciplinary approaches.

Most MEH risk managed outside Safeguarding

Are multiple, sometimes overlapping, alternative risk management processes; some described as used '*because safeguarding is not suitable*' or when someone '*has capacity*' or is '*not consenting*' or '*case is stuck'*; can be (confusion if) for short term crisis management or ongoing case management; few powerful senior 'creative solutions' model for people with multiple and complex needs.

Concern:

- **Is there a transparent, agreed risk management pathway?**

'We've now got two processes that could or should pick them up … potentially … these people might fall - even more - through a hole?' NS3 SAB Independent Chair

- **Is there the equivalent leadership, infrastructure, statutory ownership and governance oversight that safeguarding brings?**

'They have the [Risk] *system and although it's a very laudable sentiment there is no central oversight … nobody co-ordinating or checking that if a plan has been made that actually actions have happened.'* NO2 Probation Manager

Emerging successful practice: MEH risk management

- **Successful ongoing multi-agency risk management with expertise in MEH; but lacks accountability of Safeguarding:**

'*In terms of making sure that we are not exclusionary in our approach to rough sleepers … **it's really important that services try and do what the legislation purports … a lot of the things that are happening elsewhere … needs to be brought into the frame of Safeguarding … 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?' And that just needs to be enshrined in legislation …*** [and] ***auditable.*** LF4 Public Health Lead

Whether inside or outside of Safeguarding…

- **Is risk management process experienced as 'hand-off' *or* sharing of risk?**

*'The need for multi-disciplinary input … **the fear comes from a hand-off culture** which says 'Once this is a section 42 inquiry we don't have to do anything more with it, we hand it over to the local authority and it's their problem' … **staff get very defensive** …* **[we need]** ***commitment that any sharing around cases or people's lives would not be a hand-off.'*** LS3 Safeguarding Adults Board Chair

- **Do practitioners leading cases experience more scrutiny than support?**

'You can refer yourself to get support via the* [risk panel], *I've done it twice, I'll never do it again** … Everyone looks from their little laptops, because we've all got different systems that don't talk to each other, and says 'X's been through our services' … **There's no actual support!** … **actually if I don't go down that avenue there's less people looking at me to see if I mess up the case.' V3B Hospital Social Worker

- **Cases may require legal intervention; are all options being considered?**

'We referred [X] *into the* [risk] *panel … **Safeguarding Adults Manager said 'we need to go for a Court of Protection'** … **that was the sort of response that I wanted, the co-ordination of that all coming together in a statutory framework** … because essentially this person could die … **The response is just so inconsistent** …* [some LAs] *would never even envisage the idea … 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 Homelessness Services Manager

3 - Messages about safeguarding responses to multiple exclusion homelessness, including those outside formal adult safeguarding, and **day to day multi-disciplinary approaches**.

Embedding safeguarding & risk management day to day

Challenge:

- **MEH is by definition multifaceted and risky; structural barrier to day to day practice is working across service silos (often antagonistically to protect resources) so safeguarding referrals often seem like the only way to address gaps and 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'** … **so [X] Service said `this is ridiculous, this is a safeguarding concern'** … Social worker is thinking `Oh god, but I've been told by my panel that we can't accommodate him, and now the Housing Officer's saying that he can't be put into any accommodation because his needs are too high'* LF2 Mental Health Social Worker

- **Professionals do report successful day to day collaboration in complex cases (particularly where no large budget required); however often dependent on individual networks not systematic:**

'We're **lucky that we've actually built those networks** and usually we can get everyone together … **It's a commitment … otherwise it is very difficult**.' V16A Mental Health Social Work Team Manager

Embedding safeguarding & risk management day to day

Challenge:

- **MEH less likely to receive support of other (non homelessness) services due to inflexible service models and discrimination/stigma:**

'Drug and alcohol service … are not good with cases like this because they would not engage with someone in the community … [and] *mental health team don't want to know as much if someone's a drug user.'* V11B Social Worker

'They might just see her as just like `This is just an absolute waste of money, she's a drug addict' … people may have their own biases … who 'deserves' to be helped and who doesn't.' V19B Manager, Specialist High Risk Team

- **These gaps in day to day support contribute to cycle of emergency service contact, repeat safeguarding referrals, and homelessness:**

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

'They're very geared up that ***people are allowed to make unwise decisions*** *… 'case closed'* *because they have capacity and they have a roof over their head …* ***they'll be kicked out again because there's no change; they're back on the street.'*** V4A Social Work Team Manager

Emerging successful practice: day-to-day

- **Multi-disciplinary homelessness teams including social work, mental health, housing, and drug and alcohol expertise; a shared 'trauma informed' approach; often developed after learning from local deaths and SARs:**

'Creating the [specialist] *team also put that group in the forefront … **it requires some specialist knowledge and specialist trainings, dealing with people who have multiple issues going on simultaneously and may have found themselves in this chaotic lifestyle actually through no fault of their own … It was a positive move … to make sure we didn't miss people who fell through the net**.'* NS5 Assistant Director (Safeguarding/Social Work)

***'There's been a case of somebody who died** … **after that** … **they formed this team** … to support the person, whether it's housing, whether it's personal care, whether it's support with drug and alcohol rehabilitation, people cannot just be left in the streets.'* V9B Social Worker

‘Lived experience’ perspectives: brief overview

- **Individuals described rejecting offers of support when experiencing MEH: longstanding distrust of services, addiction, ‘bravado’ and despair were factors. Is it helpful that safeguarding and adult social care refer to ‘choice’ / ‘unwise decisions’ as reasons not to safeguard?**

***‘People in authority, I put my trust in them, I spoke with them and they stabbed me in the back by taking my boy away**, and I’ve been sexually, mentally and physically abused … I promised my little boy when he was a baby that I’d* [look after him] *and they took that opportunity away.’* NSU01

‘We were there, say in doorways, and they’d just come … [but] ***I think you’ve got this bravado built up … I needed help then, but through the alcohol, that was just blocking it, and it was just `Well, I can do this on my own,’ when really you can’t, you know.**’* NSU04

***‘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

- **Individuals described how they may reject ‘safeguarding’ or social care support when in deep crisis, but with hindsight are grateful, and are perplexed where no safeguarding intervention took place.**

Summing up, policy direction, next steps?

Summary of findings

- **Interviews** found that **adult safeguarding – or alternative effective multi-agency risk management – is often inaccessible for people experiencing MEH**; no lack of good practice by individual practitioners and some localised teams or services working to offer support and reduce risks for vulnerable individuals, *but* there are often **attitudes, service gaps and structural barriers** across systems that contribute to **failures to respond to the complexity of MEH via adult safeguarding or –** importantly – **in day to day service responses**.

- **Economic analysis** of **three SARs featuring the deaths of people experiencing MEH** found that a shift *from* the repeated use of emergency services but lack of integrated support for people *to* appropriate and timely multi-disciplinary support, would have resulted in a **significant cost-saving in two of three SAR cases**.

Reminder of Statutory guidance to the Care Act

14.9 Safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support.

14.12 In order to achieve these aims, it is necessary to:

- clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision … should be responded to.

Concern:

Adult safeguarding referrals to address extreme or sudden risks that may require an urgent injection of local authority-led multi-disciplinary scrutiny and risk management can get lost in an overload of referrals that are simply highlighting everyday gaps in 'safe and high quality care and support'.

Direction: national policy and guidance: positive

- **Homelessness is increasingly featuring within adult safeguarding and social work guidance.**
- **Calls for multi-disciplinary integrated teams, specialist homelessness social worker roles, and greater governance and scrutiny are increasingly featuring in homelessness guidance:**

National Institute for Health and Care Excellence (NICE) Guideline 'Integrated health and social care for people experiencing homelessness' (Mar 2022)

Rough Sleeping Strategy 'Ending Rough Sleeping For Good' (Sep 2022)

Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA) Guidance note for Directors of adult social services: 'Care and support and homelessness: Top tips on the role of adult social care' (July 2022)

Question for policy and practice

How do we address the reluctance to accept Adult Safeguarding referrals where there is MEH and high risks from self-neglect?

- **Address ambiguity in the Care Act Guidance about self-neglect?**
  '… self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis…'

- **Address poor interpretation of safeguarding duty thresholds?**
  Only need reasonable cause to suspect care and support needs; can be triggered by substance use; no need for 'ordinary residence'; refusal to engage or to give consent, mental capacity or lack of, and immigration status are all not relevant to adult safeguarding.

- **Address assumption safeguarding cannot offer anything 'new'?**
  Except: statutory ownership of risk, timely multi-disciplinary approaches to risk management, data sharing and commitment across services, local governance oversight, and national reporting… Could this scrutiny inform improvements in day to day commissioning and practice?

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Thanks

Study website (all publications and presentations so far; more to follow): www.kcl.ac.uk/research/homelessness-and-self-neglect

Webinar 25.4.25: Lived Experience perspectives on homelessness, self-neglect & safeguarding

More events: HSCWRU Homelessness Series (free and online): www.kcl.ac.uk/events/series/homelessness-series

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