Safeguarding Adult Review: Chronic homelessness

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Rationale for Safeguarding Adults Review ['SAR']

In Sept.'18, Newham, Islington, City and Hackney & Lambeth's Safeguarding Adults Boards ['SAB'] undertook a combined review to understand the barriers that prevented partner agencies protecting 'Yi', an adult at risk of chronic homelessness from serious harm. Chronic homelessness is typified by prolonged periods of homelessness, including rough sleeping, together with physical, mental ill health and/or substance misuse. The Care Act (s44) requires that SABs review cases that involve adults with care and support needs where;

- an adult has died or suffered serious harm;
- the SAB suspects or knows that this was because of neglect or serious abuse; and
- there is concern that agencies could have worked better together to protect the adult from that harm.

A simplified methodology was used based on a preliminary review of evidence to create an agreed chronology and summary of Yi's needs. This informed a facilitated discussion with practitioners from across the relevant statutory and voluntary disciplines to explore how to best support system wide practice improvement.

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What happened?

In 2006 Yi abandoned his home after this fell into disrepair; attempts by the Council to secure Court orders on public health grounds failed due to Yi's lack of capacity. He was diagnosed with a mental health condition in 2008 and accommodated in 2012 in sheltered accommodation. Between 2012-15 Yi was twice physically assaulted resulting in brain injuries; throughout this time his mental health remained untreated. An assessment in May '15 confirmed he couldn't manage activities of daily living independently. Despite this, he was evicted in Sept. '15. Between 2015- 17 Yi came to the attention of statutory housing, social care and health services, principally in Islington, Hackney and Newham but support was uncoordinated and consequently he endured further periods of rough sleeping. In July '17 he was admitted to hospital from the streets and later placed by Lambeth in a nursing home. He sadly died in Sept. '18 and whilst his death was unconnected to earlier failures, practitioners wished for this review to act as a springboard to effect sustainable change for other rough sleepers at risk.

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Learning Point:
Practitioners recommended two key actions to secure more effective engagement, namely:

- improving knowledge within the workforce of the legislative framework for health, housing and social care; and
- inspiring parity among practitioners across disciplines and from statutory and voluntary sectors.

This approach was also recommended by an international study of effective responses to homelessness.

Learning Point:
Practitioners acknowledged Yi's case was not unique and spoke of individuals who 'ping-pong' between agencies as complex needs present practical difficulties for services. Whilst they were alarmed by the failings identified in the case, many equally understood how staff working to resolve each crisis he experienced could not see the wider impact actions might have on his long-term health and wellbeing. They explained how overwhelming it is to deal with large numbers of people at high risk of harm with complex needs, particularly if repeated requests for multi-agency support (under s42 Care Act or other risk management processes) appear to be ignored.

Summary of Recommendations:

1. Local homelessness strategies address risks associated with chronic homelessness so services are coordinated; staff act on advice from assertive outreach services and meet their duty to provide advocacy.
2. Commissioners & providers responsible for supported housing receive training on their safeguarding duties and the impact is evaluated.
3. Procedures are put in place to ensure any civil legal action initiated against a resident of 'specified accommodation' actively considers whether they are an adult at risk and can defend proceedings.
4. Practitioners across the statutory and voluntary sector are supported to achieve parity and provided with practical advice on key questions to ask so as to demonstrate compliance with the wider legal framework.
5. Opportunities for system wide improvements and expected cost savings inform policy and practice change for those experiencing chronic homelessness

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Learning Point:
Complexities between health, social care and housing legislative duties, and organisational financial pressures can cause barriers to professional curiosity and those willing to accept ownership for adults exhibiting complex needs. Properly embedding a human rights based approach requires organisational support for frontline staff (such as effective, reflective supervision to challenge any unconscious bias) and resources so practitioners have more time to develop rapport with individuals and professional networks

Learning Point: Policy/guidance must directly address common barriers to effective interventions and provide mechanisms for overcoming these including:

- Homeless adults with complex conditions can be difficult to find and assess;
- Traditional pathways to assessment won't often work, needing services to have flexibility to offer reasonable adjustments in line with Equality Act duties;
- Commissioning accommodation and social care support is hard for those with on-going complex conditions or history of rent arrears/ anti-social behaviours.

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