Somerset Safeguarding Adults Board

Self-neglect and homelessness briefing

This briefing forms part of the Somerset Safeguarding Adults Board self-neglect toolkit - Practice guidance and resources

WHAT IS HOMELESSNESS?

Though homelessness is traditionally associated with rough sleeping, it is now accepted to be broader than that. The term covers a spectrum of living situations notable by the absence of safety, security and stability, including:

- People residing in temporary accommodation: night or winter shelters, hostels, B&Bs, women's refuges
- 'Statutory homeless': people who local authorities have a legal duty to secure a home for
- People sleeping rough: sleeping in the open air, or in places not designed for human occupancy
- Hidden homeless: staying with friends/ family/acquaintances, 'couch-surfing' or 'squatting'

HOMELESSNESS AND SELF-NEGLECT – CAUSE AND EFFECT

Adults who are homeless have a range of housing and support needs and are often vulnerable or contribute to the vulnerability of others. Effective homelessness prevention strategies must include a broad plan of action across all sectors which includes addressing health and care needs.

According to a thematic review of Safeguarding Adult Reviews (SARs) there are multiple routes into homelessness, including relationship breakdown, poverty, unemployment, no recourse to public funds, domestic abuse, cuckooing and/or an inability to sustain placements due to anti-social behaviour and/or aggression and exploitation by others. These routes into homelessness are often accompanied by a lived experience that includes adverse childhood experiences, loss and trauma, mental health problems, physical ill-health and/or disability, suicidal ideation, substance misuse and self-neglect (Homeless Link 2021).

Self-Neglect can manifest itself in a multitude of ways and is often accelerated by the absence of safety, security and stability. It can be both the cause and/or the effect of homelessness.

RESPONSE FROM PRACTITIONERS

- Duty To Refer – The Homelessness Reduction Act 2017 'Duty to Refer' means that partner agencies must consider the housing circumstances of any person who has engaged with them. If any housing issues are identified, partner agencies must make a referral to the local authority homelessness/housing options team, with the person's consent Duty to refer

- Consider raising a statutory Safeguarding Adults Concern - When there is evidence that a homeless adult with care and support needs is at risk of abuse or neglect, a safeguarding concern should be raised in line with multi-agency safeguarding adults' procedures. Even if the harm is believed to be caused by self-neglect, and the adult is assumed or assessed to have mental capacity to make the decisions resulting in self-neglect, safeguarding adults' policies and procedures should still be applied. Safeguarding alert form - Somerset Council
- Multi-Agency Working - If the statutory Safeguarding duty is not met, then consider initiating collaborative working supported by existing legislation to support the adult's wellbeing i.e. Care Act 2014, Equality Act 2010, Human Rights Act 1998, Housing Act 1996, Mental Capacity Act 2005, Mental Health Act 1983 and Homelessness Reduction Act 2017 SSAB-MARM-v1.2-july-2024-fv-.docx

KEY LEARNING

This learning has been taken from both Somerset Safeguarding Adults Reviews Safeguarding Adult Reviews and national learning.

Multi-agency response

A multi-agency response is required to ensure that:
• information is shared, enabling a shared understanding of risk and needs
• a jointly owned plan is developed
• assessments are co-ordinated (integrated where possible) and timely
• organisations are challenged to try different approaches.

Use of language

To see someone as choosing this lifestyle is not only inaccurate but is likely to hinder the provision of care and use of appropriate legal frameworks.

Positive attitudes

Practitioners must have a positive and non-judgemental attitude towards working with homeless adults, with the belief that there are things that can be done to make a difference. This requires a non-discriminatory response, relationship-building skills, empathy and creativity. Professional curiosity is needed to explore whether a person is unwilling and / or unable to address their circumstances. Lack of engagement or non-engagement does not mean we give up.

Person-centred

Ask 'What do YOU want support with'

Wherever possible actions and decisions should involve the adult - taking into account wishes, feelings, views, experiences, needs and desired outcomes in accordance with the Making Safeguarding Personal Principles.

Engagement should be persistent and consistent rather than reactive and episodic.

An assertive outreach approach is more likely to be effective in generating prolonged engagement with a homeless adult.

Practitioners should be 'trauma informed' when working with this cohort of people. Further information on trauma informed practice can be found here: Exciting new developments in the Somerset Trauma Informed Network! - Somerset Safeguarding Children Partnership

Mental Capacity

When considering the mental capacity of a person experiencing homelessness it is essential to clearly define the decision(s) to be made at the outset. Is it related to their housing, health care, social care , or financial needs. Problems faced by this group are multifactorial, it is essential to define the decision(s) at the outset so that the relevant professional to assess the person can be identified. For example a capacity assessment regarding residence would normally be made by a social worker, one relating to medication a GP. Where decisions are interlinked or difficult to separate a joint assessment may be required

There are many challenges faced when assessing mental capacity in people who self-neglect and/or are homeless including:

- Decision specific and time-specific nature of assessment. There may be a broad range of current concerns – Consider what decisions need to be made and if any of these are related. For instance a persons' capacity in regard to alcohol consumption may be inextricably linked to capacity around maintaining their tenancy, placement, or temporary accommodation.
- It can be difficult to determine if incapacity through alcohol and substance misuse is fluctuating (when intoxicated) or if an addiction has caused a more chronic and pervasive impairment. – Try and arrange a time to assess capacity when they are not drinking / misusing drugs, such as early in the morning. A longitudinal assessment of capacity may be required over several different sessions to gain an accurate picture.
- People living with executive dysfunction will often present well but can struggle to make the decision(s) 'at the material time' due to problems with initiation, concrete thinking, or impulsivity – Does the person's mental impairment have executive dysfunction as a symptom. If so try to test their 'thinking about thinking'. Do they understand how their mental impairment affects their decision making 'in the moment'.
- Finding a suitable environment to undertake an assessment – Think creatively about what spaces might be available in your workplace. Are there any temporary spaces you can utilise ?
- Tracking down individuals and ensuring their engagement with assessment can be difficult – Remember the assumption of capacity is just a starting point and not an excuse for failing to carry out an assessment where it is required. It may be necessary to involve family and trusted others where contact with the person is difficult. A triangulation of information from these sources can help form a view about mental capacity where contact is limited, but time is of the essence.
- If there is disagreement about the person's capacity can a joint assessment of capacity be arranged. Consider use of the Resolving Professional Differences Guidance {SSAB Resolving Professional Differences}. Can the S42 or MARM processes be used as a forum to clarify the nature of the capacity assessment and what is required and by whom.

- Legal advice may need be sought when considering matters relating to tenancies and evictions. For instance, it is not possible for an incapacitated person to enter into a tenancy agreement without the authority of the court.

Further information on Mental Capacity and self-neglect and guidance on how to carry out an assessment can be found here: SSAB-Self-Neglect-Toolkit-MCA-and-Self-Neglect

QUESTIONS TO CONSIDER WHEN SUPPORTING SERVICE USERS

- Have you had a full and frank conversation with the homeless adult to identify the risks associated with their self-neglect, and to agree what support they may need to meet their desired outcomes? Have you said: 'What do you want'?
- Are you aware of the Homelessness Reduction Act 2017 Duty to Refer? Do you know the referral pathway within your own locality? Duty to refer
- Are all the necessary partners involved in a collaborative approach? Are you aware of the services that are operating in your locality and who can provide support?
- What legal frameworks can you use to encourage partners to become engaged in supporting a homeless adult who is self-neglecting?
- Have you analysed the barriers to engagement – consider lack of a clock, watch or mobile phone, levels of literacy, language, mobility/ability to access transport, lack of address for correspondence, not registered with GP….
- When faced with service refusal or lack of engagement, have you recognised that this may be due to past experience, trauma, loss or fear? This will require a different approach which is guided by a comprehensive shared risk assessment, and the exploration of options within the statutory frameworks which enable the adult to make their own choices.
- Does the person have a support network in place i.e. family, friends, keyworker or carers, who could be involved in assessments and help to understand the adult's personal history and current circumstances? This is often invaluable to understand the needs of the adult and promote their voice within discussions.
- Thorough Mental Capacity Assessments will take time and often require multi-agency discussion. Often it will not be possible to rely on a single interview and the practitioner will need to consider repeat visits and collateral information.

REMEMBER It is a myth that there is nothing that can be done for a homeless adult who is self-neglecting and does not want to engage, if they have mental capacity.