



Multiple Exclusion Homelessness

***A Safeguarding Toolkit
for Practitioners***

Webinar

16th November 2023

In this session we will:

- Understand barriers to effective multi-agency practice to prevent harm or respond effectively where there are safeguarding risks;
- Explore the safeguarding duty and the relevance of partnership safeguarding responsibilities to adults at risk experiencing homelessness;
- Provide practical tips on applying the law through the Safeguarding Toolkit.

The barriers, in a nutshell

"They don't engage"

"It's a housing issue"

"There are no services for their needs"

"I can't get hold of them"

"No local connection"

"We don't provide XYZ"

"No care needs"

"Mobilising safely on ward – able to go out for a cigarette"

"They have mental capacity"

"Refused an assessment"

"They haven't consented"

"They live in supported housing"

And for social care referrers /safeguarding alerters – lost in 'Albert Square' or otherwise 'crisis fighting'

"X is rough sleeping !!!"

"Housing First with wrap around support works!!"

"Y needs 24/7 care!"

" He can't manage a home, cook, clean, pay bills etc."

"She can't manage medication or finances"

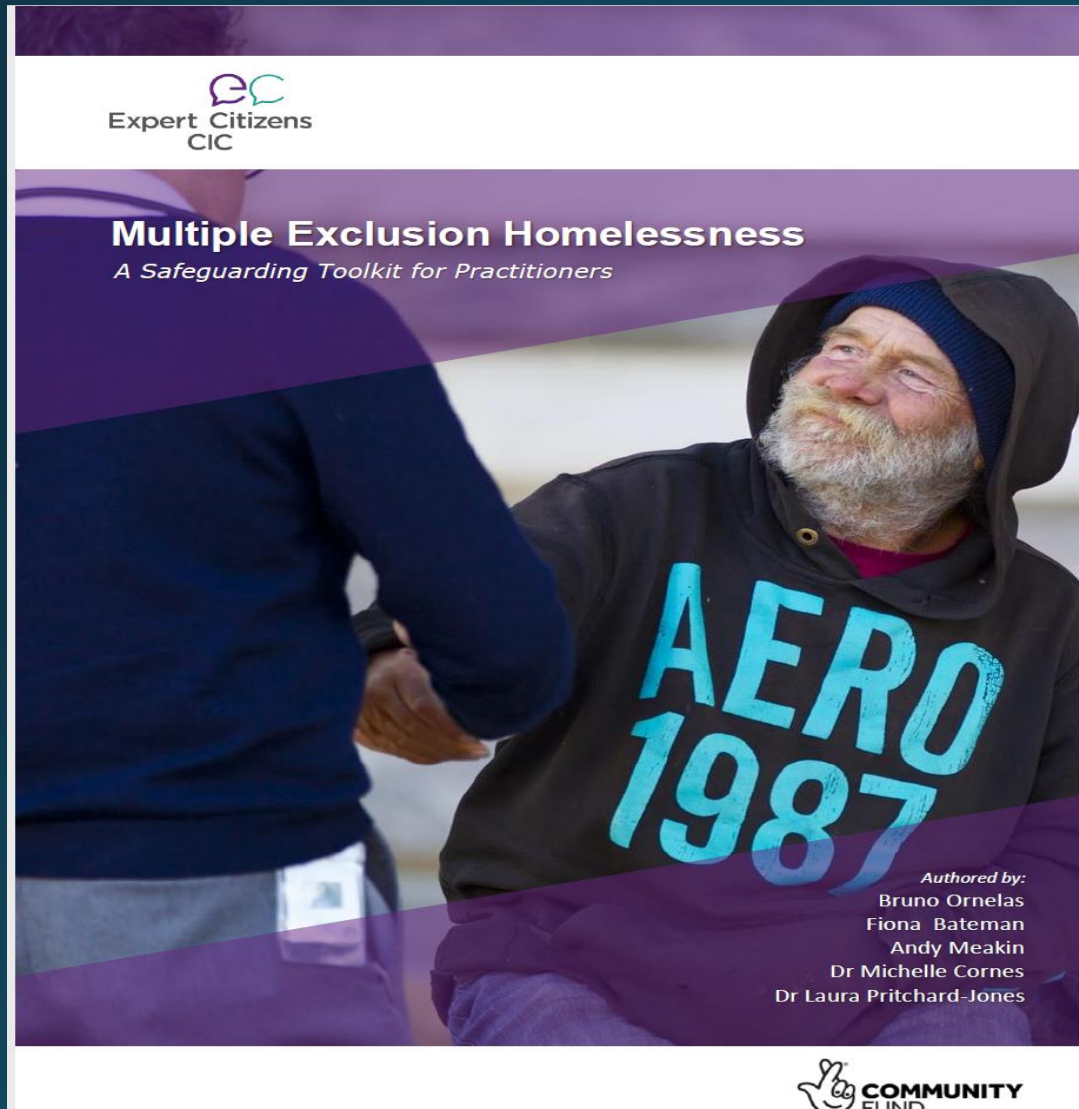
"Intensive support is needed!"

Tensions for interdisciplinary working

- Applying the statutory criteria narrowly and then 'getting lost' in criteria i.e. care and support needs, ability to self-protect, 'lifestyle choice' narratives.
- Referrals that are relayed as a stream of consciousness with the occasional full stop!! Unstructured and not always relevant facts.
- Not seeing patterns for both the individual person but also how agencies are working together i.e. multiple notifications, multiple concerns often raised by several agencies indicates concern for an individual but also a point of curiosity about how agencies are working together – this needs to be explored!!!
- Getting the basics right: Clear agendas, securing the right people, understand where viewpoints align and where there are points of uncertainty. Set SMART actions, monitor and review progress.
- Working through the immediate risks (short term) alongside the medium to longer term planning. I.e. risk mitigation and resilience planning
- Overestimating and/or underestimating risk. Neglecting the basics of risk planning, including the likelihood and severity/ impact of risk.

THE PRACTICAL STUFF

Safeguarding toolkit



A collaboration between Voices, King's College London, Keele University, Expert Citizens and CASCAIDr.

Put together by practitioners, academic researchers, Independent Safeguarding adult consultants and legal experts and peer reviewed.

To support fact finding, thinking, communication, and decision-making.

When there are safeguarding concerns about a person experiencing multiple exclusion homelessness.

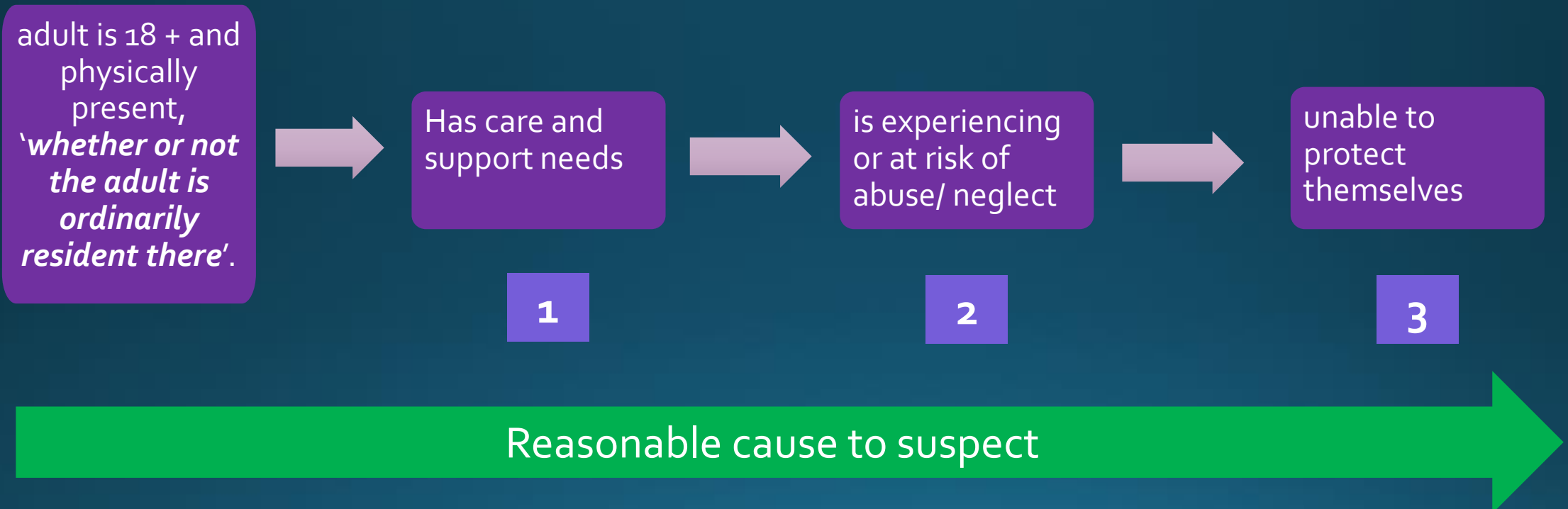
By completing the document to **set out the known facts and recognising any unknowns relevant** to the concerns.

While reading the guidance and making use of the resources highlighted.

The outcome is intended to **aid communication** across multi-disciplinary teams.

It does **not replace any local systems.**

S42 Enquiry duty is triggered when you have **reasonable cause to suspect** ...



The importance of fact finding in safeguarding

- Objectively set out the person's needs and ability to protect themselves from harm
- No solitary practitioner is expected to have all the required expertise; instead what is needed is sufficient knowledge to trigger active assessment in line with the relevant statutory eligibility criteria for those at risk of homelessness
- To do this successfully requires legal acumen and investigative skills because people experiencing homelessness may still feel stigmatised by their circumstance, may be reluctant to acknowledge the true extent of their inability to meet basic needs, or may have become reliant on informal support and relationships which remain important to them, even if abusive or the carer is unable to safely provide necessary care.

Toolkit structure



This toolkit draws on three key questions which practitioners are encouraged to use throughout the completion of the toolkit:

- 1) Have you somewhere safe to stay tonight, can you get the help you need to meet your basic needs there?
- 2) Do you understand why I am concerned about the level of risk to your well-being?
- 3) What help do you need now to protect you and how should partner agencies work together?

There are 4 sections

- 1) The adults needs and the risks they face
- 2) Chronology of events (short term and long term)
- 3) Immediate risk factors
- 4) Protection planning

Also included:

On the margins of each page there are things for you to consider when working through the document. Please note that this is to help you in your thinking and **not to replace formal procedures** for raising safeguarding concerns.

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SECTION 1 - The adult's needs and the risks they face

1. Cognitive impairment
2. Executive decision making
3. External factors impairing informed decision making
4. Psychological and emotional health
5. Physical health
6. Medication and treatment needs
7. Challenging, risky and / or distressed behaviour
8. Nutrition
9. Maintaining personal care and toileting
10. Mobility
11. Communication
12. Maintaining the home and using it safely
13. Developing and maintaining family or other relationships
14. Engagement in work, employment, or volunteering
15. Managing finances

Not all areas will be relevant and some will be more prominent than others!

READ THE MARGINS
"THINGS TO CONSIDER"
These can be used as questions to answer within each domain of need/risk



Executive Decision Making

This involves whether the adult understands the reasons for concern and the level of risk to their wellbeing. It is important to explain this in a manner the adult can understand, using all the relevant information, and in a safe environment. This will make it possible to assess whether they have understood, retained, and weighed up the information as part of a capacitated free decision.

THINGS TO CONSIDER

Even if the adult can say they understand what they need to do to keep safe, if there is evidence that they can't take that action, e.g. because of recent past behaviours, this should be set out here and included in the chronology in section 2.

Include the attempts that have been made to support them to understand the:

- current level of risk
- type of risk
- impact of risk

Local protocols on self-neglect may set out powers and processes for multi-agency risk management.

Who is best placed to lead?

What is the level of concern?

- Severe harm
- Moderate harm
- Low harm
- Minimal harm

SECTION 2 - Chronology of events

1. Most recent six-months
2. Longer-term view
3. Summary of observations

To protect against normalisation of risk or, conversely, a lack of professional curiosity, it is important to objectively document the person's relevant past history (or 'chronology') and their current ability to manage daily living and health needs



Section 2

Chronology of events

Most recent six months

Begin at month one with the most recent events and work backwards to month six.

Practitioners seeking to raise safeguarding concerns will find it helpful to put together a chronology for the person. This should summarise previous interventions succinctly.

For example, hospital admissions, periods of homelessness, or other incidents such as missing persons reports, neglect or abuse suffered, etc.

MONTH	DESCRIPTION OF SIGNIFICANT EVENTS
1	
2	
3	
4	
5	
6	

THINGS TO CONSIDER

An effective chronology can help to identify risks, patterns, or issues in an adult's life.

It can help to get a better understanding of the immediate or cumulative impact of events.

It helps to make links between the past and present to assist with understanding the importance of historic information upon what is happening in the adult's life now.

It can draw attention to seemingly unrelated events or information.

An accurate chronology can assist the process of assessment, care planning, and review.

A significant event is anything that has a positive or negative impact on the adult.

It does not have to happen directly to the adult but can be any change in circumstances or events that have or may have consequences for the adult.

This template is provided for convenience. It does not replace any agencies own recording systems or requirements. It is intended as an aid to help practitioners in getting a better understanding.

SOURCE OF EVIDENCE	IMPACT	AGENCY CONTACT
	High High Medium Low	
	High Medium Low	
	High Medium Low	
	High Medium Low	
	High Medium Low	
	High Medium Low	
	High Medium Low	



THINGS TO CONSIDER

- Identify what is significant enough to include in the context of the safeguarding concern
- Key dates
- Facts rather than opinions
- Agency involvement or interaction
- Key professional interventions
- Key actions
- Assessments carried out
- Transitions and changes of circumstance; e.g. homelessness
- Incidents, accidents, assaults, etc., where harm or risk of harm
- Source of evidence or further information

SECTION 3 – Immediate risk factors

This section concerns itself with understanding whether there are any immediate risks to the adult that require an urgent intervention to prevent harm; e.g.

- Provision of accommodation
- Interventions to remove risk from a 3rd party
- Reconnecting an adult with care and support needs to existing family or statutory support



Section 3

Immediate risks

This section concerns itself with understanding whether there are any immediate risks to the adult that require an urgent intervention to prevent harm; e.g.

- Provision of accommodation
- Interventions to remove risk from a 3rd party
- Reconnecting an adult with care and support needs to existing family or statutory support

Practitioners must act on concerns and actively gather information until satisfied there is no reasonable cause to suspect the three part test set out in s42(1) Care Act is met.

Practitioners are permitted to share information, but must record their rationale for believing this was necessary and proportionate to do so in order to support the duty to conduct a safeguarding enquiry.

This will be a matter of professional judgment, but it is important to remember:

- The adult may give permission for disclosure
- The law provides exceptions to obtaining consent, if it is necessary to meet a legal obligation, public task or for vital interests, including safeguarding
- Most safeguarding local policies and procedures will have an information sharing agreement that confirm powers to share and set out how agencies working within the partnership can resolve a dispute

Please set out all immediate risks to the adult that require an urgent intervention to prevent or reduce harm. Be explicit about the type, level, pattern of abuse or neglect. Set out if it is likely that, without timely intervention, the adult will experience actual bodily harm or intense physical or mental suffering.

The Local Authority and statutory partners will have legal powers to provide immediate support even whilst they carry out enquiries or complete assessments if, without this, there would be a breach of the adult's human rights.

Interventions should concentrate on getting the right response at the earliest opportunity.

A person's 'ordinary residence' or 'local connection' is only relevant after the person has been assessed as eligible for accommodation and/or social care support. It does not prevent a local authority from carrying out an assessment of need, providing advice and information, and providing services. Nor does it prevent urgent provision as there are powers to provide this under s19(3) Care Act 2014 and s188 Housing Act 1996.

Key to this for practitioners, particularly in frontline provision identifying signs of abuse, is understanding principles of safe enquiry and knowing how to report and secure preventative support for an adult at risk

Section 4 covers the protection planning in more detail.

THINGS TO CONSIDER

- Principles of safe enquiry include:
 - Be free from potential interruptions in a safe place
 - Never ask in front of a partner, friend or child
 - Consider if the person requires an advocate, e.g. due to a lack of capacity
 - Consider if an interpreter is required, only use an approved professional
 - Document the persons responses being mindful of information security and confidentiality

Somewhere safe to stay tonight

Type here

Who is best placed to lead?

Type here

What is the level of concern?

Severe harm

Moderate harm

Low harm

Minimal harm

THINGS TO CONSIDER

- Is the person at immediate risk of harm?
- If yes, can the risk be removed through immediate action? e.g.
 - Interventions, potentially police action, to remove risk from a third party
 - Reconnecting an adult with existing family or statutory support
- Is suitable accommodation needed to protect the adult at risk and, if so, what type?
- Does the adult understand why you are concerned about the risk to their wellbeing?



SECTION 4 - Protection planning



Preparatory checklist - for referrers



Closing an enquiry



Enquiry closure checklist - for safeguarding teams, but good for everyone to know this irrespective of role or sector.

Preparatory checklist

As the person raising the concern, have you identified the facts / circumstances that gave rise to a 'reasonable cause to suspect' the adult:

- Has a current need for care and support? ¹
- Is at risk of abuse and/or neglect?
- Is unable to protect themselves?

If you can tick the above three elements, based on the information you have, there is sufficient information for consideration of the duty under s.42 of the Care Act. Therefore, staff conducting the screening or triage must record:

- What added information gathering took place?
- Did you seek the views of the adult at risk? ²
- Consideration of duty to appoint an advocate? ³
- Did you address immediate risks (section 3)?
- Whether there's a need to preserve evidence? ⁴
- Referrals for statutory assessments made?
 - Confirmation referrals received?
 - Confirmation referrals actioned?
- Ascertain if already subject to risk management? ⁵
- Ascertain if there are statutory referrals required? ⁶
- Do these circumstances trigger a duty under s.42? ⁷

THINGS TO CONSIDER

¹ Whether or not the Authority is meeting any of those needs (see s.42(1) of the Care Act).

² It is expected that the views, wishes, and desired outcomes of the adult at risk are sought, unless there are reasonable grounds to believe that doing so would place them at further risk of harm.

³ Use where an individual would have substantial difficulty with one or more of the following (1) understanding relevant information; (2) retaining that information; (3) using or weighing that information as part of the process of being involved; (4) communicating the individual's views, wishes, or feelings (whether by talking, using sign language, or any other means)

⁴ Police and Criminal Evidence Act 1984 (PACE)

⁵ E.g. through MAPPA, MARAC, etc.

⁶ E.g. through PreVent, National Referral Mechanism for Modern Day Slavery

⁷ Care Act duty to make enquiries

Enquiry closure checklist

As the person raising the concern, you should be satisfied that the following has been recorded, assessed, and / or understood:

- What was the concern leading to the enquiry?
- What was the outcome that the adult wanted?
- What was the assessed risk of harm to the adult?
- What action was taken to protect the adult?
- What are the protective factors mitigating harm?
- Who was contacted during the enquiry and how?
- What are the established facts of the case?
- What consideration was given to mental capacity? ¹
- What were the views regarding the source of risk from:
 - The adult and / or their advocate
 - Any carer, family member, or significant other?
- Were the following consequential matters recorded:
 - Conclusions or professional judgements? ²
 - Any substantiated allegations? ³
- Was the Protection Plan recorded and communicated?
- Who is coordinating and leading outstanding actions? ⁴

THINGS TO CONSIDER

¹ It's important that mental capacity is considered at each stage of the safeguarding process

² Conclusions or professional judgements are made by suitably qualified or experienced people based on their knowledge and understanding of the situation through the application of their specialist knowledge and professional curiosity taking into account the legal, practice, ethical frameworks and relevant principles

³ Safeguarding enquiries may well be triggered or otherwise lead to allegations of abuse or neglect, it's important that the outcome of such allegations is recorded including the evidence and reasoning behind the decision

⁴ When an enquiry is closed, there may still be actions outstanding, it's important to be clear about who is coordinating the protection plan and who is leading on each outstanding action

Things to consider for (practitioners, managers, strategic leads, SAB representatives)

Helpful to understand local multi-agency arrangements and/or/if:

- Positive representation and participation across sector boundaries and specialisms
- Attendance pitched at the correct level i.e. decision-makers, including service leads, heads of department etc
- Identification of individuals, referral pathways, routes for escalation
- Cases where multiple safeguarding referrals made but with little follow through/outcome
- Legal literacy and sufficient command of the legal framework ie. Housing, social care, mental health and safeguarding laws
- Governance oversight, lines of accountability made clear. – is there timely scrutiny of safeguarding, risk management and day-to-day outcomes for people experiencing MEH? Political oversight via a lead elected member for homelessness? Governance oversight via a homelessness lead on the SAB? Learning to inform practice and commissioning?
- Shared risks assessments and contingency planning – paying attention to how (and if) risk is discussed i.e. where uncertainty is high, risk evaluation (probability and impact), consensus and dispute resolution and normalisation of risk

- Reference to safeguarding in local homelessness strategies
- Safeguarding Adult Reviews, how reviews are informing systems change.
- How formal is the multi-agency set up and how embedded in local systems? i.e A coalition of the willing – Vs - formalised structure with agreed terms, purpose and outcomes including oversight of themes.
- Address poor interpretation of safeguarding duty thresholds? Only need *reasonable cause to suspect* care and support needs; 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 cooperation across services, local governance oversight, and national reporting ... Could this added scrutiny inform improvements in day-to-day practice and commissioning to address service gaps?

Useful Links & Resources

- Multiple Exclusion Homelessness: A safeguarding toolkit for practitioners (2022) - Links TBC
- Care Act 'Multiple Needs' Toolkit (2016): [The Care Act and Social Care Assessments | Homeless Link](#)
- Adult Safeguarding and Homelessness LGA (2020). A briefing on positive practice. Available at <https://www.local.gov.uk/adult-safeguarding-and-homelessness-briefing-positive-practice>
- Adult safeguarding and homelessness LGA (2021) . Experience informed practice. Available at [Adult safeguarding and homelessness: experience informed practice | Local Government Association](#)
- Guidance on Safeguarding and Homelessness. Available at [Guidance on Safeguarding | Homeless Link](#)
- 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
- Ornelas, B., Schwehr, B., Davies, G. (2019). A Persistent and Unequivocal Refusal? The Ending of Interim Accommodation. Stoke-on-Trent: VOICES. <https://www.voicesofstoke.org.uk/2019/12/11/a-persistent-and-unequivocal-refusal-the-ending-of-interim-accommodation/>
- Ornelas, B., Schwehr, B., Davies, G. (2020). Unwise choices or uninformed decisions regarding housing options? The duty to make enquiries and the implied duty to support decision making. Stoke-on-Trent: VOICES.
<https://www.voicesofstoke.org.uk/2020/01/27/unwise-choices-or-uninformed-decisions-regarding-housing-options-the-duty-to-make-enquires-and-the-implied-duty-to-support-decision-making-before-reaching-conclusions/>
- 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. https://issuu.com/voicesofstoke/docs/ssrg_research_policy_and_planning_3

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