NIHR | Policy Research Unit in Health and Social Care Workforce

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Economic impact of closing the gaps in responses to homelessness and self-neglect

HSCWRU Homelessness Webinar
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Study outline: 2019 – 2022 (March 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.

Aim: Explore how self-neglect is experienced by people who are homeless, particularly at the intersection with substance misuse and other forms of social exclusion (**multiple exclusion homelessness: MEH**), and how this might be addressed through strengthening adult safeguarding responses…
… including those **outside formal safeguarding** and in **day to day multi-disciplinary practice**.

Study context:

Mean age at death:
45.9 years men
41.6 years women*

Prior learning from Safeguarding Adult Reviews (SARs) featuring deaths of people experiencing multiple exclusion homelessness (MEH):

- Failure to see and name ‘self-neglect’ within MEH.
- Chronic alcohol or drug use seen as a ‘lifestyle choice’ even when mental ill health and trauma part of the picture.
- Failure to see situation in terms other than ‘primary’ issue of housing; can lead to lack of assessments: Care Act 2014, Mental Capacity Act and Safeguarding.

*Office for National Statistics, 2021, Deaths of homeless people in England and Wales: 2020 registrations

Study methods: three strands

Primary data collection (qualitative)

- 22 initial interviews with social workers (using vignettes).
- 60 interviews with wide range of practitioners across services in three study sites (six local authorities).
- 30 face to face individual interviews or focus groups with people experiencing, or with lived experience of, MEH.
- Observation (virtual) attending study site multi-disciplinary Risk Management meetings featuring MEH.

Communities of Practice

- 12 sessions across three sites; reported Jan 2022: **doi.org/10.18742/pub01-075**

Economic analysis and modelling

Economic analysis: Aim & Plan

Priority: to provide care and support to meet the needs of people experiencing homelessness and self-neglect while protecting their human rights. **But to do so** we need to maximise the impact of the limited resources available.

Aim: Build an approach to understand the full **costs of unmet needs** and the **funding to be invested** to keep people safe and to meet the needs of people experiencing homelessness and self-neglect.

Plan: Each study site supports our analyses of Safeguarding Adults Reviews (SARs) as we compare two scenarios:

- **'Unmet needs' scenario:** SAR chronology of service use and professional involvement for a case leading to harm and/or death.
- **'Met needs' scenario**: use SAR to benchmark 'what good looks like' and modify the chronology of service use and professional involvement.

Three study sites discussed a total of **three SARs.**

Economic analysis: for each SAR case:

Focus: Looked at the costs to services (health, housing. adult social care, mental health, drug and alcohol, criminal justice, voluntary sector).

Timeline: last year of life, prior to death related to MEH.

Main limitation: no cost-effectiveness modelling possible.

Because we did not get access to real life cases information, we did not know:

- How many clients were supported per locality.
- What happened to individual cases since they approach services (staff time to provide care and access to services per individual clients)
- Their outcomes - health, experience, quality of life.
- Possible changes across time.

Coproduction with our experts

- We met twice with each of the study's three local Communities of Practice (CoPs) to discuss:
  - the different complex needs cases.
  - assumptions for the economic model.
  - preliminary results and their interpretation.
- Nine experts with specific skills and knowledge acted as 'critical friends' and addressed technical queries.
- Five 'experts by experience':
  - commented on preliminary findings.
  - provided insights into what can work or is unlikely to work to meet the complex needs outlined in the three SAR cases.
- Study Advisory Group supported the entire process.

An example of SAR case economic analysis:

Northants 'Jonathan' SAR

Jonathan was a white British male with a 'normal' life and was popular amongst his peers. When he reached early adulthood his relatives noticed changes to his behaviour, he started drinking to excess and experimenting with drugs and he ended up rough sleeping. He ended up on the streets, an alcoholic, regularly beaten and robbed by drug users. He died in a hotel room, aged 46, on 31 December 2019.

Timeline: 12 months (Jan to Dec 2019).

The main challenges described in the SAR's 12-month chronology for the 'unmet needs' scenario:

Lack of collaboration between agencies was highlighted, which did not allow for a joint intervention although this was seen as appropriate.

There was a clear failure to implement a meaningful and personalised plan of action and to assess his social care needs; his needs were only viewed as housing related.

The threshold criteria under section 42(1) of the Care Act 2014 were met which should have brought about a safeguarding enquiry.

The professionals' meetings lacked structure and meaningful action planning.

The evidence should have been sufficient to have activated the Adult Risk Management (ARM) system.

The experts confirmed that the ‘met needs’ scenario would see …

In early January Jonathan would have been discharged from hospital.

A Section 42 Enquiry would have been triggered, and an ARM would have been in place.

The ARM would have provided a safe and effective framework for addressing risks through timely information-sharing and coordinated assessment and planning.

Inter-agency communication and collaboration would have been in place.

The experts confirmed that the ‘met needs’ scenario would see …

His needs would have been best met through a Care Act 2014 assessment plus referral to Housing Options.

Voluntary sector services would have helped him with housing and legal advice, setting up a bank account and accessing benefits and support.

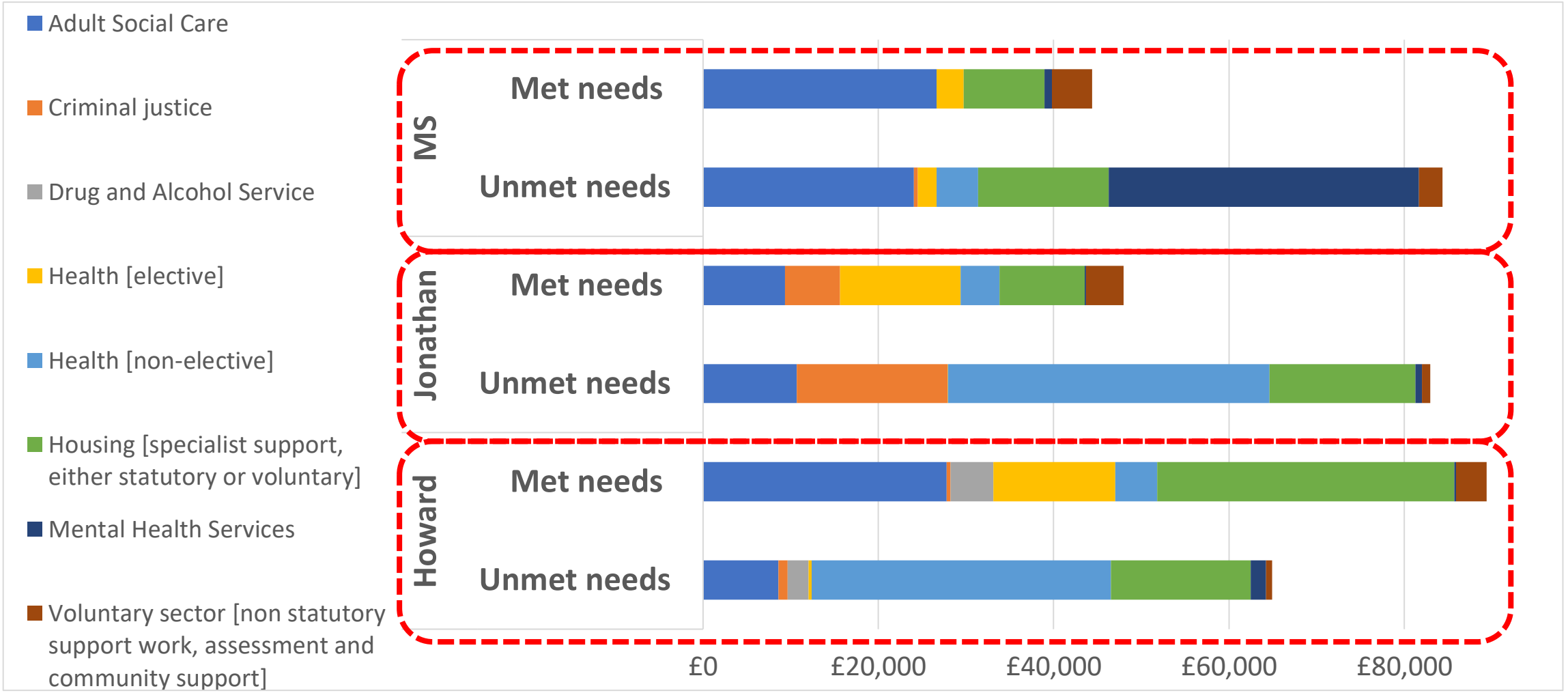
Outreach services would have been involved to accompany Jonathan to his health appointments, etc.

Domiciliary (homecare) would have been arranged for the rest of the year.

Funding to be invested to keep Jonathan safe and meet his needs (when considering the last 12 months of the SAR)

	Unmet needs (£, 2021)	Met needs (£, 2021)	Difference in costs (£, 2021)	Note
Criminal justice	17,155	6,283	- 10,871	Cost saving
Health [elective]	79	13,735	13,655	More funding
Health [non-elective]	36,651	4,477	- 32,174	Cost saving
Housing specialist support [statutory or voluntary]	16,686	9,677	- 7,009	Cost saving
Adult Social Care	10,718	9,353	- 1,365	Cost saving
Mental Health Services	715	175	- 540	Similar budget
Voluntary sector	979	4,290	3,311	More funding
TOTAL for last 12 months	**82,982**	**47,989**	**- 34,993**	**COST SAVING**

Amount (£) of resources to be invested to keep people safe and meet their needs*



***Considering the last 12 months for all three case stories**

When we consider the resources to be invested to keep people safe and meet their needs in the last 12 months of the SAR case stories:

- A shift from urgent and emergency care to planned, multidisciplinary and recovery care ***can be cost-saving***.

BUT

- **Both *appropriate* and *timely (preventative) care* are needed;** delayed care is associated with worse health outcomes and higher costs to the system.

Key findings from stakeholder interviews: 1

Lack of effective multi-disciplinary working is contributing to gaps in support for MEH and self-neglect, and at times duplication:

'If I wave my magic wand it would be about more co-ordination between services … that wraparound service to support the individual who's homeless … at the moment I think we're just shoving people around, and then we end up spending more money probably, because we're not really thinking, 'if we pulled together to support this person how would that work?' *LSW1 Social Work and Safeguarding Team Manager*

'As agencies we don't know each other's organisations very well; if you wanted an ideal you would use the IOM (Integrated Offender Management) model and you would set up a multi agency team, and these days you don't have to do that physically … we managed a group of individuals and some people needed more of one (service) and some people needed more of the other, and that was fine … it is intensive work, and it doesn't work if you don't put them all (services) in there … but in terms of cost as a community it paid, because offending rates fell, and fell quite dramatically.' *NO2 Senior Manager Probation Service*

Key findings from stakeholder interviews: 2

Gaps in commissioning, services and support contribute to a 'revolving door' of emergency service use and return to homelessness, and a long-term failure to support people experiencing MEH:

'That particular individual he's had something like 13 different A&E attendances in four months, has ended up in [1st Hospital] … he was engaging with services really well but [Local Authority], the safeguarding people, they worked really, really hard but couldn't find an appropriate placement so he self discharged before they could put the processes in place; now he's in [2nd hospital] in ITU costing an absolute fortune.' *LO3 Homelessness Nurse*

'There has to be an internal method of protecting the very, very-most vulnerable with support, and that has to be a statutory function … when there were budget cuts, non statutory services were the first to get the axe … when you are cutting Supported Accommodation Services the need is not going away, the need will basically migrate into general needs accommodation, and at that time you will not be able to manage … This is where you get the 'revolving door'; this is where you get admittance into hospital, A&E, etc. When you count all that cost, the cost that you've tried to save, you've paid it in another way, tenfold.' *LS5 Rough Sleepers Coordinator*

Key findings from stakeholder interviews: 3

Balancing long term costs of providing effective support ('met needs') against the long term costs of not offering support ('unmet needs'):

'It's their ingrained long term behaviours that we've got to be able to break, and it's about having that safety net and saying, `We're not going to judge you for it, we want to help you come out of it,' but when it's year on year funding as well, this is like five, ten year projects you're talking to people about and it's costly, Housing First is expensive, it's time consuming for staff, it needs a certain calibre of person to work with these kind of people as well, but we *can* do it.' *NO1 Chief Executive, Specialist Homelessness Accommodation*

'This generation of homeless people are going to become your long term residential nursing care, if you don't listen to me and do something to prevent that … there might not be many of them, but there's going to be high cost because you're not going to get any normal residential nursing home accepting them … they're still going to have behavioural issues, they're still not going to have dealt with any of the trauma, but they've had their physical illnesses from their ongoing injections, the legs removed and everything else that happens … I've done a couple of papers now for my AD to say that 'This is what's happening, I need some support to prevent this'.' *SSW2 Social Work Team Manager*

Key findings from stakeholder interviews: 4

Leadership is needed to pool budgets and to enable the cost savings to one part of the local system to be better invested elsewhere in the system; Integrated Care Systems offer an opportunity to address this:

'It probably needs some investment, but there would already be some that's already in each of the organisations because they predominantly work with this cohort, they just don't work together … it would probably stack up to be a very small investment for potentially significant return and better outcomes … What would help here is the move to ICS's, so we employ people that work directly to Primary Care Networks, they don't work to Adult Social Care and therefore that money's being pooled … it's just applying a concept that we've started … from a Health and Social care perspective I don't see that that would be a massive barrier at all, it's the other agencies … it has to be *all* the right people; it's one of those things where you can't have just 50% of the right people, you have to have everybody on the same page, otherwise there will be another crack within which people fall.' *NS2 Assistant Director, Safeguarding and Social Care*

'If you've got evidence you can then say, 'This is the economic case for change'; the difficulty then is making that a reality; to try and get savings in one part of the system re-invested in the right place is a whole other ball game, and in my view has not been particularly successful … that for me requires political leadership.' *LS3 Safeguarding Adults Board Chair*

Three main messages from the economic analysis:

(each followed by a question for event participants)

Message 1:

Multidisciplinary responses are needed to meet the needs of people experiencing homelessness and self-neglect while protecting their human rights.

- Earlier referral + multidisciplinary assessment
- Ongoing multidisciplinary collaboration
- Sharing of data
- Pooled budgets

Message 2:

Standardised and continuous data collection is needed to monitor service provision and evaluate its impact on costs and outcomes.

Real-life cases

Individual level data on service costs and client outcomes

Health, mental health, drug and alcohol, social care, housing, criminal justice, voluntary sector perspectives.

Message 3:

Standardised and continuous monitoring and evaluation is needed to support better decision making at all levels.

- For practitioners
- For service managers
- For service planning and commissioning (at local and national level).
- For policy making (at local and national level).

To sum up, three main messages from the economic analysis:

multidisciplinary responses

(Message 1)

Cannot be achieved without:

continuous and standardised data collection

(Message 2)

+

continuous and standardised monitoring and evaluation

(Message 3)

Before moving to the questions, what group do you belong to?

Group 1: health, social care, housing and homelessness practitioners and local managers (statutory and independent sector)

Group 2: commissioners, planners and policy makers (national and local levels)

If you are an academic/researcher we don't want to forget you. Please get in contact with the team after the event to share your thoughts (jess.harris@kcl.ac.uk)

Question 1:

What changes would you need to deliver an effective multi-disciplinary response to homelessness and self-neglect?

Group 1 answer to question 1: practitioners and local managers

Group 2 answer to question 1: commissioners, planners, policy makers

Question 2:

What evidence do you need to support better decision making?

Group 1 answer to question 2: practitioners and local managers

Group 2 answer to question 2: commissioners, planners, policy makers

Question 3:

How best to use evidence to drive change?

Group 1 answer to question 3: practitioners and local managers

Group 2 answer to question 2: commissioners, planners, policy makers

Links to National policy direction: 2022

NICE Guideline ‘Integrated health and social care for people experiencing homelessness’

‘Homelessness multidisciplinary teams should act as expert teams, providing and coordinating care across outreach, primary, secondary and emergency care, social care and housing services.’ (p16)

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’

‘Consider jointly commissioning dedicated resource, in the form of specialist multidisciplinary teams … There is evidence that a more specialist response can deliver improved outcomes.’ (p13)

Rough Sleeping Strategy ‘Ending Rough Sleeping For Good’

‘We will ensure new local Integrated Care Systems (ICSs) take account of the health and social care needs of people sleeping rough. (p14)

Next steps: workshops (2023)

Aims: To better understand:

- **What evidence** commissioners and professionals in the homelessness field need and want to support their decisions;

- **How best to use** evidence of costs and outcomes to inform decision making when planning and commissioning services;

- **How best to support** the continuous production of standardised evidence.

Target populations will be:

Service users, practitioners, third sector providers, service managers and commissioners, senior policy makers and planners, charitable and philanthropic funders.

Method:

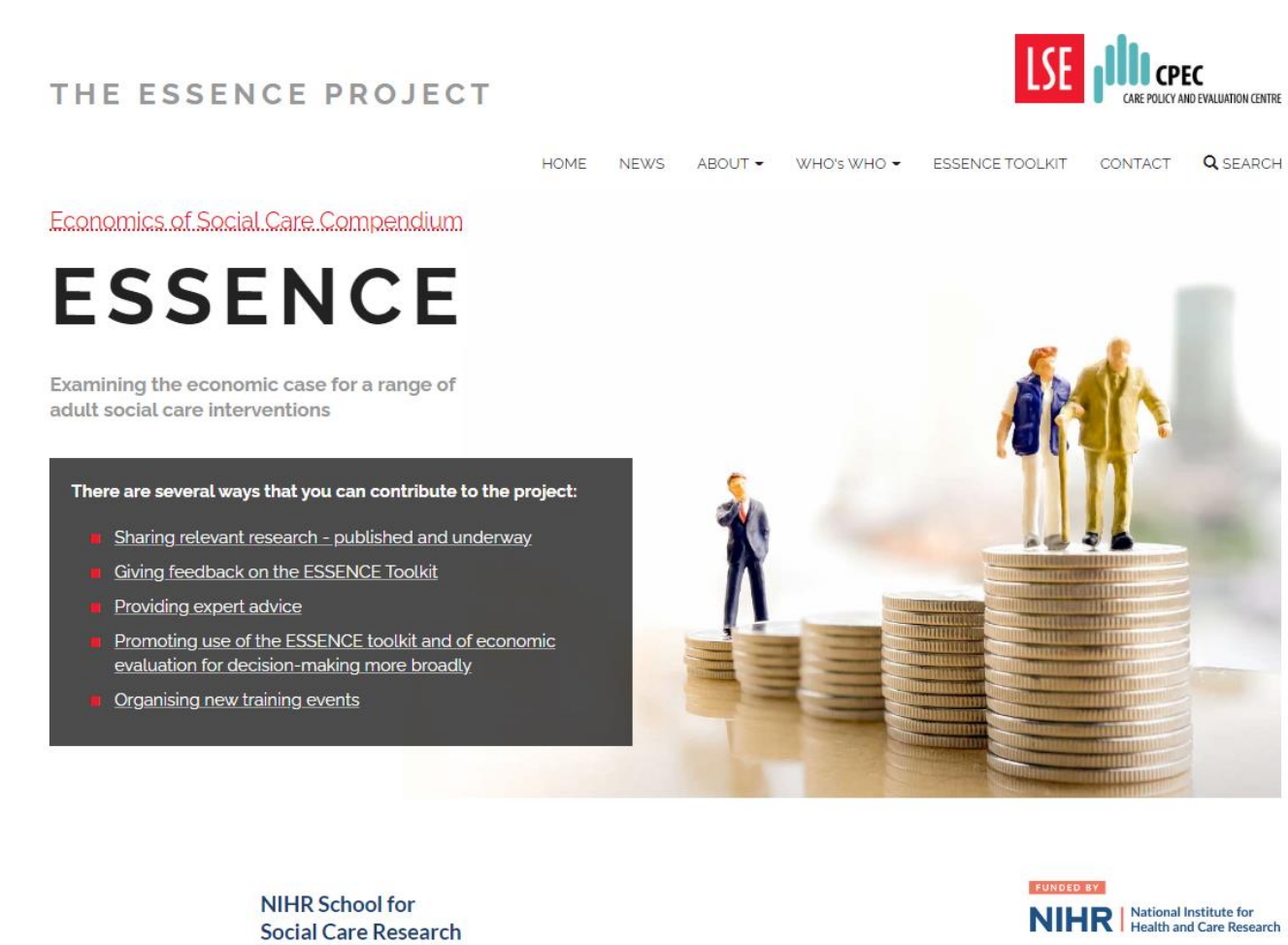
A series of online webinars and an in-person event.

Everybody registered for this event will receive workshop information

Essence toolkit. Economics of social care compendium (**https://essenceproject.uk/**)

Forthcoming:

Case study on hospital discharge and intermediate care services for people who are homeless.



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Thank you.

Any questions?

Your ideas for using the study findings to inform system improvements?

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Study website:
www.kcl.ac.uk/research/homelessness-and-self-neglect

Homelessness event series: (more to follow)
www.kcl.ac.uk/events/series/homelessness-series