Lived Experience perspectives on homelessness, self-neglect and safeguarding: *Emerging messages from a national study*

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Background to the research study

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).

Research Team: Jess Harris (KCL), Stephen Martineau (KCL), Jill Manthorpe (KCL), Jo Coombes (KCL; PPIE), Michela Tinelli (LSE), Bruno Ornelas (Concrete), Stan Burridge (Expert Focus; PPIE Lead).

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

- No research, but learning from Safeguarding Adult Reviews (SARs) which featured deaths of people experiencing homelessness indicated lack, or failure, of safeguarding.

- Since *Care Act 2014* Guidance, 'self-neglect' included as a category of 'abuse and neglect' under adult safeguarding responsibilities.

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**.
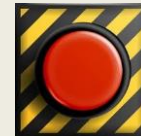
What is Multiple Exclusion Homelessness?

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', including **adverse childhood experiences, trauma and mental illness**.

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

Primary data collection (qualitative)

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

Communities of Practice in three study sites

(3 Safeguarding Adults Boards = 6 Local Authorities)

- *Reported January 2022*: doi.org/10.18742/pub01-075

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

How we talked to people with 'Lived experience'

- **Online group chats (focus groups) with 14 people:** face to face visits and interviews not possible during COVID-19 lockdown; facilitated by study's Expert by Experience lead; some participants joined once, others have contributed several times over the course of the study; participants are usually in a more settled situation and able to reflect on the experiences of themselves and of others and discuss wider issues. Some participants disappeared, fell ill, or died over course of study; others joined.

- **Face to face interviews in three study sites with 16 people:** by study's peer researcher and other research team members; took place in homelessness day centres, specialist accommodation, and in a small community organisation working with marginalised populations; participants were usually experiencing many of the facets of MEH, including mental ill health, drug and/or alcohol use, street sleeping or in hostel or specialist accommodation.

- 13 Female / 17 Male; aged early 20s to late 50s.

Emerging study findings

1 - Awareness & views of Adult Safeguarding

- **People we talked to often had low or no awareness about the role of 'safeguarding' for adults; understandably the term 'safeguarding' is strongly associated with child protection:**

*'I just stopped eating, just neglecting myself … **I don't know what Safeguarding is** … **Just to stop me feeling, like, mad, to stop me feeling suicidal?**'* NSU07

- **When 'safeguarding' was described, there were mixed views about having been referred to 'safeguarding' when experiencing severe risks:**

*'It means that you're not able to safeguard yourself and you need people to help you … **the way that makes me feel is like I'm useless**.'* NSU01'

'I think if I hadn't have been [safeguarded] ***I wouldn't be here, I really do, I was determined*** [to kill myself] ***… they've put themselves out for me so it's like I don't want to let them down*** *… I think they could see that I just had enough.'* NSU04

2 – If any Safeguarding conversations, hard to recall

- **Some people reflected that they were unlikely to be aware of or remember any one conversation with a practitioner, if it had happened when they were experiencing high levels of distress, mental ill health, and/or drug or alcohol use:**

*'They've got to do it's their job … **I can't remember because obviously everything going on, but I probably weren't interested at the time.'** NSU03*

*'I wouldn't be sitting and talking to you now would I if I had a problem with it, I want to do as much as I can to make things better … not just for me, for everyone, my kids … **they would have given me a referral but I probably would have been pissed and forgot about it.'** NSU05*

3 – Safeguarding because failure of day-to-day?

- **Safeguarding or Risk Management referrals are regularly triggered by provider services when accommodation arrangements are failing, a discharge to the street is imminent, and other attempts to resolve the situation via day-to-day inter-agency working have failed:**

'Well [accommodation manager] *just came to me and explained that all these people … were going to start meeting with me … **I just know that I was about to be evicted … I guess somebody had spoken to .. the council had decided to put something together* to make sure that I didn't become homeless … yeah that was beautiful, I didn't know where I was going to go from here, so I mean that was wonderful**.'* NSU10

* In this case a risk management meeting was called by the independent sector accommodation service, not the local authority, and an alternative Risk Management process, not Safeguarding, was triggered.

4 – We found that often no action taken

- **Safeguarding referrals by day centres and accommodation providers had not led to a section 42 investigation or any action for nearly all of our interview participants** [information shared by staff, with client permission]**:**

'I feel disappointed that nobody's stepped up to help .. it was like at least four or five different safeguarding referrals … when I called them about it, the Safeguarding Team, before they even asked for my name they said, `Well put in a complaint' … I'm a trauma victim trying to survive and come off alcohol, I've literally heard [from] nobody, the safeguarding was never put into place.' NSU08

'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

5 – Shouldn't we be looking beyond 'choice'?

- **People described rejecting offers of support – this was a process where mental ill health, substance use, distrust of services, 'bravado', despair and the 'obstacle course' of accepting help were all factors. And professionals told us safeguarding may not proceed because of an individual's '*choices*' or '*unwise decisions*'.**

Interviewer: *You didn't engage previously … you didn't want to engage with the Social Worker?* **'***Because my little boy was adopted by Social Services and obviously* **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

'When we were there, say in doorways, and they'd just come up … but it was a case where, **because I was drinking** *…* **I think you've got this bravado built up … I should have known that 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** *…* **but there always seems to be some kind of block** *…* **people just get fed up with going through procedures where it's like they're being interrogated** *…* **I found it quite difficult … like an obstacle course***.'* NSU04

- **People told us that it was continuity and intensity of specialist support that helped them break the cycle of multiple exclusion homelessness:**

'They have not got the time to be able to work with their client on a holistic basis … I found as I've gone through systems … it's more about nowadays ticking boxes and `you don't die on my watch' than it is about helping the person to get a better life and accessing counselling and stuff.' FG6

'I've been in my hostel for four years now and it's been a huge help, I really do think just having someone consistent that you can trust is so important when you're going through temporary accommodation and homelessness … and I think that's the biggest problem … you will get lost through the system..' FG13

'Since the age of 17, I'm 37 now, I've been in and out of the jail system and it's just gone round and round in circles … I'd go in, I've come out, I'd use again, I'd go in … so this time when I was released luckily there was a new project … for girls that have come out of prison or are vulnerable and this is where I am now, and I've had so much support … yeah it saved me.' FG5

- **People told us that having 'lived experience' staff as part of a support system helped them to feel understood, reduced the 'us and them' and offered hope:**

*'We need the right approach from the people who speak the language of these homeless people ... they're not going to listen to other professionals ... there should be a certain percentage out of them, **workers, that are lived experience, that's the only thing that's going to work,** and that's got to be in Council's, doctors surgeries anywhere, even Police, **it's got to be that mutual understanding, that respect**. You ain't getting that respect and understanding, when they say `oh I understand', no, you don't, so people that are in that kind of sector, I think that would be really beneficial.'* FG13

*'**People come in who are working in those jobs, have come from a personal experience because I think that counts more** than if I've gone to a university and learned that stuff ... **for me seeing somebody who has come from homelessness, who's come into, has got themselves a job and is living a dream life, what I consider a dream life** ... that for me is a hero, and they are the ones I want to be like, that's what I want.'* FG6

Summing up, questions, comments and discussion

Summary of research findings

- **Lived Experience:** a few positive stories of safeguarding – or other risk management – processes preventing someone being evicted from accommodation to the street, or being supported to get off the street; however more **commonly safeguarding referrals did not proceed to a Section 42 inquiry, to any assessments, or to additional multi-disciplinary support for people experiencing MEH.**

- **Practitioner Interviews:** found that **adult safeguarding – or alternative effective multi-agency risk management – is often inaccessible for people experiencing MEH; no lack of good practice within statutory sector by individual practitioners and localised services** working with independent providers to offer support and reduce risks for vulnerable individuals, *but* there are more often **attitudes, service gaps and structural barriers** across systems that contribute to **failures to respond to the complexity of MEH via 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 cases**.

Reminder of Statutory guidance to the Care Act

14.9 Safeguarding <u>is not a substitute</u> 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 <u>can get lost</u> in an overload of referrals that are simply highlighting everyday gaps in *safe and high quality care and support*.

Are we balancing the six principles of safeguarding?

Study findings **raise questions about the balance in the application of the six principles in Care Act**: **appears to be an emphasis on Empowerment and Proportionality** *(study found often was no safeguarding because individuals seen to be making 'unwise decisions' or 'choices')*; **less evidence of Prevention and the Protection of people** experiencing MEH **through local Partnership and Accountability** mechanisms.

- **Empowerment** - People supported & encouraged to make own decisions and informed consent.
- **Proportionality** - Least intrusive response appropriate to the risk presented.
- **Prevention** - It is better to take action before harm occurs.
- **Protection** - Support and representation for those in greatest need.
- **Partnership** - Local solutions through services working with their communities.
- **Accountability** - Accountability and transparency in safeguarding practice.

Question: How do we manage this difficult balance?

Thanks

Study website (publications, presentations):
www.kcl.ac.uk/research/homelessness-and-self-neglect

HSCWRU Homelessness Series (join the mailing list!):
www.kcl.ac.uk/events/series/homelessness-series

Many thanks to all our research participants and our Lived Experience and other Advisory Group members

Remembering Darren O'Shea *1977 - 2021*