Safeguarding responses to homelessness & self-neglect

Emerging messages from a national study

HSCWRU Homelessness Event Series: webinar 31.1.23

NIHR | Policy Research Unit in Health and Social Care Workforce

King's College London

Speakers

- **Jess Harris**, Research Fellow, Health and Social Care Workforce Research Unit (HSCWRU), King's College London: findings from practitioner interviews.
- **Stan Burridge**, peer-researcher and Director of Expert Focus: findings from interviews with people with lived experience of multiple exclusion homelessness.
- **Bruno Ornelas**, safeguarding consultant and Head of Homelessness at Concrete: reflections from an expert practitioner perspective.

Background to the research study

Details of 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).

Aim: Explore how self-neglect is experienced by people who are homeless, particularly at the intersection with experience of trauma, mental ill health, substance use, social exclusion, and other features of **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**.

Study context: why focus on Adult Safeguarding?

- Mean age at death: 45.9 years men; 41.6 women.

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

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.
- Lack of information sharing and underuse of legal duties.
- 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.

Study methods: three main strands

1. **Primary data collection (qualitative)**
   - Interviews with 82 professionals (social workers, SAB members, homelessness services, safeguarding leads in local authorities and NHS, police, probation, housing).
   - Interviews / focus groups with 30 people experiencing or with lived experience of multiple exclusion homelessness.
2. **Communities of Practice in our three study sites** (3 Safeguarding Adults Boards = 6 Local Authorities):
   - Report published Jan 2022: doi.org/10.18742/pub01-075
3. **Economic analysis and modelling**
   - Reviewing SARs to compare '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

Emerging study findings

1 - Messages about **safeguarding responses to multiple exclusion homelessness,** including those outside formal adult safeguarding, and day to day multi-disciplinary approaches.

Safeguarding not 'working' for MEH; why?

Putting in safeguarding referrals can be seen as 'going through the motions' or 'covering our back' in the face of high risk; may be slow or no response; practitioners may stop making referrals.

Barriers to safeguarding that emerged:

- **Can be unclear if homelessness 'fits' Safeguarding:**

*'We make referrals for safeguarding, we quote the Care Act and we quote all the risks and the vulnerabilities. Nine times out of ten it comes back `Not going to a Section 42, no real investigation' … **They have left that risk and not done anything because that person is 'difficult'** … **usually safeguarding doesn't go anywhere**.'* V17B

*'We had a response that came through stating that **`We don't accept safeguarding referrals for individuals who are rough sleeping**.'* LS5

- **Doesn't fit as housing is the 'primary need'; needs sequential:**

*'He is a danger to himself - it is self-neglect … he has been in and out of hospital I think it was ten times ... he's been referred to Housing … **his primary need**.'* V18A

Safeguarding not 'working' for MEH; why?

- **Homelessness not always part of social care 'umbrella': social care teams may not understand or address complexity of MEH:**

*'**If you make a referral … a social work assistant, so not a qualified worker, calls the person … that immediately sees off most of my clients** because either they don't answer the phone or … if they get a phone call … they're going to be like `No, I'm fine…' and then it's `Ok, close that.' … **That's been so frustrating! … this person needs a full assessment by a qualified social worker**.'* LF2

*'We get a homeless person or substance misuse person coming through the system … social workers say **'lifestyle choice'** or … `**can't really assess his needs because he's living on the streets**, he's told us to cart off so it's a '**non engagement**' … I probably keep cases open that I shouldn't.'* SSW5

- **Wealth of good social care practice; often individuals not systematic:**

*'I've **got a bit of a passion for people who are homeless** … other areas, it doesn't hit their radar because **they don't see it as their issue**.'* NSW1

Safeguarding not 'working' for MEH; why?

- **Safeguarding referrals can be triggered by issues of inaccessible or stretched services, including gaps in statutory and commissioned support; this generates safeguarding staff frustration about what the process can offer if 'we don't have a service for that':**

'There are very complex circumstances that lead to people rough sleeping and there's a high likelihood that they would fall under the Care Act … I don't think it's necessarily just that Adult Social Care are just, `Oh they're homeless, they aren't our problem' but … ***they don't necessarily fit well into the statutory framework,*** *so therefore* ***I don't think it's just apathy on behalf of the workers but also a knowledge that there isn't actually much we can offer.'*** LSW2 Homelessness Social Worker

- **But, how are we mapping any service gaps if we anticipate the lack of possible service response, and so fail to assess and identify un-met need?**

Emerging successful practice: social work

- **Specialist homelessness social workers: supporting referrals to safeguarding and carrying out Care Act 2014 assessments based in homelessness settings; leads to earlier advice and intervention with legal literacy; can reduce crisis escalations and inappropriate or repeat referrals for safeguarding or Care Act 2014 assessments; difficult but important bridge building role combining cultural perspectives from different services; need to embed and fund these roles long-term:**

*‘**Things have really improved** since* [name]*’s been around,* [name]*’s really, really committed … **it works when you’ve got somebody who’s specialist rather than generic,** and I think sometimes that social workers, we’ve got generic knowledges … we don’t do outreach or go out there, so I think **we sometimes need the expertise of the people on the ground**.’* LSW6

- **See Social Work and Homelessness webinar 26.10.22:** www.kcl.ac.uk/events/social-work-homelessness

2 - Messages about safeguarding responses to multiple exclusion homelessness, including **those outside formal adult safeguarding**, and day to day multi-disciplinary approaches.

Most risk managed outside of Safeguarding

Can be multiple alternative risk management processes; some described as for when ‘has capacity’ or ‘not consenting’ or ‘case is stuck’; can be (confusion whether) for crisis management or for ongoing risk management; may be powerful senior ‘creative solutions’ model.

- **Is there a transparent, agreed risk management pathway?**

***‘We’ve now got two processes that could or should pick them up** … potentially … **these people might fall - even more - through a hole**?’* NS3

- **Is there the equivalent leadership, infrastructure, statutory ownership and governance oversight that safeguarding brings?**

‘They have the [Risk] *system and although it’s a very laudable sentiment* ***there is no central oversight … nobody co-ordinating or checking that if a plan has been made that actually actions have happened** … **you may not want to call it ‘safeguarding’ but if you have somebody who has complex needs** … the agency who is overseeing the whole thing needs to be an agency who is going to be involved for that amount of time.’* NO2

Whether inside or outside of Safeguarding…

- **Is process experienced as ‘hand-off’ or sharing of risk?**

*‘**The need for multi disciplinary input** … that’s a very different ‘ask’ from saying all these people would need to have a section 42 … The problem for a lot of local authorities is **the fear comes from a hand-off culture** which says ‘**Once this is a section 42 inquiry we don’t have to do anything more with it, we hand it over to the local authority and it’s their problem**’ … staff get very defensive because they know that if they take that on they are having to do a whole load of stuff that **maybe they’re not actually best equipped to deal with** …* [we need] *a **commitment that any sharing around cases or people’s lives would not be a hand-off*** . LS3

- **Is process experienced as scrutiny outweighing support?**

*‘**You can refer yourself to get support via the*** **[risk panel]*****,*** *I’ve done it twice, **I’ll never do it again** … Everyone looks from their little laptops, because we’ve all got different systems that don’t talk to each other, and says `X’s been through our services’ … **There’s no actual support*** … [if you] *are a good worker then you would go there and you’d say, `Ok, I’ve got this information, I can put X into more context’. Oh man, I just can’t be arsed because actually **if I don’t go down that avenue there’s less people looking at me to see if I mess up the case**.’* V3B

Emerging successful practice: risk management

Combining regular multi-agency risk management expertise in MEH with accountability of Safeguarding:

'*In terms of making sure that we are not exclusionary in our approach to rough sleepers … it's really important that services try and do what the legislation purports … a lot of the things that are happening elsewhere … needs to be brought into the frame of Safeguarding …* [so] ***Adult Social Care team are every fortnight operating a meeting that's got Mental Health, Housing …Voluntary Sector … Substance Misuse … Police … are proactive about saying `Ok, who have we got on our streets at the moment? All of these people are at risk of very serious health outcomes, what can we do to make a difference?'*** *And that just needs to be enshrined in legislation …* [and] *auditable***.** LF4

'They start to become a problem … putting a high demand on other services … then ***it would come to Adult Social Care as safeguarding … they might seek to just pass it back to the Homelessness Outreach*** *… My job is just saying `I think we should have a meeting about them' … somebody that you're concerned about* ***who doesn't fit safeguarding … there's nothing actually different … just doesn't use the word 'safeguarding'*** *… I looked at a couple of SCRs from other areas and they had similar recommendations.'* V6A

Emerging successful practice: risk management

- **Cases may require legal advice and intervention; are all options clear and under multi-disciplinary consideration?**

'We referred [X] *into the* [Risk] *Panel … Safeguarding Adults Manager said **'we need to go for a Court of Protection'** … **that was the sort of response that I wanted, the co-ordination of that all coming together in a statutory framework** … **to have that oversight from the local authority who are now aware of the case and assume a duty because essentially this person could die** … **the response is just so inconsistent across different local authority areas ...*** [some] ***would never even envisage the idea of using Court of Protection or Inherent Jurisdiction to support people that are really, really vulnerable and at risk of dying on the streets*** … ***we've built up cultures of wanting to say that this person is 'choosing' to live like this, it's not our responsibility to intervene***. LF5

3 - Messages about safeguarding responses to multiple exclusion homelessness, including those outside formal adult safeguarding, and **day to day multi-disciplinary approaches**.

Embedding safeguarding & risk management day to day

- **MEH is by definition multifaceted and risky; key structural barrier to practice is day to day working across single service silos (at times antagonistically to protect resources) so safeguarding seems like the only option:**

*'Adult Social Care, Housing Needs, **they've known for months that he's going to be evicted** … **nothing's happened because it's just been a lot of people pointing at each other saying `Oh, it's your responsibility'**… so* [X] *Service said `this is ridiculous, **this is a safeguarding concern'** … Social worker is thinking `oh god, but I've been told by my panel that we can't accommodate him, and now the Housing Officer's saying that he can't be put into any accommodation because his needs are too high'* LF2

*'If this referral came in and they saw heroin and crack addiction, straight away they would say `It's the Street Drugs and Alcohol Team', and then they'll go on to the homelessness, **`It's not us**, it's the Homeless Team', and then later on: `Oh, and she's in depression, **it's not for us** it's the Mental Health'.* V1B

Embedding safeguarding & risk management day to day

- **Professionals do report successful day to day collaboration in complex cases; but often dependent on individual relationships:**

‘We’re **lucky that we’ve actually built those networks** and usually we can get everyone together … It’s a commitment … otherwise it is very difficult.’ V16A

‘**You really tap into the relationships that you’ve built** … hot desking, it’s really crap for creating and maintaining those links to do really good multi agency practice … Before, you knew that Shelly worked from the second floor, you’d pop down … now I’ve got no idea where Shelly is … **[it relies on] informal ways of even pushing somebody to be seen … if you just do it via the normal way of filling in a form and sending an email you lose that nuance**.’ V3B

- **Can be mis-match of what is requested from another service and what it can offer due to lack of inter-agency communication:**

*‘As agencies **we don’t know each others’ organisations very well, if you wanted an ideal … you would set up a multiagency team**.’* NO2

Embedding safeguarding & risk management day to day

- **MEH less likely to receive support of other services due to stigma and inflexible service models for drug and alcohol use:**

'We have a drug and alcohol service but ***they are not good with cases like this because they would not engage with someone in the community*** *…* [and] ***community mental health team don't want to know*** *as much if someone's a drug user.'* V11B

'They might just see her as just like ***`This is just an absolute waste of money, she's a drug addict'*** *…* ***people may have their own biases … who 'deserves' to be helped and who doesn't****.'* V19B

- **Gaps in day to day responses contribute to cycle of emergency service contact, safeguarding referrals and homelessness:**

'They're just turfing him back out onto the streets and he's coming back … ***I don't think we've got a service for somebody like that****.'* V18A

'They're very geared up that people are allowed to make unwise decisions … ***'case closed' because they have capacity and they have a roof over their head … they'll be kicked out again because there's no change; they're back on the street****.'* V4A

Emerging successful practice: day-to-day

- **Multi-disciplinary homelessness teams including social work, mental health and drug and alcohol expertise; shared 'trauma informed' approach; often developed after learning from local deaths and SARs nationally:**

'Creating the [specialist] *team also put that group in the forefront … it's* ***a specialist area so it requires some specialist knowledge and specialist trainings,*** *dealing with people who have multiple issues going on simultaneously and may have found themselves in this chaotic lifestyle actually through no fault of their own …* ***It was a positive move … to make sure we didn't miss people who fell through the net****.'* NS5

'There's been a case of somebody who died *…* ***after that*** *…* ***they formed this team*** *… to support the person, whether it's housing, whether it's personal care, whether it's support with drug and alcohol rehabilitation, people cannot just be left in the streets.'* V9B

‘Lived experience’ perspectives on safeguarding

'Lived experience' perspectives on safeguarding

The study captured the voices of 30 people currently experiencing, or with lived experience of, multiple exclusion homelessness:

- **Face to face interviews in three study sites:** 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 or alcohol use, street sleeping or in hostel accommodation.
- **Online group chats (focus groups):** facilitated by study's Expert by Experience lead; some participants joined once, others contributed repeatedly over the course of study; participants are in a more settled situation and able to reflect back on the experiences of themselves, of others they knew, and discuss wider issues.

‘Lived experience’ perspectives: awareness & views

- **Participants often had low or no awareness or understanding about ‘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

‘Lived experience’ perspectives: difficult to recall

- **Some participants reflected that they were unlikely to be aware of or remember any one intervention or conversation with a practitioner, if it had happened when they were experiencing extreme distress, a mental health crisis, 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

‘Lived experience’ perspectives: failure of day-to-day?

- **Safeguarding or Risk Management mechanisms 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 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

*** A risk management meeting was called by the accommodation service, not the local authority.**

‘Lived experience’ perspectives: often no action taken

- **However, referrals by independent sector day centres and accommodation providers to Adult Safeguarding had not led to a section 42 investigation or any further action for most of our interview participants (often this information was 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 … **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

‘Lived experience’ perspectives: looking beyond ‘choice’

- **Participant described rejecting offers of support when experiencing MEH as a process where mental ill health, substance use, longstanding distrust of services, ‘bravado’ and despair were all factors. Is it unhelpful to talk about a ‘choice’?**

INTERVIEWER: You said you didn’t engage previously, what was behind that?

‘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 from me.’* NSU01

‘In [city] *when we were there, say in doorways, and they’d just come up … they’d give us cups of coffee … but it was a case where, because I was drinking I think you,* ***it’s not that you’re not bothered, 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.’*** NSU04

‘Lived experience’ perspectives on safeguarding

- **In summary, some positive examples of safeguarding or alternative risk management processes preventing someone returning to the street, or helping to support someone to get off the street; however more often safeguarding referrals were not leading to greater multi-disciplinary support for people experiencing MEH.**
- **Individuals may be unlikely to agree to ‘safeguarding’ when in crisis, but with hindsight may be grateful for support and perplexed where no safeguarding took place.**

NEW WEBINAR: will explore more messages from lived experience interviews – 25.4.23: [Lived Experience perspectives on homelessness, self-neglect & safeguarding]()

Conclusions & next steps

Study conclusions

- Study interviews found that **adult safeguarding is often inaccessible for people experiencing MEH**; no lack of **good practice by individual practitioners and some localised teams or services** working to offer support and to reduce high levels of risk for vulnerable individuals, *but* there are often **attitudes, service gaps and structural barriers across systems that** contribute to **failures to respond to the complexity of MEH** via safeguarding or in day to day service responses.
- Study economic analysis of three **SARs featuring the deaths of people experiencing MEH** found that a shift *from* the emergency care but lack of integrated care that people had received *to* appropriate and timely multidisciplinary care, would have resulted in a **significant cost-saving in two of three cases**.

Balancing the six principles of safeguarding?

Study findings indicate an imbalance in the interpretation of the six principles in Care Act: an emphasis on first two (professionals describe not using safeguarding where individuals are seen to be making 'unwise decisions' or reject services by 'choice'); less evidence of Prevention and Protection of people experiencing MEH through local Partnership and Accountability mechanisms.

- **Empowerment** - People supported and 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.

Statutory guidance to the Care Act (a reminder)

14.9 **Safeguarding is not a substitute for:**

- providers' responsibilities to provide safe and high quality care and support
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services

14.10 **The Care Act requires that each local authority must:**

- co-operate with each of its relevant partners … [who] must also co-operate with the local authority

14.12 **In order to achieve these aims, it is necessary to:**

- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities
- create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect [including self-neglect]
- support the development of a positive learning environment across these partnerships …
- clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision… should be responded to.

Emerging checklist to consider...

- **At individual practitioner level: attitudes towards MEH** – is there acceptance of discrimination or gatekeeping or are attitudes trauma informed? Is there expert consideration of mental capacity, executive functioning and the concept of 'choice', in the context of trauma, adverse childhood experiences, acquired brain injuries, substance use, extreme social exclusion, and other features of MEH? **Is there system-wide shared training for practitioners to ensure consistency?**
- **At a service level: multi-disciplinary approaches (whether day-to-day, within safeguarding or alternative risk management forums)** – are they siloed, and self-protective or are they **integrated and collaborative with pooled data, budgets, service objectives** and – vitally – with **professionals with expertise in working with MEH**?
- **Locality level: oversight and governance** – is there timely scrutiny of safeguarding, risk management and day to day outcomes for MEH? Political oversight via a **lead elected member**? Governance oversight via a **lead on the SAB**? Learning to **inform practice and commissioning**?

Question for you

Why is there a reluctance to accept Safeguarding referrals where there is homelessness and self-neglect?

- **The ambiguity in the Care Act Guidance about self-neglect?** *'… self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case by case basis…'*
- **Lack of clarity over 'thresholds' for safeguarding duties?** Only need reasonable cause to suspect care and support needs; can be triggered by substance use or mental ill health; no requirement for 'ordinary residence'; refusal to engage or to consent, capacity or lack of capacity, and immigration status including NRPF **are not barriers to safeguarding.**
- **Because Safeguarding cannot offer anything 'new'?** Except timely multi-disciplinary assessment and action planning to address risks with commitment from all services …

Going forward...

- Positively, homelessness is increasingly featuring within safeguarding and social work guidance and multi-disciplinary teams and specialist social work roles featuring in homelessness guidance *(see next section).*

Question for you:

- Locally and nationally, how do we accelerate the **shift *from* reactive responses (safeguarding alerts) to risks and often re-occurring and worsening crises *to* timely and appropriate multi-disciplinary support** to help improve lives and minimise harm and deaths; this can save money for 'blue light' and A&E services, so **how can localities shift and/or pool spending**?

National policy direction

National policy direction: Governance/scrutiny

National Institute for Health and Care Excellence (NICE) Guideline
'Integrated health and social care for people experiencing homelessness' (Mar 2022)

'Local authorities should consider having **a lead for people experiencing homelessness on the Safeguarding Adults Board** (SAB) … SABs should ensure that **specific reference is made to people experiencing homeless in their annual reports and strategic plan**. … SABs should establish ways of **analysing and interrogating data** … **so that they can check that local safeguarding arrangements offer the necessary protection**'. (p29-30)

Rough Sleeping Strategy 'Ending Rough Sleeping For Good' (Sep 2022)

'Rough sleeping and multiple disadvantage is a safeguarding issue … DLUHC and DHSC are strongly recommending that every **Safeguarding Adult Board has a named member advocating for people sleeping rough** … SABs should also ensure … there is clear **accountability for people sleeping rough**.' (p94)

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

National policy direction: Integrated approaches

National Institute for Health and Care Excellence (NICE) Guideline
'Integrated health and social care for people experiencing homelessness' (Mar 2022)

'**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)

A step-by-step resource for implementing the NICE guideline
published by **Centre for Homelessness Impact** with **NICE**: examples of specialist and multi-disciplinary practice / links to resources (Nov 2022).

Rough Sleeping Strategy 'Ending Rough Sleeping For Good' (Sep 2022)

'We will ensure new local **Integrated Care Systems (ICSs) take account of the health and social care needs of people sleeping rough** (p14) … the prevalence and overlapping nature of support needs … reinforces the need for **wrap around and holistic support, with tailored interventions that bring together multiple services and systems**.' (p56)

National policy direction: Social Work & Homelessness

NICE Guideline **'Integrated health and social care for people experiencing homelessness'** (Mar 2022)

'Designate a **person to lead on safeguarding the welfare of people experiencing homelessness**, including engagement and face-to-face practical safeguarding support **…** Where **a social worker is embedded in the homelessness multi-disciplinary team** … **consider appointing them to lead on safeguarding** enquiries about people experiencing homelessness. (p29)

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'** (July 2022)

'**Early intervention and outreach work can help avoid a need for more serious interventions**. Be as proactive as possible – use safeguarding preventative measures.' (p9)

'Consider jointly commissioning dedicated resource, in the form of specialist multidisciplinary teams, homelessness nurses or **social workers, to … meet the specific needs of this cohort**. There is evidence that a more specialist response can deliver improved outcomes.' (p13)

NIHR | School for Social Care Research

Thanks

Research Team: Jess Harris, Michela Tinelli, Stephen Martineau, Bruno Ornelas, Jill Manthorpe, Stan Burridge, Jo Coombes and Michelle Cornes.

Disclaimer: This presentation draws on independent research funded by the National Institute for Health and Care Research (NIHR) School for Social Care Research. Views expressed are those of the authors and not necessarily those of the NIHR or Department of Health and Social Care.

Study website (all publications so far and more to follow):
www.kcl.ac.uk/research/homelessness-and-self-neglect

More events (free and online) to follow:
www.kcl.ac.uk/events/series/homelessness-series