

Adult safeguarding

This inquiry is about single homeless people and how access to safe and sustainable housing (or lack of it) can impact on the current health and future health outcomes

This can be people who have been street homeless, sofa surfing, or at risk of losing their home

Common issues are that they often have extremely chaotic lives, multiple issues that are just below criteria, or have suffered some sort of life trauma or abuse.

Many have high dependency on alcohol and/or drugs

How do we determine if a person is vulnerable and needs safeguarding support?

1. Adult Social Care funds the voluntary sector providers to provide hostel, move-on and floating support services for homeless people in the city. This includes Two Saints, Society of St James and Family Mosaic. All are funded through 'Supporting People' (introduced to the Committee in the opening session of the Inquiry). This is a significant investment to provide protection and support to individuals in a vulnerable position. This resource underpins housing and other long-term support solutions. Risk Assessments and assessments of the individual are undertaken by the provider unless there is a Care Manager involved. If this is the case then the person is referred back to the Care Manager.

What do we do if they fall below the criteria?

2. The term 'vulnerable individual' can be understood as including children, by virtue of their age, and some categories of adult. The Department of Health's paper 'No Secrets' (2002, paragraph 2.3) and (Who Decides, Lord Chancellor's Department - 1997). defines adults vulnerable to abuse in "**A person who is 18 years of age or over, and who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation**".

Those outside of this definition may also be vulnerable to abuse due to low self-esteem, social exclusion, drug or alcohol misuse, offending history, homelessness, domestic violence, ethnicity, immigration status, gender or sexuality.

It must also be remembered that some homeless individuals have the capacity to their own choice.

Under **Principle 3**: of the Mental Capacity Act 2005 **Unwise decisions**:

People have the right to make what others might regard as an unwise or eccentric decision. Everyone has their own values, beliefs and preferences which may not be the same as those of other people. This principle underpins the right to personal autonomy by preserving the right of a person to make an irrational, unusual or eccentric decision which, if viewed objectively, is not in that person's best interests without the person being treated as being mentally incapable. It does not prevent a capacity assessment being undertaken in respect of a person who makes an unwise decision, a series of unwise decisions, a decision that puts that person at risk, or who makes a decision which does not reflect that person's values, beliefs or approach to risk taking.

3. **What do we do if they fall below the criteria?** – Homeless people do not fall easily into care categories (e.g. mental health, drugs etc.). However, assessments are carried out on many individuals. For complex care, a collaborative assessment panel process includes consideration of community safety casework services, an explanation of safeguarding criteria and people's rights to make unwise choices. Adult Social Care is already involved with, and helps to provide care to, a number of individuals with the homelessness services. This is focused on the accommodation services being part of the system of keeping people safe.
4. **How do we support vulnerable people who wish to continue taking drugs and alcohol?** All homelessness services are linked to drugs services and needle exchanges. All support workers are tier 2 trained (a contractual requirement). This means they can understand drug use and addictive behaviours, can identify individuals at risk, and can focus support on those who are likely to respond well to less intensive and specialist forms of help such as through the provision of advice, information and other forms of brief intervention. As part of a separate contract, there are services with 19 bedspaces for very heavy drinkers – including end of life support. This is largely focused on those problematic drinkers who have been identified through the homelessness services and/or the day centre.
5. **What do we do if people have multiple problems – but all below all the criteria ie some LD, alcohol, drugs, behaviour, risk of mate crime?** A collaborative assessment process operates in the city for complex individuals, and this works closely with other community safety casework services.
6. **Does age make a difference? It may be inappropriate for older people to be in a hostel setting.** As a city we try to ensure all people aged 60 and above are diverted away from the homelessness support services. These are identified at the day centre and by the Street Homeless Prevention Team, and are linked with our general housing services. As a result, Southampton has very few older people (60+ and above), in homelessness hostels/services. Adult Social Care and housing work together to provide more appropriate accommodation with support where required. Generally, this group does not respond well to residential care settings (entrenched behaviours can cause difficulties), so this option is rarely used.

7. **What is Adult Social Care's knowledge of identifying the risks of homelessness?** A Housing and Community Care Officer post and the new Single Point Access (SPA), ensures links are made with Housing/Homelessness colleagues. The risks are not only around the individual being homeless the support needed to find accommodation. Risk assessments and risks posed by those living in the accommodation also needs to be taken into account. For example, the risk of exploitation by others. Such risks are managed in line with policies and procedures.
8. **Knowledge of systems and links to housing support services?** The Housing and Community Care Office role is key. The links with the Street Homeless Prevention Team and Housing/Homelessness colleagues is also crucial.
9. **Links with homelessness from A&E discharge?** There is a housing discharge protocol, and the Hospital Discharge Bureau works to ensure appropriate discharges. We have very few older people (60+ and above), in homelessness hostels/services. ASC and housing work together to provide more appropriate accommodation with support where required. Adult Social Care and housing supported the development of the Two Saints project, Breathing Space.
10. **Is there expertise and training given from both sides to understand the issues?** Health and Adult Social Care work closely together to ensure there is a range of training provided in the city. This includes End of Life Care training, Tier 2 training, Safeguarding training (all agencies have their own induction processes). We regularly review the training available.
11. **What works well in the system to access homeless services and health?** The model of homelessness services is well known and comprehensive for a city of Southampton's size. It also links with other services, acting as a key signposting point, and ensuring there is consistency in approach to homeless people in the city.
12. **What barriers are there or doesn't work well?** As constituted, the model works well, but does accentuate the small group of "revolving door" individuals, already identified by the Panel. This group represents a significant challenge to the help available within settled accommodation. Within the model we have ensured there is a range of options that can be targeted at this group, including self contained and shared longer-term housing. However, the chaotic behaviours does create risks, including in helping individuals to maintain their tenancies. Some individuals have accessed residential care settings, but these have been found not to be suitable. We continue to seek longer term solutions, including looking at models outside of the city. One key aim is to ensure that these individuals are safe, as a minimum.
13. **Any issues around transition from children's to adults services?** Care leaver services are linked into our Young People Support Services, similar to the homelessness services, however, for this younger age group Housing Benefit restrictions apply from the age of 22 years old.

- 14. Homeless people not assessed on the street – but when in hostel they are no longer critical but those services are not geared up to provide care and the individual is still at high risk of becoming homeless as many are revolving door clients and not getting out of the cycle. Although funding is an issue what can ASC do to help vulnerable adults high cost adults from revolving?** It is very difficult to assess someone on the street, however, once a person has been identified, and they meet the criteria for ASC eligibility in the model of services it is now easier to identify individuals with care needs and help is offered and appropriate care/support is provided when individuals are in hostels. The need for care services is not necessarily exacerbated by being a rough sleeper. The key focus is always on helping someone to be safe, and the model of services is successful in meeting this aim. Within the homelessness sector is a fund for 'personalising' support – aimed at helping individuals to achieve move-on, support to gain employment or meaningful activities (where this is more appropriate). This fund is well used by the projects, and the positive outcomes for individuals are often significant.
- 15. What are the gaps in the system?** As above, the solutions for the group of revolving door clients remains an issue for the city.
- 16. What changes would support homeless people better?** Safeguarding and working with homeless services/agencies. Raising awareness with those who are homeless so that they identify their own vulnerability.