**HOMELESSNESS AND SELF-NEGLECT – CAUSE AND EFFECT**

**Adults who are homeless have a range of housing and support needs and are often vulnerable or contribute to the vulnerability of others. Effective homelessness prevention strategies must include a broad plan of action across all sectors which includes addressing health and care needs.**

**According to a thematic review of Safeguarding Adult Reviews (SARs) there are multiple routes into homelessness, including relationship breakdown, poverty, unemployment, no recourse to public funds, domestic abuse, cuckooing and/or an inability to sustain placements due to anti-social behaviour and/or aggression and exploitation by others. These routes into homelessness are often accompanied by a lived experience that includes adverse childhood experiences, loss and trauma, mental health problems, physical ill-health and/or disability, suicidal ideation, substance misuse and self-neglect (Homeless Link 2021).**

**Self-Neglect can manifest itself in a multitude of ways and is often accelerated by the absence of safety, security and stability. It can be both the cause and/or the effect of homelessness.**

***This briefing is part of a series on self-neglect. Each briefing should be read alongside your Safeguarding Adults Board multi-agency policy, procedures, and practice guidance.***

**RESPONSE**

* **Duty To Refer – The Homelessness Reduction Act 2017 ‘Duty to Refer’ means that partner agencies must consider the housing circumstances of any person who has engaged with them. If any housing issues are identified, partner agencies must make a referral to the local authority homelessness/housing options team, with the person’s consent**
* **Consider raising a statutory Safeguarding Adults Concern - When there is evidence that a homeless adult with care and support needs is at risk of abuse or neglect, a safeguarding concern should be raised in line with multi-agency safeguarding adults’ procedures. Even if the harm is believed to be caused by self-neglect, and the adult is assumed to have mental capacity to make the decisions resulting in self-neglect, safeguarding adults’ policies and procedures should still be applied (See Eva SAR, Sunderland 2018).**
* **Multi-Agency Working - If the statutory Safeguarding duty is not met, then consider initiating collaborative working supported by existing legislation to support the adult’s wellbeing i.e. Care Act 2014, Equality Act 2010, Human Rights Act 1998, Housing Act 1996, Mental Capacity Act 2005, Mental Health Act 1983 and Homelessness Reduction Act 2017**

**WHAT IS HOMELESSNESS?**

**Though homelessness is traditionally associated with rough sleeping, it is now accepted to be broader than that. The term covers a spectrum of living situations notable by the absence of safety, security and stability, including:**

* **People residing in temporary accommodation: night or winter shelters, hostels, B&Bs, women’s refuges**
* **‘Statutory homeless’: people who local authorities have a legal duty to secure a home for**
* **People sleeping rough: sleeping in the open air, or in places not designed for human occupancy**
* **Hidden homeless: staying with friends/ family/acquaintances, ‘couch-surfing’ or ‘squatting’**



*Self-Neglect 7 Minute Briefing*

**SELF-NEGLECT AND HOMELESSNESS**

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**POSITIVE ATTITUDES**

**Practitioners must have a positive and non-judgemental attitude towards working with homeless adults, with the belief that there are things that can be done to make a difference. This requires a non-discriminatory response, relationship-building skills, empathy and creativity.**

**Professional curiosity is needed to explore whether a person is unwilling and / or unable to address their circumstances. Lack of engagement or non-engagement does not mean we give up.**

**PERSON-CENTRED**

**Ask ‘What do YOU want’**

**Wherever possible actions and decisions should involve the adult - taking into account wishes, feelings, views, experiences, needs and desired outcomes in accordance with the Making Safeguarding Personal Principles.**

**Engagement should be persistent and consistent rather than reactive and episodic.**

**An assertive outreach approach is more likely to be effective in generating prolonged engagement with a homeless adult.**

**USE OF LANGUAGE**

**To see someone as choosing this lifestyle is not only inaccurate but is likely to hinder the provision of care and use of appropriate legal frameworks.**

**A MULTI-AGENCY RESPONSE**

**A multi-agency response is required to ensure that:**

* **information is shared, enabling a shared understanding of risk and needs**
* **a jointly owned plan is developed**
* **assessments are co-ordinated (integrated where possible) and timely**
* **organisations are challenged to try different approaches.**

**KEY LEARNING**

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* **Have you had a full and frank conversation with the homeless adult to identify the risks associated with their self-neglect, and to agree what support they may need to meet their desired outcomes? Have you said: ‘What do you want’?**
* **Are you aware of the** [**Homelessness Reduction Act 2017**](https://www.legislation.gov.uk/ukpga/2017/13/contents/enacted) **Duty to Refer? Do you know the referral pathway within your own locality?**
* **Are all the necessary partners involved in a collaborative approach? Are you aware of the services that are operating in your locality and who can provide support?**
* **What legal frameworks can you use to encourage partners to become engaged in supporting a homeless adult who is self-neglecting?**
* **Have you analysed the barriers to engagement – consider lack of a clock, watch or mobile phone, levels of literacy, language, mobility/ability to access transport, lack of address for correspondence, not registered with GP….**
* **When faced with service refusal or lack of engagement, have you recognised that this may be due to past experience, trauma, loss or fear? This will require a different approach which is guided by a comprehensive shared risk assessment, and the exploration of options within the statutory frameworks which enable the adult to make their own choices.**
* **Does the person have a support network in place i.e. family, friends, keyworker or carers, who could be involved in assessments and help to understand the adult’s personal history and current circumstances? This is often invaluable to understand the needs of the adult and promote their voice within discussions.**
* **Thorough Mental Capacity Assessments will take time and require multi-agency discussion and professional challenge. Executive capacity should be included explicitly in assessments, linked to the person’s ability to use and weigh information.**

**REMEMBER**

**It is a myth that there is nothing that can be done for a homeless adult who is self-neglecting and does not want to engage, if they have mental capacity.**

**QUESTIONS FOR YOU TO CONSIDER**

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**LINKS TO FURTHER INFORMATION**

* [**LGA – Adult safeguarding and homelessness**](https://www.local.gov.uk/publications/adult-safeguarding-and-homelessness-experience-informed-practice) **– Experience-informed practice**
* [**LGA – Adult safeguarding and homelessness – A briefing on positive practice**](https://www.local.gov.uk/adult-safeguarding-and-homelessness-foundations-positive-practice-safeguarding-people-who-are) **(webinar)**
* [**UK Government Rough Sleeping Strategy**](https://www.gov.uk/government/publications/the-rough-sleeping-strategy)

**Safeguarding Adult Reviews including Homelessness and Self-Neglect:**

* [**Burnt Bridges – Calderdale**](https://safeguarding.calderdale.gov.uk/wp-content/uploads/2021/06/burnt-bridges.pdf)
* [**Eva and Alan - Sunderland**](http://www.sunderlandsab.org.uk/?page_id=163)

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