

# Foundations for positive practice in safeguarding people who are rough sleeping



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- How are you using Safeguarding Adult Reviews to inform everyday working practices?

## Commonly heard phrases – not always defensible statements

“They don’t engage”

“It’s a housing issue”

“There are no services for their needs”

“I can’t get hold of them”

“No local connection”

“No personal care needs”

“Mobilising safely on ward – able to go out for a cigarette”

“We don’t provide XYZ”

“They have mental capacity”

“Refused an assessment”

“They haven’t consented”

“They live in supported housing”

And for social care referrers /safeguarding alerters – lost in 'Albert Square' or otherwise 'crisis fighting'

"X is rough sleeping !!!"

"Housing First with wrap around support works!!"

"Y needs 24/7 care!"

" He can't manage a home, cook, clean, pay bills etc."

"She can't manage medication or finances"

"Intensive support is needed!"

# Acknowledging care and support needs

- Remember, assessment duty is based on the 'appearance of' care and support needs
- Challenges acknowledging care and support needs, but why?
- A tendency to **confine homelessness** to a 'housing issue' only and failure to recognise the relationship between housing and social care outcomes, when these are **inextricably linked**.
- Referrals and assessments that focus on securing services i.e. what we think the person needs by way of services. Rather than **focusing on understanding and defining needs, including ability to achieve**, through an assessment, that's what this is all about!
- Adopting a '**hierarchy of needs**' approach to outcomes - the Ombudsman reminds us how not to do this stage. Eligibility regulations now include **housing related outcomes** and each area should be assessed **equally**. [19 000 200] (LGSCO, 7 September 2020)
- Statements that start with '**we don't provide XYZ**' or '**they won't meet the criteria**' or otherwise **signposting back to services** that haven't worked for the person and without carrying out **further enquiries or checks**.
- Taking what people tell you at '**face value**': "*All I want is a flat*" John said/ "*He said all he wants is a flat*" said the Assessor. This is not **working curiously with the person's expressed wishes** or otherwise being person-centred – what it is, is paraphrasing!

# Supporting the person's involvement in the assessment

- ▶ **Para 6.30** Putting the person at the **heart of the assessment process** is crucial to understanding the person's needs, outcomes and wellbeing, and delivering better care and support.
- ▶ The local **authority must involve the person being assessed** in the process as they are best placed to judge their own wellbeing. In the case of an adult with care and support needs, the local **authority must also involve any carer** the person has (which may be more than one carer), and in all cases, **the authority must also involve any other person requested**.
- The local authority should have processes in place, and **suitably trained staff, to ensure *the involvement of these parties***, so that their perspective and experience supports a better understanding of the needs, outcomes and wellbeing.

## Recognising when you need help! Your professional curiosity applied practically

- **Para 6.86** Where the assessor does not have the necessary knowledge of a particular condition or circumstance, **they must consult someone who has relevant expertise.**
- This is to ensure that the assessor can **ask the right questions** relating to the condition and **interpret these appropriately** to identify underlying needs.
- A person with **relevant expertise** can be considered as somebody who, **either through training or experience**, has **acquired knowledge** or skill of the particular condition or circumstance.
- Such a person may be a doctor or health professional, or an **expert from the voluntary sector**, but there is **no obligation** for the local authority to source an expert from an outside body **if the expertise is available in house.**

No single practitioner is expected to know it all!! But you must act on what you are reasonably expected to know!

**Now required: advance notice of what it's all about!**  
**And sensitivity to the implications of being assessed, itself!**

- **Para 6.38** To help the adult with needs for care and support, or the carer, prepare for the assessment **the local authority should provide in advance, and in an accessible format, the list of questions to be covered in the assessment.** This will help the individual or carer prepare for their assessment and think through what their needs are and the outcomes they want to achieve
- **Para 6.40** Local authorities should also consider the impact of the assessment process itself on the individual's condition(s). People may feel uncertain and worried about what an assessment involves and may find the process itself to be strenuous. **Local authorities should therefore give consideration to the *preferences* of the individual with regards to the timing, location and medium of the assessment.**

Balancing the  
'do not engage'  
narrative by  
asking: "How  
do I/we  
engage!"

# 'Not engaging' or 'substantial difficulty' being involved?

## Formal funded Advocacy Rights under the Care Act

- There are now rights under the Care Act, 2014 (s67) to **independent advocacy** for representation and support with assessment, including care planning and reviews. This duty is **triggered if it appears to the authority that a person has substantial difficulty in being involved**, for example if the person had cognitive difficulties. There is case law that has established that an assessment would not be rendered as valid if the individual required an advocate but didn't get one.
- Councils **must fund** these rights, when triggered, so it should mean that all vulnerable adults, without anyone to help them with involvement, will now have someone who's **clued-up** to support them in discussions about their council's views about their needs and budgets.

# Care assessment toolkit

- A clear explanation of an assessment
- What happens following an assessment
- 3 way description
- Guidance and Handy Hints based on statutory guidance and good practice
- Links needs to ability to achieve
- Considers fluctuating needs
- Key to Eligibility Outcomes

Giving different types of knowledge base a fair and equal say: *valuing* everyone's experiences and expertise

**VOICES** 2018  
ISSUU  
COMMUNITY  
VOICE  
OF  
STOKE

Expert Citizens   LOTTERY FUNDED

**THE CARE ACT  
MULTIPLE NEEDS TOOLKIT**

A tool to assist with the collection and submission of information to social services. This is intended to help people experiencing multiple needs articulate their circumstances in the context of the Care Act. For this purpose, multiple needs is defined as combinations of homelessness, mental ill health, addiction, and offending. These needs may be fluctuating.

**PLEASE FEEL FREE TO USE THIS TOOLKIT PROTOTYPE**  
enquiries@voicesofstoke.org.uk  
WE WELCOME ALL FEEDBACK

**MY DETAILS**

Name

Birthdate

Telephone

Email

**MY SUPPORTER'S DETAILS**

Name

Relationship

Telephone

Email

**MY ASSESSOR'S DETAILS**

Name

Job title

Organisation

Telephone

Email

Download this toolkit here  
www.issuu.com/voicesofstoke

These are the details of the person that is experiencing multiple needs. Throughout this document this person is referred to as 'my', 'you' or 'your'.

These are the details of the person supporting you to collect this information. They may be a friend, relative, or an experienced key worker. It is better if this is someone that knows you well.

These are the details of a qualified professional assessor with the role of deciding whether you are able to access help and support services under the Care Act. Even if you are not legally entitled to services, they may still be able to arrange help or support for you.

# Pausing the assessment process

- ▶ **Para 6.25** ...Early or targeted interventions such as universal services, a period of re-ablement and providing equipment or minor household adaptations can **delay an adult's needs from progressing**. The first contact with the authority, which triggers the requirement to assess, may lead to a pause in the **assessment process to allow such interventions to take place and for any *benefit* to the adult to be determined**.

How **NOT** to do this stage, if you are a social services body:

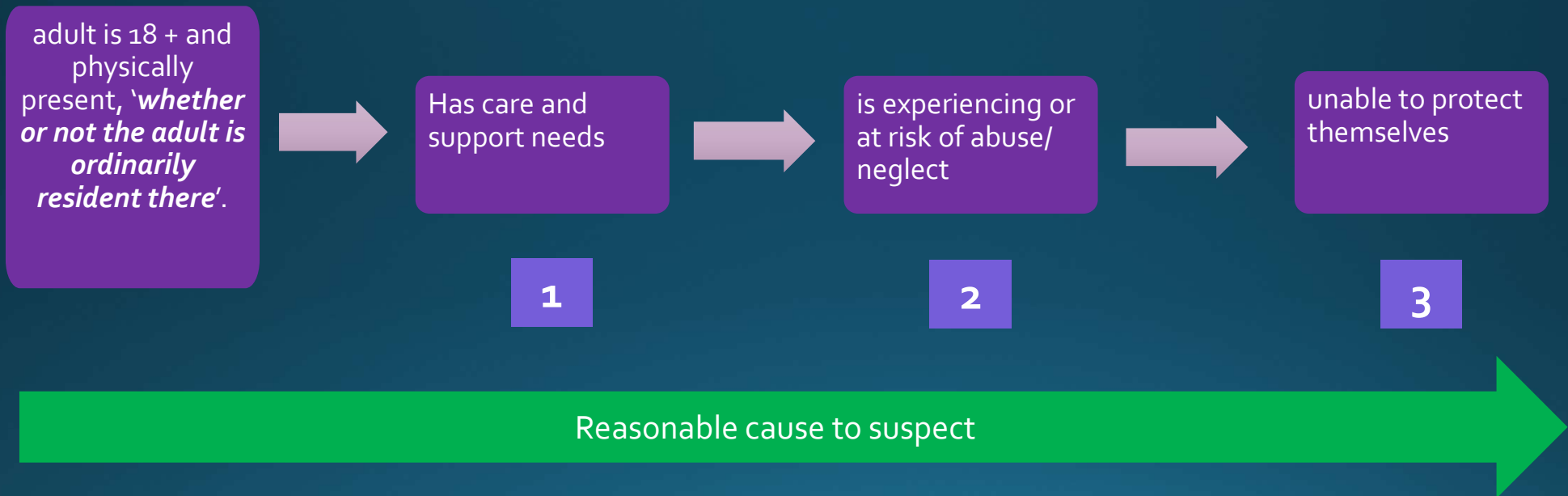
- ▶ Signposting, without finding out if there are actually vacancies or services out there still!
- ▶ Signposting away from the actual assessment itself!!

## Positive practice:-

- **Advance notification of the questions**
- **How the assessment should occur** and why its appropriate and proportionate to be carried out in a particular way
- Think about an **engagement strategy** early on – who and how.
- **Find** a professional with **relevant expertise** to support the assessment process
- Utilising services as '**trusted assessors**'
- Consider whether an **Independent Advocate** is needed. People's difficulties may not be apparent i.e. hidden needs linked to cognitive difficulties, executive impairment, trauma
- **Assessments can continue** if the person is at risk of or experiencing abuse and neglect, **irrespective of capacity**. Section 11 (2), Care Act.
- Short term **preventative** enablement support as part of the assessment process.
- Consider **discretionary powers to meet urgent needs** under section 19 (3), Care Act.
- Engagement can be secured through the **agencies that have made the referral**
- Focus on **understanding and defining needs**, not assessing people for services!
- Using the Toolkit to record views side by side, **reconciling different viewpoints**.
- Steer away from a 'hierarchy of needs' approach, assessing all outcomes equally.

# Safeguarding in practice

## S42 Enquiry duty is triggered when you have **reasonable cause to suspect** ...



# When the duty is not triggered it does not absolve practitioners of their duties...

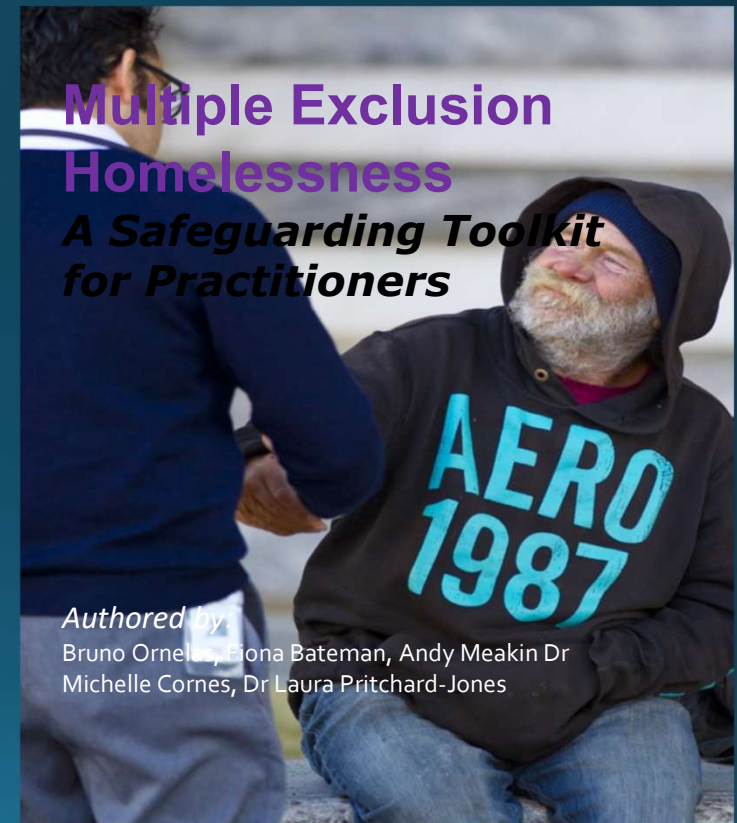
- In the event that there is **no duty to make enquiries**, guidance provide by ADASS called 'Making decisions on the duty to carry out safeguarding adult enquiries' (2019) states that "*practitioner(s) must still consider and record how any identified risk will be mitigated (including through communication with partner agencies) and how that will be communicated to the adult concerned...*"(page 8).

# The importance of fact finding in safeguarding

- Objectively set out the person's needs and ability to protect themselves from harm
- No solitary practitioner is expected to have all the required expertise; instead what is needed is sufficient knowledge to trigger active assessment in line with the relevant statutory eligibility criteria for those at risk of homelessness
- To do this successfully requires legal acumen and investigative skills because people experiencing homelessness may still feel stigmatised by their circumstance, may be reluctant to acknowledge the true extent of their inability to meet basic needs or may have become reliant on informal support and relationships which remain important to them, even if abusive or the carer is unable to safely provide necessary care.

# Safeguarding Toolkit: why, when and how

- A collaboration between Voices, King's College London, Keele University and CASCAIDr
- Put together by practitioners, academic researchers, Independent Safeguarding adult consultants and legal experts and peer reviewed.
- To support fact finding, thinking, communication, and decision-making
- When there are safeguarding concerns about a person experiencing multiple exclusion homelessness
- By completing the document to **set out the known facts and recognising any unknowns relevant** to the concerns
- While reading the guidance and making use of the resources highlighted
- The outcome is intended to **aid communication** across multi-disciplinary teams
- It does **not replace any local systems**
- The toolkit is available as a **prototype for testing**



# How is it structured



This toolkit draws on three key questions which practitioners are encouraged to use throughout the completion of the toolkit:

- 1) Have you somewhere safe to stay tonight, can you get the help you need to meet your basic needs there?
- 2) Do you understand why I am concerned about the level of risk to your well-being?
- 3) What help do you need now to protect you and how should partner agencies work together?

There are **4 sections**

- 1) The adults needs and the risks they face,
- 2) Chronology of events (short term and long term)
- 3) Immediate risk factors
- 4) Protection planning

Also included:

On the margins of each page there are things for you to consider when working through the document. Please note that this is to help you in your thinking and **not to replace formal procedures** for raising safeguarding concerns.

# SECTION 1 - The adults needs and the risks they face

1. Cognitive impairment
2. Executive decision making
3. External factors impairing informed decision making
4. Psychological and emotional health
5. Physical health
6. Medication and treatment needs
7. Challenging, risky and / or distressed behaviour
8. Nutrition
9. Maintaining personal care and toileting
10. Mobility
11. Communication
12. Maintaining the home and using it safely
13. Developing and maintaining family or other relationships
14. Engagement in work, employment, or volunteering
15. Managing finances

**Not all areas will be relevant and some will be more prominent than others!**

**READ THE MARGINS "THINGS TO CONSIDER" These can be used as questions to answer within each domain of need/risk**

# SECTION 2 - Chronology of events

1. Most recent six-months
2. Longer-term view
3. Summary of observations

To protect against normalisation of risk or, conversely, a lack of professional curiosity it is important to objectively document the person's relevant past history (or 'chronology') and their current ability to manage daily living and health needs

# SECTION 3

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## Immediate risk factors

This section concerns itself with understanding whether there are any immediate risks to the adult that require an urgent intervention to prevent harm; e.g.

- Provision of accommodation
- Interventions to remove risk from a 3rd party
- Reconnecting an adult with care and support needs to existing family or statutory support

# SECTION 4 - Protection n planning



Preparatory checklist -for referrers



Closing an enquiry



Enquiry closure checklist - for safeguarding teams, but good for everyone to know this irrespective of role or sector.

# Download Safeguarding Toolkit at:

- Voices

<https://issuu.com/voicesofstoke/docs/safeguardingtoolkit>

- Queens Nursing Institute

<https://www.qni.org.uk/wp-content/uploads/2020/05/SafeguardingToolkitDRAFT-PDF.pdf>

- NHS Safeguarding App

<http://www.myguideapps.com/projects/safeguarding/default/s3/NHS-safeguarding-programmes/s3-22.html>

Your questions ?