LONDON MULTI-AGENCY ADULT SAFEGUARDING POLICY & PROCEDURES

Appendix Seven: Adult Safeguarding and Homelessness

Launched August 2020

Appendix Seven: Adult Safeguarding and Homelessness

The purpose of this appendix to the Pan-London procedures is to provide an overview of what is considered current good practice in relation to individuals who experience multiple exclusion homelessness, and information about relevant legal rules. This includes how Safeguarding Adults Boards might respond to increased media and public interest in this area. Links are also made to helpful resources. The content of this appendix is drawn from the Local Government Association/Association of Directors of Adults Social Services briefing about positive practice[1], which also summarises available learning from Safeguarding Adult Reviews and which provides more detail about the components of good practice.

Multiple Exclusion Homelessness

Multiple exclusion homelessness comprises extreme marginalisation that includes childhood trauma, physical and mental ill-health, substance misuse and experiences of institutional care.[2] People who undergo multiple exclusion homelessness are likely to have care and support needs, and may well also be experiencing abuse and neglect (including self-neglect). Adult safeguarding responsibilities are therefore engaged.

Working with Individuals experiencing homelessness

Person-centred practice is key, core components of which are: being human, compassionately persistent, open and transparent, respectful use of language, listening and giving time and commitment. Effective practice involves hearing the voice of people with lived experience, identifying what is important to the individual, sharing reflections about possibilities and demonstrating professional curiosity about their history, about both the 'there and then' and the 'here and now' of their human story. It involves going at the pace of the person – it is their journey, in their time. Working toward change, which involves them fully, proceeds from this foundation.

Person-centred work is only possible also when practitioners reflect on how pre-judgements, prejudices, and unconscious bias may affect what they see, how they respond, and how they assess. For example, to question how we see substance misuse – it it a lifestyle choice or an attempted solution to cope with trauma, loss and experiences of abuse and neglect? There is evidence of negative attitudes, for example in mental health services, towards those who misuse substances.[3]

Professional curiosity is especially important when there are episodes of non-engagement. Is the person unwilling and/or unable to engage?[4] Has sufficient account been taken of the impact of stigma and shame, or of how services are organised? Not everyone can manage office-based appointments at set times. Outreach may be more effective. Are services being sufficiently creative and flexible, making reasonable adjustments in line with the Equality Act 2010? Are the right questions being asked? It is too easy to close cases without stepping back to ask if everything has been done to stay alongside the person.

---

[1] Preston-Shoot, M. (2020) *Adult Safeguarding and Homelessness: A Briefing on Positive Practice*. London: LGA and ADASS.

[2] Mason, K., Cornes, M., Dobson, R., Meakin, A., Ornelas, B. and Whiteford, M. (2017/18) 'Multiple exclusion homelessness and adult social care in England: exploring the challenges through a researcher-practitioner partnership.' *Research, Policy and Planning*, 33 (1), 3-14.

[3] The Kings Fund and University of York (2019) *Health and Care Services for People Sleeping Rough*.

[4] Braye, S., Orr, D. and Preston-Shoot, M. (2014) *Self-Neglect Policy and Practice: Building an Evidence Base for Adult Social Care*. London: SCIE.

Involvement of family and friends might assist with understanding and resolving issues of engagement. Are there circles of support to tap into? Where family and/or friends are not available, the principle of empowerment should lead to consideration of advocacy to enable people to participate in assessments and planning.

Assessments should be integrated wherever possible so that the person does not have to repeat their story. All assessments should be recorded in a way that allows readers to understand the working out and the reasons for final decisions. Assessments for care and support (section 9 Care Act 2014) should consider all the components of wellbeing (section 1) and be strengths-based.[5]

Mental capacity assessments should explore, rather than simply accept, notions of lifestyle choice. This means applying understanding of executive capacity and how adverse childhood experiences, trauma, brain injury, substance misuse, coercion and 'enmeshed' situations can affect decision making.[6] Repeating patterns may be one clue here, especially when someone does not follow through on expressed intentions.

Transitions, whether involving hospital and prison discharges, or young people leaving care, for example, are opportunities to put the right support in place but also occasions when arrangements can fail[7]. Transitions are just one example of the central criticality of comprehensive risk assessments and mitigation planning. Risk assessment templates may be useful here, for example those that focus on the person, the individual's immediate environment and wider networks. Underlying mental distress should indicate the inclusion of mental health assessment and support in the overall approach to risk.

Reviews[8] have recommended that NHS Trusts should review their discharge policies and procedures, and work with housing and social care services to prevent discharge to no fixed abode. The National Institute for Health and Care Excellence (NICE) has issued guidance about the transition between inpatient mental health or general hospital settings and community settings. For people with serious mental health issues who have recently been homeless or are at risk of homelessness, the guidance[9] recommends intensive structural support to assist with finding and retention of accommodation. This support should begin prior to discharge and continue for as long as necessary. Housing and mental health services should work together to jointly problem solve.

Similar guidance for people in inpatient general hospital settings[10] recommends, on admission, that a person's housing status is established and that, prior to discharge, if a person is likely to be homeless, liaison occurs with the local authority's Housing Options service to ensure that advice and help is offered. Homelessness and safeguarding issues should be addressed by agencies working together to ensure a safe and timely discharge. Those at risk of readmission should be referred to community practitioners prior to discharge for health and social care support.

---

[5] https://www.scie.org.uk/strengths-based-approaches/guidance

[6] NICE (2018) *Decision Making and Mental Capacity*. London: National Institute for Health and Clinical Excellence.

[7] SARs identify transitions as critical points. See Martineau, S., Cornes, M., Manthorpe, J., Ornelas, B. and Fuller, J. (2019) *Safeguarding, Homelessness and Rough Sleeping: An Analysis of Safeguarding Adult Reviews*. London: Kings College London. Preston-Shoot, M. (2019) 'Self-neglect and safeguarding adult reviews: towards a model of understanding facilitators and barriers to best practice.' *Journal of Adult Protection*, 21 (4), 219-234.

[8] See, for example, Redbridge Safeguarding Adults Board (2019) Annual Report 2018-2019.

[9] NICE (2016) *Transition between Inpatient Mental Health Settings and Community or Care Home Settings*. London: National Institute for Health and Clinical Excellence.

[10] NICE (2015) *Transition between Inpatient Hospital Settings and Community or Care Home Settings for Adults with Social Care Needs*. London: National Institute for Health and Clinical Excellence.

Assessments of mental capacity, mental health, care and support needs and risk should also be regularly reviewed. Tools and guidance[11] are available to assist practitioners in completing such assessments and reviews.

In summary, the focus is on making every contact count and demonstrating that every adult matters. One size will not fit all; to a degree each case will require a bespoke approach. The challenge is to find the right support in the right place at the right time.

Multi-Agency Team around the Person

Safeguarding people experiencing multiple exclusion homelessness is everyone's responsibility. Practice needs to be coordinated. Working together requires those involved to understand each other's roles and responsibilities, and the knowledge and skills they can bring to meeting someone's unique set of needs. Whether or not co-located, the aim is to create a partnership, a multi-agency team around the person, to agree a clear purpose and to achieve a creative and flexible response. The golden thread of respecting each other's expertise, parity of voice across statutory and third sector agencies, is key here. A single point of contact may appear beneficial, or agreement on lead agency and keyworker appointment to provide system leadership.

Effective information-sharing is built on the recognition that the law allows information to be requested and shared, proportionately, when necessary to safeguard the wellbeing of an adult at risk (Data Protection Act 2018). The Pan-London agreement on information-sharing should be recalled here. Another aspect to improve information-sharing is promoting accessibility of IT systems that enable professionals from across services to see and contribute to the building of a case record.

One component of effective information-sharing is referral practice. Practitioners should be professionally curious about other people's language, as the 'referrer' conveys their own world through speech patterns. Words mean something different in different sectors/professions. For example, as the section on legal powers and duties earlier will have highlighted, "vulnerability" used in a housing context may mean something different in a social care context. The multi-agency team around the person is reaching for a common, shared language as a way into understanding the person and their needs.

Equally language conveys images of the person and may reflect stereotypes or unconscious bias. Implicit notions of who is 'deserving' and 'undeserving' may influence whether referrals are made and how they are received. Finally, thresholds may influence referral practice. A golden thread appears here again, namely challenging hand-offs and working together to problem-solve.

One component of working effectively together is use of multi-agency meetings, whether framed as high risk panels, complex case panels, harm reduction forum or multi-agency risk management meetings. They are a necessary response to the often-reported difficulty of getting the right people around the table to engage in problem solving. The focus is on sharing responsibility, working flexibly across service and organisational boundaries, and offering ideas and solutions. Respectful of each

[11] Pathway with Lambeth Council, South London and Maudsley NHS Trust, ThamesReach, the Greater London Authority and EASL (no date) *Mental Health Service: Assessments for Rough Sleepers – Tools and Guidance*. Voices of Stoke (no date) *The Care Act Multiple Needs Toolkit*. Cornes, M. et al. (2019) *Transforming Out-of-Hospital care for People who are Homeless: Support Tool and Briefing Notes*. London: NIHR et al.

other's expertise, no handoffs are allowed. Plans should be agreed, with clear lines of responsibility, contingency planning and mechanisms for reviewing outcomes.

Multiple exclusion homelessness is a safeguarding issue. Reporting a safeguarding concern should be considered in situations where there is, or is a risk of, abuse or neglect (including self-neglect). These concerns will be considered under section 42 (1) of the Care Act 2014 to determine the most helpful response, whether this be an enquiry under section 42(2)[12], use of a different part of the Care Act or another multi agency response. Hence the importance of safeguarding awareness, namely all involved appreciating when safeguarding concerns should be reported, together with the criteria that should trigger a safeguarding enquiry and the referral and feedback pathways.

There are various legal powers and duties across the health, housing and social care sectors that may be relevant in specific cases, hence the importance of legal literacy[13]. The effective practice standard for the team around the person is evidence of having considered all legal options, including human rights responsibilities, powers and duties with respect to meeting care and support needs, mental capacity and referral to the High Court's inherent jurisdiction. Here, particularly, it may be helpful to draw on legal advice, case law (for example on priority need and vulnerability following the Housing Act 1996) and also on previous local cases as learning tools.

The maxim "if it is not written down, it did not happen" illustrates the importance of recording. For decision-making to be defensible, what was decided must be recorded and recording must identify what was considered and by whom, and the reasons for the approach adopted. When plans are agreed, it should be clear who is responsible for specific components of the plan, the outcome achieved and how the unfolding situation has been reviewed.

Organisations around the Team

Supervision and staff support are essential to enable staff to manage the demands of working with people who experience multiple exclusion homelessness. It is important to recognise and respond to staff stress and any evidence of compassion fatigue and vicarious trauma.[14] Responsiveness to escalation of concerns is also essential. Any evidence of silo working within organisations should be challenged. Strategic managers must hear the lived experience of work as articulated by operational managers and practitioners if service development is to be fully informed.

One feature of effective staff support is access to legal, safeguarding, mental capacity, mental health and housing specialists who can provide robust advice, challenge and guidance. One area where such access will be especially important is how organisations should respond to those with no recourse to public funds. Such access promotes confidence and competence and enables operational staff to find a way of "carrying on".

There are several angles to commissioning here. The first is to reflect on whether procurement cycles, for example for housing related support, promote or disrupt continuity of care, workforce and management. Greater flexibility in existing procurement frameworks may be needed. The

[12] Hodson, B. and Lawson, J. (2019) *Making Decisions on the Duty to Carry Out Safeguarding Adults Enquiries.* London: LGA and ADASS. (https://www.local.gov.uk)
[13] See section on legal rules below and Preston-Shoot, M. (2020) *Adult Safeguarding and Homelessness: A Briefing on Positive Practice*. London: LGA and ADASS. (https://www.local.gov.uk)
[14] https://www.homeless.org.uk/products/training/staffwellbeing

second is the need to bring people, including those with lived experience of multiple exclusion homelessness, into the conversation to map services, review gaps in provision and design the right services and pathways into provision. The third is to explore whether further moves towards joint commissioning and pooled budgets can remove silos, enhance cost effectiveness and limit the problems created by short-term funding of initiatives.

Safeguarding Adults Reviews (SARs) can be a useful source of learning[15] about gaps in local service provision or challenges with service delivery, for example the approach of services to co-occurring mental health and substance misuse. Learning can prompt system change. Feedback from operational staff can also feed into commissioning decision-making so that services adapt to people's complex needs. People experiencing homelessness will not necessarily (be able to) respond to office or clinic-based services. Outreach may prove more effective. Similarly, co-location of homelessness staff in secondary healthcare settings and of healthcare staff in day centres may prove effective in engaging with individuals experiencing multiple exclusion homelessness.

Workforce development is characterised by investment in people's experience and career development, to promote continuity and the use of expertise in direct work with people who experience multiple exclusion homelessness. Training in legal literacy, mental capacity assessments, adult safeguarding and multiple exclusion homelessness are potential areas for knowledge and skill enhancement. Support for continuing professional development should be a priority for staff in both statutory and third sector agencies. Staff working with people with complex and multiple needs, for example in supported accommodation, should not be neglected.

Workplace development focuses on giving staff autonomy to practise in line with "what works" and of clarifying expectations about effective practice when making decisions in response to risk assessments. Workforce development will prove less effective if the workplaces to which staff return after training are not aligned to enable them to implement their learning, knowledge and skills.[16] Workplace development will require a focus on capacity to engage in long-term working where this is indicated, and on ensuring that the workforce, for instance in Adult Social Care, understands that multiple exclusion homelessness refers quite probably to people with care and support needs, who may well also be experiencing abuse and neglect (including self-neglect). Adult safeguarding responsibilities are therefore also engaged.

A key question for leadership in workplace development to answer is about what type of culture should characterise the organisation. 'Making Every Contact Count'[17] and 'Making Every Adult Matter'[18] would be examples of the vision that is being promoted. This may then require policy development, for example on information-sharing and escalation of concerns. It may require reconsideration of thresholds so that those in need are not excluded from support. It is about humanising the organisation, both for staff and service users. It is about giving autonomy, permission and space to staff to devote time to build relationships, to understand a person's background and needs, and to respond in a personalised manner, rather than a process-driven one.

[15] Martineau, S., Cornes, M., Manthorpe, J., Ornelas, B. and Fuller, J. (2019) *Safeguarding, Homelessness and Rough Sleeping: An Analysis of Safeguarding Adult Reviews*. London: Kings College London.
[16] Braye, S., Orr, D. and Preston-Shoot, M. (2013) *A Scoping Study of Workforce Development for Self-Neglect Work*. Leeds: Skills for Care.
[17] See Public Health England (2016) *Making Every Contact Count (MECC): Consensus Statement*.
[18] The MEAM Approach (2019) *Making Every Adult Matter*. London: Homeless Link and Mind.

Governance and strategic partnerships

The Safeguarding Adults Board (SAB) holds the statutory mandate for governance of adult safeguarding. However, there is no one model for where systems governance of responsibilities for multiple exclusion homelessness might reside – the SAB, Health and Wellbeing Board, Community Safety Partnership or Homelessness Reduction Board may all be appropriate choices for 'holding the ring', for providing strategic leadership and holding partners to account. What works may vary depending on local government structures – unitary authorities, metropolitan boroughs, county councils, and regional or sub regional arrangements, such as in London (or Greater Manchester).

What is required is a governance conversation, inclusive of elected members, partnership and board chairs and strategic leaders, where agreement is reached on a common and shared vision alongside roles and responsibilities for assuring the quality of policies, procedures and practice. Where one board or partnership forum takes lead responsibility, all agencies/services with a potential contribution to offer must participate, represented by senior leaders with authority to commit their service to partnership working. Communication channels to other boards and partnership bodies will also require clarification. Whatever governance arrangements are agreed locally, they need to be able to hold relevant organisations and system leaders to account for delivering strategic objectives and service improvement. It follows that local partnership delivery mechanisms will need to report regularly into the agreed governance arrangements on progress with improvement activity.

Wherever governance oversight sits, one responsibility will be to ensure that lessons are learned from different types of reviews. SARs, whether mandatory or discretionary, depending on how a case is seen as fitting section 44 Care Act 2014 criteria for commissioning, focus on adults with care and support needs. Consideration will be required to agree a process for commissioning reviews with respect to adults who did not appear to have care and support needs but where there are concerns about multi-agency collaboration in response to abuse and neglect.

Barriers to effective practice will need to be addressed, especially where systemic issues emerge from repetitive findings. Review methodology should enable a proportionate consideration of these systemic issues, with a focus particularly on addressing the barriers that frustrate effective practice.

Effective practice can also be promoted through the development and subsequent review of policies and procedures that combine adult safeguarding and multiple exclusion homelessness. Policies and procedures for adults who self-neglect might provide one strategic home for this focus. Alternatively, a stand-alone policy and procedure on multiple exclusion homelessness might be developed.

Regular audits will be another responsibility for the board or partnership forum that takes the lead on adult safeguarding and homelessness. Audits, using findings from reviews, the requirements of policies and procedures, and the evidence-base of effective practice, can explore the degree to which lessons have been learned. They are one form of appreciative enquiry – where are the enablers of effective practice, what has changed and improved, and what further work is necessary?

Policy development and audit will need to focus on relationships and protocols, not just within a SAB's area but across local authority boundaries. For example, agreements will be necessary between district and county councils in two-tier authorities on roles and responsibilities with regards to homeless people. Protocols should also provide clear guidance on the law relating to ordinary

residence and transient people who present within a local authority's boundaries to ensure 'no hand-offs' of homeless adults with care and support needs.[19]

Getting governance right will minimise silo working by providing strategic and holistic overview and direction. In response to a 'so what?' challenge, it should be possible to evidence the changes that have been achieved to improve the interface between adult safeguarding and homelessness. These changes and improvements to services should be reported regularly to the agreed local governance arrangements.

Relevant Legal Rules

Care Act 2014 – Assessment for care and support

Section 9 Care Act 2014 requires single and upper tier local authorities to assess an adult who appears to have needs for care and support, regardless of the level of need. Where the authority is satisfied on the basis of a needs assessment that an adult has needs for care and support, it must determine whether any of the needs meet the eligibility criteria (section 13). The eligibility criteria are set out in the Care and Support (Eligibility Criteria) Regulations 2015. An adult's needs meet the eligibility criteria if (a) the adult's needs arise from or are related to a physical or mental impairment; (b) as a result of the adult's needs the adult is unable to achieve two or more of certain specified outcomes; and (c) as a consequence there is, or there is likely to be, a significant impact on the adult's well-being. Thus, such needs may arise from physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. The specified outcomes include being appropriately clothed, being able to maintain a habitable home environment, and being able to use facilities and services in the community. These are needs that many people experiencing multiple exclusion homelessness have and outcomes which they may not be able to achieve. If the needs are urgent, care and support can be provided before an assessment is completed (section 19(3)).[20]

The authority is under a duty to meet the adult's needs for care and support which meet the eligibility criteria if the adult is ordinarily a resident in the area or present and of no settled residence (and conditions as to charges for services and the adult's financial resources are met) (section 18). This includes duties to those returning from abroad, veterans and people coming out of prison. Local authorities also have a power to meet other care and support needs, again for adults ordinarily resident elsewhere or present and of no settled residence (section 19 (1), Annex H – Statutory Guidance[21]).

Section 11(2) requires a local authority to complete an assessment where the individual lacks capacity to refuse and an assessment is in their best interests, or the adult is experiencing/or is at risk of abuse or neglect, including self-neglect.

Section 67 (Care Act 2014) requires the local authority, in certain circumstances, to arrange for an independent advocate to be involved in assessment and care planning.

Section 76 (Care Act 2014) requires the local authority in which a prison is situated to assess individuals when they appear to have care and support needs. Eligible needs must be met whilst in prison and plans prepared to meet eligible needs on release.

---

[19] City of London and Hackney SAB, Islington SAB, Lambeth SAB and Newham SAB (2019) Mr YI – SAR.
[20] Braye, S. and Preston-Shoot, M. (2016) *Practising Social Work Law* (4th ed). London: Palgrave Macmillan.
[21] Department of Health and Social Care (2018) *Care and Support Statutory Guidance: Issued under the Care Act 2014*. London: The Stationery Office.

Local authorities must follow the requirements of The Care and Support (Disputes between Local Authorities) Regulations 2014. The local authority in whose area a person is living or, if transient, the local authority in whose area the person is present, must assess the needs for care and support as if the adult was ordinarily resident in its area. Disputes between local authorities must not delay performance of duties in the Care Act 2014.

Care Act 2014 – Safeguarding Enquiries

Section 42(1) sets out the circumstances in which the local authority (under section 42 (2)) must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom. This duty to make enquiries is triggered where an adult who has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. Practitioners should take the ordinary meaning of the phrase "unable to protect themselves" by applying what is known about a person's life experiences, history and current circumstances[22].

Care Act 2014 – Relationship with Housing

Section 23 (Care Act 2014) seeks to clarify the boundary between care and support and housing legislation. The statutory guidance[23] that accompanies the Act, particularly Chapter 15, provides further detail. A lack of suitable accommodation puts health and wellbeing at risk. Suitable accommodation is one way of meeting a person's care and support needs. However, where a local authority[24] is required to meet a person's accommodation needs under the Housing Act 1996, it must do so, and the accommodation may not be provided under the Care Act 2014. Where housing is part of the solution to meet a person's care and support needs, or prevent them, then the care and support plan may include this, even though the housing element is provided under housing legislation. Any care and support required to supplement housing is covered by the Care Act 2014.

Case law[25] has also established that a need for accommodation on its own is not a need for care and support under the Care Act 2014. Local authority adult social care departments must consider if care and support needs are accommodation-related.

It is difficult to conceive of situations in which homelessness does not have a significant impact on an individual's wellbeing. This would suggest a required focus on how the provisions in the Care Act 2014 relating to care and support are being implemented with respect to people who are homeless.

Housing Act 1996 and Homelessness Reduction Act 2017[26]

Part 7 of the Housing Act 1996 (as amended by the Homelessness Reduction Act 2017) enables a person to apply to a local housing authority for housing assistance. If the authority has reason to believe that the applicant may be homeless or threatened with homelessness, it must make

[22] Forthcoming LGA/ADASS briefing to be cited here when available

[23] Department of Health and Social Care (2018) *Care and Support Statutory Guidance: Issued under the Care Act 2014*. London: The Stationery Office.

[24] This will be the local housing authority, the lower tier authority in a two tier situation.

[25] R (SG) v Haringey LBC [2015] EWHC 2579 (Admin).

[26] LGA (2017) *Get in on the Act. Homelessness Reduction Act 2017*. London: Local Government Association. Ministry of Justice (2018) *Guidance: The Homelessness Reduction Act 2017 Duty to Refer*. London: The Stationery Office.

enquiries to determine whether they are eligible for assistance (which relates to their immigration status) and, if so, whether any duty is owed to them (section 184).

The duty owed will depend on whether the applicant (a) is homeless or threatened with homelessness; (b) is eligible for assistance; (c) has a priority need; and (d) became homeless intentionally. The highest form of duty, the main housing duty, requires the local authority to secure accommodation for the applicant's occupation. It is owed to those who are homeless and eligible for assistance, have a priority need, and did not become homeless intentionally. Where the main housing duty would be owed but the applicant has no local connection with the authority's district, their case may be referred to another authority if the applicant has a local connection with that authority's district (section 198).

There is substantial case law on priority need, vulnerability, intentional homelessness and local connection. Priority need includes vulnerability arising from disability. Vulnerability means significantly more vulnerable than ordinarily vulnerable as a result of being rendered homeless. The comparator is the ordinary person if made homeless and not an ordinary actual homeless person (Hotak v Southwark LBC [2015] UKSC 30).

Intentionally homeless means that the applicant committed a deliberate act or omissions as a result of which the person became homeless from accommodation which was available and reasonable for them to continue to occupy (section 191). Unintentional homelessness may arise from domestic violence and/or harassment and/or local crime and/or financial difficulties beyond the individual's control. Local connection can arise where the applicant is/was normally resident in an area, or is employed, or has family associations there, or because of special circumstances (section 199).

Since the relevant amendments made by the Homelessness Reduction Act 2017 came into force in April 2018, any applicant who is homeless or threatened with homelessness and eligible for assistance will be owed some duty regardless of priority need. Their case must be assessed, and the authority must seek to agree a personalised housing plan (section 198A). If the applicant is homeless and eligible for assistance, the authority is required to take reasonable steps to help the applicant secure accommodation for at least 6 months (section 189B). If the applicant is threatened with homelessness, the authority is required to take reasonable steps to help the applicant to secure that accommodation does not cease to be available (section185).

If the authority has reason to believe that the applicant is homeless and eligible for assistance and has a priority need, it must secure accommodation for the applicant pending its decision as to what duty is owed (section 188). An applicant can request an internal review of the authority's decision as to the duty owed (section 202) and can appeal against a review decision on a point of law in the county court (section 204).

Since October 2018 certain public authorities must refer people who are or may be homeless, or threatened with homelessness, to a local housing authority (section 213B). This duty requires the person's consent, and choice of which local housing authority receives the referral, and applies to prisons, probation services, hospitals providing in-patient treatment, urgent treatment centres and social service authorities[27]. Effective prevention of homelessness requires pre-release/discharge planning and close cooperation between services.

Mental Health Act 1983

[27] The Homelessness (Review Procedure etc.) Regulations 2018.

Accommodation may be provided for those who are eligible for after-care (section 117). Judicial[28] and Ombudsman[29] decisions continue to remind local authorities that financial charges for mental health after-care services cannot be imposed and that these arrangements must continue for as long as mental health needs endure.

Equality Act 2010

Authorities may be under a duty to make reasonable adjustments for disabled people (sections 20 and 29(7) Equality Act 2010). Further, in the exercise of their functions, authorities must have due regard to equalities needs, including the need to take steps to take account of a disabled person's disabilities (Section 149).

Modern Slavery Act 2015

Section 52 (Modern Slavery Act 2015) places a duty on local authorities (and some other public authorities) to notify the Home Office if the authority has reasonable grounds to believe that a person may be the victim of slavery or human trafficking.

No Recourse to Public Funds[30]

Many individuals who are subject to immigration control have no entitlement to public housing[31] and there are restrictions on most welfare benefits. This includes homelessness assistance.[32] However, access to other publicly funded provision may still be available, including health (NHS General Practice – GP services) and adult social care. Some individuals with no recourse to public funds may be given assistance under the Care Act 2014 provided that their needs for care and support have not arisen solely because of destitution or the physical effects, or anticipated physical effects, of being destitute.[33] Provision can include accommodation related to the individual's need for care and attention.[34]

Certain people are excluded from this support under the Care Act 2014 (and various other provisions),[35] for instance if they are unlawfully present in the UK or are failed asylum seekers and have failed to cooperate with removal directions. However, that exclusion does not apply if the provision of services is necessary to prevent a breach of their rights under the European Convention on Human Rights. A Human Rights Act 1998 assessment may be required to determine whether support is necessary to prevent a breach of their human rights, especially the right not to be subjected to inhuman and degrading treatment (Article 3, European Convention on Human Rights). In the context of homelessness, this might require consideration of whether the decision to withhold

[28] R v Manchester City Council, ex parte Stennett [2002] UKHL 34; Tinsley v Manchester City Council and Others [2017] EWCA Civ 1704.
[29] Local Government and Social Care Ombudsman and Hillingdon LBC (2018) Complaint Number 16 005 688; Local Government and Social Care Ombudsman and Solihull MBC (2019) Complaint Number 19 002 160.
[30] Ramezankhah, F. and Brammer, A. (2019) 'The interface between the Care Act 2014 and asylum law: exclusions and innovations.' In S. Braye and M. Preston-Shoot (eds) The Care Act 2014: Wellbeing in Practice. London: Sage. (pp. 144-158)
[31] They may also be excluded from private rented housing.
[32] Section 85 Housing Act 1996 and the Allocation of Housing and Homelessness (Eligibility) (England) Regulations 2006
[33] Section 21, Care Act 2014; see R (Westminster City Council) v National Asylum Support Service [2002] UKHL 38.
[34] Section 8(1)(a), Care Act 2014; R (SG) v Haringey LBC [2015] EWHC 2579 (Admin).
[35] Schedule 3, Nationality Immigration and Asylum Act 2002.

accommodation-based support or health care would result in actual bodily harm or intense mental suffering and physical harm.

Resources

https://issuu.com/voicesofstoke/docs/safeguardingtoolkit Multiple Exclusion Homelessness: A safeguarding toolkit for practitioners. Stoke-on-Trent:*VOICES.*

https://portal.e-lfh.org.uk/Learing Centre/LaunchForGuestAccess/571225 - Homeless Health, an e-learning toolkit for health and care professionals.

www.issuu.com/voicesofstoke - The Care Act Multiple Needs Toolkit

www.pathway.org.uk – mental health services interventions for rough sleepers – tools & guidance

https://www.healthylondon.org/family-group-conferences-a-different-approach-to-support-adults-who-are-homeless - Blog for family and group conferences of people in housing need

https://www.homeless.org.uk/sites/default/files/site-attachments/Safeguarding%20guidance%20March%202018.pdf - Homeless Link Safeguarding Vulnerable Adults, guidance for frontline staff

https://www.homeless.org.uk/our-work/resources/guidance-on-mental-capacity-act - Homeless Link resources on MCA and MHA

https://www.shropshirestar.com/news/politics/2019/12/14/app-developed-to-give-faster-support-to-homeless-people-in-shropshire - development of a system to enable outreach workers to add information about a person's needs and to facilitate provision of care and support

https://www.local.gov.uk/topics/social-care-health-and-integration/adult-social-care/making-safeguarding-personal - Local Government Association publication on Making Safeguarding Personal

www.weareagenda.org/who-we-are-and-what-we-do - support for women and girls at risk of abuse, poverty, poor mental health, addiction and homelessness