



4 LSAB Homelessness



This session will be recorded

**We have 200 people on the call today
Please keep your microphone and camera off**

**Use the chat function if you have any questions
After the session you will be sent a feedback form – which if you complete you will
get a certificate of attendance**

A link to the slides from today will be shared with you in the future



4 LSAB Homelessness

Why housing is everyone's business?

Ros Hartley, Director of Partnerships, Hampshire & Isle of Wight Integrated Care Board.

Statutory Duties

Phil Turner, Head of Housing and Environmental Health, Test Valley Borough Council.

Mental Health & Homelessness

Richard Knott, Service Manager for Housing Options, Rents, Support and Private Sector and Natalie Evans, Mental Health Homelessness Practitioner, New Forest District Council.

Using the Multi-agency Risk Management Framework (MARM) to support a Homeless Adult at Risk

Sarah Cooke, Isle of Wight MARM Coordinator.

Q&A session

Ruth Goncalves – HSAB Manager.

Why is housing everyone's business?



“How we hold someone’s hope for a better life when they are unable to do it themselves relies on how we work together, how we problem solve together – this means more than just individual relationships, but how we embed different ways of working in partnership together across our respective organisations”

**Ros Hartley,
Director of Partnerships,
Hampshire & Isle of Wight
Integrated Care Board**



Introduction to Statutory Duties



We Must Work Together

Core20plus5

- One element of the wider NHS contribution to efforts by local authorities, communities and the voluntary, community and social enterprise (VCSE) sectors to tackle health inequalities. It asks ICSs to work in partnership with these agencies and people in their communities to build from the learning gained during the COVID-19 pandemic.

Care Act 2014 Safeguarding Duty

- There is a general duty to cooperate between the local authority and other relevant authorities. Supplements the general duty to cooperate with a specific duty where cooperation is needed for an individual who has needs for care and support.

Homelessness Act 2002

- Requires all local housing authorities to have a homelessness strategy that is developed in partnership – including taking into account the resources available to the authority, the social services authority for their district, other public authorities, voluntary organisations and other persons for such activities. It also requires delivery of actions in partnership.

Duty to Co-operate (Health and Care Bill: integration measures)

- Strengthening 2 existing duties to cooperate. These duties apply between NHS bodies and between NHS bodies and local authorities. The Bill hopes to capitalise on opportunities to share best practice in using the Better Care Fund, or in designing collective approaches to patient pathways.



National Policy

- In 2018, the Homelessness Reduction Act came into force
 - Fundamentally changed local authority homelessness duties
 - Actively recognises the role of the wider system of public services in preventing and relieving homelessness and
 - Places duties on specified public bodies
- Covid-19 and national “Everyone In” initiative
- “Ending Rough Sleeping For Good” – national rough sleeping strategy

Local Housing Authority Duty to Provide Advice and Assistance



- Generic and universal duty to provide advice and assistance to anyone seeking it. Must include:
 - Preventing homelessness
 - Securing accommodation when homeless
 - The rights of people who are homeless or threatened with homelessness and the duties of the local housing authority in that context
 - Any help that is available from the authority or from anyone else in the authority's district for people who are homeless or may become homeless and
 - How to access that help



HRA2017 Process

Prevention	Relief	Main Duty Assessment
Threatened with homelessness within 56 days	Homeless – duty lasts for 56 days	After relief duty has ended in circumstances where the person remains homeless
In Priority Need?	In Priority Need?	In Priority Need?
Intentionally Homeless?	Intentionally Homeless?	Intentionally Homeless?
Local Connection?	Local Connection?	Local Connection?

Priority Need



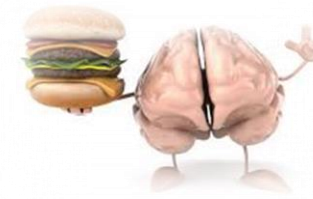
- The law sets out classes of 'vulnerability' that are relatively straightforward e.g. someone who is pregnant, someone with dependent children etc.
- Other circumstances are less straightforward e.g. someone may be vulnerable due to old age, mental illness or learning disability, physical disability, or other special reason...
- Where the Local Housing Authority has 'reason to believe' that someone may be in priority need as a result of 'vulnerability' – they must undertake a contextual and practical assessment of the person
- This is a complex test – if it is being undertaken correctly - it should seek to establish that if the person became homeless, whether or not they would be significantly more vulnerable than an 'ordinary person' would be if the 'ordinary person' became homeless...



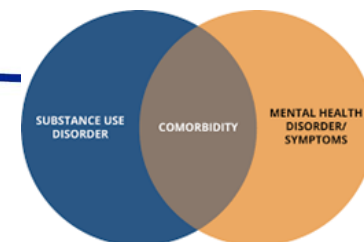
Duty to Refer

- There is a **requirement for specified public bodies to notify** a local housing authority if they identify any person whom they believe is homeless or threatened with homelessness.
- The **referral can only be made if the person agrees** for the referral to be made, and identifies a local housing authority in England where they would like the referral to be sent.
- The Homelessness Reduction Act **aims to ensure that a person's housing situation is considered whenever they come into contact with any wider public service.**
- The Homelessness Reduction Act **encourages local authorities to build on or develop relationships, protocols or joint working arrangements** with partners in order to best meet local need and provide prevention services to residents.

Food For Thought...



- Offering help with accommodation can be life changing, but...is that superficial?
- Is housing really the problem?
- Is housing really the solution?
- For as long as housing problems are viewed as housing's problem, can we recognise the underlying issues in people's lives that contribute to housing crises?
- How successful are we, collectively, at preventing repeat homelessness?
- Will a house or a flat resolve co-occurring conditions that led to someone sleeping rough in the first place?



And So...



- Local housing authorities have duties that they must fulfil in cases of homelessness or where someone may be threatened with homelessness...**but they cannot tackle homelessness if they act on their own**
- ...We are all under duties relevant to preventing and relieving homelessness – and that require us to work together
- Homelessness legislation includes duties on wider system partners to participate in the prevention and relief of homelessness
- Safeguarding and well being are system-wide responsibilities
- Bricks and mortar cannot resolve complex and entrenched problems
- Partnership working is vital across system partners to resolve complex cases and safeguard vulnerable people
- We need to work together to look at homelessness as a transition and to view those who experience it as people, not problems
- Can we focus on powers more than duties?



ANY QUESTIONS?





New Forest
DISTRICT COUNCIL

Mental Health Practitioner Presentation

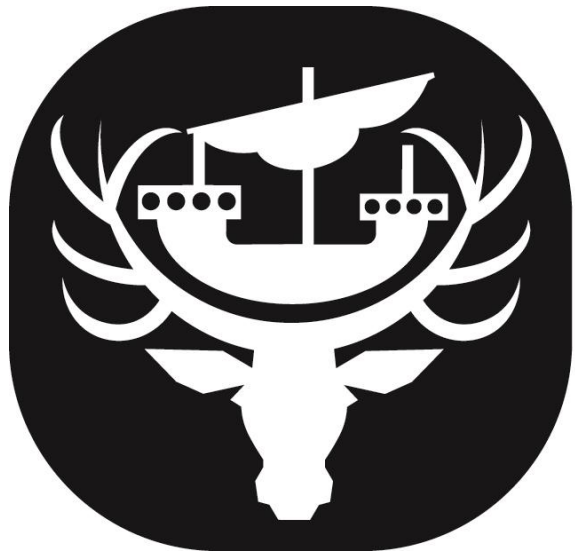
Richard Knott

**Service Manager – Housing Options, Rents,
Support and Private Sector Housing**

Natalie Evans

Mental Health Homelessness Practitioner

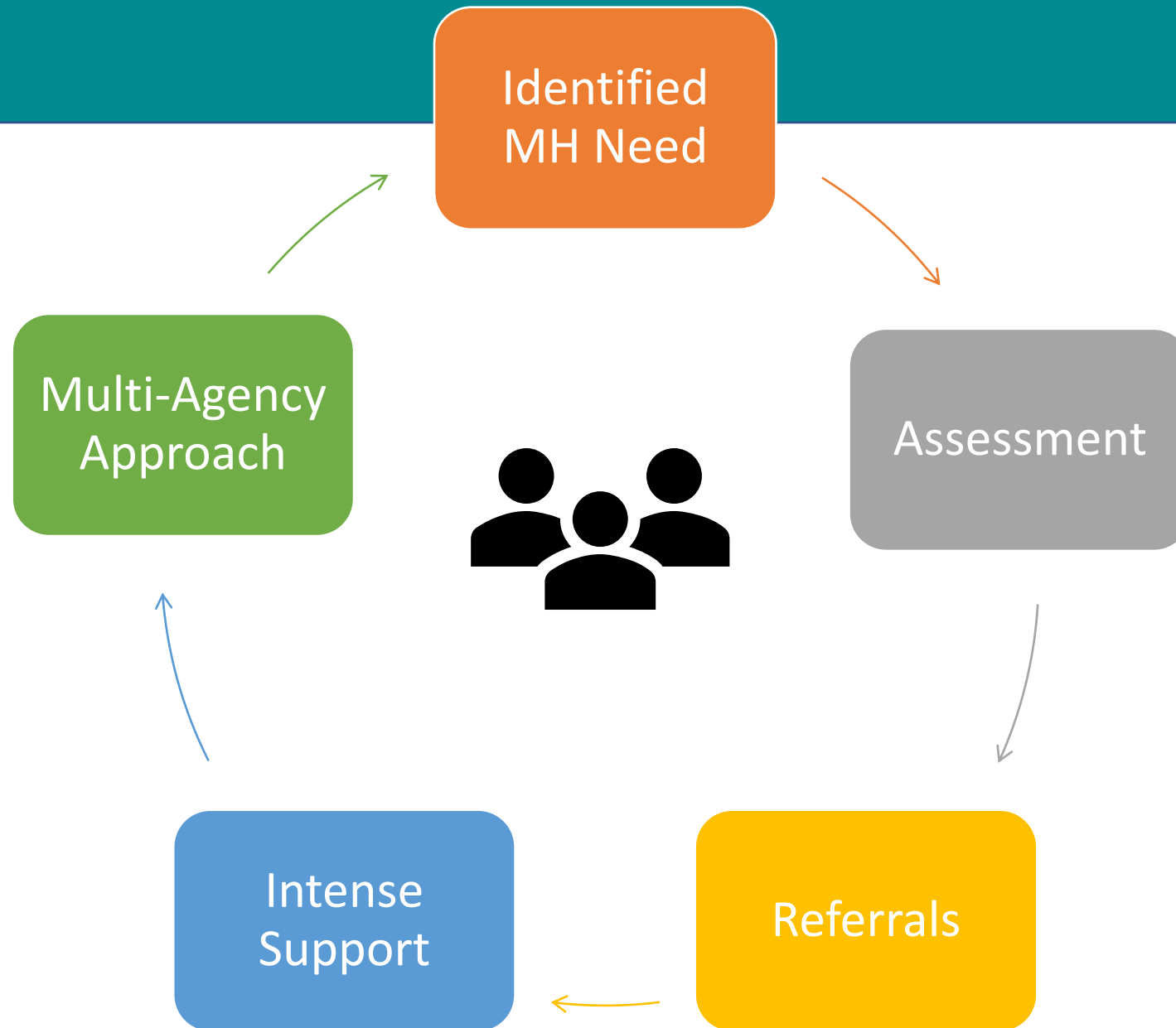
Support Model



Mental Health Practitioner



The role



The Role

Report of crisis in accommodation

Duty to Refer (inc. Discharge from Hospital, informal concerns raised)

Rough Sleeper

Research client - Review previous case notes

Personalised Mental Health Assessment face to face

Short time frame

Navigate Care Pathway to:

Primary Care Network

CMHT

Inclusion

Social Care

Deliver personalised support depending on individual need

Accompanying GP and other medical appointments

Anxiety management

Grounding techniques

Supporting Disability Benefit applications

Multi-Agency Approach

Inform and support accommodation pathway

MDT Meetings to ensure needs are met

Tenancy sustainability

Direct Link to GP and Psychiatrist

Case Study

Internal report of crisis in accommodation

Behaviours were odd and strange

Housing staff did not fully understand behaviours and needs

Paranoid, fearful, scared, anxious, thought disordered

Previously known to CMHT

Latest referral by GP was declined due to non-engagement

History of disengagement

Heroin and other drug misuse

Psychotic

Navigated Care Pathway to:

Direct referral to Consultant Psychiatrist at CMHT

Inclusion

Social Care

Identified right type of accommodation for him

Regular 1 to 1 meetings

Built relationship

Encouraged use of prescribed medication joint work with Inclusion

Engage with Housing Officer and Support Worker

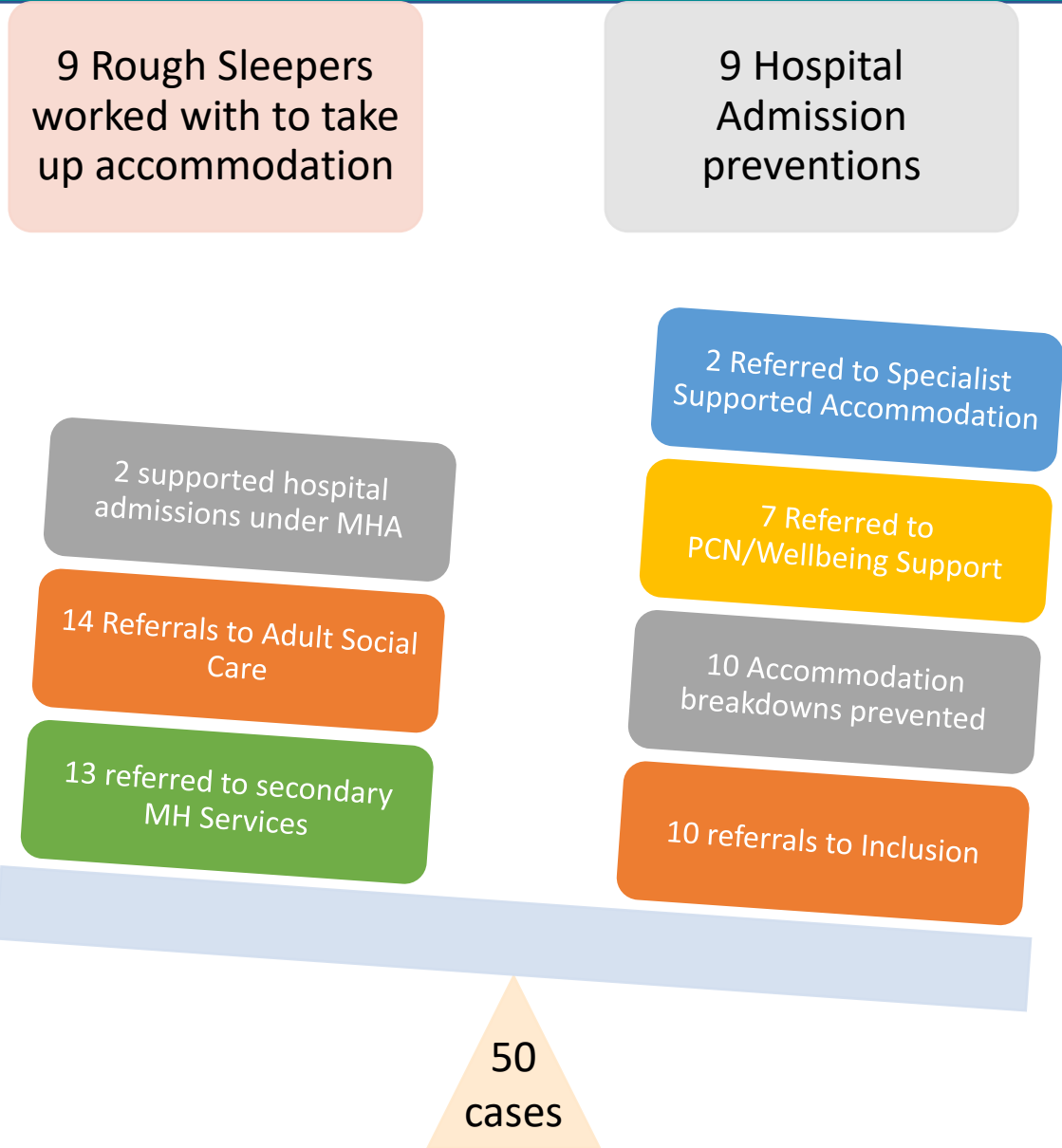
Emotional coping skills

Sustained Emergency Accommodation working with NFDC Housing

Moved to RSAP funded building

Ongoing engagement with Inclusion

The Numbers...



Complexities and barriers

Different IT Systems

Client admitted to Royal Bournemouth Hospital – No Access to health record

Adult Social Care – No access

Social Care referrals

further scope to agree priority

Potential for joint working and speeding up process

Health support provision linked to GP location – Incompatibility

E.g. Temporary accommodation provision may be away from GP Location

Dual diagnosis

Still barriers to response

Transport to appointments

Rural areas with limited transport links

No funds

Lack of consistent co-ordination in multi-agency approach –

Person centred approach

Lack of trust of services from Clients

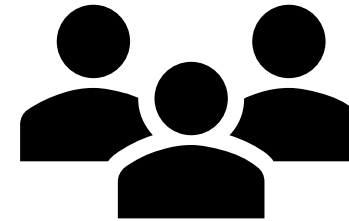
Recycled round health system multiple times

Safeguarding

Awareness and empowerment

Stigma attached to drug and alcohol use, and rough sleepers

Lack of awareness of Trauma and how it affects behaviour

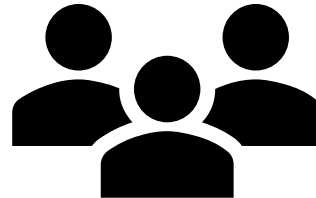


Influencing change – the possibilities...

Designated homeless lead in each organisation?

Commitment from relevant services to join together to joining a district/area complex high risk multi-disciplinary team

Remove rigidity in approach to service delivery – let's be flexible!



Sharing information – trust!

Improved Agency safeguarding awareness and procedures for homeless clients – reduce stigma!

Joint working with social care to improve referral priorities

Questions



MULTI-AGENCY RISK MANAGEMENT (MARM)

A good practice example of a MARM for an individual who was experiencing homelessness

Sarah Cooke – Isle of Wight MARM Coordinator

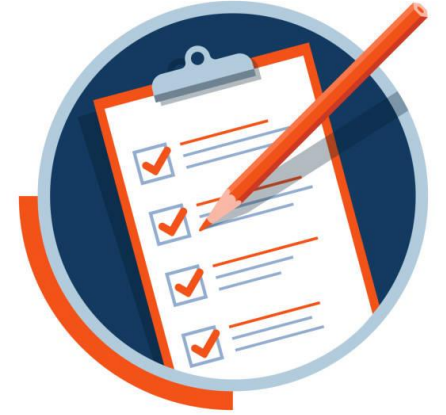
MULTI-AGENCY RISK MANAGEMENT (MARM)

This case is an example of where the MARM framework:

- has been used in support of a person at risk who was homeless and vulnerable
- shows effective partnership working
- demonstrates Making Safeguarding Personal (MSP) and person-centred working

To protect the identity of the individual at risk, they will be referred to as 'X'.

CONSIDERING SAFEGUARDING



Firstly, the host organisation established that this case did not meet the criteria for a Section 42 Safeguarding Referral, but did meet the criteria for a MARM.....this is an essential step before considering a MARM meeting as Safeguarding will take precedence over MARM.

Not all homeless individuals will meet the criteria for Safeguarding – the criteria is set out in the Care Act (2014) and the local authority are the agency which will make the decision about whether something is Safeguarding or not.

A safeguarding concern is: Where there is reasonable cause to suspect that an adult who has or may have needs for care and support and is at risk of or experiencing abuse or neglect. Care Act 2014 Section 42 (1) (a) and (b).

The 4LSAB Safeguarding Concerns guidance will help you decide whether to make a Safeguarding referral and contains all the details you will need to make a referral:

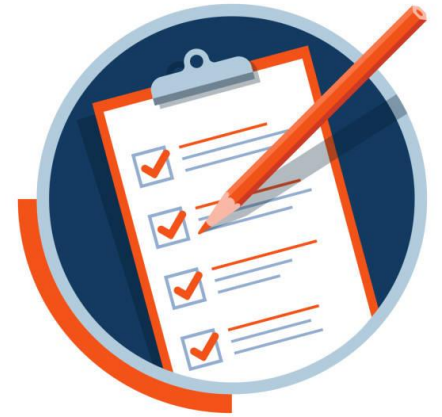
[4LSAB Safeguarding Concerns \(hampshiresab.org.uk\)](http://hampshiresab.org.uk)

CALLING A MARM MEETING

A MARM meeting was called in support of the individual at risk to consider:

- The concerns raised by X's family
- X's homelessness and vulnerability

The MARM Co-ordinator was asked to shadow the MARM meeting/s with a view to providing constructive feedback and ongoing support as required. *This offer is open to all agencies.*



MAKING SAFEGUARDING PERSONAL – INVOLVEMENT OF X

X was street homeless. X's wish was to find somewhere suitable to live. X was living in a car with his dog

X was able to make their own decisions; their wishes were always at the forefront, and were always considered during the MARM process

Visits to X were made regularly by the Housing Navigator, and communication/feedback regularly to ensure that X was involved and kept up to date

X was able to attend the MARM Meeting which was held in his car. X's dog was also in the car as X's dog was very important to X. The minutes of the meetings were shared and agreed by X

The outcome of multi-agency working resulted in a positive outcome and experience for X

X was included in all discussions around the areas of unmanaged risk and implementation of a Risk Assessment

X's views were documented on the actions taken at each stage. X spoke of social, financial and mental health issues in response to being homeless

To alleviate X's anxiety and concerns, the multi-disciplinary team were able to give reassurance of multi-agency working

Visits with X to discuss the meetings and actions raised were arranged



X (and X's dog!) were involved in the MARM process from the outset

KEY AREAS OF GOOD PRACTICE

- spending time **nurturing relationships** with people, including X, X's dog, and X's family
- **working across** the health and social care sector, the Police, Probation, and community groups
- getting together a Multi-Agency Risk Management working group with the **right people** who could **make things happen**
- **feeding back to X and engaging with X on X's terms (Making Safeguarding Personal)**
- Good adherence to the **MARM Framework** and use of the **MARM toolkit** and guidance notes
- A **Statement of Confidentiality** was read out at the start of the MARM and Review MARM meetings, and notes were shared confidentially between all relevant agencies and X



METHODOLOGY : HOW DID THEY DO IT?



A good representation of the agencies and organisations were invited and attended the meetings

Consistent assessment of risks and a shared risk management plan

The Chair of the meetings was able to provide a summary of the current situation such as X's support package, and X's financial and personal circumstances

To mitigate non-attendance at meetings, recent summary reports with regard to X were provided by the agencies and organisations who could not attend

Notes of the meetings were shared in a timely manner with the relevant agencies and organisations, and with X

X was invited and attended the meetings via MST in X's car. X was kept updated and involved in the process via the Housing Navigator who regularly visited X

Additional weekly meetings between professionals were held to try and mitigate the risks

The agency contacted the MARM Co-ordinator for help, support and guidance on the MARM process and procedure

A 'planned' MARM meeting was arranged by the Housing Navigator – this included a representative from all agencies and organisations involved in X's life

X had capacity, and consent for the MARM meeting was agreed by X

X was involved in the MARM process from the outset

A guide for other agencies on how to engage with X was developed. Appointments with Probation were held in a car park so that X could keep X's dog with X

ASSESSMENT OF RISK

A summary of an assessment of risks was highlighted throughout the MARM process

Feedback on a chronological list of events was overseen by senior managers whereby comments were shared and taken on board

X was also made fully aware of the chronological list of events, including information confirming that X was still on the waiting list with a view to finding suitable accommodation within X's budget

As a result of the MARM, actions to mitigate the risks were undertaken, including a mental health assessment and a referral to the Mental Health Services

The stated risks around the continuation of a safe package of care was discussed with the MARM group, exploring different options in support of X

The risks and options about X's package of care were presented and discussed to ensure full feedback from the MARM meetings

ACTIONS BY THE MARM GROUP

- It was evident from the minutes that the actions from each meeting were clearly listed, and named members of the group were clear of their actions as agreed in the meetings
- Follow up MARM Review meetings were agreed and arranged to ensure that a step-by-step approach was taken to mitigate the risks, and to agree an appropriate way forward in terms of X's wishes, safety, and wellbeing
- Additional notes were added to the minutes of the meetings to ensure that an up to date and accurate account of all actions were shared with the MARM group



8. SHARED RISK MANAGEMENT PLAN

- A shared Risk Management Plan was developed for the MARM group who met
- The Risk Management Plan included confirmation as to who would share the plan with X
- In addition, it was agreed how X would be involved and kept up to date with the plan, including monitoring and review arrangements
- In this instance, X would receive twice weekly telephone calls and visits as necessary from the Housing Navigator
- A MARM Review meeting to share actions to date, check the Risk Management Plan, and amend plans as appropriate would be held



OUTCOMES

A good rapport/trust was built between X and the Housing Navigator

Agencies were able to liaise with X via the Housing Navigator so that important information/appointments were not be missed. This was agreed with X

X was given the name of a Police Officer as a single point of contact if X needed to get in touch

There had been a reduction in incidents involving the Police

X built up a good relationship with agencies and barriers were finally broken down

Barriers to X attending meetings were addressed (X had nowhere to leave X's dog so meetings were held in his car via MST)

As a result of MARM, a Mental Health Assessment was prompted and a referral made

X was happy to receive support for X's mental health

X worked with the Housing Support Officers to find suitable accommodation within X's budget

Suitable housing was found for X and X's dog

Since X has been housed, there have been no incidents from a MARM/homelessness perspective in relation to X

All agencies and organisations agreed the risks had reduced and there was no need for a further MARM or Review

'X's wishes were listened to and met'

'This has been an excellent example of collaborative working'

Feedback from X
.....'I felt included and involved in every part of the process'

'This has demonstrated an excellent MARM and how the process should work'

Feedback from X.....'I am very happy with the way the MARM process was completed'

Feedback from X.....'I am also very happy with the way I was kept involved and informed of discussions'

MARM SUPPORT, ADVICE & GUIDANCE

- You can find the MARM Framework and Toolkit by visiting:

<https://www.iowsab.org.uk/information-for-professionals/> (right click on the link, open the link, open Resources at the top right hand of the page and scroll down to Multi-Agency Risk Management)

Here you will find lots of helpful information in relation to MARM, including templates for meetings, training materials, quick guides and tips, etc., etc.



Any Questions?

Thank you to our speakers today:

Roz Hartley

Phil Turner

Richard Knott and Natalie Evans

Sarah Cooke



BRIEF



[4LSAB housing practitioner briefing on Homelessness \(hampshiresab.org.uk\)](http://4LSABhousingpractitionerbriefingonhomelessness.hampshiresab.org.uk)