



One Minute Case Learning Summary

Thematic review following the deaths of Mr G, Mr H, Mr I and Mr J

Case Summary

This was a thematic review following the deaths within three months of four men who were homeless. All were white British men in their early 40s or early 50s. Their deaths happened within the context of the first Covid-19 lockdown and three were accommodated in hotels or other accommodation as part of the national “Everyone In” programme.

Mr G had moved to Portsmouth fleeing drug related threats. He had recently been released from prison and had attended hospital for suspected overdoses and other injuries. Mr G was found dead in public toilets approximately 2 miles away from the hotel in which he was living.

Mr H had served several terms of imprisonment, had successfully completed an opiate recovery programme and moved into supported housing. Mr H was concerned about living with other people who might be using drugs or alcohol and wanted to reengage with Community Day Rehabilitation. Four days after last being seen, Mr H was found dead in his room from a suspected drug overdose.

Mr I had moved into a hotel where support staff became increasingly concerned about his physical health. Mr I was not eating had lost weight loss, was short of breath and was self-neglecting. The ambulance service was contacted three times but only on the third occasion was Mr I taken to hospital where he died the next day.

Mr J had lived with his sister in Portsmouth but left because he struggled with “lockdown” restrictions and was drinking heavily. Mr J. was found there collapsed a month later outside a library, which had closed as part of the “lockdown”, and was taken to hospital. Mr J refused investigations but asked for support with alcohol dependency and was discharged. Mr J was found dead outside the library a month and a half later.

Key Findings/Lessons

- Portsmouth has the highest number of ambulance call outs for homeless people in the South-Central Area but homeless is not routinely recorded in hospital, leading to difficulties in identification and in prioritising interventions
- Supported accommodation for homeless people is not commissioned to provide high levels of support, so there is a need for a cohesive approach between housing, homeless services, social services and health services to meet the wide range of needs presented by homeless people
- It can also be difficult to identify what services are available and services for homeless people can be hard to navigate. Some homeless people become used to not getting what they want and therefore do not contact services, are easily put off or have low expectations of the help that can be provided
- There are also misapprehensions and misunderstandings about roles, responsibilities, and powers between voluntary and statutory organisations.
- The impact of long-term alcohol and drug use on mental capacity, either because of the coercive and controlling influence of addiction, or through cognitive impairment needs to be recognised in assessments of mental capacity.
- Service providers for homeless people do not always have good information about clients when they leave prison to enable them to manage risks. Some people are released from prison with little notice.



- Housing for people who are abstaining from using drugs and alcohol is only available through the criminal justice system, as part of a condition of release from prison. Support providers do not otherwise require abstinence to avoid evictions for non-compliance. This risks exposing people who have completed recovery programmes and want to remain drug and alcohol free to other people who are still using them.
- Homeless people need to be listened to and respected but feel blamed, for example, when they use health services for drug related injuries. Consequently, they may avoid contact with services that could help them. Developments are underway to strengthen community mental health support for homeless people including a new peer crisis team pilot and the creation of a new complex needs team.
- Homeless people are often estranged from their families, but efforts should be made make contact with families for background information and to find ways to rebuild relationships.
- The label of ‘homelessness’ obscures, and can divert attention from, a wide range of unmet social, emotional, health care, criminal rehabilitation and substance dependency needs which on their own would be eligible for services.

Key Points For Learning & Reflection

- How would you make your service more accessible by people who are homeless? How could you reduce feelings of stigma and shame?
- How could you support homeless people to remake contact with their families? What could you do to help relationships to heal, even when there is a refusal to allow contact?
- How could you commission services that meet the range of social, emotional, health care, criminal rehabilitation and substance dependency needs of homeless people? What would need to change to do this and what role could you play in the change?
- What will you do to find out more about the range of services for homeless people so that you can support homeless people to understand the options available?
- How would you improve the identification of homeless people who use your service and what could you do to improve communication and joint working with other agencies?

Further information and useful resources

Thematic Review Following the Deaths of Mr G, Mr H, Mr I and Mr J full report:

(<https://www.portsmouthsab.uk/scrs-2/>)

Homelessness - 4LSAB Housing Practitioner Briefing (<https://www.portsmouthsab.uk/wp-content/uploads/2022/07/Homelessness-4LSAB-housing-practitioner-briefing-vFINAL-May-2022.pdf>)

Guidance Blue Light Manual (<https://alcoholchange.org.uk/help-and-support/get-help-now/for-practitioners/blue-light-training/the-blue-light-project>)

Legal powers: Alcohol Change UK (<https://alcoholchange.org.uk/publication/how-to-use-legal-powers-to-safeguard-highly-vulnerable-dependent-drinkers>)

Homelessness Reduction Act 2017 (<https://www.gov.uk/government/publications/homelessness-duty-to-refer/a-guide-to-the-duty-to-refer>)

Managers are encouraged to explore the learning points in team meetings and supervisions. If you require further information about the cases please contact PSAB@portsmouthcc.gov.uk