

Multi-Agency Learning Review

Executive Summary

In respect of Adult 4



“It is not acceptable that in our prosperous society vulnerable people sleep on our streets. We have a duty to support these people, to make sure that they have suitable, safe and stable accommodation. We need to make sure that they have access to the privileges that so many of us take for granted in our day to day lives, including access to healthcare, mental health and substance misuse support, and access to benefits. We must make sure that in the future, no one ever has to sleep rough again” (Ministry of Housing, Communities and Local Government, 2018c)

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Acknowledgements

The Panel would like to express their sincere condolences to Adult 4's family and many friends. Members of the review panel offer their thanks to all those who have assisted with this review including Adult 4's family, the authors of the Individual Management Reviews and the professional support from the Board.

Confidentiality

In order to protect the identity of the individuals featured within the review, all names have been anonymised and the deceased will be referred to as 'Adult 4'.

Purpose

This multi-agency learning review was commissioned by Birmingham Safeguarding Adults Board to examine the circumstances surrounding the tragedy of Adult 4's death whilst he was rough-sleeping on the streets of Birmingham in January 2019. The review explored whether agencies could have done more, or acted differently, in order to protect Adult 4 from harm and better meet his needs and whether lessons can be learned to improve services in the future.

The Circumstances

Adult 4 was 31 years of age when he died. He had been known to services since childhood and had a long history of mental illness, self-harm, drug and alcohol misuse, and drug-related offending behaviour. He also had chronic health concerns including Hepatitis C and Human Immunodeficiency Virus (HIV) associated Nephropathy.

Adult 4 had been mostly rough sleeping or living in direct access hostels since at least 2015 and had been actively involved in begging and anti-social behaviour throughout this time. He was often observed to be vulnerable and expressing suicidal thoughts. He was also known, at times, to become extremely agitated, aggressive and cause concern to the general public who encountered him. During these periods of distress, he was either under the influence of substances or expressing symptoms of mental ill-health, or both. When in a distressed state, he often put himself or others at risk. He also admitted that he was fearful of authority as well as of buildings which he wanted to get in and out of very quickly.

During the last year of his life, Adult 4 increasingly withdrew from services. His physical and mental health, self-harm and self-neglect become and more concerning.

The Response

Adult 4 received a broad range of criminal justice, health, substance misuse, housing and anti-social behaviour services. He generally encountered a number of these services each day and developed a particularly positive relationship with the Advanced Nurse Practitioner from the Health Xchange, a GP service for homeless people. This wide range of agencies tried to assist him:

- by providing supported accommodation which he felt unable to stay in for more than a few weeks,
- by offering accommodation in the Multiple Needs Unit which he declined,
- by undertaking a Mental Health Act assessment which found no evidence of acute mental illness, although they lacked some important information from primary care services about the fluctuations in his health,
- by providing multi-agency support and treatment for his HIV,
- by encouraging him to receive wider medical treatment,
- by encouraging him to access the winter shelters which were available to him,
- by providing him with food parcels and clothing,
- by helping him to access his welfare benefits,
- by taking him to hospital or to attend the local mental health drop-in services,
- by referring him to Adult Social Care but they wrongly did not believe that they could provide assessment or services without him having an address,
- by moving him on when he was found breaching his Criminal Behaviour Order,
- by pursuing additional civil orders to require him to engage with support and take-up accommodation, and for a mental health assessment to be undertaken if he breached the order, and/or
- by admitting him to hospital with acute kidney injury where he was repeatedly absent from the ward and went on to leave the hospital unexpectedly.

Three days after leaving hospital, the ambulance service found him perilously unwell in the city centre, surrounded by his friends. He was continuing to take illicit drugs, and, despite significant attempts made by the attending clinicians, he constantly refused any observations or treatment and refused to be taken to hospital. Six hours later, the ambulance service was called back but was unable to resuscitate him. An inquest was later held which determined the principal cause of death to be a heroin overdose and that a contributory cause was pneumonia.

Multi- Agency Themes

Multiple Exclusion Homelessness

Adult 4 was considered to be experiencing multiple exclusion homelessness. This term describes how individuals, often with very troubled childhoods, may face barriers to services based upon their multiple needs, history of trauma, intersecting disadvantage and by the manner in which agencies are organised, often providing services in relative silos. Research¹ has found that this group face considerably higher rates of disease, injury and premature mortality than the general population.

In the main, Adult 4's multiple needs were well understood by professionals within this context although there was no indication that agencies had considered the possibility or screened for Traumatic Brain Injury, which is ten times higher for homeless people than the general population and could have accounted for some of his behavioural presentations.

Research has concluded that there is a need for a different type of service to address multiple exclusion homelessness than that traditionally offered: support that is open-ended, person-centred, persistent, flexible, and co-ordinated.

Crisis Responses & Statutory Assessments

It was evident that practitioners were taking very seriously and working hard to respond to Adult 4's needs. However, they were often responding to an incident or crisis and practitioners did not appear to be applying a structured approach to assessing Adult 4's needs, risks, capacity and entitlements to statutory assessments including:

- assessment under the Housing Act 1996 and Homelessness Reduction Act 2017. This latter Act requires NHS hospitals, emergency health care providers, social care, probation services and prisons to contribute to the prevention of homelessness and to refer individuals threatened with homelessness to the local authority;
- assessments for care and support needs (section 9, Care Act 2014); and/or
- assessment regarding his escalating self-neglect as a safeguarding issue (section 42, Care Act 2014)

Greater awareness of the criteria for statutory assessments, the complex decision making needed and clarity for referring agencies in how they consider the criteria would be met, would benefit all agencies. Practitioners were justified, at times, in predicting barriers to raising safeguarding concerns as social workers and their supervisors wrongly assumed that an assessment could not be undertaken because Adult 4 was rough sleeping and have rectified this misunderstanding.

Substance Misuse, Fluctuating and Executive Capacity

Adult 4's mental capacity appeared to have fluctuated on a daily basis, influenced by intoxication, withdrawal from substances, mental health, his pressing need to acquire drugs and deteriorating health. When Adult 4 was refusing treatment, it was not always clear how practitioners were making the assessment of his capacity.

¹ See references in full report

It has been argued that there is a need for a common set of protocols and tools for services working directly with multiply excluded homeless people in order to guide the need to balance capacity, best interest, autonomy and self-determination with a duty of care to this particular group of people.

Dual Diagnosis

Adult 4 experienced the co-existence of mental illness with substance misuse, known as 'dual diagnosis', throughout the period covered by this review. A dual diagnosis multi-agency pathway enables Mental Health and Substance Misuse services to work together in a philosophy of shared care and integrated treatment and to ensure that service users have access to services that are best placed to meet their needs. It also enables a lead agency to be identified. Adult 4 would have benefited from consideration under Birmingham's *Dual Diagnosis Referral and Treatment Pathway Guidance* where he would not have been discharged from either service without joint agency consideration.

The review heard how the introduction of a single integrated contract for substance misuse services in 2015 created some disruption in how mental health services and substance misuse services worked together in the early years of the contract. Working relationships between the two organisations have strengthened in recent times and under the most recent commissioning of the Rough Sleepers Initiative.

Working Together

Diffused responsibility: whilst Birmingham had developed a multi-agency response to rough sleepers, the model was newly emerged and lacked protocols and procedures. As a result, there was no concrete mechanism for intervention planning and risk management.

No Lead Professional: a number of agencies could have taken the lead but were unable to meaningfully engage with Adult 4, or did not apply the enhanced approach to engage multiple excluded homeless people that is needed:

- National Lottery funded Birmingham Changing Futures Programme was expected to provide this type of enhanced personalised support.
- Probation services whilst Adult 4 was under supervision.
- Change Grow Live within the integrated contract for substance misuse services.

Interface of Support and Enforcement

As a result of their positive intent not to criminalise Adult 4, the police and local authority anti-social behaviour enforcement officers did not pursue him in respect of breaches of a Criminal Behaviour Order. However, civil and criminal enforcement, as well as post-sentence licence conditions within periods of supervision by probation service, can be used to both enable and require those in substance misuse or mental health treatment to access and engage with those treatments. Practitioners need to ensure that they are effectively balancing enforcement with support, within a considered multi-agency response. Birmingham Safeguarding Adults Board's Risk Enablement Guidance, which was published after Adult 4's death, is all about achieving balance between an individual's wellbeing and risk and serves as an important reminder of the principles that must underpin our approach.

A Changing Landscape: Rough Sleeper Service Pathways

Since this time, *Rough Sleeping Service Pathways and Core Accommodation & Support Offer* (January 2020) have formalised the response to multiply excluded homeless people through the introduction of:

- a Community Navigator role and outreach service;
- a Rough Sleeper Manager from the City Council to co-ordinate responses; and
- pathways that include daily tasking, weekly multi-agency team meetings, rapid prescribing, a nurse, a community psychiatric nurse, social work, multi-disciplinary clinical decision-making, and a rapid rehousing pathway within the principles of *Housing First*.

Conclusion

There was no doubt that practitioners from a wide range of agencies had concerns for Adult 4 and were doing their best to engage with him and enable him to access support and healthcare, many on a near daily basis. The review found good examples of key practitioners going 'that extra mile'.

Whilst agencies could not force someone into treatment where there was no legal basis to do so, it was not apparent that there was a structured and formalised approach to collectively address Adult 4's needs and the risks that he faced. At times this led to a diffused responsibility and there was a need to ensure that case management and leadership was rooted in Adult 4's statutory rights to assessments.

More than shortcomings for agencies, the review has highlighted the complex and nuanced decision making that is needed when considering mental capacity and safeguarding and balancing the wellbeing and risks faced by multiply excluded homeless individuals experiencing problematic substance misuse.

Recommendations

Recommendation 1: Traumatic Brain Injury

Birmingham City Council Neighbourhood's Directorate should ensure that Traumatic Brain Injury is factored into the city's homeless pathways and practice for assessment and support of homeless individuals in such a way that does not over-medicalise the issue.

Recommendation 2: Trauma Informed/Psychologically Informed Environments Approaches - Commissioned Services

Birmingham City Council Commissioners to seek assurance that commissioned services supporting homeless people are delivering interventions applying the Trauma Informed and/or Psychologically Informed Environments (PIE) approaches. Where a learning need is identified, commissioners to ensure that this has been addressed.

Recommendation 3: Trauma Informed/Psychologically Informed Environments Approaches - Homeless Pathway

Birmingham City Council Neighbourhood's Directorate should ensure that there is an expectation that all services provided through the multi-agency homeless pathway are delivered through Trauma Informed and/or Psychologically Informed Environments (PIE) - approaches in ways which extend beyond crisis intervention and with a clear escalation framework should services not meet this expectation.

Recommendation 4: Legal Literacy on Homelessness

Birmingham City Council Neighbourhood's Directorate to ensure that front-line practitioners have a basic understanding of the legal rights of multiply excluded homeless people.

Recommendation 5: Homelessness Duties

Birmingham City Council Neighbourhood's Directorate to gain assurance from relevant partner agencies that they are competent in their duty to refer individuals that are homeless to the local authority, in compliance with the Homeless Reduction Act 2017, and that they are working collaboratively with shared values with other agencies to prevent homelessness.

Recommendation 6: Harm Reduction

Birmingham City Council Public Health to ensure that there are adequate community harm reduction facilities for substance misuse services in Birmingham and provide assurance to the Health and Well-Being Board.

Recommendation 7: Dual Diagnosis Pathway

Birmingham City Council Public Health to seek assurance that the dual diagnosis pathway has been strengthened to ensure strategic and operational collaboration between relevant agencies.

Recommendation 8: Dual Diagnosis in the Substance Misuse Strategy

Birmingham City Council Public Health to ensure that the Substance Misuse Strategy establishes a baseline expectation for required multi-agency responses to dual diagnosis and outcomes to be delivered.

Recommendation 9: Rough Sleeper Service Pathways

Birmingham City Council Neighbourhood's Directorate to ensure that all relevant services are effectively connected into the Rough Sleeper Service Pathway.

Recommendation 10: Rough Sleeper Toolkit

Birmingham City Council Neighbourhood's Directorate to consider adoption, or adaptation for local purpose, of the screening tools and guidance contained within Pathway's *Mental health service interventions for people who sleep rough (3rd edition)*.²

Recommendation 11: Homeless Mortality Reviews

Birmingham City Council Neighbourhood's Directorate should consider implementing a homeless mortality review process to ensure that deaths are reviewed in the future.

² Available at <https://www.homeless.org.uk/sites/default/files/site-attachments/Mental%20Health%20Interventions%20for%20People%20Who%20Sleep%20Rough%20-%20v2.pdf>

