

SHROPSHIRE COMMUNITY SAFETY PARTNERSHIP

SAFEGUARDING ADULT REVIEW for KIM

2022

CONFIDENTIAL

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1.0 INTRODUCTION

1.1. In order to respect privacy this Safeguarding Adult Review will use the name “Kim” when referring to the subject of this review. Kim was a 29-year-old woman from Shropshire. She had many facets to her life and this review cannot adequately describe what she meant to her family and friends. Kim was a mother, daughter and partner and was important to the people in her life who loved her.

1.2. Owing to various difficulties Kim was experiencing she was not able to live with her daughter. However, her daughter has been well cared for by Kim’s mum who has been able to provide her with a stable and loving home. We know how much it meant to Kim to see her daughter, despite the difficulties that sometimes got in the way.

1.3 Kim was living with a number of extremely challenging issues, she experienced substance misuse and homelessness and problems whilst in temporary accommodation that made life difficult. Homelessness is an issue that greatly accelerates the speed at which various problems approach a person and Kim was no exception. We know that Kim found her short period of being homeless a distressing experience, but she told staff having her boyfriend with her helped to make her feel safer, whilst sleeping rough.

1.4 Kim died suddenly on the 15th October, 2020 in a friend’s home. Shropshire Safeguarding Community Partnership would like to offer our deepest condolences to all of Kim’s family and friends in their sad loss. In producing this Safeguarding Adult Review contact has been made with Kim’s mother to offer her the opportunity to ask questions and see how she may want to inform the process. The family have chosen not to become involved, and the Partnership fully respects this decision at such an incredibly difficult time but would be able to meet with them at any point in the future.

2.0 SAFEGURADING ADULT REVIEWS (SAR)

2.1 Under Section 44 of the Care Act 2014 Shropshire Safeguarding Community Partnership has a statutory duty to undertake Safeguarding Adult Reviews if the criteria below is met:

‘A review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if

–

a)

there is reasonable cause for concern about how the SAB (Safeguarding Adult Board),¹ members of it or other persons with relevant functions worked together to safeguard the adult, and

b) the adult had died, and the SAB knows or suspects that the death resulted from abuse or neglect..., or

c) the adult is still alive, and the SAB knows or suspects that the adult has experienced serious abuse or neglect. 2.2. Board members must co-operate in and contribute to the review with a view to identifying the lessons to be learnt and applying those lessons to the future (s44(5), Care Act 2014).

Each member of the SAB must co-operate in and contribute to the carrying out of a review with a view to –

- a) identifying the lessons to be learnt from the adult's case, and*
- b) applying those lessons to future cases.*

2.3. Shropshire Safeguarding Community Partnership has further detailed information on how the SAR process works, including details of where to find completed SARs and how the partners work together to complete this work. This can be found at <https://www.keepingadultssafeinshropshire.org.uk/safeguarding-adult-reviews/>

2.4. This Safeguarding Adult Review was led by Paul Cooper, who works for NHS Shropshire, Telford & Wrekin Integrated Care System, as the lead for adult safeguarding. Paul was chosen as he had no previous involvement with any of the work with Kim, nor does he work for an agency that provided her with direct support. Further assurances of independence were put in place by the decision for the Shropshire Safeguarding Community Partnership to ensure that the Panel convened to review this report was chaired by Statutory Safeguarding Business Partner, who is the Shropshire Safeguarding Community Partnership's business unit senior officer.

2.5 The process aims to ensure that learning from the circumstances of Kim's case is identified and that all partner agencies then apply this learning to future care, support and treatment. Its purpose is not to apportion blame. Instead, it aims to shed some further light of what happened and how agencies worked together in the expectation that a clearer understanding emerges of what factors effected the outcome. The aim is to find alternative ways of working in future cases to help improve care and support.

2.5. This case was referred to the Joint Case Review Group who undertook the initial scoping work to help determine that a Safeguarding Adult Review was required.

¹ SAB refers to Safeguarding Adult Board and in Shropshire the name of the SAB is the Shropshire Safeguarding Community Partnership. This body also performs other duties for children's safeguarding and community safety.

3.0 AGENCY INVOLVEMENT WITH KIM

3.1 The following is a summary of the contacts with Kim by the agencies working with her between the 9th January 2020 and 15th October 2020. It is taken from the combined chronology which has been compiled using information provided from those organisations' records. The full list of agencies involved can be found at 4.3 in this document. This detailed information provides a picture of what happened to Kim over this time and what the various agencies were doing in their work with her.

3.2 This timeframe commences when Kim moved to "A Better Tomorrow²." A Better Tomorrow offers an abstinence based residential recovery service supporting adults recovering from alcohol and drug addiction. Kim was then living in a supported housing project. Whilst there Kim attended recovery meetings and took part in fitness and cooking groups. The information from A Better Tomorrow explains Kim was having contact with her daughter. On the 13th January 2020 staff at A Better Tomorrow referred Kim to Midlands Partnership Foundation Trust³ for support with her mental health. The Midland Partnership Foundation NHS Trust provides mental health services across Telford and Wrekin and Shropshire. It also provides mental health and social care assessment and care management services in Staffordshire.

3.3. A meeting was arranged with Kim's daughter's social worker on 21st January 2020. As well as that on the 4th February 2020 Kim saw Telford Stars⁴ for support with a replacement prescription – this is the prescribing of medication to help someone with addictions to illicit substances. Telford Stars provides psychosocial support to address drug and alcohol addiction. It has "Recovery Teams" which include nurses and doctors and offers access to medical support including detoxification and replacement therapies.

3.4 On the 11th & 18th February 2020 Kim had further contact with Midland Partnership Foundation NHS Trust and on the 18th February a referral was also made to Axis⁵ for counselling support. Axis provides counselling to people with a history of traumatic life events. Later in the month on the 26th February Kim consulted her GP and was prescribed Sertraline which is used to treat depression.

3.5 Kim was now starting to work with Axis for counselling support; on the 26th February and 3rd March she had two therapeutic sessions. Subsequently a review with Midland Partnership Foundation NHS Trust took place on 13th April 2020 where support with anxiety was offered and she was given advice about a medication change to Quetiapine. This is a medication that can help with several conditions including depression, bi-polar and psychosis⁶. Later that month (24th April), it was noted that Kim had now started a new relationship, with "Phil."

² <http://www.abettertomorrow.org.uk/>

³ <https://www.mpft.nhs.uk/about-us/who-we-are>

⁴ <https://www.telfordstars.org/>

⁵ <https://www.axiscounselling.org.uk/about-us/mission/>

⁶ <https://www.nhs.uk/medicines/quetiapine/about-quetiapine/>

3.6 In May, Kim was receiving ongoing support with her addiction problems. A Better Tomorrow explained that she had completed their recovery group course on the 1st May, 2020 and on the same day Kim underwent a reduction in her methadone from 24ml to 20ml. This was arranged in consultation with Telford Stars.

3.7 There was then an incident that subsequently had a significant impact upon Kim and heralded a period of increased instability. On the 16th May 2020 Kim contacted Shropshire Council's Adult Social Care, Emergency Social Work Team to explain that she was going to be evicted from the placement with A Better Tomorrow. It is noted that Kim appeared quite distressed when explaining this to the Emergency Social Work Team. Their initial response was to inform Housing Options which is a service that is part of Shropshire Council and help with homelessness and finding new accommodation ⁷. On the 31st May A Better Tomorrow notes that Kim is using illicit substances and that she and Phil will be moving to new accommodation. Following this there is a gap in the combined chronology with a later explanation that Kim was staying with friends immediately on leaving A Better Tomorrow.

3.8 On the 9th July 2020 Kim presented as homeless to housing services. The information from the Housing Options Team noted that Kim had been staying in accommodation provided by A Better Tomorrow but had been asked to leave approximately 2 weeks previously as she was using illicit substances. It states that a friend had been putting Kim up on a temporary basis until then. On the 10th July 2020 it is noted that Kim declined the offer of interim accommodation as it was not in the part of Shropshire she wanted to move to. At this point Housing Options stated that they would continue to attempt to acquire accommodation for Kim.

3.9 On the same day (09.07.2020) a Looked After Child Review took place with Shropshire Children's Social Care. Kim did not attend the meeting, but her views had been sought prior to it taking place. Kim was requesting that family time with her daughter take place without supervision. However, the meeting discussed that Kim's level of engagement with family time had declined and on occasion the family time supervisor had needed to end the session earlier than planned due to Kim's poor presentation.

3.10 On 14th July 2020 there was a further telephone consultation between Kim and the Housing Options Team who agreed to add Phil to the application explaining that he was "also homeless from A Better Tomorrow."

3.11 On the 15th July 2020 supervised family time via video was scheduled, however Kim did not attend. On that day Kim had further contact with the Housing Options Team and was described as sleeping rough as she was no longer staying with a friend. As a result of this accommodation was sought and accepted in a hotel in Wolverhampton for both Kim and Phil. Housing Options explained that this was a discretionary offer to ensure that they were "not forced to sleep rough."

⁷ <https://shropshire.gov.uk/housing-options-and-homelessness/>

3.12 On the 21st July 2020 a triage assessment took place with Recovery Near You. This is the Substance Mis-use Service for Wolverhampton. The service aim is to reduce or stop service users from misusing illicit drugs and support includes prescribing services. They also offer help and support to families.⁸ It is recorded that Recovery Near You arranged to contact Telford Stars for more information and organised a comprehensive assessment.

3.13 Following this, on the 24th July 2020, Recovery Near You undertook a further intervention, their records noted "Comprehensive assessment completed, Care plan agreed, next steps discussed, and drug screen appointment arranged. Medical summary and medication information requested from GP."

3.14 By the 27th July Recovery Near You were continuing with their "treatment pathway," this included a drug screening sample being sent for analysis and a prescriber's appointment arranged. It is also noted that on that day Kim and Phil were having difficulties accessing other supports because they were out of their home area. This included mental health services and being able to access a foodbank. The Housing Options Team in Shropshire consequentially noted that they were continuing to try and acquire accommodation in Shropshire for them.

3.15 On the 29th July 2020 Kim engaged in a family time video session. It was noted that Kim's selfie camera was not working so Kim filmed herself in the bathroom mirror and that she presented well during the call.

3.16 On the 30th July 2020 Kim contacted the Housing Options Team and requested the number for Homepoint so she could contact them. Homepoint manages the Shropshire housing register and allows eligible people the chance to search and apply for available properties.⁹

3.17 On the 2nd August 2020 the police reported an incident in which Phil, with a friend allegedly attempted to assault another man whilst intoxicated. The Police records show that the alleged victim did not wish to pursue a prosecution.

3.18 On the 4th August 2020 Kim had her "Prescriber's New Initial Assessment appointment" with Recovery Near You. A dispensing pharmacy was located in Wolverhampton and Kim commenced 8mg of Buprenorphine¹⁰ daily. A review appointment was arranged for 10/08/20.

3.19 On the 5th August there was a Children's Social Care visit to Kim's mum who was looking after Kim's daughter and the issues with Kim's phone were highlighted, this meant her daughter could only see Kim with a phone near her face. Kim's mum also explained she was concerned about Kim losing track of documents or photos of her daughter owing to her

⁸ <https://www.recoverynearyou.org.uk/>

⁹ <https://www.shropshirehomepoint.co.uk/Data/ASPPages/1/30.aspx>

¹⁰ "Buprenorphine is a strong opioid painkiller..... It can also be used to treat drug addiction, but this is usually by a specialist." <https://www.nhs.uk/medicines/buprenorphine-for-pain/#:~:text=Buprenorphine%20is%20a%20strong%20opioid,weaker%20painkillers%20have%20stopped%20workin>

temporary moves. On the same day (05.08.20) another family time video meeting took place again Kim was described as presenting well despite the same phone camera issues and poor reception.

3.20 The Housing Options Team stated they would extend the booking at the hotel in Wolverhampton.

3.21 On the 7th August 2020 Kim asked Children's Social Care if it would be possible to have some face-to-face meetings with her daughter as she hoped to move back to Shropshire. This was later explored in supervision between the social worker and her manager.

3.22 On the 10th August 2020 Kim had her medication review meeting with Recovery Near You. Kim's medication was increased to 10mg starting the same day and then a further increase from 13/08/20 to 12mg Buprenorphine. Two days later, on the 12th August 2020 Kim notified Recovery Near You of an upcoming move to another Hotel nearer Shrewsbury. Whilst closer to Shropshire this hotel is in the neighbouring local authority area of Telford and Wrekin. There was also another video family time meeting that day in which Kim explained she would be moving to another Hotel the following day.

3.23 On the 13th August 2020 the Housing Options Team note that Kim and Phil have moved to a hotel near Newport (Telford and Wrekin). Also, on this day it is noted in the children's social care record that Kim had apparently been using illicit substances again and supervised face to face family time was under consideration.

3.24 On the 15th August whilst in the new Hotel, West Midlands Ambulance Service were called out to clean and dress minor lacerations. Kim explained that she had deliberately cut herself following a disagreement with Phil.

3.25 On the 17th August 2020 Recovery Near You arranged for a new pharmacy to dispense Kim's medication and made a referral to Telford Stars as she had now moved back to the Telford area.

3.26 On the 19th August 2020 Kim was late for her family time video call with her daughter. Kim ended the call early as she explained she was waiting to hear from the hospital about medication.

3.27 On the 21st August 2020 Kim referred herself to Shropshire Recovery Partnership, this is the local treatment service for drug and alcohol problems ¹¹. Kim explained to them that she had moved to temporary accommodation in Telford but was planning to move back to Shropshire and needed her replacement medication prescribing by a local service when she moved to Shropshire. Kim was able to explain that she had a prescription up to the 29th September. As a result, Shropshire Recovery Partnership offered Kim an appointment on the 15th September 2020 to ensure no gap in prescribing occurred. Kim explained that the Police had been called to a serious incident in the hotel and she had been asked to leave. Kim also

¹¹ <https://shropshire.gov.uk/shropshire-choices/i-need-help/care-and-support-for-different-conditions/drugs-and-alcohol-shropshire-recovery-partnership-srp/>

said that she had told Telford Stars she was going to move to Shropshire and as a result they would not take over her prescribing

3.28 On the 24th August 2020 a medical review took place with Recovery Near You. It is noted that Kim stated that Telford Stars had referred her to Shropshire Recovery Partnership. This is at odds with the information exchanged with Shropshire Recovery Partnership.

3.29 On the 26th August 2020 a video family time session took place and it was decided that face to face family time could commence.

3.30 On the 1st September 2020 Recovery Near You instigated contact with both Telford Stars and Shropshire Recovery Partnership. Telford Stars confirmed that they closed Kim's case on the 27th August because Kim was planning on moving to Shropshire and Shropshire Recovery Partnership confirmed that Kim was now open to them. On that day Shropshire Recovery Partnership sent Kim a text reminder about her appointment on the 15/09/2020, her new key worker also rang and introduced herself and Kim explained to her she was to move to Shropshire in about 2 weeks. Shropshire Recovery Partnership then contacted the Housing Options Team, via email seeking confirmatory details.

3.31 Still on the same day (01.09.2020) the Housing Options Team designated worker rang Shropshire Recovery Partnership to explain that there was no imminent move back to Shropshire and that an incident had occurred at the Hotel yesterday and the housing worker would need to speak to Kim about it. They also noted "that a lot of people are being asked to leave temporary accommodation at a moment's notice and this concerns her for Kim."

3.32 On the 2nd September 2020 Recovery Near You and Shropshire Recovery Partnership liaised and the latter explained that they had agreed to accept Kim and would review this in 12 weeks to see if she did arrive in the area and that they had an appointment with her on the 15th September. It was also stated that Recovery Near You prescribing now runs out on the 15th September 2020. The 2nd September also saw the first face to face family time, and it recorded that Kim presented well and was emotional when it came time to say goodbye.

3.33 On the 7th September there was a home visit to Kim's daughter and mother by children's social care and it was noted that Kim had asked to borrow money from her family.

3.34 On the 11th September contact was made by the support worker from the Housing Options Team to help complete Housing benefit forms and look at a Homepoint application. However later that day Kim made further contact to say that there had been some issues with another resident at the Hotel and Kim stated this person was trying to get her and Phil into trouble and asked if she could be moved.

3.35 On the 14th September the Hotel rang the Housing Options Team to explain that they were having some difficulties with Kim and Phil's conduct. The allegations centred around Phil threatening another resident, assaulting him, and causing damage to that man's property, distributing drugs around the hotel and using discriminatory slurs against the same resident. There were also concerns about the state of their room. It is recorded that

evidence of this behaviour had been filmed on CCTV. On the same day Kim rang the Police and alleged that this other resident had driven his car at Phil. The Police attended and it was confirmed that there was no CCTV footage regarding how the car had been driven. Phil did not wish to make a complaint about the incident but stated he thought the other person maybe driving under the influence of drugs or alcohol. As they did not wish to pursue a complaint after the initial reporting no crime was logged. The Housing Options Team note that Kim (and Phil) have now been asked to leave the Hotel.

3.36 On the 15th September Kim rang Shropshire Council's Mental Health Social Work Team to say that she was about to be evicted. Kim was advised to speak to the Housing Options Team and shared the Housing Options Team contact details. Subsequently they also contacted the Housing Options Team who stated that they were aware and had been trying unsuccessfully to contact Kim.

3.37 Later on the 15th September Kim had several calls with the Police in the first of which she apologised saying her screen was cracked and had rung the wrong number. In further calls she stated that she was having to vacate the Hotel owing to the complaint of the person who had allegedly tried to drive his car at Phil on the 14th September and would now like to make a complaint. The Police stated that they would like to speak to Phil about this again. Kim explained that Phil was driving to an address in Shrewsbury and would contact the Police again to arrange a meeting.

3.38 Also on the 15th September Kim contacted Midland Partnership Foundation NHS Trust she stated that her main concern was her housing issues and they ensured Kim had the correct contact points for housing, rather than undertake any liaison themselves. Shropshire Recovery Partnership noted that Kim did not keep her appointment for that day. This appointment had been planned to transfer her support and to ensure the continuation of her replacement medication. Kim did respond to messages left for her. Shropshire Recovery Partnership also left a message for Kim's current service provider, Recovery Near You.

3.39 On the same day (15.09.20) Housing Options Team record a series of calls from Kim, Phil, Shropshire Recovery Partnership and Mental Health services about Kim and Phil's homelessness. Housing Options Team informed all callers that the accommodation "had been lost due to their behaviour" but their housing application would continue.

3.40 On the 16th September 2020 Kim contacted Housing Options to say that the reports about their conduct in the Hotel were incorrect and that the Police could confirm this. Housing Options stated they would consider any additional information that she would wish to submit. Kim also contacted Recovery Near You to explain she had to move from the hotel and asked if her prescription could be transferred to a different pharmacy. Recovery Near You advised Kim she would need to collect it from Wolverhampton.

3.41 Also on the 16th September 2020 Kim contacted Shropshire Recovery Partnership to re-book initial appointment. The latter noted that Kim sounded intoxicated, and it was not clear how well she was able to comprehend information in the discussion and agreed to call back. Shropshire Recovery Partnership contacted Recovery Near You to liaise and Recovery Near You confirmed that Kim had a prescription up until the 29.09.2020 and had advised

Kim that she would need to come to Wolverhampton if she wished to change her pharmacy to collect a new prescription. Subsequently Shropshire Recovery Partnership contacted Kim again. During this call Kim stated that she had been asked to leave because she was selling illicit drugs and admitted giving another resident some illegally acquired Diazepam. A new initial appointment was set up for the 18.09.2020 and Kim was also reminded that she would need to talk to Recovery Near You about the change of pharmacy arrangements.

3.42 On the 17th September 2020 Kim registered as a new client at Shrewsbury Ark. The Shrewsbury Ark provides ongoing support and day centre facilities for the homeless and vulnerable¹². Phil also registered and in Kim's subsequent attendance at the Ark, Phil would usually be with her. At the Ark Kim would regularly use the laundry, take a shower, make calls to other services, have something to eat and receive advice and support. On this day she was assisted to register with local GP services. Kim therefore telephoned Housing Options to enquire about when she was likely to be re-housed and asked for 2 workers by name neither of whom were available. Shropshire Recovery Partnership also tried to call Kim that day, but she was unavailable.

3.43 On the 18th September 2020 when Kim and Phil attended the Ark they explained that they had been rough sleeping so were taken to the Shrewsbury Hub. The Housing Options Team said they would request information from the Police.

3.44 On the 18th September 2020 Kim called the Police to request the incident number pertaining to her complaint about the person who was involved in the alleged driving incident with Phil. The Police shared the details.

3.45 Also on the 18th September 2020 Recovery Near You and Shropshire Recovery Partnership liaised and it was discussed that Kim had a prescriber's appointment with Shropshire Recovery Partnership on the 21st September.

3.46 Later on that day (18th September) Shropshire Recovery Partnership were worried about Kim (and Phil's) whereabouts so telephoned the pharmacy and were told that they had not collected their prescriptions. When they rang the Ark, they were informed that Kim and Phil had been in for breakfast and had completed some further housing forms, as apparently Housing Options refused to re-house them owing to previous behaviour.

3.47 Subsequently on the 18th September Kim rang Shropshire Recovery Partnership to ask for assistance with medication as Kim reported Recovery Near You had stated that they would have to return to the place that had been dispensing their prescription. Recovery Near You had telephoned Shropshire Recovery Partnership and informed them that they were happy to move Kim's script, but she would need to collect it from Wolverhampton. Following a management consultation Shropshire Recovery Partnership agreed to see Kim that day but when they rang back to inform Kim, she had already left. They also advised staff from the Ark to issue Kim with a NALOXONE kit¹³ when they next saw her. Later a

¹² <https://www.shrewsburyark.co.uk/>

¹³ Naloxone is the emergency antidote for overdoses caused by heroin and other opiates or opioids (such as methadone, morphine and fentanyl). The main life-threatening effect of heroin and other opiates is to slow down and stop breathing. Naloxone blocks this effect and reverses the breathing difficulties.

message was delivered to Kim about being seen that day, by Shropshire Recovery Partnership, and Kim confirmed by text she would attend. However, she did not arrive for the appointment and as it was a Friday, Shropshire Recovery Partnership noted that they would not be able to contact Kim again via the Ark until the Monday 21.09.2020.

3.48 On the 21st September Kim attended the Ark for breakfast and did her laundry she asked if the Housing Options Team could ring her back at a specified time which they were unable to do. It was noted that Housing Options were still awaiting information from the Police regarding the circumstances around the incidents in the Hotel.

3.49 Also on the 21st September Kim registered with her new GP Practice. She did ask if she could be issued with all her medications but when the surgery checked they discovered that she had already been issued with her medicines so explained that they could not issue these again. The Practice's specialist mental health nurse attempted a telephone consultation with Kim, but she was not available despite several attempts. The nurse reviewed Kim's medications and made the following observations and recommendations; Kim "had been registered with several practices over the preceding years, there was no formal mental health diagnosis in her records and that she had been regularly prescribed 5mg twice daily diazepam, 150mg twice daily pregabalin, 200mg twice daily quetiapine, 45mg once daily mirtazapine and 7.5mg once nightly zopiclone by previous practices." The nurse concluded, "as the diazepam had been prescribed for over 12 months, a reducing course should be commenced. He also wrote that quetiapine should be reduced to 200mg daily, as she was on an antipsychotic dose, and that she needed to be monitored whilst taking this medication with an electrocardiogram, blood pressure, body mass index and blood monitoring. He advised that zopiclone should be reduced to 3.75mg initially."

3.50 As well as this on the 21st September 2020 Shropshire Recovery Partnership and Recovery Near You discussed that as Kim had not collected her Buprenorphine for 3 days it would be unsafe to continue and this would require a face to face review and this would take place with Shropshire Recovery Partnership. Subsequently Shropshire Recovery Partnership explained to Kim that as she had not collected her Buprenorphine from the 19.09.20 to the 21.09.20 she was now off that prescription and would need to be seen again for a consultation to discuss her prescribing needs. Liaison also took place with Kim's previous community pharmacy. It was agreed that the file would be closed and transferred to Shropshire Recovery Partnership.

3.51 On the 22nd September 2020 Recovery Near You liaised further with the community pharmacy Kim had used whilst staying in the Hotel and reaffirmed with Shropshire Recovery Partnership that Kim's case was closed and transferred to the Shropshire service.

3.52 On the 22nd September Kim came to the Ark for support and was able to attend to her telephone appointment with Shropshire Recovery Partnership. Arrangements were shared

Naloxone is a prescription-only medicine, so pharmacies cannot sell it over the counter. But drug services can supply it without a prescription. And anyone can use it to save a life in an emergency.

<https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone>

about the clinical appointment on the 29th September, and it was noted that information would be requested from the GP.

3.54 Also on the 22nd September it is noted that the social worker for Kim's daughter had spoken to Kim's mum. Kim had been in contact to say she was now homeless and was attending the Ark and would not be able to keep the next scheduled family time meeting.

3.55 On 23rd September Kim told staff at the Ark that she was desperate to get her medication and was concerned about starting to use illicit drugs again, she also explained that she was staying in a tent in a town centre car park. Kim was informed that she had an appointment with the GP practice mental health nurse on 28.09.22.

3.56 Also on the 23rd September the GP records state that whilst undertaking a clinic at the Ark it was noted that Kim did not wish to see the GP. However, the GP checked to see that Kim had been issued with her medications on 21st September for one week, so a medication review call was booked with the mental health nurse specialist for when a new prescription was required. Later that day the nurse and GP discussed Kim's medication needs and the medication reductions the nurse had previously identified was confirmed. The surgery also noted that later the same day (23.09.2020) Kim came to the Practice stated her medication had been stolen and requested replacements. A one-day supply of diazepam, mirtazapine, quetiapine, zopiclone and pregabalin was issued.

3.57 On the 24th September Kim attended the Ark and did her laundry, ate and was given some bedding. Phil received some assistance owing to some emotional distress, this included stress associated with his homelessness and feelings that Housing services were not providing enough support. Kim commented upon the strain of not seeing her daughter but felt better having spoken to her mum about the next visit. The Ark stated that they would assist with transport. She also attended the next day for meals and a shower.

3.58 Also on the 24th September Kim had a consultation in the GP surgery. Kim was described as "angry and confrontational" and was asking for additional medication. Pregabalin¹⁴ was increased as Kim reported her sciatica was worsening, Quetiapine was reduced but other medication was kept the same. The medications were issued for 4 days.

3.59 On the 28th September Kim attended the Ark for her GP telephone appointment with the nurse specialist. This focused upon medication reduction as per the initial plan when Kim moved to the surgery. A reducing course of diazepam was started, with a plan to reduce by 2mg every two weeks. The other medications were continued at the same dose and issued for seven days. Kim was advised she would need an electrocardiogram, blood pressure, body mass index and blood monitoring. The Ark staff supported Kim as she was feeling low, she explained that the zipper on the tent was broken, and they were very cold at night. Kim returned to the Ark on the 29th September for her meals and saw the nurse. On

¹⁴ This is a medication that can be used to treat epilepsy, nerve pain or anxiety
<https://www.nhs.uk/medicines/pregabalin/>

that day there was also liaison with Shropshire Recovery Partnership about further appointments.

3.60 There was an arrangement for Kim to have a GP appointment at the Ark that day (30th September 2020). Kim's mum also telephoned the Ark about family time arrangements. From the entries in the chronology, it is not clear if this meeting took place.

3.61 On the 1st October the Ark reported that Kim attended and had her meals. She stated she was finding it hard to manage as she still did not have her medication sorted, but otherwise was doing "quite well," she was given a new torch and she and Phil had bought a new tent and when the shop manager discovered they were homeless he gave them a large discount.

3.62 Kim attended the Ark once again on the 2nd October and Shropshire Recovery Partnership sent a message that they were attempting to buy Kim a new phone to be able to keep in contact with her.

3.63 On the 2nd October 2020 Kim phoned 111 and an emergency five-day supply of diazepam, zopiclone, mirtazapine and quetiapine were prescribed.

3.64 On the 5th October there was a meeting to discuss Kim's daughter. Kim did not take part, but Kim's mum was able to provide some updates and the children's social worker had some actions to liaise with the Ark and find out some details about the reasons Kim was rough sleeping. Kim again attended the Ark to use the facilities. Kim enquired about the new telephone and Shropshire Recovery Partnership stated that they would update her further tomorrow.

3.65 Whilst at the Ark on the 6th October Kim spoke to her Shropshire Recovery Partnership key worker. She once again stated that she needed to get back on her prescribed medication and was concerned that she may start using illicit drugs again. She was reminded her appointment was next week and to take a Naloxone kit. Kim also said she was dismayed that she had not heard from the Housing Options Team or Children's Social Care. Shropshire Recovery Partnership therefore emailed the Housing Options Team. Later a nurse from the Shropshire Recovery Partnership who was visiting the Ark to see someone else spoke to Kim. She helped Kim disinfect her tent as Kim had some bites. Kim said that she did not like sleeping rough, but Phil's presence made her feel safe.

3.66 On the 7th October Kim attended family time. It was stated that this went well, it included a visit to the park. Kim had a new telephone and she stated that she hoped she would shortly have new accommodation.

3.67 Also on the 7th October Kim saw the GP at the clinic undertaken at the Ark. The various medication issues over the preceding weeks were discussed. Kim explained why she had wanted an increase in her Pregabalin. The GP and Kim were able to explore safe prescribing practices. Kim acknowledged that she would sometimes get frustrated and take her remaining medication in one go. Kim accepted that this was a risky behaviour and stated she would not do this again. The GP explored some ground rules to try and keep her safe. This

included seeing her at the Ark, continuing with a weekly script and agreeing that Kim could not have medications earlier than when they were due and that an alert would be issued at the surgery about this. A medication weaning/reduction plan was discussed and agreed with Kim. This consisted of reducing her diazepam by 2mg every two weeks until it was stopped and a further face to face meeting in 7 days. Kim was to acknowledge her willingness to accept the reduction plan and was also able to discuss how well the visit with her daughter had gone.

3.68 On the 8th October Kim attended the Ark to use the facilities. Housing Options Team also noted that there had been a delay in responding as a member of staff had been off sick. Therefore, they were only just accessing emails and recognised there had been a delay in responding to the Police's advice that for them to be able to share information the Housing Options Team should have used a different form.

3.69 On the 12th October an Ark outreach worker noted that they met Kim and Phil at another service user's property. They stated that Kim was sitting on a mattress and was on her phone at first. They had a chat and Kim did not report any concerns.

3.70 On the 13th October Kim did not keep her appointment with Shropshire Recovery Partnership which was intended to help get Kim back onto a prescription.

3.71 On the 14th October Shropshire Recovery Partnership contacted Kim by telephone to discuss her next appointment. Kim complained on a cough and sore chest and was advised to consult her GP. Also, on that day it was noted that Kim had cancelled the family time meeting. Phil also reported to staff at the Ark that Kim was unwell and was advised to ring an ambulance if he were still concerned when he got back to her.

3.72 Also on the 14th October 2020 Kim requested her weekly prescription which was then issued

3.73 Subsequently on the same day the GP who was due to see Kim at the Ark spoke to Phil. He explained that Kim was unwell with swollen glands and a temperature. The GP offered to speak to her by telephone, but Phil had her phone. As an alternative the GP requested that the duty doctor telephone Kim later as she suspected Kim may have tonsillitis. When the GP returned to the surgery from the Ark, she then issued the weekly script for Kim. The surgery subsequently realised that this was a duplicate, but the pharmacy only issued one script and did not dispense the duplicate. As a consequence, the surgery has undertaken a Serious Event Analysis review and have devised a new system to ensure that only the dedicated homeless team from the Practice working with patients receiving support from the Ark issue scripts for those patients.

3.74 Later the same day (14.10.2020) an outreach work from the Ark and another GP saw Phil in town. The GP offered to call Kim, but again it was explained that Phil had the phone. Phil also explained that Kim was at a friend's property and the GP also offered a call the following day.

3.75 Also on the 14th October the family time supervisor contacted the social worker to explain that Kim had reported she had been ill in bed for 2 days and was unable to keep the family visit meeting.

3.76 On the 15th October calls were received by the West Midlands Ambulance Service to say that Kim was found to be unresponsive at the friend's address she had been staying at. Cardiopulmonary resuscitation was commenced until the ambulance crew arrived and took over. Kim could not be revived and sadly passed away. Phil reported that Kim had taken some illicitly acquired Diazepam. The Police also attended the scene.

4.0 THE TERMS OF REFERENCE

4.1 Period covered by the review was the 9th July 2020 to 15th October 2020. However, there was the scope to include any relevant information prior to this time period if considered necessary.

4.2 Methodology

4.2.1. These were agreed at the onset of the Safeguarding Adult Review:

4.2.2. The Independent Reviewer will carry out the review and alongside the SAR Panel analyse the findings.

4.2.3. Background documents evidencing national and local policy and where possible, any existing evaluations of practice in relation to the themes identified will inform the review.

4.2.4. Participating agencies will all prepare and submit detailed chronologies.

4.2.5. Participating agencies will provide all relevant background information and documents.

4.2.6. Participating agencies will provide a context of the structures, processes and procedures during this timeframe and will review the draft report in order to determine that the analysis and recommendations are within the protocols and processes of how their services operate.

4.3 Agencies Contributing to the Review

- Shropshire Council Children's Social Care
- Shropshire Council Adult Social Care
- West Mercia Police
- Shrewsbury Ark
- Shropshire Council Housing Services
- Midlands Partnership Foundation Trust
- Shropshire Recovery Partnership

- Telford Stars
- Recovery Near You
- A Better Tomorrow
- GP Practice
- West Midlands Ambulance Service

4.4. Key Lines of Enquiry for the Safeguarding Adult Review

4.4.1. The Shropshire Safeguarding Community Partnership formulated the following key lines of enquiry:

4.4.2. What support was provided to mitigate against increased vulnerability as a result of eviction/closure of an intervention or service? Did any relevant agencies undertake a risk assessment and involve other organisations when excluding Kim from their service?

4.4.3. What procedures and processes exist for handover of a service user/client to a similar service provision when someone is moving from one area to another and are these effective?

4.4.4. Were agencies clear about how Kim was navigating a path through services and were these services meeting her needs?

4.4.5. How accessible were the arrangements for the prescribing of medication for Kim? How effective were these arrangements with regard to addiction/dependency treatment?

4.4.6. What consideration was given by agencies who were working with Kim with regards to the sharing of information to support Kim's daughter?

4.4.7. How effectively were agencies able to identify and respond to concerns of self-neglect?

4.4.8. What degree of professional curiosity was demonstrated by staff when working with Kim and her partner?

4.4.9. What, if any, impact did the COVID pandemic have on how agencies worked with Kim?

4.5 Analysis and reporting arrangements.

4.5.1. It was also agreed that the Independent Reviewer with the assistance of the SAR Panel will be responsible for producing an overview report.

4.5.2. The findings and recommendations of this Safeguarding Adult Review report will be agreed with, and monitored by, the Joint Case Review Group on the behalf of the Shropshire Safeguarding Community Partnership.

5.0 MULTIPLE-EXCLUSION HOMELESSNESS – THE CONTEXT FROM GUIDANCE AND POLICY

5.1 The following section attempts to draw some evidence about the prevalence and impact of homelessness. The purpose of this is to give some context to the nature and scale of the problems that can affect people experiencing homelessness and positively it includes some of the guidance about how services can respond most effectively.

5.2. Significantly it is clear that Kim’s difficulties were not solely centred upon the fact that she was without stable accommodation. The literature recognises that a significant number of the homeless people also experience “multiple exclusion homelessness.” These additional problems can stem from health needs, mental health problems, substance misuse problems, trauma, leaving institutions and other factors.

5.3 Guidance therefore suggests that services should be actively considering and managing their responses based upon the likelihood that people experiencing circumstances similar to Kim’s will have care and support needs with the potential to be experiencing abuse and neglect as well as a result of their homelessness.¹⁵

5.4 In terms of prevalence of abuse and or neglect and health inequalities, homeless people are at greater risk. A Government homeless survey found 1 in 3 homeless people have been the victim of violence in the preceding 12 months with 1 in 2 of them having been the victim of theft.¹⁶

5.5 These risks are compounded by increased risks of poor health outcomes including earlier deaths. In 2019, for people who are homeless, the mean age at death was 45.9 years for men and 43.4 years for women compared to 76.1 years for men and 80.9 years for women in the general population.¹⁷

5.6 Of special relevance is the fact that almost two in five deaths of homeless people were related to drug poisoning in 2019 with 289 estimated deaths: 37.1% of the total number of all homeless deaths.

5.7 This information makes a very strong case for ensuring that the health and social care needs of homeless people is the subject of multi-agency consideration and planning.

¹⁵ Adult safeguarding and homelessness: a briefing on positive practice LGA/ADASS. 2020
https://www.local.gov.uk/sites/default/files/documents/25.158%20Briefing%20on%20Adult%20Safeguarding%20and%20Homelessness_03_1.pdf

¹⁶ Rough Sleeping Strategy. Ministry of Housing Communities and Local Government 2018
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1102469/Rough-Sleeping-Strategy_2018.pdf

¹⁷ Experimental Statistics of the number of deaths of homeless people in England and Wales. Figures are given for deaths registered in the years 2013 to 2019.
<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2019registrations>

5.8. The Government launched its overarching Rough Sleeping Strategy in 2018. This document set the ambition to eliminate rough sleeping by 2027. It also emphasised that the numbers of Safeguarding Adult Reviews for people who have experienced homelessness was felt to be an under representation of the number of cases that qualified and undertaking this type of review was appropriate would improve learning for the system.

5.9 This strategy was extensively refreshed and replaced in 2022. Significantly the Rough Sleeping Strategy concludes that homelessness should be equated with increased risks of other multiple exclusions. It stated that the 2020 Rough Sleeping Questionnaire found a significant correlation between homelessness and other problems. For homeless people 82% had mental health needs, 60% had current substance misuse problems and 26% had been children in care.

5.10 The refreshed strategy also identified the following priority areas for action with an announcement of £2 billion worth of funding:

- accommodation with wrap around support
- single homelessness accommodation programme
- emphasis upon multi-agency whole system approaches
- focus on those transitioning from care, hospitals, prison, and veteran supports

5.11 It is therefore imperative that the local system in Shropshire ensures there is a local coordinated response to strategy and that Shropshire Safeguarding Community Partnership is informed of developments.

5.12 Homelessness and Covid 19

5.12.1 Kim's experiences of homelessness occurred during a period of significant Covid restrictions. This included the Government allowing Local Authorities to implement Care Act easements. Significantly Shropshire Council did not apply these. However, there was a higher emphasis upon video and telephone contacts with service users in some services.

5.12.2 In March 2020 the Government introduced the "Everyone In" scheme so that Councils were responsible for moving all those who were at risk of sleeping rough into alternative accommodation. The Housing Charity, Shelter have provided a review of the project and a challenge as to the wider learning and implications to be taken forward. This is not within the scope of this review but will be of interest to those with strategic and commissioning responsibilities for housing support.¹⁸

¹⁸ Everyone in: where are they now? Shelter 2020.

https://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/everyone_in_where_are_they_now

5.12.3. The local response in Shropshire was the subject of significant media attention and praise for how partnerships were forged between local hotels and the Council.¹⁹ This has also led to the publication of a book about the transformative experiences of the initiative.²⁰

5.12.4 Despite the “Everyone In” scheme Covid 19 did impact upon how individuals accessed services as well as the additional strain upon health and social care services and this inevitably impacted upon general engagement. This will also be considered further in the key lines of enquiry section of this review.

5.13 GUIDANCE ON POSITIVE HOMELESS & SAFEGUARDING INTERVENTIONS

5.13.1. The Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) has published “Adult safeguarding and homelessness: a briefing on positive practice²¹. This document has been intended to be used by Safeguarding Adult Boards as well as services at a strategic and operational level to implement best practice changes. It is therefore a vital source of guidance and inspiration for the system. It has also acted as a reference point when reviewing the key lines of enquiry in Kim’s case.

5.13.2. This report emphasises that when assessing the needs of homeless people consideration should be given to the assessment of multiple exclusions and this is central to informing all interventions, assessments and risk management.

5.13.3. It provides advice on the relationship between the Care Act, Housing Act 1996 and the Homeless Reduction Act 2017 with an emphasis upon the need to recognise vulnerability and how addiction behaviours might be part of a complex dynamic involving ways to cope with trauma rather than evidence of poor choices.

5.13.4. From original analysis of Homelessness related Safeguarding Adult Reviews, it has identified the following four domains from which to identify best practice:

- The first domain focuses on direct practice with individuals
- The second domain focuses on the multi-agency, multi-disciplinary team around the person
- The third domain focuses on the organisational network that surrounds the team which is working with the person
- The fourth domain focuses on governance issues.

5.13.5. Significantly there is considerable cross-over in the reviews that have been analysed and factors that have been important in the agencies responding to Kim.

5.13.6. Factors of importance when supporting vulnerable people who are homeless include:

¹⁹ BBC News - Prince Rupert Hotel in Shrewsbury welcomes the homeless during Coronavirus crisis
<https://www.youtube.com/watch?v=WtdAQ-VGmSs>

²⁰ The Prince Rupert Hotel for the Homeless: A True Story of Love and Compassion Amid a Pandemic. Christina Lamb. William Collins 2022

²¹ Op cit.

- Recognising the issues which might help shed some light on why someone has difficulty in sustaining accommodation.
- The global impact of substance misuse on decision making.
- The need to challenge assumptions about lifestyle choices and substance misuse.
- The positive support gained from involving the family/network.
- The benefits of being “compassionately persistent.”
- Exploring hidden trauma
- Remaining curious about reasons for none-engagement
- Interventions to be integrated with other services.
- Risk assessments and mitigation planning
- Joined up multi-agency working/flexibility/collaboration.
- Responses being bespoke rather than standardised.
- Senior manager oversight and support
- Access to legal and safeguarding advice and support
- Innovation in commissioning
- Workforce development
- Culture/ no wrong door/ making every contact count-

5.13.7. Similarly, the National Institute for Health and Care Excellence has produced an evidence review of effective approaches to improve access to and engagement with health and social care services for people experiencing homelessness. This document reinforces the importance of not treating homelessness as separate from the multiple exclusions that frequently coexist and that a joined-up approach by agencies is essential for positive outcomes.²²

6.0 ANALYSIS OF THE KEY LINES OF ENQUIRY

6.1. What support was provided to mitigate against increased vulnerability as a result of eviction/closure of an intervention or service? Did any relevant agencies undertake a risk assessment and involve other organisations when excluding Kim from their service?

6.1.1. Kim experienced a series of moves throughout the period under review. The move to A Better Tomorrow provided an opportunity to directly address Kim’s substance misuse problems through the completion of the recovery programme. It is also noted that this instigated a series of referrals to and engagement with services that could support Kim in her wider journey to recovery. This included assistance from the NHS mental health service provider Midland Partnership Foundation NHS Trust and a specialist counselling service provided by Axis.

6.1.2. However, when Kim relapsed and could no longer stay at A Better Tomorrow this created a period of uncertainty. At this point Kim contacted adult social care via the Emergency Social Work Team. It was noted that she was distressed by the request to leave and adult social care made contact with Housing Options Team. After this there is a gap

²² Integrated health and social care for people experiencing homelessness. National Institute for Health and Care Excellence. 2022. <https://www.nice.org.uk/guidance/ng214>

when Kim did not have contact with services and was staying on a temporary basis with friends until she then presented to housing services as she was rough sleeping.

6.1.3. Whilst the housing issues were dealt with responsively, at that point, there does not appear to have been a coordinated response in line with the LGA/ADASS publication “*Adult safeguarding and homelessness: a briefing on positive practice guidance*” [see section 5.13 GUIDANCE ON POSITIVE HOMELESS & SAFEGUARDING INTERVENTIONS].

6.1.4. Initially Kim declined her first offer to be accommodated but when she contacted services again to say she was sleeping rough she and her partner Phil were found a hotel placement in Wolverhampton.

6.1.5. It is not clear if any advice and support was given to Kim to explore with her why she originally refused the first offer or the possible implications of this. Nonetheless despite the incredibly challenging environment at the time owing to the pandemic Kim was found somewhere to stay. It does not appear that the services Kim was involved with undertook a risk assessment or arranged a joint meeting to explore the impact the enforced change would have on her when leaving A Better Tomorrow.

6.1.6. It is commendable that alternative substance misuse services were located with Recovery Near You, but there is no evidence that plans were considered as to how to identify or mitigate risks associated with moving away from local services and the disruption in the continuity of support. Multiple moves impact upon being able to “see” and “hear” the person as well as effecting the continuity of care and personal disruption. On a practical level Kim’s mum at one point stated that she was worried about Kim being able to securely retain all the official documentation she needed whilst moving around and being homeless and agencies noted that it was challenging for Kim knowing how to access local supports in her new area such as where the Food Bank was.

6.1.7. It is clear that services were responsive to Kim when she undertook the move to Wolverhampton, engaging her in new assessments, support to find a new pharmacist, transferring information from one provider to another and similarly the move back to the neighbouring county would appear to have been perceived as positive by Kim as it was bringing her closer to her daughter, family and her local area.

6.1.8. Kim then encountered another move when behaviours at that hotel resulted in her having to vacate. This resulted in the need to transfer substance misuse services, documented difficulties in accessing a pharmacist and further flux. Despite the engagement with many different services and the impressive efforts to offer Kim new appointments there were notably disruptions to the support needed with no over-arching risk assessment.

6.1.9. There is no evidence that a multi-agency meeting was convened to assess the level of risk and the safeguarding implications of these changes nor the implications of being without prescribed replacement medications. Nor is there evidence that Kim was receiving appropriate advice/support/guidance or mentoring about actions that would put her accommodation at risk and the consequences for her wellbeing.

6.2. What procedures and processes exist for handover of a service user/client to a similar service provision when someone is moving from one area to another and are these effective?

6.2.1. From January to October Kim stayed in at least seven different places and moved between three different local authority areas.

6.2.2. The move from Wolverhampton to Telford and Wrekin was deemed by Kim as to be a positive one as she was returning closer to her daughter and home area.

6.2.3. Each move created a logistical challenge in arranging new assessments and planning for the dispensing of medications as well as the emotional and practical upheaval for Kim.

6.2.4. There is evidence on occasions of the considerable efforts agencies made to contact Kim and organise services when she was moving. Shropshire Recovery Partnership's efforts to fast-track assessment meetings and actions to supply Kim with a telephone to aid communication are included within that.

6.2.5. However, there is limited evidence that agencies identified what their expected standards are for ensuring that such transfers happen as smoothly as possible, including identifying bespoke plans to mitigate risks. It is acknowledged that some moves will have been dictated by the urgent need to find accommodation and this was during the pandemic. As such it might not have been possible to avoid an out of area placement.

6.2.6. On the 1st September 2020 the Housing Options Team worker noted that people were often asked to leave their accommodation quickly owing to conduct issues which could lead to a "cliff edge" scenario with heightened risks.

6.2.7. Each move has the potential for increased risk especially if the outcome of a change of service provokes a housing and personal crisis. When Kim was asked to move on in these circumstances increased risks and uncertainty appeared to be inevitable. These changes do not appear to have triggered joint reviews between the agencies and Kim, despite the housing worker's concerns about the impact.

6.2.8. When accommodation moves are being contemplated because of a lack of compliance with expected standards of behaviour it is not clear what plans agencies had to work together to acknowledge the risk and arrange processes to mitigate those risks. The recommendations within "Adult safeguarding and homelessness: a briefing on positive practice guidance" provides a blueprint of the types interventions that ought to be considered [see 5.13.6 above].

6.2.9. This would include that when someone is moving around frequently agencies should investigate why someone has difficulty in sustaining accommodation and consider the global impacts of substance misuse on their decision making.

6.3. Were agencies clear about how Kim was navigating a path through services and were these services meeting her needs?

6.3.1. As stated from the agencies' chronologies it appears Kim underwent seven moves in ten months. This includes two periods of staying with friends to avoid rough sleeping and two periods when Kim was sleeping rough.

6.3.2. As previously described a Housing Officer anticipated that owing to none compliance with expected standards of behaviour Kim might experience a cliff edge removal from her accommodation.

6.3.3. The guidance produced by the LGA/ADASS proposes that agencies carefully review and engage someone with multiple exclusion homelessness needs when assessments about making oneself intentionally homeless are taking place and professionals should recognise that substance misuse issues are likely to ensure someone has care and support needs and being without a home will create considerable safeguarding risks.

6.3.4. Paragraph 5.4. provides information about the significantly increased risk of being a victim of crime created by being homeless and paragraph 5.9 explores the data about the grater incidence of mental health and substance misuse problems amongst homeless people.

6.3.4. Therefore, when the risk of homelessness is more apparent it would be preferable for services to be consider all the implications and impact upon Kim to devise ways to mitigate these risks. There is only limited evidence that this occurred in Kim's case.

6.4 How accessible were the arrangements for the prescribing of medication for Kim? How effective were these arrangements with regard to addiction/dependency treatment?

6.4.1. There is evidence of positive practice when Kim registered with the GP surgery in Shrewsbury. The Practice have a specialist mental health nurse who undertook a review of the medication and made recommendations based upon effective prescribing guidance to commence a reduction of some medicines with the goal of stopping them. This plan was subsequently reviewed in a discussion between the nurse and GP.

6.4.2. Subsequently this plan was discussed directly with Kim. The GP and Kim explored the need to keep her safe and this included a candid conversation about restrictions on prescribing and why further medication would not be issued beyond her weekly prescription.

6.4.3. This included an open discussion about some of the reasons why Kim attempted to gain additional medication. This consultation appeared to be valued by Kim and a source of positive engagement.

6.4.4. The Practice have also noted there were other occasions when additional medication had been issued because Kim reported that her medication had been lost. The Practice have identified learning around this and have undertaken a Significant Event Analysis leading to the introduction of new prescribing arrangements for their more vulnerable patients with addiction problems.

6.4.5. Kim was also prescribed medication to help her manage her addiction. Such medications are prescribed in specialist addiction service settings. There is a need to take such medications regularly and if they have been missed for three days further medication cannot be issued without a reassessment and fresh consultation.

6.4.6. This creates a heightened need to ensure there is a continuity of such medication being collected regularly. In Kim's case this proved to be especially challenging.

6.4.7. There are several examples of how substance misuse prescribing agencies communicated with each other to ensure information was being shared and this included checking out messages given by Kim.

6.4.8. Notably Shropshire Recovery Partnership sought management advice in order to fast track an assessment when Kim was moving from one service to another.

6.4.9 However there was an occasion when Kim could not travel back to Wolverhampton to collect her medication following an enforced move and Kim went without her medication for over 3 days.

6.4.10. Kim was therefore off script, and she was concerned about the impact this would have on the risk of her taking illicit drugs. As a result, advice was given to keep Naloxone with her in case of an overdose.

6.4.10. This gap in prescribing continued as Kim was having issues keeping appointments with her new prescriber. This accessibility issue was affected by the difficulties Kim had in returning to Wolverhampton at a time of great flux and contributed to her going outside of the prescribing regime.

6.5. What consideration was given by agencies who were working with Kim with regards to the sharing of information to support Kim's daughter?

6.5.1. Kim's daughter was being cared for by Kim's mum. There is evidence of Children's Social Care meeting Kim's mum for reviews and exploring with Kim changes to allow for face-to-face family time as an alternative to the video arrangement.

6.5.2. Notably children's social care explored these arrangements in a supervision meeting.

6.5.3. Similarly, Kim's mum as well as being a crucial part of Kim's support network would contact services to relay information about her concerns and would share information to be passed on to Kim.

6.5.4. There is limited evidence that agencies routinely liaised with Children's Social Care and following a review meeting the social worker had an action to contact other services to find further information about Kim's current health, wellbeing, and illicit drug use as this was vital information needed for planning family time.

6.5.6. It is therefore important that all agencies remind their staff of the need to think family and ensure Children's Social Care are kept up to date about information that may impact upon a child. Equally Children's Social Care have an opportunity to consider when they may need to share information with agencies working with an adult in line with any consent and information sharing considerations.

6.6. How effectively were agencies able to identify and respond to concerns of self-neglect?

6.6.1. From the chronologies undertaken by the agencies involved in Kim's care there is limited evidence that her needs were considered as part of a pattern of self-neglect.

6.6.2. When Kim contacted agencies stating that she had been asked to leave her accommodation it was concluded that her needs were primarily for housing support, despite knowledge of her substance misuse difficulties.

6.6.3 Midland Partnership Foundation NHS Trust have reflected that when they were supporting Kim, they did not make any direct contact with housing services when exploring the impacts on Kim's emotional health and wellbeing of her housing needs and recognise this would have been helpful in better understanding Kim's situation.

6.6.3. It bears repeating that the LGA/ADASS guidance "*Adult safeguarding and homelessness. A briefing on positive practice,*" is especially informative on the point of multiple exclusion homelessness. This includes how self-neglect can negatively impact upon a person's patterns of behaviour.

6.6.4. It stresses that people who are homeless who also have substance misuse needs will therefore have care and support needs and given the evidence about heightened exposure to abuse or neglect it is therefore probable that the person will also have safeguarding needs.

6.6.5. The guidance states that, "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)."

6.6.6. If agencies had reflected that Kim's situation, especially when she was rough sleeping or at risk of rough sleeping, incorporated self-neglect risks, then further consideration of calling a multi-agency meeting in line with local self-neglect guidance would have provided an opportunity to undertake a review of her needs in order to coordinate further responses.

6.7. What degree of professional curiosity was demonstrated by staff when working with Kim and her partner?

6.7.1. Most definitions of professional curiosity focus upon the skills needed by the worker to be inquisitive and to employ those skills in an engaging and if needs be, a courageous way. It can also involve innovative ways to professionally connect with someone to dive deeper into their circumstances.^{23/24}

6.7.2. There are several examples of positive engagement with Kim when staff had candid conversations with her such as the consultation with the GP about Kim's use of prescribed medication.

6.7.3. Staff at the Ark appeared to be able to have deeper conversations with Kim when she was troubled or upset and as a result gave a good account of how Kim was feeling.

6.7.4. Similarly, Shropshire Recovery Partnership staff were able to explore with Kim how she was feeling when they helped her clean her tent.

6.7.5. All of which show how staff could engage Kim to better understand her life and circumstances in order to explore critical themes with her including the dynamic associated with patterns that jeopardised safe accommodation.

6.7.6. The LGA/ADASS positive practice guidance advocates the use of professional curiosity to better understand someone's lifestyle. There is evidence that professional curiosity could have been further employed to identify the impact rough sleeping was having on Kim or could have been used to work with her to problem solve the occasion when she went without her medication because she could not travel back to a previous location to visit the pharmacy after she had moved.

6.8 What, if any, impact did the COVID pandemic have on this case?

6.8.1. Covid 19 restrictions were in place throughout this period. This included the first full lockdown announced by the government on the 23rd March 2020.

6.8.2. Section 5.12 Homelessness and Covid 19 explores the impact on homeless people especially through the Everyone In scheme. Shropshire Council has received media attention and praise for the local response to accommodation at this period.

6.8.3. Nonetheless the restrictions in place did have an impact on service availability and accessibility. The move to Wolverhampton was in part owing to the limited possibilities of accommodating people more locally. This then had a knock-on effect when Kim was trying to engage services more locally following her move.

²³ <https://www.norfolksafeguardingadultsboard.info/protecting-adults/working-with-adults-at-risk/professional-curiosity/>

²⁴ <https://www.bsab.org/news/article/51/the-importance-of-professional-curiosity-for-safeguarding-adults>

6.8.4. Despite these, many services Kim was in contact with were still able to offer her appointments and see her. Critical to this has been the role of the Ark which provided consistent and much valued face to face support.

6.8.5. From this it appears that the most significant impact due to COVID 19 was the move to Wolverhampton.

7.0 CONCLUSIONS

7.1. Care Act (2014) and Safeguarding

7.1.1. Shropshire Safeguarding Community Partnership determined at the start of this process that Kim had care and support needs that made her eligible for an assessment under the Care Act (2014).

7.1.2. However, the input from Adult Social Care was limited and when Kim approached the service, they concluded that her needs were primarily to do with Housing. There is no evidence of other services seeking any advice and support from Adult Social Care for additional support or safeguarding advice.

7.1.3. The LGA/ADASS "Adult safeguarding and homelessness A briefing on positive practice" has been very clear in reaffirming that someone experiencing multi-exclusions homelessness should be considered for a Care Act (2014) assessment and this would then trigger further exploration of her safeguarding needs. This would involve consideration of a section 9 assessment of the adults needs for care and support or a section 11 assessment if person refuses an assessment and there are concerns about a lack of capacity or there are safeguarding concerns present.

7.1.3. The 2022 refresh of the rough sleeping strategy, unequivocally states, "rough sleeping and multiple disadvantage is a safeguarding issue."²⁵ It also goes on to say that those who rough sleep, "often experience the most severe disadvantage and multiple and complex needs."

7.1.4. In line with the management of self-neglect, convening a multi-agency review of Kim's needs would have helped identify plans to manage her heightened vulnerabilities via multi-agency risk assessments and support planning.

7.2. The consequences of enforced moves owing to none-compliance with acceptable standards of behaviour

²⁵ Ending Rough Sleeping For Good. Department of Levelling Up Housing & Communities. 2022. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1102408/20220903_Ending_rough_sleeping_for_good.pdf

7.2.1. Kim was asked to leave two places in which she was accommodated owing to her behaviour. This presents an unenviable dilemma for those making such decisions as they have to balance the needs of others against those of the person being asked to leave.

7.2.2. A housing worker clearly articulated her concerns about Kim being asked to leave her hotel accommodation at short notice. These concerns were well founded and as a result of Kim leaving, she had a further period of rough sleeping.

7.2.3. This and an earlier incident could have triggered a multi-agency review or Care Act (2014) assessment that which have provided an opportunity to mitigate further the risks. It would also have ensured more direct communication between agencies.

7.2.4. Kim's mum pointed out that she was worried that Kim would lose important documents if she kept moving around. At one point it was mentioned that because Kim was new to an area, she needed help and advice to access local services including the foodbank.

7.2.5 There is only limited evidence that services understood the impact moving would have especially without a multiagency review meeting.

7.2.6. One of the significant consequences of moving was that Kim's designated pharmacy was no longer accessible, so she could not collect her medication. As a result, Kim articulated that she was concerned she would start using illicit substances again. It is not clear if a flexible solution could have been found to allow access to her medication.

7.3 Support to the Family

7.3.1. Kim's mum played a pivotal role in giving Kim's daughter a secure and loving home.

7.3.2. There is clear evidence of services discussing with Kim how important contact with her daughter was and how upset she found it when her problems got in the way of contact.

7.3.3. There several examples of agencies responding to this, from Children's Social Care planning for supervised family contact, to Shropshire Recovery Partnership supplying a new phone or staff at the Ark helping Kim get ready for a visit.

7.3.4. However, there is limited evidence of agencies who support people with addiction needs considering offering any advice and support to Kim's mum. There is no evidence that a referral for a carer's assessment was ever considered.

7.4. The Ark as a secure base and information exchange

7.4.1. The Ark was a vital resource when Kim was rough sleeping. The Ark was an essential conduit of information between agencies and Kim's mum was also able to use it to relay messages.

7.4.2. Kim would use the Ark multiple days each week to eat, shower, do laundry and have appointments. The fact that the GP ran a clinical from the Ark also appears to have been valued and the importance of this service has been apparent from this review.

8.0 RECOMMENDATIONS

8.1. The recommendations will be clustered under the following 4 domains which are part of the “Adult safeguarding and homelessness - A briefing on positive practice:”

8.1.1 Direct practice with individuals

8.1.2. All agencies should be aware of the concept of multiple exclusion homelessness and that when working with individuals who have such complex presentations a discussion should take place with Adult Social Care about a Care Act (2014) Assessment.

8.1.3. When Housing Officers or other agencies are aware that someone is at risk of being asked to leave temporary accommodation, they should explore the situation with the person as soon as they have been made aware and contact other agencies with the view of arranging a multi-agency case meeting.

8.1.4. When a service that offers residential based rehabilitation support is considering asking a person to leave, especially when this will lead to accommodation problems, they should convene a multi-agency case meeting and commissioners of relevant services should consider appropriate clauses in their service specifications and contracts to ensure compliance .

8.1.5. All front-line services should explore the reasons why a person may be considered to jeopardise their placement/accommodation and use the lens of trauma informed care and unwise coping mechanisms to review the need for support.

8.1.6. All front-line agencies should use a “Think Family” approach and consider what additional supports should be appropriately offered to other family members including when a carer’s assessment should be considered under Section 10 of the Care Act 2014.

8.2. Multi-agency, multi-disciplinary team around the person

8.2.1. All agencies should ensure the impact of multiple exclusions homelessness is considered when deciding what support should be offered [see section 5]. This relates to recognising the need to assess whether a homeless person has additional needs that require coordinated interventions including care and support needs under the Care Act (2014). This approach would include determining when to convene a multi-agency review meeting to explore additional needs such as mental health, physical health, trauma, the need for care and support.

8.2.2. All substance misuse services should review their policies and procedures to make sure they adequately include guidance about transferring care to another provider to ensure that there is a continuation of prescribing and medication dispensing and ensure Multi-Disciplinary Team meetings

take place to manage transfers appropriately, particularly in cases where there are frequent moves between providers.

8.3. Organisational network that surrounds the team that is working with the person.

8.3.1. Each organisation should make sure that supervision is available to promote reflection and analysis of case management especially when there are concerns that a service user is at risk of homelessness.

8.3.2. Each organisation should consider whether a homeless person has additional needs that would require taking action to safeguard that person including when to contact adult safeguarding colleagues at the Council for advice.

8.3.3. All organisations should ensure that systems are in place to advise staff about multiple exclusion homelessness.

8.3.5. Regarding the issue described at 3.68 Police colleagues should provide advice about the most effective route partners should use to contact the Police to request information

8.4 Governance Arrangements

8.4.1. The Shropshire Safeguarding Community Partnership should consider creating a Homelessness Forum made up of key agencies to ensure all agencies are working together to promote best practice as identified within the LGA/ADASS guidance. This will also include ensuring rough sleeping advocacy takes place at Board level within the SSCP as recommended within "Ending Rough Sleeping For Good." The author is aware that the Partnership currently has plans to convene such a group.

9.0 CODICIL TO THE RECOMMENDATIONS

9.1 Subsequent to the work partnership agencies did with Kim there have been some significant service developments that seek to directly address how organisations respond to people who are experiencing or at risk of experiencing rough sleeping and multiple additional exclusions. These represent significant changes to how people in Kim's circumstances will now be able to access help. These new services are included here.

9.2 Shropshire Council have successfully bid and been awarded Rough Sleeper Initiative (RSI) funding to provide additional focus and services to work with rough sleepers. The Council have employed a Rough Sleeper Coordinator and In reach/Outreach Support Officers to work with those sleeping rough and those former rough sleepers placed in hostel accommodation. Agencies are now meeting weekly to discuss those rough sleeping. In addition, the Council has also successfully bid for funding from the Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG). This funding is to improve services to rough sleepers focused on drug and alcohol treatment and wrap around support including for those with mental health needs. This project in Shropshire has been set up as a multi-disciplinary team and named RESET and has a public launch in March 2023.

9.3 The Homelessness Forum has been set up by Shropshire Council's Housing Services to better engage all partners both statutory and third sector agencies, to share information and discuss issues of concern feeding into action planning and strategic development.

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