Safeguarding Adult Review (SAR) In-Rapid-Time Systems findings report

A new SAR commissioned by Newham Safeguarding Adult Board

Following the tragic and untimely death of Peggy, Newham Safeguarding Adult Board has decided to arrange for the conduct of a Safeguarding Adult Review (SAR).

Newham SAB is collaborating with the Social Care Institute for Excellence to test a new process to enable learning to be turned around more quickly than usual through a SAR. This new process is referred to as a SAR In-Rapid-Time.

This document

This document forms the final output of the SAR In-Rapid-Time. It provides the systems findings that have been identified through the process of the SAR. These findings are future oriented. They focus on social and organisational factors that will make harder or easier to help someone facing multiple-exclusion homelessness, like Peggy, in a timely and effective manner. As such, they are potentially relevant to professional networks more widely.

In order to facilitate the sharing of this wider learning the case specific analysis is not included in this systems findings report. Similarly, an overview of the methodology and process is available separately.

Each systems finding is first described. Then a short number of questions are posed to aid SABs and partners in deciding appropriate responses.

Contact

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Systems findings

What are the key barriers/enablers we have learnt about that make it harder/easier for good practice to flourish and that need to be tackled in order to see improvements?

Methods note: the SARs In Rapid Time methodology distinguishes between the case findings, and systems findings. Systems findings are the underlying issues that helped or hindered in the case and are systemic rather than one-off issues. Each finding attempts to describe the systems finding barrier or enabler and the problems it creates. This requires that we think beyond Peggy to the wider organisational and cultural factors. It also requires that we hold off at this stage from solutions or articulating what is needed, to specify first what the current reality of barriers/enablers is, that the SAR process has helped us understand.

FINDING 1. PATHWAYS TO NEWHAM'S MULTI-AGENCY "HIGH RISK PANEL" FOR INDIVIDUALS FACING MULTIPLE EXCLUSION HOMELESSNESS

Systems finding

Newham's Multi-Agency "high risk panel" is an experienced, senior multidisciplinary team that exists to support practitioners and managers with high risk and/or complex cases, where it is difficult to mitigate presenting risks within mainstream processes, procedures and service provisions. It is a platform to share information and identify joint solutions, to manage complex risk whilst sharing in the decision making agreed to mitigate those risks. See **https://www.newham.gov.uk/health-adult-social-care/safeguarding-prevention/2** However, is not well known across agencies, and those who are aware of it do not find the referral pathways clear. For people facing multiple exclusion homelessness there are also additional barriers to their cases being considered at the panel, such as having an up-to-date Mental Capacity Assessment. Conversely, rough sleepers who are not able to engage with professionals are considered at the Task and Care Planning Meeting that meets every two weeks. This is also growing to include a range of relevant agencies including Mental Health team, police, CGL. However, there is currently no pathway from the Task and Care Planning Meeting to the High Risk Panel.

This set up increases the risk that professionals trying to work with the most vulnerable people facing multiple exclusion homelessness, are provided with least senior support and left carrying disproportionately high levels of risk.

Questions for the SAB and partners

- What can be done to better popularise the High Risk Panel to enable those who need it to access it?
- Has the High Risk Panel continued to function through the pandemic when, it can be argued, it is most needed?
- Who would need to lead on work about how the different panels fit together?
- Does the High Risk Panel's current remit allow it to effectively 'case-hold' for those that do not currently meet criteria for safeguarding/ s.42 processes, but are likely to in the future if needs remain unmet?

FINDING 2. Benefiting from small neighbourhood organisations

In situations where there is little to no chance that a person facing multiple exclusion homelessness is going to trust statutory services enough to engage with them, there seem to be very few options currently for benefiting from the more routine, day-to-day relationships and observations held by small neighbourhood organisations. This creates various systemic weaknesses, that undermine professionals' efforts to provide timely and effective help.

First, efforts to locate a person, in order to conduct an assessment for example, can be hampered with valuable time lost trying to identify someone's whereabouts, when small neighbourhood organisations have known exactly where the person was.

Second, efforts to gain a holistic understand of the person can also be hampered. Newham Centre for Mental Health, for example, will often only see a person facing multiple exclusion homelessness, in times of crises. At these points, as well as query underlying mental health issues, substance misuse may also be a factor, with the person being admitted for drug induced psychosis. In order to get a fuller and more accurate picture of the person, NCMH standardly brings as much of the professional network involved with a person, into multi-agency meetings. This includes voluntary sector organisations such as CGL. However, there are not currently mechanisms to engage with the smaller neighbourhood organisations. Without this input they can be left unable to understand the 'baseline' mental health of the person outside of times of crisis, to inform their formulation and treatment plan.

Lastly, without options for routinely linking in with small neighbourhood organisations as valued partners, it is impossible to build on the relationships that a person facing multiple exclusion homelessness may have established there, to inform and deliver the most appropriate response. Further, it makes it less likely that the person will benefit from the option of having the person they trust most, commissioned to be their advocate.

Questions for SAB and partners:

- In relation to young people at risk of exploitation and involvement in gang violence, there have been corporate developments to drive engagement with affected communities. The Mayor Chairs and champions the Youth Safety Board for example. In relation to multiple-exclusion homelessness, another big issue in the area, are there tactics and attitudes that could be usefully mirrored to bring some prominence to the issue and respect to small neighbourhood organisations playing vital roles?
- Is there is a risk that the strengths of established providers of outreach services, comes with a risk of excluding the diversity of smaller neighbourhood organisations? Is there flexibility within the current commissioning arrangements between ASC and Thames Reach, to integrate small neighbourhood organisations into care planning and potentially advocate roles?
- How might statutory providers such as Newham Centre for Mental Health be helped to know of the existence of local neighbourhood organisations?

FINDING 3. **Sustaining Covid innovations that reduce assessment demands on people.**

Systems finding

Current service arrangements standardly create significant demand on individuals by requiring multiple assessments (e.g. Care Act Assessment; housing assessments) each of which requires the person's active engagement, and often includes keeping office-based appointments. This created accessibility issues for people facing multiple-exclusion homelessness and compound trauma, increasing the chances that they do not receive a timely assessment of need and allocation of appropriate support. It left practitioners in repetitive cycles of attempting and failing to complete the same assessments, with no alternative options to hand and left individuals without anyone adequately understanding the interplay between their different needs and issues and how these may conspire to pose critical risks.

Covid created an opportunity to innovate and new ways of working have reduced the assessment demands described above. The majority of Care Act assessments are conducted in the community, whether in people's houses or wherever they are, and are now rarely an office based activity. Similarly, more housing assessments are now conducted without seeing the person but instead drawing on what is already known. These promise greater accessibility for people facing multiple exclusion homelessness and compound trauma.

Questions for SAB and partners

- What are the plans for assessing which of the new ways of working developed in response to Covid, that are to become standard?
- How can opportunities to innovate be sustained?
- Is there adequate scrutiny of assessment demands?
- Is there scope for further innovation and creativity to streamline or combine respective agencies' assessment requirements and support a collective understanding of the interplay of a person's needs and issues?

Finding 4. Lack of “low key” housing options.

Systems finding

Newham is extending the range of housing options across a whole spectrum, including a new bed unit of specialist provision for people with complex needs. However, at the very far end of the range, for people facing multiple exclusion homelessness who find it hard to be within walls or to make the future-oriented commitments necessary to engage with available housing options, there remains a gap. This leaves small voluntary organisations, attempting to provide what they can of such needs for ‘lower key’, flexible, trauma-informed options but otherwise those most vulnerable, the least well served.

Questions for SAB and partners:

- Do local strategic needs assessments provide any further understanding of this need?
- How might voluntary sector and neighbourhood organisations be engaged to better understand the size and scale of this need and adequacy of current provision?

FINDING 5. Working with a person when they do have capacity, to understand how they would like to be treated when they are sectioned under the Mental Health Act 1983

Systems finding

People facing multiple exclusion homelessness, mental health problems and chronic drug dependencies can easily get stuck in cycles of being admitted and then released from mental health hospitals, only to be readmitted under section on the next crisis. There does not appear to be an established norm of working with the person during the time in between, when they do have mental capacity to make decisions about their care, what they would like to happen and how they would like to be treated the next time they are in crisis. This leaves practitioners having to work reactively to conduct care planning and best interest decision making at times of crisis and loss of capacity.

Questions for SAB and partners:

- Does this happen routinely for people who are able to engage more readily?
- What are the options for engaging with small neighbourhood organisations in this regard?