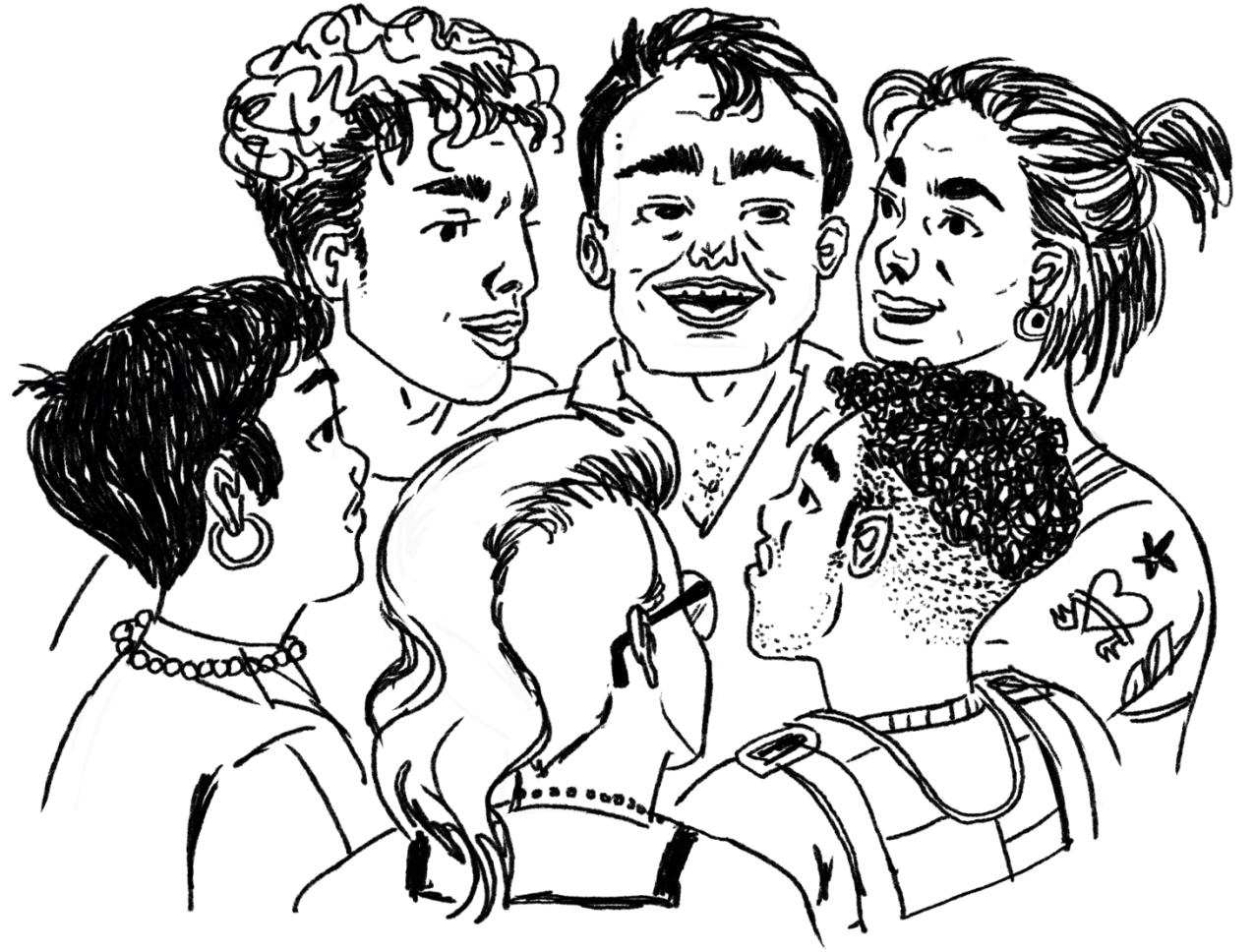


Safeguarding & Homelessness: A Whole Systems Introduction



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SESSION OUTLINE

1. Dying Homeless in Scotland
2. Legal Context
3. Homelessness Harm; Typologies of Risk and Influencing Factors
4. Learning from Case Reviews
5. Whole Systems Approach
 - Direct Practice
 - Organisational Support
 - Multi-Agency Coordination
 - Governance
 - Law and Policy



THE DYING HOMELESS PROJECT

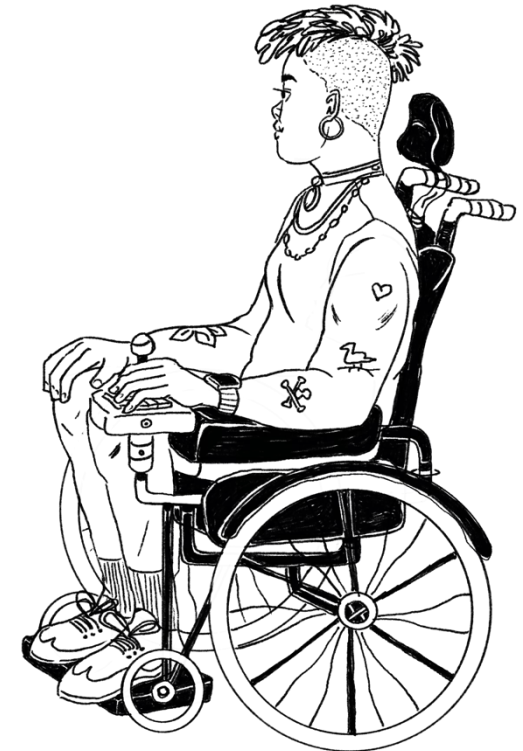
- A UK-wide project to both count and memorialise the people who die whilst homeless each year
- The project remembers everyone who dies with love. The word love is used intentionally to resist dehumanising narratives and to challenge the false binaries established between professionals and people with lived experience.
- The project uses a mixed methodology – an annual FOI request, information from partners & individual memorial submissions.
- All experiences of homelessness are included, as are people experiencing homelessness of all ages.
- Every person counted is real, we do not use estimates.
- We apply the same approach across all four nations, meaning our statistics are comparable and limited only by the engagement of local authorities.
- The number of people who die whilst homeless has increased every year since the count began – it is crucial that UK governments take responsibility for preventing this.

DYING HOMELESS IN SCOTLAND

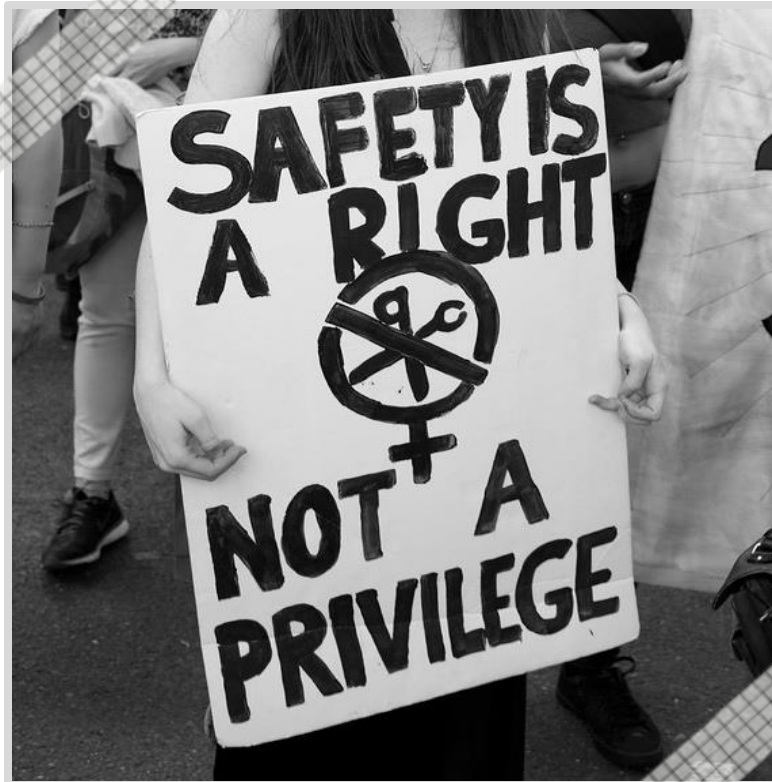
- The Dying Homeless Project recorded 206 deaths of people experiencing homelessness in Scotland in 2023, an increase of 31% on the previous year.
- Only one local authority didn't respond to our request for 2023 data.
- Scotland has the highest rate of homeless deaths in the UK*
- A person died whilst homeless in Scotland every 36 hours in 2023
- The average age at death is younger in Scotland than in England, but higher than Wales.
- 60% of deaths were 'Deaths of Despair' i.e. caused by suicide, drugs or alcohol causes.
- Across the UK, Scotland was the region with the second highest number of drug and alcohol related deaths (behind Yorks and the Humber)
- Approximately 75% of those who died were in some form of accommodation.
 - 7 people died in 3 hotels in Glasgow within six weeks of each other in May and June 2023. There has been significant press attention around this and calls from bereaved family members for an investigation of the issues.

DYING HOMELESS IN SCOTLAND (NRS)

- NRS has been recording an annual estimate of homeless deaths since 2017
- 242 people were reported to have died in Scotland in 2023, this figure is broadly in line with 2022 but has been increasing every year.
- Shetland Islands, Na h-Eileanan Siar, Edinburgh and Glasgow had the highest *rates* of homeless deaths*
- Half of these were people under the age of 45 years old
- 79% of those who died were male and 21% were female
- 56% of all deaths were due to 'external causes' (drugs, suicide, assault or accident), with drug misuse accounting for two fifths (41%) of all deaths**



SAFEGUARDING IN LAW & POLICY



All adults at risk of harm have the right to be safe and protected.

The [Adult Support and Protection \(Scotland\) Act 2007](#) describes the duties and powers vested in councils and other public bodies to protect adults who are unable to protect themselves and are at risk of harm due to:

- disability
- mental disorder
- illness
- physical or mental infirmity

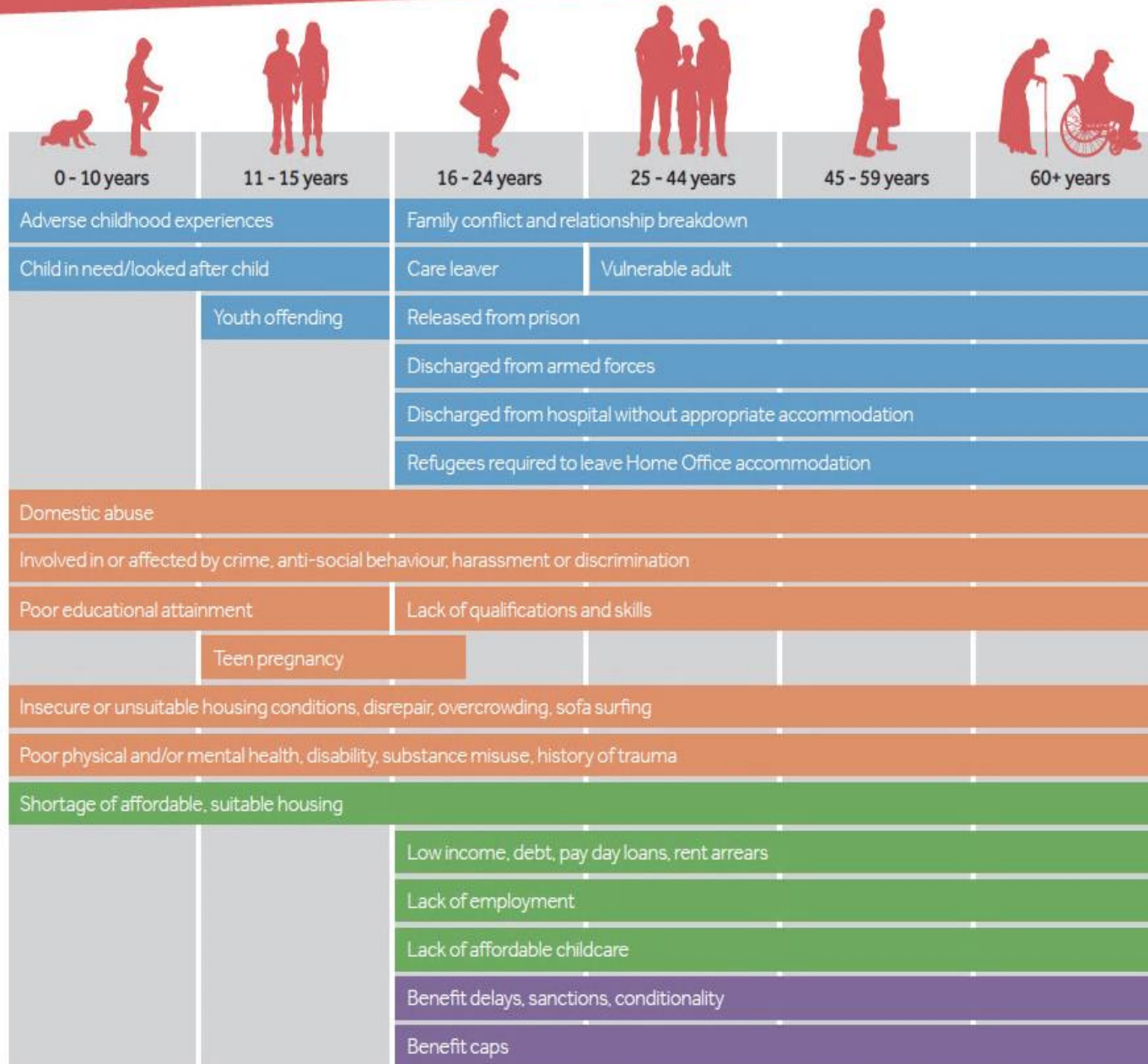
The Act also requires Councils to establish Adult Protection Committees, made up of key statutory partners; they must work together to advance the safety of adults at risk in their area by:

- Monitoring and reviewing policy and procedure
- Giving advice and proposals to relevant agencies
- Advancing skills and knowledge of the workforce
- Evaluate and learn from critical incidents and individual cases (Initial and Significant Case Reviews)

TYPOLGY OF HARM

- Scottish law uses the term harm, focusing on the effect, rather than abuse and neglect which focuses on the behaviour or action.
- No category of harm is excluded from consideration of an adult protection concern simply because it is not explicitly listed.
- The harm can be accidental or intentional, as a result of self-neglect, neglect by a carer or caused by self-harm and/or attempted suicide.
- Forced marriage, female genital mutilation (FGM), human trafficking, stalking, scam trading and hate crime are all included.
- Statutory guidance points to the [SCIE](#) typology of harm:
 - Physical abuse
 - Domestic violence or abuse
 - Sexual abuse
 - Psychological or emotional abuse
 - Financial or material abuse
 - Modern slavery
 - Discriminatory abuse
 - Organisational or institutional abuse
 - Neglect or acts of omission
 - Self-neglect

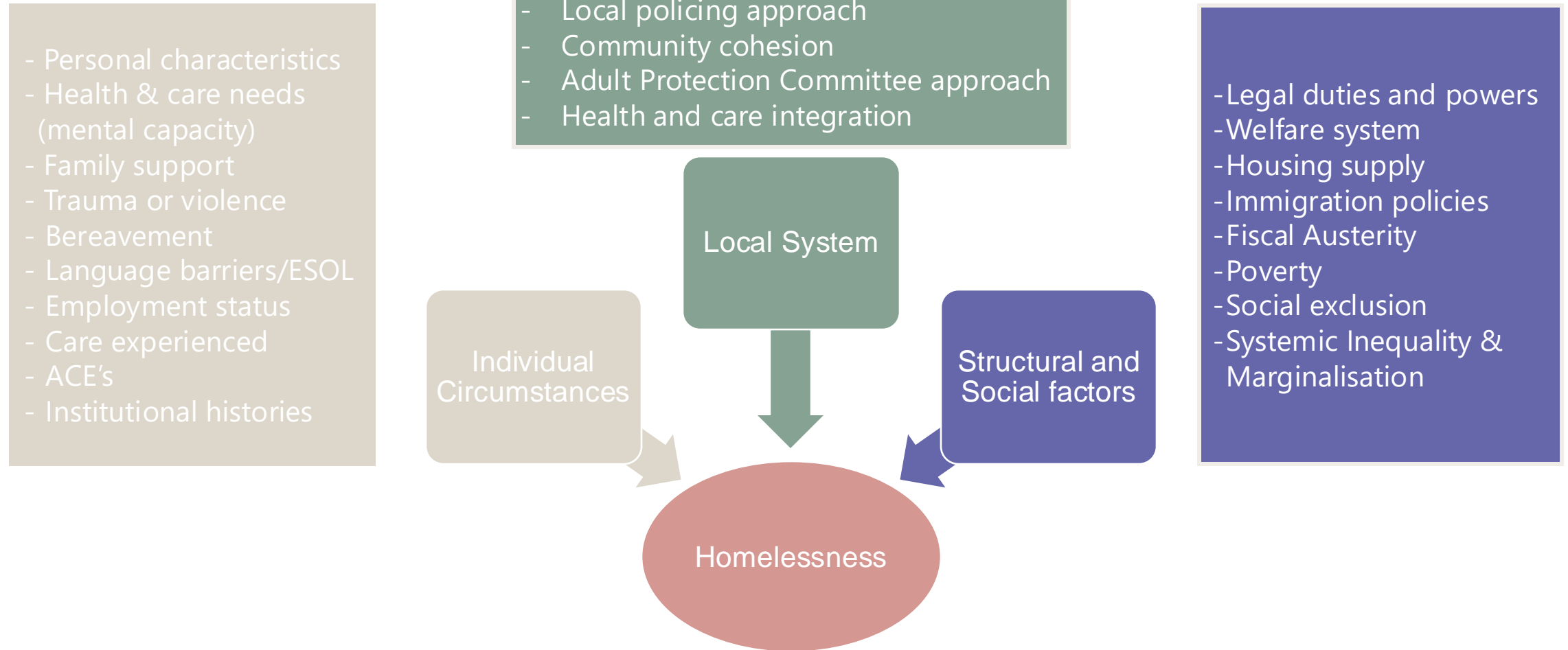
Triggers, causes and risk factors at different points in people's lives



- Homelessness, and its affects, occur across the lifecourse.
- The safeguarding risks that are cause and effect of homelessness, are also lifecourse issues.
- Homelessness experiences in childhood have demonstrable effects on adult health and social care needs
- The inequalities that produce homelessness typically persist throughout a persons life
- The intersection of identity exacerbates risk at every life stage; gender, race, sexuality, religion etc.

HARM AND HOMELESSNESS

- Homelessness exposes people to discrete vulnerabilities around exploitation, victimisation and harm
- Experiencing homelessness often means people have significantly less choice in relation to their safety, making them especially vulnerable to self-directed harm and harm from others
- Gender, sexuality, age and race (as well as other protected characteristics) make people additionally vulnerable when homeless
- People with rough sleeping histories have often experienced repeat instances of exploitation, abuse and neglect starting in childhood
- People who experience homelessness are more likely to have undiagnosed brain injuries, learning disabilities, neurodivergence and cognitive impairments that make them additionally vulnerable.
- Stigma plays a significant role: people experiencing homelessness are less likely to be believed and to have their wishes respected. As such, they are less likely to disclose or address experiences of harm and abuse because of the fear that it will put them at greater risk
- Attitudes of inevitability mean that risks are often normalised and unfounded professional optimism is frequently at play in decision-making



FACTORS THAT INFLUENCE HOMELESSNESS RISKS

ACE'S & TRAUMA

Adverse Childhood Experiences (ACE's) include;

- Abuse
- Neglect and abandonment
- Loss of a parent/care giver
- Divorce and separation
- Parental substance use
- Parental mental health/trauma
- Parental imprisonment
- Homelessness
- Family violence

Studies show that adults who experienced multiple ACE's are more likely to:

- Adopt coping mechanisms with significant health risks
- Experience difficulties managing or regulating emotions and behaviour
- Die prematurely
- Experience PTSD symptoms – flashbacks, memory problems, disassociation
- Struggle to build or maintain relationships
- Experience severe sensitivity and irritability – startle responses, panic, noise, outbursts
- **Experience chronic homelessness & rough sleeping**

- Trauma refers to intense and overwhelming experiences that involve serious loss, threat or harm to a person's physical and/or emotional well being.
- Trauma may occur at any time in a person's life in a single traumatic event or repeated over many years.
- Trauma experiences often overwhelm a person's coping resources. This often leads to the development of new coping mechanisms.

MORAL INJURY

“the experience of sustained and enduring negative moral emotions - guilt, shame, contempt and anger - which results from the betrayal, violation or suppression of deeply held or shared moral values...Moral Injury involves a profound sense of broken trust in ourselves, our leaders, governments and institutions to act in just and morally "good" ways”.

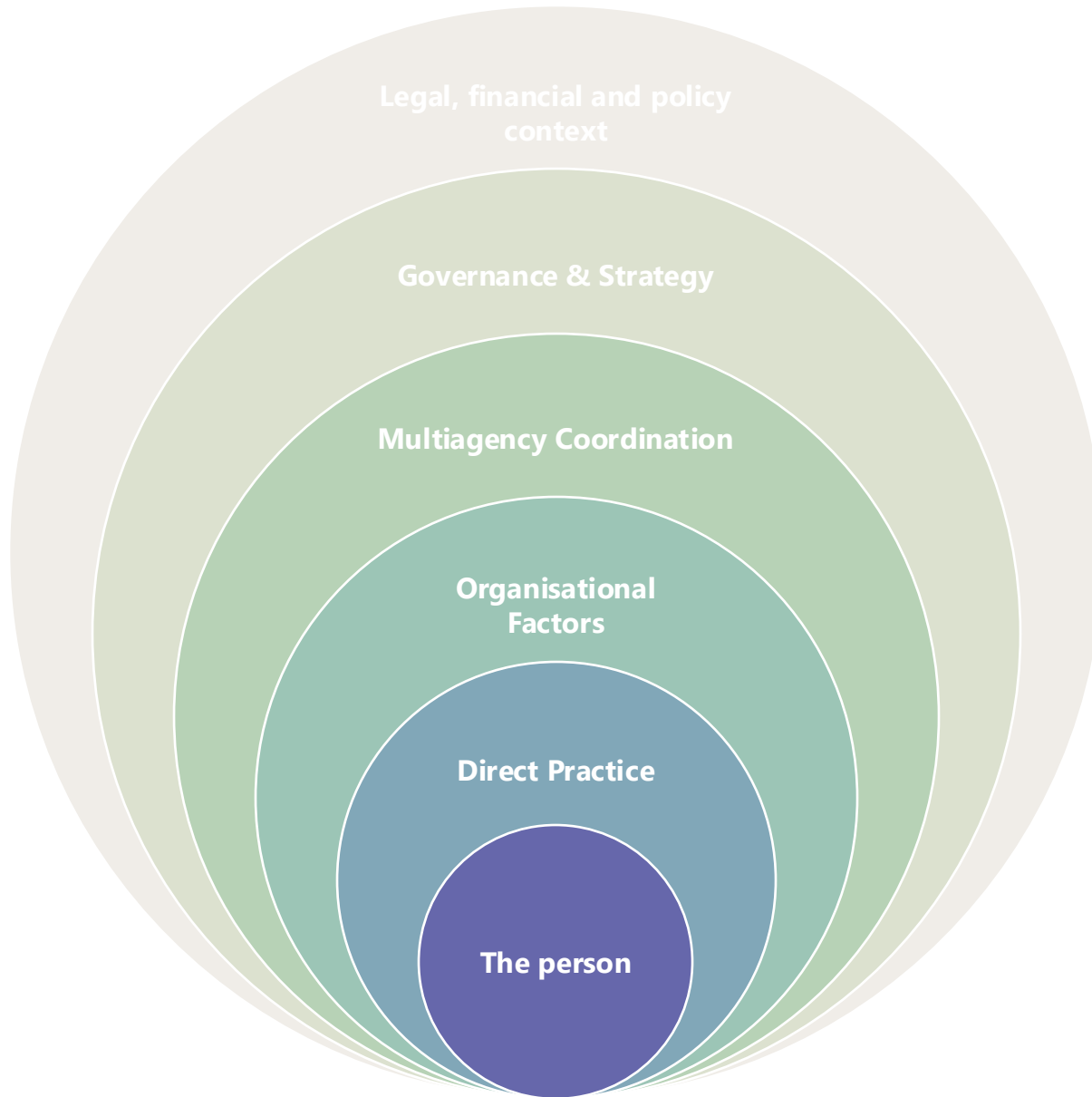
- Durham University, International Centre for Moral Injury

- Moral injury happens because the values that compel people into working with people in need are being profoundly attacked by the broader social and political context.
- The current system of scarcity, gatekeeping and criminalisation is preventing workers from doing what they know is needed to keep people safe
- The result is poor staff retention, recruitment difficulties and high sickness absence.
- An insecure and inexperienced workforce will inadvertently contribute to risk
- Therefore, any consideration of harm and safeguarding must include workforce wellbeing, supervision and training.

LEARNING FROM CASE REVIEWS

- There is currently no analysis of the relationship between homelessness and adult protection in Initial or Significant Case Review
- Housing is only mentioned in relation to the setting where someone died or experienced harm
- A 2022 analysis of case review found that:
 - Neglect (including self-neglect) is the most common form of abuse and neglect (51% of all reviews)
 - The primary client groups subject to case reviews are mental health and substance misuse.
 - Main review themes include:
 - Issues with information sharing and communication between agencies and with family/carers
 - Lack of professional curiosity around risk
 - Lack of trauma-informed approaches
 - Poor legal literacy and application of legal duties (lack of risk assessments/plans, capacity assessments and hospital discharges)
 - Visibility and confidence of leadership

A WHOLE SYSTEM APPROACH



Identifying risk and vulnerability is crucial, as is ensuring robust legal literacy and ongoing professional curiosity about relationships

Organisations with responsibility for people experiencing homelessness can take action internally to strengthen policy, procedure and governance that supports staff and makes good direct practice possible.

Organisations must also work together to respond holistically to need, creating the environment for effective information sharing and risk management.

At the national level, opportunities in law and policy must be maximised, a key route being to ensure homelessness is brought closer to adult protection.

DEVELOPING POSITIVE PRACTICE

Direct Practice

- Robust Risk Assessment and Planning
- Trauma-informed care (identifying ACEs)
- Focus on trust, rapport and relationships
- Diligent record-keeping
- Professional curiosity
- Legal literacy

Organisational

- Safeguarding and Legal Literacy Training
- Gender-informed service offer
- Effective Supervision
- Homelessness & Safeguarding Policy and Procedures
- Fatality and Serious Incident Reviews



DEVELOPING POSITIVE PRACTICE

Multi-Agency

- Cross-sector multi-Agency Risk Management Panels
- Information Sharing Agreements
- Peer Networks and Reflective Practice
- Housing, health and care integration
- Hospital and prison discharge protocols

Governance

- Monitoring data on incidents and fatalities
- Identifying trends in types and locations of harm
- Representation on Adult Protection Committees
- Sharing learning and knowledge

Law and Policy

- Revise statutory guidance to include homelessness in adult protection practice, especially Reviews
- NHS Scotland – strengthen homelessness focus on health inequalities



THANK YOU

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