



Executive and Oversight Report

City-wide learning:

Understanding and progressing the city's learning of the experience of people living a street-based life in Leeds

[Approved at Leeds Safeguarding Adults Board Meeting; 16.07.2020]

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Condolences

Leeds Safeguarding Adults Board and the Safer Leeds Community Safety Partnership would like to take this opportunity to provide their sincere condolences to the families, friends and loved ones of those who died on the streets of this city between 11th October 2017 and 7th March 2019.

No-one should ever lose their lives in such circumstances in Leeds.

Alan Campbell, died on 11th October 2017, age 42

Jeffrey/Geoffrey 'Geordie' Hepburn, died on 13th October 2017, age 54

Nigel Whalley, died on 19th December 2017, age 50

Kenneth Howson, died on 5th January 2018, age 65

Fiona Watson (a.k.a. Fiona Swann), died on 8th January 2018, age 56

Ryan Thomas McGurgan, died on 10th April 2018, age 33

Jason Wager, died on 10th July 2018, age 52

Andrew Burnett, died on October 3rd 2018, age 27

Lee Jenkinson, died on 3rd December 2018, age 43

Amanda Skinner, (a.k.a. Sasha Taylor) died on 7th March 2019, age 45

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Foreword

In Leeds, we are fully committed to being a safe and compassionate city where people who live street-based lives receive the support they need to be safe and well.

We know that people need personal, individualised approaches to help them stay safe and well. As a city, we are working hard to prevent those living street-based lives from experiencing significant harm, or at worst death, on the streets of Leeds by working within a three-pillar framework:

- i). Prevention
- ii). Intervention
- iii). Recovery

But we know we need to understand more about how effectively our systems work together to support this complex work and to identify what we need to do to enhance and improve how we work together as a city to bring about sustained change and improved life experiences for those of our citizens living in these circumstances.

For this reason, the Leeds Safeguarding Adults Board (LSAB), working with the local community safety partnership Safer Leeds (SL), have sourced a range of different areas of learning to enable the city to understand these issues better and to work more effectively to reduce harm and support individuals' human rights.

This report therefore brings together learning from a range of sources, including:

- Findings from a review commissioned by an independent consultancy, Revely Consultancy Ltd.;
- Information provided by Homeless Link, a national charity focused on the lived experience of those living street-based lives;
- Learning from national analyses of safeguarding of adults living street-based lives;
- Consideration of a study undertaken by Heriot Watt University concerning Multiple Exclusion Homelessness in the UK;
- Reflection on the strategic priorities set out in the Government's vision for halving rough sleeping by 2022 and ending it by 2027; the Ministry of Housing, Communities and Local Government rough sleeping strategy (2018).

This city-wide report provides a summary of the learning from the range of sources of information now available to us. These learning points are provided as areas of challenge city-wide leaders now have the opportunity to address, placing these within our local context.

The review undertaken by Revely Consultancy Ltd. (RC Ltd.) found that the challenges nationwide are significant but that Leeds is in a strong position to take learning from the review forward.

The findings from the City-wide learning report prompt us to achieve improved multi-agency responses to citizens in these circumstances across our health, social care, housing and criminal justice partnerships.

We look forward to working with our citizens and colleagues across the city to build on the work we have undertaken so far and to achieve our ambition to be the best, and most importantly, in this context, the most compassionate city to live in for *all* its citizens.

Richard Jones, CBE, Independent Chair, Leeds Safeguarding Adults Board

James Rogers, Chair, Safer Leeds Executive

July 2020

Contents

	Page number:
1. Methodology and Terms of Reference	9
2. A day in the life... perspectives from those living street-based lives	11
3. The relevant legal framework (overview)	12
4. Leeds: the local picture	14
5. England and Wales: the national picture	18
6. National learning: safeguarding adults who live street-based lives	23
7. Leeds learning: independent thematic review learning themes: summary	25
7.1 Leeds learning: leadership and prevention	26
7.2 Leeds learning: intervention	28
7.3 Leeds learning: recovery	31
8. Conclusion and next steps for Leeds	33

Sincere thanks

Leeds Safeguarding Adults Board and Safer Leeds would like to thank all of those who participated in this review; your participation will help us continue to improve and develop our responses to the citizens of Leeds living in these circumstances.

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1. Leeds independent review undertaken by the LSAB: Methodology and Thematic Review Terms of Reference

This report bases its conclusions on information sourced from a range of areas, including academic research, analysis of the experience of those living street-based lives in Leeds and elsewhere across the country and the findings from a Leeds independent review of those in these circumstances in Leeds. That review was overseen by a multi-agency stakeholder group made up of representatives from the following organisations:

- Leeds City Council Adults & Health
- NHS Leeds Clinical Commissioning Group
- Leeds City Council: Housing
- West Yorkshire Fire and Rescue Service
- West Yorkshire Police
- Leeds City Council: Street Support Team
- Leeds Teaching Hospitals NHS Trust
- Leeds Community Healthcare NHS Trust
- Leeds and York Partnership NHS Foundation Trust
- Bevan Healthcare CIC (York Street Practice)
- St Gemma's Hospice
- West Yorkshire Community Rehabilitation Company (CRC)
- HMP Leeds
- Leeds Street Outreach Team
- The Crypt
- Change, Grow, Live
- Leeds Homeless Charter
- Leeds BARCA
- St Anne's Community Services
- Simon on the Streets
- Touchstone

The purpose of the Leeds independent review was agreed with the multi-agency stakeholder group and between the LSAB and Safer Leeds as being to:

- i). understand the experience of those with street-based lives who died in Leeds in the past fourteen months¹;

¹ October 2017 – December 2018

- ii). understand how the safeguarding system, in its widest sense works for people in those circumstances in Leeds, examining the strengths and areas for development;
- iii). identify best practice in Leeds and across the country;
- iv). identify learning for Leeds and propose systemic developments that will help the City achieve its ambition of being a compassionate city.

The Leeds independent thematic review terms of reference were additionally agreed as being to:

Review the city-wide response to risk and vulnerability experienced by people living street-based lives in Leeds by:

- i). Understanding how we prevent the deaths of adults living street-based lives in Leeds;
- ii). Considering the impact of physical or mental impairment or illness, including substance dependency and self-neglect on the risks experienced by adults who live street-based lives and;
- iii). Evaluating the effectiveness of multi-agency working to support adults living street-based lives.

The Leeds independent review was conducted under the Leeds Safeguarding Adults Board's powers set out at S44 Care Act 2014.

Neil Revely, the independent consultant of RC Ltd. who led the Leeds independent review is a national expert in housing and homelessness policy, a member of the National Executive of the Association of Directors of Adult Social Services (ADASS) since 2008 and current Chair of the ADASS Housing Policy Network. He is also a Local Government Association (LGA) Care & Health Improvement Adviser and chair of Disability Action Yorkshire.

The Leeds independent review used a combination of stakeholder interviews, interviews with people with lived experience, a review of the research, experiences of other local authority areas, and a desk-top review of Leeds and national policies/procedures, including identification of examples of good practice in this area to reach its conclusions.

This City-wide Learning Review Report takes the learning from the Leeds independent review, placing it in the local and national context, together with learning from other significant sources and proposes the areas of development for the City in taking this important systemic learning forward.

2. A day in the life....perspectives from those living street-based lives

The following quotes about the experience of people living street-based lives are from a range of sources², including those provided to the city by Expert Link, which undertook interviews and consultation with users of street homeless services in Leeds.

We know that people's lives are knotty and complex and that often it is this complexity that leads to people living street-based lives and needing support and assistance to improve their day to day experience of life.

When the Leeds independent review considered the experience of those who have died on the streets of Leeds, the most common theme was that these people's backgrounds have often been touched by tragedy, loss and adversity. This is confirmed by the learning provided through all sources contributing to this review.

It is vital that in reflecting on the Leeds independent review findings and learning, the city considers the people behind the deaths; people who loved, laughed, were friends, brothers, sisters, children and parents with hopes and aspirations as well as experiencing, for example, addiction, homelessness, mental and physical ill-health and loss.

- *"We're only supporting one another because no one else is supporting us with our grief. It's sad, it's a terrible life out there, it's just sad"*
- *"I lost everything all at once; my job, my family, my hope".*
- *"If you've got nothing you've got nothing to lose..... it [living on the streets] brings you together"*
- *"I never used to trust the professionals. I hated them, they took my kids away. Every professional in my life was bad in my eyes. But now the roles have reversed. They've helped me sustain the life that I'm living now."*
- *"I had a wife, children, people who loved me. I had a life once".*
- *"I like it. I like being on my own. It's better this way. I'm like an alien".*
- *"Without [this help in Leeds], I'd already be dead, I've no doubts about that. If the elements hadn't got me, I would have got me. Sometimes I've rolled up to this van in a real mess, and they have offered help and support and got my head straight".*

² Guardian Newspaper: 14.04.2010 re: Simon on the Streets in Leeds

<https://www.theguardian.com/leeds/2010/apr/14/simon-on-the-streets-helps-leeds-homelessness>

Guardian Newspaper: 07.12.2018 <https://www.theguardian.com/cities/2018/dec/07/survive-living-london-streets-photography-homeless-instagram>

Homeless Link / Lankelly Chase Foundation: Expert Lives 'Hard Edges, the lives behind the numbers'

<https://hardedgesthestories.com/about/>

3. The relevant legal framework (summary)

- **Care Act 2014 – Assessment for care and support**

Section 9 Care Act 2014 requires single and upper tier local authorities to assess a person who appears to have needs for care and support, regardless of the level of need. Where the authority is satisfied on the basis of a needs assessment that a person has needs for care and support, it must determine whether any of the needs meet the eligibility criteria (section 13).

- **Care Act 2014 – Safeguarding Enquiries**

Section 42(1) Care Act 2014 sets out the circumstances in which the local authority (under section 42 (2)) must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom. This duty to make enquiries is triggered where an adult who has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it. The Leeds Safeguarding Adults Board Multi-agency Policy and Procedures which is the local interpretation of these duties are set out on the LSAB website: [Leeds Safeguarding Adults Multi-agency Policy and Procedures](#)

- **Care Act 2014 – Relationship with Housing**

Section 23 Care Act 2014 seeks to clarify the boundary between care and support and housing legislation. The statutory guidance that accompanies the Act, particularly Chapter 15, provides further detail.

- **Housing Act 1996 and Homelessness Reduction Act 2017**

Part 7 of the Housing Act 1996 (as amended by the Homelessness Reduction Act 2017) enables a person to apply to a local housing authority for housing assistance. If the authority has reason to believe that the applicant may be homeless or threatened with homelessness, it must make enquiries to determine whether they are eligible for assistance (which relates to their immigration status) and, if so, whether any duty is owed to them (Section 184).

The duty owed will depend on whether the applicant (a) is homeless or threatened with homelessness; (b) is eligible for assistance; (c) has a priority need; and (d) became homeless intentionally. The highest form of duty, the main housing duty, requires the local authority to secure accommodation for the applicant's occupation. It is owed to those who are homeless and eligible for assistance, have a priority need, and did not become homeless intentionally.

- **Modern Slavery Act 2015**

Section 52 Modern Slavery Act 2015 places a duty on local authorities (and some other public authorities) to notify the Home Office if the authority has reasonable grounds to believe that a person may be the victim of slavery or human trafficking.

- **No Recourse to Public Funds (NRPF)**

Many individuals who are subject to immigration control have no entitlement to public housing and there are restrictions on most welfare benefits. This includes homelessness assistance. However, access to other publicly funded provision may still be available, including health (NHS General Practice – GP services) and adult social care. Some individuals with no recourse to public funds may be given assistance under the Care Act 2014 provided that their needs for care and support have not arisen solely because of destitution or the physical effects, or anticipated physical effects, of being destitute. Provision can include accommodation owing to the individual's need for care and attention.

4. Leeds: the local picture

4.1 The scale, prevalence and associated issues and risks of people living street-based lives in Leeds

During 2019³, there were **900+** known street users seen:

- **446** individuals recorded rough sleeping at least once
- **541** individuals reported begging at least once

Within this cohort, there is a higher proportion of males than females (c89 % males and c11 % females) with the average age being 38 (age ranges from 23 to 61).

Trends over the last couple of years suggest that the average age is reducing with more people under 30 presenting. The cohort is predominantly white British (c90%), the remaining c10% fluctuates between Eastern Europeans, mixed ethnicities, and Asian and Black ethnicities. There is a smaller number of people from the refugee/ asylum seeker community, many who have no recourse to public funds, (NRPF) but again, this fluctuates and has seen increases at certain times, in terms of actual presentations on the streets.

Every month, Leeds undertakes a Rough Sleepers Count a 'snap shot' in time, (in line with government counting rules of 'bedding down'). During 2019, the average count of numbers of people seen rough sleeping across Leeds was 45 individuals (highest being 54 in July 2019, with the official annual government count return being 40 in November 2019, and the lowest being 39 in January 2020).

As of the end of February 2020, there is an estimated c200 active known street users. The Leeds Street Team are currently working intensively with c100 individuals, through an assigned professional lead and bespoke person centred intervention plan as well as engaging with new people presenting on the streets, to intervene early and provide support.

People sleeping rough ~ of the 400+ verified individuals seen rough sleeping:

- Nearly half were only seen in a single month, indicating a transient and fluid population
- A quarter are frequent rough sleepers (seen rough sleeping on more than 3 months in the year)
- Around 10% are entrenched, being seen rough sleeping for over half the year
- Almost all individuals have some form of substance misuse issue, with alcohol and drug use prevalent
- History of trauma and childhood/ adult adversities and experiences are common, especially among the more frequent rough sleepers
- Complex needs and lack of trust in services complicates support, with several of the most entrenched rough sleepers unwilling, and sometimes directly opposed to, engage with services.

People begging ~ of the 500+ individuals reported begging:

- Nearly half were only reported in a single month, again indicating a transient group

³ Source: Safe Leeds: Leeds Street Support Team

- Around a third are frequent beggars (reported begging on more than 3 months in the year)
- Around 15% are persistent, being reported begging for over half the year
- Around half of beggars are also identified rough sleepers; however, this proportion increases to three-quarters among frequent beggars
- More persistent beggars frequently have substance misuse issues, and begging is a primary source for these individuals to obtain finances to purchase drugs and/ or alcohol
- Common recorded linked offences to problematic beggars include theft (especially shop theft for alcohol or food) and violence (most commonly physical assaults).
- Individuals with complex needs are more likely to also be rough sleepers and demonstrate the issues relating to unwillingness to engagement with support services.

For those on the street for the first time, especially younger adults, experiencing homelessness can make them extremely vulnerable, and they face multifarious challenges; there is an increased risk of exploitation, violence and abuse against them, trafficking, and involvement in gang or organised criminal activity.

It is well documented that a sustained street based life is inherently harmful to the health and wellbeing of individuals. Of the street user's cohort in Leeds, evidence indicates that:

- A history of trauma and/ or childhood adversities linked to poverty, substance misuse, and wider neighbourhood crime and lack of community connectivity/ resilience is prevalent;
- They are more likely to suffer: anxiety, depression, personality disorders, addictions, accidents, violence, suicide and infectious diseases e.g. Hepatitis B/C, HIV, TB; and alcohol dependence resulting in liver disease, peptic ulcers and brain damage:
- The use of drugs and alcohol is prevalent, for some, street activities such as begging, street drinking and drug taking are often linked. Being on the streets can affect an individual's decision to use drugs, or reduce the likelihood of access to treatment for physical and mental health. There is increased vulnerability to exploitation, harm and deteriorating health as a consequence of lifestyle behaviours;
- Complex individual needs, including often not reaching the thresholds for specific specialist support, can lead to difficulty in engaging with support services and exiting street based lives. Motivation for change, willingness to engage with treatment, and access to treatment can be compounded by a number of factors, such as: the ease with which treatment providers can continue to engage with their client, the use of hospital, withdrawal and relapse, and the level of support available from family and friends. Such issues can increase the risk of further victimisation and/ or repeat offending;
- For many a street based life offers people an extended social network; it can become their community; they do not want to be isolated in a tenancy on their own as when they are on the streets they can make connections, form relationships, feel and be part of an extended community. Some become

entrenched; they form strong social groups on the streets in the face of really difficult living conditions, and the only focus of each day is survival. The days become weeks and months, and the idea of re-entering mainstream society is firmly to the back of their minds. When professionals try to help to bring some structure and organisation into their lives, it can take many attempts to succeed and the biggest obstacle is not always about providing a home.

4.2 The Leeds Strategy to reduce rough sleeping and begging

The Leeds strategy on reducing rough sleeping and begging is rooted in the three pillars of prevention, intervention and recovery:

- **Prevention** ~ to prevent new people in need coming onto the streets
- **Intervention** ~ to intervene rapidly to help them off the streets
- **Recovery** ~ to support and promote a person's recovery, and build positive lives so they don't return to the streets.

Leeds City Council's Executive Board (September 2018)⁴ agreed a step-change in how the city collectively approaches issues relating to street users and associated activity, with the establishment of an integrated multi-agency approach for the 'day to day' function and delivery of services through 'Street Support'. As a result, the operational Leeds Street Support Team, was established and launched in October 2018, with the governance and accountability arrangements through Safer Leeds Executive.

The Leeds Street Support Team, primarily works within the '**Intervention**' pillar of the framework and connects with a range of statutory services, third sector organisations, charities and community groups, who offer general and/ or specialist support services with people in need and who are a significant and integral part of the wider provision in the city.

The Team's approach is based on: High Support/ High Challenge ~ 'People and Place' with a focus on safeguarding a highly vulnerable population through a compassionate response and address associated anti-social behaviour and/ or criminality.

Listed here are the dedicated 'on street' posts responsible for collectively working together under the Intervention strand of work.

Service	Post (s)	No.
Safer Leeds (LCC)	^Operational Delivery Manager	1
	+Administrative/ Project Support	1
	^City Centre Liaison Officers	4
	^ASB Case Worker	1
Housing Services (LCC)	^Housing Options Workers	2
	^Lettings Officer	1
West Yorkshire Police	^Police Constables	3
	*Police ASB Link Officers	2
Adults & Health (LCC)	+Safeguarding and Risk Manager	1
	^Mental Health Homeless Worker	1

⁴ <https://democracy.leeds.gov.uk/documents/s180539/Street%20Support%20Report%20V2%20100918.pdf>

Service	Post (s)	No.
Commissioned Services ~ CGL (via LCC)	#Outreach Manager	1
	#Outreach Team Leader	1
	#Complex Case Outreach Worker	1
	#*+Outreach Workers	5
	*+ In reach workers Hospital/Prison	2
Commissioned Services ~ Forward Leeds (via LCC)	#Complex Case Worker	1
	*Substance Misuse Worker	1
Commissioned Services ~ Bevan Health Care (via LCC)	*Advanced Nurse Practitioner	1
	*Senior Paramedic	1
Commissioned Services ~ Beacon (via LCC)	*Housing Support Worker	1
	Total	32

Listed here are the specialist Navigators who work with citizens who are new into accommodation, to act as support mechanism to prevent relapse and a return to the streets. These posts primarily work within the '**Recovery**' pillar of the framework.

Service	Post (s)	No.
Housing Services (LCC)	^Housing Navigators	2
Commissioned (via LCC)	*Navigators (WY-FI)	2.5
Commissioned (via PHE)	+Health Navigators	3

Key:

^Denotes posts that are mainstream statutory bodies funded

#Denotes existing commissioned posts funded by LCC

*Denotes posts that are funded through by the MHCLG via LCC from Sept 2018

+Denotes new posts funded by MHCLG via LCC from 01/04/20

5. England and Wales: the national picture

5.1 National data

The Leeds independent review states that the most comprehensive national-level information relating to rough sleeper numbers in England is contained within annual street counts/estimates data. Street counts/estimates are single night snapshots of rough sleeping, carried out by local authorities, using a methodology developed by MHCLG (Ministry of Housing Communities and Local Government) to ensure consistency between local authority areas.⁵

Data published in January 2019 indicates that there were 4,677 people sleeping rough on that single night in the autumn of 2018. This figure is up from 1,768 in 2010; an increase of 2,909 people.

It is understood that street count/estimate figures are likely to be an under-estimate of actual rough sleeping numbers, as they do not include everyone with a history of rough sleeping in a local area or who have slept rough during the October/November period. Estimates utilising other methodologies suggest higher rough sleeper numbers. For example, research by Crisis estimates there were 8,000 rough sleepers in England in 2016 (up from 5,000 in 2011).⁶

Rough sleeping is not uniformly distributed across England, with approximately half of rough sleepers (2,217 people) identified via street counts/estimates in 2018 being in London and the South East. The Yorkshire and Humber region accounted for only 5% of rough sleepers (246 people) in England during 2018 and is the region with the second lowest numbers, after the North East (66 rough sleepers). However, data indicates there is an upward trend in rough sleeper numbers within the Yorkshire and Humber region (up from 172 in 2016/17, around 43%).

Rough sleeping in Leeds has similarly increased over recent years – the 2018 street count found 33 people, up from six in 2010 – although this is fewer than comparable English cities, such as Bristol (82), Manchester (123) and Birmingham (91). Leeds City Council estimates that annually there are approximately 130 rough sleepers in the city.⁷

⁵ Further information on methodology is contained within *Rough Sleeping Statistics Autumn 2018* (MHCLG), https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781567/Rough_Sleeping_Statistics_2018_release.pdf

⁶ *Homelessness Projections: Core homelessness in Great Britain* (Crisis, 2017)

⁷ www.leeds-live.co.uk/news/leeds-news/true-extent-homelessness-leeds-laid-15791879. Accessed 12/08/19

5.2 What is known about those people who sleep rough in England Wales?

The current national *Rough Sleeping Strategy* (MHCLG, 2018) highlights the following in relation to those who sleep rough:

- Support needs often relate to health conditions. Of those who were sleeping rough in London during 2017/18, 50% had mental health needs, 46% had physical health needs, 43% had alcohol misuse needs and 40% misused drugs. Outside of London people are more likely to sleep rough for longer and therefore have higher support needs, especially in relation to: schizophrenia, anxiety disorders, depression and personality disorders.
- Support needs increase with age and commensurate with the time someone stays on the streets.
- A significant proportion of those who sleep rough have complex needs (two or more support needs); early trauma and childhood abuse are common within this group.
- Those who sleep rough are more likely to have had experience of institutions: prisons, the care system or the armed forces.
- Whilst the rough sleeping population is overwhelmingly male (around 83% of the total in 2017), women are more likely to have specific support needs and to have experienced trauma, including: domestic abuse, mental health, substance misuse and to have self-harmed.
- A Homeless Link survey in 2014 reported that 41% of homeless people reported a long-term physical health problem (28% in the general population), 45% had been diagnosed with a Mental Health problem (25% in the general population) and 36% had taken drugs in the previous 6 months (5% in the general population)⁸
- A study from the charity Groundswell indicates that rough sleepers have very poor respiratory and lung health, with diagnosed rates of disease dramatically higher than the general population.⁹

People who sleep rough regularly over a long period are more likely to die younger than the general population. A recent international evidence review indicates that homeless populations are ten times more likely to die than those of a similar age in the general population. They are also much more likely to die from injury, poisoning and suicide (8 times greater risk in men, 19 times in women).¹⁰

The average age of death for a person dying whilst rough sleeping or in homeless accommodation in England has been calculated as 47 years old (compared to 77 for

⁸ *The unhealthy state of homelessness: Health Audit results 2014* (Homeless Link, 2014)

⁹ *Room to Breathe* (Groundswell, 2016)

¹⁰ Quoted in *Rough Sleeping Strategy*, as above.

the general population).¹¹ It has also been estimated that around 35% of these deaths are due to alcohol or drugs, compared to 2% in the general population.

However, until recently there have been no official estimates of deaths of those who sleep rough. In December 2018, Office of National Statistics published its report, Deaths of homeless people in England and Wales 2013 – 17. This report records the deaths of people sleeping rough, or using emergency accommodation such as homeless shelters and direct access hostels, at or around the time of their death. It therefore includes homeless people found in need of medical attention in the street and who subsequently died in hospital, or certain other possible scenarios.

Key findings from the ONS report include:

- There were an estimated 597 deaths of homeless people in England and Wales in 2017. This represents an increase of 24% (an additional 115 deaths) on the estimated 2013 total (482 deaths). 480 of the total deaths were in England.
- In 2017, men made up 84% of deaths of homeless people.
- The mean age at death was 44 years for men and 42 years for women. The most common age group was 45 - 49 years for men and 35 - 39 years for women. This compares to ages of death within the general population of 76 years for men and 81 years for women.
- Over half of all deaths were due to three causes: drug poisoning (40%), liver disease (9%) and suicide (13%). Most drug-related deaths involved an opiate. A smaller proportion of deaths (9.5%) also involved alcohol; alcohol-specific causes related to 62 deaths (10% of the total).
- London and the North West of England had the highest mortality of homeless people, both in numbers of deaths and per million population of the region. The highest estimated mortality was in the Greater Manchester Combined Authority (50 deaths, 17.8 per million population). In comparison, West Yorkshire had an estimated 13 deaths, 5.8 per million population) – this was the joint lowest recorded regional rate, along the West Midlands.
- A substantial proportion (approximately 12% for the five-year period 2013 to 2017) of homeless deaths are certified by a coroner.

The report indicates that deaths lack a clear seasonal pattern. However, it acknowledges further work is needed to determine if seasonal variations relate to weather, or other factors such as: availability and purity of opiates leading to unexpected drug poisonings and winter shelter provision.

Of the deaths of rough sleepers that have occurred in recent years in England and Wales, only a small number have been considered by relevant Safeguarding Adults Boards to have met the criteria for SARs.

¹¹ *Homelessness: A Silent Killer* (Crisis, 2011)

5.3 People leading street-based lives

Street-based life activity includes: begging, street drinking, street-based drug use and street-based sex work. People leading street-based lives have a range of housing and support needs and are often vulnerable or contribute to the vulnerability of others. They are not always rough sleeping, although street activity can follow a period of rough sleeping. Leading a street-based life can also increase the risk of street homelessness for people who are in accommodation, especially for those who have substance misuse needs.¹²

Street-based life activity is often highly visible and causes concerns for local communities. However, the relationship between rough sleeping and street-based lifestyles is complex. Addressing the needs of this group is therefore challenging and service responses may not be as fully developed as for other homelessness cohorts.

A person who was interviewed as part of the Leeds independent review commented, *“There’s a lot of people homeless but they’re not homeless, I know them personally and they’ve got places to live but they’re that used to what they’ve done out there now it’s just a day to day thing – they can’t go and sit and watch telly like normal”*.

5.4 National Rough Sleeping Strategy

The current national Rough Sleeping Strategy was published by the government Ministry for Housing, Communities and Local Government in August 2018¹³. The strategy confirms the Government’s commitment to end rough sleeping in England by 2027, with a vision based around the themes of Prevent, Intervene and Recover.

The strategy strongly promotes the principle of joint commissioning and service delivery at local and national levels. This includes local partnerships between housing and health services around hospital discharge arrangements and Housing, Probation and Community Rehabilitation Companies around work with ex-offenders. The aim is also that services will offer person-centred support which recognises individual needs and strengths, promotes individual choice and creates appropriate environments for vulnerable people.

The strategy contains a number of specific commitments, including:

- Somewhere Safe to Stay Pilots. These new services will rapidly assess the needs of people at risk of rough sleeping and support them to get the right help and accommodation. They follow on from the success of No Second Night Out and reflect evidence of the damage that rough sleeping causes to people’s physical and mental health

¹² National Rough Sleeping Strategy, as below

¹³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733421/Rough-Sleeping-Strategy_WEB.pdf

- Funding for rough sleeping navigators: new specialists who will help rough sleepers with complex/multiple needs to access the appropriate local services, get off the streets and into settled accommodation
- Pilots to support prison leavers to find sustainable accommodation
- Mental health and substance misuse treatment: up to £2 million in health funding to enable access to health and support services for rough sleepers
- New training for frontline staff to ensure they have the right skills to support rough sleepers – including clients under the influence of Spice, victims of modern slavery and domestic abuse and LGBT people
- Ensuring the deaths or incidents of serious harm of rough sleepers are rigorously investigated, where this is appropriate. This will include Government working with Safeguarding Adult Boards to ensure that Safeguarding Adult Reviews are carried out when a rough sleeper dies or is seriously harmed as a result of abuse or neglect (whether known or suspected) and there is concern that partner agencies could have worked more effectively to protect the adult(s) concerned. Lessons learned from these reviews will inform local systems and services improvements
- Strengthening local homelessness strategies, with an emphasis on rough sleeping.

The strategy highlights the vulnerability of people living street-based lives and notes the need for closer working between voluntary sector organisations, community groups and local authorities to address the immediate and longer-term support needs of this group, to enable them to move away from street-based life. This may include working with people with lived experience to engage with service users who are refusing current interventions/support offers.

6. National learning: safeguarding adults who live street-based lives

Two important studies of statutory¹⁴ Safeguarding Adults Reviews, (SARs) concerning adults with care and support needs who have died while living street-based lives and where abuse or neglect (including self-neglect) have been a contributing factor have been published in 2019 and early 2020:

- i). Adult Safeguarding and Homelessness: a briefing on positive practice (Professor Michael Preston-Shoot on behalf of LGA/ADASS: March 2020)¹⁵
- ii). Safeguarding, homelessness and rough sleeping: An analysis of Safeguarding Adults Reviews (Stephen J Martineau, Michelle Cornes, Jill Manthorpe, Bruno Ornelas, James Fuller, NIHR Policy Research Unit, King's College London: September 2019)¹⁶

There is significant learning from both reports around best practice and achieving positive outcomes for safeguarding adults living street-based lives. It is not possible to summarise the learning in its entirety, but key in both reports is good practice in terms of the following:

- i). The importance of conducting social care assessments of need for people living street-based lives. The King's College report comments, '*the threshold for the duty to conduct a CA needs assessment is low (Clements, 2017), but nevertheless a number of these SARs tell of failings in meeting this duty*'. The report further notes that often in these reviews, people's situations had been seen simply as a housing matter, with this clouding understanding of other presenting needs.
- ii). The significance of identifying safeguarding adults duties set out in the Care Act 2014 as being relevant to people in these circumstances. Michael Preston-Shoot questions whether this is because it can be challenging to understand why a person in these circumstances is, (in the words of the criteria set out in the Care Act), unable to protect themselves, advising, '*Practitioners should take the ordinary meaning of the phrase "unable to protect themselves" by applying what is known about a person's life experiences, history and current circumstances*'.
- iii). The importance of joint-working between agencies and of not seeing the support needs as being solely the responsibility of the local authority;
- iv). Undertaking mental capacity assessments in line with the requirements of the Mental Capacity Act (2005) when someone was at a point of transition, for example, moving into a property.

¹⁴ S44 Care Act 2014

¹⁵ <https://www.local.gov.uk/adult-safeguarding-and-homelessness-briefing-positive-practice>

¹⁶ [https://kclpure.kcl.ac.uk/portal/en/publications/safeguarding-homelessness-and-rough-sleeping\(8500d110-7a16-47c2-bba7-dd5b33b42d7e\).html](https://kclpure.kcl.ac.uk/portal/en/publications/safeguarding-homelessness-and-rough-sleeping(8500d110-7a16-47c2-bba7-dd5b33b42d7e).html)

- v). Both reports identified the need for such assessments to be nuanced and to take into account a person's ability to understand the implications of decisions they were making.
- vi). Authors of each report also noted the fact that where a person has capacity to make what the Act refers to as an, '*unwise decision*', that this should often require a greater understanding of risk and provision of support, rather than agencies leaving the person to execute that unwise decision regardless of the risks and / or impact.
- vii). For risk assessment to be undertaken and contributed to by all agencies working with a person and for information to be shared effectively when risks are exceptionally high.
- viii). Self-neglect is an important area of safeguarding adults responsibility for those working with those living street-based lives but often agencies do not identify it as such, applying judgement, '*a lifestyle choice*' or not understanding that it should be an element of a response under the local multi-agency safeguarding adults policy and procedures;
- ix). Professor Michael Preston-Shoot writes extensively in the ADASS / LGA report of the importance of safeguarding partnerships understanding Multiple Exclusion Homelessness¹⁷, by which he is referring to those who are living street-based lives who have also experienced, '*deep social exclusion*' (e.g. having been looked after as a child, experienced childhood neglect, domestic abuse, mental and/or physical ill-health and homelessness). He highlights that effective practice with people in such circumstances requires engagement, '*understanding the person and their life experiences, assessing risk, mental capacity, mental health and care and support needs, managing transitions such as hospital and prison discharge, and working with relatives and friends who could provide circles of support*'.

¹⁷ Multiple Exclusion Homelessness (MEH): A term adopted through the research conducted by academics at Heriot Watt University (Suzanne Fitzpatrick, Glen Bramley, Sarah Johnsen) <https://researchportal.hw.ac.uk/en/publications/multiple-exclusion-homelessness-in-the-uk-an-overview-of-findings>

7. Local learning: independent thematic review learning themes and links with other learning

The Leeds independent review has identified a number of areas of learning and these are summarised here as three key systemic themes for the city:

- i). **Prevention:** Leadership; the importance of building on good leadership arrangements within key agencies to develop the coordinated strategic leadership in partnership, allowing us to work together on good practice and shared solutions.
- ii). **Intervention:** Multi-agency service delivery and support in accommodation and communities; supporting effective front-line provision commissioning and multi-disciplinary working to provide effective services and accommodation within citizens' communities that compassionately address inequalities and enable recovery.
- iii). **Recovery:** Pathways to recovery and support; identifying those living street-based lives in Leeds as a distinct population with particular needs, addressing these together through jointly commissioned services. Delivering commissioned multi-agency services that meet those needs, including health, social care, criminal justice, safeguarding and housing needs, with clear links to mainstream services.

This learning resonates with that identified in Section 6 in respect of safeguarding adults living with care and support needs in these circumstances. In addition, the findings of those undertaking research at Heriot Watt University relating to Multiple Exclusion Homelessness (MEH) links with what is known about the impact of Adverse Childhood Experiences (ACEs)¹⁸. This film, produced by Birmingham City Council illustrates this learning highly effectively¹⁹. It should, however, be noted that the numbers of people in such circumstances and referred to within this film are significantly higher than those recorded in Leeds.

It is vital that the learning contained within the Leeds independent review and in this City-wide learning report links as well with other related and important areas for learning and development in the city, such as that from relevant Domestic Homicide Reviews, learning from Safeguarding Adults Reviews concerning adults who have lived in circumstances of extreme self-neglect and when concluded, the findings from the city-wide Joint Strategic Review (JSRA), and the Safer Leeds Review of the Leeds Managed Approach Scheme.

¹⁸ <https://www.homelesshub.ca/blog/infographic-adverse-childhood-experiences-and-adult-homelessness>

¹⁹ <https://www.youtube.com/watch?v=-6OZclBltmg>

7.1 Leeds findings and learning: Leadership and Prevention

The Leeds independent review identifies learning around the whole system as being of greatest priority for Leeds.

"Success happens when you have strong system wide governance and system wide leadership"²⁰

The review noted that systems and leadership associated with supporting people living street based lives needs to recognise their particular individual needs and life experiences. The situation in Leeds is consistent with the national research, which shows the strongest presenting needs for rough sleepers are health related along with substance misuse and trauma in early life. As such, too strong a focus on accommodation and housing, can risk reducing the level of inclusion of other parts of the system.

The Leeds independent review suggests development of a city-wide strategy with engagement from the entire sector, including those citizens upon whom it impacts.

The Leeds independent review also suggests that the governance of this strategy should be made explicitly clear, including how it links with other parts of the system.

7.1.1 Developing a whole-city Leeds Street-based Lives Strategy with clear governance

The Leeds independent review indicates that Leeds should consider mirroring the national position with the national Rough Sleeping Strategy and ***adopt a specific multi-agency Street-based Lives strategy***. This should be developed across the Local Authority, Health, the Criminal Justice Sector, Third Sector, Grassroots Groups and the City Business Sector with the involvement of those citizens it concerns.

The Leeds independent review notes that the City Council is required to produce a strategy for tackling and preventing homelessness and through its Housing Options team has developed the Homelessness and Rough Sleeping Strategy (2019 – 2022)²¹. The strategy sets out the current position for the city and sets out a number of commitments, however it would benefit from being a multi-agency document with many of the commitments in the strategy requiring agreement and buy-in from other agencies rather than it being jointly developed and owned by the various organisations.

The Leeds independent review additionally comments that placing responsibility for street-based lives and rough sleeping with the Community Safety Partnership, Safer Leeds may result in it not having the full range of stakeholders required,

²⁰ Social Care Institute for Excellence Logic Model

²¹ <https://www.leeds.gov.uk/docs/Homelessness%20and%20Rough%20Sleeping%20Strategy.pdf>

(especially at Executive level) to cover all the key components required to address this issue. In addition, it highlights the risk that, in terms of where it sits in the governance structure of in the city, it may not have the membership to effectively oversee the development of a comprehensive strategy and oversee system-wide accountability. It proposes that ***the Leeds Street-based Lives Strategy should have clear governance that is entirely multi-agency and is focused on care and support as well as criminal justice and community safety responses. That governance structure should also identify how the strategy links with the rest of the city's strategic partnerships.***

7.1.2 Recognise those living Street-based Lives as a priority group for Recognising and Addressing Inequalities

The Leeds independent review proposes that the city should recognise and ***respond to those living street-based lives as people for whom many inequalities apply, including those around social care, criminal justice, welfare benefits and health.***

7.1.3 Agreeing terminology that makes sense to everyone

The Leeds independent review comments that the terms 'homelessness', 'rough sleeping' and 'street-based lives' are often used interchangeably as if they are the same thing. Each however has a different meaning and the needs and circumstances of citizens may be very different. For this reason, the Leeds independent review states, an effective system is one in which recognises the distinct needs of people living street-based lives. In addition, consideration should be given to agreeing a consistent and clear narrative across stakeholders recognising the distinctive needs of rough sleepers and those living street-based lives.

To confuse the terminology, is to confuse the needs of people, and the support that people want and need. It is therefore important that the ***system promotes a consistent description and understanding of the needs of people living street based lives.***

7.2 Leeds findings and learning: intervention

The Leeds independent review highlighted the good practice demonstrated by the multi-agency Street Support Team delivered by Safer Leeds in responding to the needs of people living street-based lives.

The Leeds independent review also reflected on the need for services to see the person, and understand their background and the Adverse Childhood Experiences (ACEs) that may have contributed to the difficulties and challenges they face. This is reflected in the learning in terms of safeguarding adults responses that have been recognised by Professor Michael Preston-Shoot in the safeguarding adults and homelessness best practice report published by the LGA and ADASS in March 2020²².

7.2.1 Seeing the person and their strengths through the lens of Multiple Exclusion Homelessness

Multiple Exclusion Homelessness (MEH) illustrates the complex interactions between the many different causes and impacts of homelessness. It underpins the importance of services seeing the person, not simply their current circumstances and fits with the strength-based approach to social care followed within Leeds City Council Adults and Health.

The Leeds independent review emphasises that street-based lives and rough sleeping are not simply a 'housing' issue and effective joint working to respond to people living in these circumstances requires acknowledgement of other risk factors such as:

- drug and alcohol misuse;
- severe mental ill health;
- domestic abuse;
- childhood neglect;
- a history of having been looked after as a child; and
- having been in prison.

In order to develop effective responses to people living street-based lives, the whole city needs to understand and work with Multiple Exclusion Homelessness (MEH). The Leeds independent review highlights that the multi-agency Street Support Team (SST) is built on this premise and is in a good place to support more widespread understanding of the approach.

²² <https://www.local.gov.uk/adult-safeguarding-and-homelessness-briefing-positive-practice>

7.2.2. Developing an effective multi-agency approach to provision of intensive support to ensure tenancies are sustainable

The Leeds independent review refers to examples of effective post-tenancy support by individual workers. However, it notes that tenancies may be put at risk by:

- Post tenancy support often being limited to the first six weeks – this is insufficient for people with multiple complex needs
- More specialist support is needed, e.g.: from mental health services
- Many people also need support to develop independent living skills.

Whilst people have access to accommodation, they may continue to choose a street-based lifestyle, commonly in the city centre, instead of engaging with the community or an alternative occupation. This cycle needs to be broken if complex needs people are to fully exit rough sleeping.

The Leeds independent review identifies the need for those living street-based lives who are provided with tenancies to be provided with intensive support that ensures they benefit from that tenancy.

7.2.3 Supporting effective information-sharing across services

The Leeds independent review commented that multi-agency information-sharing in Leeds around the risks experienced by and the needs of those living street-based lives has reportedly improved over recent years. This is attributed to the work of the SST, noting that its establishment has significantly improved information sharing in terms of risk and has promoted joint work to resolve these concerns. However, the Leeds independent review also noted, following discussion with services that the effectiveness of information-sharing may still be hindered by:

- Not all key information being shared in a timely way;
- Concerns about confidentiality and data-sharing within some services/organisations: A&Es and other NHS services, prisons and courts meaning that these agencies may not be able to contribute to multi-agency work and effective city-wide reduction of risk and harm.

The Leeds independent review commented that these impact on the comprehensiveness, timeliness and effectiveness of safeguarding responses, needs and risk assessments and support plans. It was suggested that the city ensure that its information-sharing policies and guidance address the need to share information to communicate concerns about high risk. This is a recommendation that is already being addressed by the LSAB.

7.2.4 Access to services to support effective intervention

The Leeds independent review identified some areas of practice where specific service arrangements were not contributing to effective responses. These are highlighted below. ***The Leeds independent review proposes that the city***

consider these practice matters and seek assurance from relevant services.

- In specific situations, e.g.: where a dispersal notice from the city centre has been issued, joint practice does not seem well-developed and the dispersal notice is not as effective as it could be. This may be addressed through information sharing improvements (see above).
- Communication and joint work with services outside of the city centre is reportedly not well-developed, meaning that people resettled in these areas are less likely to be known to them and needs/risks may be left unaddressed.
- Out of hours substance misuse and mental health services are not (apparently) readily available.
- An example of good practice was highlighted in relation to Barca-Leeds, which conducts outreach, case review and support planning in Armley prison. This practice could be shared to enhance learning across the city.

7.2.5 Effective engagement

The Leeds independent review has highlighted the challenges in working to support individuals in these circumstances when the person may well disengage for a variety of reasons.

The Leeds independent review noted that many of those living street-based lives or living rough do not accept offers of support, including those known to many services/organisations and to the multi-agency Safer Leeds Begging and Rough Sleeper Strategy Group.

The Leeds independent review comments that those who are entrenched in sleeping rough and / or living street-based lives and those with multiple/complex needs are often particularly difficult to engage; this requires persistence, assertiveness and possibly also enforcement, alongside an offer of support. It adds that, some of those who sleep rough and / or live street-based lives find it difficult to engage with building-based and/or appointment-based services – also potentially limiting the support which can be provided to them.

The Leeds independent review observed that there is currently no system of setting flags/alerts where a person with multiple needs, sleeping rough or living a street-based life has disengaged from services and/or is not being seen at their usual sites.

The Leeds independent review suggests that ***work should be undertaken across agencies in Leeds to develop a system-wide protocol with accompanying practice guidance and development opportunities to enable frontline practitioners manage disengagement effectively.***

7.3 Leeds findings and learning: recovery

7.3.1 Safeguarding adults

The statutory²³ multi-agency safeguarding adults response is intended to promote a person's recovery from, abuse and neglect or self-neglect. The Leeds independent review has identified areas of development for safeguarding responses to support recovery for adults living street-based lives. While the LSAB holds strategic responsibility for safeguarding adults in the city, safeguarding responses are operational matters for all agencies and services working to support the citizens of Leeds with care and support needs.

The Leeds independent review commented that when Expert Link spoke with those living street-based lives about how safe they felt, the majority felt unsafe, citing reports of assault, theft and feeling vulnerable (both from fellow rough sleepers and the wider community). Reported comments included; *"Never felt safe within the homeless community"*, *"You'll be asleep in your sleeping bag and they'd [public] come up and start kicking you or spitting at you and things"*, whilst another said; *"the homeless community can be a very tight-knit community and while some support you, others will take advantage and steal from you"*.

Most were unaware of safeguarding; *"Never heard of safeguarding, not sure if I have been offered support"*.

This latter comment is entirely understandable; agencies are unlikely to specify that the response they are providing to someone in need is a 'safeguarding response'. However, the Leeds independent review notes that, consistent with findings from the national analysis of SARs (see Section 6 of this report), some stakeholders reported that self-neglect may not be recognised as a safeguarding issue for rough sleepers or people living street-based lives. Stakeholders raised that it can be difficult for staff to identify self-neglect with this group and/or to enable citizens to recognise this. However, others indicated they were unlikely to make a safeguarding alert even where a rough sleeper was persistently refusing support, or would only do so where self-neglect appeared to be worsening and the risks were heightening.

The Leeds independent review noted that it also heard that some staff in street-based lives / rough sleeper services view making a safeguarding referral a short-cut into accessing Adult Social Care services. The Leeds independent review noted that this is not appropriate and can in some circumstances delay access to services, with focus and time taken on deciding whether the case meets the 'safeguarding threshold'.

It proposes that ***the system in Leeds should ensure the needs and eligibility of those living street-based lives for care and support is better understood (by all concerned) and the referral pathway for social care assessments is straightforward for practitioners across the city.***

²³ S42 Care Act 2014

Further, it suggests that **agencies should better understand their duties in respect of adult safeguarding and also the meaning of the criteria for S42 Care Act 2014** (the statutory requirement for the local authority to conduct a safeguarding adults enquiry).

7.3.2 Understanding self-neglect

The Leeds independent review also notes that the LSAB is undertaking extensive work in relation to self-neglect in the city and proposes that **the LSAB should ensure that those working with adults living street-based lives should be a fundamental part of that development and be able to access its learning and development opportunities.**

7.3.3 Recovery: Joint commissioning

The Leeds independent review focuses thinking in terms of recovery on the commissioning of the development of pathways to recovery and sustained community living for those living rough sleeping and / or street-based lives. It notes that **a joint commissioning approach, possibly with pooled budgets could be considered, or at least aligned budgets around the pathway.** It adds that in addition to the human cost of rough sleeping / street-based lives, there is clear evidence of high total system costs and therefore the opportunity for whole system efficiency (a saving to the 'Leeds pound'). The review notes that in 2012, a Government report published by DCLG²⁴ estimated the annual cost of rough sleeping to range from £24,000 - £30,000 (gross) per person and up to circa. £1bn nationally.

National charity, Crisis, in research undertaken for that organisation by the University of York²⁵, estimates that if 40,000 people were prevented from becoming homeless for one year in England it would save the public purse £370 million. In 2015, a report by Professor Glen Bramley for the independent charitable trust, Lankelly Chase; '*Hard Edges*'²⁶ estimates the costs of rough sleeping to the public purse is between £14,300 and £21,200 per person per year; three to four times the average cost to public services of an average adult (approximately £4,600). As noted previously, the Leeds independent review advises that the longer a person is living a street-based life or rough sleeping, the higher the cost.

²⁴ Evidence Review of the Cost of Homelessness (2012)

²⁵ *At what cost? An estimation of the financial costs of single homelessness in the UK.* London: Crisis. (2015)

²⁶ <https://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf>

8. Conclusion and next steps for Leeds

The Leeds independent review, together with learning from academic research and that from the voices of those who live lives in these circumstances all identified a range of important areas of learning to enable Leeds to be the most compassionate and best city for supporting and enabling recovery for adults living street-based lives.

The priority areas of development that have been identified through the Leeds independent review concern multi-agency partnership, leadership and strategic planning. Fundamentally, this is about people in need; ensuring they are safe, and feel safe and their overall health and well-being. The city will set out a programme of change to support the findings identified in this review.

As noted previously in this report, the intricacy of people's lives is often reflected in the complexity of the systems in place to support them; the challenge for Leeds is to simplify that complexity and make it easier for leaders, practitioners and citizens to navigate the support the city provides, joining up our existing approaches and ensuring that we build on existing good practice to further improve and develop our approach.
