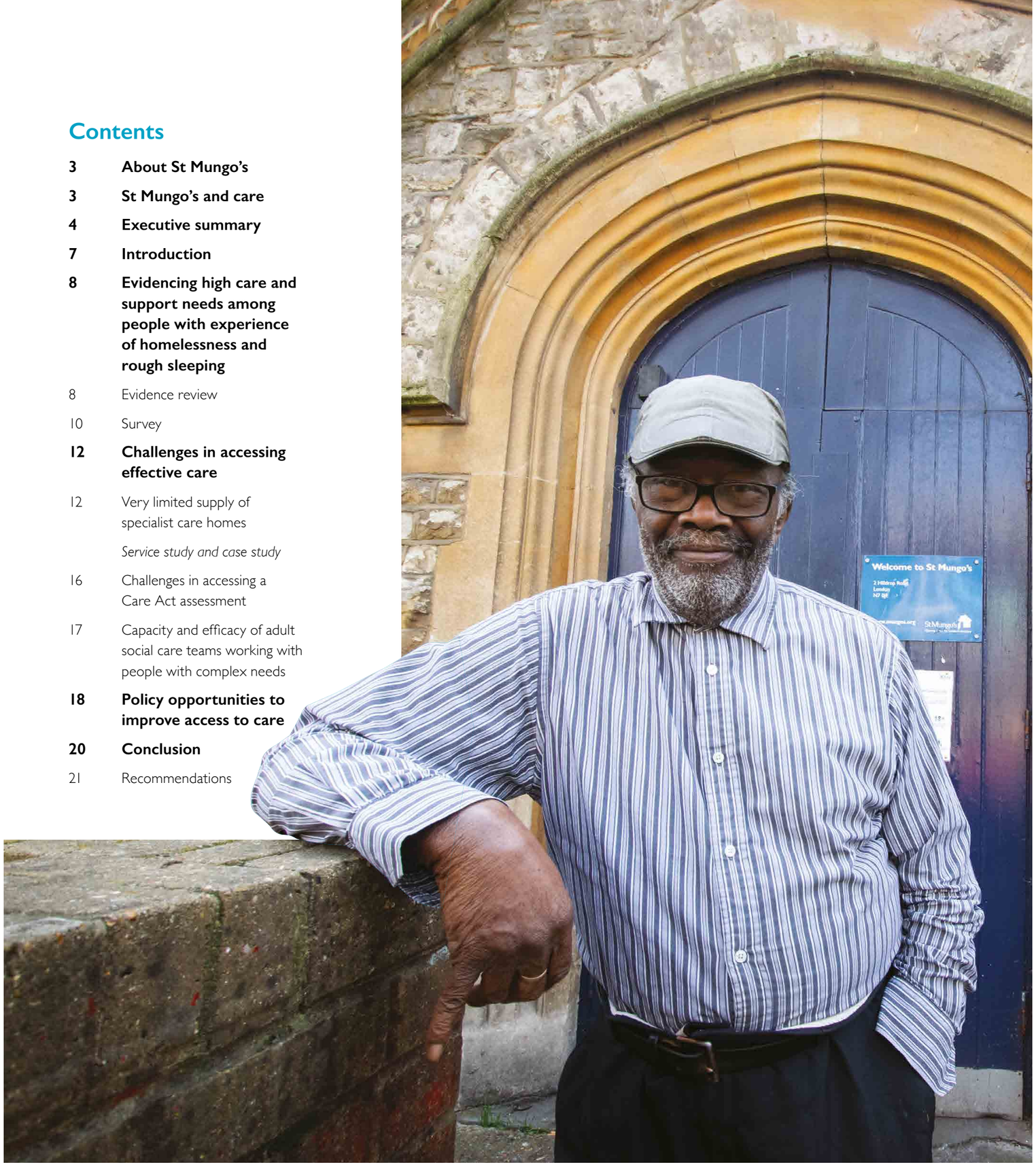
August 2022

Life Changing Care:

The role, gaps and solutions in providing social care to people experiencing homelessness

St Mungo's
Ending homelessness
Rebuilding lives

Contents



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About St Mungo's

St Mungo's is a leading homelessness charity with national influence. We work in partnership with local authorities, health colleagues and communities, to end homelessness and rebuild lives. Last year, we supported more than 24,900 people who were homeless, or at risk of homelessness through 180 services. We support more than 2,800 people every night. Our ambition is to end rough sleeping in this country, and we believe that policies and interventions can be put in place to end all forms of homelessness for good.

St Mungo's and care

St Mungo's operates two care services, which are both registered with the Care Quality Commission (CQC). They are registered to provide accommodation for persons who require nursing or personal care, adults under 65 years and over 65 years; and adults who have mental health conditions or substance misuse problems. They are specialist care homes targeted at people who have been homeless, with a case study of the service model found on page 14.

The difference between care services and supported housing (including hostels) is that care services are able to carry out regulated activities (as defined under schedule 1 of the Health and Social Care Act[1]) including administration of medicines and the delivery of personal care. The homes do not have a 'move-on' expectation and residents are able to stay as long as the service continues to meet their needs.

Executive summary

We know from the existing evidence base, and the findings from our own research, that there are significant levels of care needs within homelessness services, and among people living on the streets, which are not being met.

A large proportion of those accessing hostel accommodation experience memory problems and dementia, and have difficulties with the activities of daily living.[2]

One study in a 42 bed hostel in London for people over 30 found that 55% were considered frail and 45% had cognitive impairment. The prevalence of frailty in the hostel (55%) was comparable to residents of care homes for older people.[3]

This is also supported by a survey conducted by St Mungo's for this review, which identifies there is likely a significant number of clients in our non-CQC registered services who require some level of care input, or who are receiving care that does not fully meet their needs. Increasingly high Care Act assessment thresholds and a lack of suitable care options are perceived to be key contributory factors.

- 5% of clients are believed to have dementia
- 12% of clients are experiencing self-neglect
- 29% of clients have deteriorating health
- 24% of clients are receiving care which is not currently meeting their needs.

Despite this significant level of need, there is currently a lack of access to appropriate care.

1. Very limited supply of specialist care homes

There is a lack of appropriate residential care services for people with complex needs, with very few homes across the UK catering for the full range of needs common to people experiencing homelessness, including substance use, particularly when those needs are accompanied by what may be considered challenging behaviours. Mainstream care homes do not explicitly exclude people with experience of homelessness, but due to the complexity of the needs they exhibit, they are often in effect excluded.

Commissioners are seeing rising numbers of people eligible for care with complex needs, but are finding that the supply of complex care beds is not sufficient to meet this demand. Commissioners are seeking solutions to what they perceive to be a growing problem.

2. Challenges in accessing a Care Act assessment

There are challenges in accessing the assessment process itself, with the delay resulting in needs escalating, staff struggling to maintain clients' engagement in the process, and increased pressure being placed on non-registered services. The Care Act places no duty on local authorities to process assessments to any specific timescale, and a large proportion of St Mungo's managers described long delays in waiting for assessments and decisions. More than one service reported a local authority refusing to assess a client, despite the fact that everyone should be eligible for assessment under the Care Act regardless of an authority's perception of need.

Our care needs survey also found that Care Act assessments have been requested for a comparatively smaller number of clients believed to be in need of care, suggesting some lacked confidence in initiating the process of assessment. This echoes questionnaire feedback from St Mungo's managers who have described the process as complex and have requested additional support for their teams, which is being actioned.

3. Capacity and efficacy of adult social care teams working with people with complex needs

A number of St Mungo's services found social care teams to be unresponsive and noted a perceived inflexibility when working with people who may struggle to keep appointments, with clients with experience of drug and alcohol use reportedly facing the most significant barriers. Examples were also reported of needs escalating to the point of crisis before additional support was offered.

Managers also fed back that the thresholds beyond which social care can be accessed appear to be rising, leading to an increase of clients inappropriately housed in hostels.

Where services had access to inclusion health staff (such as dedicated nurses or GPs working specifically with excluded or 'hard to reach' groups), either through their local authority or embedded within the service itself, they reported better outcomes for clients.

These barriers can result in people who require care either not receiving it, or the interventions available not fully meeting their needs. Improving access to both domiciliary and residential care will help prevent those with complex care needs from becoming stuck in the hostel system due to a lack of viable options, or becoming caught in a cycle of deteriorating health and returning to sleeping rough. Increased care and support is also likely to reduce self-neglect, improve health and reduce recurrent hospital attendances and admissions.

There is appetite among commissioners in adult social care, homelessness and housing to explore more appropriate long term options for this group, and the Adult Social Care White Paper and the new integrated care systems provide opportunities to embed tailored social care provision at a local and national level.

1 https://www.legislation.gov.uk/ukdsi/2014/9780111117613/schedule/1

2 Manthorpe, J. et al (2019) Service provision for older homeless people with memory problems: a mixed-methods study https://www.journalslibrary.nihr.ac.uk/hsdr/hsdr07090#/full-report

3 Rogans-Watson, R. (2020) Premature frailty, geriatric conditions and multimorbidity among people experiencing homelessness: a cross-sectional observational study in a London hostel https://www.emerald.com/insight/content/doi/10.1108/HCS-05-2020-0007/full/pdf?title=premature-frailty-geriatric-conditions-and-multimorbidity-among-people-experiencing-homelessness-a-cross-sectional-observational-study-in-a-london-hostel

Recommendations

- To address the barriers to accessing care assessments, the Government should emphasise the importance of carrying out timely and thorough care needs and adult safeguarding assessments for people experiencing complex needs, which recognise the different circumstances of people who are experiencing rough sleeping or homelessness. It must be reiterated that everyone with an appearance of need is entitled to a Care Act assessment, regardless of whether the local authority thinks their needs will be eligible. This should be highlighted in the Duty to Cooperate guidance being developed for the Health and Care Act, the guidance for the new integrated care systems, and within the refreshed rough sleeping strategy.

- To improve the efficacy of adult social care teams working with people experiencing complex needs, and to help ensure that the appropriate care is provided, local authorities and the Chief Social Worker should make the responsibilities towards people experiencing homelessness and rough sleeping clear to the social care workforce. This could be achieved by every area identifying and training a homelessness lead within the adult social care team.

- In delivering the future vision for adult social care, including the delivery of the Integration White Paper and the Adult Social Care White Paper, the Government should encourage the integration of funding which is available to all the different partners, including social care, health, and homelessness.

- Safeguarding adult boards should adopt homelessness as a strategic priority, to ensure that issues that people who are homeless are likely to present with (such as self-neglect) are given sufficient priority.

- Local authorities, sub regions or regions should jointly commission and pool budgets with health when targeting this cohort, integrating homelessness into local health and care strategies. The health and care needs of people with experience of homelessness are often equivalent to much older populations, so should be given due regard with appropriate health and care provision. This should include multidisciplinary peripatetic inclusion health teams that provide in-reach into supported accommodation, and specialist care homes for people with complex care needs.

- Homelessness organisations should embed the Voices of Stoke Care Act toolkit into existing case management processes, in order to support staff and clients to communicate with adult social care in their own language. This will increase the likelihood of a successful referral by clearly specifying how presenting needs map against the 'eligibility regulations' contained in the Care Act 2014.

- It is recommended that homelessness organisations also develop Care Act policies and procedures to help standardise their approach where Care Act eligible needs are identified, and to raise awareness and understanding of the availability of care support. This should include mechanisms for escalation where individual needs continue to go unmet. This will support organisations in ensuring that people experiencing homelessness and rough sleeping are provided with appropriate support.

- Further research should be commissioned on the barriers people with experience of homelessness face when accessing a Care Act pathway, to inform the best solutions to this issue. In addition, there is a need to build evidence on the outcomes and cost effectiveness of social care interventions for this cohort.

Introduction

Living on the streets can leave people with premature aging, frailty and life limiting health conditions, yet to date the needs of this group have not been well met by the social care system. We have seen first-hand how the right care, delivered in the right place, can be transformative in improving a person's quality of life and supporting them to leave the streets for good. This can only be the case when that care is made available and accessible.

We carried out this review because we wanted to find out more about the care and support needs of clients, and to better understand the supply, availability and accessibility of appropriate care and support. We wanted to reflect on St Mungo's approach to care and consider how our findings could add value to the growing, if currently limited, body of work on this issue.

To inform this review, we examined the limited evidence that already exists on the social care and support needs of people with experience of homelessness. This was used to develop a care needs survey, co-developed with Dr Caroline Shulman, the co-clinical lead of the Homeless Health Programme, Healthy London Partnership. The survey, which received responses for 1,442 clients, assessed perceptions of people's care needs in St Mungo's non-CQC registered services as well as experiences of the Care Act assessment process within those services. Interviews were then conducted with housing and adult social care commissioners, health professionals, and St Mungo's client facing staff, to find out about the challenges in securing access to appropriate care for our clients and what further provision is needed.

As a result of this work, this review has proposed a series of recommendations on how access to appropriate care can be improved, which speak to the homelessness sector, social care workforce, local authorities and Government. Only through a collaborative and joined up approach will care be improved for our clients.

Evidencing high care and support needs among people with experience of homelessness and rough sleeping

Evidence review

St Mungo's conducted an evidence review to examine the literature on the care and support needs of people with experience of homelessness. It shows that there is limited but clear research to suggest a growing unmet need within non-CQC registered accommodation for individuals with care needs.

A 2019 study by Jill Manthorpe for the National Institute for Health Research (NIHR) entitled 'Service provision for older homeless people with memory problems: a mixed-methods study' identified that 47.6% of hostel residents were assessed as having memory problems, with a further 19% as borderline.[4] It concluded that older people experiencing homelessness have not been recognised by the NHS and central government initiatives aimed at addressing memory problems or dementia, and highlights challenges in identifying move-on options and appropriate care and support pathways.

> "Although some hostel staff possess skills and great competence in supporting residents for whom memory problems are having an impact on their lives and wellbeing, a hostel is not a long term solution or care setting … Most hostels are not designed or staffed to provide long term housing or a high level of support for this client group or others. In addition, many older homeless people are reported to dislike staying in hostels, fearing intimidation and violence from younger residents."

Additionally, the research highlights major issues in housing older (formerly) homeless populations in mainstream care services. The research found that "care home staff have reported difficulties in managing formerly homeless men's drinking and/or chaotic behaviour, such that some are 'evicted' from care homes." Care homes were often deemed unsuitable because of alcohol use and behaviour issues, even where funding had been agreed by the local authority and a placement identified. The consequence is that "older homeless people with increasing memory impairment and other vulnerabilities may remain in hostels for years, with growing frailty, as there is no suitable alternative accommodation." In its conclusion, the report recommends that "suitable, accessible and acceptable long term accommodation needs to be available", with care homes run by homelessness sector organisations for older people who are and have memory problems proposed as a potential model.

A research article by Maureen Crane and Louise Joly entitled 'Older homeless people: increasing numbers and changing needs'[5] also highlights the challenges that many people experiencing homelessness face when attempting to access residential care. It found that "mainstream aged care services are often ill-equipped to meet the complex needs and behaviours of chronically homeless older people, particularly those with co-morbid mental health and substance misuse problems … [and] … it is becoming increasingly apparent that nursing home or hospice care is required by some older homeless people."

It draws attention to the increased burden placed on supported accommodation arising from the shortage of complex care services. The research concludes that older people with experience of homelessness have been neglected by policy makers and there is a "need for national and local aged care and homelessness policy and service organisations to acknowledge and respond to the needs of this growing cohort."

A review conducted in 2017 by the Centre for Policy on Ageing (CPA), entitled 'Diversity in older age – older homelessness' highlighted that "older homelessness is currently on the increase",[6] and that older individuals who are homeless suffer worse health outcomes and mortality than the general population. They predict that as the general population ages, there will be an increase in the number of older people with experience of homelessness.

In a paper entitled 'Premature frailty, geriatric conditions and multi-morbidity among people experiencing homelessness: a cross-sectional observational study in a London hostel', Rogans-Watson and Shulman et al state that "the number of older people in this situation is also increasing, but their health and social needs and the impact of homelessness on the ageing process are inadequately understood." The cross-sectional observational study took place in a 42 bed hostel in London for people over 30, with participants and key workers asked to complete health-related questionnaires. Of those sampled, 55% were considered frail and 45% had cognitive impairment. The prevalence of frailty in the hostel (55%) was comparable to residents of care homes for older people. The paper concludes with the following implications for practice:

Models used to protect the people St Mungo's support.

> "Hostels are intended to provide short term temporary accommodation before residents move onto more independent living, but a lack of access to sheltered housing or residential or nursing home placements, particularly in the context of drug or alcohol use, leads to many people staying for years (Table 1). This has implications for health and social care provision in hostels; the fact that many participants had difficulty with ADLs (Activities of Daily Living) and IADLs (Instrumental Activities of Daily Living) but only 9% had support from a care package demonstrates a need to improve access to Care Act 2014 assessments."

4 Manthorpe, J. et al (2019) Service provision for older homeless people with memory problems: a mixed-methods study https://www.journalslibrary.nihr.ac.uk/hsdr/hsdr07090#/full-report

5 Crane J., Jolly, M. (2014) Older homeless people: increasing numbers and changing needs https://www.cambridge.org/core/journals/reviews-in-clinical-gerontology/article/abs/older-homeless-people-increasing-numbers-and-changing-needs/74929B26430ECC01F9EF1341EA4E5A1C

6 Centre for Policy on Ageing. (2017) Diversity in older age – Older homelessness http://www.cpa.org.uk/information/reviews/CPA-Rapid-Review-Diversity-in-Older-Age-Older-Homeless-People.pdf

Despite high levels of need, Armstrong et al identified that hostel staff and residents faced significant barriers and stigma in accessing health and social care support, "which increase the inequity experienced by some of the most marginalised and unwell people in society, and contribute to staff burnout".[7] The paper concludes that:

> "The barriers to health and social care combined with the stigma and lack of understanding around the needs of people experiencing homelessness highlight an urgent need for more training, support and dedicated funded inclusion health in this area for more equitable access."

There are also issues with the provision of social care support. Analysis in 2020 by the National Institute for Health Research (NIHR) at King's College London looked at 14 Safeguarding Adults Reviews (SARs) with people experiencing homelessness. It found a reluctance to see the person's needs as anything other than a housing matter, with some SARs reporting a failure to recognise care and support needs.[8]

There is currently a lack of research surrounding the impact of investment in social care on outcomes and cost effectiveness, though frontline experience strongly indicates high efficacy where used appropriately. Some local authorities are joining up commissioning of homelessness services with health and care, and where St Mungo's services have had access to inclusion health resources, they have reported better outcomes for clients. This can take the form of having dedicated clinical resources working specifically with excluded or 'hard to reach' groups, either through their local authority, or embedded within their service. For example, the Camden Housing First[9] service has benefited from an Occupational Therapist (OT) embedded within the team, who works with clients who have the most difficulty engaging. The OT assessment establishes and evidences clinical requirements and needs, including ensuring that capacity is assessed accurately, and that adequate care is provided. This resulted in a higher proportion of successful onward referrals.

In addition, where services have been commissioned alongside multidisciplinary health inclusion teams (MDTs), they have benefited from additional clinical input and oversight that have helped connect them to local systems of care and support.

Survey

There is currently no comprehensive data set relating to the social care needs of people experiencing homelessness in the UK. To better understand and help quantify levels of current unmet need and demand for care across St Mungo's non-CQC registered services, a health and care needs survey was developed in partnership with the Co-Clinical Lead of the Homeless Health Programme at Healthy London Partnership. In total, responses were received for 1,442 clients, with the results reflecting the assessments of housing related support managers, rather than being a clinical assessment of need.

7 Armstrong, M. et al (2021). Barriers and facilitators to accessing health and social care services for people living in homeless hostels: a qualitative study of the experiences of hostel staff and residents in UK hostels. http://dx.doi.org/10.1136/bmjopen-2021-053185'

8 Martineau, S. et al (2019). Safeguarding, homelessness and rough sleeping: An analysis of Safeguarding Adults Reviews https://doi.org/10.18742/pub01-006

9 Camden Housing First is a service delivered by St Mungo's and commissioned by London Borough of Camden to work with people with complex needs.

The responses identified that there is likely a significant number of clients with care needs living in non-CQC registered accommodation operated by St Mungo's. The survey revealed that there are 72 clients who are believed to have dementia (5%); 87 clients who require medication administration (6%), 38 who have frequent falls (3%); and 38 who suffer from incontinence (3%). There are 171 clients who are experiencing self-neglect /issues of self-care (12%) and 415 clients whose health is believed to be deteriorating (29%).

Of those clients receiving visiting support from a care provider, for nearly a quarter it was found not to be currently meeting their needs and 74 clients are not receiving care who staff believe ought to be (5%). It is significant that less than half of Care Act assessments were successful.

Table 1

Total clients for whom questionnaire results received:	**1442**
Total services participating:	**31**
% of clients believed to have dementia:	**5% (72)**
% of clients with three or more unplanned hospital attendances in last month:	**5% (77)**
% of clients who experience frequent falls:	**3% (38)**
% of clients with incontinence:	**3% (38)**
% of clients with poor mobility:	**8% (120)**
% of clients whose health believed to be deteriorating:	**29% (415)**
% of clients experiencing self-neglect issues of self-care:	**12% (171)**
% of clients who require support with medication administration:	**6% (87)**
% of clients who have requested a Care Act assessment in past 12 months:	**6% (89)**
% of those clients for whom a Care Act assessment request was successful:	**47% (42)**
% of those clients receiving care which is not currently meeting their needs:	**24% (14)**
% of clients not receiving care who staff believe should be:	**5% (74)**

Challenges in accessing effective care

St Mungo's managers have described a range of barriers to accessing effective care including the efficacy of adult social care teams when working with people experiencing complex needs, challenges in accessing Care Act assessments and, fundamentally, a lack of appropriate residential care services for people with complex needs. This combination of factors can result in people remaining in environments ill-equipped to meet their needs.

Very limited supply of specialist care homes

Despite the skill and expertise of many staff and providers, hostel environments are ill-equipped to support residents with emerging or established care needs and cannot deliver Care Quality Commission (CQC) regulated activity. CQC regulated activity includes, for example, personal care.[10] Few of those who do require care are receiving even visiting support from a care provider whilst living in a hostel,[11] and where people do require a residential care home, few people are able to access one.

No care home explicitly excludes people experiencing homelessness and local authority funding is available to private and mainstream care providers. However, there is a very limited supply of homes that are equipped to manage the complex care needs typically associated with those experiencing homelessness, particularly when these needs manifest as difficult or challenging behaviour. This, in effect, significantly reduces the availability of residential care for people experiencing homelessness, and current provision in the homelessness sector for care services specifically for people experiencing rough sleeping and homelessness is very limited.

A significant proportion of St Mungo's managers cited a lack of specialist care homes as one of the key challenges facing the client group.

The supply of complex care beds is not sufficient to meet demand across homelessness pathways, and there is evidence that commissioners of housing related support are seeking solutions to what they perceive to be a growing problem. The following testimonial from adult social care commissioners and health professionals highlights this locally, regionally and nationally.

"Brighton & Hove is seeing rising numbers of people with Care Act eligible needs combined with extensive histories of rough sleeping, substance use and histories of trauma. This group often have frailty levels of much older people but in their middle age do not feel ready for a move into an older age residential setting. Additionally providers without experience of this group are often reluctant to work with this vulnerable group. We are keen to work with providers with experience of working with people with these backgrounds in a care setting to better offer accommodation and support to this group. We consider that there will be a growing need in this area over the next few years as we see people with histories of alcohol and substance abuse living longer."

Emily Ashmore, Housing and Adult Social Care Commissioner, Brighton and Hove

"There is a high level of need in the borough [Islington]. Recently the manager of Hilldrop wrote up a number of case studies of Islington clients which demonstrated an evolving and complex level of need. We are actively trying to reduce the amount of out of borough placements and as such, Hilldrop Road is an important resource for those individuals with more complex care needs."

Alice Clark, Senior Joint Commissioning Manager, Mental Health, London Borough of Islington

"Even where the needs are recognised by health and social care providers, there are very few places where people can be adequately supported if they are young (i.e. too young for mainstream residential care home), or if they have complex mental health problems often as a result of trauma, or who have active addictions. There is an urgent need for more places of care, such as specialist care homes, that can support people with this degree of complexity."

Dr Caroline Shulman, Co-Clinical lead, Homeless Health Programme, Healthy London Partnership,

10 A comprehensive list is contained in the Glossary of the Care Quality Commission. Care Quality Commission (2017) Glossary https://services.cqc.org.uk/public/glossary/regulated_activity#:~:text=A%20regulated%20activity%20is%20one,require%20nursing%20or%20personal%20care

11 Crane J., Jolly, M. (2014) Older homeless people: increasing numbers and changing needs https://www.cambridge.org/core/journals/reviews-in-clinical-gerontology/article/abs/older-homeless-people-increasing-numbers-and-changing-needs/74929B26430ECC01F9EF1341EA4E5A1C

Honorary Senior Lecturer, UCLH

The under-supply of complex care beds for this population is also now recognised at an integrated care system level. The North Central London integrated care system recently commissioned Campbell Tickell to formally review pathways out of high needs accommodation and long term care options. The final report cites St Mungo's Hilldrop Road as a model of good practice, which should be replicated across London.

Expanding this kind of specialist provision will be supported by more joined up commissioning between health, care, and homelessness providers. This requires an alignment of priorities and coordination of funding streams at both local and national level, so that all parties can depend on one another and commit to funds at the same time.

Service study: Hilldrop Road

Hilldrop Road is a CQC registered care home which supports clients with specific care needs to lead dignified and fulfilling lives. It has been delivered by St Mungo's since 1990.

It has 29 bed spaces for men who are over 45 and who have alcohol or mental health needs and other complex needs. The home is situated in an old church and provides a psychologically informed environment. As well as providing personal care and medication administration, it is fully catered with three meals a day and has a full and varied activities programme.

Hilldrop Road has developed a strong reputation for working successfully with clients with complex needs who may also present with challenging behaviour. The highly competent staff team are skilled at building trust with clients who may not be immediately ready or willing to work with the care and support on offer. They are also adept at managing challenging incidents and ensuring that risk is well managed in the home. 'Alcohol agreements' are co-produced with residents, which help to reduce and stabilise alcohol use. The service also works closely with St Mungo's palliative care coordinator and has developed specialist support around end of life care for those who need it.

There is no target length of stay for residents at the home, meaning they can stay as long as the home is the best place for them. The service does, however, ensure that move on is considered if someone needs a higher level of care, usually nursing care, or has regained some level of independence.

Hilldrop Road is currently part-funded by a block contract with the London Borough of Islington. The remaining beds are spot purchased by various Local Authorities' Adult Social Care Teams across London and the South East.

Michael's story

Michael came to Hilldrop Road from an emergency hotel that had been accommodating people who had been homeless, as the staff working there could no longer meet his care needs. He had a longstanding history of homelessness, and had been diagnosed with oesophageal cancer and was being treated with chemotherapy.

Michael drank large amounts of alcohol and had lost contact with his family. He was reluctant to move to Hilldrop Road as he wanted to stay in a different area and believed he could manage by himself. However, Michael settled in very quickly, becoming friends with other residents and becoming friendly with the staff.

As Michael's health deteriorated and his condition became terminal, he struggled emotionally to cope. Staff spent a lot of time with him every day giving him space to talk about how he was feeling and to cry or be angry if he needed that.

Michael coped best when he was thinking about other things, like his films and talking with staff about his past. Michael became very caring towards other residents, arranging film nights for them and getting staff's help to find out what films other residents liked.

Michael was upset about having lost contact with his son so staff helped him to make contact via other relatives. Michael became much more settled when he had seen his son, and they were able to rekindle their relationship and say goodbye to each other when the time came.

Michael had multidisciplinary involvement with the palliative care team coordinating his case. Doctors and nurses visited him every week. They were in daily contact and were on hand to provide guidance and support and worked closely with the care home staff to develop an advanced care plan for Michael.

Michael continued to be alcohol-dependant throughout his time at Hilldrop and – as a result - his behaviour could sometimes be challenging.

Staff and the palliative care team worked towards the agreed advance care plan to enable Michael to choose where he would like die, but were also

flexible, understanding that Michael needed to drink, and provided a safe, controlled environment in which he could do this.

As Hilldrop is registered with the Care Quality Commission, the staff team were authorised to administer morphine to Michael as well as keeping his cancer wound clean. Staff worked daily with district nurses, and attended to Michael's personal care with dignity, so that he kept his sense of pride.

Even when very close to the end of his life, Michael kept getting up and doing the things he loved.

He continued to spend time with other residents and socialise with them, right up to almost the end of his life. Residents were very caring towards him, sitting with him in his room so that he would not be alone.

Michael frequently told staff how much he appreciated how much they cared for him and this was reflected in his responses to the St Mungo's client survey in 2021. Rather than ticking boxes, he wrote 100% in areas such as how satisfied he was here and how caring staff were. He wrote that staff were 'the best'.

As Michael reached the end of his life he chose to stay with his family.

He kept contact with staff at Hilldrop by phone and told them how much he cared about them. Just a few days before his death he invited staff to visit him for a party.

As a result of the dedication and flexible approach of the care home staff, along with close coordination with the palliative care team, Michael died a peaceful, pain-free death.

Challenges in accessing a Care Act assessment

St Mungo's delivers support to more than 24,900 clients across over 180 services. Where care needs arise in our non-CQC registered services, staff can support clients to request a Care Act assessment.

Following a Care Act assessment, a decision can be made about a person's eligibility for care and support, including the adequacy of their accommodation. If a person is found eligible they will typically be offered either an intermittent package of domiciliary care (a package of visiting care in their home) or, where their needs are too high to be addressed with visiting care, the option of moving to a residential care home.

The Care Act places no duty on local authorities in terms of assessment process timescales and a large proportion of St Mungo's managers described long delays. This applies both to the act of assessment and the process of decision making once an assessment has been conducted. Some teams find it difficult to maintain a client's engagement throughout this period, which can lead to their cases being closed by the assessing authority. The delay can also result in an escalation in people's needs, as housing related support staff are unable to provide the personal care that may otherwise mitigate their functional deterioration. More than one service reported a local authority refusing to assess clients, when in fact everyone with an appearance of need should be eligible for assessment under the Care Act, regardless of whether or not the local authority thinks the individual has eligible needs or of the individual's financial situation.

> "Hostel staff often struggle to get adequate support from health and social care providers and are left to support very unwell clients alone. This lack of support results in many people's health deteriorating resulting in unplanned, emergency hospital admissions and premature mortality."
>
> Dr Caroline Shulman, Co-Clinical Lead, Homeless Health Programme, Healthy London Partnership, Honorary Senior Lecturer, UCLH

Due to these challenges, the T1000 London Navigator Team,[12] delivered by St Mungo's, has developed a pilot where staff are supported by a legal professional to navigate the Care Act, to ensure clients receive the care they need and can access services under the Care Act duties. The effectiveness of this pilot will be reviewed, which has the potential to offer distinct roles and functions within complex needs teams.

Generally managers reported feeling confident requesting an assessment, though a number found the process of assessment complex and difficult to navigate and highlighted this as a learning need for their staff. The survey highlights that Care Act assessments have been requested for a comparatively smaller number of clients believed to be in need of care, suggesting that some lack confidence in initiating the process of assessment. This is being addressed through the development of Care Act policies and procedures, and embedding the Voices of Stoke Care Act toolkit[13] into case management processes.

Capacity and efficacy of adult social care teams working with people with complex needs

A number of St Mungo's services have found social care teams unresponsive and noted a perceived inflexibility when working with people who may struggle to keep appointments. This was seen as a key factor in cases being closed, though there was clear acknowledgement of the pressures many adult social care teams face. Clients using drugs and alcohol were reported as experiencing the most significant barriers, both in terms of the assessment process, but also the availability of suitable care services if found eligible.

Managers who participated in this review felt that some social care teams may deprioritise putting additional care in place where clients are already receiving housing related support. One manager described their frustration at this situation as "having to wait until the damage is done" before being able to broker a care package. Managers also fed back that thresholds beyond which social care can be accessed appear to be increasing, leading to an increase of clients inappropriately housed in supported accommodation. Sheltered accommodation was available to those with relatively low needs, but this was often not suitable for clients in high support accommodation.

In July 2022, the LGA and Association of Directors of Adult Social Services (ADASS) released a best practice guide that seeks to support directors of adult social services and their teams, focusing on the role of social care in supporting people experiencing and recovering from homelessness. The guidance states that "many people who are homeless have unmet care and support needs", and emphasises that "putting the person experiencing homelessness at the centre and changing the nature of the relationship is critical in all areas of the care and support journey." It provides a useful resource for directors of adult social services to consider for their local response, giving advice on best practice in the areas of partnership working; co-production of services; Care Act assessments; safeguarding; workforce training and development; and commissioning and working with providers.[14]

12 The London Navigator Team (LNT) is a St Mungo's service, funded by the GLA, that provides through care support to up to 250 individuals who: are experiencing long term and repeat episodes of homelessness; and require additional support to access and sustain accommodation. The service works mainly with people on the Pan London T1000 list of clients who have been identified by London Councils as having slept on the streets in multiple London boroughs and who have complex needs.

13 Voices of Stoke. (2018) Care Act Toolkit https://www.voicesofstoke.org.uk/care-act-toolkit/

14 LGA. ADASS. (2022) Care and support and homelessness: Top tips on the role of adult social care https://www.local.gov.uk/publications/care-and-support-and-homelessness-top-tips-role-adult-social-care

Policy opportunities to improve access to care

As the ADASS has stated: "The role of adult social care, in partnership with housing and other sector partners, is often underestimated or misunderstood."[15] However, this is starting to change.

The Adult Social Care white paper, 'People at the Heart of Care',[16] published in December 2021, recognised the impact of someone's housing on their care and support needs, stating that "every decision about care is also a decision about housing." The White Paper also addresses expanding the choice of housing options available to people who require care: "today, too many people with care and support needs live in homes that do not provide a safe or stable environment within which care and support can be effective."

The actions set out in the paper describe how local communities will be supported to build the partnerships and plans to embed housing as part of the local health and care system, as well as boost the availability of specialised housing. The White Paper launched a £30 million 'Innovative Models of Care Programme', to support local systems to build the culture and capability to embed into the mainstream innovative models of care, with the aim being to provide more options for people that suit their needs and circumstances.

The integration of health and care services underpins plans set out in the paper, and there is recognition of the challenges faced by people with complex care needs who 'have a worse experience of care' and whose 'conditions escalate until requiring emergency admission.' The paper goes on to state that:

> "For those with mental health conditions or substance misuse needs or those experiencing homelessness, a suitable home enables them to build and sustain their independence, connect with their community and achieve their ambitions … change requires collaboration across commissioners and providers of health, adult social care and housing, and homelessness support services, as well as local planning functions and voluntary organisations. Investment of £300 million for the period 2022 to 2023 through to 2025 to 2026 is intended to allow local authorities to integrate housing into local health and care strategies, with a focus on boosting the supply of specialist housing and funding improved services."

Further progress can be seen with the publication of the National Institute for Health and Care Excellence (NICE) guideline on integrated health and social care for people experiencing homelessness and rough sleeping,[17] which was the first such guideline released for this population to explicitly recognise the intertwined nature of homelessness and poor health. Alongside this is the Health and Social Care Bill which gained Royal Assent on 28 April 2022, putting the long awaited integrated care systems and their Integrated Care Boards and Integrated Care Partnerships on a statutory footing. The pending integrated care system guidance may yet prove to be a step change in inclusion health.

These policy platforms provide opportunities to improve access to appropriate care for people experiencing homelessness, if there are explicit expectations on how their needs can be best met. Further research that evidences outcomes and cost effectiveness of social care interventions will help make the case for provision and access to care for this cohort.

15 ADASS. (2020) ADASS responds to rough sleeping snapshot in England: Autumn 2019 https://www.adass.org.uk/adass-responds-to-rough-sleeping-snapshot-in-england-autumn-2019

16 Department of Health and Social Care. (2021) People at the Heart of Care: adult social care reform white paper https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper

17 NICE. (2022) Integrated health and social care for people experiencing homelessness https://www.nice.org.uk/guidance/ng214

Conclusion

The vast majority of St Mungo's clients do not live in residential care services, but a significant number do require some level of care input. Improving access to domiciliary and residential care will help prevent those with complex care needs from becoming stuck in the hostel system due to a lack of viable options, or becoming caught in a cycle of returning to sleeping rough.

Access to Care Act assessments will be crucial to this, with focus needed on upskilling the homelessness workforce in progressing Care Act assessments, and upholding the social care workforce on its responsibilities to this cohort.

Equally, there will need to be greater access to specialist residential care homes which are equipped to manage the complex care needs typically associated with those experiencing homelessness. It is essential that solutions are developed now to prevent people from remaining in either ill-suited accommodation or returning to the streets.

National policy is beginning to recognise that marginalised groups, including those experiencing homelessness, typically have a worse experience of care which can result in an escalation of need. However, there need to be more explicit expectations of how all parts of the system will work together if care is to be improved.

It is important that we take forward the lessons learnt from this review, and the following recommendations are a crucial first step.

Recommendations

- To address the barriers to accessing care assessments, the Government should emphasise the importance of carrying out timely and thorough care needs and adult safeguarding assessments for people experiencing complex needs, which recognise the different circumstances of people who are experiencing rough sleeping or homelessness. It must be reiterated that everyone with an appearance of need is entitled to a Care Act assessment, regardless of whether the local authority thinks their needs will be eligible. This should be highlighted in the Duty to Cooperate guidance being developed for the Health and Care Act, the guidance for the new integrated care systems, and within the refreshed rough sleeping strategy.

- To improve the efficacy of adult social care teams working with people experiencing complex needs, and to help ensure that the appropriate care is provided, local authorities and the Chief Social Worker should make the responsibilities towards people experiencing homelessness and rough sleeping clear to the social care workforce. This could be achieved by every area identifying and training a homelessness lead within the adult social care team.

- In delivering the future vision for adult social care, including the delivery of the Integration White Paper and the Adult Social Care White Paper, the Government should encourage the integration of funding which is available to all the different partners, including social care, health, and homelessness.

- Safeguarding adult boards should adopt homelessness as a strategic priority, to ensure that issues that people who are homeless are likely to present with (such as self-neglect) are given sufficient priority.

- Local authorities, sub regions or regions should jointly commission and pool budgets with health when targeting this cohort, integrating homelessness into local health and care strategies. The health and care needs of people with experience of homelessness are often equivalent to much older populations, so should be given due regard with appropriate health and care provision. This should include multidisciplinary peripatetic inclusion health teams that provide in-reach into supported accommodation, and specialist care homes for people with complex care needs.

- Homelessness organisations should embed the Voices of Stoke Care Act toolkit into existing case management processes, in order to support staff and clients to communicate with adult social care in their own language. This will increase the likelihood of a successful referral by clearly specifying how presenting needs map against the 'eligibility regulations' contained in the Care Act 2014.

- It is recommended that homelessness organisations also develop Care Act policies and procedures to help standardise their approach where Care Act eligible needs are identified, and to raise awareness and understanding of the availability of care support. This should include mechanisms for escalation where individual needs continue to go unmet. This will support organisations in ensuring that people experiencing homelessness and rough sleeping are provided with appropriate support.

- Further research should be commissioned on the barriers people with experience of homelessness face when accessing a Care Act pathway, to inform the best solutions to this issue. In addition, there is a need to build evidence on the outcomes and cost effectiveness of social care interventions for this cohort.

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