



South Gloucestershire Safeguarding Adults Board



Practice Guidance

Homelessness

Updated: June 2026
Review date: June 2028

Acknowledgements

This guidance draws on material, with thanks, from LGA and ADASS Adult safeguarding and homelessness A briefing on positive practice, Homelessness code of guidance for local authorities (Department for Levelling Up, Housing and Communities), the National Institute for Health and Care Excellence, The Chartered Institute for Housing, The Care Act Statutory Guidance, Shelter, Crisis, Citizens Advice, The Health & Social care Workforce Research Unit and Safelives.

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Introduction

This document provides guidance for dealing with concerns in relation to adults with care and support needs who are, or are at risk of, homelessness. It should be read alongside the South Gloucestershire [Multi-agency Safeguarding Policy and Procedures](#). Concerns that an adult is at risk of abuse or neglect should be referred to South Gloucestershire Council on 01454 868007 in line with the multi-agency safeguarding policy and procedures.

The document provides general guidance for any professionals who work with adults and is not aimed at specialist housing workers. The guidance is intended to help staff give better informed and more effective support to people who need an adult safeguarding service because of homelessness or risk of homelessness. It aims to:

- Improve recognition and understanding of the circumstances in which adults can become homeless.
- Contribute to the knowledge and confidence of professionals so that the complexities of working with people who have care and support needs and who are also at risk of homelessness are better understood, and better outcomes can be achieved for them.
- Offer good practical advice to staff to ensure that people with care and support needs who are homeless or at risk of homelessness have the best support, advice and options made available to them.

In this guidance 'people experiencing homelessness' refers to adults who are:

- sleeping rough – on the streets, in cars or caravans (where this is not a choice to live as a van dweller)
- temporary residents of hostel accommodation
- in unsupported temporary accommodation
- use day centres that provide support for people experiencing homelessness
- staying temporarily with family and friends ('sofa surfing')
- squatting
- have a history of homelessness and are at high risk of becoming homeless again because of ongoing complex health and social care needs

There are many reasons why people become homeless. These include relationship breakdown, poverty, unemployment, no recourse to public funds and domestic abuse.

In addition to housing needs, people experiencing homelessness often have complex and intersecting physical and mental health needs such as a lived experience that includes adverse childhood experiences, loss and trauma, mental health conditions, physical ill-health and/or disability, suicidal ideation, self-harm,

self-neglect and substance misuse. These may be contributing factors for becoming homeless as well as consequences of homelessness.

Multiple Exclusion Homelessness

People have experienced multiple exclusion homelessness if they have been homeless (which includes experiencing temporary/unsuitable accommodation as well as sleeping rough), and have also experienced one or more of the following domains of deep social exclusion:

- institutional care (prison, local authority care, mental health units)
- substance misuse (drug, alcohol, solvent/gas misuse)
- participation in street culture activities such as begging, street drinking, “survival” shoplifting or sex work (this participation may not be a positive choice made by the person and could be the result of exploitation)

Practitioners should consider making a safeguarding referral in these situations.

People experiencing homelessness have far worse health and social care outcomes than the general population. The average age of death for the homeless population is around 30 years lower than for the general population. Many of these premature deaths are from preventable and treatable conditions. The 2021 Census report showed that the causes of most deaths of people experiencing homelessness in England and Wales were registered as drug-related poisonings, suicides and alcohol-specific deaths.

People experiencing homelessness use more acute hospital services and emergency care than the general population. Barriers to access and engagement with preventive, primary care and social care services can mean that problems remain untreated until they become very severe and complex. These barriers include stigma and discrimination; lack of trusted contacts; fragmented, siloed and rigid services; strict eligibility criteria; and lack of information sharing and communication. In addition to a moral responsibility, there is an economic imperative to tackle homelessness. The costs of homelessness to society are significant.

Bespoke and flexible rather than standardised responses are often needed for addressing the needs of people experiencing multiple exclusion homelessness. These needs extend beyond housing to include physical health, mental health and care and support. To achieve that bespoke response requires a collaborative culture across agencies that endorses challenge, values information-sharing and discussion, and appreciates the value of integrated approaches towards prevention and sharing expertise.

Victims of Domestic Abuse

Domestic abuse is a significant driver of homelessness among women and their children, with 32% of homeless women reporting it as a contributing factor. Many are forced to leave their homes to escape abuse, often facing further challenges due to financial instability linked to their circumstances. Under the Housing Act 1996, homelessness extends beyond the absence of accommodation; an individual is

considered homeless if it is unreasonable for them to remain in their home due to the risk of violence or domestic abuse.

For those made homeless by domestic abuse, the path to stable accommodation is not easy. In many cases the survivor must significantly disrupt their life in order to secure a safe place to live. Over 10% of those supported with re-housing by a domestic abuse service were moved out of their local authority area. For those who need to access emergency accommodation this will be much higher. In addition 87% of women leave refuges to move to other temporary accommodation. There are also a range of options to support people to remain in their home when they do not wish to leave. This includes legal remedies to exclude the perpetrator from the property and additional security measures on the property itself.

Asylum Seekers

Refugees, people with discretionary leave and humanitarian protection, are all eligible for an allocation of housing from the council, to get help if they become homeless and to claim universal credit or housing benefit, without any further requirement that they are habitually resident. They can also get advice and information to prevent homelessness or to find accommodation when homeless, and local authorities must ensure that such advice meets the needs of particular groups of people including those leaving hospital or prison, people with mental health needs and care leavers. They can also get accommodation from housing associations and private landlords.

This applies equally when they have limited or indefinite leave to remain and also when they are waiting for renewal of that leave, as long as they applied before the previous leave ran out.

People arriving in the UK on special resettlement programmes may have different rights. It is worth noting that this group does not automatically fall within a priority need group under homeless legislation, so they may not be entitled to emergency accommodation if they become homeless.

Homelessness and Safeguarding

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Non-statutory enquiries (known as 'other safeguarding enquiries') may also be carried out or instigated by local authorities in response to concerns about adults who do not have care and support needs but who may still be at risk of abuse or neglect and to whom the local authority has a 'wellbeing' duty under Section 1 of the Care Act 2014.

Sometimes homelessness is part of a pattern of self-neglect. If a practitioner thinks a safeguarding referral may be required they should contact the CSO Desk for advice.

Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. Wellbeing' is a broad concept, and relates to a number of areas including protection from abuse and neglect, control by the individual over day-to-day life and suitability of living accommodation.

There is evidence of growing numbers of people experiencing homelessness, who increasingly experience abuse, exploitation and neglect, escalating health and care needs, and premature mortality. In response to rising concerns, media publicity and the increased visibility of homelessness as an issue across the country, the Government's Homelessness Prevention and Rough Sleeping Strategy 2026²⁰³¹ aims to address the root causes of homelessness and rough sleeping through a comprehensive approach. The strategy includes investment in social and affordable housing, reforming renters' rights, tackling poverty, support for councils and regular monitoring and reporting progress to Parliament. The strategy makes an explicit link between homelessness and adult safeguarding in respect of individuals who die whilst sleeping on the streets. More information can be found at <https://www.gov.uk/government/publications/a-national-plan-to-end-homelessness/anational-plan-to-end-homelessness>

Some Safeguarding Adults Boards (SABs) have undertaken Safeguarding Adults Reviews (SAR) into a death or number of deaths of people experiencing homelessness. These reviews can provide a platform for reappraisal of commissioning, for service and practice development, learning and improvement. Other SABs have considered referrals but concluded that the SAR criteria were not met. The question of whether or not the deaths of people who are homeless meet the SAR criteria illustrates the complexity of the relationship between adult safeguarding, adult social care and homelessness. Whilst not everyone who is sleeping rough or living in a hostel will have care and support needs, as defined by the Care Act 2014, and be eligible for adult social care and/or adult safeguarding, there is considerable overlap.

It must be emphasised however that people sleeping rough and in temporary accommodation are at risk of financial and physical abuse, and exploitation. They often have multiple physical and mental health conditions and not infrequently die as a result of chronic ill-health and the effects of long-term substance misuse and mental ill-health, including suicidal ideation.

Safeguarding people experiencing multiple exclusion requires a coordinated approach from agencies, which at the same time keeps the person at the centre of any partnership working. Working together requires those involved to understand the person's unique experiences and needs as well as the roles, responsibilities, knowledge and skills of the professionals working with them. The aim is to create a partnership to agree a clear purpose and to achieve a creative and flexible response. The golden thread of respecting each other's expertise, parity of voice across statutory and third sector agencies, is key. A single point of contact may appear beneficial, or agreement on lead agency and keyworker appointment to provide system leadership. Effective information-sharing is built on the recognition that the law allows information to be requested and shared, proportionately, when necessary to safeguard the wellbeing of an adult at risk (Data Protection Act 2018).

During the COVID-19 pandemic, local authorities, health services, and the voluntary and charity sector worked in partnership to respond to homelessness, including the 'Everyone In' initiative. This has shown that with appropriate funding, integrated working and prioritisation of the most vulnerable in the society, there are opportunities for positive change.

Think Family

If an adult being made homeless has dependents, then their situation also needs to be considered. A conversation with Children's Social Care (CSC) may be required. Homelessness does not sit under the remit of CSC and the practitioner may be redirected but they need to Think Family. Practitioners should share information with any other professionals who are involved with the family if at all possible - health visitor, GP, Next Link etc so that there are eyes on the children within the situation.

Defensible decision-making

Local authority adult social care decision-making has been successfully challenged by way of judicial review and through investigations by the Local Government and Social Care Ombudsman. Local authority housing decision-making has also been questioned, especially regarding whether individuals are vulnerable and in priority need. Practitioners and managers should ensure that their practice meets the standards required by administrative law and seek advice from their own legal team if in doubt. Decision making should be:

- lawful
- reasonable and rational

- timely
- mindful of all relevant considerations
- taken without bias and after consultation with interested parties
- transparent about whether to exercise available discretion
- supported by a clearly recorded rationale

The maxim “if it is not written down, it did not happen” illustrates the importance of recording. For decision-making to be defensible, what was decided must be recorded and recording must identify what was considered and by whom, and the reasons for the approach adopted. When plans are agreed, it should be clear who is responsible for specific components of the plan, the outcome achieved and how the unfolding situation has been reviewed

Recommendations for practice

If a practitioner is working with a person who presents as homeless they should:

- Check the person’s immediate safety
- Ask where they stayed last night
- Contact [South Gloucestershire HomeChoice](#)
- Consider making a safeguarding referral
- Check mental capacity if they are refusing help
- Record actions and decisions clearly

Homelessness Toolkit

Kings College London and The Health & Social Care Workforce Research Unit (HSCWRU) has produced a Homelessness Toolkit which contains further guidance and useful checklists for practitioners to use. The toolkit can be accessed at <https://expertcitizens.org.uk/documents-pdf/>

A person centred approach

Person-centred practice is key. Core components of this are being human, open and transparent, using language respectfully, listening and giving time and commitment. Effective practice involves hearing the voice of lived experience, identifying what is important to the individual, sharing reflections about possibilities and demonstrating professional curiosity about history, about the ‘there and then’ and the ‘here and now’ of their human story. It involves going at the pace of the person – it is their journey, in their time.

Practitioners need to be compassionately persistent in their work with a person who is, or at risk of, homelessness. This means maintaining respect and compassion for the situation the person is in, and being creative and adapting their approach to working with the person in order to engage them with support.

Person-centred work is only possible also when practitioners reflect on how prejudgements or prejudices, and unconscious bias may affect what they see and how they respond to assessments. One way to illustrate this is to question how we see substance misuse – a lifestyle choice or an attempted solution to cope with trauma, loss and experiences of abuse and neglect?

People's behaviour and engagement with services is influenced by traumatic experiences and their previous experiences of services. Engagement should be promoted by using a friendly, non-judgmental and culturally sensitive approach, using psychologically informed environments or trauma-informed care including consideration of Adverse Childhood Experiences (ACES).

People experiencing homelessness may find it difficult to look after themselves and engage with services because of their circumstances. Decision-making should be shared, building self-reliance and using strengths based approaches.

People experiencing homelessness, especially those with experience of rough sleeping, need services that provide a long-term commitment to care to promote recovery and provide stability. Practitioners should recognise the importance of professional expertise and longer contact times in developing and sustaining trusting relationships between themselves and people experiencing homelessness.

Actively support re-engagement with services for people who disengage from or refuse health and social care services, even if they have capacity.

Professional Curiosity and Persistence

Professional curiosity is especially important when there are episodes of nonengagement. Consider:

- Has the service been unable to engage the person? Understanding the reasons why this might be happening is crucial to being able to provide support
- Has sufficient account been taken of the impact of stigma and shame, or of how services are organised?
- Not everyone can manage office-based appointments at set times. Outreach may be more effective if your service is able to offer it.
- Are services being sufficiently creative and flexible, making reasonable adjustments in line with the Equality Act 2010?
- Are the right questions being asked?

One particular danger here is when practitioners become desensitised to risks in particular cases, or when their standard approach to cases means that important information or different ways of seeing a situation are overlooked. The focus is on making every contact count and demonstrating that every adult matters. One size will not fit all; and each case will require a bespoke approach. The challenge is to find the right support in the right place at the right time.

Compassion Fatigue

There is also a risk that practitioners will develop “compassion fatigue” whereby the worker struggles emotionally, physically and psychologically as a response to supporting others during prolonged periods of stress or trauma. Although compassion fatigue is not a mental health condition, it is associated with worsening mental health and negatively affects the individual’s delivery of support to others and their performance of occupational tasks. Alongside this fatigue, practitioners may experience vicarious trauma from repeatedly hearing the experience of others. Each organisation will have its own support services to support staff who may be experiencing compassion fatigue and vicarious trauma and practitioners should be encouraged to access this support.

It is too easy to close cases without stepping back to ask if everything has been done to stay alongside the person. Involvement of family and friends might assist with understanding and resolving issues of engagement. Are there circles of support to tap into? Where family and/or friends are not available, the principle of empowerment should lead to consideration of advocacy to enable people to participate in assessments and planning.

Mental Capacity

Mental capacity assessments should explore rather than simply accept notions of lifestyle choice. This means applying understanding of executive capacity and how adverse childhood experiences, trauma, brain injury, and ‘enmeshed’ situations can affect decision making. Repeating patterns may be one clue here, especially when someone does not follow through on expressed intentions.

Discharge processes and transitions between services

Reviews have recommended that NHS Trusts should review their discharge policies and procedures, and work with housing and social care services to prevent discharge to no fixed abode. The National Institute for Health and Care Excellence (NICE) has issued guidance about the transition between inpatient mental health or general hospital settings and community settings. For people with serious mental health issues who have recently been homeless or are at risk of homelessness, the guidance recommends intensive structural support to assist with the finding and retention of accommodation. This support should begin prior to discharge and continue for as long as necessary. Housing and mental health services should work together to jointly problem solve.

Similar guidance for people in inpatient general hospital settings recommends that on admission a person’s housing status is established and that, prior to discharge, if a person is likely to be homeless, liaison occurs with the local authority’s Housing Options service to ensure that advice and help is offered. Homelessness and safeguarding issues should be addressed by agencies working together to ensure a safe and timely discharge. Those at risk of readmission should be referred to community practitioners prior to discharge for health and social care support

Transitions, whether involving hospital and prison discharges, or young people leaving care for example, are opportunities to put the right support in place. Risk

assessment templates that focus on the person, the individual's environment and wider networks may be useful.

North Bristol Trust have a discharge team within its Transfer of Care hub that can liaise and advise on discharge obligations to someone who is homeless.

Referrals and multi-agency working

Many organisations including the police and ambulance crews may witness that people who are homeless are also experiencing abuse and exploitation. Two adult safeguarding responses are required here, first meeting the immediate need for protection and second triggering a multi-agency response to coordinate a longerterm plan to address health and social care needs. This highlights the importance of clear referral pathways and safeguarding literacy.

One component of effective information-sharing is referral practice. Practitioners should be professionally curious about other people's language, as the 'referrer' conveys their own world through the language they use. Words mean something different in different sectors/professions. For example, "vulnerability" used in a housing context may mean something different in a social care context. The team around the person should aim for a common, shared language as a way into understanding the person. Equally language conveys images of the person and may reflect stereotypes or unconscious bias. Implicit notions of who is deserving and undeserving may influence whether referrals are made and how they are received. Finally, thresholds may influence referral practice. A golden thread appears here again, namely challenging hand-offs and working together to problem-solve.

Working effectively together often requires the use of multi-agency meetings. These meetings can agree plans with clear lines of responsibility, contingency planning and mechanisms for reviewing outcomes. Given the risks inherent in many cases, multiagency meetings offer a framework to reach for safer uncertainty where wellbeing outcomes cannot be guaranteed. Practitioners should ensure they understand which agencies/services are working with the person, so that they can ensure that all the relevant professionals are involved.

Practitioners working with people experiencing homelessness should:

- be friendly, non-judgmental and use recovery-oriented language that avoids jargon
- use communication methods based on the person's preferences, for example, phone call, text message, email, letter. Practitioners may need to be creative in their thinking if someone does not have access to technology or a fixed postal address
- ensure that clear information about contacts or appointments reaches people in time
- take into account each person's communication needs and preferences, for example:
- provide translation and interpretation services if needed

- ensure that written information is available in different formats and languages, including Easy Read
- provide extra support for people with low literacy levels
- consider involving an advocate to support communication even when this is not a statutory requirement. This may be someone nominated by the person or an appointed advocate

Give people experiencing homelessness information about:

- their rights to health and social care services
- how to access health and social care services
- voluntary and charity sector services

Do not penalise people experiencing homelessness for missing appointments, for example by discharging people from the service. Although some organisations may have policies about discharging people who do not engage with them, wherever possible practitioners should use their professional curiosity to consider reasons why a person may have missed an appointment and may need to be more flexible about how they work with the person. They should refer to their own organisations 'was not brought' policy for missed appointments. Consider seeking specialist help such as peer supporters or independent advocates to support the person to attend appointments and re-engage with care after missing appointments. Ensure that people can access help when needed and avoid policies that withdraw support and close cases after a standard duration, unless a safe transfer of care to another service has been arranged or the person agrees that they no longer need the service.

Long-term support

Where services have difficulty engaging with the person, plan long-term engagement to help meet their needs at their own pace. Give priority to building a relationship of trust, for example by:

- taking time with the person, particularly at the beginning of the relationship
- being prepared to meet in an informal setting, such as a park or café (with appropriate lone worker policies in place)
- having regular contact
- ensuring consistency of practitioner, so that they meet with 1 person or a small team
- meeting immediate expressed needs to encourage long-term engagement

Recognise that people experiencing homelessness do not always follow a linear recovery journey and that apparent progress may hide risks

Appendix 1 South Gloucestershire sources of advice about Homelessness

At risk of becoming homeless

Whether a person rents privately, is a housing association tenant, owns a property, lives with someone else or has no fixed address, the council's housing options service [Homechoice](#), can provide free and confidential information and advice which may prevent them from becoming homeless, including:

- help with finance and debts
- tenancy support and tenancy rights
- mortgage advice
- what rights you have if your relationship breaks down

Homechoice can help the person look for a new home if staying in their current home is not an option.

Homeless already

If a person has nowhere to live or cannot live in their home (for example because it is not safe), this does not mean that the council has a duty to provide **them** with emergency accommodation. They will need to be assessed as explained in the South Gloucestershire Council [Homelessness leaflet](#).

Whether in emergency accommodation or living in a different situation, HomeChoice will continue to work with the person to find somewhere to live.

Personal Housing Plan

Homechoice will complete a thorough assessment of a person's housing circumstances and things that may affect this. It also makes enquiries to find out if the person is threatened with homelessness (or homeless already) and, if so, will draw up a Personal Housing Plan with them.

The Personal Housing Plan sets out things the person and their case officer should do to either:

- prevent them becoming homeless by being able to stay where they are, or
- find a new home before they have to leave
- help the person find new accommodation if they are already homeless

Contact Information

Homechoice can be contacted on 01454 868005 between 8.45am-5pm Monday to Thursdays and 8.45am-4.30pm on Fridays.

You can also email the team at Homelessness@southglos.gov.uk.

Sleeping rough

If you are concerned about someone who is sleeping rough, please report this through the Streetlink website www.streetlink.org.uk or call [0300 500 0914](tel:03005000914). During spells of prolonged severe cold weather, help can be provided for people sleeping rough if:

- The temperature is likely to be zero degrees or below for three nights in a row
- The Met Office issue an amber warning of rain and wind that is likely to last three nights in a row
- Other factors such as wind chill that could cause risk to life.

Sirona Community Homeless Health Team

Sirona community homeless health is a small team of specialist health care practitioners providing holistic health care intervention to individuals who are homeless or in emergency/temporary accommodation across the BNSSG. Supporting patients in bridging the gap into primary care and encouraging engagement with community services.

South Gloucestershire – referrals from hospital discharge teams, outreach workers, support workers and self referrals to support individuals with various health care issues such as wound care and medicine management. The team will visit the patient in their accommodation or on an outreach basis.

The team currently works Mon-Fri 8.30-4.30

The Team has a referral form to be completed and sent to team email below. If you do not have a copy or have a query get in touch sirona.communityhomelesshealth@nhs.net

Links to other useful advice

[Help if you are a care leaver and homeless.](#)

[Domestic abuse and housing.](#)

[South Glos LIFE | Help if you are homeless and have a mental health condition.](#)

[Help if you are in hospital and homeless.](#)

[Housing and ex-services.](#)

[Trauma informed support training](#)

Appendix 2 Other sources of advice about Homelessness

Shelter

Provides support

- **Locally**
Advice and support services offer one-to-one, personalised help with housing issues and homelessness.
- **Online**
The website provides expert information about everything from reclaiming a deposit to applying as homeless or speak to an adviser over webchat.
- **Over the phone**
The free emergency helpline offers urgent advice if someone is homeless, has nowhere to stay tonight or is at risk of harm or abuse in their home.
- **Legal**
Solicitors provide free legal advice and attend court to help people who've lost their homes or are facing eviction.

Find out more at [Home - Shelter England](#)

Citizens Advice

Can provide advice on many housing related issues including

- Eviction
- Homelessness
- Starting to rent from a private landlord
- Applying for council housing or a housing association home
- Deposits
- Paying rent
- Repairs and housing conditions
- Fire safety
- Complaints about landlords and letting agents
- Renting with other people
- Ending a private tenancy
- Moving to another council or housing association home
- Staying in your council home when someone dies
- Discrimination
- Council tax
- Problems with neighbours
- Right to reside in the UK
- If you've recently moved to the UK
- Buying and selling a home
- Mortgage problems
- Improving your home
- University accommodation
- Lodging and subletting
- Squatting

- Armed forces

Find out more at [Housing - Citizens Advice](#)

Crisis

Crisis works directly with people experiencing or at risk of homelessness in 9 areas across England, Scotland and Wales. It provides practical one-to-one support to help people access benefits, healthcare services, employment opportunities, and more. Its main aim is to relieve the huge pressure of homelessness, by helping people find safe and affordable homes as quickly as possible.

Every person is treated as an individual, with dignity and respect. The support provided will depend on their individual needs and situation.

Crisis prioritises supporting people who find it difficult to access or are excluded from services that should be there to prevent or end their homelessness. This includes people with complex needs such as physical and mental health issues, substance use and a history of trauma and abuse. It can also include non-UK nationals and those seeking asylum.

Find out more at [How we work | Crisis UK | Together we will end homelessness](#)

Appendix 3 Legal powers and duties

This section provides an introduction to the legal rules that interface between adult social care, adult safeguarding and multiple exclusion homelessness. It gives an introduction to the different powers and duties available to different statutory agencies. For further detail practitioners should refer to the relevant legislation's statutory guidance.

Care Act 2014 – Assessment for care and support

Section 9 of the Care Act 2014 requires 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).

An adult's needs meet the eligibility criteria if (a) the adult's needs arise from or are related to a physical or mental impairment; (b) as a result of the adult's needs the adult is unable to achieve two or more of certain specified outcomes; and (c) as a consequence there is, or there is likely to be, a significant impact on the adult's wellbeing. Such needs may arise from physical, mental, sensory, learning or cognitive disabilities or illnesses, substance misuse or brain injury. The specified outcomes include being appropriately clothed (i.e. able to dress appropriately to maintain their health), being able to maintain a habitable home environment, and being able to use facilities and services in the community. These are needs that many people experiencing multiple exclusion homelessness have and outcomes which they may not be able to achieve.

If the needs are urgent, care and support can be provided before an assessment is completed. The authority is under a duty to meet the adult's needs for care and support which meet the eligibility criteria if the adult is ordinarily a resident in the area or present and of no settled residence. This includes duties to those returning from abroad, veterans and people coming out of prison.

Section 11(2) requires a local authority to complete an assessment where the individual lacks capacity to refuse and an assessment is in their best interests, or the adult is experiencing/or is at risk of abuse or neglect, including self-neglect.

Section 67 requires the local authority, in certain circumstances, to arrange for an independent advocate to be involved in assessment and care planning.

Section 76 requires the local authority in which a prison is situated to assess individuals when they appear to have care and support needs. Eligible needs must be met whilst in prison and plans prepared to meet eligible needs on release. Local authorities must follow the requirements of The Care and Support (Disputes between Local Authorities) Regulations 2014. The local authority in whose area a person is living or, if transient, the local authority in whose area the person is present, must assess the needs for care and support as if the adult was ordinarily

resident in its area. Disputes between local authorities must not delay performance of duties in the Care Act 2014.

Care Act 2014 – Safeguarding Enquiries

Section 42(1) 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 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. 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.

Care Act 2014 – Relationship with Housing

Section 23 seeks to clarify the boundary between care and support and housing legislation. The lack of suitable accommodation puts health and wellbeing at risk. Suitable accommodation is one way of meeting a person's care and support needs. Where a local authority is required to meet a person's accommodation needs under the Housing Act 1996, it must do so. Where housing is part of the solution to meet a person's care and support needs or prevent or delay the development of care and support needs, then the care and support plan may include this, even though the housing element is provided under housing legislation.

Case law has established that a need for accommodation on its own is not a need for care and support and local authority adult social care departments must consider if care and support needs are accommodation related.

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.

Where the main housing duty would be owed but the applicant has no local connection with the authority's district, their case may sometimes be referred to another authority if the applicant has a local connection with that authority's district.

There is substantial case law on priority need, vulnerability, intentional homelessness and local connection. Priority need includes vulnerability arising from disability. When determining whether a person is vulnerable, the housing authority should determine whether, if homeless, they would be significantly more vulnerable than an ordinary person would be if they became homeless. Intentionally means deliberate act or omissions as a result of which the person becomes homeless from accommodation which was available and reasonable for them to continue to occupy. Unintentional homelessness may arise from domestic violence and/or harassment and/or local crime. Local connection can arise where the applicant is/was normally resident in an area, or is employed, or has family associations there, or because of special circumstances.

Since the relevant amendments made by the Homelessness Reduction Act 2017 came into force in April 2018, any applicant who is homeless or threatened with homelessness and eligible for assistance will be owed some duty regardless of priority need. Their case must be assessed, and the authority must seek to agree a personalised housing plan. If the applicant is homeless and eligible for assistance, the authority is required to take reasonable steps to help the applicant secure accommodation. If the authority has reason to believe that the applicant is homeless and eligible for assistance and has a priority need, it must secure accommodation for the applicant pending its decision as to what duty is owed.

An applicant can request an internal review of the authority's decision as to the duty owed and can appeal against a review decision in a county court.

Since October 2018 certain public authorities must refer people who are or may be homeless, or threatened with homelessness, to a local housing authority. This duty requires the person's consent, and choice of which local housing authority receives the referral, and applies to

- prisons
- young offender institutions
- secure training centres
- secure colleges
- youth offending teams
- probation services (including community rehabilitation companies)
- Jobcentres in England
- social service authorities (both adult and children's)
- emergency departments
- urgent treatment centres
- hospitals in their function of providing inpatient care

- Secretary of State for defence in relation to members of the regular armed forces

Domestic Abuse Act 2021

Part 4 places a new general duty on English local authorities to plan and provide accommodation-based support for survivors of domestic abuse and their children in refuges and other safe accommodation. The Act gives those who are homeless as a result of domestic abuse priority need for accommodation secured by the local authority.

Mental Health Act 1983

Accommodation may be provided for those who are eligible for after-care (section 117). Judicial and Ombudsman decisions continue to remind local authorities that financial charges for mental health after-care services cannot be imposed and that these arrangements must continue for as long as mental health needs endure.

Equality Act 2010

Authorities may be under a duty to make reasonable adjustments for disabled people. Further, in the exercise of their functions, authorities must have due regard to equalities issues, including the need to take steps to take account of a person's disabilities.

Modern Slavery Act 2015

Section 52 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

Many individuals who are subject to immigration control have no entitlement to public funds and there are restrictions on most welfare benefits which includes homelessness assistance. However, access to other publicly funded provision may still be available, including health 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 of being destitute. Provision can include accommodation because the person has care and support needs. Certain people are excluded from this support under the Care Act 2014 and various other provisions; for instance if they are unlawfully present in the UK or are failed asylum seekers and have failed to cooperate with removal directions. However, that exclusion does not apply if it is necessary to prevent a breach of their rights under the European Convention on Human Rights. In those circumstances a Human Rights Act 1998 assessment may be required to determine whether support is necessary to prevent a breach of their human rights, especially the right to live free of inhuman and degrading treatment (Article 3, European Convention on Human Rights). In the context of homelessness, this might require consideration of whether

the decision to withhold accommodation-based support or health care would result in actual bodily harm or intense mental suffering and physical harm.

Severe Weather Emergency Protocol

A local authority does not have a statutory duty to provide accommodation for rough sleepers, even during cold weather, unless the person meets the criteria for a homeless application. But there is a humanitarian obligation on local authorities to do all they can to prevent harm on the streets. Extreme cold, wind and rain can be a serious risk to health and life if a person is exposed overnight or for long periods. Many local authorities and their local partners provide emergency provision during periods of cold or severe weather.

A severe weather emergency protocol (SWEP) is a local authority's temporary response to the risks from severe weather. The protocol is accessible to anyone who needs help. This includes people who do not have recourse to public funds or a priority need for homeless help. The trigger for a SWEP is usually a forecast of three or more consecutive nights with a minimum temperature of zero degrees celsius or lower. Local authorities are encouraged to be flexible in their response and consider:

- the 'feels like' temperature
- forecasts approaching zero degrees
- the impact of rain, snow, wind chill and ice

Temperatures just above freezing can be just as harmful as sub-zero degrees.

Under a SWEP most local authorities provide rough sleepers with a bed in a shelter, food, and washing facilities. This provides shelter from the weather and helps prevent health problems. For example, the opportunity to change out of wet clothes to avoid trench foot. Some charities set up winter shelters during the coldest part of the year.