

# Transition to Homeless Health Nursing

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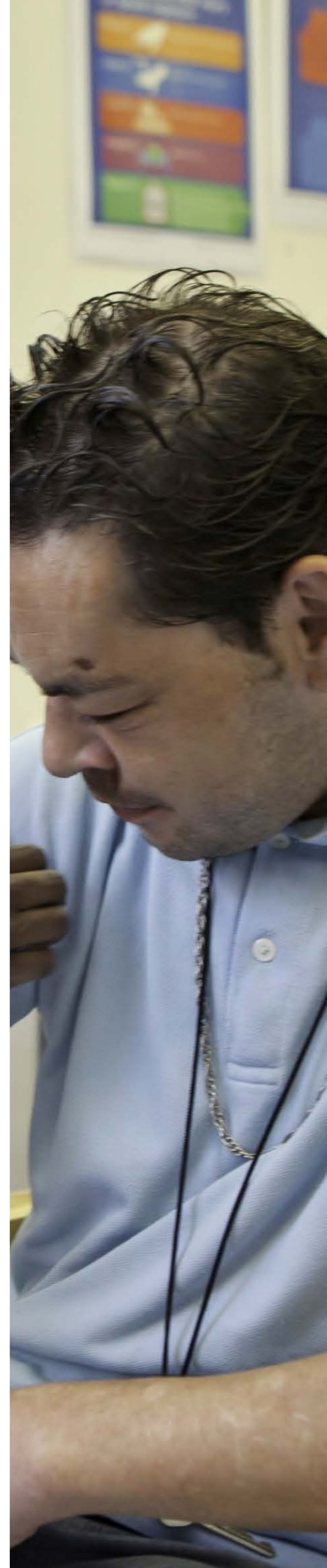
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## Section B - Working in the community nursing setting

### Chapter 6 - Working with people at risk of harm

Completing this chapter will enable you to:

- Define vulnerability in relation to your patients
- Identify what constitutes abuse
- Describe different systems that protect people
- Know how and when to raise safeguarding concerns

#### Introduction

People experiencing homelessness can be exposed to numerous risks to their own health and safety. Through their own behaviour they can sometimes also present risks to the health and safety of people around them. This chapter will explore the kind of risks people experiencing homelessness face, and the homeless health nurse's role in identifying and ensuring support and protection reaches the people who need it.

People take small risks every day and healthy risk taking is a key part of what makes life worthwhile. However, without the security of your own home, the number and the nature of the risks you face can easily increase. As an example, people without their own home may not even have access to their own room that they can lock, which can make them at higher risk of being the victim of theft. When people have no control about the risks facing them, then you have an important role to help people to gain personal control and minimise these risks.

This chapter has two parts, exploring the risks to adults and the risks to children in line with the way services in health and social care are structured.

#### What is a 'vulnerable adult'?

Being homeless can expose people to all kinds of risks and so increase their sense of vulnerability. Vulnerability is a legal term and it is helpful to gain some understanding of it, in the legal sense, as it defines the sort of access people at risk of harm are likely to have from support services like social care. Under the law:

'Vulnerable adults are defined by government guidance as people:

- who are or may be in need of community care services because of mental or other
- disability, age or illness, and/or
- who are unable to care for themselves or unable to protect themselves from significant harm or exploitation.<sup>1</sup>

This application of the definition therefore covers people with significant health conditions and learning challenges and disabilities requiring daily living support as well as people who might be in a frail condition.

Surprisingly, in England being at risk of homelessness does not automatically make you vulnerable in legal terms. However, you can

‘Without the security of your own home, the number and the nature of the risks you face can easily increase.’

argue that you are vulnerable (and therefore meet the priority need for housing) if you are deemed more vulnerable than the ordinary person if they were to become homeless, following a 2015 ruling from the Supreme Court<sup>2</sup>.

## What is abuse?

Abuse is the most common form of significant harm your patients will experience. Domestic violence and abuse cases may account for a significant part of your caseload, especially if you are involved with specialist work in rape crisis centres or women’s refuges. It is important to have some understanding of how to recognise forms of abuse. Figure 6.1 shows some of the different forms of abuse.

### Figure 6.1 – Different forms of abuse<sup>3</sup>

- Physical - hitting, slapping, kicking, pushing, burning, stabbing, cutting, female genital mutilation (FGM). Poisoning.
- Sexual - rape, assault or sexual acts that are not consensual or where the person has been pressured into consent.
- Psychological - emotional abuse, threats of harm, bullying abandonment or withdrawal, deprivation of contact, humiliation, intimidation, blaming, torture, controlling, damaging property as a form of threat and verbal abuse, purposeful frightening and terror, persuasion to cause others harm (in cases of reduced mental capacity)
- Financial – theft, fraud, labour exploitation or modern slavery, pressure over wills, property or inheritance.
- Neglect or acts of omission - ignoring medical or social needs, failure to provide access to appropriate health or social care. Withholding food, drink or medicines.
- Discriminatory - racist, sexist abuse and exploitation due to disability.
- Online abuse –sexual, psychological, financial or discriminatory.

### Other considerations

It is important to remember that any of the abuse above could be perpetrated by anyone, including healthcare or other professionals involved in the care of the patient. It is important to note that this list is not exhaustive and that not all abuse fits neatly into one category. As such you should always raise concerns if you have them.

## Safeguarding adults

It is of paramount importance that you are aware of both national and local policies, such as the Department of Health’s [guidance on safeguarding](#) as a result of the Care Act 2014, and have attended mandatory safeguarding training that has been accredited by your local safeguarding adults board.

Safeguarding is about acting in the best interest of people who are receiving care in health and social care domains. Remember, the NMC Code 2015 states: *‘Professional standards of practice and behaviour for nurses and midwives requires you to raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection’*<sup>4</sup>.

You must share information if you believe someone may be at risk of harm, while keeping to the [Care Act 2014 guidance on protecting people at risk of harm](#).

### Criteria for support and mental capacity

The Royal College of Nursing has produced guidance for nurses called ‘Safeguarding adults – everyone’s responsibility’, which states:

*‘The Care Act (DH, 2014a) applies where a local authority has reasonable cause to suspect that an adult in its area has need for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect and as a result of those needs is unable to protect himself/herself against the abuse or neglect or the risk of it. The local authority must make whatever enquiries it deems necessary to enable it to decide whether any action should be taken in the adult’s case.’*



A further consideration is every patient's right to dignity and choice and consent to the care being given. Patients have the right to refuse treatment even if it may be to their own detriment, as the law recognises that adults have the right to determine what is done to their bodies.

A key principle of the Mental Capacity Act (2005) is that you should start from the presumption that the patient has the capacity to make autonomous independent decisions. You should assist people to make their own decisions and recognise their freedom to make unwise decisions. If a person has been assessed as lacking capacity, any decisions made must be in the person's best interest and must be the least restrictive of that person's rights.

### **Consent to treatment**

Patients must give their permission for medical tests, examinations and treatment other than in some select circumstances. These circumstances are if the patient:

- lacks capacity to consent to treatment of their mental health (for example, in cases of schizophrenia, bipolar disorder or dementia)
- requires hospital treatment for a severe mental health condition
- is a risk to public health (for example due to ebola, cholera, tuberculosis or other infection)
- is severely ill or infirm and living in unhygienic conditions
- needs an additional emergency procedure during an operation
- if the patient requires life-saving treatment and they are unconscious<sup>5</sup>.

### **The need for collaboration to protect people at risk of harm**

A serious case review following the death of Steven Hoskins found that Steven had frequent contact with several agencies such as primary care, the police, social services and the ambulance service, but that there was no communication between them. This led to a failure to identify the extent of the abuse he experienced at the hands of individuals he had befriended<sup>6</sup>.

The approach to adult safeguarding is for collaboration and partnership between patients, carers and services involved in their care and social support.

Incidents of abuse in health and social care settings appear in the media all too frequently. The Francis Report, a review following the Mid-Staffordshire incidents, raised further questions in relation to vulnerability. Among many recommendations, it stated that:

*'Patients must be the first priority in all of what the NHS does by ensuring that, within available resources, they receive effective care from caring, compassionate and committed staff, working within a common culture, and protected from avoidable harm and any deprivation of their basic rights<sup>7</sup>.'*

### **Duty of Care**

As already stated, all nurses under the NMC Code (2015) have a duty of care to protect people at risk of harm. As part of your 'duty of care', you are required to be up to date on the Protection of Freedoms Act (2012). The Act defines 'regulated activity' with people at risk of harm

## 'Patients have the right to refuse treatment even if it may be to their own detriment.'

and requires all healthcare professionals to undergo a Disclosure and Barring Service Check when taking up any new employment.

It is your responsibility as a health care professional to act promptly if you have any concerns. Duty of care means you must:

- act to protect the adult at risk
- deal with immediate needs, as far as possible, central to the decision making process
- report any concerns.
- get support to make referrals where needed.
- talk concerns through with your line manager.
- contact the local safeguarding lead for advice. They will advise if police involvement is necessary if you think a criminal act is involved.
- accurately record the incident
- follow up your concerns.

### **Top tip**

Collect and keep all in-house and local safeguarding contacts, so that you are well prepared should the need arise.

## **Safeguarding children at risk of harm**

The impact of homelessness on the health and wellbeing of children and the increased vulnerability that it brings is a key public health issue. At the end of quarter 2 of 2016, there were 88,000 children living in temporary accommodation in London alone<sup>8</sup>. A [learning resource](#) that the NSPCC created for the QNI's Homeless Health Network in 2015<sup>9</sup> demonstrated the impact that homelessness may have at the very start of life. They specified that babies living in homeless families can be at extreme risk of harm, as babies' development is solely reliant on the quality of the care their parents are able to provide and for some parents who are homeless, providing this care can be difficult. Parents who are homeless are often particularly at risk of harm bringing with them histories of trauma and loss.

It is important that effective systems are in place to ensure that children experiencing homelessness and living in temporary accommodation receive services from health and education, social care and welfare support services, as well as any other specific services. There is a risk that families who are transient with frequent moves may be poorly served by services. There may be a risk of significant harm if a child fails to attend specific treatment or appointments due to moves. Access to health care may be challenging for families experiencing homelessness.

Although your work may be predominantly with adults, you may at times also be closely involved with families, pregnant women, or have contact with children. A child's circumstances may vary with time and families may go in and out of a period of crisis that may leave them particularly susceptible to vulnerability. Children at risk of harm include those who are exposed to parental substance misuse, poor parental mental health, and family relationship problems, including domestic violence and parents in prison, children born to parents under the age of 18 and to parents who are looked after or have been through the care system<sup>10</sup>.

It is recognised that all staff working in healthcare settings, even when their client group is mainly adult, should receive appropriate training in matters of child protection. Safeguarding children is everyone's responsibility and to ensure that services are available to children in need or at risk of harm, every professional and organisation must be mindful of their responsibilities and of the process of appropriate referral<sup>11</sup>.

The consequences of being homeless may have a significant impact on family dynamics and the emotional and physical well-being of all the family. You may be the first person to hear a disclosure, or recognise signs that a child is at risk of harm.



The child or young person may express concerns or raise issues with you directly. Remember, you are not responsible for investigating child abuse and neglect, but have a responsibility for sharing concerns and information appropriately.

The NICE Guidelines 'When to Suspect Child Maltreatment'<sup>12</sup> provide guidance for recognition of both physical and psychological symptoms. It is important to remember that the impact of abusive behaviours and neglect will depend on age, resilience and other support networks available. Support from family members may be limited when families are homeless and living in temporary accommodation away from their usual support networks. Homelessness may create a potential physical and emotional impact on parenting due to the stresses and deprivations inherent within it such as insecurity, loss of social support, stigma and isolation.

Early intervention is extremely important to reduce the negative long term effects<sup>13</sup>. This means that prompt referral to appropriate agencies is essential. You may be concerned that by discussing your patients you could breach confidentiality, but the safety of the child is paramount. Information sharing advice for practitioners providing safeguarding services<sup>14</sup> supports those working in both child and adult services to safeguard children. It is important to develop good links with GPs, Health Visitors and School Nurses to ensure the best possible outcomes. The local Safeguarding Nurse for children and Local Area Safeguarding Children's Board will also provide guidance in any situation.

### Young people experiencing homelessness

Having nowhere safe to sleep or stay the night exposes a young person to risk of harm. In addition they may have a range of complex needs. These may include ill health, recent experience of trauma, and experience of poor or abusive relationships, caring responsibilities and poverty. Young people's brains are still developing and teenagers often experience a spike in risk-seeking behaviours while they test limitations and develop neural pathways around actions and consequences. This combination means they are at high risk of self-harm through substances or cutting, and harm from others through exploitation. A first experience on the streets at a young age can damage mental health.

In 2010, statutory guidance about how local authorities should support 16 and 17 year olds at risk of homelessness was issued<sup>15</sup>. The guidance states: '*Children's services should be the lead agency with regard to assessing and meeting the needs of 16 and 17 year olds who seek help because of homelessness. Where a 16 or 17 year old seeks help from children's services due to homelessness, children's services must assess whether the young person is a 'child in need' and determine whether any duty is owed under section 20 of the Children Act 1989 to provide accommodation.*<sup>16</sup>'

Your role is to ensure that young people experiencing homelessness have trust in you, receive appropriate care, and can in access the information they need to support their physical, emotional and sexual health.

'You may be the first person to hear a disclosure, or recognise signs that a child is at risk of harm.'



### Activity 6.1

These scenarios are designed for you to debate and problem-solve possible solutions with your mentor. They could be used as a basis for a discussion or even a teaching session. Solutions to these scenarios may vary from practice to practice according to local policy and procedure. There may be no 'right or wrong' answers to how certain situations might be tackled and therefore it will be for you to apply your thinking within the parameters of your own professional practice.

#### Scenario 1

In the course of your early morning street outreach service, you make contact with a woman who has been seen to be regularly begging on a local street. She tells you that she has recently moved into the area, that she has fled domestic abuse and that she has been placed by the local authority in bed and breakfast accommodation. The woman tells you that she has a 2 year old child and that she is begging so that she can buy food and nappies for him. The child is not seen with the woman on the day that you make contact with her. It is unclear who she has left her child with and who is caring for him or even if she does have a child.

- What action should you take?
- What is your role and responsibility in safeguarding the child?

#### Scenario 2

You are working as a homeless health nurse in a local drop-in health care clinic. A 16 year old female comes into your clinic and asks for a pregnancy test. She is sure that she is pregnant but would like a test to confirm this. She said that her relationship with her grandmother with whom she lives has been strained for some time now as she does not approve of her boyfriend who is older and in his early 30's. The young female tells you that she was removed from her own parents care as a child as they were not looking after her properly.

She has told her grandmother that she thinks that she is pregnant. Her grandmother become very angry with her and asked her to leave the house. The young woman has been sleeping on the sofa of a couple who are also in their 30's and are acquaintances of her boyfriend. She said that the couple that she is staying with argue a lot and have lots of visitors to the house who drink alcohol and who also stay overnight.

- What are the risks that may be posed to the young female and her unborn baby?
- In order to safeguard her, what referrals may you make to other agencies?



## Summary

This chapter focused on different risks that you may encounter when working within homelessness and raises awareness of a professional's safeguarding responsibility when caring for people at risk of harm. It has discussed what may be considered to be harm, abuse or neglect. It has also suggested ideas of how you may report or raise your concerns when protecting the people and families you may encounter in your role.

This topic is complex and specialist and all professionals need to keep updated with regular training and need to work collaboratively so that any risk of harm is managed effectively.



## Further learning resources

- **Young homeless people's views on healthcare**  
The QNI document '[What young homeless people said about healthcare](#)'.
- **Safeguarding adults e-learning**  
The Social Care Institute for Excellence [e-learning](#) on safeguarding adults at risk of harm.
- **Safeguarding Adults**  
The [RCN resource on safeguarding adults in nursing](#).
- **Mental Capacity Act**  
The Social Care Institute for Excellence [accessible guide](#) to the Mental Capacity Act.
- **Safeguarding children – national guidance**  
The [UK Government guidance on Working Together to Safeguard Children](#).
- **Raising concerns**  
[Nursing and Midwifery Council guidance](#) for nurses on raising concerns of practice which may put children or adults at risk of harm.

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‘This topic is complex and specialist and all professionals need to work collaboratively so that any risk of harm is managed effectively.’

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