The background features decorative wavy lines in shades of light blue and pale green, flowing across the top and right sides of the slide.

Thematic review and introduction to Project BRAVE

Ivan Powell

Independent Chair – Herefordshire Safeguarding Adults Board

Referred cohort

- Six individuals;
- Five men and one woman
- Died between the ages of 24 and 54

Multiple Complex Vulnerabilities

Exploited Adults

Substance Use

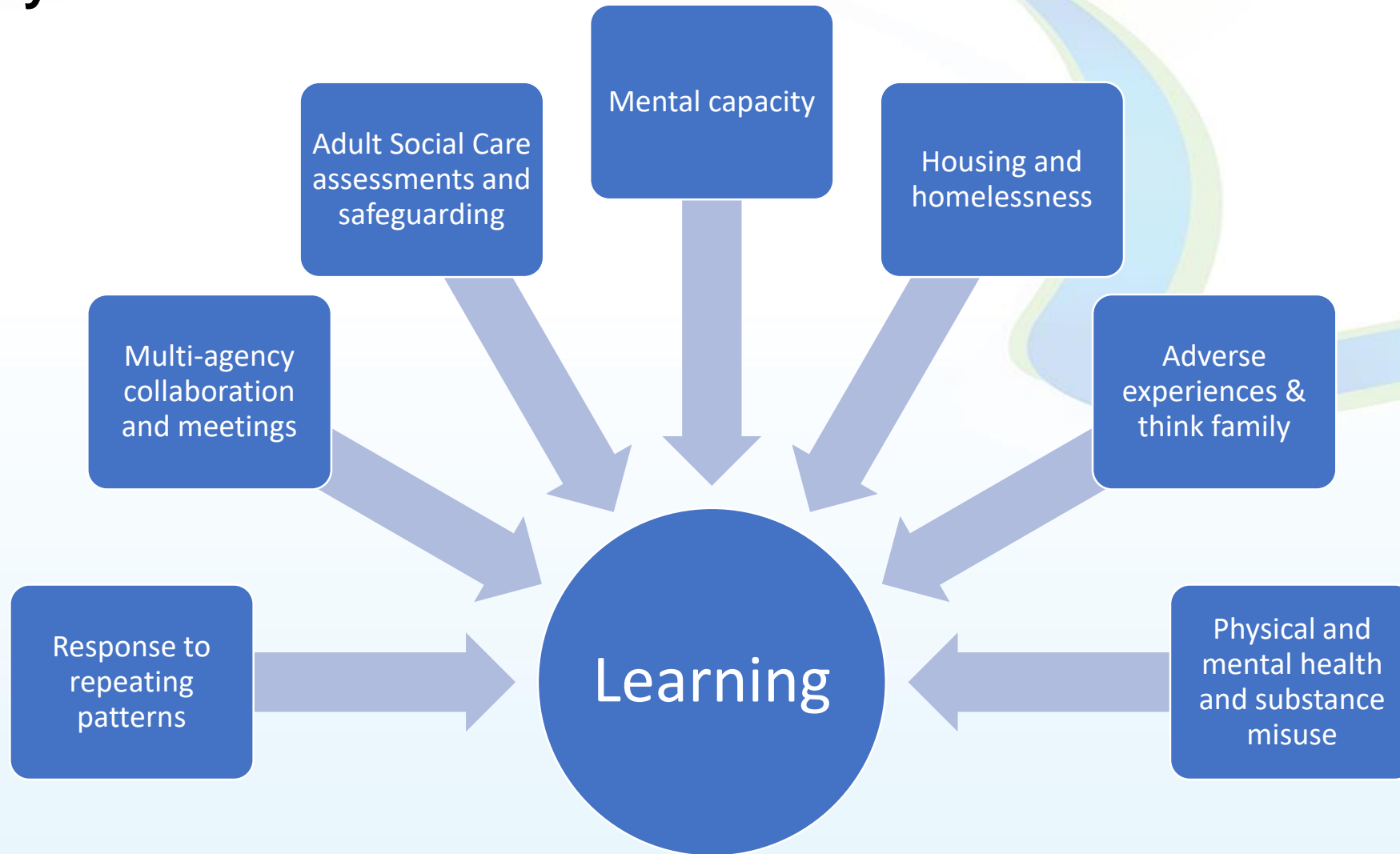
Homelessness

Criminal Justice

Poor Mental Health



Key themes



Responses to repeating patterns

- No apparent coordinated response to frequent A&E attendance
- No apparent change of approach to repeated “did not attend”, non-engagement and/or dis-engagement?
- Insufficient outreach and in-reach to facilitate engagement and completion of assessments and work plans?
- Frequent flyers meetings and CARM procedure.
- Are recent changes sufficient?

Multi-agency collaboration and meetings

Very few multi-agency meetings.

No apparent pathway into multi-agency meetings when there is a risk of significant harm that requires a multi-agency response?

Complex adult risk management pathway.

Project Brave for those with multiple and complex needs.

Is a system now embedded of coordinated assessments and interventions, with appointment of a lead agency and key worker?

Across the system

- Care and support assessments or safeguarding?
- Drug and/or alcohol abuse seen as a lifestyle choice and unwise decision-making
- Considerations of mental capacity?
- Sufficient provision of wrap-around support
- Trauma and adverse childhood experiences?
- Sufficient focus on the background?

Mental health and substance use

- Mental health challenges vs enduring mental illness?
- GPs role in monitoring and responding to individuals' mental distress.
- Are professionals routinely identifying substance misuse in their clients?
- Joint working when there are multiple complex needs and risks related to substance misuse?
- Dual diagnosis?
- How well do mental health and substance misuse providers work together?

Physical health

- How well do primary and secondary health care practitioners and services work together?
- How do providers work together when there are multiple complex health care needs and risks?
- Are agencies addressing poor engagement with health care services?
- Is a system change required to help individuals who leave hospital with treatment incomplete?
- What positive differences are super surgeries making?

Working with individuals

- **Engagement** – recognise that people may be wary of services; appreciate that individuals may feel alone, fearful, helpless, confused, excluded, suicidal and depressed. Reach out.
- **Professional curiosity** – There is always more to know. Experiences (traumas) had a “lasting effect on me.” “Appreciate the journey.”
- **Partnership** – “work with me, involve me, and support me.” “Keep in touch so that we know what is going on.” Help with practicalities. Build rapport. Go at their pace and in their time.
- **Person-centred** – see the person; challenge misconceptions and evidence of assumptions (unconscious bias); there are multiple reasons behind why a person may become homeless.
- **Assessment** – what does this individual need? Do not assume or stereotype. Be thorough.
- **Wrap-around support** - not just accommodation. See transitions as opportunities
- **Language** – be careful and respectful about the language we use; words and phrases can betray assumptions. For example, who is not engaging? What does substance misuse imply?

Inter-organisational environment – best practice

Services work together to provide integrated care and support

Information-sharing & communication

Referrals clearly state what is being requested

Use of multi-agency risk management meetings

Exploration of all available legal options

Clear roles and responsibilities (lead agencies and key workers)

Comprehensive recording of practice and decision-making

Use of safeguarding enquiries to coordinate prevention and recovery

Clear pathways for prevention, intervention and recovery

Organisational environment – best practice

Developing commissioning to respond to the needs of people experiencing multiple exclusion homelessness

Management oversight of decision-making

Supervision to promote reflection and analysis of case management

Supporting staff

Providing workforce development and ensuring that workplace culture and policies enable effective practice

Access to specialist legal, safeguarding, mental capacity and mental health advice

Culture of openness, challenge and escalation

Policies and procedures provide a framework for practice and its management

Recommendations

Direct practice and team around the person

- Assessment & support for people with complex needs
- Focus on transitional safeguarding
- Outreach & engagement
- Embed CARM

Organisational support and governance

- Dual diagnosis pathway
- Project Brave
- Use of Black and Kerslake reports
- Location of strategic leadership
- Training

The background features a light blue gradient at the bottom and a light green gradient at the top. A thick, stylized blue ribbon with a green outline curves across the top and right side of the page.

Project BRAVE

Core Principles

- Identifying specific vulnerable people and knowing who everyone is;
- Listening to and respecting people's ambitions and wishes;
- Taking a strengths based approach and promoting independence;
- Identifying and managing risk;
- Implementing a team around the person model;
- Adopting a whole system collaboration and solution finding approach;
- Identifying and securing long-term homes for vulnerable people.

Multiple Meetings

BRAVE

**Police problem
solving hub**

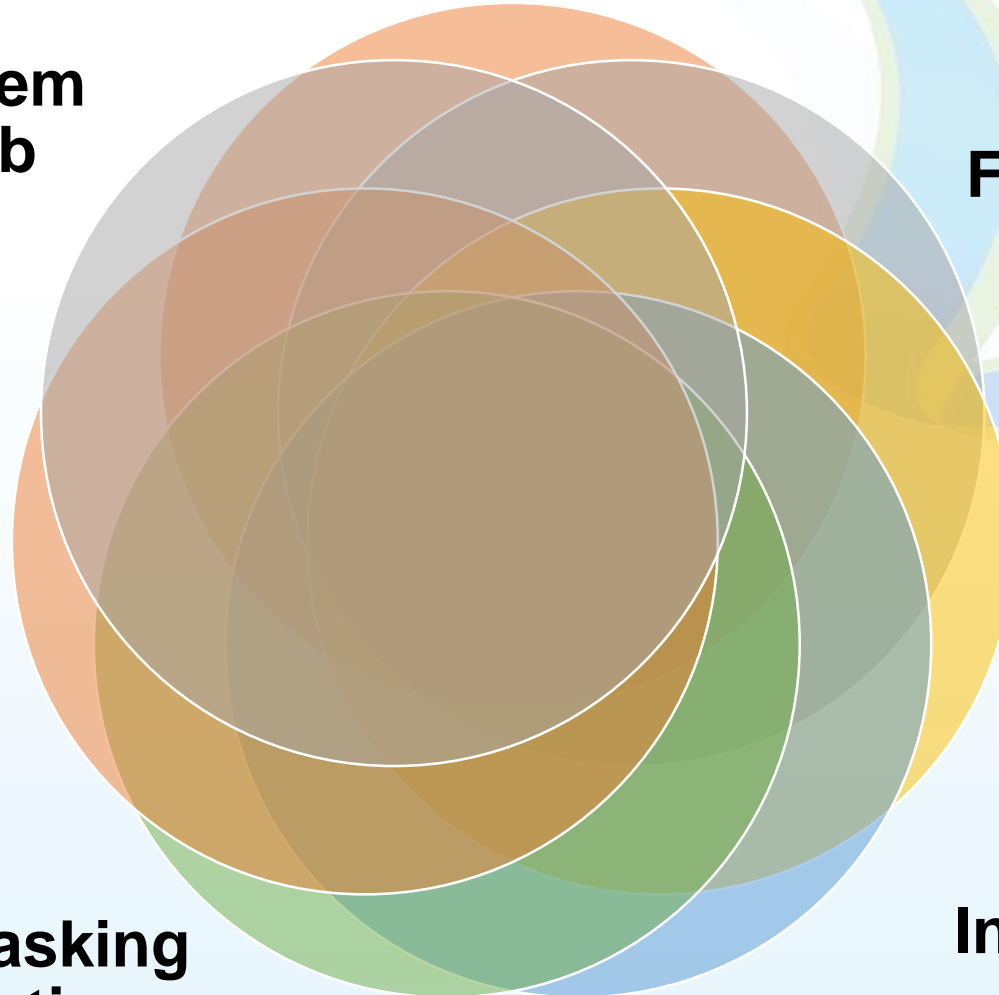
**Frequent
Flyers**

**Mental health
hi intensity**

**Breaking the
Cycle**

**Multi-agency tasking
and co-ordination**

**Integrated Offender
Management**



Ongoing strategic intention

- A continuing Multi-Agency response to Homelessness and Rough Sleeping across Herefordshire, embedding a team around the person approach.
- Delivering a pipeline of accommodation for homeless people, offering a range of support, including emergency, transitional, long term homes .
- Implementing multi-agency information sharing .
- Applying Herefordshire safeguarding framework across all areas of Project Brave work.
- Exploring a partnership approach to early identification of risk, including through Talk Community hubs.

Key Metrics March 2020 – May 2022

239 households accommodated and successfully moved

148 people successfully moved into transitional or long term housing.

39 households currently in emergency accommodation through Brave

20 households currently in temporary accommodation owed housing
duty outside Project Brave

Target priority group of 40 individuals, with history of rough sleeping since
2019

Rough sleeping maximum targets;

2021/22: 12

2022/23: 5

2023/24: 3

2024/25: 2

Building Blocks

- “Team around individual” for vulnerable homeless people depends on engagement and commitment from multiple agencies.
- Engagement of registered housing providers in offering homes for homeless people relies upon continued support from council & partners.
- Dedicated support teams for new transitional housing units, promoting life skills, access to services and access to training & employment.
- Funding secured for personal budgets for homeless people supported in to accommodation
- Trauma informed training delivered



Thank you