research in practice

Practice Tool

Radical Safeguarding Toolkit - Homelessness

Radical safeguarding principles, tools and tactics towards anti-oppressive practice

NATIONAL CHILDREN'S BUREAU
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Foreword

Welcome to this ***Radical safeguarding toolkit for homelessness***. It has been developed from a need and a vision to take a new approach to safeguarding adults who are experiencing homelessness and multiple disadvantage.

The resource was created by a group of people and practitioners with lived experience of homelessness, institutional detention and/or social care. It was inspired by the pioneering work of Maslaha, an organisation which takes a multi-layered and creative approach to challenging systems of inequality. We hope it will provide you with lots of information, ideas and inspiration for working differently in this important field.

The toolkit is useful for anyone who is involved with safeguarding homeless adults - whether based in statutory, voluntary or grassroots organisations and services. It is for social care practitioners, housing and homelessness workers, activists, volunteers, and the people who are themselves at the heart of this work.

The resource recognises the structural inequalities and injustices which underpin our society, and which increase people's risk of homelessness [1]. It aims to aid consideration of the implications of social injustice for social care and housing practice – and to help find potential opportunities that could improve equity within adult safeguarding.

It also encourages critical thinking and radical practice. In this context, we envision a radical practitioner as someone who notices gaps, inequalities and injustices in their field - and takes steps to change them. Radical practitioners are always learning, always looking for new ideas and always finding creative ways to bring about positive changes that people with lived experience call for. Radical practitioners are committed to exploring and applying the principles of solidarity, autonomy, power and accountability in their work.

We hope this resource will inform and inspire radical practice in adult safeguarding – and we invite you to join us in exploring new ways of learning, thinking and working together.

Introduction

We are not always supported to reflect on the political nature of our work supporting people. For example, we are sometimes encouraged to think that protest and campaigning are 'the wrong ways' to make change happen. We may even be told that people who use their voice to highlight injustice and inequality are 'troublemakers'. This toolkit seeks to challenge that mindset.

We hope to show how social care and homelessness support have always been shaped by political movements, protests and campaigns for social justice and equality. A huge amount has improved in the laws and social attitudes related to poverty and homelessness; with those changes practice has been transformed too. However, it's important to understand and highlight the ongoing connection between the lack of political and social power in the hands of both practitioners and the people they are aiming to help and the negative impact this has on the issues of homelessness, abuse and neglect. In a time of escalating inequality, preventable premature deaths and growing social unease, this resource hopes to reground adult safeguarding in the principles and ideas of contemporary social justice movements.

During the creation of this resource, we tested our ideas with social workers and homelessness practitioners, managers, commissioners and academic researchers. Our primary aim is for this resource to offer accessible, interesting and reflective ways to learn and embed radical principles and anti-oppressive practice into safeguarding work with people affected by homelessness. Our broader hope is that it makes a small contribution to the collective efforts to end homelessness altogether.

A note on language

Across the social care and homelessness sectors, professionals use language differently and sometimes a word that has fallen out of use in one sector is still used in the other. We know from our own experience and our learning that words used to describe sexualities, genders, race and other identities also change over time and what is offensive to one is reclaimed by another.

We are committed to using language carefully and respectfully, but you may read words in this resource that you don't like, no longer use or are unfamiliar with. We encourage you to scribble all over your copy, write notes on it where you disagree and replace words you don't like or no longer use with ones that make most sense to you.

Radical today, common sense tomorrow…

radical

Adjective or noun

1. (especially of change or action) going to the root or origin; touching upon or affecting what is essential and fundamental; thorough, far-reaching.
(Oxford University Press, 2023)

History shows us that social justice movements have had a huge impact on the services and support available to people. Social justice activists (who are often people who access care and support, their carers and practitioners) are often viewed as radicals, but their work has shaped the laws, organisations, working practices and social attitudes that we think of as common sense today. Person-centred care is an example of this (take a look at this blog about an exhibition at the People's History Museum in Manchester on the contributions of disabled activists and campaigners).

Systemic change like this relies on people acting collectively together in order to highlight inequality and challenge the status quo. As individual social care and homelessness practitioners, we can adopt perspectives and ways of working that influence those around us and contribute to the changes in the world we want to see.

Changing how we think and behave can feel uncomfortable and challenging, especially if it confronts what we think of as 'normal' or 'natural'. Anti-oppressive practice is an approach in social care that invites practitioners to look at how our own identities and life experiences inform our attitudes and decisions at work. Although this kind of reflection can be tough going, it's also empowering and encourages growth – especially if it's done alongside colleagues and teams.

The Research in Practice Tool on *Anti-oppressive practice* aids consideration of the oppression that may be experienced by people you work with.

Contemporary radical social movements

social movement

collective noun

1. a loosely organised but sustained campaign in support of a social goal, typically either the implementation or the prevention of a change in society's structure or values. (Encyclopedia Britannica, 2023)

As practitioners working with and on behalf of adults at risk, we have an important role as changemakers within our teams and organisations. The *Care Act (2014)* encourages us to do this by placing importance on advocacy and personalised care and support. Just like the activists and campaigners of the past, we can develop working practices that make broader social change more possible.

Doing this is part of a long history. In the final few decades of the 20th century, disabled and Mad Movement activists[1], people living with HIV[2] and people experiencing addiction used sit-ins, marches and media campaigns to demand an end to discrimination and criminalisation, to violent experimentation in asylums, to forced hospitalisation, and a move towards person-centred care and legally enshrined rights and protections. [2]

In response to these radical social movements, the UK government introduced the *Disability Discrimination Act* in 1995, the first of its kind in the country. The demands of these social movements are also now embedded in key legislation that informs adults social care practice; the *Care Act (2014)*, the *Equality Act (2010)* and the *Human Rights Act (1998)*, as well as a broad range of other law and policy.

Just like the radical campaigners and reformers in the past, modern social justice movements, such as Black Lives Matter and Me Too, continue this tradition of advocating for systemic social change by highlighting the experiences of people marginalised and made vulnerable by social structures. The COVID-19 pandemic also shone a light on the fatal impact of inequality [3]; many practitioners, people with lived experience and communities campaigned to raise awareness of how these inequalities relate to long histories of exclusion and marginalisation. We are already seeing the impact their activism has had on the work of health, social care and housing services.

Discrimination is not only what happens when one individual mistreats another. When these movements talk about systemic or structural issues, they are referring to how injustice and inequality can be hidden within the laws, public institutions and state practices that structure all our lives. In highlighting systemic injustices, social justice movements call on public institutions to commit to tackling racism, gendered violence and ableism (amongst other issues), and to change practices that cause or reinforce harm to marginalised communities.

Further reading

Read about the history of Recovery Pride and Alcoholics Anonymous here:
www.recoverypride.org

1 The use of the term 'mad' is contentious for some. It is used here in relation to the specific group of activists who self-identify as part of the Mad Movement. More about this can be read here.

2 There were, and continue to be, many HIV activist and campaigning groups around the world, but amongst the most famous amongst them is ACT-UP, whose protests contributed significantly to improvements to the support available for people living with HIV and AIDS in the US and UK in the 1980s and 90s. Read more about ACT-UP here.

The history of homelessness

homelessness

Social phenomena

1. the state of having no home or permanent place of residence. (Encyclopedia Britannica, 2023)

What follows are some key moments that illustrate how contemporary law and practice have been shaped by both radical and conservative histories.

Before the twentieth century, homelessness was described in law using terms such as vagrancy and vagabondage; the first being the *Vagabond Act* of 1495. This law, and those that followed during and after the reign of Queen Elizabeth I, connected homelessness with idleness, criminality and political dissidence. These laws isolated, exiled and publicly humiliated people who didn't have a settled home for all sorts of reasons. This included people made homeless by land enclosures, men on strike, travelling salesmen, fortune tellers and even musicians.

Although much has changed (and improved) since then, these outdated attitudes are still visible in the language of the mainstream media, political speeches and in homelessness law. For example, the people categorised as 'deserving' and 'undeserving' in the infamous Poor Laws are remarkably similar to those described as 'priority need' and 'non-priority' in today's *Housing Act (1996)*[3].

Equally, although the government recently committed to repealing the archaic *Vagrancy Act (1824)*, newer laws such as the *Police, Crime, Sentencing and Courts Act (2022)* and the *Anti-Social Behaviour, Crime and Policing Act (2014)* continue to criminalise homelessness and the people who experience it. See Liberty and Crisis to learn more.

3 The Homelessness Code of Guidance for local authorities chapter on Priority Need describes these.

World War II and its aftermath forced many households into poverty and homelessness. Communities, labour unions and civil society organisations came together to demand a better deal for citizens and, after a great deal of campaigning, this eventually led to the creation of the welfare state. As well as major achievements like the birth of the NHS, the *National Assistance Act (1948)* was introduced. This was the first legislation that made specific provisions for emergency shelter and welfare support for people facing homelessness.

In the 1960s, homelessness was rising again, as many people found themselves without work or adequate housing due to huge rent increases and the collapse of the coal and steel industries. Grassroots social movements responded, with groups such as the Simon Community – **www.simoncommunity.org.uk** - bringing people and volunteers together to provide direct support and campaign for change [4]. Many of the most well-known homelessness charities were created by people who started out as volunteers and activists at this time, including St Mungos, Centrepoint and the Cyrenians.

The BBC film, *Cathy Come Home*[4], brought the reality of this crisis into UK living rooms by telling the desperate story of one homeless family. This story was also published in a grassroots zine produced by the homeless community, the Simon Star. The public outcry that followed the film had a very real effect on the homelessness landscape in the UK. In the years that followed, Shelter and Crisis were formed and in 1969, heavily influenced by the film, the government introduced the *Housing Act* which is the foundation that modern homelessness law and policy was built on.

Since the 1970s, there have been huge developments in law and policy around rough sleeping, youth homelessness and domestic abuse. The law still largely prioritises families with children, but there are better protections for single adults and a system of policy, funding and specialist services to support single people who become homeless [5,6].

We know this isn't enough to protect people from the ongoing effects of global, economic and environmental crises. We see this in the appalling number of people living and dying on our streets. It is important to ensure this is not ignored - even though it can be painful and confronting. As both radical practitioners, and as fellow citizens, we can use our voices to ensure local and national policymakers know that further action is needed to prevent and end rough sleeping. Tomorrow's history starts today.

Further reading

There is more to say about the history of homelessness than can be done justice in this resource. If you wish to explore the topic in greater depth, there's a great overview **here**.

A simple and concise overview starting from the Elizabethan Poor Laws to the present day, can be found **here**.

These articles provide interesting histories of homelessness in the UK:
www.theguardian.com/society/2019/oct/10/rise-in-the-number-of-london-homeless-archive-1964

www.independent.co.uk/life-style/health-and-families/homelessness-rough-sleeping-cuts-austerity-hostels-employment-support-allowance-universal-credit-a8494181.html

4 The original film is available to watch on various streaming sites. Cardboard Citizens, an incredible theatre company making art around homelessness and marginalisation, have produced a theatre performance of *Cathy Come Home* which is available on YouTube.

Radical education (also called critical pedagogy)

Education as the practice of freedom.

– bell hooks, *Teaching to Transgress* (hooks, 1994)

Many practitioners in health, social care and housing services will have completed qualifications and specialist training. However, it is equally important to continue learning - both from people with lived experience and from peers too.

Since the 1920s, academics and teachers have made the connection between learning and social change, which they called critical pedagogy [7]. More recently, scholars have explored what critical pedagogy would bring to social work education. The following list below provides a brief overview of why critical pedagogy is relevant when working with people affected by homelessness, abuse and neglect. It includes a number of questions for reflection, which are designed to prompt thought and discussion around why critical pedagogy is relevant within social care.

Questions for reflection

Critical theory

Critical theory centres on understanding and overcoming the social structures that dominate and oppress some people in society.

Q. What is the role of social work and homelessness education in making sense of the systems and structures that shape the lives of the people we support?

Collective learning

Radical education values what we all bring to the table when we learn together. This means challenging traditional teacher-student dynamics, making space for learning from experience, from our peers and via creative and non-traditional teaching practices.

Q. How could we bring the people we support into our learning? What can we learn together, and from each other?

Conscientisation

This word means looking beneath the surface, in order to understand the deep meanings, root causes, social contexts, and personal consequences of a social issue [8].

Q. What have you learnt about the causes and effects of homelessness? What has this made you think about the role of social and political structures in our lives?

Language and power

When we think about what makes knowledge legitimate, '...why does it look like old, white professors in dark brown suits, and not like indigenous women in Brazil?'[5]

Q. How does someone's accent, vocabulary, spoken and written English, or body language affect the way you listen to and learn from them?

The personal to the political

When we learn about poverty, we often talk about lifestyles. When we learn about homelessness, we often talk about character and responsibility. When we talk about racism, we talk about ignorance. [9,10].

Q. What happens to our decision-making and the support we might offer if we think systemically instead of individually about the issues that affect the people we support?

Culturally sustaining learning

Our childhood experiences, identities, personal values and cultural backgrounds are rich sources of experience, and of knowledge to others. What we learn should be accepting of our lived experiences, and we should be encouraged to bring them into the classroom and workplace if we want to.

Q. How does your lived experience help or hinder how you learn and work? Do you see your culture, ethnicity, language and community reflected in your social work and homelessness education/training?

The Research in Practice *Social GGRRAAACCEEESSS and the LUUUTT model: Practice Tool* provides opportunities to reflect upon personal power, privilege and stories in the practice context.

5 Taken from the last public interview given by Paulo Freire in 1996. Available to watch here.

Legal context

Law creates the framework for how decisions are made about the people we support, and people affected by homelessness, abuse and violence finds their lives all too frequently entangled in the law. Interaction with the law isn't always positive and legal decisions are sometimes wrong and need to be challenged effectively. Homelessness and safeguarding are complex human and legal experiences so legal literacy is hugely important in anti-oppressive practice.

Housing law and policy

England, Scotland and Wales each take a slightly different legal approach to housing and homelessness. The *Housing Act (1996)* is the legal basis for all three countries but, as Wales and Scotland have devolved from England, they have devised laws that fit their national priorities. Scotland is said to have '...some of the most progressive housing legislation in the world' [11].

Every housing authority* in England is required by law to develop a homelessness strategy, and to make this publicly available without charge via their main office. They might also publish it on their website. This document should explore all forms of homelessness in the area, who it affects, what help is available now and what the council* commits to do in the future.

Homelessness law is complex to navigate. The *Code of Guidance* is easier to read than the legislation itself and is helpful in understanding how councils make decisions and organise their duties in order to accommodate people. Some of the most useful sections contained within the guidance are listed below:

Section 189 (Chapter 9 in the guidance): Priority need

Homeless households found in 'priority need' are entitled to temporary accommodation and support to secure settled accommodation. 'Priority need' can be awarded to single adults who are disabled or vulnerable due to specific health conditions, care needs or their age, are leaving local authority care, are a victim of violence/harassment, are an armed-forces veteran, or someone who is being released from prison.

If there is reason to believe that an adult might be in priority need, the council is required to offer them accommodation until they have concluded a homelessness assessment (this is called Section 188 'interim accommodation'). If the person is found to be in priority need, they're able to remain in temporary accommodation and the council will assist with securing onward housing.

Section 189 (Chapter 11 in the guidance): Personal housing plans

Everyone who approaches a council in England, Scotland or Wales has the right to a personal housing plan (PHP), whether they are found to be in priority need or not. This plan is devised by the person together with a Housing Officer, and should explore issues relevant to the person's homelessness and services that can help. As a minimum, a PHP should provide clear advice about what type of housing options are available to someone.

Section 202 (Chapter 19 in the guidance): Appeals

Council decisions about homelessness can be challenged by statutory or judicial review, depending on what the decision is about. If you think a decision about someone's homelessness may be wrong, read the information on Shelter's website to understand how you can challenge it. **It is reasonable to expect that temporary accommodation will continue whilst a review or appeal is investigated and concluded.**

Rough sleeping

Councils have very few specific legal duties towards people who are rough sleeping who do not have priority need status. However, the national strategy, *Ending Rough Sleeping for Good* (2022) commits to preventing rough sleeping wherever possible and, where it does happen, commits to ensuring it is **rare, brief** and **non-recurring**. This means councils should support people off the streets as quickly as possible and provide support that ensures people don't need to return to rough sleeping.

95% of local authorities in England receive funding from the Rough Sleeping Initiative (RSI) programme [12]. This should mean there is specialist support and emergency accommodation for people rough sleeping in your area. An increasing number of councils are using this funding to develop specialist accommodation, multi-disciplinary health partnerships, dedicated social workers and specialist immigration advice. For example, the Housing First model aims to provide a stable, independent home along with intensive personalised support to homeless people experiencing multiple disadvantage, for whom more traditional accommodation services might not be suitable.

Further reading

You can learn more about Housing First here.

Homeless England has a comprehensive directory of homelessness services.

Housing Justice can connect you with community, grassroots and faith-based homelessness services.

Shelter England's professional pages have a wide range of useful information about homelessness law.

***Both 'housing authority' and 'council' here refer to the local authority department holding the homelessness duty.**

Legal and policy context

Please note, there is also an Appendix containing additional legal content on page 50 of this resource.

The *Care Act (2014)*

The *Care Act* is a wide-ranging piece of legislation that applies to England (Wales and Scotland have their own laws, which have similarities and differences to the English legislation).

The *Care Act* makes all local authority departments, commissioned services and other public bodies responsible in some way for:

- promoting individual wellbeing
- preventing needs for care and support
- promoting care, health and housing integration
- providing information and advice
- promoting diverse and quality provision of services
- co-operating with relevant partners.

One key development in the Act was the introduction of systematic safeguarding arrangements. Safeguarding is defined in Section 42 of the Act as '…protecting an adult's right to live in safety, free from abuse and neglect'. Safeguarding adults is about preventing and responding to concerns of abuse, harm or neglect affecting 'adults at risk'.

In the legislation, an 'adult at risk' is someone who:

- is aged 18 years or older
- has 'care and support' needs as defined by the Act
- is experiencing, or is at risk of, abuse or neglect
- is unable to protect themselves from either the risk of, or the experience of, abuse or neglect, because of those needs.

The *Care Act* requires that each local authority must make enquiries, or cause others to do so, if it believes an adult at risk is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by who.

The *Care Act Guidance (14.13)* (Department of Health and Social Care, 2023) states that safeguarding interventions should follow these six principles:

- **Empowerment**
  Ensuring people are supported and confident in making their own decisions, and with informed consent.
- **Protection**
  Providing support and representation for those in greatest need.
- **Prevention**
  It is crucial to take action before harm occurs wherever possible.
- **Proportionality**
  We must take a proportionate and the least intrusive response to the issue presented.
- **Partnerships**
  Creating partnerships with local communities can assist in preventing and detecting abuse.
- **Accountability**
  Being transparent about the actions taken to safeguard adults.

An important principle of the *Care Act* is 'Making Safeguarding Personal' (MSP), which is about centring the views, wishes and experiences of the person at risk when exploring safeguarding concerns. This one-minute guide is a really helpful and concise resource on MSP.

Section 44 of the Act describes Safeguarding Adults Reviews (SARs). When an adult with care and support needs dies or suffers as a result of abuse or neglect, and there is a concern that partner agencies could have worked more effectively, a SAR should be conducted. SARs, and other fatality review processes, are an opportunity to reflect, enquire and learn and improve in order to prevent tragic and premature deaths. To read more about some of the learning from safeguarding adult reviews about people affected by homelessness, click here.

Definitions can differ in law and practice, and across sectors. For example, the word 'safeguarding' has a specific meaning in the *Care Act*, but a broader meaning for homelessness practitioners. This can complicate discussions between professionals and sometimes cause tension, so it's useful to check that you have a shared understanding on key terms. There is a section talking in greater detail about safeguarding on page 17.

Mental Health Act (1983)

This legislation contains the powers to detain people in hospital and to administer treatment against a person's wishes. Anti-psychiatry campaigners argue against criminalising and detaining people who are experiencing mental distress. Whatever you think about these powers, it's useful to have some knowledge of this Act as it also describes legal rights in the following situations:

- Being detained in hospital against consent – 'sectioning'.
- Being removed to a 'place of safety' by police and others.
- Consenting to treatment while detained.
- Leaving hospital, including having a section lifted and care planning.
- Rights when accessing treatment in the community – for example, Section 117 aftercare

The National Survivor User Network (NSUN) has published a blog on '*Reimagining Safety Beyond Safeguarding*', which explores some of the themes around radical safeguarding and mental health in more detail.

Human Rights Act (1998)

The *Human Rights Act (1998)* is where the European Convention on Human Rights is enshrined in law in the UK. The Act is often used as a 'last resort' when other legal avenues have been exhausted that would provide appropriate housing, care and support to someone. This law is most often used to help people with insecure immigration status who have care and support needs.

There isn't a specific right to housing or care in the Act, but the Article commonly used to protect people affected by homelessness is Article 8 'the right to respect in your private and family life'.

Immigration Rules (2020)

The immigration rules determine things like 'recourse to public funds', visa requirements and the various restrictions to public services. The Immigration Rules, currently give Home Office officials powers to refuse or cancel a person's leave to remain in the UK (i.e. their visa), a decision which may lead to removal from the country, if they are found to be rough sleeping and determined as 'non-engaging'.

The introduction of these powers has been heavily criticised. For example, Jon Sparkes of Crisis said: *"…it will push people who are in the UK legally and facing homelessness further into the fringes of society, rather than encouraging them to seek support"* [13].

Domestic Abuse Act (2021)

Section 78 of the *Domestic Abuse Act* amended duties described in the *Housing Act* so that people who were made homeless as a result of domestic abuse were automatically assisted as having 'priority need' for housing. This entitlement is granted equally to families with children and to single adults, regardless of their gender, sexuality or any other circumstances.

This legal reform means that single adults have the right to 'safe accommodation' if they are at risk of homelessness as a result of domestic abuse. Given that research shows that at least 54% of homeless women have experienced domestic abuse [14], this is a welcome reform.

Anti-social behaviour laws

People affected by rough sleeping are frequently arrested, fined and served exclusion notices of various kinds because of where they have to sleep, use the toilet or spend time with friends. In the last ten years, even though some archaic legislation has been repealed [15], there has been an increase in enforcement powers that can be enacted against people who rough sleep or beg for money from the public. They include:

- *Anti-Social Behaviour, Crime and Policing Act (2014)*
- *Policing, Crime, Sentencing and Courts Act (2022)*
- *Anti-Social Behaviour Action Plan (2023)*

Question for reflection

Whatever your views on this, it could be useful to reflect on where you think public money is best spent if we genuinely want to end homelessness and poverty?

Further reading

For a practical guide about navigating the *Care Act* with people experiencing homelessness and multiple disadvantage, the toolkit by produced by VOICES is excellent.

What is... an adult social care assessment? (Research in Practice) You can read more about enforcement powers used against homeless people here.

Safeguarding

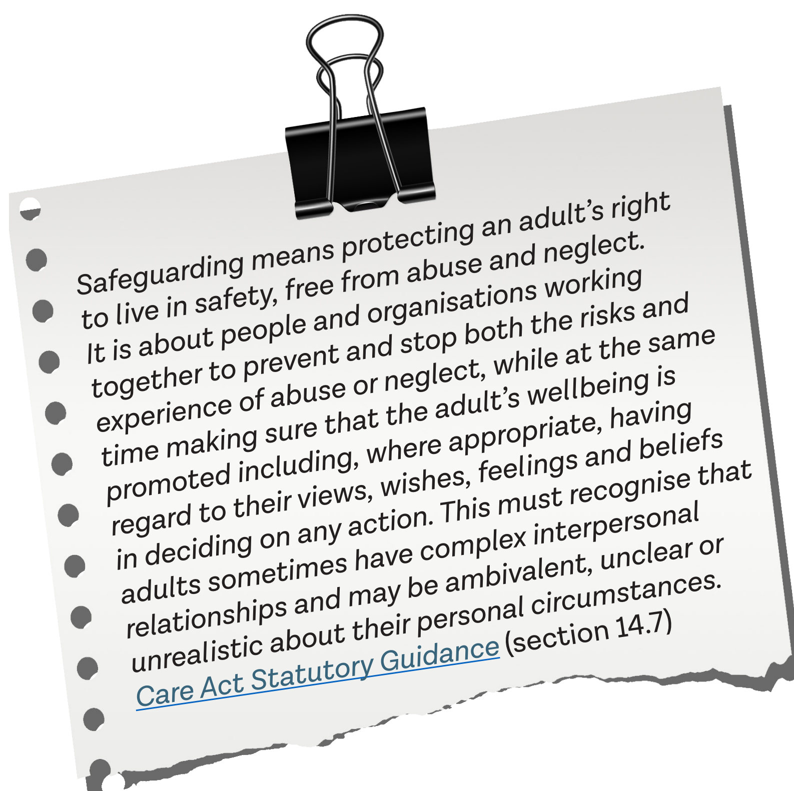
safeguarding
noun
The action of keeping safe or secure.
(Oxford University Press, 2023)

We often hear the term 'safeguarding' used in the context of people experiencing homelessness and multiple disadvantage. But what does this word really mean – and what is it used for?

Within homelessness services, 'safeguarding' is often understood in quite broad terms around keeping people safe. Whilst this makes sense in everyday life, it can be confusing when the word is used differently elsewhere.

For example, in adult social care, 'safeguarding' is defined more specifically. It is about preventing harm and reducing the risk of abuse or neglect to adults who have care and support needs. In social care, safeguarding is a verb (a doing word) rather than a noun (a thing). The safeguarding processes that local authorities undertake prioritise people who have care and support needs, are at risk of abuse or neglect, and can't keep themselves safe because of those needs.

Making Safeguarding Personal (MSP) offers an approach to safeguarding that embraces people's individuality. It promotes relationship and strengths-based practice, acknowledging the complexity of people's lives and potential practice challenges for safety and safeguarding. MSP provides resources which support working alongside individuals to achieve resolution and recovery in their lives.



It is an approach to safeguarding that embraces people's individuality. It promotes relationship and strengths-based practice, acknowledging the complexity of people's lives and potential practice challenges for safety and safeguarding. MSP provides resources which support working alongside individuals to achieve resolution and recovery in their lives (see Local Government Association for more information).

Taking a radical social justice perspective on safeguarding adds a further important dimension. A radical approach requires us to carefully reflect on the individual's experiences and critically consider the wider context for safeguarding, including their experiences of, and responses, to social inequalities and injustice.

It challenges us to think deeply about:

- how we uphold people's rights to live in safety whilst maintaining their autonomy
- how we show solidarity with people experiencing systemic oppression and harm
- how we recognise and respond to power
- how we act with accountability in this most important area of work.

Homelessness is an intersectional issue

intersectionality

noun

1. Sociology. The interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage; a theoretical approach based on such a premise. (Oxford University Press, 2023)

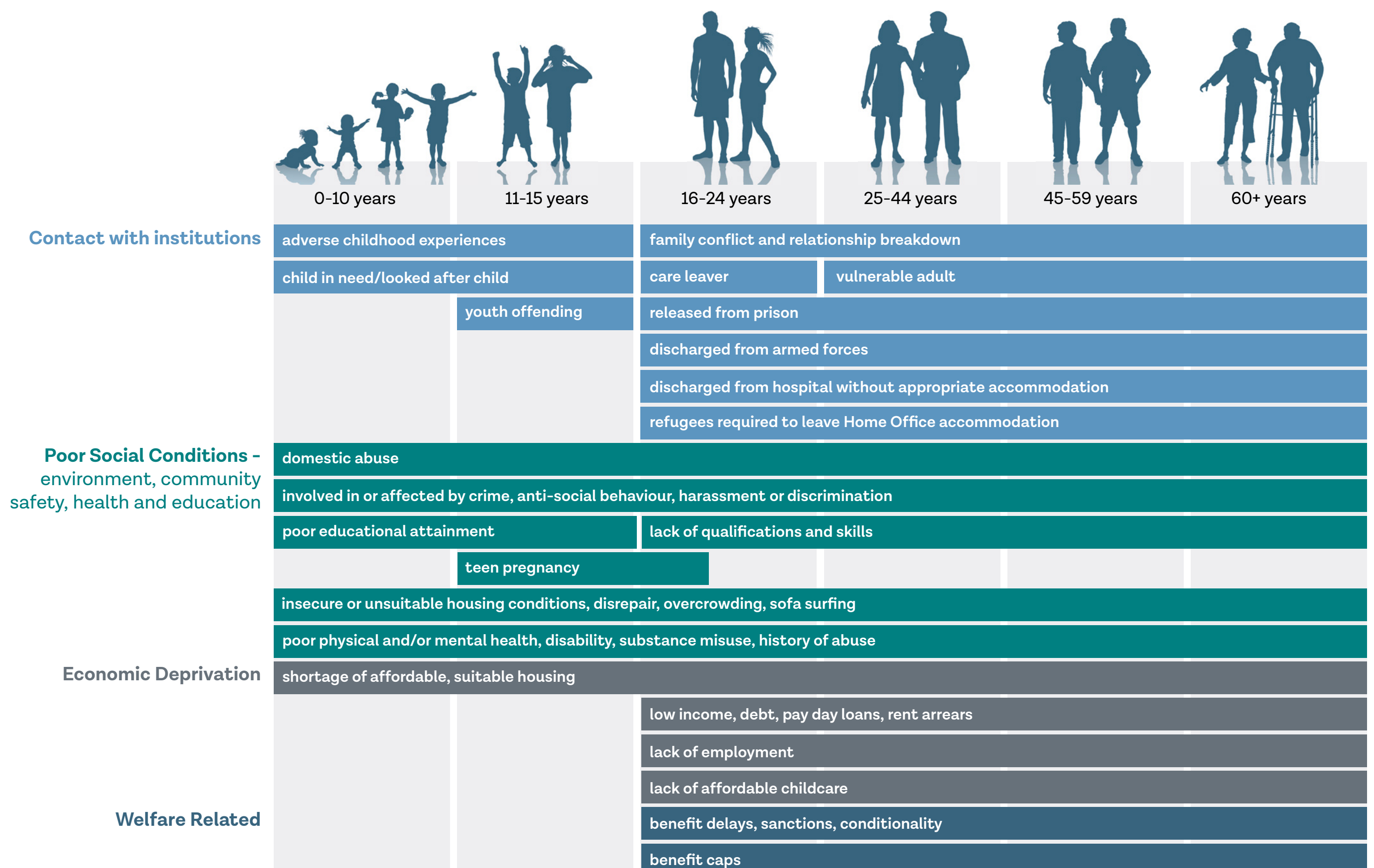
Class and poverty

The events that trigger homelessness happen to most of us at some point in our lives - for example, the end of a relationship, a bereavement, or loss of employment. Most people don't become homeless when these things happen. For people who don't have financial, familial and other safety nets, these events can expose them to the risk of homelessness [16] and, with it, the risk of abuse, neglect and exploitation.

- Losing a private rented sector tenancy is now the leading cause of homelessness [17].
- 25% of the homeless population is estimated to have been in local authority care [18].
- Rough sleeping has increased by 74% since 2010 [19].
- As few as 5% of people who are rough sleeping or living in hostels are in paid employment [20].

The following diagram illustrates how poverty and poverty-related deprivation increase the risk of homelessness because they impact on protective factors such as wellbeing, education, employment histories, relationships and support networks. Homelessness is a cause and consequence of poverty through the life course.

Triggers, causes and risk factors at different points in people's lives



Watch

There are some powerful and important portrayals of the connections between work, money and rough sleeping.

Uncensored: The Story of Mike (2022)

Homeless by the Sea (2019)

I, Daniel Blake (2016)

Race and migration

Racism and racial inequality are built into systems of law, policy and practice [21, 22]. This increases the likelihood that racialised people will experience unemployment [23], health [24] and care crises, homelessness [25] and criminalisation [26]. It also affects how they are treated by professionals.

The systems we work within create barriers for racialised people when they are seeking help [27]. Failing to address racism, harassment and hate crime, alienating immigration restrictions, and the over-policing of black and migrant communities all contribute to the risk of homelessness, and disillusionment with statutory services and other professionals.

- Rates of homelessness for Black people in the past five years are three times higher than for White British people in the same period [28].
- 51% of people estimated to be sleeping rough in London on a single night in autumn 2022 were non-UK nationals. Across the rest of England, 27% were from outside the UK [29].
- Although data collection is limited, people who die whilst homeless are disproportionately from Black and Global Majority backgrounds [30].
- In the year to March 2022, Black people were almost five times as likely to be detained under the *Mental Health Act* [31], which is a known homelessness trigger [32].
- Black women are also more likely to be part of the homelessness and social care workforce than other ethnic groups [33], so understanding and challenging racial inequality in our teams and organisations is crucial anti-oppressive practice.

Questions for reflection

Q Who is perceived as more competent and why?
Q Who is in positions of leadership?
Q What impact does race have on how our team works together?
Q How are my colleagues affected by racism at work? What can we do to tackle it?

Further reading and resources

Homeless Link - *Unlocking the Door: A roadmap for supporting Non-UK Nationals facing homelessness* (2022)

13th (2019): This film maps how historical racism is connected to experiences of poverty and criminalisation. Although set in the US, there are clear parallels with our own colonial history and its effects. Currently available to watch on Netflix.

A film about homelessness in Bristol - *This Aint Living* (2022)

Gender

Discrimination, violence and exclusion related to gender cause homelessness, and can also affect the help available and the experiences someone will have whilst they are homeless.

- The number of women rough sleeping in 2022 increased by 44% when compared to the previous year, a higher rate compared to the overall figure for rough sleeping which had increased by 26% in the same time period [34].
- Despite this rise in the number of women rough sleeping, 83% of people who rough sleep are single men [35].
- In England and Wales, the average age at death for homeless men is 45, and for women it is 43 [36].
- One in four transgender people report experiencing homelessness in their lifetime [37].
- One study stated that: '...domestic abuse and other forms of gender-based violence are near universal experiences for women who experience homelessness' [38].

The UK's first ever women's rough sleeping census took place in London in autumn 2022. It concluded that definitions of rough sleeping, and the methods of quantifying it, make women's homelessness less visible which prevents them from accessing vital help [39] and exposes them to the continued risk of violence and exploitation.

Believing, recognising and responding to the trauma many people affected by homelessness will experience is a gender-informed practice. Although much of the guidance on trauma-informed work relates to women, people of all genders are exposed to and experience unique and contextual risks related to their gender. This blog provides some really helpful food for thought on trauma-informed practice.

Further reading and resources

Read

Single Homeless Project: *Sandra's Story*

Homeless Link Handbook: *Ending Women's Homelessness*

Watch

SHP Charity (2021) *Hidden Homelessness: The experiences of women in Camden*

Groundswell (2021) *Clarissa*

Sexuality

Discrimination, violence and exclusion related to sexuality are all factors that can cause homelessness, and also affect the help available and the experiences someone will go through whilst they are homeless [40]. As with race and migration, it's also useful to think about gender and sexuality in terms of the homelessness and social care workforce - **how are we tackling sexism, homophobia and transphobia in our partnerships and teams?**

- 16% of homeless LGBTQ+ young people were forced to do sexual acts against their will by family members before they became homeless [41].
- Approximately 28% of disabled LGBTQ+ people have experienced homelessness [42].
- The results of one in-depth survey indicate that LGBTQ+ women are more likely to become homeless than LGBTQ+ men [43].
- 28% of people who seek asylum in the UK on the basis of their sexuality, have their claims rejected [44], which is a known homelessness trigger.

Sadly, the research and data collection is too limited to be able to properly ascertain the true reality of homelessness for adults with LGBTQ+ identities [45]. There are painfully few specialist services for LGBTQ+ people; grassroots organisations like The Outside Project and Micro Rainbow provide solidarity, housing and support. This is important for practice because gaps in knowledge can lead to uninformed professional attitudes about LGBTQ+ health needs, experiences of crime and family/support structures.

Further reading and resources

Read

Homeless Link and The Outside Project have produced this brilliant handbook: *Supporting LGBTQI+ people in homelessness services*

Read about advocacy organisations like Say it Loud Club and African Rainbow Family.

Watch

Paris is Burning (1990). Available on BBC iPlayer here.

Less (2021). A film documenting LGBTQ+ homelessness experiences. You can arrange a screening by getting in touch with Stonewall Housing here.

Health and disability

The Centre for Homelessness Impact highlights that both UK government data and research show that disabled people are more likely to experience homelessness than non-disabled people [46].

Disabled people and those living with long-term health conditions are also exposed to additional and different risks of abuse and neglect because they may need to rely on family members, paid carers and others to provide care and support. Disabled people, especially those who are learning disabled or neurodivergent, face additional and discrete barriers to disclosing abuse, communicating in ways that are believed, being understood by professionals and being able to make their own decisions about what a safe and happy life looks like [47, 48, 49].

In the UK, you're considered to be disabled under the *Equality Act (2010)* if you have a 'physical or mental impairment' that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

However, for this to be recognised, and support offered where needed, people need access to timely and responsive information, health and care assessments, treatments and services.

- People affected by homelessness are less likely to have a GP [50] or dentist [51].
- A recent study found that nearly a quarter (24%) of homeless people admitted to hospital had been discharged to the streets [52].
- People who rough sleep are more likely to experience frailty younger in life [53].
- Between 2018 to 2022 in England, households accepted as homeless because of physical ill health or disability increased by 73% [54].
- People who rough sleep are more likely to live with the effects of cognitive impairment [55].
- It's estimated that 18% of people affected by homelessness are autistic or neurodivergent [56].
- 82% of people experiencing homelessness in England have received a mental health diagnosis [57].

These factors contribute to the appalling loss of more than 1,000 precious lives every year. In 2022 the Dying Homeless project recorded 1,313 deaths, the vast majority of whom were under the age of 65 [58], with 13.4% of people who die whilst homeless ending their lives by suicide [59].

Homelessness is an experience at the intersection of health inequality and disability discrimination. Physical and emotional wellbeing look different for all of us - disabled people and those needing healthcare know what will help them feel safe and how services can best support them. A key point to remember is that accessibility is not a 'nice to have' and agencies and teams should consider physical and psychological accessibility in the provision of services and information. The Research in Practice Frontline Briefing *A social approach to supporting and empowering disabled people in housing* explores these issues in greater depth.

Further reading and resources

Read

LGA (2022) *Care and support and homelessness: Top tips on the role of adult social care*

The Research in Practice *Social Care Future: Evidence Review* presents five key changes needed in social care in order to unlock an equal life for people drawing on care and support. One of these key changes is 'living in the place we call home', which explores the challenges and barriers faced by people who draw on care and support in relation to the place they call home. Home is a place where we **want** to spend time as well as where we **have** to spend time. Home isn't just a building – it's the people and things that are in our home, too.

Watch

Crip Camp (2020)
This powerful film follows a group of people who played a key role in the disability and civil rights movement. Available on Netflix and Youtube.

Less? (2022)
This film documents the health experiences of people affected by homelessness. Available on Youtube.

Practical actions for health care staff (2019)
www.youtube.com/watch?v=2Xt0BS1xNrU

Trauma and violence

Trauma occurs when a person experiences or witnesses an emotionally or physically harmful or life-threatening event. It may be a single event or a prolonged or repeated experience (known as complex trauma).

Trauma and violence can be both a cause and effect of homelessness, and stereotypes about homeless people can make trauma invisible or appear as inevitable. Experiences of trauma can make people feel unsafe, untrusting of professionals and reliant on coping mechanisms that are perceived as unhealthy by others. Homelessness itself can be a traumatic event [60] and can be both a form and source of trauma [61].

- A study from 2016 found that people affected by homelessness are 17 times more likely to be victims of crime than the general public [62].
- More than one in three people have been deliberately hit, kicked or experienced other violence whilst homeless [63].
- At least 52% of people who were accessing support from a domestic abuse service also required additional help in order to secure new accommodation or stay safe in their own home [64].
- People who have fled or fought in wars are at an increased risk of homelessness when they leave asylum accommodation [65].
- 85% of those in touch with criminal justice, substance misuse and homelessness services have experienced trauma as children [66].

That some of our most marginalised neighbours are subjected to violence like this is a shame that hangs over our society. Much more than radical practice is needed to resolve this epidemic of abuse and victimisation. However, when we work in trauma-informed and trauma-responsive ways we can provide support that recognises individual coping strategies and works with, rather than against, them. When we understand trauma and make space for the triggers and expressions of it in the people we support, we can also better understand what might help someone feel safe or reduce the risk of abuse and neglect.

Further reading and resources

Read

Torbay Care Trust – *Serious Case Review Executive Summary - Ms. Y*: www.yumpu.com/en/document/view/27103363/ms-y-torbay-care-trust

Homeless Link has a number of practical resources offering advice about implementing trauma-informed services: https://homeless.org.uk/knowledge-hub/trauma-informed-care-and-psychologically-informed-environments

The Research in Practice Frontline Briefing *Embedding trauma-informed approaches in adult social care* explores how trauma-informed approaches and relationship-based practice can help with a healing process for trauma survivors.

Watch

The Wisdom of Trauma (2021)

NHS South East Clinical Delivery and Networks (2020) *Homelessness and Rough Sleeping, trauma informed care webinar*

Pathway Homeless Health (2019) Survival, Complex Trauma

Radical principles

The toolkit is about turning reflection into action. By embedding radical principles into how we think and talk about our work, we can challenge inequality and discrimination affecting individuals and make connections with systemic inequalities and social movements seeking social change.

The following pages outline some principles for radical reflection and action in social care and homelessness practice.

Solidarity

noun

1. The fact or quality, on the part of communities, etc, of being perfectly united or at one in some respect, esp. in interests, sympathies, or aspirations;
2. Community or perfect coincidence of (or between) interests.
   (Oxford University Press, 2023)

Solidarity is not about seeing ourselves as the same. Social justice movements encourage us not to create or reinforce imagined differences and divisions, but to value the things that connect us and that we all need to live good lives. It can be a feeling of unity and togetherness, but it is also a principle for action.

A lot of work with people affected by homelessness is based on charitable principles i.e. helping people worse off than ourselves, out of feelings of generosity and sympathy. Solidarity is a bit different - it's about working together, in recognition that something that harms one of us harms all of us. It is also more respectful than sympathy because it doesn't view the person we're supporting from a place of deficit.

As radical practitioners, this means thinking about what we have in common with the people we support and working together to achieve things from a position of solidarity, not sympathy.

Questions for reflection

Q In what ways do the things that are going on in your personal life connect with the things you are supporting people within your work?

Q If you think about your housing experiences, can you make connections with the experiences of the people you work with?

Q Does your team or service work from a position of solidarity, or of charity?

Q How are people you support at work involved in bringing about changes to services and systems?

Autonomy

Noun

1. Autonomy means making your own decisions – big and small – about your own life. By extension, it means being supported (if you need and want support) and informed (if you need and want information); but not influenced, manipulated, ignored or bullied. (SCIE, n.d.)

Commitments to choice, control and person-centred care are not new in social work and homelessness services. However, the choices available within the current system are often limited, unimaginative and rarely offer people genuine autonomy and freedom. Some of these limitations affect our autonomy as practitioners, and others directly affect the people we support.

Social justice movements about women's suffrage, abortion, disability justice and transgender healthcare remind us of the ways that some people are not afforded equal autonomy over their bodies or access to legal rights, due to discrimination around their identity, characteristics or behaviours. This is especially relevant for people whose autonomy has been violated by the trauma of abusive relationships, prisons, mental health wards, refugee camps and immigration detention centres. Autonomy is one way we can support people to heal from these experiences.

As radical practitioners, we can maximise opportunities for people to make choices and determine their own paths in life, even if we don't always agree with the choices they make.

Questions for reflection

Q What does autonomy feel like to you? How do you react when you feel it being taken away?

Q Can you identify some people you work with who are granted more autonomy than others? What is that about and where does it seem unfair or unjustified?

Q What everyday choices are restricted for the people you work with, for example around accommodation, visitors, appointments, meals? How can you bring more autonomy into that?

Q How do you feel when the people you support make autonomous choices which feel unwise or risky to you? How do you recognise and respond to the emotions they cause in you?

Accountability

adjective

1. The quality of being accountable; liability to account for and answer for one's conduct, performance of duties, etc.
   (Oxford University Press, 2023)

Accountability is about taking responsibility for the choices we make and the impact of the decisions on the people we work with.

Social justice movements frequently seek accountability from statutory bodies for harm, caused accidentally or intentionally, against people who are marginalised or at risk. The United Families and Friends Campaign (www.uffcampaign.org) is one such coalition Although many services and organisations have complaints procedures, appeal processes and learning mechanisms, these movements show us that often these processes don't bring about real accountability, justice and change.

These movements show us that race, gender, sexuality, disability and immigration status are all factors in the harmful experiences people go through, but may be invisible to those who don't experience them. They also show us that meaningful accountability is about listening to people's experiences, being honest about how they happened and genuinely learning from them.

Questions for reflection

Q What does accountability feel like to you?

Q What does accountability in the context of safeguarding make you think about?

Q How is accountability promoted in your context – and what do those measures achieve?

Q How might deeper accountability be encouraged, so that people can truly learn and make change together?

Power

noun

1. Ability to act or affect something strongly; physical or mental strength; might; vigour, energy; effectiveness.
2. Legal ability, capacity or authority to act; legal authority vested in a person or persons in a particular capacity.
   (Oxford University Press, 2023)

We can feel powerful and we can use power. People who feel empowered usually feel this way because they are confident they can do the things they want to do in their lives.

Social justice movements show us that we are more powerful when we work together to make change than when we try to do things alone. It also shows us that when people feel empowered, they believe in themselves and others, and so are more likely to achieve results.

They also teach us that sometimes power can be invisible; hidden in the structures of our organisations, our policies and our decision-making. It can be complicated to understand where, with who and in what ways power has an impact on us, our work and the people we work with.

As practitioners, our role is to reflect on the power we have individually, understand how that differs from the power of those around us and work together to think about how we might use our collective power to influence change.

Questions for reflection

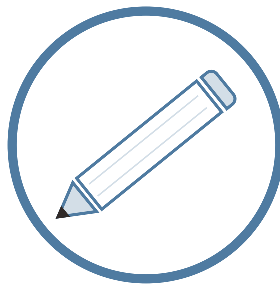
Q How do you think about power in relation to safety and safeguarding?

Q What powers do you hold, or lack, and what impact does this have when working with others?

Q How can you build and share power with others in order to promote radical safeguarding practice?

Further reading

The Research in Practice resource *Sharing power as equals* looks at how power imbalances within the social care system can lead to exclusion and inequality.



Tools, tactics and reflections

Contents

Exploring power and marginalisation

Reflective relational conversations

Confident and collaborative challenge

Language matters

Curiosity is care

Radical communities of practice

Forcefield analysis

Building radical cultures

Systems mapping

Responding to burn-out

Radical practice reading list

This final section provides activities, tools and reflections that encourage radical thinking and practice that takes an anti-oppressive approach. Look out for the radical principle symbols below to help reflect on how each tool might enable you to bring these into your work.

As with the rest of this resource, please use the tools in a way that feels most useful to you. Most of the tools were developed specifically for this toolkit – others were adapted from existing resources. Change them, add to them, make up new ones of your own and look online for ones made by organisations or groups you identify with.

There are many other brilliant resources that go into much more detail. Importantly, many also platform the voices of people with lived experience of abuse, homelessness and social care. Some of them are listed in the radical reading list at the end of the resource.

Understanding power and marginalisation

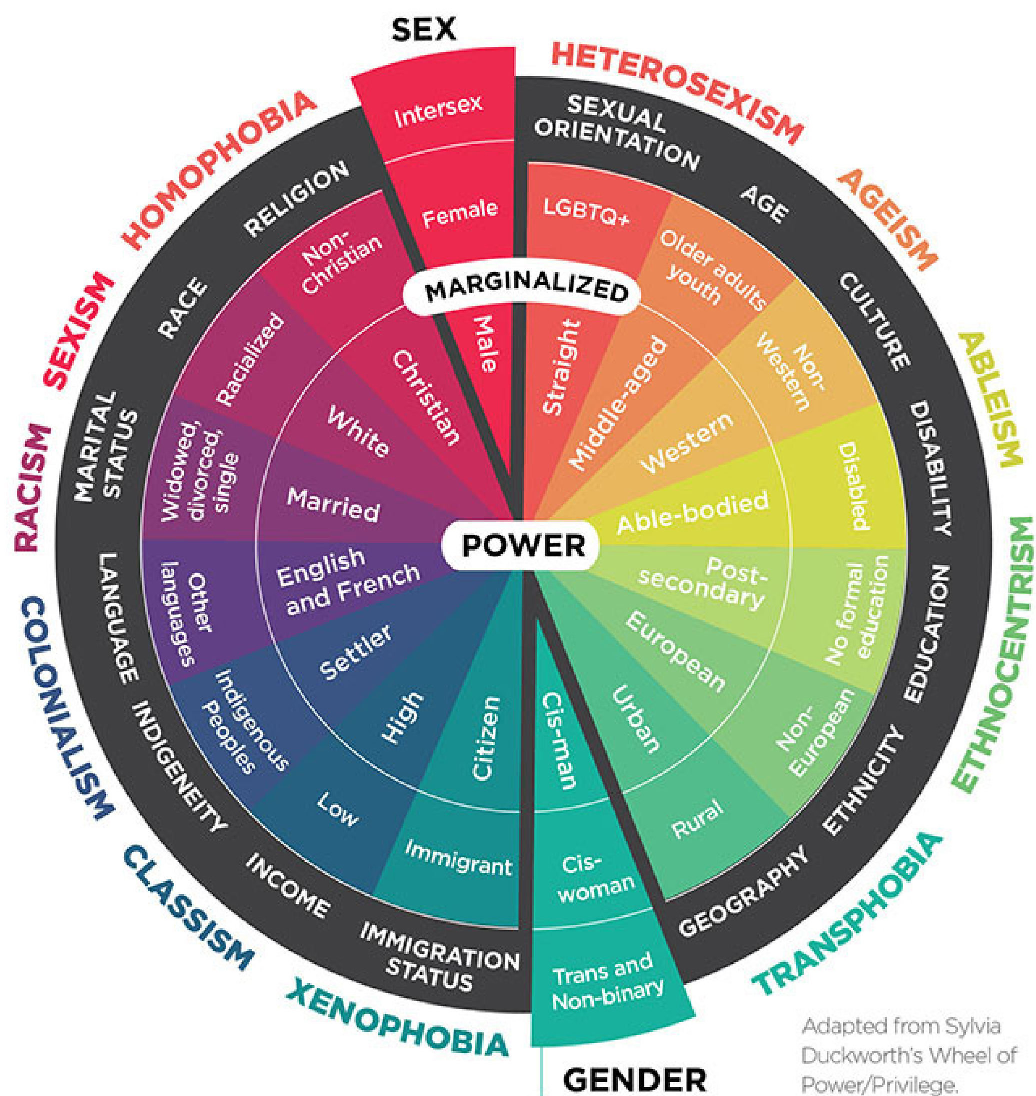
This is a reflective tool designed to provoke discussion about how identities shape our personal and social lives. It can be completed alone or as a group.

The segments of the wheel describe categories of experience and identity. The words around the outside describe forms of marginalisation people can experience in relation to those identities and experiences.

The real world isn't neatly ordered into those who have power and those who don't. Just because a particular group or identity is marginalised, doesn't mean those people don't feel empowered and vice versa. Context and situation are important things to think about as you work through this activity.

Using the tool could help to unveil risks and protective factors related to systemic inequality that may be impacting your colleagues and people you support who experience homelessness.

Bauer's 'Wheel of power' [66]



Some gender identity terms include:

Agender	Genderfluid	Gender neutral	Transgender man
Bigender	Genderqueer	Non-binary	Transgender woman

Description

- Complete this activity in a comfortable space where you won't be disturbed. Plan enough time so you are not rushed through the process and add a few minutes buffer time after to decompress.
- Go through the wheel and assess your proximity to power or to marginalisation for each category. Circle your position in each of the various dimensions. Feel free to write on it if you use a different term to describe your identity or where you think something is missing.
- Be kind as you do this: the intention is not to judge yourself or others, but to reflect on how power and marginalisation impact our lives in different ways. If it brings up difficult feelings, take a break.

Questions for reflection

Q What did you learn about yourself through this wheel?

Q How has it made you think about the different ways we experience power and marginalisation?

Q How might this mapping help us make more intersectional judgements about the people we work with and how much power they have in their lives?

Q How might this mapping help us to understand the safeguarding risks and protective factors that people experiencing homelessness face?

Reflective relational conversations

This tool provides prompts to help you think about or initiate conversations that build strong relationships where change feels possible.

With people you support:

- How would you describe yourself to someone who doesn't know you yet?
- What's the most important thing that you want me to know about you?
- What kind of relationship do you want to have with people who support you?
- How can we build trust in each other?
- How will you let me know if something I said/did didn't feel good to you?
- When you're not in the room, how would you like me to talk about X situation/need/goal?

For yourself:

- How did I act during X situation?
- How did my personal values show up in what I did?
- What are my most valuable relationships at work, and why?
- What opportunities do I have to share my opinions and reflections about my work with others?
- What have I done at work that has contributed to positive changes?
- How could I do more to challenge prejudice and discrimination?

With your team:

- What would it take to embed radical practices in our work?
- How can we strengthen radical principles in our work?
- What do we do that has the most meaningful impact?
- What is the one thing that would make it easier for us to introduce anti-oppressive practice?
- What factors affect our ability to make change?
- What is one risk our team took together in the last month/year?

With your partners:

- What can we do to make more space to share our knowledge with each other?
- What have we learnt together in the last month/year?
- What could help us work more collaboratively? What are the barriers to that? What can we do to address inequality and discrimination facing the people we support?
- How can we work best together to influence positive change on this issue?

Further reading

Exploring Unconscious Bias and Racial Microaggression in the Workplace: Practice Tool.

Difficult conversations in social care: Frontline Briefing.

Confident and collaborative challenges

This tool provides opportunities to think about how you might raise constructive challenges within your working context.

It can be difficult to challenge or question people in meetings, especially if you are more junior, if you are the only person with lived experience in a room or if you are pointing out something that others may perceive as personal to you, such as sexism or racism.

Sometimes we can feel unable to ask questions in case we seem stupid or confrontational. But if you're not sure, chances are someone else in the room isn't either!

When we feel frustrated or upset, we can be less generous in our interpretation of other people's intentions. It's useful to notice what's going on for you when you disagree with someone.

However, it's important that people are able to evidence the things they say, especially if this relates to decisions about a person's life. It's crucial to be clear about what is an opinion/interpretation versus what has actually been witnessed or disclosed by the person.

Asking for clarity, evidence or explanation is part of working ethically and effectively with people drawing upon care and support. You are right to challenge or clarify things you don't understand or that don't feel right.

The section below provides some suggestions for doing this. The aim is to work from a place of confident generosity, expecting the best of each other whilst acknowledging that some people will not respond well to challenge, however gently we frame it.

> Could you explain that **[insert name of policy/legal decision/acronym/jargon]** a little more please, for those in the room not familiar with your field?

> Would you be able to let me know how you came to that decision/conclusion please?

> I can't see anything in the notes formally recording that **[insert behaviour/diagnosis/capacity/decision, etc]** and I want to make sure I have all the information available. Where can I find the evidence of that?

> Could you clarify what you mean by **[insert word that feels harmful/prejudicial/stereotypical]** please? This person experiences quite a lot of prejudice regarding [his/her/their] [race/gender/sexuality/size/age, etc]. Therefore, I just want to make sure that we don't accidentally fall into the same trap.

> I recently found out that [word/phrase] has historically been used negatively towards [women/disabled people/migrant communities/trans people, etc]. I'm sure you didn't mean it that way, but could we think of a different word to use instead please?

> Could we take a few minutes to consider the impact of [age/race/gender/sexuality/disability/religion/class background, etc] on **how [insert person's name]** responded to that situation?

> I think it could be important to understand a bit more about how [his/her/their] identity and experiences relate to this risk. At the moment we might be making quite a lot of assumptions. Can we pause this discussion until the lead professional has been able to speak to him/her/them please?

Language matters

The language we hear about ourselves has an impact, which can be negative or positive. People who are living extremely marginalised lives often feel isolated, different, unwanted and unseen by others and the language used about people contributes to this.

Further reading

The *Rewriting Social Care* blog helps us think more about the language we use.

As an example, think about the phrase 'a rough sleeper'. If someone is living with cancer, how would it feel to be referred to as 'a cancer'? Probably not very nice, because cancer is a really difficult thing someone experiences, but it doesn't define who they are. To be described like that might make you feel as if you were the cancer, and not that it was harming you [67].

Use the left-hand box below to explore words and phrases that could feel negative or harmful to the people you support. Then use the right-hand box to think of alternatives. You could also complete this exercise with someone you're working with in order to understand the words they prefer to be described by. Consider sharing your thoughts with your manager or team for discussion at your next team meeting.

Negative/harmful	Possible alternatives

Curiosity is care

'Professional curiosity' means being interested in the people you support, so that you see them as a whole person and not just a list of needs, risks and experiences.

Understanding how people respond to certain situations helps you get to know them and helps them to build trust with you.

Here are some prompts to explore risk and safety – this is not a checklist so don't limit yourself to these questions, get curious!

It can be revealing to work through the questions yourself. Notice if you feel vulnerable or exposed, think about when these topics could feel useful and when they might feel invasive.

How could you make someone feel more comfortable, safe and listened to when taking about risk and safety?

I feel happiest when I ....

When I feel frustrated I ....

When people let me down I ....

In times of crisis I ....

When I feel nervous or worried I ....

When I need space for myself I go to ....

Although I know that .... is not good for me, I do it because ....

The people I trust the most are ....

Things that help me to feel calm include ....

If I need help I will usually ....

If I am .... that's a sign I'm not doing very well.

If you notice I ...., then I would like you to ....

If I don't turn up for an appointment, I would like you to ....

When I am ...., I would prefer it if you did not ....

Because of past experiences, I find .... very stressful/difficult/upsetting.

I don't like to talk about .... because ....

Further reading

The Research in Practice Strategic Briefing *Professional curiosity in safeguarding adults* shares learning from research and Safeguarding Adults Reviews. It also explores the nature of professional curiosity, and what might inhibit or support a culture of curiosity within organisations.

Radical communities of practice (Part one)

Communities of practice offer radical practitioners a space to explore issues, ideas and ways of working that challenge harmful safeguarding practices and value anti-racist, feminist, disabled and queer ideas and voices. They are not a space for discussing individuals - use them to step back from your role in order to reflect on and explore a topic, with the aim of learning from others, and together, about radical anti-oppressive practice.

Communities of practice have already been used successfully between homelessness and social care practitioners, leading to the sharing of concerns, resources and ideas [68]. This tool offers practical information and ideas to help get you started.

To set up a community of practice, you need:

- A quiet private space (in-person or online) to meet.
- A group of between 5 and 30 people works best.
- Someone who will facilitate the discussion (this works better if different group members take a turn as facilitator, which is great for building confidence and for noticing group dynamics).
- Some kind of group agreement about language, confidentiality, aims, etc (there is an example of a group agreement on the next page, but you can also find them online, sometimes called 'terms of reference').
- It can be helpful for everyone to read or watch something beforehand as a starter (this could be as simple as a question to think about, a YouTube video or something longer like an article or a film which is relevant to the issue you're discussing).
- A regular time and day to meet (perhaps once a month, for example).

Further reading

There are lots more resources about developing communities of practice available online.
This Research in Practice tool offers support to develop a community of practice in your organisation.

Radical community of practice (Part two)

Group Agreement

Background: The concept 'community of practice' was first proposed by cognitive anthropologist Jean Lave and educational theorist Etienne Wenger in the 1990s. A community of practice is a group of people who '…share a concern or a passion for something they do and learn how to do it better as they interact regularly' [69].

Purpose of this group: This group has come together to explore and develop anti-oppressive and radical practice in supporting people affected by homelessness and the risk of abuse and neglect. Our aim is to learn together, from each other and from lived experience to improve the support we offer to individuals and each other.

Working principles: As a community of practice, we want to learn together about systemic injustice and anti-oppressive practice within our field. We recognise this may be challenging and confronting, especially for those whose social position benefits from racism and patriarchy. We are committed to acting with the radical principles of solidarity, accountability, agency and power towards, and with, each other.

We welcome respectful disagreement because this helps us explore different perspectives and experiences. We also recognise that we are all learning and sometimes this may mean we cause harm or upset without realising.

However, we will not accept language or behaviour that intentionally justifies or encourages racism, misogyny, homophobia, transphobia, ableism, classism, ageism and all other forms of prejudice and violence towards marginalised people.

Confidentiality: Unless otherwise agreed, the details of community of practice discussions will remain confidential. However, group members are encouraged to share what they have learnt with others in their teams and organisations.

Membership: The group is open to **[name a team, or it could be anyone who works in this sector]**, in **[insert location]** and who shares our commitment to the working principles outlined in this agreement.

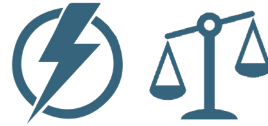
Decision-making: The group does not have the power to make decisions about ways of working, but from time to time we may come together to make a proposal about best practice, or to highlight harmful practices to decision-makers if that feels appropriate.

Facilitation: Facilitation/chairing of the meeting will rotate every two sessions. We will make sure that people with lived experience and those affected by racism, ableism, and other systemic injustices are actively encouraged to chair the group.

Sessions: The community of practice will meet every **[insert regularity]**.

Meetings will be **[insert place or state 'online']** unless otherwise agreed and will be **[insert duration, 1.5-2hrs is usually sufficient]** in length.

Forcefield analysis - factors that influence change



- Can be completed alone, but works best as a group discussion.
- If the change is complex, break it down and complete an analysis for each element so you can reach genuinely practical steps to be taken towards your change.
- Be honest, what is it that's **really** pushing against the change?

Describe the change you are hoping to make:

What are the driving forces?

What are the restraining forces?

What steps can be taken to strengthen them?

What steps can be taken to loosen them?

Building radical safeguarding cultures (Part one)

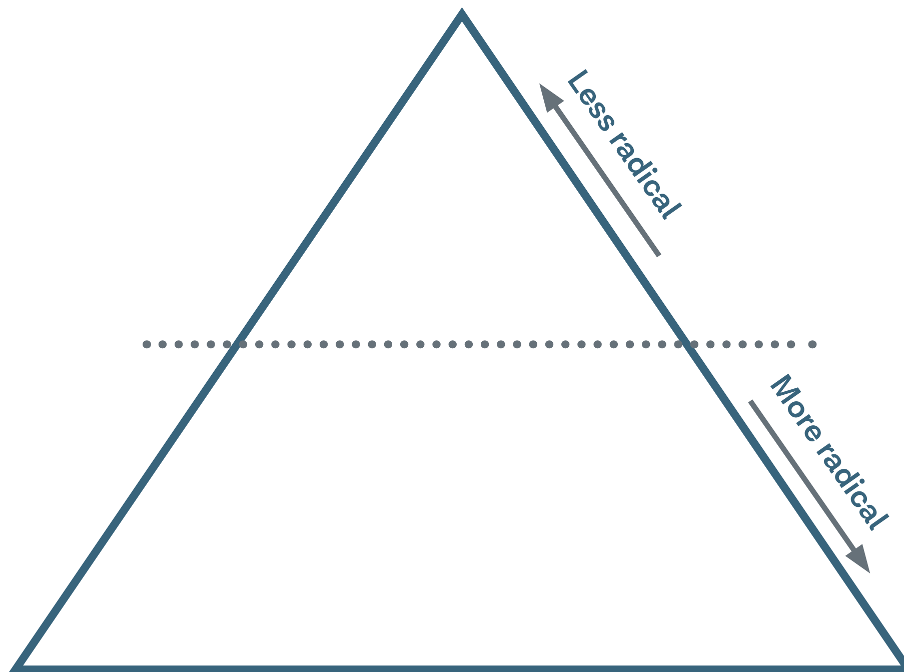
This tool helps us to consider the following question:

What is the safeguarding culture like in your organisation/team?

Safeguarding is much more than making referrals/alerts or carrying out Section 42 enquiries about someone at risk of abuse or neglect. Most safeguarding work takes place as part of everyday practice, which is shaped by organisational values and behaviours.

We can influence team and organisational cultures to prevent and reduce risk in ways that adopt an intersectional, radical lens. Get involved in consultations and discussions about new policies and ways of working. It can feel awkward to speak out against something that others ignore, or to advocate for anti-oppressive practice when others prefer the status quo. Thankfully, you often find more support than you expect.

A good place to start is in your own team – what evidence can you find of more or less radical elements within the policies, practices, behaviours and values?



Activity:

- On a piece of flipchart paper or an online tool like Canva, draw the image above as big as you can.
- Discuss the safeguarding policy and practice in your work, and your thoughts on how it connects with radical principles of solidarity, agency, power and accountability. Write or use post-it-notes to plot them on the triangle.
- There's an example on the next page with the types of things you might identify (don't worry if your diagram isn't that busy)!

Building radical safeguarding cultures (Part two)

Have a look at the practices outlined in the image below and consider if any of them are familiar within your team?

Less radical

Policies that use punishment to change behaviour.

Poor confidentiality, open office conversations, paperwork left on desks.

Blanket policies about involving statutory organisations when someone is affected by harm.

Victim blaming.

Questioning capacity rather than first considering why someone might be making certain choices.

Sharing information with police, Home Office and other statutory agencies without consent or prior discussion.

More radical

Reflective and open conversations about the harm that professional intervention can cause/exacerbate, especially to those who have been incarcerated, detained or institutionalised.

'Peer panels' and 'talking circles' to support people exposed to risk to explore what they need.

Safety planning rather than risk assessment; strength-based practice that considers triggers, trauma and protective factors.

Co-produced policies about how your organisation will respond to harm, violence and abuse.

Enforcement action, sanctions and exclusions are avoided wherever possible, and partner agencies largely agree with a supportive approach.

Independent advocates available when significant decisions are being made about someone's housing or care.

Training for staff about stigma, language and perception.

Naloxone training and availability

Meetings about people always include their input.

'Know your rights' workshops for adults at risk of arrest, mental health detention, safeguarding and other statutory involvement.

People in the team feel confident to challenge oppressive and discriminatory language, practice or outcomes.

Incident debriefs and dedicated fatality reviews.

Questions for reflection

- What could you do to shift some of these practices, in order to respond to risk and vulnerability in more radical and intersectional ways?
- How can you build more solidarity into your safeguarding culture?

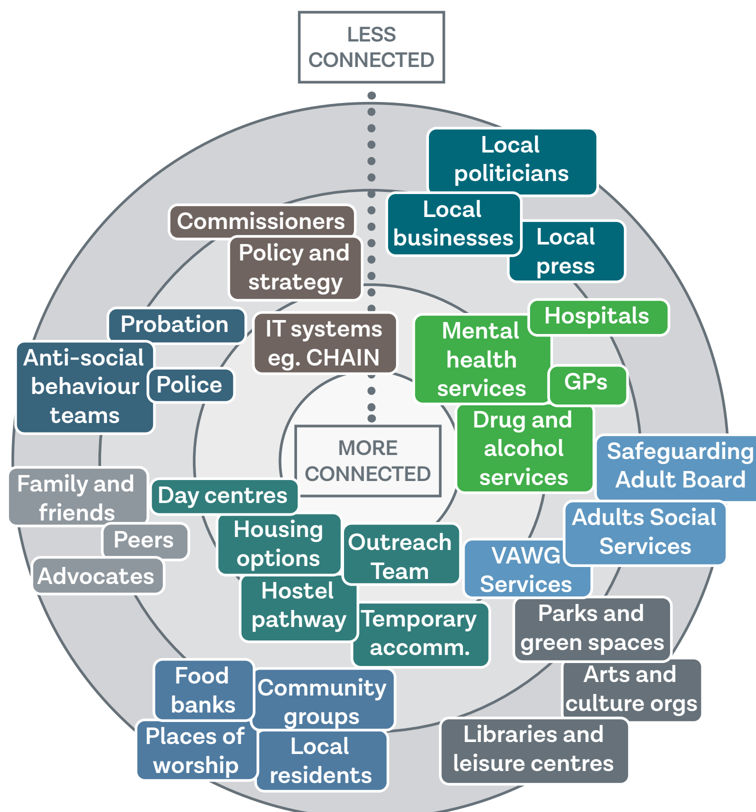
Systems mapping

‘Systems thinking’ explores the connections between individual experiences and the forces that shape them. Research recognises that no one service or person can make change happen - a whole-systems approach is needed to safeguard people affected by homelessness [70].

Systems mapping explores these connections visually. It can increase our understanding of local services and strategies, strengthen partnerships and help identify who has a role in addressing a particular issue or blockage in the system.

How to use the systems map:

- Get a big piece of paper, or several, and some coloured pens or post-it-notes.
- Write the idea/problem/issue in the centre.
- Draw or write the services, roles, places, strategies, laws, etc, which connect to the issue (drawing lines between those that are connected can be helpful) and place them on your paper.
- You might want to use different colours to identify different things – for example, laws, services or roles, or types of connections such as referrals, legal decisions, etc.
- There are loads of different systems-mapping examples available online. Some are quite complicated, but don’t let that put you off!



This is an imagined (and far from comprehensive!) systems map that shows connectivity between a person who is experiencing rough sleeping and local services. The map helps us understand who could be brought closer to an issue to help resolve it.

Responding to burnout

We know that in social care work of all kinds, practitioners experience significant burnout - not necessarily because of the people they work with, but often because of the indignities they witness as a result of flawed social systems [71, 72] and the pressures of unreasonable workloads and stretched resources.

However, within these frameworks it is possible to take action in individual and group anti-oppressive practice, even though this can sometimes feel difficult to hold on to. It is really important to find ways to replenish your own energy, motivation and agency to do this.

The following are a few things you could consider:

- We can feel less exposed and fearful by working with others to explore ways to prevent, minimise and reduce risk.
- We can employ professional curiosity to have different conversations with adults about risk, harm and safety.
- We can request reflective practice for our team so that we can discuss how we work together and what we want to do differently.
- We can do something that feels fun or creative with the people we support, rather than always needing to focus on the heavy stuff.
- We can join a union or workplace group to make sure that managers know what their staff need to feel safe and supported at work.
- We can make a list of things that make us feel good about our work and try to do at least one of those every day/week.
- We can use our agency to ask critical questions in meetings and suggest alternative safeguarding practices that resist stereotypes.
- We can keep a reflective journal about how we feel about our work as a way of releasing pressure, frustration and distress.
- We can identify alternatives to involving statutory services by exploring mutual aid and peer support.
- We can connect with other practitioners who want to embed anti-oppressive practice and imagine alternatives together.
- We can improve our legal literacy so we feel empowered to challenge decisions or assumptions we don't think are fair.
- We can watch TV and film that tells the stories of people who have changed history, so that we remember it is possible!

Further reading

The *Social Work Organisational Resilience Diagnostic (SWORD) Change Project* offers more resources to help create a workplace climate that builds the capacity for resilience.

Radical practice tools and reading list

Title	*The Radical Safeguarding Toolkit*
Author	Latifa Akay and Alex Johnston
Format	Online toolkit
Where?	www.maslaha.org/Project/radical-safeguarding
Synopsis	An anti-racist resource about children's safeguarding

Title	*The Little Green Book*
Author	Edinburgh Rape Crisis
Format	Online toolkit
Where?	www.ercc.scot/wp-content/uploads/2020/11/Little-Green-Book-2020-2.pdf
Synopsis	For people who have experienced sexual violence or want to understand more about how it affects people

Title	*No Recourse to Public Funds Web Tool*
Author	NRPF Network
Format	Online form
Where?	www.nrpfnetwork.org.uk/information-and-resources/web-tool
Synopsis	This tool can help you work out what help a migrant household might be entitled to

Title	*Safeguarding Toolkit*
Author	VOICES
Format	Online tool
Where?	https://issuu.com/voicesofstoke/docs/safeguardingtoolkit
Synopsis	A highly practical toolkit to help navigate the safeguarding system

Title	*Expert Citizens*
Author	Expert Citizens
Format	Podcast
Where?	Available on Spotify and YouTube
Synopsis	A podcast by and about people with lived experience of multiple disadvantage, focusing on peer support and involvement

Title	*If social work knowledge is still based on western values, can practice really be anti-oppressive?*
Author	Community Care Inform
Format	Blog
Where?	www.communitycare.co.uk/2020/02/03/social-work-knowledge-still-based-western-values-can-practice-really-anti-oppressive
Synopsis	Reflections on social work and anti-oppressive practice

Title	*Anti Racism – Leadership, policy and practice within the homeless sector*
Author	Homeless Link
Format	Webinar
Where?	https://homeless.org.uk/knowledge-hub/anti-racism-leadership-policy-and-practice-within-the-homeless-sector
Synopsis	A webinar exploring anti-racist leadership within homelessness services

Title	*How homeless services can be more inclusive and support young trans people*
Author	Albert Kennedy Trust and Homeless Link
Format	Guide
Where?	https://homelesslink-1b54.kxcdn.com/media/documents/Supporting_young_trans_people_in_homelessness_services_HkEagip.pdf
Synopsis	A guide about how to make homelessness services safe and inclusive for trans people

Title	*Reimagining Safety Beyond Safeguarding*
Author	National Survivor User Network
Format	Blog
Where?	www.nsun.org.uk/reimagining-safety-beyond-safeguarding
Synopsis	Reflections on the harmful practices and cultures that can sit behind statutory safe-guarding work

Radical reading list:

Title	*A Street Cat Named Bob*
Author	James Bowen
Format	Book (and film starring Luke Treadwater)
Where?	Most bookshops and streaming sites
Synopsis	An autobiography about a man who slept rough in London with his cat

Title	*Stuart, a Life Backwards*
Author	Alexander Masters
Format	Book (and film starring Tom Hardy)
Where?	Most bookshops and streaming sites
Synopsis	A provoking and confronting film that follows the life of a man who experiences homelessness and complex trauma

Title	Dope
Author	Dog Section Press
Format	Magazine (online & print)
Where?	www.dopemag.org
Synopsis	Quarterly magazine that raises awareness of injustices and possible solutions towards radical social change

Title	*Homelessness Matters*
Author	Emmaus
Format	Podcast
Where?	Available on Spotify and Apple Music
Synopsis	A podcast by people who have who have experienced homelessness

Title	*Dying Homeless Project*
Author	Museum of Homelessness
Format	Online
Where?	https://museumofhomelessness.org/dhp
Synopsis	A memorial and annual report about people who die whilst homeless

Title	*Social Workers Without Borders*
Author	SWWB
Format	Online
Where?	www.socialworkerswithoutborders.org
Synopsis	A group of social workers who use their professional skills to provide safeguarding support to people prevented from accessing safety due to discrimination

Title	*The Anti-Racist Social Worker*
Author	Tanya Moore and Glory Simango
Format	Book
Where?	Most bookshops
Synopsis	This book tells the story of a small group of social workers and occupational therapists who took action against racism

Title	*Unknown Soldier*
Author	David Tovey
Format	Video
Where?	https://davidtoveyart.co.uk/unknown-soldier
Synopsis	A powerful depiction of the experiences of homeless veterans, told by an artist who experienced it

Title	*Communicating effectively with inclusion health populations*
Author	Leigh Andrews and Dr Andrew Ward
Format	Video
Where?	https://vimeo.com/809721944
Synopsis	Practical suggestions for communicating effectively with people who are homeless and/or use interpreters.

Appendix – Additional legal content

Homelessness Reduction Act 2017

The *Homelessness Reduction Act* 2017 (HRA) amended the *Housing Act 1996*, and created new legal duties to prevent and relieve homelessness in England.

In addition to the statutory rehousing duty in the *Housing Act 1996*, the HRA gives **local housing authorities** further duties:

- If someone is threatened with homelessness, the housing authority must take 'reasonable steps to help the applicant to secure that accommodation does not cease to be available' (s.4 – the **Prevention Duty**). Housing authorities **must** take into account the particular 'needs and circumstances' of the individual when fulfilling this duty.
- If someone is homeless, the housing authority must take 'reasonable steps to help the applicant to secure that suitable accommodation becomes available' for 'at least six months' (s.5 – the **Relief Duty**). This is, however, a duty to take steps to help the person to find accommodation; not a duty to provide it for them.
- The Prevention Duty and Relief Duty apply to all eligible applicants, not only to those with 'priority need'. Nevertheless, a person may not be 'eligible' due to their immigration status.
- Housing authorities must also provide a personal assessment and response to people experiencing homelessness or threatened with homelessness (s.3).
- The HRA extends the period in which a household is defined as 'threatened with homelessness' from 28 to 56 days (s.1).

The HRA requires **homeless applicants** to cooperate with the housing authority in order to access support:

- For example, if the housing authority considers that the applicant has 'deliberately and unreasonably refused' to fulfil any step in their personal plan, the new 'prevention' and 'relief' duties can be ended. A written warning must, however, be given first, and the person must be given a 'reasonable' period of time to respond to it (s.7)

The HRA requires other **public authorities** to make a referral to the local housing authority if someone that they're supporting appears to be homeless or threatened with homelessness, and the person agrees to the referral being made (s.10).

Mental Capacity Act 2005

The courts have found that a local housing authority cannot accept an application for homelessness assistance from a person who lacks the mental capacity to make it. The **Court of Protection** or a **Personal Welfare Deputy** appointed by it can, however, make an application on behalf of a person without mental capacity.

The housing authority has the legal burden of establishing that an applicant lacks capacity, so it is important that housing practitioners are familiar with the *Mental Capacity Act 2005* (MCA) and its Code of Practice. Where appropriate, working proactively with other social, legal, or healthcare professionals is important in order to achieve a reliable assessment.

In many cases, individuals who are suspected of lacking the mental capacity to make an application will be eligible for care and support under the *Care Act 2014* (CA); and, for some, this support will include the provision of supported living accommodation or a care home placement. Similarly, some people who have previously been detained ('sectioned') under the *Mental Health Act 1983* (MHA) may be eligible for specialist accommodation as part of their statutory aftercare. It is important that housing, social care and health practitioners collaborate closely. It can help to identify the legal duties owed to a person suspected to lack relevant mental capacities and the legal powers that can be used to support them.

For instance, if a local authority plans to provide accommodation under the CA or MHA to someone who lacks the mental capacity to agree to the new arrangements, then the person will be entitled to an Independent Mental Capacity Advocate (IMCA) to 'represent and support' them.

If an applicant is assessed as lacking capacity to make an application for homelessness assistance, and they are not eligible for other support that includes accommodation, then housing practitioners have a responsibility to work with their legal team to make an appropriate application to the Court of Protection.

Administrative law

Administrative law governs the relationship between government and citizens. One of its central principles is the requirement that all governmental actions have an underlying legal authority. In legal terms, the actions of public bodies, including housing authorities, are 'governmental'; so this requirement applies to them. The Court of Appeal has summarised this point in the following way: 'the rule for local authorities is that any action to be taken must be justified by positive law'.

This requirement that the actions of public bodies have a legal foundation has led to the law developing ways to challenge particular actions. One of the most important of these ways is by judicial review, in which a court scrutinises an action to determine whether it was carried out within the law and following standards of fair procedure.

Judicial review is complex - but, in brief, all public bodies must act in the following ways:

- **Lawfully:** Within the limits of the powers given to them by Acts of Parliament, Regulations, and other sources of law.
- **Fairly:** Decision-making by public bodies cannot be biased. Just as importantly, it cannot **appear** to be biased; so decision-making procedures must be transparent.
- **Reasonably**: The law does not require public bodies to always reach the right decision, a standard no organisation could realistically maintain. Instead, it requires them to act rationally, to take into account relevant information, and to avoid taking into account irrelevant information.

Knowing their legal powers and duties in different situations supports practitioners to act within appropriate limits, and to be confident when reflecting upon and explaining the reasons for the decisions they make. For that reason, it is vital that senior practitioners ensure their teams are organised in ways that allow for the appropriate discussion of complex cases. If a decision is judicially reviewed, then the decision-maker will be expected to give full reasons for their decision. Having robust systems in place to document decision-making supports public bodies to achieve this, and to ensure that practice is transparent and accountable.

In addition to the limits set by judicial review, the *Human Rights Act 1998* prevents public bodies from breaching human rights, and the *Equality Act 2010* prevents them from unlawfully discriminating against people on the basis of protected characteristics such as age, disability, or sexual orientation.

Further reading

Homelessness Code of Guidance for Local Authorities: the Prevention Duty and the Relief Duty

The Mental Capacity Act Code of Practice

Mental Capacity Act 2005 decision-making – care, support and treatment: Practice Tool

Practice Guidance: Section 117 aftercare services and the Mental Health Act 1983

The Judge Over Your Shoulder: A Guide to the Legal Environment in which Decisions in Public Bodies are Made

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