

Pan Berkshire Safeguarding Adults Multi-Agency Guidance

Homelessness

Version History

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Important Notice

If this is a downloaded/printed copy of the Pan Berkshire Multi-Agency Safeguarding Guidance: Homelessness. Please note that this guidance may be reviewed and updated, printed and downloaded copies may not reflect the most current version. Users should check the Pan Berkshire Safeguarding Adults website before relying on this copy to ensure they are using the latest published version.

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1. Purpose and Scope

This document sets out guidance for agencies across Berkshire to support the identification, response and management of safeguarding risks relating to homelessness.

This guidance should be read alongside the [Pan Berkshire Safeguarding Adults Policies and Procedures](#) as well as local guidance where this is available.

This guidance applies to all professionals working with adults across Berkshire, including:

- Local authority services (ASC, housing, commissioning etc)
- NHS and health providers
- Police and criminal justice partners
- Fire and rescue services
- Ambulance Service
- Voluntary and community organisations

This guidance applies where adults:

- Appear to have care and support needs
- Are or may be at risk of abuse or neglect including self-neglect or exploitation
- Are or may be unable to protect themselves from that risk of abuse or neglect as a result of their care and support needs
- Are homeless or at risk of homelessness, including:
 - Rough sleeping
 - Temporary accommodation
 - Hostels or shelters
 - Sofa-surfing / hidden homelessness

Homelessness should be understood as a continuum of insecure and unsafe living situations, not just rough sleeping.

2. Principles and Values

All work must reflect the following principles:

2.1 Care Act Wellbeing Principle

The Care Act 2014 wellbeing principle must underpin all decisions and actions. Safeguarding is not limited to preventing immediate harm: professionals must consider how their response promotes the adult's overall wellbeing, including personal dignity, physical and mental health, protection from abuse and neglect, control over day-to-day life, participation in work or community life, social and economic wellbeing, relationships, suitability of accommodation, and the adult's contribution to society. Particular regard should be given to the person's individual views, wishes, feelings and beliefs, and to preventing or delaying the development of care and support needs.

In homelessness practice, this means considering safe and suitable accommodation alongside health, dignity, autonomy, relationships, access to support and meaningful participation. Risk management plans should identify both the harms to be reduced and the wellbeing outcomes the person wants to achieve.

2.2 Making Safeguarding Personal (MSP)

Focus on what matters to the person, supporting outcomes that reflect their wishes.

Professionals must:

- Involve the person in decisions

- Respect their views, wishes, and preferences
- Balance autonomy with the duty to protect

Please see the Pan Berkshire Safeguarding Adults Making Safeguarding Personal procedure for more information: [Pan Berkshire Safeguarding Adults - Making Safeguarding Personal](#)

2.3 Proportionality and Professional Curiosity

Respond proportionately while maintaining professional curiosity, particularly in complex cases.

Professionals must:

- Ask questions and challenge assumptions
- Consider whether risks are being underestimated, normalised, or overlooked

2.4 Trauma-informed Practice

Recognise that experiences such as abuse, violence, loss, poverty, exclusion, repeated homelessness and harmful contact with services may affect a person's sense of safety, trust, memory, communication, behaviour, engagement and decision-making. Trauma-informed practice asks "what may have happened to this person, and what do they need to feel safe and involved?" rather than viewing distress, avoidance, anger, substance use or missed appointments as non-compliance. It does not require professionals to diagnose trauma or ask the person to disclose traumatic experiences.

Professionals must:

- **Prioritise safety:** ask what would help the person feel physically and psychologically safe; consider location, timing, privacy, who is present and any immediate risks.
- **Build trust through transparency:** explain the professional's role, what will happen next, the limits of confidentiality, how information may be shared and what the person can expect from each service.
- **Promote choice and control:** offer realistic options wherever possible, seek consent, agree priorities and pace, and involve the person in decisions and risk planning. Where action is required without consent, explain the legal basis and continue to involve the person as far as possible.
- **Work collaboratively and strengths fully:** recognise survival strategies, relationships, skills and previous successes; agree small achievable steps based on what matters to the person.
- **Use consistent and respectful engagement:** wherever possible provide a named worker, minimise repeated assessments and retelling, keep appointments and commitments, use plain language, check understanding and make reasonable adjustments.
- **Respond flexibly to disengagement:** treat missed appointments or withdrawal as possible indicators of fear, shame, distress, coercion, executive functioning difficulties or previous harmful experiences. Use persistent, proportionate outreach and review the engagement approach rather than closing solely because contact has been difficult.
- **Avoid re-traumatisation:** do not use threatening, punitive, stigmatising or unnecessarily controlling approaches; avoid requiring repeated disclosure; and do not press for details of traumatic events unless necessary for immediate safety, assessment or the person's chosen support.
- **Recognise identity and inequality:** consider how culture, discrimination, disability, neurodiversity, communication needs and previous experiences of services may affect safety, trust and access, without making assumptions.
- **Coordinate referrals and transitions:** make warm referrals where possible, share information proportionately to reduce repeated retelling, confirm receipt and follow-up, and ensure accommodation, discharge and safeguarding plans do not recreate avoidable instability or loss of support.
- **Record and review:** document the person's preferred engagement approach, known triggers where they choose to share them, reasonable adjustments, strengths, agreed safety measures and what has or has not worked. Review the approach following missed contact, escalation or significant change.

2.5 Multi-Agency Responsibility

Safeguarding adults experiencing homelessness is a shared, collective responsibility.

Professionals must:

- Work proactively with partner agencies
- Share relevant information
- Not withdraw involvement solely because another service is engaged

2.6 Prevention and Early Intervention

Focus on preventing risk escalation wherever possible.

Professionals must:

- Identify risk early
- Act before crisis occurs
- Ensure timely referrals (e.g. housing, safeguarding, mental health)

3. Legal and Statutory Framework

Safeguarding responses to homelessness are grounded in a clear legal framework. This section sets out the key statutory duties that professionals must understand and apply in practice to ensure lawful, timely, and effective intervention.

3.1 Care Act 2014 (Section 42)

A safeguarding enquiry must be considered where:

- An adult has care and support needs
- Is at risk of abuse or neglect
- Is unable to protect themselves

Professionals must:

- Consider whether homelessness indicates self-neglect or vulnerability
- Raise a safeguarding concern where thresholds are met

3.2 Care Act Assessment, Eligibility and Care and Support

Care and support duties are distinct from, but may operate alongside, safeguarding and homelessness duties.

Where it appears that an adult may have needs for care and support, the local authority must offer a needs assessment regardless of the adult's finances, housing status or whether the authority initially considers that the needs are likely to be eligible. A person does not need a diagnosis, existing service, settled address or safeguarding enquiry before care and support needs can be considered.

Under the national eligibility criteria, needs are eligible where they arise from, or are related to, a physical or mental impairment or illness; because of those needs the adult is unable to achieve two or more specified outcomes; and, as a consequence, there is or is likely to be a significant impact on their wellbeing. "Unable" includes being unable without assistance, being able only with significant pain, distress or anxiety, being able but doing so endangers health or safety, or taking significantly longer than would normally be expected.

- Relevant outcomes may include managing and maintaining nutrition; maintaining personal hygiene; managing toilet needs; being appropriately clothed; being able to make use of the home safely; maintaining a habitable home environment; developing and maintaining relationships; accessing work, training, education or volunteering; using community facilities and services; and carrying out caring responsibilities.
- Homelessness is not, by itself, a Care Act need. However, the person's health, disability, trauma, cognitive impairment, mental ill-health, substance dependency or other needs may prevent them from achieving these outcomes, and insecure or unsuitable accommodation may compound the impact on wellbeing.

- Assessment must consider the total impact of needs and circumstances, including fluctuating and cumulative needs, strengths, existing support, risks, the sustainability of informal support, and the adult's own views and desired outcomes.
- Where needs are eligible, the local authority must determine how they will be met through care and support planning and, where applicable, a personal budget. Housing, health or safeguarding action does not replace this responsibility.
- Where needs are not eligible, the adult must still receive appropriate information and advice and consideration of prevention, delay or reduction of needs and connection to relevant housing, health and community support.
- Where needs are urgent, the local authority may meet them before completing an assessment or eligibility determination. Immediate risk must not remain unmanaged while agencies decide thresholds or responsibility.

3.3 Safeguarding Adults Reviews (Section 44)

Learning from Safeguarding Adults Reviews consistently identifies risks in homelessness cases, including:

- Non-engagement not appropriately escalated
- Lack of multi-agency coordination
- Missed opportunities to intervene
- Failure to recognise escalating risk

Professionals must:

- Apply learning from SARs to practice
- Act early and escalate concerns
- Ensure coordinated multi-agency responses

3.4 Homelessness Reduction Act 2017

Introduces a **Duty to Refer** for partner agencies.

Professionals must:

- Identify individuals who are homeless or at risk
- Make referrals to housing services
- Take early action to prevent homelessness

3.5 Mental Capacity Act 2005

Professionals must:

- Assess mental capacity where appropriate
- Support decision-making
- Act in best interests where capacity is lacking

3.6 Human Rights Act 1998

Professionals must:

- Ensure responses uphold rights to life and dignity
- Act where individuals may be at risk of serious harm

4. Definitions and Key Concepts

Homelessness significantly increases vulnerability to abuse, neglect, and self-neglect. Professionals must therefore view homelessness not just as a housing issue, but as a safeguarding concern requiring coordinated multi-agency action.

Professionals must:

- Recognise that homelessness can trigger safeguarding duties under the Care Act 2014
- Identify early signs of risk and escalating harm
- Take timely and proportionate action, including raising safeguarding concerns where appropriate
- Work collaboratively to ensure no individual falls between services

Why this matters:

- National and local learning shows repeated cases where people who were homeless experienced serious harm or death due to lack of coordinated response
- Early intervention and coordinated safeguarding can prevent escalation and improve outcomes

4.1 Risks

People experiencing homelessness face multiple, overlapping risks which can significantly impact their ability to protect themselves.

These risks commonly include:

- Mental ill-health and trauma
- Substance misuse and dependency
- Physical health conditions
- Cognitive impairment or brain injury
- Social isolation and exclusion
- Exposure to exploitation, violence, or abuse
- Unmet physical, mental, oral or sexual health needs, including untreated illness or injury, deteriorating long-term conditions, missed medication, lack of access to primary care, delayed hospital treatment or discharge follow-up, and health needs associated with substance dependency

Unmet health needs are health conditions, symptoms or treatment requirements that have not been identified, assessed, treated or followed up effectively. They may arise because the person is not registered with primary care, has difficulty attending appointments, cannot safely store or take medication, has been discharged without a workable follow-up plan, faces exclusion from services, or is unable to navigate fragmented systems. Non-attendance or apparent refusal must not be treated as evidence that the need has resolved. Professionals should consider trauma, mental ill-health, cognitive impairment, communication needs, substance dependency, practical barriers and fluctuating mental capacity.

Homelessness is both:

- A risk factor for abuse and neglect, and
- A barrier to accessing support, meaning risk can escalate quickly

Professionals must:

- Understand that behaviour (e.g. refusal of services) may be linked to trauma, fear, or mental ill-health
- Avoid assumptions that homelessness is a “lifestyle choice”
- Recognise that individuals may cycle in and out of services, requiring persistent engagement

Why this matters:

- Homelessness often coexists with self-neglect and complex vulnerability

- Without a coordinated safeguarding approach, individuals are at high risk of long-term harm or premature death

5. Roles and Responsibilities

Effective safeguarding of adults experiencing homelessness depends on clear roles, shared responsibility, and coordinated action across agencies. This section outlines the responsibilities of partners in identifying risk, taking action, and working together to improve outcomes.

All agencies have a role in safeguarding adults experiencing homelessness.

5.1 Key responsibilities include:

Local Authority (ASC & Housing)

- Lead safeguarding functions
- Deliver housing duties

Health Services

- Identify vulnerability and unmet needs
- Provide appropriate care and escalation
- Ensure equitable access to primary, community, mental health, substance misuse, hospital and specialist services, making reasonable adjustments and providing continuity where usual appointment-based pathways are not accessible
- Share relevant information and coordinate discharge and follow-up arrangements so that prescribed treatment, medication, wound care and other clinical plans are realistic in the person's living circumstances

Police

- Respond to risk, crime, and exploitation

Voluntary and Community Sector

- Provide outreach and specialist support
- Support engagement

All professionals must:

- Identify risk
- Take appropriate action
- Share information
- Work collaboratively

In complex or high-risk cases:

- A lead agency must be identified
- A named professional should coordinate the response
- A clear action plan should be in place
- All agencies should actively challenge drift or lack of progress

6. Identification and Assessment

Early identification and effective assessment of risk are critical to safeguarding adults experiencing homelessness. This section sets out what professionals should consider when assessing risk and when to raise safeguarding concerns or take further action.

When assessing someone, professionals should consider risk, care and support needs, and the impact on each aspect of the person's wellbeing, including:

- Housing status and stability
- Mental and physical health
- Any unmet or deteriorating health need, its urgency and impact on safety, functioning, mental capacity, engagement and ability to secure or sustain accommodation

- Learning Disability or neurodiversity
- Substance use
- Capacity to engage with services
- Risk of exploitation or abuse
- Evidence of self-neglect
- The person's views, wishes, strengths and desired wellbeing outcomes, including dignity, autonomy, relationships, community participation and the suitability of accommodation
- Whether it appears the adult may have care and support needs requiring a Care Act assessment, and whether those needs affect their ability to achieve the national eligibility outcomes and have a significant impact on wellbeing

Safeguarding concerns should be raised where:

- There is risk of serious or escalating harm
- The individual cannot access or sustain safe accommodation
- There is ongoing non-engagement alongside risk
- Unmet or deteriorating health needs create a risk of abuse, neglect or self-neglect, serious harm, repeated crisis attendance, avoidable admission or premature death

Professionals must:

- Record concerns clearly
- Share information appropriately
- Seek advice and escalate where necessary
- Seek timely clinical assessment or urgent/emergency assistance according to the level of risk; make reasonable adjustments and support access rather than relying solely on signposting
- Confirm that referrals have been received, identify who is responsible for follow-up, and escalate where assessment, treatment or continuity of care is delayed, declined or ineffective while risk remains

Assurance and Practice Standards

- All high-risk homelessness cases should have a multi-agency risk plan that has a lead agency and is regularly monitored.
- Escalation should occur where risk is unchanged or increasing over time
- Supervision should include review of homelessness cases involving risk
- Agencies should demonstrate evidence of coordinated intervention

Please see the Pan Berkshire Safeguarding Adult's Multiagency Risk Management Guidance for more information: [pan_berkshire_safeguarding_adults_risk_management_multiagency_guidance_v.1.1.pdf](#)

7. Planning and Intervention

Effective planning and intervention are critical to managing risk and improving outcomes for adults experiencing homelessness. This section provides guidance on the key actions, decision-making steps, and multi-agency approaches required to support safe and coordinated responses.

National best practice highlights the importance of:

- Person-centred approaches
- Trauma-informed practice
- Multi-agency coordination
- Learning from lived experience
- Advocacy

Advocacy should be considered at the earliest opportunity where an adult experiencing homelessness may have substantial difficulty understanding information, retaining or weighing up information, or communicating their views, wishes and feelings. Under the Care Act 2014, an independent advocate must be arranged where the person has substantial difficulty being involved in safeguarding, assessment, care and support planning or review processes, and there is no appropriate person able to support their involvement. Advocacy is particularly important where individuals are experiencing trauma, mental ill-health, cognitive impairment, substance dependency, social isolation or distrust of services. Professionals should ensure that advocacy is used to support meaningful participation, uphold the person's rights, strengthen Making Safeguarding Personal, and ensure that safeguarding and housing plans reflect what matters to the individual, not solely what services consider necessary.

Professionals must:

- Apply evidence-based approaches
- Reflect on biases and assumptions
- Adapt responses to meet the needs of individuals experiencing homelessness
- Show how safeguarding, housing and support actions promote the person's wellbeing as well as manage immediate risk, and record any competing considerations and how they were balanced

Why this matters:

- Coordinated and psychologically informed approaches lead to better engagement and improved outcomes

7.1 Decision Pathway

Step 1: Identify Risk

- Is the person homeless or at risk of homelessness?
- Do they have care and support needs?
- If it appears they may have care and support needs, has a Care Act needs assessment been offered or completed, including consideration of national eligibility criteria and urgent interim support?
- Are they at risk of abuse, neglect, or self-neglect?

Step 2: Consider Safeguarding (Section 42)

- If criteria are met → Raise safeguarding concern

Step 3: If S42 threshold not met but risk remains

- Consider MARM / multi-agency risk management approach
- Use professional judgement to escalate
- Continue or initiate the Care Act assessment and eligibility process where care and support needs appear present; a decision that Section 42 is not met does not remove assessment, prevention or care and support duties

Step 4: Take Housing Action

- Make a Duty to Refer to housing services

Step 5: Record and Share

- Document risk clearly and mitigating actions that have been identified
- Share information appropriately

Step 6: Continue Engagement

- Use persistent, flexible, outreach-based approaches
- Do not close due to disengagement alone

8. Multi-Agency Working and Information Sharing

Safeguarding adults experiencing homelessness requires strong partnership working and effective information sharing across agencies. Professionals should collaborate, share information, and use multi-agency arrangements to manage risk and improve outcomes.

Professionals must:

- Work collaboratively with:
 - Housing services
 - Adult social care
 - Health professionals
 - Police and emergency services
 - Commissioned providers of care, support and health such as substance misuse services
 - Relevant outreach services that are commissioned to support those that are experiencing homelessness
 - Relevant Voluntary and Community Sector agencies
- Participate in or convene multi-agency meetings or and local arrangements for mechanisms such as MARM (Multi-Agency Risk Management Framework), MARF (Multi-Agency Risk Framework) or MART (Multi-Agency Risk Tool).
- Use escalation processes where risks are not being effectively managed

9. Review, Escalation, and Learning

Ongoing review, effective escalation, and embedding learning are critical to managing safeguarding risk for adults experiencing homelessness. This section provides guidance on escalation pathways, professional challenge, and using learning to strengthen practice and outcomes.

Professionals and organisations must:

- Learn from Safeguarding Adults Reviews
- Reflect on practice
- Embed learning into services and training

Why this matters:

- Reviews consistently highlight:
 - missed opportunities
 - lack of coordination
 - insufficient curiosity

Embedding learning improves practice and outcomes.

9.1 Escalation Pathways

Escalation must be timely, proportionate to the level and immediacy of risk, and continue until there is an effective response. It should not be delayed because thresholds are disputed, another referral has already been made, the person has not attended, or responsibility between agencies is unclear. The referring professional retains responsibility for taking reasonable action to manage known risk until receipt and ownership of the referral are confirmed.

- **Immediate danger or medical emergency:** contact emergency services without delay and take any safe interim action available. A safeguarding concern, housing referral or other onward referral may still be required once the immediate response is underway.
- **Safeguarding referral:** raise a safeguarding concern promptly where the Care Act Section 42 criteria may be met. Provide a concise risk summary, the adult's views and desired outcomes, known care and support needs, mental capacity considerations, unmet health or accommodation needs, previous

interventions, and the action required. Do not wait for complete information where delay may increase risk.

- **Housing referral:** make a Duty to Refer or local homelessness referral as early as possible where the person is homeless or threatened with homelessness. Where accommodation is unsafe, unsuitable or cannot be sustained because of health or care needs, clearly describe the urgency, required reasonable adjustments and relevant safeguarding risks.
- **Health referral:** refer to the appropriate primary, community, mental health, substance misuse, inclusion health or specialist service according to need. Use urgent or emergency pathways where deterioration or delay may result in serious harm, and escalate unsafe discharge or gaps in continuity of care through the relevant clinical and organisational route.
- **Multi-agency risk management:** use MARM or the relevant local framework where risk remains high or complex, Section 42 criteria are not met or are uncertain, several agencies are involved, repeated referrals have not reduced risk, or the person is moving between services without a coordinated plan.
- **Escalation triggers:** escalate when risk is increasing or unchanged; a referral is rejected, delayed or receives no response; agreed actions are not completed; there is repeated non-attendance alongside continuing risk; services disagree about threshold or responsibility; information is not being shared; or no agency is coordinating the response.
- **Urgency and timescales:** record the level of urgency and the response required. Immediate threats require same-day action. Other high-risk concerns should be discussed with a manager and the receiving service promptly, with a review date proportionate to risk. Local statutory and organisational response times continue to apply.
- **Ownership:** identify a lead agency and named professional for complex or high-risk cases. Record who will coordinate the plan, complete each action, maintain contact with the adult, and reconvene partners. Referral does not transfer responsibility until the receiving service confirms acceptance and next steps.
- **Referral confirmation and follow-up:** confirm that the referral was received, obtain the outcome and named contact, record decisions and reasons, and check that assessment or intervention occurred. If there is no response within the required or risk-appropriate timeframe, contact the service directly and escalate through management routes rather than repeatedly resubmitting without challenge.
- **Professional challenge:** where disagreement, delay or inaction leaves risk unmanaged, first seek resolution with the relevant practitioner and manager, then escalate through each organisation's professional challenge or dispute-resolution procedure. Senior managers, safeguarding leads, clinical leaders or commissioners should be involved where frontline escalation does not resolve the concern.
- **Review and closure:** review risk and the effectiveness of actions at agreed intervals and after any significant event. Escalation should remain open until risk has reduced, a defensible multi-agency plan is operating, responsibilities are accepted and the adult's wellbeing outcomes have been considered. Record the rationale for de-escalation or closure and communicate it to relevant partners and the adult wherever appropriate.

Why this matters:

- Fragmented responses increase risk and lead to missed opportunities for intervention
- Effective collaboration improves risk management and outcomes

10. Training and Competency

Effective safeguarding of adults experiencing homelessness requires skilled, confident, and well-supported professionals across all agencies. Professionals must be trained, supported, and confident to act — and lack of training or supervision must not prevent timely safeguarding action and escalation where risk is present.

Organisations must ensure that:

- All staff complete appropriate safeguarding adults training relevant to their role (minimum Level 1 for awareness; Level 2/3 for practitioners and managers)
- Staff receive training on homelessness and vulnerability, including:
 - Homelessness as a safeguarding issue
 - Recognition of abuse, self-neglect, exploitation, and escalating risk
 - Understanding of Care Act (Section 42), Mental Capacity Act, and Duty to Refer
 - Trauma-informed and engagement approaches, particularly where individuals may not engage with services
- Practitioners are competent in:
 - Risk identification and assessment
 - Defensible decision-making and recording
 - Use of multi-agency risk management and escalation pathways (e.g. MARM)

Supervision and support:

- Staff must have access to regular, structured supervision, proportionate to role and complexity of work
- High-risk homelessness cases should be subject to enhanced oversight and management review
- Supervision must include:
 - Review of risk, decision-making, and escalation
 - Consideration of capacity, engagement, and potential bias
- Staff must have access to:
 - Managerial support and escalation routes
 - Multi-agency forums and case discussion
 - Wellbeing support, recognising the complexity of this work

Assurance:

- Organisations should be able to demonstrate:
 - Staff have completed relevant training and ongoing development
 - Supervision is in place and recorded
 - Learning from Safeguarding Adults Reviews (SARs) is embedded in practice

11. Governance and Quality Assurance

Effective governance and quality assurance are essential to ensure that safeguarding risks associated with homelessness are identified, managed, and responded to consistently and effectively across all agencies. Agencies must be able to demonstrate that practice is effective, coordinated, and improving over time, with clear evidence of oversight, challenge, and learning where risks relating to homelessness are identified.

Organisations must ensure that:

- There are clear governance arrangements in place to oversee safeguarding practice relating to homelessness
- High-risk cases are visible within management and organisational oversight processes
- There is clear accountability for decision-making, escalation, and risk management within and across agencies

Monitoring and audit:

- Practice is subject to regular audit and quality assurance activity, including:
 - Review of case records and decision-making
 - Evidence of risk assessment, multi-agency working, and escalation
 - Compliance with safeguarding, housing, and information sharing requirements
- Audits should include multi-agency perspectives, particularly for high-risk or complex cases
- Findings from audit activity should be used to:
 - Identify themes, risks, and areas for improvement
 - Inform service development, training, and practice guidance

Review and continuous improvement:

- Organisations must ensure that:
 - Learning from Safeguarding Adults Reviews (SARs), audits, and local reviews is embedded into practice
 - There are mechanisms to track progress and improvement over time
 - Policies and procedures are reviewed regularly and updated in line with learning and best practice

Multi-agency assurance:

- Safeguarding Adults Boards (SABs) and partner agencies should:
 - Seek assurance on the effectiveness of multi-agency responses to homelessness
 - Monitor patterns, trends, and emerging risks
 - Promote shared learning and system-wide improvement

12. References and Further Information

Legislation

- [Care Act 2014](#) – Safeguarding duties, wellbeing principle, and Safeguarding Adults Reviews
- [Homelessness Reduction Act 2017](#) – Duties to prevent and relieve homelessness, including Duty to Refer
- [Mental Capacity Act 2005](#) – Decision-making and best interests (link added for completeness)
- [Human Rights Act 1998](#) – Rights to life, dignity, and protection from harm

National Guidance and Best Practice

- [Care and Support Statutory Guidance \(Care Act\)](#)
- [Homelessness Code of Guidance for Local Authorities](#)
- [NICE Guideline NG214: Integrated health and social care for people experiencing homelessness](#)
- [NHS England: Inclusion Health Framework](#)
- [Homelessness: Applying All Our Health \(GOV.UK\)](#)
- [SCIE Self-Neglect Resources](#)
- [Homeless Link Knowledge Hub](#) – Sector guidance, research, and best practice resources

Pan Berkshire and Local Policies

- [Pan Berkshire Safeguarding Adults - Pan Berkshire Multi-Agency Safeguarding Adults Policies, Procedures & Guidance](#)
- [Pan Berkshire Safeguarding Adults - Pan Berkshire Multi-Agency Safeguarding Adults Policies, Procedures & Guidance](#)
- [pan_berkshire_safeguarding_adults_risk_management_multiagency_guidance_v.1.1.1.pdf](#)
- [Pan Berkshire Safeguarding Adults - Information Sharing](#)
- Local professional challenge and escalation policies
- Local supervision and safeguarding training frameworks

Supporting Tools and Resources

- Safeguarding referral (Section 42) processes and forms
- Duty to Refer guidance (via local housing authority arrangements)
- [Guidance on discharging people experiencing homelessness \(GOV.UK\)](#)
- Multi-agency risk management frameworks (e.g. MARM)
- Local directory of services, including:
 - Housing and homelessness services
 - Mental health and substance misuse services
 - Voluntary and community sector organisations
- Safeguarding Adults Board (SAB) website and learning resources, including Safeguarding Adults Reviews (SARs)

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