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Crisis Resolution Home Treatment Team Mental Health commissioning Adult and Specialist Directorate LaDS Mental health modern matrons	...at CPFT
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Office of the Police and Crime Commissioner Probation Service, Cambridgeshire & Peterborough Prevention and Enforcement Service, Communities & Safety, Peterborough Mental Health Policy, Partnership & Prevention, Cambridgeshire Police	
Adult Early Help team Adult Safeguarding Early Help Hub Early Intervention and Prevention and Mental Health Commissioner Housing Related Support commissioner Mental Health commissioning Substance Misuse commissioner, Public Health	...at Cambridgeshire & Peterborough Local Authority
Cambridge City East Cambridgeshire Fenland Huntingdonshire District Council Peterborough City South Cambridgeshire	...at housing authority / city / district councils
Emergency Room Specialist, Addenbrooke's Mental Health Crisis Care Concordat, Commissioning and Contracts managers	...at Cambridgeshire & Peterborough Clinical Commissioning Group
Social prescribers within our primary care networks (PCNs) Peterborough Exemplar project Counting Every Adult, Cambridgeshire & Peterborough SUN network CPSL Mind Discharge Buddy Social Care Practitioners Governance Board The Ferry Project, Wisbech Samphire Homes / Flagship Group People with Lived Experience who met 16 December 2021 (see Foreword)	...and anyone else who has contributed.



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1 Foreword

A group of experts by experience shared positive and not-so-positive stories of where housing, mental health and substance misuse collide, as well as suggestions on what could be done better. It is these experiences which remind us all of the need to work together, keeping individuals at the heart of what we do and, just as importantly, how we go about it. Throughout the toolkit, the thoughts of Jennifer, Helen, Paul and Kat are presented in “speech bubbles”.

If you trust someone, you will work with them

Get people with lived experience involved in recruitment and training

Consent to share should mean consent to share, so I don't have to repeat my story

Find out basic history when engaging with a person

Each person should have their own “cloud” of information

Lack of clear or timely information about benefits especially when your circumstances change

Having a trusted person really helps

Edge Café for peer support, welcoming, food and non-judgemental

It's living on a scary knife-edge

Systems are changing all the time

Having a trusted person: fantastic lady, genuinely cares, helped me with housing, meds, benefits, booked a doctor's appointment...

Feeling that I must “comply”


Need more focus on dealing with trauma, mental health risks and considering the person's past challenges.



2 Introduction: What, who and why?

What is this toolkit about?

This toolkit has been developed by professionals working in mental health, substance misuse, social care, the criminal justice system, housing, hospitals and a range of voluntary sector organisations. It sets out the process to follow when mental health, substance misuse and housing issues occur. It came about following a conference, *Improving Pathways* which was held in Autumn 2019¹.

Teams must work together to help secure better outcomes for people experiencing these situations, informed by the lived experience of the person in question, or others who have had similar experiences. Some of the individual teams are listed under  [Who is the toolkit for?](#)

The aim of the toolkit is to make it easier for teams to find out what to do and who to contact. By working together more effectively we will tackle health inequalities - particularly for people with a number of different issues - and help resolve the problems some of our most deprived residents face. This toolkit mostly relates to adults; however children may be involved and may need help in some of the scenarios outlined. So support for children is included where most relevant but is not our primary focus.

How to use this toolkit

This toolkit has been designed to be a quick reference guide for staff. It goes through some common scenarios, with notes who to contact and what to do for each. A document like this will never cover every situation which may arise, it's best to think of it like a training document to give the idea of who might get involved and use that knowledge to work out what to do and who to approach, creating your own contact list of who can help when a similar situation arises in future.

Tip: finding what you are looking for


If you are searching for a particular topic or phrase, hold down the Ctrl button and press "F". A box will appear to help you find the key words you are looking for, throughout the document.


In the [Glossary](#) we set out some terms and jargon commonly in use, though we have tried to avoid jargon as much as possible in the document. Terminology is bound to come up, in conversation with other teams and organisations, so the glossary is there to try to help break through some barriers to communication.

Links to the glossary (to explain any terminology used) are highlighted with this symbol .

In [Useful contacts](#) we provide contact information for key teams named throughout. Other useful contacts are available through on-line directories. Many of these are listed in [Directories](#), helping readers locate those sites to find the most up-to-date information. In this way, as the on-line directories are kept updated, they will provide a more reliable source of opening hours, phone numbers, email addresses etc than this document ever could.

Links to contact information, whether "useful contacts" or directories" are highlighted with .

Links to other sections within this toolkit are highlighted with .

Links to external websites are highlighted with .

All links are [blue and underlined](#). If you click a link, or press "Ctrl" and click, you should jump straight to it.

¹ See <https://cambridgeshireinsight.org.uk/housing/priority-themes/housing-need/homelessness-trailblazer/detail-of-the-homelessness-trailblazer-project-2017-to-2020/> under the side heading "Improving Pathways".



Who is the toolkit for?

- Mental health teams – within the NHS, social work and voluntary sector providers.
- Substance misuse teams – ① [CGL](#) primarily
- Housing teams including housing options, tenancy support, welfare benefits and environmental health.
- Hospital-based workers in both acute hospitals and mental health units - including nurses, specialist matrons, admission teams, social workers and discharge co-ordinators
- Social care teams including safeguarding, early help teams and other Social Workers
- Police, including local Neighbourhood Policing Teams
- The Fire and Rescue Service
- Charities, voluntary and community groups active in our area
- Health-related teams including social prescribers, care coordinators and health and wellbeing coaches
- Any multi-disciplinary teams dealing with these issues – see ① [MDT](#).

We give consent to share, yet they don't seem to share the information

Working together

When working with someone with housing, mental health and/or substance misuse issues, it is vital to adopt an approach which is [trauma-informed](#), [strengths-based](#) and [person-centred](#)

You may already follow such an approach, but if you are not sure or want to find out more about these three approaches, please follow the links above for more background.

Contact others who are involved. Never be afraid to set up a meeting to confirm who the trusted person will be, agree who will do what, and make sure you keep each other and the person in question updated on progress and actions. Remember, this document is a starting point and cannot set out who will do what, precisely, in each scenario – nor can it cover all possible scenarios. But hopefully It gives useful guidance and background to help us all work together a little better.

Leading this work

This toolkit comes from the “Improving Pathways” conference held in 2019 under the guidance of the Cambridgeshire, Peterborough and West Suffolk [Housing Board](#).

The Housing Board will retain ownership of the document, with the assistance of the local Homelessness Strategy Group, the Drug and Alcohol Delivery Board, the Crisis Care Concordat Board and the Community Mental Health Delivery Board to keep it up to date. This will include an annual review and updating as necessary. The Social Care Practitioners Governance Board will also be sharing the toolkit for use by social care practitioners across Cambridgeshire and Peterborough.

The Housing Board and others will look for help from people with lived experience, who were part of the event which prompted the idea of creating a toolkit and have been involved in creating the first version. We will look to people with lived experience to help us develop the toolkit in the future, making sure it stays up to date for Cambridgeshire and Peterborough.

If you have suggestions or improvements to make, or want to add to the toolkit, please contact us at toolkit@cambridge.gov.uk so your suggestions can be fed into the next update.

Should recruit people with lived experience as inspectors



3 A quick guide to housing, mental health, substance misuse and social care

*Need better communication
between services*

This toolkit looks at how the three areas; mental health, substance misuse and housing; all based in separate organisations, need to cooperate to achieve the best outcomes for individuals. By working together we can help minimize the stress and upset experienced by people who use our services, and we can work together to get them what they need as quickly and efficiently as possible.

However in this process we need to respect each organisation's role, responsibilities, resources and drivers; and to do all we can to overcome barriers for individuals using our services.

We have set out a quick guide to the most relevant teams in housing, in substance misuse, in mental health services and in social care. This is only a starting point, we will all learn as we work together, and as we encounter different scenarios.

Throughout, we have used colour coding to help keep focus on which team is being described, and also to give some background on the types of links we have included in the text. The code is...

TEAMS	TYPES OF LINK
■ Housing	① = link to glossary
◆ Mental health, both clinical & social work	② = link to useful contacts or directories
● Substance Misuse	📖 = link to text within this document
● Other = grey	🌐 = link to an external website

Housing

District and City Councils have a variety of roles in relation to housing; specifically Cambridge City Council, East Cambridgeshire District Council, Fenland District Council, Huntingdonshire District Council, South Cambridgeshire District Council and Peterborough City Council (which operates as a "unitary authority" meaning it performs the tasks of both a district and a county council.)

County Councils (Cambridgeshire County Council and Peterborough City Council) also have a role in housing - for example commissioning a number of services like floating support; and ensuring residential and nursing homes are provided across their areas. These are referred to as 'local authority' in the toolkit.

All housing authorities have a strategic housing role, but only two in our area continue to own and manage council housing. These are Cambridge City and South Cambridgeshire. The other districts have transferred the homes they used to own and manage to housing association partners. Where stock was transferred, strategic roles retained by the housing authority include housing options, homelessness, leadership of the housing register process, needs assessment and strategy. To give a sense of scale, across Cambridgeshire and Peterborough around 12,600 social rented homes were owned and managed by Cambridge and South Cambs and 64,000 were owned and managed by 65 housing associations at March 2020. Some of these 64,000 homes were formerly managed by the housing authority but many were developed separately, for example newly built housing association homes and older homes the associations have managed for many years.

The main housing roles are outlined to help when using the scenarios in the next section. The services on offer may be different for a home owner, a council tenant, a private tenant or a housing association tenant. We have tried to make this clear, but services will vary a little from one area to another. So this is just a "quick guide" aiming to help people get in touch with the most relevant team, in the various scenarios set out.



District and City councils are referred to a “housing authorities” in the toolkit, and sometimes “district council” particularly where the team being referred to is not a housing team.

The Tenancy Support Service really helped

Housing associations will also have teams including housing officers, income teams, ASB officers, staff trained to deal with domestic abuse, and associated and will appreciate contact from other agencies to help resolve issues together. For web addresses for each housing association in each district, please see <https://cambridgeshireinsight.org.uk/housing-providers/>

County-wide floating support service

Floating support services are secured by Cambridgeshire County Council and Peterborough City Council, running slightly differently in the two areas. [P3](#) currently provides this service offering short term support for people who need it to manage and maintain their accommodation and are at risk of homelessness, have rent or mortgage arrears or have difficulty managing independently in their home.

Support offered includes support to address any difficulties preventing someone from living independently, such as mental ill-health or debt and financial issues, tailored to the individual, including managing your tenancy, mental health support, housing advice, budgeting and debt, accessing financial support, social and community groups, employment, education & training opportunities and signposting to other services.

Referrals can be made directly via the online portal or by calling the service. Individuals can self-refer or professionals can make a referral for someone. Professionals can also call to seek some guidance about the service. See [Floating Support](#).

The support is not tied to any accommodation. It aims to support people in their own home whatever type of tenure or property they have.

Housing advice

Summary: Team provides information and advice on options

Housing advice and options teams provide information and advice to anyone in the housing authority area on preventing and relieving homelessness, the rights of homeless people, or those threatened with homelessness, and on help available and how to access that help.

Emergency accommodation

If a housing authority has a *reason to believe* that someone is homeless, eligible and in priority need, they will offer emergency accommodation if it is required while they make further enquiries.

At the ‘relief’ stage the threshold is higher, and the housing authority must be *satisfied* that someone is homeless and eligible, and then also in priority need in order to be provided with emergency accommodation. Supporting documentation will be needed for example ID, notice to quit, proof of medication, GP patient summary.

Emergency accommodation is often called temporary or interim accommodation. Any emergency accommodation needs to be suitable for the individual’s needs, so housing teams need a good lead time in order to source suitable accommodation.

Across Cambridgeshire you can find out more about accommodation and support for homeless people using [Street Support Cambridgeshire](#). In Peterborough it’s [Safer off the Streets](#).

Proof of identity can be an issue particularly for rough sleepers. If so, please signpost them to [Citizens Advice](#) for support. If they have a Job Centre Plus (JCP) Work Coach, the work coach can discuss support with securing ID. You can find JCP locations at <https://find-your-nearest-jobcentre.dwp.gov.uk/search.php>.



Housing authorities may also be to signpost an applicant to support, as there are different arrangements in different districts.

If you are concerned about someone is homeless on the street, please contact [Streetlink](#) which provides a system across England to get help in these situations. But if it an emergency, please dial 999.

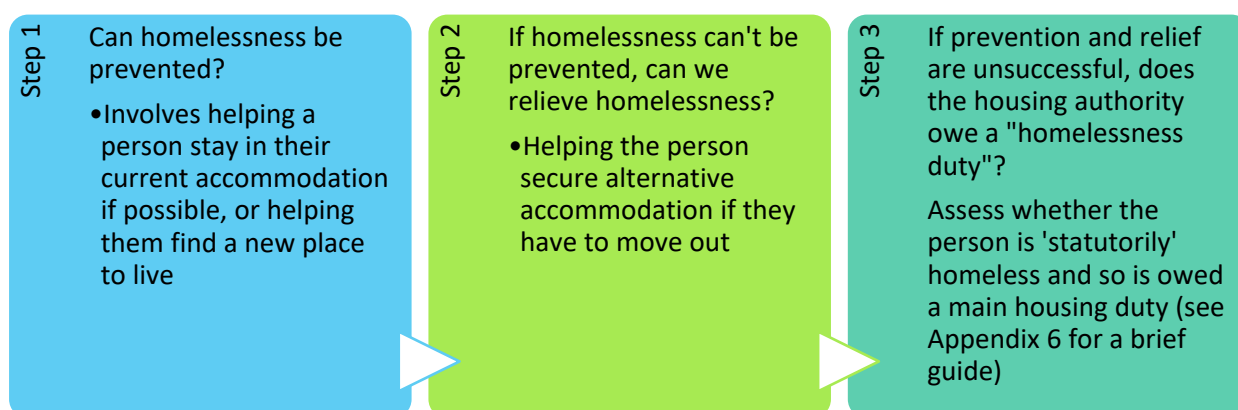
Need a proper assessment of financial means, and support to manage. The level of rent payments to pay off arrears is a problem

Homelessness assessment

Summary: Team carries out an assessment, works with the person to agree a personalised housing plan and makes onward referrals to other support services as appropriate.

Homelessness teams help to prevent any eligible⁵ person who is at risk of becoming homeless from becoming homeless. This may be by helping them to stay in their current accommodation or finding a new place to live; regardless of whether they are “statutorily homeless” or not. The housing authority is not required to secure accommodation themselves but can do so, or they can help the person to secure accommodation through measures like a rent deposit scheme or family mediation. The homelessness team works with the person to agree reasonable and achievable actions to be taken by both the housing authority and the individual, to help retain accommodation wherever possible. These actions form a personalised housing plan. Three levels of homelessness action are summarized in this diagram:

Fig 1. Summary of homelessness route in three steps



The first stage is to do all we can to **prevent** homelessness. If this fails, we aim to **relieve** homelessness. And if both these stages fail – the district council assesses whether the ‘main’ homelessness **duty** is owed for those in priority need² and not intentionally homeless³. This is known as “statutorily homeless”.

If an eligible person is already homeless, or prevention work has not been successful, the homelessness team helps resolve the situation for example by providing a rent deposit or debt advice. Those who have a priority need will be provided with temporary accommodation if required. Any accommodation offered in order to discharge a prevention or relief duty must be expected to be available for at least six months. It is slightly more complex if a main housing duty is accepted but in short, in this scenario the housing authority has agreed that they will rehouse the applicant and their household in long term accommodation.

Hidden groups of homeless don't fit the pathway

² Based on <https://www.gov.uk/if-youre-homeless-at-risk-of-homelessness>. Please see [Appendix 6: Am I legally homeless?](#) for a little more detail, though the council's homelessness team will provide the expertise and advice needed

³ https://england.shelter.org.uk/housing_advice/homelessness provides useful definitions of priority need, legally homeless, intentionally homeless and local connection, along with other areas of homelessness law



The Duty to Refer

Public authorities are legally required to notify a housing authority about people they consider may be homeless or threatened with homelessness, meaning, they are likely to become homeless within 56 days⁴. Before making a referral, the referring authority must:

- Have consent to refer from the individual. If they lack mental capacity⁵, please see [Mental capacity](#)
- Allow the individual to identify which housing authority they want the referral to be made to.
- Have consent from the individual that their contact details can be shared so the housing authority can contact them.

This is called the duty to refer. The ideal process is to get in touch with the housing authority as early as possible to secure the best possible outcome. People can choose to contact any district council - but will probably get the best service if they approach in the area they are connected to. This local connection could be via

- mum, dad, adult brothers & sisters, or adult children who have lived there for 5 years (and still do)
- having a stable job in that district; or
- having lived in that area for 6 out of the last 12 months, or 3 out of the last 5 years.

In practice a housing authority can try to help people who are not local to prevent their homelessness before it happens; however it is usually best to deal with the authority the person is connected with, particularly if they are statutorily homeless (see [Am I legally homeless?](#)). If a district accepts that a person is statutorily homeless but there are reasons it's better to settle somewhere outside that district, this may be possible.

Who has a duty to refer?

The specified public authorities⁶ subject to the duty to refer are:

- Prisons & Probation services
- Young offender institutions & Youth offending teams
- Secure training centres & Secure colleges
- Jobcentres in England
- Local Authority social service authorities (both adult and children's)
- Emergency departments & Urgent treatment centres
- Hospitals in their function of providing inpatient care
- Secretary of State for defence in relation to members of the regular armed forces

The duty to refer only applies to the specified public authorities in England and individuals can only be referred to a local housing authority in England⁷. Please use the contacts for each district and city council, listed under [Duty to Refer](#). The "duty to refer" email addresses are monitored during office hours. If you need to get in touch urgently, please use the phone numbers provided, including out-of-hours numbers, see [Housing options / advice team](#).

Letting social housing

Summary: Administers application process for social housing (council and housing association homes), the bidding system and finally letting the homes to individuals and families.

People can apply to the housing authority for help accessing social housing. Across Cambridgeshire, a system called Home-Link is used to manage applications for social

I struggled to get on Home-link

⁴ From [A guide to the duty to refer - GOV.UK \(www.gov.uk\)](#)

⁵ [Mental Capacity Act 2005](#) & [MCA Code of Practice](#)

⁶ See Homelessness (Review Procedure etc) Regulations 2018

⁷ See paragraph 4.2 of the Homelessness code of guidance



housing (that is, council or housing association rented homes). In Peterborough the system used is called Jigsaw. Both systems gather information about a persons' current housing situation and award a priority status, so social housing (which is in short supply) is rented to the people who need it most. Please see [Housing Guide](#) for links to the two schemes.

There's very little access to Legal Aid

Both systems use regular advertising cycles, so that applicants with the right priority and who need a home of that type, size, location etc. can "bid" on available properties. Households will only be able to bid on homes that meet their needs (in terms of size) and, in general, the successful bidder is the one in the highest priority band. If there is more than one person in that band then the person with that priority for the longest time will be offered the property. For more, please see [Appendix 1: Housing register](#) 'bands'

Managing and maintaining social housing

Summary: Housing associations and some councils own and manage social housing. The majority is rented while a small proportion is 'shared ownership' (that is, part of the home is purchased using a mortgage and part is rented from the housing association). Managing social housing includes repairs, maintenance, administering the rent and dealing with neighbour disputes and anti-social behaviour.

In East Cambridgeshire, Fenland, Huntingdonshire and Peterborough, council housing was transferred to housing associations who took over the management of the homes – the councils retaining a strategic role. You can find out more in the [Housing Guide](#).

Housing Officers manage social housing and fulfil the duties of the landlord. They deal with tenants including neighbour and community issues, making sure tenants are aware of the rights and obligations of their tenancy.

A word about debt

Debt can be both the cause of, and caused by, mental health issues and substance misuse. This toolkit cannot go into a great deal of detail on debt advice and money matters, but there are resources available. There are useful links in [Money & debt](#) to seek advice and support if debt is affecting the person using your services.

Anti-social behaviour and community safety

Summary: District councils have a duty to tackle anti-social behaviour and to promote community safety in their area. Housing associations also have responsibilities to prevent, tackle and minimise ASB in communities in line with their regulatory standards.

The district teams involved are accountable to Community Safety Partnerships and contribute to the delivery of both Crime and Disorder and Anti-Social Behaviour reduction strategies. Community safety teams tend to get involved with perpetrators of persistent anti-social behaviour, persistent alcohol related disorder, persistent drug related nuisance, know perpetrators of race/hate crime and persistent truants

Housing associations will take a multi-disciplinary approach and work to avoid any risk of homelessness, which is when the local authority housing teams would need to get involved.

Private rented housing

Summary: Private Housing teams, or Environmental Health teams at the district or city council deal with privately owned and rented accommodation, because they have powers under the Housing Act, The Environmental Protection Act 1990 and Public Health Legislation to take action - in some circumstances they can order private landlords to carry out repairs.

Making a new start in a fresh area was positive for me



Mental health

In this document, we focus on helping people access mental health services, and mention some of the longer-term help and support available. We have avoided using jargon as much as possible but have sometimes put a link to the glossary where acronyms are commonly used.

We have included information about the Mental Health Social Work (provided by the local authority) which works with the mental health services provided by the NHS.

Access through the GP

- ◆ Family doctors, or GPs, provide a great “first stop” for health issues of any kind. GPs often refer people to more specialist services. A person should call the GP and make an appointment, making it clear if there is a crisis. This link [GP list](#) takes you to a list of GPs across Cambridgeshire & Peterborough.
- ◆ Every GP gets support from the Primary Care Mental Health Service. This is a team of community mental health clinicians. There are time limits set for their actions. If the level of concern is quite high, action should be taken within 72 hours. The Primary Care mental Health Service will refer if someone needs a different mental health service or they may be able to give help via social prescribers - see [What is social prescribing?](#). In a crisis please call the [First Response Service](#).

Access through the First Response service (FRS)

- ◆ The First Response Service is a 24/7 phone line. Call 111 then option 2.
- ◆ Members of the public living in Cambridgeshire and Peterborough can call FRS to access clinicians (who work in [CPFT](#)). They will give specific mental health crisis advice. Their task is either to resolve the issue, or secure other help; for example they might call an ambulance, refer the person to their GP or refer to the Sanctuary project. If it's a crisis, FRS can also refer to the Crisis Resolution and Home Treatment Team (see [CR&HT](#)).
- ◆ As a professional, you can help a member of the public who calls 111 the option 2. If the person tells the FRS call handler that they give permission for you to help, they can hand the phone over to you to help relate the situation they find themselves in. See [First Response Service](#)
- ◆ In addition to the public phone number, there is also a professional's phoneline which housing and other support officers can use when needing a little support dealing with somebody who is having mental health problems. See [First Response Service](#).

In an emergency

- ◆ In case of an emergency, please do not hesitate to contact 999, 24 hours a day 7 days a week.
- ◆ Across Cambridgeshire and Peterborough a special service runs, so in a mental health crisis, both a paramedic and a mental health practitioner are sent out to help, wherever you are in the county.

Other clinical mental health services

The services described above are at the “front line”. Some people may need more specialist mental health services, such as Locality Teams provided by [CPFT](#). You can find out more about all these teams at <https://www.cpft.nhs.uk/ourservices>.

Although you cannot generally access these teams without first approaching the GP or First Response Service it is still useful to know the services are available. Specialist (sometime called “secondary”) services include:



- ◆ Psychological therapies - also known as the Psychological Wellbeing Service or PWS. This includes cognitive behavioural therapy [CBT](#) and counselling for people who need it. This service accepts self-referrals, please see [IAPT](#)

The Foodbank in March was very helpful – I got food and they tried to help with my housing

- ◆ Locality teams
- ◆ Crisis resolution and home treatment team – for more information please see [CR&HTT](#)
- ◆ Personality Disorders Community Team
- ◆ Eating disorder service
- ◆ Criminal Justice including forensic mental health (where mental health and criminal may overlap, for example some cases of arson)
- ◆ Liaison and Diversion service – see [LaDS](#) for more detail
- ◆ Older people's mental health services
- ◆ Children and Young Peoples mental health services
- ◆ Learning Disability Partnership

Mental health social work

- ◆ Local Authority Mental Health Social Work works with CPFT's clinical mental health teams. To access mental health social workers
 - If the person is already under the care of CPFT's clinical mental health team, with the person's consent the mental health worker can refer them to mental health social work.
 - Where the person is not under the care of CPFT's clinical mental health team, there are no safeguarding issues but there are concerns that more support may be needed, contact [Adult Social Care: 4 pathways](#) to access Tier 1, 2 and 3 support.
- ◆ Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub [MASH](#). Follow this link for more information about
- ◆ Safeguarding. If children are involved, please see [For children](#)

Voluntary and charitable partners

- ◆ There are a number of voluntary and charitable organisations working hard to support peoples' mental health. One of the larger ones in our area is [CPSL Mind](#). Links to websites which provide a wealth of other such support are provided under [Directories](#)

What is social prescribing?

Groups of GP surgeries, known as Primary Care Networks (PCNs), can fund social prescribers, health coaches and care co-ordinators to be part of the PCN team. In our area, social prescribers are supported by the charity [Care Network](#).

If a person is not well, taking the child away won't help with mental health. Support is needed. If mental health was OK, might not need to take the child away.



Social prescribers give people time, focusing on ‘what matters to me’ and taking a holistic approach to people’s health and wellbeing. Good social prescribing gives people time to think about what matters to them and supports them to connect with community groups. It also collaborates with community groups to support them and helps people to start new groups.

They accept referrals from other agencies apart from General Practice, such as social care, police or job centres. The initial assessment takes 30 to 60 minutes, and usually leading to 6 to 12 contacts.

It is generally suggested social prescribing works well for people:

- With one or more long-term conditions
- Who need support with their mental health?
- Who are lonely or isolated
- Who have complex social needs which affect their wellbeing

While care navigators can signpost people to community groups, they do not have the time or space to allow people to focus on what matters to them, or support people to connect with groups.

When social prescribing works well, people can be easily referred to link workers from a wide range of local agencies, including General Practice, pharmacies, multi-disciplinary teams, hospital discharge teams, allied health professionals, fire service, police, job centres, social care, housing associations and voluntary, community and social enterprise (VCSE) organisations. Self-referral is encouraged.⁸

Health and Wellbeing Coaches will predominately use health coaching skills to support people to develop the knowledge, skills, and confidence to become active participants in their care so that they can reach their own health and wellbeing goals. They will work alongside people to coach and motivate them through multiple sessions. They may also provide access to self-management education, peer support and social prescribing.

See <https://www.england.nhs.uk/personalisedcare/supported-self-management/health-and-wellbeing-coaches/>

Care Coordinators provide extra time, capacity, and expertise to support patients in preparing for clinical conversations or in following up discussions with primary care professionals. They work closely with the GPs and other primary care colleagues within the primary care network (PCN) to identify and manage a caseload of identified patients, making sure that appropriate support is made available to them and their carers (if appropriate), and ensuring that their changing needs are addressed. See

<https://www.england.nhs.uk/personalisedcare/supported-self-management/care-co-ordination/>

Not all GP practices have a mix of all of the above roles, contact should be made via an individual GP practice to obtain information about the mix of staff available, their contact details and referral process for people.

Substance misuse

Change-Grow-Live (also known as [CGL](#)) provides substance misuse services and support across Cambridgeshire and Peterborough.

There are also a large number of other organisations who also provide support, including Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, Alcohol Concern, Talk to Frank and Drink Aware. People can refer themselves to support agencies, getting mutual aid and peer support to help on their pathway. There is specialist drug and alcohol treatment for young people and for adults. There is also some inpatient detox or residential rehabilitation.

To access these teams:

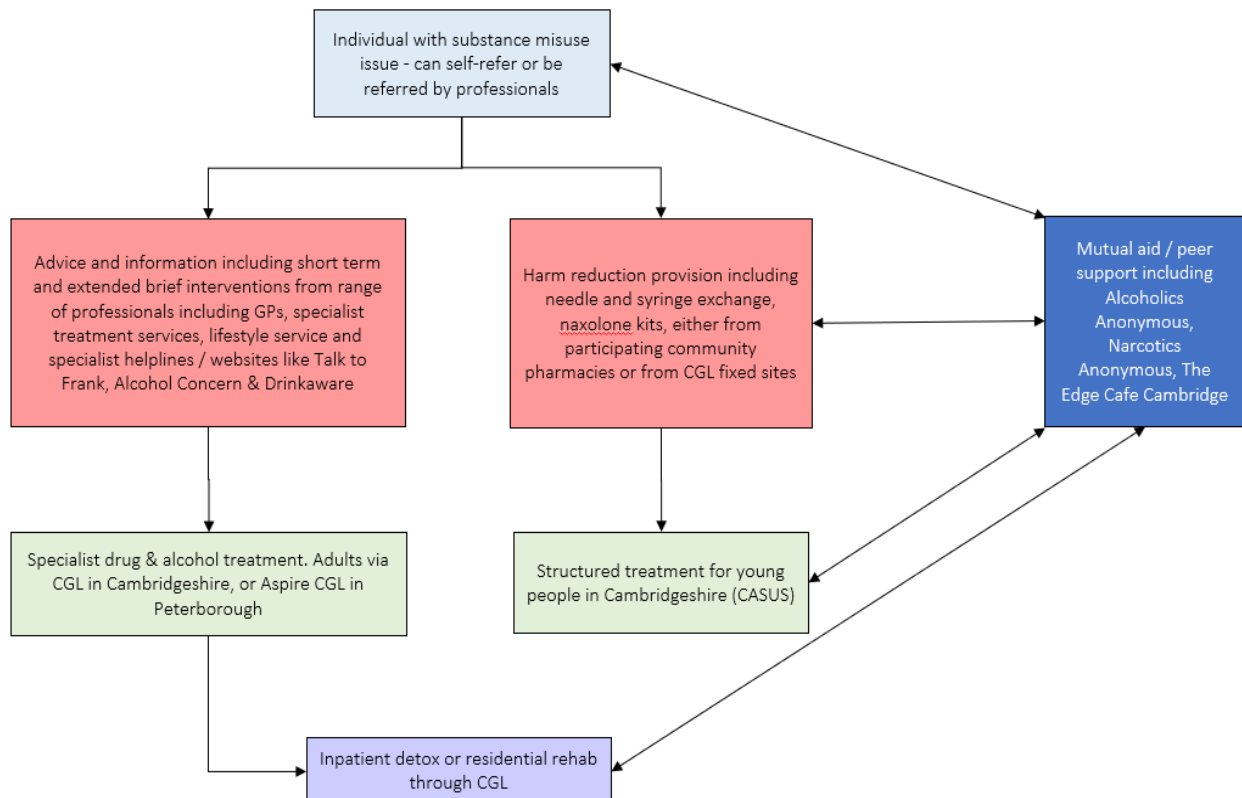
⁸ Edited from <https://www.england.nhs.uk/personalisedcare/social-prescribing/>



- For adults in Cambridgeshire, contact CGL.
- For young people (up to 18 years old) in Cambridgeshire, contact [CASUS](#).
- For any age in Peterborough, contact Aspire CGL.
- All are listed under [Single point of contact](#)

There was a lack of continuity of care and support for me, especially social services

Fig 2. Cambridgeshire & Peterborough substance misuse pathway



Social Care

This toolkit primarily relates to adults; however children may be involved and may need the help of social care in some of the scenarios outlined. A brief guide to accessing children and young people's services is provided in [Appendix 2 Brief guide to accessing children and young people's services](#).

Pathways to adult social care

Adult Social Care responsibilities are described in four "tiers" which relate to the level of risk being experienced by the adult, linked to their emerging or long-term care and support needs.

Adult Social Care supports older people (aged 65+) and adults (18+) with physical disabilities, sensory impairments, learning disabilities, mental health issues, and/or their carers.

These tiers are shown in Table 1.



Table 1. Adult social care pathways

	What is it?	How to access
Tier 1: universal services	Generally available from voluntary & community sector. Can be accessed directly. e.g. information, advice & signposting services, health and fitness support, community groups, falls prevention	In Cambridgeshire Care Network's Community Navigators can help to support links into these options. In Peterborough British Red Cross can help to support links into these options. In addition, Caring Together (see ① Directories) can provide support, advice and signposting for carers. ① Tier 1 Services for all
Tier 2: Short term / low level support	Services aimed at those with emerging care and support needs, but not yet significantly affecting their lives, e.g. reablement, technology enabled care, daily living equipment and occupational therapy	In Cambridgeshire they can be accessed via contact with Cambridgeshire's Customer Services and do not require an assessment. In Peterborough they can be accessed via contact with Peterborough's Adult Early Help Team and do not require an assessment. See ① Tier 2 and Tier 3
Tier 3: Long term care & support	For when a person experiences significant impact on wellbeing because of care & support needs. Have an assessment and means-tested financial support to meet their personal care needs. e.g. home care, day care, respite care, extra care housing, use of a personal assistant.	In both Cambridgeshire and Peterborough, referral to the council's Customer Services who will send on to the Adult Early Help Team as appropriate. See ① Tier 2 and Tier 3
Tier 4 Safeguarding	Where a person is at risk of significant harm due to the actions of others or self-neglect	In Cambridgeshire for more information: Report abuse of a vulnerable adult . In Peterborough for more information: Recognising abuse and reporting concerns . ⁹ Also see ① Tier 4 Safeguarding

Safeguarding

The doorway for safeguarding is known as the MASH, or **M**ulti **A**gency **S**afeguarding **H**ub. The MASH is a collaborative arrangement between the Police, Cambridgeshire County Council, the Fire Service, Peterborough City Council, and Cambridgeshire & Peterborough NHS Foundation Trust. It supports joint working around child protection, safeguarding adults and domestic abuse.

It provides a single point of contact where concerns about a person's safety can be reported. Where a person is felt to be at risk of significant harm due to the actions of others or self-neglect, a safeguarding referral should be made.

- In Cambridgeshire for more information: [Report abuse of a vulnerable adult](#)
- In Peterborough for more information: [Recognising abuse and reporting concerns](#)

You can make an on-line referral to the MASH, but before submitting the online form, please refer to the Effective Support Document webpage which helps identify the level of risk and appropriate level of support.

⁹ <https://www.safeguardingcambspeterborough.org.uk/>



If at any time you have reasonable concern that a child or young person has suffered significant harm or may be at immediate risk of suffering significant harm, telephone the Customer Service Centre on 0345 045 5203 or contact the Police if you feel the child is at imminent risk. If you have a concern about a child or an adult and wish to make a safeguarding referral, you will need to use the relevant online Safeguarding Referral Form (child or adult). You can contact the MASH or the Emergency Duty Team – for contact details please see [MASH](#). For information about children's services please see [Appendix 2 Brief guide to accessing children and young people's services](#)

Adult Early Help

There is also a pathway for early help and intervention, called [Adult Early Help](#), which aims to enable earlier interventions, aiming to avoid a crisis from developing. This is the Cambridgeshire County Council and Peterborough City Council point of contact for families and professionals and can lead to an Early Help Assessment.

Adult Early Help coordinates access to services in Cambridgeshire and Peterborough and provides advice and guidance on cases where professionals may already be involved (provided the individual has given permission for this). Adult Early Help receives contacts that do not necessarily qualify for or need a statutory service such as social care but would benefit from multi-agency support to meet their needs.

Staff wellbeing

The wellbeing of staff is of course, of great importance.

We need to be sure staff are getting the support they need, so they are ready to help and support others, as well as for their own wellbeing.

There are projects running across Cambridgeshire and Peterborough to support staff wellbeing, including:

- Cambridgeshire & Peterborough Staff Support Hub aimed at health and care staff. You can find the site at <https://itsallcomingtogether.co.uk/> and the hub at <https://itsallcomingtogether.co.uk/staff-support-hub/>
- Wellbeing for social workers across Cambridgeshire – page of support and application process here <https://www.cambridgeshire.gov.uk/council/jobs-and-careers/we-love-social-workers/wellbeing>
- Care Network supports staff wellbeing, outlined here <https://care-network.org.uk/community-navigators/wellbeing/>
- CPSL Mind offers a range of activities and resources which support wellbeing, including weekly Good Mood Cafes, Open Door calm spaces, Peer Support Groups, online wellbeing support and more, which are all outlined at <https://www.cpslmind.org.uk/how-we-help/>

GP surgeries which specialize

Cambridge Access Surgery¹⁰ in Cambridge and Boroughbury Medical Centre¹¹ in Peterborough both offer services to people who are homeless. Other GP surgeries cannot turn away a person simply because they are homeless, but these two surgeries provide much-needed health care for our two local Cities and understand the health and wellbeing implications of homelessness very well.

If you follow the links to access their web sites, which provide more detail about opening hours, contact information. Some basic contact information is also provided at [GP surgeries & homelessness](#)

¹⁰ <https://www.mhcambridgeaccess.co.uk/>

¹¹ <https://www.boroughburymedicalcentre.co.uk>



4 Scenarios

We have set out ten situations, or scenarios, where housing, mental health and substance misuse services need to work together to get a good outcome. These are:

- ❶ Person in hospital
- ❷ Applying for social housing
- ❸ Threat of eviction
- ❹ Living with relatives or friends but it's not working out
- ❺ Anti social behaviour
- ❻ Home is in poor condition
- ❼ Home is being taken over, or person being exploited
- ❽ Immigration issues
- ❾ Release from prison
- ❿ More than one issue

For each scenario we have set out

- The situation.
- Who should act, including links to contact information for each partner.
- Suggested actions for each relevant team. These are not exhaustive and will vary from case to case - but provide a starting point.


Scenario ❶ Person in hospital

Situation

A person with drug and alcohol or mental health issues has been taken into a general hospital or a specialist psychiatric unit. Where they have come from and where they can return to are important considerations so we can make sure their time in treatment is positive, and wherever possible they return to their own home. It is important to note that where a person has been detained under the Mental Health Act¹² specific arrangements may apply – these legal duties are not detailed in this document.

When a person with drug and alcohol or mental health issues is admitted to hospital, an initial assessment will include questions about the person's home and living arrangements. This applies equally whether it's a general hospital or specialist mental care.

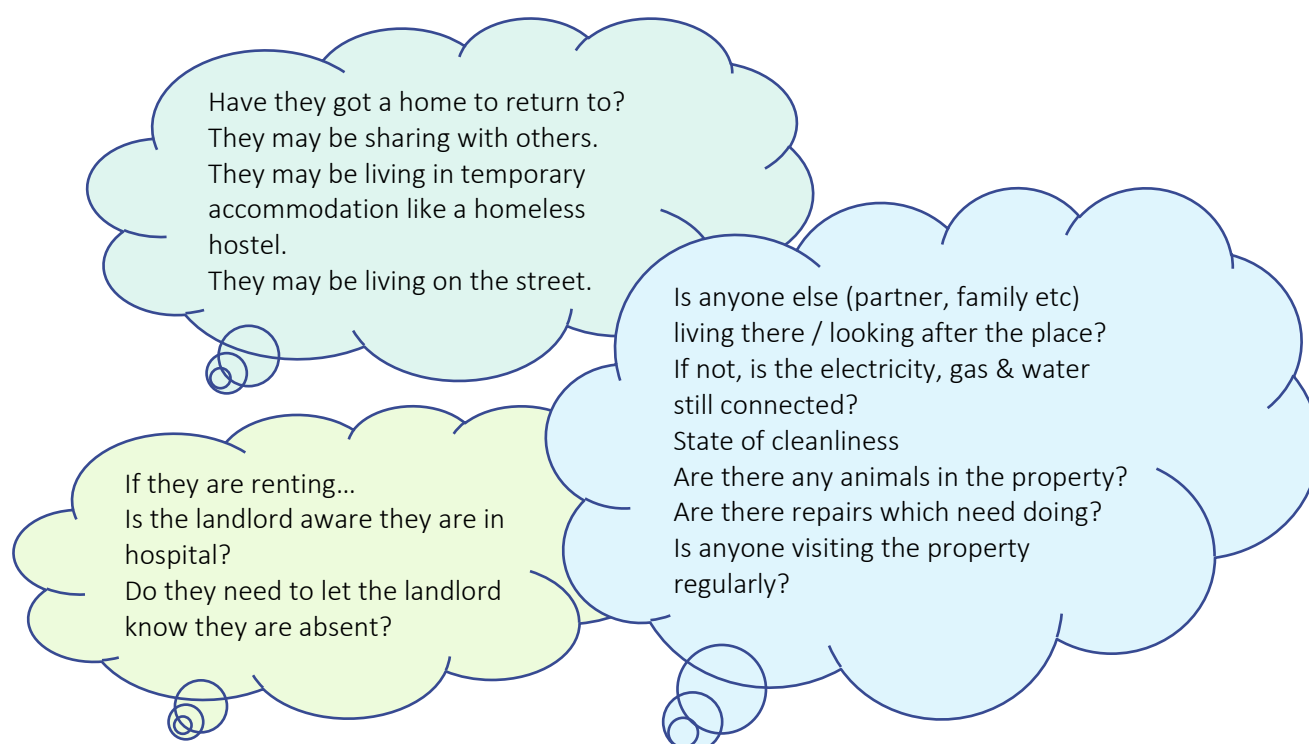
Hospital teams start to plan a patient's discharge from hospital almost as soon as they come in. Considerations include:

- Assessing what the person's needs might be when they are ready to leave hospital, their  [Mental capacity](#) if any concerns are indicated and if so, all Mental Health Act requirements.
- Talking to colleagues who can help meet these needs (such as social workers, occupational therapists, physiotherapists or district nurses)

¹² Mental Health Act 1983 and subsequent amendments



Fig 3. Some example questions which need exploring



Making sure the person's carer or support worker is given any information, help or advice that may be needed to help with recovery. This should include a conversation with the informal carer to understand their needs and the role they fulfil. A Care Act (2014) complaint assessment of the Carers needs may also be completed.

Who should act?

Housing	Mental health	Substance misuse	Other
<ul style="list-style-type: none"> ■ If risk of homelessness: Housing authority via ① Duty to Refer ■ Housing / welfare benefit / Council Tax team via 🏠 Housing Guide ■ Caseworker or keyworker at homeless accommodation: housing teams will help locate the provider via Duty To Refer or call ① Housing options / advice team 	<ul style="list-style-type: none"> ◆ Mental health practitioner or support worker at CPFT (if known to services) – see ① Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) ◆ Local Authority Mental Health social worker (if applicable), see ① Tier 2 and Tier 3 ◆ CPFT's Crisis Resolution and Home Treatment Team. Referrals have to come from within 	<ul style="list-style-type: none"> ● CGL or Aspire CGL via ① Single point of contact ● Substance Misuse Hospital Liaison Workers, also via ① Single point of contact 	<ul style="list-style-type: none"> ● Relevant ① Hospitals admissions team, Emergency Department and Discharge planning / co-ordinator – please also note 📖 ● Appendix 3: Borders and services ● Local ① Mental health inpatient units ● ① CPSL Mind Discharge Buddy for people being released from hospital ● Voluntary & community



Housing	Mental health	Substance misuse	Other
<ul style="list-style-type: none"> ■ If need other advice about housing: Housing authority ① Housing options / advice team 	mental health services which includes ① First Response Service		organisations to help, support and signpost: see ① Directories and ① Tier 1 Services for all <ul style="list-style-type: none"> ● ① Minor injury units and urgent treatment centres
Who are the main parties, in this scenario, who have the duty to refer?			
<ul style="list-style-type: none"> ● emergency departments ● urgent treatment centres ● hospitals in their function of providing inpatient care 			

General hospital actions

Hospital staff work with the person themselves, or with consent, someone the person trusts to discuss the plan for discharge. It is helpful to discuss queries and concerns at the earliest opportunity, for example if there are worries about safety at home, managing personal care or any domestic arrangements. By talking about this early, staff can ensure everything is in place in time to support their discharge. There will be a predicted date for discharge, based upon when treatment is expected to will be finished. All those involved will be aware of this date and will be working towards it.

If there any concerns regarding the person's mental capacity to make their own decisions or choices about their discharge planning arrangements the requirements of the Mental Capacity Act 2005 should be followed; this may include the arrangement of a "best interests" meeting. See [Mental capacity](#).

For many, being discharged from hospital is straightforward. Some may simply need information about how to manage their health condition, or about support services local to their home. Others will have ongoing health, care and support needs which require a more detailed assessment.

Staff from health and social care will work together to plan and deliver services to support people after their discharge. Where necessary an assessment under the Care Act 2014 may be completed to identify care and support needs. This assessment is designed to create a picture of the person in the context of their life and living environment and may include a combination of needs that are eligible and not eligible for publicly funded support. A financial assessment may also be completed to identify any contribution the person is required to make towards the costs of care and support arranged by the local authority.

Sometimes it may be necessary to move out of hospital to an interim care setting for a period of rehabilitation, reablement or whilst awaiting longer term care and support plans to be put in place. In these situations the hospital discharge team and local authority Transfer of Care Team will work with the person to make these arrangements. Please see ① [Short term care, including after a hospital stay](#)¹³

Addenbrooke's, Hinchingbrooke and Peterborough Hospitals all provide care and treatment for people with mental health or drug and alcohol issues. It is important that housing issues don't delay a person's discharge from hospital; and that people with mental health or substance misuse issues do not stay in hospital any longer than necessary if their path back into settled life after a period in hospital is to be a smooth one.

¹³ Text adapted from article on hospital discharge from Hinchingbrooke Options magazine, at <file:///ccity-profile/profiles/beecr1s/Downloads/OTPCAMB%20Winter%202019%20intranet.pdf>



Having established any issues, if it looks like there are potential housing barriers AS SOON AS POSSIBLE the hospital team need to get in touch using [The Duty to Refer](#) process. The duty to refer emails are all monitored during office hours Monday to Friday, and outside these hours will be picked up as soon as the next working day begins. Social prescribers may also help here, please see [What is social prescribing?](#)

[Fig 4](#) provides an outline process for hospitals to liaise with and consider housing issues.

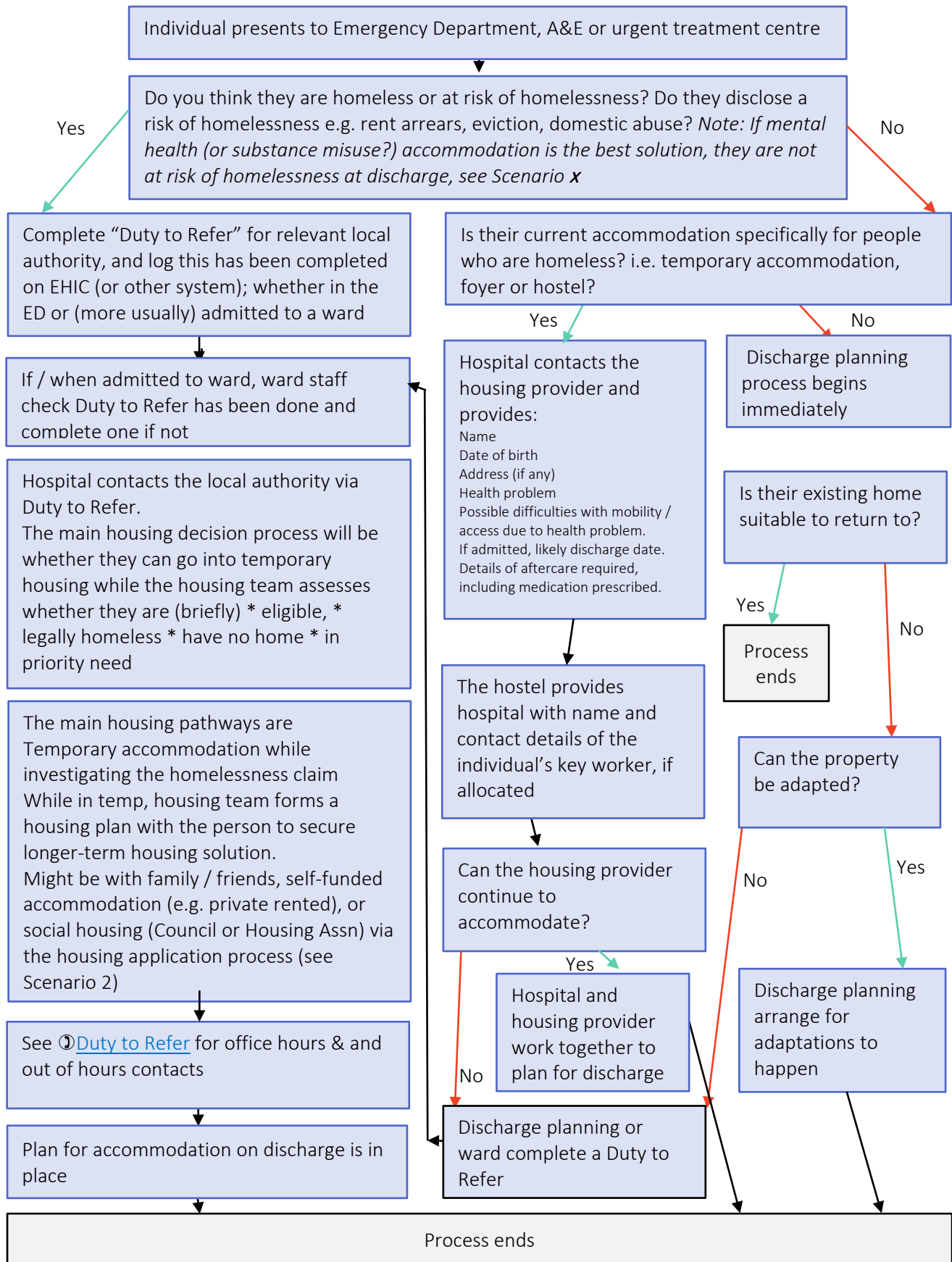
Mental health inpatient unit actions

The main inpatient hospitals for people with mental health needs are Fulbourn in Cambridge, and the Cavell Centre in Peterborough. If the person was detained in hospital under a qualifying section¹⁴ of the Mental Health Act 1983, their discharge will be coordinated under a Section 117 aftercare plan.

- ◆ All arrangements must ensure a safe and smooth transition from hospital to home or to community-based care including residential or nursing care home. Planning for discharge should start as soon as possible following admission and with full involvement of the patient, family and carers (as applicable) in collaboration with all professionals and other agencies involved. Patients on mental health wards will not be discharged without the agreement of the Consultant Psychiatrist. For detained patients this includes the Responsible Clinician or their deputy.
- ◆ The discharge process is facilitated by the named nurse / practitioner who works with the community mental health care coordinator. Carers' needs will be taken into account throughout the discharge process and carers are involved whenever possible.
- ◆ If a person is in a general hospital, or in a specialist mental health unit, and it is planned that they will be discharged to a care setting or mental health supported accommodation, there is no risk of discharge to homelessness. In these cases, for Cambridgeshire residents, either the care coordinator or allocated social worker will request a "slot" to present their case at the next Mental Health Accommodation Forum meeting. This Forum meets monthly. At the Oak Wards at the Cavell Centre, please contact the Housing Support Officer - see [Mental health inpatient units](#)
- ◆ If a person is in hospital, or in a specialist mental health hospital, and is **NOT** going to be discharged to a care setting or supported accommodation, the hospital needs to take up [The Duty to Refer](#). At Fulbourn, the ward should liaise with the Mental Health Housing Coordinator; at the Cavell Centre the ward should liaise with the Housing Support Officer. **This referral can only be done with the patients consent. It is the ward's legal duty to offer to do this.** Where there is a Housing Coordinator or a Housing Support Officer, their help will be invaluable in this process.
- ◆ Discharge from hospital may be supported by CPFT's Crisis Resolution and Home Treatment Team. You can find out more at [Crisis Resolution and Home Treatment Team](#); but please bear in mind, referrals have to come from a mental health or care professional, or from the [First Response Service](#).
- ◆ CPSL Mind provides a Discharge Buddy service for people coming out of hospital mental health wards; see [CPSL Mind's Discharge Buddy service](#)

Make a common consent form to share information

¹⁴ Qualifying sections are 3, 37, 45A, 47 or 48

Fig 4. Outline of “thought process” on pathway through hospital¹⁵

¹⁵ Adapted from the 2019 Cambridge-based hospital discharge protocol at <http://cambridge-hospital-homeless-adm-and-disch-2019/>



Mental health social work actions

- ◆ Local Authority Mental Health Social Work works with CPFT's clinical mental health teams. To access mental health social workers
 - If the person is already under the care of CPFT's clinical mental health team, with the person's consent the mental health worker can refer them to mental health social work.
 - Where the person is not under the care of CPFT's clinical mental health team, there are no safeguarding issues but there are concerns that more support may be needed, contact [Adult Social Care: 4 pathways](#) to access Tier 1, 2 and 3 support.
- ◆ Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub [MASH](#). Follow this link for more information about Safeguarding. If children are involved, please see [For children](#)

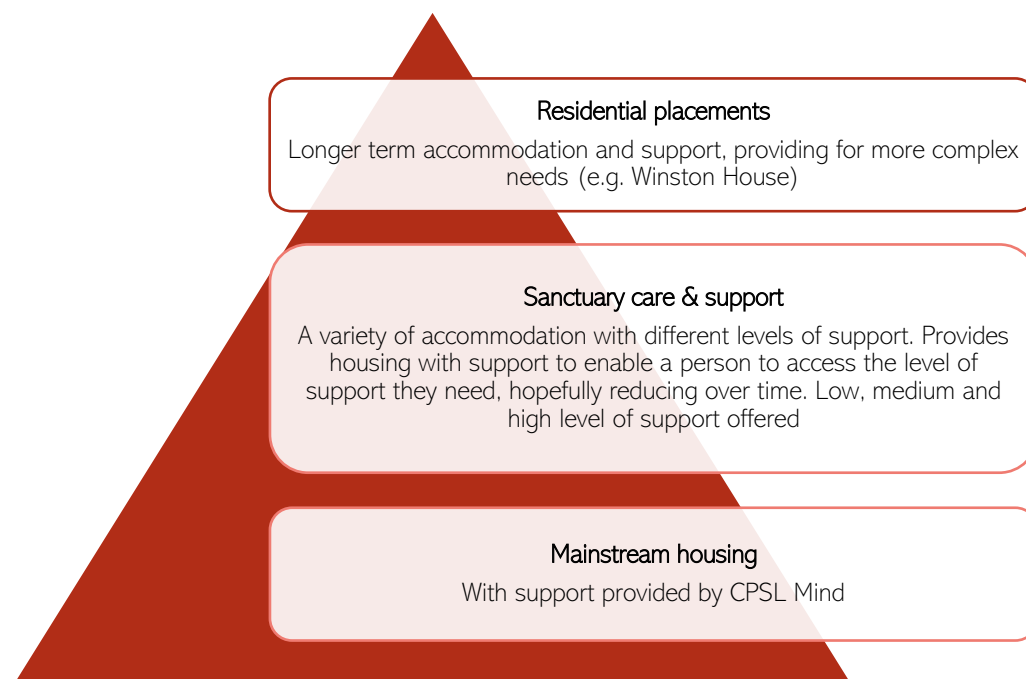
Mental health supported accommodation

There is some specialist accommodation and support for people with needs associated with their mental health that is commissioned by Cambridgeshire County Council Adult Social Care. To access the accommodation the person must

- ◆ Have eligible needs under the Care Act 2014
- ◆ Need support in relation to their accommodation
- ◆ Be put forward to the Mental Health Accommodation Forum for consideration by their mental health social worker.

The Mental Health Accommodation Forum (monthly) discusses applications to ensure that the person is linked to the correct level of support. The three main accommodation related options are set out in Fig 5.

Fig 5. Mental health supported accommodation





CPSL Mind's Discharge Buddy service

The CPSL Mind Discharge Buddy Service is designed to support individuals' transition from hospital mental health wards (at Edith Cavell and Fulbourne) to home.

Individuals are matched with a Buddy who will support them to:

- focus on their wellbeing through goal setting
- manage feelings of being overwhelmed or suicidal thoughts by creating safety plans
- link back into their local community.

Support is provided on a weekly basis for up to 6 weeks.

Referrals can be made from the hospital ward staff teams and the [①CR&HTT](#). The Discharge Buddy scheme operates across Cambridgeshire and Peterborough.

For contacts information please see [①CPSL Mind Discharge Buddy](#).

Housing actions

The housing team in each district receiving a duty to refer commits to making contact as soon as they can manage but the essential factor is that the referral is sent in, with the person's consent, **as soon as possible** - as housing issues can take some time to sort out, the more time that is available the better the outcomes are likely to be.

The duty to refer messages and forms are monitored during office hours Monday to Friday, and outside these hours will be picked up as soon as the next working day begins.

The housing authority must assess anyone who may be homeless or threatened with homelessness within 56 days. Other professionals can also get in touch with the homelessness team using [📖The Duty to Refer](#).

When using the duty to refer, background information really helps so the housing authority can begin its enquiries as soon as possible and find a suitable housing option. Please provide as much detail as possible on the applicant when making your referral. For this task we have added, under useful contacts, both housing authority's page setting out the Duty to Refer, and the "portal" which takes you to a form which asks all the relevant questions. See [①Duty to Refer](#)

Where a client has no immediate home to return to after a hospital stay and the housing authority has a reason to believe that the applicant is homeless, eligible and in priority need then the housing authority has a duty to provide emergency accommodation. This may be a hostel or other temporary housing initially.

In some areas, social prescribers may be able to help, see [📖What is social prescribing?](#)

The sooner housing teams are involved, the better

A medical assessment may be required as part of the decision on whether someone is statutorily homeless, so, as much information as possible is needed to help with this assessment. This could be a letter detailing the medical condition from the psychiatrist/consultant, a medical report, or a risk assessment from a health professional.

In some cases where a person is suddenly homeless, the only option may be emergency Bed & Breakfast accommodation. This may be outside the local area, and possibly outside the county. If this seems a likely outcome but would negatively impact the person's wellbeing due to the distance from professionals, friends/family support, it will be important to have that discussion with the housing options or homelessness team. There may be no alternative accommodation but every avenue must be explored rather than cause harm to the person's mental health or exacerbate their substance misuse.

I don't know what I'd do if it wasn't for Mind and the Edge café...



Not all clients will be found to be homeless or in priority need, in which case there is no duty on the housing authority to provide emergency accommodation. However they will need to provide advice on available housing options.

Single people struggle to be classed as an emergency

The sooner housing teams are involved, the better; and more likely a better alternative to Bed & Breakfast will be found. If a referral can be made early, the housing authority can deal with the application while the person is in hospital. If they are found to be homeless, plans can be made to avoid the need for B&B, resulting in a better outcome for their recovery.

The likelihood that a client may relapse if placed out of area in B&B must be taken into account when making the decision to discharge them from hospital. The housing team will need to know if it is safe for the person to be placed in B&B, and if not to consider other alternatives.

If adaptations are needed to the home, the housing team will work with their local Home Improvement Agency (HIA) to investigate getting those adaptations done. See [🏠 Housing Guide](#) for links to local HIAs if needed.

Substance misuse actions

If the person in hospital needs any support around drug and alcohol misuse, this needs to be flagged with Substance Misuse Hospital Liaison Workers. The Liaison Workers work with people aged 18 and over and are based at Peterborough City Hospital, Hinchingsbrooke Hospital and Addenbrooke's Hospital.

The Liaison Workers can undertake a substance misuse assessment at the hospital and link up the patient with substance misuse services in the community. These workers are not in the hospitals all the time, so call the number provided under [① Single point of contact](#)

Someone needing support who is not in these hospitals cannot access the Substance Misuse Hospital Liaison workers, but they can get in touch with or be referred to CGL who provide support.

For information on housing and welfare benefits while in hospital, please see [📖 Appendix 3: Borders and services](#)

Scenario ② Applying for social housing

Situation

A person with substance misuse or mental health issues has applied for help to find housing, or to move home, from the housing authority and has now found something suitable and has bid for it. In Cambridgeshire and Peterborough a system of "choice based lettings" operates, whereby people who want to apply for council or housing association homes complete an application form and are given a "priority banding". In Cambridgeshire the system used is called [🏠 Home-Link](#) and in Peterborough the system is called [🏠 Jigsaw](#).

The applicant then looks out for suitable properties being advertised on these sites and can put in a bid. The person with the highest priority band and who has waited the longest will tend to be the successful bidder, but there are circumstances where people in lower priority bands may also be successful.

In each district, the process of applying for housing is managed slightly differently – in some areas the process is managed by the council, in other areas the job has been taken on by a housing provider.

Housing, mental health and substance abuse teams will need to work together to make sure the property is suitable and the person has the support needed to maintain their tenancy in the long term.

Move on accommodation should give help with sustaining the tenancy



Who should act?

Housing	Mental health	Substance misuse	Other
<ul style="list-style-type: none"> ■ If risk of homelessness: Housing authority via ① Duty to Refer ■ If need advice about housing: Housing authority ① Housing options / advice team ■ Local housing register holder via 🏠 Housing Guide ■ Home-Link or Jigsaw via 🏠 Housing Guide ■ P3 ① Floating Support 	<ul style="list-style-type: none"> ◆ Mental health practitioner or support worker at CPFT (if known to services) – see ① Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) ◆ Local Authority Mental Health social worker (if applicable), see ① Tier 2 and Tier 3 ◆ If not known to services person needs to approach 🏠 GP list or ① First Response Service in a mental health crisis 	<ul style="list-style-type: none"> ● CGL or Aspire CGL via ① Single point of contact 	<ul style="list-style-type: none"> ● Housing / welfare benefit / Council Tax team via 🏠 Housing Guide ● Voluntary & community organisations to help, support and signpost: see ① Directories and ② Tier 1 Services for all

Who are the main parties, in this scenario, who have the duty to refer?

- Prisons, young offender institutions, secure training centres, secure colleges & youth offending teams, probation services
- Jobcentres in England
- Local Authority social service authorities (both adult and children's)
- Secretary of State for defence in relation to members of the regular armed forces

Housing actions

Getting an offer

A person with mental health, or substance misuse issues, has seen a property advertised and wants to put in a bid. Before they can bid on properties...

- To get into social housing a person needs to be registered on the Home-Link or Jigsaw system, so that they are able to bid for properties as they become available. A support worker can bid if the person needs support to use the system or a request can be made for auto-bidding.
- The bids made for any home are prioritised and the housing provider makes an offer – usually to the person who has the highest priority and who has been waiting the longest

The process of applying to Home-Link - finding proof of benefits and address changes - takes time, is stressful, and don't help you to feel well



in that priority band. The housing authority as part of its duties must ensure that the any offer of accommodation is suitable.

You have to prove yourself that you are in 'inappropriate' accommodation

- If support is needed in the accommodation, ① [P3](#) offers a floating support service across Cambridgeshire and Peterborough.
- A Housing Options Officer would only be actively involved in an offer of housing to a client where there is a current, active homeless application.

Having trouble finding a suitable home

Offers of rehousing may be made that are outside of the area of choice for the client.

If this is the case, housing and health professionals should liaise to try to reduce any impact this may have on the client's recovery. The housing authority as part of its duties must ensure that any offer of accommodation is suitable. Sometimes offers are made directly from the housing register, instead of having to bid, in particular circumstances (this is known as a "direct let").

Across Cambridgeshire and Peterborough some local authorities manage the housing register themselves, whereas others use a registered provider to manage this process.

Not getting an offer

There are a few occasions where there may not be a duty for a person to be re-housed in social housing despite being homeless. In these cases, it is important that attempts are made to assist the person in securing accommodation within the private rented sector. The housing options team will give help and advice about what to do in these situations. If floating support might help, please contact ① [Floating Support](#).

Home-Link catch 22: you can't bid unless you're seen as 'no risk'. But if you need supported living, you have a place in supported living to build up a positive record and prove you are no risk...

Help getting welfare benefits set up

Support should be given to ensure housing benefit is set up for the start of any tenancy or as soon as possible.

Mental health actions

- ◆ If a person is applying for social housing and has a mental health condition, if they are known to the mental health service, they may have a mental health practitioner or support worker who can help with the housing application process.
- ◆ If during an application process mental health concerns arise, the person will need to be encouraged to approach their GP to get advice and help, or to call the First Response Service. The GP and the FRS can help access other teams as needed.
- ◆ Local Authority Mental Health Social Work works with CPFT's clinical mental health teams. To access mental health social workers
 - If the person is already under the care of CPFT's clinical mental health team, with the person's consent the mental health worker can refer them to mental health social work.
 - Where the person is not under the care of CPFT's clinical mental health team, there are no safeguarding issues but there are concerns that more support may be needed, contact ① [Adult Social Care: 4 pathways](#) to access Tier 1, 2 and 3 support.

Need more support for people applying for new housing



- Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub [①MASH](#). Follow this link for more information about [📖Safeguarding](#). If children are involved, please see [①For children](#)

Substance misuse actions

Ideally a person's substance misuse needs will be identified as they make their housing application. However, if it only comes to light at the time the offer is being made, consideration should be made about whether the client needs and/or wishes to have support around their substance misuse. If they do, the next steps would be to either book a substance misuse assessment with CGL when meeting with the client OR signpost the client to the local CGL Service in Cambridgeshire or Peterborough.

Scenario ③ Threat of eviction

Situation

A person with substance misuse or needs associated with their mental health is either being evicted or is under threat of eviction. If this is related to a build-up of debt, please see [📖A word about debt](#).

Who should act?

Housing	Mental health	Substance misuse	Other
<ul style="list-style-type: none"> ■ If risk of homelessness: Housing authority via ①Duty to Refer ■ If need advice about housing: Housing authority ①Housing options / advice team ■ Housing / welfare benefit / Council Tax team via 🏠Housing Guide ■ Council rents or tenancy management team (Cambridge & South Cambs only) via 🏠Housing Guide ■ Housing Association teams via ①Housing associations listing 	<ul style="list-style-type: none"> ◆ Mental health practitioner or support worker at CPFT (if known to services) – see ①Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) ◆ Local Authority Mental Health social worker (if applicable), see ①Tier ② and Tier ③ ◆ If not known to services, 🏠GP list or ①First Response Service in a mental health crisis 	<ul style="list-style-type: none"> ● CGL or Aspire CGL via ①Single point of contact 	<ul style="list-style-type: none"> ● Adult social care – see ①Adult Social Care: 4 pathways ● Voluntary & community organisations to help, support and signpost: see ①Directories and ①Tier ① Services for all. (These include specialist debt advice agency contacts)



Who are the main parties, in this scenario, who have the duty to refer?

- youth offending teams, probation services
- Jobcentres in England
- Local Authority social service authorities (both adult and children's)
- Secretary of State for defence in relation to members of the regular armed forces

Eviction and medicine management

Medicine Management is important when dealing with a person who is on prescription medication or has substance misuse medicines prescribed.

If all other options fail, people being evicted may become street homeless with no medicine management planning in place.

So, prior to an eviction, housing providers need to make sure that all agencies working with the person, are aware of the eviction and that medicine management is arranged.

This should support continuity of care and assist in avoiding missed medications, overdose or, at worst, a drug related death.

If someone ends up on the street, there are Street Outreach teams operating who will do all they can to assist. Here is a link to contacts for the area's [Outreach Teams](#).

Social Workers could be involved with early preventative work, Care Act compliant assessment and Care and Support Planning if applicable.

Housing actions

Where any person is threatened with homelessness within 56 days a homeless application can be made and a housing options interview offered.

This interview will seek to establish the situation, the persons rights, and if there is potential to negotiate with the landlord to allow them to remain in their accommodation.

If the housing authority accepts a homeless duty then a personal housing plan will be created jointly between the Housing Officer and the person. This plan will outline what steps housing will take, to try and help alleviate the current housing situation along with what steps the person needs to be taking, depending on their situation and the type of housing they are living in.

To get onto this pathway, if the person is under threat of eviction then other professionals can use the duty to refer. It is important to include in the duty to refer form, any dates coming up which are part of the notice or eviction process, to make sure the housing team can take appropriate actions within the timeframe required. See [The Duty to Refer](#).

There are many things that homelessness teams can do to prevent someone from becoming homeless. The key is to maximise the time that they have to work with the individual and therefore early notification is essential. It is never too early to refer someone for advice and support.

The housing authority will also assess if emergency accommodation is required.

Living on a knife edge – I lost my child so had an extra room but couldn't pay the lost Housing Benefit and couldn't get a discretionary housing payment so debt built up and I got evicted. My mental health wasn't great at the time; that should have been taken into account

When you lose your housing or move out, no one considers how the person will get back from the situation – like what happens to my belongings?



Mental health actions

Local churches and Hope into Action were really helpful

- ◆ People with mental health needs can sometimes exhibit behaviour that disturbs or is felt to be unacceptable to their neighbours. This may affect the use of their home and may lead to friction with neighbours. Equally some people can be intolerant and even hostile to individuals with mental health needs and may make up or exaggerate behaviour in an attempt to have the person moved out of their home. Any or all these possibilities might lead a landlord to seek an eviction.
- ◆ If an eviction is due to anti-social behaviour, please see [Scenario 5 Anti-social behaviour](#) for more detail on what support can be called upon.
- ◆ If the eviction is for another reason, the person with mental health needs may not be getting the level or type of support they need which has led to a breakdown in the tenancy or a problem with their rent or mortgage. In this situation, the best route is via the GP or FRS if the person is not engaged with mental health services. However if known to mental health services, their mental health practitioner or support worker will need to be involved. Professionals can call the First Response Service while they are with the person, as described in [Appendix 5: Q & A on the First Response Service](#) or you can call the professionals line to seek further guidance, see [First Response Service](#). Follow this link to get the number for the FRS professionals' team.
- ◆ Local Authority Mental Health Social Work works with CPFT's clinical mental health teams. To access mental health social workers
 - If the person is already under the care of CPFT's clinical mental health team, with the person's consent the mental health worker can refer them to mental health social work.
 - Where the person is not under the care of CPFT's clinical mental health team, there are no safeguarding issues but there are concerns that more support may be needed, contact [Adult Social Care: 4 pathways](#) to access Tier 1, 2 and 3 support.
- ◆ Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub [MASH](#). Follow this link for more information about [Safeguarding](#). If children are involved, please see [For children](#)

Peterborough's Mental Health Exemplar Project

- Peterborough has been chosen as one of twelve national NHS-England community mental health pilot sites that will use innovative approaches to transform community mental health services to provide 'joined up' physical, mental health and social care support that is easy to access and meets individual needs close to where they live.
- This new approach acknowledges that mental health challenges can affect every aspect of an individual's life, so the NHS, local authority, third sector and community organisations are all working together.
- In Peterborough this is a partnership of Cambridgeshire and Peterborough NHS Foundation Trust, the Greater Peterborough GP Network, CPSL Mind, Peterborough City Council, the SUN Network, and Cambridgeshire and Peterborough Clinical Commissioning Group.
- The Exemplar aims to create a supportive mental health network for everyone, whether their mental health challenges are mild, moderate or severe.
- Crucially our approach recognises that everyone has strengths and that local community groups and organisations have a vital part to play in the health and wellbeing of the people of Peterborough.
- We are widening the available options for residents experiencing mental health challenges – from information on this website to bringing more mental health specialists to local GP surgeries and linking different services much more closely together.



- The Dual Diagnosis and Outreach Team and the Social Care Team in Peterborough work closely with community colleagues to help provide more joined-up working between health and social services. The two teams provide mental health advice and guidance to social care colleagues working in housing and for staff working with dual diagnosis in Peterborough.
- The teams run weekly multi-disciplinary mental health forums for colleagues in housing and dual diagnosis who are seeking specialist mental health advice and guidance. This forum can also provide a direct route into the Primary Care Mental Health Service if it is felt that a mental health assessment is warranted.
- To find out more about these services, look out for leaflets planned early in 2022. These will be added to the Toolkit web page once available.
- This footnote provides a link to slides providing more detail on the Exemplar project¹⁶

Substance misuse actions

It is important to understand whether a threat of eviction is linked in some way to a person's substance misuse. Substance misuse services may be able to help stabilise someone's drug use which may reduce the threat of eviction. For example a person may be behind in their rent because they are spending the money on drugs and alcohol. The message is to intervene early to try and engage the client in substance misuse support. At any stage and as early as possible support services should:

- Book a substance misuse assessment with CGL
- Signpost them to the local CGL Service in Cambridgeshire or Peterborough. See [Single point of contact](#)

Scenario ④ Living with relatives or friends but it's not working out

Situation

A person with substance misuse or mental health issues is living with relatives or friends, but there are problems arising and they come to you for help, or the problem gets reported via a different route.

Even when relations between a person and their hosts have been good, problems can arise which may become detrimental to everyone's well-being. Professionals may be aware that a situation is becoming difficult early on, or a situation may flare up very unexpectedly.

Parents or friends are often uncomfortable telling a person they can no longer stay with them. This can be a very stressful situation for all concerned. It is important that action is taken as swiftly as possible even if the person's situation may improve and they decide not to move.

There is a protocol in place for 16/17 year olds who may be involved in this scenario, you can find the protocol [here](#)¹⁷.

There is also the chance that "cuckooing" is a risk factor, please see [Scenario ⑦ Home is being taken over, or person being exploited](#). A joint approach or meeting with other teams may help where there are safeguarding or cuckooing concerns.

Parents and families are all affected: things can go negative in the family

¹⁶ <https://www.cambsandpeterboroughhpc.org.uk/wp-content/uploads/sites/28/2020/11/EXEMPLAR-PROJECT-info.pdf>

¹⁷ <https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/joint-protocol-to-address-the-needs-of-homeless-16-and-17-year-olds-in-cambridgeshire/>



Who should act?

Housing	Mental health	Substance misuse	Other
<ul style="list-style-type: none"> ■ If need advice about housing: Housing authority ① Housing options / advice team ■ If risk of homelessness: Housing authority via ① Duty to Refer ■ For council tenants: tenancy management teams (Cambridge & South Cambridgeshire only) via 🏠 Housing Guide ■ For Housing Association tenants: Housing Association tenancy management teams via ① Housing associations listing ■ For notes on locating a private landlord, ① Private landlord ■ For P3 ① Floating Support 	<ul style="list-style-type: none"> ◆ Mental health practitioner or support worker at CPFT (if known to services) – see ① Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) ◆ Local Authority Mental Health social worker (if applicable), see ① Tier 2 and Tier 3 ◆ If not known to services, 🏠 GP list or ① First Response Service in a mental health crisis 	<ul style="list-style-type: none"> ● CGL or Aspire CGL via ① Single point of contact 	<ul style="list-style-type: none"> ● The ① Adult Early Help team ● If safeguarding is a concern: ① MASH ● Voluntary & community organisations to help, support and signpost: see ① Directories and ① Tier 1 Services for all
Who are the main parties, in this scenario, who have the duty to refer?			
<ul style="list-style-type: none"> ● young offender institutions, youth offending teams, probation services ● Jobcentres in England ● Local Authority social service authorities (both adult and children's) 			

Housing actions

Other professionals can contact the district Housing Options Team as soon as possible so that they can discuss available alternative housing options. This can be done by using 📖 [The Duty to Refer](#). Mediation may be offered to help overcome differences and explore possible options.



Mental health actions

Support is very hard to access

People with mental health needs can sometimes exhibit behaviour that disturbs or is unacceptable to their family and friends. When living in the same house, small issues can build up and become explosive; there is the possibility of family breakdown in the same way for someone with mental health needs as for any other person. There is also the possibility that behaviour in the home is unacceptable, unsafe or abusive.

If a person with mental health needs is having trouble maintaining safe relationships at home, with friends, family or other residents, they may need some help and support to work through the issues and to decide whether living with those people is working well for them or not.

The best course of action is to contact the GP, or in case of a crisis, contact the First Response Service.

It is important mental health teams are included in any discussions particularly where they have been involved in the past, as this might be a relapse indicator. They may also help understand the dynamic, where they have not previously been involved.

- ◆ Local Authority Mental Health Social Work works with CPFT's clinical mental health teams. To access mental health social workers
 - If the person is already under the care of CPFT's clinical mental health team, with the person's consent the mental health worker can refer them to mental health social work.
 - Where the person is not under the care of CPFT's clinical mental health team, there are no safeguarding issues but there are concerns that more support may be needed, contact ① [Adult Social Care: 4 pathways](#) to access Tier 1, 2 and 3 support.
- ◆ Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub ① [MASH](#). Follow this link for more information about [Safeguarding](#). If children are involved, please see ① [For children](#)

Substance misuse actions

Substance misuse can have significant impact on home situation and can strain relationships between friends and family members. The person misusing substances can refer themselves for treatment, and there is also support for family members such as support groups run by CGL which can be accessed by friends and relatives of those misusing substances. These can be accessed even if the person using substances is not actually currently engaged in substance misuse treatment services.

Once my child was gone, support disappeared. That had an impact.



Scenario 5 Anti-social behaviour

Situation

A person with substance misuse or mental health issues is either experiencing anti-social behaviour (ASB), or is being accused of ASB

Who should act?

Housing	Mental health	Substance misuse	Other
<ul style="list-style-type: none"> ■ If need advice about housing: Housing authority ①Housing options / advice team ■ For council tenants: tenancy management teams (Cambridge & South Cambridgeshire only) via 🏠Housing Guide ■ For Housing Association tenants: Housing Association tenancy management teams via ①Housing associations listing ■ For private tenants or home owners: Private Sector Housing or Environmental Health Teams via 🏠Housing Guide. For notes on locating a private landlord, ①Private landlord ■ District council anti-social behaviour or community safety team via 🏠Housing Guide ■ If risk of homelessness: Housing authority via ①Duty to Refer 	<ul style="list-style-type: none"> ◆ Mental health practitioner or support worker at CPFT (if known to services) – see ①Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) ◆ Local Authority Mental Health social worker (if applicable), see ①Tier 2 and Tier 3 ◆ If not known to services, 🏠GP list or ①First Response Service in a mental health crisis ◆ Possibly Mental Health ①LaDS team 	<ul style="list-style-type: none"> ● CGL or Aspire CGL via ①Single point of contact 	<ul style="list-style-type: none"> ● ①Neighbourhood policing (if harassment, other illegal activity or arson or risk of arson is involved) ● ①Fire Service If risk of arson ● The ①Adult Early Help team ● If safeguarding is a concern: ①MASH ● Children's Social Care via ①For children ● Voluntary & community organisations to help, support and signpost: see ①Directories and ①Tier 1 Services for all



Who are the main parties, in this scenario, who have the duty to refer?

- young offender institutions, youth offending teams, probation services
- Local Authority social service authorities (both adult and children's)
- emergency departments, urgent treatment centres, hospitals in their function of providing inpatient care

The Cambridgeshire view of anti-social behaviour: making a complaint

If a person experiences anti-social behaviour they should keep a record or diary of problems as they occur (being as specific as they can in recording names, times, locations and what actually happened).

Report it. On average 7 out of 10 cases reported have a successful outcome.

If the incident is a crime contact the police on **101** (non-emergencies). In case of emergency please call **999**.

Each district council has a slightly different approach to ASB, please see [Housing Guide](#).

The police, local authorities and social landlords have a duty to deal with antisocial behaviour. They frequently work together, and with other organisations and agencies, to resolve problems. The local authorities and other are members of local Cambridgeshire Community Safety Partnership.

Where there is a mental health, or substance misuse issue it may be that a multi-agency meeting is needed. Safeguarding Adults duties under the Care Act 2014 should also be fully considered and explored.

A multi-agency meeting should involve the person and other applicable agencies such as for example the housing provider, Mental Health Social Work (if they are involved), Mental health team, GP, any support workers involved such as [P3](#) or [CGL](#), and Police (especially if there is an arson risk). This meeting can discuss the best course of action whether that is mediation, support, or alternative accommodation.

What is anti-social behaviour?

The Anti-Social Behaviour, Crime and Police Act 2014 defines anti-social behaviour as 'behaviour by a person which causes, or is likely to cause, harassment, alarm or distress to persons not of the same household as the person. ASB can include:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Aggressive begging | <input checked="" type="checkbox"/> Arson or arson risk |
| <input checked="" type="checkbox"/> Crimes based on discrimination | <input checked="" type="checkbox"/> Domestic abuse |
| <input checked="" type="checkbox"/> Drinking when under age | <input checked="" type="checkbox"/> Drug and substance misuse including selling drugs |
| <input checked="" type="checkbox"/> Graffiti | <input checked="" type="checkbox"/> Harassment and intimidation |
| <input checked="" type="checkbox"/> Inappropriate sexual behaviour | <input checked="" type="checkbox"/> Noise nuisance (loud music or shouting) |
| <input checked="" type="checkbox"/> Rowdy or drunken behaviour | <input checked="" type="checkbox"/> Vandalism or criminal damage |
| <input checked="" type="checkbox"/> Vehicle related nuisance | <input checked="" type="checkbox"/> Violence, threats of violence, verbal and physical abuse |



Housing actions

Who complains, and who to, if there is anti-social behaviour

- Private tenants can report ASB to their landlord
- Council and housing association tenants can report ASB to the district council or to their housing association landlord.
- Other residents (such as home owners or businesses) can report ASB to the relevant council team – see [Housing Guide](#).
- Other residents can also complain to a neighbour's landlord if they either rent privately; from the local authority; or from a housing association.
- Anyone can report harassment or other illegal activity to the police, by calling the police on 101 or by [reporting to the police online](#).

I had difficulty of resettling after prison – the neighbours were not welcoming. It didn't feel like a fresh start.

The report will be investigated, and the district council can

- Write to the person being complained about and request an interview
- Gather further evidence such as statements from other affected people, photographs, and medical evidence
- Refer the complaint to another department or agency or to a [Neighbourhood Resolution Panel scheme](#) or a mediator
- Present the complaint to the tenancy enforcement panel or the multi-agency antisocial behaviour problem solving group
- Take appropriate enforcement action such as using acceptable behaviour contracts (ABCs), community protection notices, civil injunctions or (for tenants) demotion orders
- A person advises that they have been complained about
- A Housing Options Officer or Tenancy Officer can look into it and begin mediation along with any other appropriate actions such as liaising with partner organisations to create multi-disciplinary meetings.
- These meetings will carefully consider any complaint in a balanced way, taking into account the health and welfare of both the person complained about, and the person complaining.

Mental health actions

People with mental health needs can sometimes exhibit behaviour that disturbs or is unacceptable to their neighbours. Equally some people can be intolerant and even hostile to those with mental health needs and may make up or exaggerate behaviour in an attempt to have the client moved.

If a person with mental health issues is accused of anti-social behaviour, whether the police have been involved or there are concerns raised by the community, the Liaison and Diversionary Service (LADS) can get involved to assess them and signpost to help and other services on offer.

To do this, the LaDS team needs a referral form to be completed. The referrer (for example the housing officer) needs to get consent from the person complained about, to make the referral; and make it clear on the referral form that they are concerned the person may be criminalized if LaDS does not step in. The person being complained about may not accept the claims, even so the job of the LaDS team is to try to avoid such cases progressing to the Courts wherever possible.



- ◆ Local Authority Mental Health Social Work works with CPFT's clinical mental health teams. To access mental health social workers

- If the person is already under the care of CPFT's clinical mental health team, with the person's consent the mental health worker can refer them to mental health social work.

There's no supported housing for me in March. I had to go and live in Huntingdon where I've got no connections

- Where the person is not under the care of CPFT's clinical mental health team, there are no safeguarding issues but there are concerns that more support may be needed, contact ① [Adult Social Care: 4 pathways](#) to access Tier 1, 2 and 3 support.

- ◆ Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub ① [MASH](#). Follow this link for more information about [Safeguarding](#). If children are involved, please see ① [For children](#)

Substance misuse actions

Most tenancy agreements will say a person can't do anything illegal in the property. If a person is using, supplying or producing drugs in the home, or letting anyone else do this, and the landlord finds out then they can go to court try to evict. The Police may also be involved. If any of these activities cause anti-social behaviour at the home, the landlord might have stronger grounds for eviction.¹⁸ The ideal path is to encourage the user to seek help from substance misuse services if they have a drug or alcohol problem that is impacting on their tenancy, to work in partnership to prevent eviction wherever possible.

Other actions

- Police, if harassment or other illegal activity is involved and where there is either arson, or a risk of arson
- Children's Social Care: Make a referral for a child or young person in need, or where there is reason to suspect they are likely to suffer significant harm because of abuse or neglect. You can report a safeguarding concern from <https://www.safeguardingcambspeterborough.org.uk/> and use the online form on this page to make a referral. There is also full supporting guidance, risk assessment tools and threshold information.

A word about domestic abuse

Although domestic abuse is listed as one example of ASB, housing providers are working hard to move away from managing domestic abuse through the lens of anti social behaviour and ASB teams.

These cases are likely to be supported by MARAC and outreach domestic abuse services rather than by council ASB teams.

However domestic abuse cases can absolutely include all the challenges around mental health and substance misuse.

In 2021 new duties were introduced under the Domestic Abuse Act, including priority status for people fleeing, and the need to provide accommodation-based support. You can find out more here.

You can find links to other strategic documents and support under ① [Domestic abuse](#)

¹⁸ From <https://www.release.org.uk/law/drug-use-and-welfare>



Scenario 6 Home is in poor condition

Situation

A person with substance misuse or mental health issues is living in a property which is becoming an environmental health concern, or unusual levels of hoarding. There is a Hoarding Protocol setting out good practice in these sensitive situations.

Who should act?

Housing	Mental health	Substance misuse	Other
<ul style="list-style-type: none"> ■ If need advice about housing: Housing authority ① Housing options / advice team ■ If risk of homelessness: Housing authority via ① Duty to Refer ■ For council tenants: Local authority rents or tenancy management team (Cambridge & South Cambridgeshire only) via 🏠 Housing Guide ■ For Housing Association tenants: the Housing Association rents or tenancy management team via ① Housing associations listing ■ For private tenants or home owners: Private Sector Housing or Environmental Health Team via 🏠 Housing Guide 	<ul style="list-style-type: none"> ◆ Mental health practitioner or support worker at CPFT (if known to services) – see ① Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) ◆ Local Authority Mental Health social worker (if applicable), see ① Tier 2 and Tier 3 ◆ If not known to services, 🏠 GP list or ① First Response Service in a mental health crisis ◆ Mental Health ① LaDS team 	<ul style="list-style-type: none"> ● CGL or Aspire CGL via ① Single point of contact 	<ul style="list-style-type: none"> ● Hoarding Forum, see Local hoarding webpage ● ① Fire Service especially where there is hoarding ● The ① Adult Early Help team to get a re-assessment of adult social care needs ● If safeguarding is a concern: ① MASH

Who are the main parties, in this scenario, who have the duty to refer?

- Jobcentres in England
- Local Authority social service authorities (both adult and children's)
- Emergency departments, urgent treatment centres, hospitals in their function of providing inpatient care
- Secretary of State for defence in relation to members of the regular armed forces



Housing actions

There will usually have been a gradual decline in the cleanliness in a person's accommodation. Caught early, this provides an opportunity to raise the issue and get a good understanding of the causes of the hoarding, with the person in question. Anyone visiting can have that early conversation and give good, preventative advice; but it is important to frame it in the right way if the person is to be helped to overcome the hoarding tendency in the long term.

There is the possibility of the person being evicted if they are in breach of their tenancy agreement. This can be avoided if action is taken at an early stage. If the situation is such that:

- there is a pest infestation from rats, mice, fleas, bed bugs etc or
- the premises are filthy (i.e. with animal or human faecal material) or
- the premises have become prejudicial to health or is causing a nuisance to neighbouring properties the environmental health division of the district council needs to become involved or
- there is hoarding that presents a potential health and safety risk to the tenant or visitors.

Spotlight on hoarding

'Hoarding' is the excessive collection and retention of any material to the point that it impedes day to day functioning.¹⁹

Hoarding is classified under the International Classification of Disorders system as a mental disorder. However, it is essential to look at the person's behaviour and the mental health and well-being 'behind' the hoarding behaviour, to best know how to support the individual.

Consideration should always be given to the Safeguarding Adults duties under the Care Act 2014 where an adult

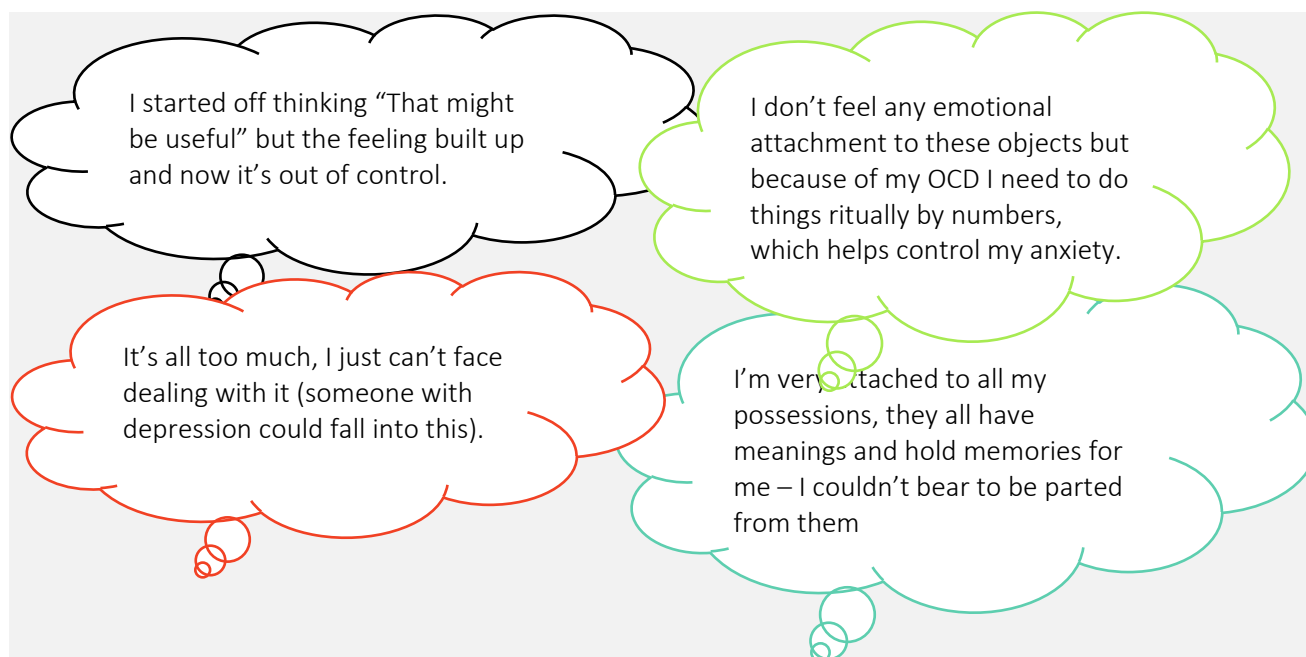
- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Hoarding Disorder is distinct from the act of 'collecting' or keeping your home in a generally cluttered or messy state. Anything may be hoarded by the person at their home – inside or outside the property. Hoarding has no relation to gender, age, ethnicity, socio-economic status, educational or occupational history, or tenure type.

Generally, where a person is alcohol or substance dependant, a lot the issues around property condition are about squalor and poor hygiene. There may be a build-up of rubbish and waste. This is not generally what we refer to as hoarding, though of course hoarding might be an underlying part of the problem... Hoarding is seen as a mental disorder but it is unusual for someone to be labelled only as someone with hoarding disorder.

A person with long standing trauma, for example someone who are in care themselves or have had a child taken into care. That trauma can lead to the collecting of things to replace. There are also conditions where people cannot process cause and effect, some personality disorders fit here, where the individual cannot see that their actions have led to what they see, they presume some other reason. So it is important to look at what someone is hoarding in a non-judgemental way, showing curiosity and asking what is collected and why, why is it important and what value does the individual see.

¹⁹ Frost & Gross, 1993



Across Cambridgeshire and Peterborough our Hoarding Protocol guides thinking on hoarding and how best to approach it. This page gives brief highlights, but for the full picture please visit the protocol itself.²⁰

There is also a Hoarding Forum which meets every 6 weeks for professional who support people who hoard to come together and seek advice, best practice and guidance from others. It is an open forum where everyone can present situations in an anonymised way; all are welcome to contribute. No notes are taken, it is down to the individual to take away their own conclusions on actions they will take. The multidisciplinary nature of the forum allows for a wide range of knowledge and experience. There is also a webpage of useful resources including more detail on the Hoarding Forum at [Local hoarding webpage](#)

Mental health actions

For someone with an anxiety disorder or compulsive behaviour CBT or talking therapies can help. The person who cannot part with their deceased mother's belongings may likely need grievance support; the person who lost their child needs counselling and trauma support; and the person with depression perhaps medication and support to engage in wider things they enjoy.

If a person's care co-ordinator or support worker believes their accommodation is becoming a concern, the worker needs to consult with and follow the guidance in the Hoarding Protocol.

Where there is extreme hoarding behaviour, the very nature of the person's environment must mean that professionals question whether the person has capacity to consent to their proposed action/ intervention, and this should therefore trigger a capacity assessment. This is supported by the Mental Capacity Act code of practice, which states that one of the reasons why people may question a person's capacity to make a specific decision is "the person's behaviour or circumstances cause doubt as to whether they have capacity to make a decision"²¹. For more, please see [Mental capacity](#). A mental capacity assessment is made in addition to any other risk assessment and follows County Council guidance: the Hoarding Protocol provides more detail and the risk assessment form. Hoarding may be classed as self-neglect when considering adult safeguarding.

²⁰ From [Hoarding Protocol Joint multi-agency protocol for working with people who display hoarding for Cambridgeshire and Peterborough](#), published September 2016

²¹ Para 4.35 Mental Capacity Act [Code of Practice](#), p.52



- ◆ Local Authority Mental Health Social Work works with CPFT's clinical mental health teams. To access mental health social workers:
 - If the person is already under the care of CPFT's clinical mental health team, with the person's consent the mental health worker can refer them to mental health social work.
 - Where the person is not under the care of CPFT's clinical mental health team, there are no safeguarding issues but there are concerns that more support may be needed, contact ① [Adult Social Care: 4 pathways](#) to access Tier 1, 2 and 3 support.
- ◆ Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub ① [MASH](#). Follow this link for more information about [Safeguarding](#). If children are involved, please see ① [For children](#)

Substance misuse actions

Anti-social behaviour officers and Environmental Health Officers can contact CGL direct if they have concerns about the tenancy of someone who is currently using CGL services. This is a tricky area though as it may not be possible for CGL to share information on treatment being received without a signed waiver form being in place.

However CGL can still note down the issues that are taking place and discuss them with the service user direct. This intelligence may also trigger a welfare check or a need to take further action around safeguarding of the service user or another vulnerable person at the property.

Other: Fire Service

Cambridgeshire Fire and Rescue Service offers free training to agencies who deliver any kind of service to vulnerable adults, it's called 'Olive Branch' and is a basic fire safety awareness and includes hoarding. It gives a brief overview of what the Fire Service looks for and some key factors in fire safety.

The training was delivered to most care providers in Cambridgeshire and some other professions prior to Covid, which then slowed the training programme down. However there are plans to get the programme running again in 2022.

The course can also be booked using the contact details set out in ① [Fire Service](#)

Scenario ⑦ Home is being taken over, or person being exploited

Situation

A person with substance misuse or mental health issues lives in accommodation which you discover is being taken over by others and/or person being exploited by others who live in the property, or by the landlord. This can be referred to as "cuckooing".

I was left on the street. No-one spotted the signs I was unwell or offered support.



Who should act?

Housing	Mental health	Substance misuse	Other
<ul style="list-style-type: none"> ■ If need advice about housing: Housing authority ① Housing options / advice team ■ If risk of homelessness: Housing authority via ① Duty to Refer ■ For council tenants: Local authority rents or tenancy management team (Cambridge & South Cambridgeshire only) via 🏠 Housing Guide ■ For Housing Association tenants: the Housing Association rents or tenancy management team via ① Housing associations listing ■ If owned or privately rented, Environmental Health or Private Sector Housing team via 🏠 Housing Guide 	<ul style="list-style-type: none"> ◆ Mental health practitioner or support worker at CPFT (if known to services) – see ① Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) ◆ Local Authority Mental Health social worker (if applicable), see ① Tier 2 and Tier 3 ◆ If not known to services, 🏠 GP list or ① First Response Service in a mental health crisis ◆ Mental Health ① LaDS team 	<ul style="list-style-type: none"> ● CGL or Aspire CGL via ① Single point of contact 	<ul style="list-style-type: none"> ● The ① Adult Early Help team ● If safeguarding is a concern: ① MASH ● To get children's Social Care support ① For children ● Police: ① Neighbourhood policing teams ● District community safety teams via 🏠 Housing Guide
Who are the main parties, in this scenario, who have the duty to refer?			
<ul style="list-style-type: none"> ● Prisons, young offender institutions, youth offending teams, probation services ● Jobcentres in England ● Local Authority social service authorities (both adult and children's) ● emergency departments, urgent treatment centres. hospitals in their function of providing inpatient care ● Secretary of State for defence in relation to members of the regular armed forces 			



Housing actions

Modern slavery

The National Referral Mechanism is a framework for identifying and referring potential victims of modern slavery and ensuring they receive the appropriate support.

Modern slavery is a complex crime and may involve multiple forms of exploitation. It encompasses human trafficking, slavery, servitude, and forced or compulsory labour.

An individual could have been a victim of human trafficking and/or slavery, servitude and forced or compulsory labour.

Victims may not be aware that they are being trafficked or exploited, and may have consented to elements of their exploitation, or accepted their situation. If you think that modern slavery has taken place, the case should be referred to the National Referral mechanism using this link

🏠 <https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales> so that the Single Competent Authority can fully consider the case. You do not need to be certain that someone is a victim.

Please also see 🏠 <https://safeguardingcambspeterborough.org.uk/adults-board/adult-abuse-and-neglect/>

Cuckooing

Some points to consider around cuckooing:

- Decision making should be centred around building a relationship and trust with the victim, supporting them to maintain their tenancy and/or find alternative accommodation, as well as accessing support services; whilst at the same time preventing visitors to the address, reducing community impact and improving confidence and engagement with services.
- Neighbourhood Policing Team officers will undertake to conduct frequent reassurance visits to the address and the local area to deter exploiters away from the property, provided there is no conflict with other police operations concerning the address and offenders at the location.
- Professionals to consider if a Closure Notice/Order will help protect the victim in their home (excluding visitors to the address) and help reduce community impact.
- Other interventions to be considered such as Criminal Behaviour Order, Injunctions or Community Protection Notices requiring perpetrators to stay away from the victim and other vulnerable adults in the community, etc.

A cuckooing pathway for Cambridgeshire and Peterborough is currently being developed, to be adopted in 2022. In the interim, guidance where you suspect cuckooing is:

- If the risk of harm is immediate, call 999. In all other cases, report intelligence and concerns regarding cuckooing to the Police online at 🏠 <https://www.cambs.police.uk/report/Report-Shared/Report-information-about-crime>. In your report, please include 'cuckooing' as a key word, This enables intelligence officers to quickly identify the issue.
- For vulnerable adults that are known to have care and support needs that meet the threshold for Adult Social Care, a multi-agency risk management (MARM) referral must be completed: the referral form is here 🏠 https://cambridgeshire-self.achieveservice.com/service/Safeguarding_referral_form
- For children at risk as a result of cuckooing, a children's safeguarding referral is to be made here 🏠 <https://safeguardingcambspeterborough.org.uk/concerned/professionals-reporting-a-concern/>. The exploitation risk management tool is also to be completed for young people who are at risk of



exploitation, found at <https://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2018/05/Exploitation-Risk-Management-Tool.docx>

If you're not vulnerable you get no help

- The Multi-Agency Safeguarding Hub will assess and allocate to appropriate Policing team to investigate.
- For adults who do not meet the threshold for care and support needs, a multi-agency referral process is being developed. In the interim, it is recommended that the online intelligence report is made and the professional contacts the Sargent of the area Neighbourhood Policing Team. The professional should also contact relevant agencies to assist in problem solving and offers of support for the individual, the lead professional having gained the person's consent for information sharing with partner agencies.
- In Peterborough, cuckooing cases should also be referred to the Safer Peterborough Partnership Problem Solving Group for further multi-agency problem solving and monitoring, by sending them to <mailto:antisocialbehaviour@peterborough.gov.uk> with a referral form which you can access here <https://cambridgeshireinsight.org.uk/wp-content/uploads/2022/01/PSG-referral-form-Nov-21.docx>.

These steps should be followed until the cuckooing pathway has been formalised in 2022 and will provide a good starting point for partnership working for any new cases in the interim.

County Lines

Drug networking, - also known as county lines - involves organised crime groups extending their drug dealing business from big cities into new areas. These groups often use a phone number, known as a 'drugs line', to contact their customers and sell class A drugs.

Drug dealing groups often use young people to deliver their drugs, by paying them or by forcing them through violence and grooming. These young people, known as 'runners', are usually male and aged between 12 and 20. The young people travel between cities and other areas to deliver drugs and collect cash for the dealers.

In most cases, those delivering drugs across the country are being forced to do so by the dealer. Members of organised crime groups target vulnerable people to handle drugs for them, to take away the risk of getting caught with drugs themselves. The targeted vulnerable drug transporters are often children in care, children absent from school, children missing from home or single parents on low incomes.

The organised crime groups are known to use violence and manipulation against these vulnerable people. Human trafficking forms another part of this type of crime as dealers often force young and vulnerable people into storing and supplying drugs. They are also usually forced to swallow drugs to avoid police finding them.

Tell-tale signs

Would you recognise if drug dealing was happening where you live or work in Cambridgeshire? Would you know if someone was being used as a drugs mule by a drug gang? It's important to spot the signs of drug activity and how to report it to the Police. Drug dealers often take over the home, make them sell drugs and use the home as a place for others to take drugs. Unusual activity could include;

- lots of different people coming and going from an address
- people coming and going at odd times of the day and night
- strange smells coming from the property
- windows covered or curtains closed all the time
- cars pulling up to or near the house for a short period of time.

Signs of a runner or drug dealer can include someone having more cash, clothing or phones than normal, talk of gang names in the area and someone using nicknames when speaking about others.

These signs are often a good indicator that someone is involved in county lines drug crime and needs to be reported to the police. For contacts, see [Criminal Justice](#).



Mental health actions

- ◆ A person with mental health issues may be particularly susceptible to cuckooing and other exploitation.
- ◆ If a person with mental health issues appears to be being exploited, whether the police have been involved or there are concerns raised by the community, the Liaison and Diversionary Service (LaDS) can get involved to assess them and signpost to help and other service on offer.
- ◆ To do this, the LaDS team needs a referral form to be completed. The referrer (for example the housing officer) needs to
 - get consent from the person complained about, to make the referral
 - make it clear on the referral form that they are concerned the person may be criminalized if LaDS does not step in.
 - The person thought to be being exploited may not accept the claims, even so the job of the LaDS team is to try to avoid such cases progressing to the Courts wherever possible.
- ◆ Local Authority Mental Health Social Work works with CPFT's clinical mental health teams. To access mental health social workers
 - If the person is already under the care of CPFT's clinical mental health team, with the person's consent the mental health worker can refer them to mental health social work.
 - Where the person is not under the care of CPFT's clinical mental health team, there are no safeguarding issues but there are concerns that more support may be needed, contact ① [Adult Social Care: 4 pathways](#) to access Tier 1, 2 and 3 support.
- ◆ Where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub ① [MASH](#). Follow this link for more information about [Safeguarding](#). If children are involved, please see ① [For children](#)

Substance misuse actions

This can be a big issue linked to substance misuse and in particular drug dealing. Sometimes properties get taken over by drug dealers and the tenant is forced to abandon or they are exploited or given cheap or free drugs whilst their property is taken over for drug dealing.

Please inform the Substance Misuse Service if you think a service user is having their accommodation taken over or is taking over another person's accommodation or causing anti-social behaviour. For contacts, see ① [Single point of contact](#)

It is also likely the Police or landlord may need to be contacted and a case may need to be referred for safeguarding to the Police. Some support agencies who help in cases of County Lines activity are listed under ① [Criminal Justice](#)

Scenario ⑧ Person has immigration issues

Situation

A person with substance misuse or mental health issues has unsettled or unresolved immigration status or has no recourse to public funds (known as NRPF).

There is a protocol in place to help guide a number of agencies, when someone has no recourse to

Consider the trauma of the situation



public funds. This can be found at

<https://cambridgeshireinsight.org.uk/wp-content/uploads/2021/09/NRPF-protocol.pdf>²².

Feeling alone does not help your mental health

The protocol sets out:

- Types and Definitions of “no recourse to public funds”, outlining policy, practice and partnership in Cambridgeshire and Peterborough as well as effective support for children and families (threshold document)
- NRPF National Practice Guidance for Local Authorities
- Myth-busting NRPF and availability of financial support
- No Recourse to Public Funds and Access to NHS Services
- Organisational Responsibilities for people with no recourse, including Children, Families and Adults.

Regardless of immigration status, everyone in England is entitled to register with a GP. Not having a fixed address or not having an NHS number is not a barrier to registering at a GP practice.

Immigration and health services

NHS treatment can be accessed by anyone regardless of their immigration status, including a person who has no recourse to public funds. However, a person’s immigration status will affect whether they are required to pay for treatment²³. Links to further guidance are included in this footnote²⁴.

Notes for Fig 6:

- (a) this does not include emergency services provided after a patient has gone through the doors out of A&E and onto a ward - i.e. been accepted as an inpatient, or follow-up appointments. Where emergency treatment is given after admission to the hospital, such as in intensive care or coronary care, the treatment is chargeable regardless of how the patient became an in-patient.

²² <https://cambridgeshireinsight.org.uk/housing/priority-themes/housing-need/no-recourse-to-public-funds/>

²³ The National Health Service (Charges to Overseas Visitors) Regulations 2015, as amended in 2017 and 2020, sets out the legal basis for when access to healthcare services in England may be chargeable.

²⁴ NHS: How do I register with a GP? www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Documents/how-to-register-with-a-gp-leaflet.pdf

NHS: Low Income Scheme www.nhs.uk/nhs-services/help-with-health-costs/nhs-low-income-scheme-lis/

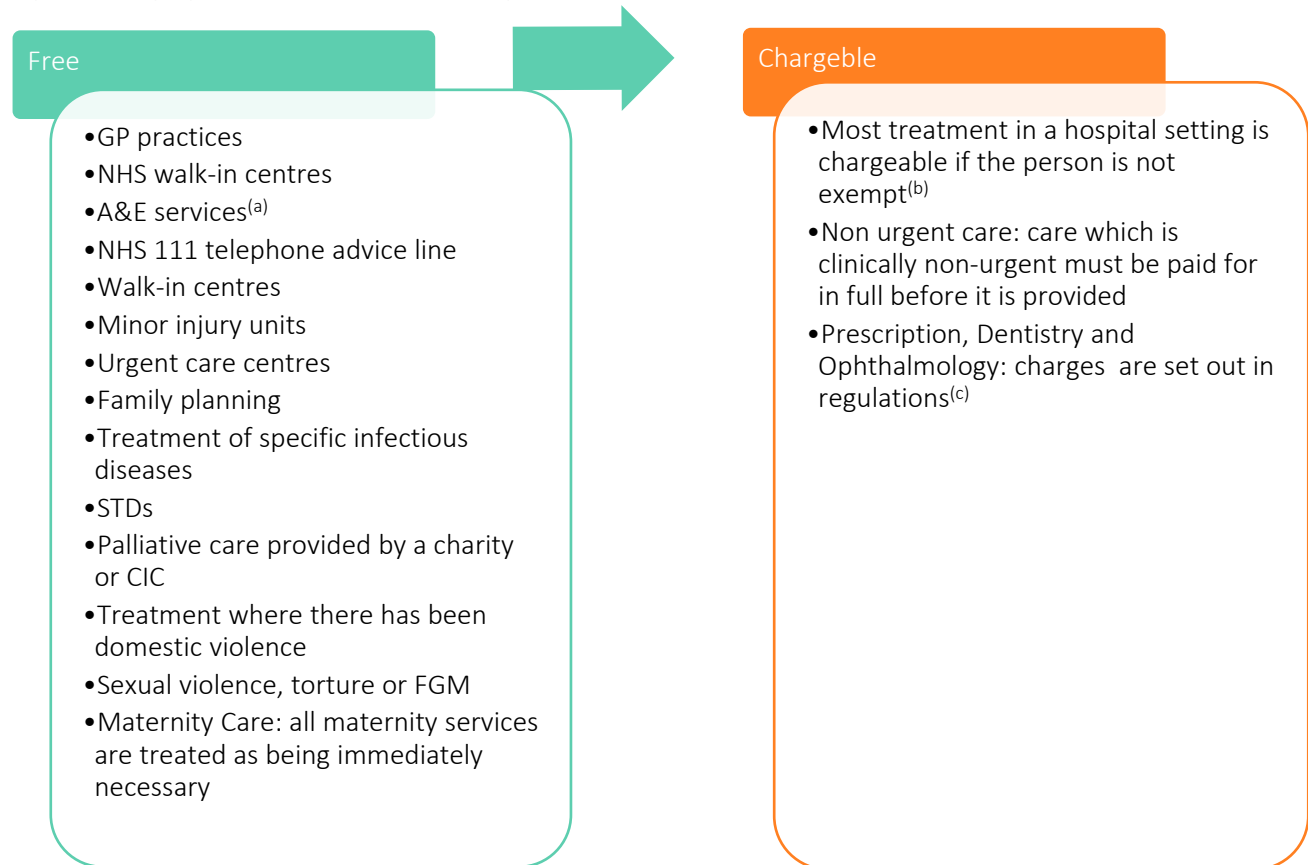
The National Health Service (Charges to Overseas Visitors) Regulations, 2015 www.legislation.gov.uk/ukxi/2015/238/pdfs/ukxi_20150238_en.pdf

Guidance on implementing the overseas visitor charging regulations, February 2021

www.assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/977345/Main_Guidance_post_February_2021_v3.pdf



Fig 6. A rough guide to NHS free and chargeable services



(b) A person will be exempt if they:

- Have paid the health surcharge or are covered by transitional arrangements
- Are entitled under an EU/EFTA reciprocal healthcare agreement
- Are a vulnerable patient and those detained
- Are a UK Government employee or war pensioner
- Are covered by other reciprocal healthcare arrangements and other international obligations. This includes e.g. asylum seekers, those granted asylum, humanitarian protection or temporary protection under the Immigration Rules, individuals receiving s.95 support of the Immigration and Asylum Act 1999, except where the patient has travelled to the UK for the purpose of seeking that treatment.

(c) On prescriptions charges:

- Further detail is available at <https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/who-can-get-free-prescriptions/> including medical conditions meaning free prescriptions and help if low incomes.
- People who are not exempt from paying prescription charges may be entitled to help through the NHS Low Income Scheme.
- There are some useful phone numbers listed under [Help with health costs](#).



Who should act?

Housing	Mental health	Substance misuse	Other
<ul style="list-style-type: none"> ■ If need advice about housing: Housing authority ① Housing options / advice team ■ If risk of homelessness: Housing authority via ① Duty to Refer 	<ul style="list-style-type: none"> ◆ If not known to services, ① GP list or ① First Response Service in a mental health crisis 	<ul style="list-style-type: none"> ● CGL or Aspire CGL via ① Single point of contact 	<ul style="list-style-type: none"> ● ① NRPF network's toolkit protocol / process ● Voluntary & community organisations to help, support and signpost: see ① Directories and ① Tier 1 Services for all ● May need immigration advice to resolve issues, working with the ① Home Office to clarify immigration status ● If safeguarding is a concern: ① MASH
Who are the main parties, in this scenario, who have the duty to refer?			
<ul style="list-style-type: none"> ● Local Authority social service authorities (both adult and children's) ● Emergency departments, urgent treatment centres 			

Housing actions

Free housing advice via the housing needs teams is available to everyone regardless of circumstance. However housing needs can only assist clients if they have a reason to believe that the client is eligible for housing support, this includes offers of emergency accommodation. In this scenario housing would only be able to offer advice. See ① [Housing options / advice team](#) for contact details.

People who are not eligible for homelessness assistance may be able to claim assistance under the Children Act 1989 if there are children in the household, or the Care Act 2014 if an adult in the household has unmet needs for care and support because s/he suffers from illness or disability. In Cambridgeshire these assessments are carried out by Cambridgeshire County Council. In Peterborough, it's Peterborough City Council. If a housing authority's Housing Needs team becomes aware of clients with no recourse to public funds that have safeguarding concerns, they can make a safeguarding referral, with consent, for those applicable. There is a useful Support for Migrant Families toolkit for general use, to help talk a person through their situation and get a guide to their immigration status, see

① <https://migrantfamilies.nrpfnetwork.org.uk/>

There's a lack of facilities where I'm living. I feel isolated.



Mental health actions

- ◆ To access mental health services, a person needs to be registered with GP. As set out above, immigration status is no barrier to registering with a GP, legally. However there may be reticence and a person may need to be encouraged to register. *Doctors of the World* produced this note clarifying the situation for any GP who may be unclear on the regulations – see link in footnote²⁵.
- ◆ Once registered, people with no recourse may legally have to be charged for secondary and other health services, which includes many mental health services. There are exceptions so it is important to review these when working out what individual clients can access.
- ◆ A person with No Recourse will most likely not be under the care of CPFT's clinical mental health team. If there are concerns that support is needed, contact Adult Social Care as detailed in ① [Adult Social Care: 4 pathways](#) with an emphasis on Tier 1 as these are "services accessible to all". It is important not to compromise the person's immigration status by accessing services which "count" as publicly funded. Remember, where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub. Follow this link for [Safeguarding](#) and the MASH. If children are involved, please see ① [For children](#)

Need better assessments of need in prison

Substance misuse actions

People who have No Recourse to Public Funds can still receive help from substance misuse services. They may not be able to benefit from interventions that would be considered secondary care like inpatient detox or rehabilitation but should still be able to:

- Have a full assessment by substance misuse services
- Receive short-term extended brief interventions for those who need it
- Be able to benefit from group work interventions
- Attend mutual aid from Alcoholics Anonymous or Narcotics Anonymous
- Have community-based detoxes
- Be prescribed Opiate Substitution Medication

See ① [Substance misuse](#) single point of contact.

Scenario ⑨ Release from prison or police custody

Situation

A person with substance misuse or mental health issues is being released from prison or police custody.

For people coming out of prison, partners need to follow the Cambridgeshire and Peterborough Accommodation Protocol - Pathways home for people with experience of the Criminal Justice System²⁶ which sets out the roles of the organisations involved. When a person comes into Police Custody after being arrested, they have a risk assessment which includes asking for an address. Some are street homeless or sofa surfing and are categorized as No Fixed Abode. Their route to housing may be through a rough sleeper

²⁵ <https://www.doctorsoftheworld.org.uk/infographics-migrants-right-to-healthcare/>

²⁶ <https://www.huntingdonshire.gov.uk/media/3657/accommodation-protocol.pdf> (Dec 2018)



outreach team, phoning housing services or via services like Outside Links: for contact information, see [①Outside Links](#).

Who should act?

Housing	Mental health	Substance misuse	Other
<ul style="list-style-type: none"> ■ If need advice about housing options including making an application for social housing: Housing authority ①Housing options / advice team ■ If risk of homelessness: Housing authority via ①Duty to Refer ■ If street homeless contact ①Outreach Teams 	<ul style="list-style-type: none"> ◆ Mental Health ①LaDS team ◆ Mental health practitioner or support worker at CPFT (if known to services) – see ①Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) ◆ Local Authority Mental Health social worker (if applicable), see ①Tier ② and Tier ③ ◆ If not known to services, 🏠GP list or ①First Response Service in a mental health crisis 	<ul style="list-style-type: none"> ● CGL or Aspire CGL via ①Single point of contact 	<ul style="list-style-type: none"> ● Prison & Probation service ①HMPPS ● Probation practitioners ①Probation Services ● ‘Through the Gate’ service and health teams at ①HMP Peterborough ● Community Accommodation Service – via ①Probation Services ● Custody teams – see ①Designated police stations ● ①Adult Early Help ● If safeguarding is a concern: ①MASH ● Jobcentre Plus – see ①Job Centre Plus locations ● Voluntary & community organisations: see ①Directories and ①Tier ① Services for all
Who are the main parties, in this scenario, who have the duty to refer?			
<ul style="list-style-type: none"> ● Prisons, young offender institutions, secure training centres, secure colleges, youth offending teams, probation services ● Jobcentres in England ● Local Authority social service authorities (both adult and children’s) ● Secretary of State for defence in relation to members of the regular armed forces 			



Housing actions

Prison: Following the principles of the [protocol](#), housing authorities should be notified of a prison release as early as possible, as outlined in the Criminal Justice System pathway protocol; and certainly well before their release from prison. This can be done by using [The Duty to Refer](#).

Need more support for people with autism or Asperger's

If housing become aware of a mental health or substance misuse issue they will liaise as needed with the prison release teams and criminal justice services to help make sure the housing made available is suitable and sustainable. Housing will work collaboratively with prison, probation and any other applicable professionals to ensure that suitable accommodation is found where possible.

In 2021 new accommodation has been secured which increases the amount of housing available for people coming out of prison. Please see [What is the Community Accommodation Service?](#)

Custody: Again, following the principles of the [protocol](#), the custody team / suite need to make a referral using [The Duty to Refer](#). Contact information is provided under [Duty to Refer](#) along with and phone numbers for each [Housing options / advice team](#). If an e-mail is not the best method of communication and the situation is pressing, please call the housing advice number, or the out of hours number. The main aim is to get in touch as soon as possible by whichever means so the housing team can do all that is possible to prevent homelessness.

If the person does not have access to very good communications (for example no mobile phone, no signal no data) the housing team being contacted will work through those issues and make sure there IS a way for them to keep in touch and to be contacted – this is part of the process the housing teams go through with customers who need it, to ensure they do not fall off the radar. For detail on local police stations and custody provision, see [Designated police stations](#).

What is the Community Accommodation Service?

The service ensures no-one leaves prison without the offer of a place to live and a pathway to settled accommodation. CAS housing specialists support prison Governors and others to deliver a co-ordinated response to improve accommodation outcomes for prison leavers. The following groups are eligible:

- Prison leavers released as homeless following a custodial sentence (from 19/07/21 onwards) who are supervised by the Probation Service
- Moving on as homeless from an Approved Premises
- Moving on as homeless following a period at a Bail Accommodation and Support Service residence.

Temporary accommodation placements provided for up to 84 nights and will include floating support.

What is the CAS3 accommodation?

- Accommodation is available to the prison leaver on the day of release, for up to 84 nights.
- All single gender accommodation.
- A range of accommodation from 1 bed space in self-contained, up to 4 bed spaces max.
- Accommodation is furnished with a welcome pack of food and toiletries.
- The supplier meets the prison leaver at the property on the day of release to hand over keys and introduce the property.

Access is through [Probation Services](#)

There was no help at the start of a prison stay to prevent arrears from building up while in there



Mental health actions

The Liaison and Diversion Service, known as [LaDS](#), supports people in custody, courts and the community with a wide range of vulnerabilities by diverting them out of prison and signposting to other services where there are no public protection issues. Support can include:

After prison, when my child had been taken into care, I didn't want to be reminded of losing her, by living in the same place. I'd rather be homeless

- ◆ Vulnerability assessment in custody or place of individuals choosing
- ◆ Bespoke court reports if required highlighting vulnerabilities and support required to attend court
- ◆ Primary mental health treatment requirements for women
- ◆ Signposting and referrals to other longer-term services.
- ◆ Support to attend initial appointments
- ◆ Liaising with other services such as GP, housing, drug and alcohol services, probation
- ◆ Supporting those aged 10 years old and upwards with any vulnerability
- ◆ Person centred support plans, with short term support (6 to 12 weeks can be offered).
- ◆ Referrals can be made by any service using the referral form, or self-referrals can be requested by emailing or phoning the main office. The service covers custody and magistrates' courts across Cambridgeshire and Peterborough.

Remember, where there is a safeguarding issue, **anyone** can refer person to the Multi Agency Safeguarding Hub. Follow this link for more information about [Safeguarding](#) and the MASH. If children are involved, please see [For children](#)

Substance misuse actions

CGL services are closely linked with prison system. There is a dedicated team within CGL in the community who manage the transition of treatment from community to prison. Please contact the [Single point of contact](#) and ask for more details about linking in with the prison workers in CGL and CGL Aspire.

Other actions

- For Probation, the first point of contact and the gateway to other related services is the Probation Practitioner. They link people, as appropriate, with community rehabilitation services including personal wellbeing, accommodation, advice and women's services. Please see [Probation Services](#) for contacts.
- Adult Social Care will assess and meet eligible social care and support needs of adult prisoners, residents of Approved Premises and people who move from their usual home as a condition of bail
- Jobcentre Plus has local vulnerable work coaches who can case manage and support vulnerable claimants until first full payment is received by them and then supporting transition to another work coach to continue the customer journey.

Need the conversation in prison at an early stage so things don't go wrong while you're in. What will be the situation when you come out? What help do you have in community? What are my mental health needs?



Scenario 10 Person has more than one issue

Being unwell is not accounted for. No allowance is made for trauma

Across Cambridgeshire and Peterborough, partners have signed up to the “Cambridgeshire and Peterborough: Our commitment to better care for people with co-occurring Mental Health and Substance/Alcohol use.” This sets out how teams will work together when a person has both substance misuse, and mental health issues, and can be found following this link²⁷.

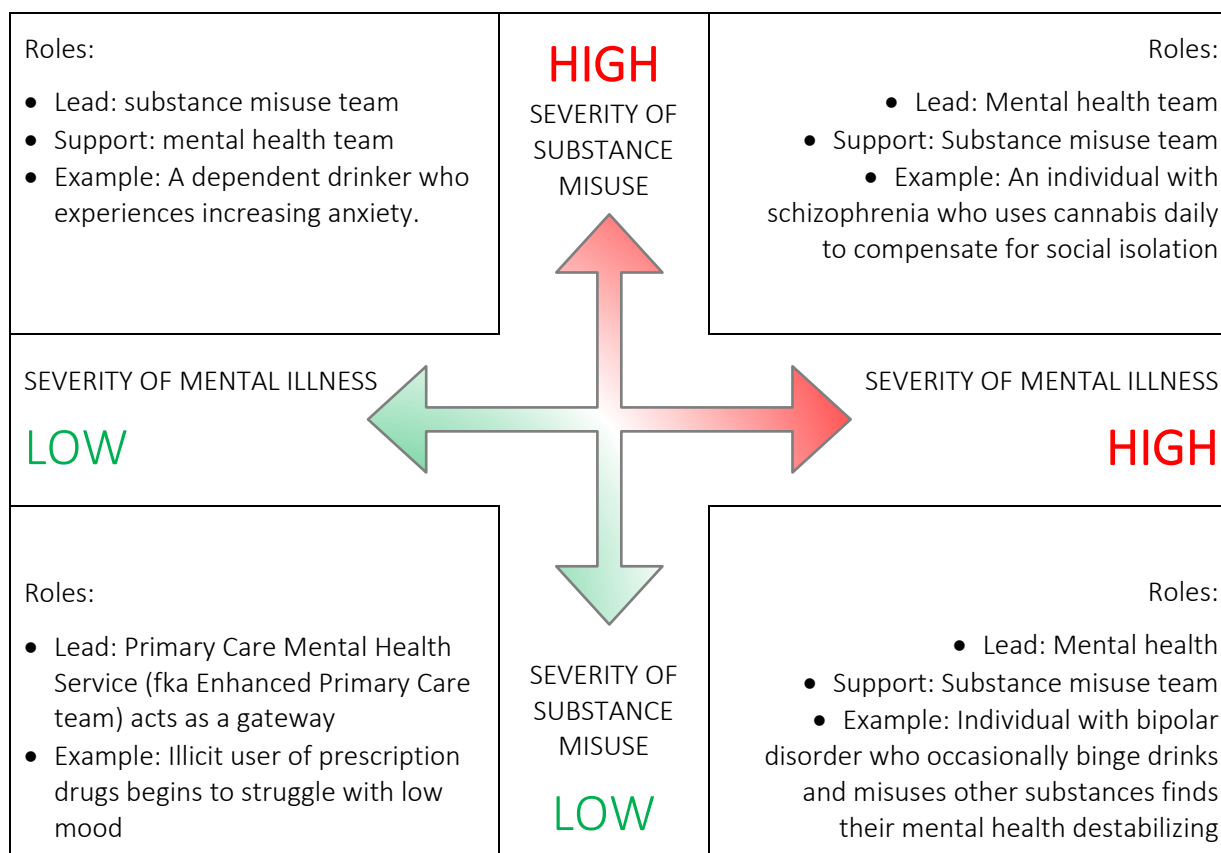
The teams involved include the Clinical Commissioning Group ① [CCG](#), Local Authorities, Public Health and Office of the Police and Crime Commissioner (OPCC). Fig 7 gives a guide to who leads, in which situations.

To use this approach, teams need to determine whether mental health or substance misuse professionals are best placed to lead the care. In deciding this, must consider immediate risk, patient motivation to engage with either service and whether they are already accessing any substance misuse or mental health pathways.

If the client has complex needs, they can also be part of a multi-disciplinary case review discussion. For clients needing an integrated approach or where there are challenges co-ordinating mental health and substance misuse care, the case can be referred to fortnightly client case review conferences.

If you want to know about these care review conferences or to ask about a client being considered for the conferences, please email provided the ① [Public Health Joint Commissioners for Substance Misuse](#)

Fig 7. People with both mental health and substance misuse issues (adapted from Appendix 1 of the co-occurring principles document)



²⁷ <https://www.sunnetwork.org.uk/co-occurring-principles-document/>



5 Glossary

Explains any terms we have used throughout the document, or which you may come across.

Jargon	In full	Notes
AEH	Adult early help	Cambridgeshire's Adult Early Help team have been in place since April 2016 and receive all requests for social care and support for anyone over the age of 18. The team consists of Social Workers, Occupational Therapists and Coordinators from a variety of backgrounds. The team offers support and advice to those looking for support and also to families and carers.
ASB	Anti-social behaviour	See Scenario 5 Anti-social behaviour for a full description
Aspire CGL	Change-Grow-Live	Change-Grow-Live services in Peterborough see CGL and Single point of contact
CAB	Citizens Advice Bureau	The CAB is a charity that gives free, confidential information and advice to help people with their money, legal, consumer and other problems. The service aims to provide the advice people need for the problems they face, and to improve the policies and principles that affect people's lives. Trained advisers help write letters, make phone calls, negotiate with creditors and represent clients at tribunals and courts. See Citizens Advice
Care Network		Care Network provides information, guidance and practical support to help people stay at home and connect with the local community. Initially our main focus was supporting older people, but today we provide that support to anyone over the age of 18 years. <i>"Helping people to stay healthy, independent and in touch with their community."</i> See https://care-network.org.uk/
CAS	Community Accommodation Service	The aim of CAS is to ensure that no-one leaves prison without the offer of a place to live and a pathway to settled accommodation. The service includes housing specialists appointed to support prison Governors and other stakeholders to deliver a co-ordinated response to improve accommodation outcomes for prison leavers. See What is the Community Accommodation Service? Contact via Probation Services
CASUS		Supported treatment for young people in Cambridgeshire, see Single point of contact
CCG	Cambridgeshire and Peterborough Clinical Commissioning Group	CCGs commission most of the hospital and community NHS services in the local areas for which they are responsible. Commissioning involves deciding what services are needed for diverse local populations and ensuring that they are provided. CCGs are assured by NHS England, which retains responsibility for commissioning primary care services such as GP and dental services and some specialised hospital services. All GP practices now belong to a CCG, but CCGs also include other health professionals, such as nurses. CCGs commission services like: <ul style="list-style-type: none"> • most planned hospital care • rehabilitative care • urgent and emergency care (including out-of-hours) • most community health services • mental health and learning disability services.



Jargon	In full	Notes
		Please note - The CCG will no longer exist from April 2022 it will be replaced by the Integrated Care System (ICS)
CEEHP	Central and Eastern European Homelessness Project	The Central and Eastern European Homelessness Project is based in Wisbech. Three multilingual staff who cover Lithuanian, Polish, Russian, Bulgarian & English work to support historic rough sleepers to maintain tenancies in both private rented and social housing, preventing loss of housing and working with rough sleepers to navigate the pathway into accommodation. The project partners with Housing First, DWP, Fenland District Council Housing Options Team, Ferry Project, Amicus, Cambridge Emmaus, GP practices, and the Rossini Centre. The team works flexibly from Monday to Friday in line with the demand of the people we are supporting. See ① CEEHP
CGL	Change Grow Live	CGL provides substance misuse services and support across Cambridgeshire and Peterborough, as well as other support. In Cambridgeshire the service substance misuse is called CGL; in Peterborough it's known as CGL Aspire, see ① Single point of contact
Co-occurring needs		Co-occurring needs include all substances of use (including prescribed medications); all levels of dependency and states of intoxication; all mental health problems and all ages. See ① Scenario ⑩ Person has more than one issue
CPFT	Cambridgeshire and Peterborough NHS Foundation Trust	<p>Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is "dedicated to providing high quality care with compassion. We deliver many of the NHS services that are provided outside of hospital and in the community, such as physical and mental health, and specialist services. Together with global, national and local partners, we conduct high-quality and ground-breaking research into mental and physical health and support innovation to improve patient care. We are a health and social care organisation and have clinical teams providing services in inpatient, community and primary care settings. Services include:</p> <ul style="list-style-type: none"> • Adult mental health • Forensic and specialist mental health • Older people's mental health • Children's mental health • Children's community • Older people and adult community • Specialist learning disability • Primary care and liaison psychiatry • Substance misuse • Social care • Research and development <p>We support a population of just under a million people and employ nearly 4,000 staff. Our biggest bases are at the Cavell Centre, Peterborough, and Fulbourn Hospital, Cambridge, but our staff are based in more than 50 locations.</p> <p>CPFT strives to improve the health and wellbeing of the people we care for, our staff and members, to support and empower them to lead a fulfilling life."²⁸ See ① Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)</p>

²⁸ Edited from <https://www.cpft.nhs.uk/aboutus>



Jargon	In full	Notes
CR&HTT	Crisis Resolution and Home Treatment Team	A community-based team providing assessment and short-term treatment in the community for people who might otherwise need admission to an acute psychiatric unit. Referrals to the team are made by other mental health services including the ① First Response Service .
CUH	Cambridgeshire University Hospitals NHS Foundation Trust	Cambridge University Hospitals (CUH) is a family of hospitals comprising Addenbrooke's and The Rosie. As part of the NHS, we deliver expert care for patients – locally, regionally and nationally – while our vibrant teaching community equips and empowers our staff for the future. We also benefit from and contribute to some of the most important biomedical research in the world today. ²⁹ See ① Hospitals
Dual diagnosis street project (CPFT)		<p>The Dual Diagnosis Street Project works with entrenched rough sleepers who are still rough sleeping or who have recently moved into a hostel or temporary accommodation.</p> <p>We enable access to mainstream services for our service users, most of whom also experience mental health difficulties and use substances to manage.</p> <p>The team works as part of the homelessness partnership in Cambridge which brings together non-statutory and statutory services to overcome homelessness in the city.</p> <p>Please note: To refer someone in Cambridge to the project, please call or email. We take self-referrals but will accept referrals via Cambridge Access Surgery too. See ① Dual diagnosis street outreach service, Cambridge</p>
Duty to Refer		This is a mechanism for partners to refer someone to the housing local authority which deals with preventing homelessness as early as possible in the process. See ① The Duty to Refer for notes and ① Duty to Refer for district contacts and link to guidance.
EHH	Early Help Hub	<p>The Early Help Hub sits alongside the Multi-Agency Assessment Hub (MASH). It is Cambridgeshire County Council and Peterborough City Council's point of contact for families and professionals doing an Early Help Assessment for children.</p> <p>It coordinates access to targeted early help services in Cambridgeshire and Peterborough and provides advice and guidance on cases managed by the professionals already involved. The Early Help Hub receives contacts that do not need a statutory service (Social Care) but require multi-agency support through Early Help Services to support a family's needs. See ① Early Help Hub</p>
FRS	First Response Service	<p>FRS is a 24/7 phone line on 111 then option 2 which members of the public can call to access clinicians who work for CPFT.</p> <p>FRS is a service which puts mental health first. It provides 24-hour access, seven days a week, 365 days a year, to mental health care, advice and support. For someone worried about their mental health, contact the FRS by dialling 111 and selecting option 2.</p> <p>The phone will be answered by a trained mental health professional who will be able to listen to any concerns and help get the support needed to the person.</p> <p>With their permission, FRS can access the person's medical records to better meet needs and to avoid having to repeatedly tell their story.</p>

²⁹ From <https://www.cuh.nhs.uk/about-us/our-hospitals/>



Jargon	In full	Notes
		FRS can offer advice over the phone, put people in contact with crisis services or refer someone to the Sanctuary – which are safe places run by mental health charity, CPSL Mind in Cambridgeshire. The Sanctuaries offer short-term practical and emotional support between 6pm and 1am, seven days a week.
GP	General Practitioner, or doctor	A GP can be described as a doctor based in the community who treats patients with minor or chronic (long term) illnesses and refers those with serious conditions to a hospital. See ⓘGPs
Home-Link		Cambridgeshire and West Suffolk's choice based lettings system for social housing. See 🏠Home-Link
HMPPS	Her Majesty's Prison and Probation Service	National prison and probation services, see 🏠 https://www.gov.uk/government/organisations/her-majestys-prison-and-probation-service
IAPT	Improving Access to Psychological Therapies	Access to psychological therapies including counselling or cognitive behavioural therapy (CBT) or secondary services.
Jigsaw		Peterborough's choice based lettings system for social housing. See 🏠Jigsaw
Kooth		Free safe and anonymous online support for young people. "Your online mental wellbeing community"
LaDS	Liaison and Diversion Service (Criminal Justice Pathway)	LaDS supports people in custody, courts and the community with a wide range of vulnerabilities by diverting them out of prison and signposting to other services where there are no public protection issues. You can find out more at 📖Scenario ⓘRelease from prison and ⓘLaDS
LDP	Learning Disability Partnership	The LDP brings together specialist health and social care services for people with a learning disability. It is responsible for commissioning and providing these services on behalf of Cambridgeshire Primary Care Trust and Cambridgeshire County Council
MARAC	Multi Agency Risk Assessment Conference	MARAC (Multi-Agency Risk Assessment Conference) meetings are held 3 times a week via Microsoft Teams and involve a range of professionals to look at how to decrease the risk to the victim of domestic abuse. If you are referring a case you need to be prepared to attend a MARAC meeting to present your case - see footnote ³⁰ for more detail. Client consent is preferred for these but not essential
MASH	Multi Agency Safeguarding Hub	The MASH is an integrated on-line referral process for Cambridgeshire & Peterborough, for children and adults. The MASH is a collaborative arrangement between the Police, Cambridgeshire County Council, the Fire Service (and Peterborough City Council) and Cambridgeshire & Peterborough NHS Foundation Trust that supports joint working around child protection safeguarding adults and domestic abuse. MASH provides a single point of contact where concerns about a person's safety can be reported. See ⓘMASH
MDT	Multi-disciplinary team	Multi-disciplinary team is a widely used term in clinical and social care. The MDT comprise of clinical and non-clinical staff who come together to discuss a patient's admission / discharge and care needs. It can take

³⁰ https://www.cambsdasv.org.uk/website/idva_marac_referral_forms/296136



Jargon	In full	Notes
		many different forms and outcome is usually a plan to support a patient/client to achieve the best Health outcomes.
Outside Links	Outside Links	<p>Outside Links provides continued support for both men and women who have resided at HMP Peterborough in the past, as well as the wider community.</p> <p>We work with a range of partners to reduce the risk of reoffending by providing continued support and advice.</p> <p>The support available is diverse and includes: Drop-in service, arranging housing appointments, finance, benefit and debt support, meeting point with support agencies, job search, CV writing, help with completing housing forms/benefit forms, arranging Doctor's appointments, sign posting to other agencies and support for families. Please note Wednesdays are 'Women Only Wednesdays'. See ①Outside Links</p>
P3 Floating support / Housing related support	P3 stands for People, Potential, Possibilities	<p>Our floating support service is provided across Cambridgeshire and Peterborough. P3 currently provides this service offering short term support for people who need it to manage and maintain their accommodation and are at risk of homelessness, have rent or mortgage arrears or have difficulty managing independently in their home</p> <p>Support offered includes support to address any difficulties preventing someone from living independently, such as mental ill-health or debt and financial issues, tailored to the individual, including Managing your tenancy, Mental health support, Housing advice, Budgeting and debt, Accessing financial support, Social and community groups, Employment, education & training opportunities and Signposting to other services</p> <p>Referrals can be made directly via the online portal or by calling the service. Individuals can self-refer or professionals can make a referral for someone. Professionals can also call to seek some guidance about the service - see ①Floating Support.</p> <p>The support is not tied to any accommodation. It aims to support people in their own home whatever type of tenure or property they have.</p>
PCMHS	Primary Care Mental Health Service	Employs community mental health clinicians who each serve a small group of GPs, known as a Primary Care Network (PCN). They make referrals if someone needs a mental health service or some other kind of support. (Formerly known as PRISM and as Enhanced Primary Care Service or EPCS).
Sanctuary Project		This is a service to provide a safe space to talk through issues when someone feels a crisis approaching. Can be accessed via the First Response Service
Special Needs Panels		Special Needs Panels consider housing applications from people with special needs such as mental health needs / sensory impairment / physical disability.
SPOC	Single Point of Contact	One phone line or email to use, to access a service or team. See ①Single point of contact
Street Outreach Team (CGL)		<p>Cambridge's Street Outreach team is there to find rough sleepers, engage, signpost and support to access primary health care (both physical and mental), finance and housing.</p> <p>We respond to the intelligence that partner agencies and the public send to us via Streetlink, attending sites 4 mornings a week and</p>







Jargon	In full	Notes
		<p>conducting joint evening outreach with CGL's recovery outreach workers on Monday, Wednesday and Friday evenings.</p> <p>We conduct joint daytime outreach with partners including CPFT's Dual diagnosis Street Project, Housing First and Jimmy's Cambridge to bring services out to people, breaking down the barriers to accessing services.</p> <p>We run surgeries at Wintercomfort on Monday, Tuesday, Thursday & Friday 9am-10.30am. See 🔗Outreach Teams</p>
Streetlink		<p>Are you concerned about a person or people rough sleeping? Please report as much information as possible using the Streetlink portal, listed under 🔗Streetlink</p>



6 Useful contacts






This list provides useful contacts for organisations seeking help, advice and referrals for their customers. Three are two “types” of contact includes: one type is detailed and gives all the information needed to contact a key team or partner names in this toolkit. The other takes the form of a link to directories on the internet, which are maintained and provide far more detail than this document can, along with the added benefit it won’t go out of date. These directories give details of numerous providers of help and support, so readers will need to consult those directories alongside this toolkit and can be found in [Directories](#).

What is it?	 website	 e-mail	 telephone	 hours & location
Local authority locator Where to apply for emergency housing from the local authority by entering the postcode where you have a local connection . This might be where you’ve lived recently, have close family or work, at https://www.gov.uk/homelessness-help-from-council				
HOUSING Duty to Refer Contact the district housing team via the duty to refer where there is a risk of homelessness. Guidance, referral form and national directory of contact emails around the homelessness duty to refer at https://www.gov.uk/government/publications/homelessness-duty-to-refer If you believe your client has nowhere to sleep tonight, use the on-line forms – links provided below - to provide as much information as possible, with their consent. Please speak to housing advice as soon as possible and do not rely solely on the on-line forms, you can call housing advice / options as well to you speak to someone as well.				
Cambridge City Council	https://www.cambridge.gov.uk/duty-to-refer-homeless-people-to-a-local-authority	On-line form to help provide the most useful detail at an early stage: https://hpa2.org/refer/CCC	If you are discharging someone today, phone 01223 457918 to speak to the duty officer before discharge.	
East Cambridgeshire	https://www.eastcambs.gov.uk/housing/make-homeless-referral	mailto:housingservices@eastcambs.gov.uk?subject=Duty to Refer		
Fenland District Council	https://www.fenland.gov.uk/homelessness	https://hpa2.org/refer/FEN		
Huntingdonshire District Council	https://www.huntingdonshire.gov.uk/housing/homelessness/duty-to-refer-for-public-authorities/	https://www.gov.uk/government/publications/homelessness-duty-to-refer		Please complete the duty to refer form (link under “email” and send it to housingadvice@huntingdonshire.gov.uk



What is it?	🌐 website	✉ e-mail	☎ telephone	🕒 hours & location
Peterborough City Council	https://www.peterborough.gov.uk/residents/housing/homelessness	https://live.housingiigsaw.co.uk/alert/duty-to-refer		In the event you unable to access the ALERT portal please contact Housing Needs on 01733 864064 or email us at dutytorefer@peterborough.gov.uk .
South Cambridgeshire District Council	For info: https://www.scambs.gov.uk/housing/housing-advice/the-duty-to-refer/	SCDC's on-line form to help partners provide the most useful detail at an early stage: https://hpa2.org/referral/FormPage.aspx		
Housing options / advice team				
Cambridge City Council Housing Advice Service	https://www.cambridge.gov.uk/get-advice-about-housing		01223 457918 Out of Hours: 0844 335 3944	
East Cambridgeshire housing advice and homelessness	http://www.eastcambs.gov.uk/housing/homelessness		01353 665555 Out of hours: 07710 978900.	
Fenland District Council's housing advice webpage	http://www.fenland.gov.uk/housingadvice		01354 654321 Out of hours: 01354 654321	
Huntingdonshire District Council housing advice	http://www.huntingdonshire.gov.uk/housing/advice-for-tenants/housing-advice		01480 388218 Out of hours: 01480 434167	
Peterborough City Council Second and third links to advice and assistance for housing association tenants, private renters, home owners a property or have no fixed address.	https://www.peterborough.gov.uk/residents/housing/housing-advice/ https://www.peterborough.gov.uk/residents/housing/homelessness/		01733 864064 Out of hours: 01733 864157	
South Cambridgeshire District Council's housing advice	https://www.scambs.gov.uk/content/housing-advice-service		03450 450 051 Out of hours: 01253 501117	










What is it?	 website	 e-mail	 telephone	 hours & location
Floating Support				
P3 Floating Support Service covers Cambridgeshire and Peterborough. Services are run slightly differently in the 2 areas. Self-referral best using on-line form. All support is offered via appointment, you can call or email to make an appointment. Professionals can also call to seek some guidance about the service.	Cambridgeshire https://www.p3charity.org/services/cambridgeshire-floating-support-service-peterborough Peterborough https://www.p3charity.org/services/peterborough-floating-support-service-on-line-form On-line form https://cpfss.p3charity.org/index.php	cpfss@p3charity.org	0808 169 8099 (freephone)	
Outreach Teams for people who are on the street				
Cambridge Street Outreach Team Working to support rough sleepers in Cambridge. Based at Change Grow Live, 2 nd Floor, 125 Newmarket Road CB5 8HA (no public access to offices at Dec 2021)	https://www.changegrowlive.org/street-outreach-cambridge/info	SOT.Cambridge@cgl.org.uk	01223 366292	If you phone us outside office hours, please leave a message and we'll get back to you as soon as possible. All rough sleeper information should be reported using  Streetlink ensuring the correct outreach team or housing authority is informed about the rough sleeper.
CEEHP In Wisbech, the Central and Eastern European Homelessness Project (CEEHP) provides street outreach and a tenancy sustainment service:		CEEHP.Wisbech@cgl.org.uk		Please e-mail to get in touch, leaving your phone number, one of the staff will get in touch asap.



What is it?	🌐 website	✉ e-mail	☎ telephone	🕒 hours & location
Street Outreach in East Cambridgeshire, Huntingdonshire and South Cambridgeshire	Referrals should be made by reporting a rough sleeper to the Housing Advice & Options teams at the relevant housing authority who will pass to P3: see 📞 Housing options / advice team or via 📞 Streetlink			
Peterborough's Street Outreach Team supports people into re-engagement with the services they need.	See 🏠 https://www.peterborough.gov.uk/residents/housing/homelessness and 🏠 https://www.saferoffthestreets.co.uk/peterborough-homelessness/	Please contact to report a rough sleeper via 📞 Streetlink		
Dual diagnosis street outreach service, Cambridge Works with entrenched rough sleepers who are still rough sleeping or who have recently moved into a hostel or temporary accommodation in Cambridge City.	https://www.cpft.nhs.uk/service-detail/service/dual-diagnosis-street-project-27/	DDSP@CPFT.nhs.uk	01223 271015 or 01223 271011	Business / visiting hours Monday to Friday, 0900 to 1700 excluding Bank Holidays The Bridge, 152-154 Mill Rd, Cambridge CB1 3LP
Ferry Project Hub: The first point of contact for anyone needing to access Ferry Project services. The Hub provides referrals into our hostel or partner agencies.	https://www.ferryproject.org.uk/	Service is open to anyone with a local connection to Fenland. Welcomes referrals via rapidrehousingpathwayhub@ferryproject.org.uk	Contact details here https://www.ferryproject.org.uk/contact	Sessions run from 10am to 4pm weekdays at Octavia View, 10a - 14 South Brink Wisbech PE13 1JQ. Offers a range of advice and support with homelessness and health issues.
GP surgeries & homelessness				
Cambridge Access Surgery	Cambridge Access Surgery		01223 358961	125 Newmarket Road, Cambridge CB5 8HB



What is it?	 website	 e-mail	 telephone	 hours & location
Boroughbury Medical Practice	Boroughbury Medical Practice		01733 307840 Out of hours 111	Craig Street, Peterborough PE1 2EJ
Private rented housing				
Private landlord	Private tenants should have a rent book or an on-line account, which gives the name and address of their landlord. If the person you are speaking to is unsure who their landlord is, please contact the local housing advice team, private sector housing or environmental health team (see  Housing Guide or  Citizens Advice who will do all they can to help.			
Mental health				
First Response Service For those in mental health crisis requiring an immediate telephone triage			111 and Option 2	24/7
FRS professional line - for professionals seeking some guidance and advice		Email to get FRS professionals number		Please email to find the professionals helpline number. The team will call you back to give the help you need.
LaDS Liaison and Diversionary Service (Criminal Justice Pathway)		cpm-tr.LADS@nhs.net	01733 317560	Main office 0800 to 1700 Monday to Friday, excluding Bank Holidays. In custody hours are 0800 to 2000, Mon to Sun
CPSL Mind Discharge Buddy service - see  CPSL Mind's Discharge Buddy service	https://www.cpslmind.org.uk/	dischargebuddy@CPSLmind.org.uk		
IAPT or PWS Psychological Wellbeing Service for Cambridgeshire and Peterborough Please note, this is not a crisis or emergency service and cannot provide an urgent response. If you are in a mental health crisis, contact FRS on 111 option 2.	https://www.cpft.nhs.uk/psychological-wellbeing-service	selfreferiapt@cpft.nhs.uk	0300 300 0055	Phone lines open 9am-4pm, Monday to Friday (closed Bank Holidays)



What is it?	🌐 website	✉ e-mail	☎ telephone	🕒 hours & location
Substance misuse				
Single point of contact	The specialist drug and alcohol service Change Grow Live provides support to people affected by drug and alcohol use:			
Find local support from CGL on this page	https://www.changegrowlive.org/local-support/find-a-service			
Cambridgeshire: Adults over 18 years only, from CGL	https://www.changegrowlive.org/drug-alcohol-service-cambridgeshire/	cambridgeshirereferrals@cgl.org.uk	0300 555 0101 or 0300 555 0202	0300 555 0101 9.30am-4.30pm Mon-Fri
Cambridgeshire: Young people aged 12 to 18, from CASUS	https://www.cpft.nhs.uk/service-detail/service/cambridgeshire-child-and-adolescent-substance-use-service-casus-180/	casus@cpft.nhs.uk	01480 445 316	
Peterborough: Adults over 18 and young people aged 12 to 18, from CGL Aspire	https://www.changegrowlive.org/aspire-recovery-peterborough/	peterborought@cgl.org.uk	01733 895 624 or 0800 111 4354	
Substance misuse hospital liaison workers	Please contact the 📞 Single point of contact			
Public Health Joint Commissioners for Substance Misuse		Joseph.keegan@cambridgeshire.gov.uk Susie.talbot@cambridgeshire.gov.uk		
Hospitals				
Addenbrooke's (CUH)	https://www.cuh.nhs.uk/	https://www.cuh.nhs.uk/contact-us/contact-enquiries/	01223 245151 Discharge Planning Specialist Nurse Team 01223 586951	Addenbrooke's Hospital, PO Box 195, Hills Road, Cambridge, CB2 2QQ
Hinchingbrooke Hospital	https://www.nwangliaft.nhs.uk/our-hospitals/hinchingbrooke-hospital/		01480 428964 01480 416416	Hinchingbrooke Park, Huntingdon PE29 6NT



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What is it?	🌐 website	✉ e-mail	☎ telephone	🕒 hours & location
Peterborough City Hospital	https://www.nwangliaft.nhs.uk/our-hospitals/peterborough-city-hospital/		01733 673405	Bretton Gate, Peterborough PE3 9GZ
Queen Elizabeth Hospital, King's Lynn	http://www.qehkl.nhs.uk/			
Discharge planning teams				
Addenbrooke's South Transfer of Care Team	More information on preparing to leave Addenbrooke's	discharge.dutyteam@cambridgeshire.gov.uk	01223 729165	
Hinchingbrooke Hospital North Transfer of Care Team			01480 416087	
Peterborough City Hospital: North Transfer of Care Team			01733 677 518	
District Direct team at Care & Repair for King's Lynn & West Norfolk, who help with housing issues including minor adaptations/ equipment, deep cleans and de-cluttering, if these things are preventing or delaying discharge from the Queen Elizabeth Hospital.	Outline of District Direct https://www.west-norfolk.gov.uk/news/article/971/third-district-direct-project-has-begun District Direct referral form https://www.west-norfolk.gov.uk/homepage/344/district-direct-referral-form	Jo Rayner, District Direct Officer jo.rayner@West-Norfolk.gov.uk	07824 838 475	QEH and Jo Rayner are working together to ensure all discharges with housing issues are passed to Jo, who has contacts with housing and other partners in Fenland and King's Lynn & West Norfolk. Instead of using the duty to refer, please contact Jo.
Mental health inpatient units				
Cavell Centre, Peterborough	https://www.nhs.uk/Services/clinics/Overview/DefaultView.aspx?id=101012		01733 776000	Edith Cavell Healthcare Campus, Dept 506, Bretton Gate, Peterborough, PE3 9GZ
Fulbourn Hospital		james.southwick@cgl.org.uk Homelessness Prevention Officer at Fulbourn	01223 219400	Fulbourn Hospital, Fulbourn, Cambridge CB21 5EF



What is it?	🌐 website	✉ e-mail	☎ telephone	🕒 hours & location
General health: self-help and community support				
Healthwatch	Can help people to find the local health services near them, including information, advice and signposting phone line; website information; e-mailing support information and online Health and Care Forums and other meetings			
Healthwatch Cambridgeshire	https://www.healthwatchcambridgeshire.co.uk/	enquiries@healthwatchcambspboro.co.uk	0330 355 1285 Text: 0752 0635 176	0900 to 1600 Mon-Thurs 0900 to 15:30 Fri
Healthwatch Peterborough	https://www.healthwatchpeterborough.co.uk/	enquiries@healthwatchcambspboro.co.uk	0330 355 1285 Text: 0752 0635 176	0900 to 4pm Mon-Thurs 0900 to 3:30pm Fri
Criminal Justice				
Victim and Witness Hub	https://www.cambs.police.uk/information-and-services/Victims-and-Witnesses/Victim-and-Witness-Hub	victimandwitnesshub@cambs.pnn.police.uk	Freephone: 0800 781 6818	0900 to 1700 Monday to Friday 1000 to 1400 Saturdays
Outside Links For support following prison release	https://fis.peterborough.gov.uk/kb5/peterborough/directory/service.page?id=EP1SDS7B5UM	outsidelinks@sodexojusticeservices.com	Freephone Support Line 0800 587 7745 0778 961 5048	10.30 to 17.00 Mon to Fri
HMP Peterborough				
Through the Gate / Resettlement Team Managers		Mandy.Taylor1@justice.gov.uk & Laura.Barnett1@justice.gov.uk		
Health Care Services Manager		Sam.Hutchings@sodexogov.co.uk		
Mental Health In-Reach Team		PBInreach@sodexogov.co.uk		
Custody Suites				
Designated police stations in Cambridgeshire & Peterborough with custody suites	Cambridge: Parkside Police Station, Cambridge, Cambs CB1 1JG	Custody-Actions-Cambridge@Cambs.pnn.police.uk	01223 823280	
	Peterborough: Thorpewood Police Station, Longthorne, Peterborough PE3 6SD	Custody-Actions-Peterborough@Cambs.pnn.police.uk	01733 424129	



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What is it?	🌐 website	✉ e-mail	☎ telephone	🕒 hours & location
Custody Suites which may occasionally be used as back-up	St Neots: Dove house close, St Neots PE19 1DJ		01480 456111	
	Huntingdon: Ferrars Road, Huntingdon PE29 3DQ		01480 415541	
	March: Burrowmoor Road, Cambs PE15 9RB		01354 606449	
Probation Services				
Cambridge: 27 Warkworth Street, Cambridge CB1 1EG			01223 646 200	
Huntingdon Godwin House, George Street, Huntingdon PE29 3BD			01480 367700	
Peterborough has 2 centres: (1) Peterborough Magistrates Court, Bridge Street, PE1 1ED			01733 465400	
(2) 12 – 13 Adam Court, Peterborough PE1 5PP			01223 857399	
Wisbech: The Jo Berridge Rooms, 25/26 The Boathouse, Harbour Square, Wisbech PE13 3BH			01223 857399	
Social care				
Adult Early Help				
Cambridgeshire Adult Early Help		careinfo@Cambridgeshire.gov.uk	0345 045 5202	
Peterborough Adult Early Help	https://fis.peterborough.gov.uk/kb5/peterborough/directory/service.page?id=a45916-FadE	adultsocialcare@peterborough.gov.uk	01733 747474 option 4	For emergencies out of hours please contact the Emergency Duty Team on 01733 234724.



What is it?	🌐 website	✉ e-mail	☎ telephone	🕒 hours & location
Adult Social Care: 4 pathways				
Tier ❶ Services for all Cambridgeshire: Support to find the help you need by contacting the Care Network's Community Navigators	https://care-network.org.uk/		Cambridge City: 01223 300460 East Cambridgeshire: 01353 659639 Fenland: 01354 695208 Huntingdonshire: 01480 775493 South Cambridgeshire: 01954 212100	9am-5pm Mon-Fri
Tier ❶ Services for all Peterborough: Support to find the help you need by contacting British Red Cross	supportathomepeterborough@redcross.org.uk	supportathomepeterborough@redcross.org.uk	01733 207113	10am-6pm, seven days per week,
Tier ❷ and Tier ❸ ❷ = Short term or low-level support ❸ = Long term care & support	Cambridgeshire: Access through Customer Services careinfo@cambridgeshire.gov.uk		0345 045 5202	
	Peterborough: Access through Adult Early Help adultsocialcare@peterborough.gov.uk		01733 747474	
MASH Tier ❹ Safeguarding Refer to the Multi Agency Safeguarding Hub who will initiate a safeguarding enquiry and/or pass to Adult Early Help.	https://www.cambridgeshire.gov.uk/residents/children-and-families/parenting-and-family-support/providing-children-and-family-services-how-we-work			
Tier 4 Safeguarding: Cambridgeshire	https://safeguardingcambspeterborough.org.uk/concerned/	referral.centreadults@cambridgeshire.gov.uk	0345 045 5202	Mon-Fri 8am-6pm Sat 9am-1pm







Version 1

What is it?	🌐 website	✉ e-mail	☎ telephone	🕒 hours & location
Tier 4 Safeguarding: Peterborough	https://safeguardingcambspeterborough.org.uk/concerned/	adultsocialcare@peterborough.gov.uk	01733 747474	Mon-Fri 9am-5pm
Tier 4 Safeguarding: Emergency Duty Team			01733 234724	Out of hours (Cambs & Peterborough)
For children Early Help Hub				
Cambridgeshire Early Help Hub	https://www.cambridgeshire.gov.uk/residents/children-and-families/parenting-and-family-support/providing-children-and-family-services-how-we-work	early.help@cambridgeshire.gov.uk	01480 376 666	
Peterborough Early Help Hub	https://www.peterborough.gov.uk/healthcare/early-help	earlyhelp@peterborough.gov.uk	01733 863649	
Report a safeguarding concern				
Make a referral for a child or young person in need, or an adult with care & support needs, or where there is reason to suspect they are likely to suffer significant harm because of abuse or neglect. Report a safeguarding concern using the website and online form to make a referral.	https://safeguardingcambspeterborough.org.uk/concerned/			
Money and debt				
HMRC Tax Credits Helpline			0345 300 3900	
Hospital stays and Universal Credit Report a hospital stay of 24 hours or longer using your Universal Credit online account	https://www.gov.uk/universal-credit/how-to-claim		0800 328 5644	



What is it?	🌐 website	✉ e-mail	☎ telephone	🕒 hours & location
The Cambridgeshire Local Assistance Scheme (CLAS) provides information, advice and practical support for people experiencing financial difficulty and hardship.	http://makingmoneycount.org.uk/about-us/cambridgeshire-local-assistance-scheme/	For more information and to apply, or to apply on someone's behalf (referrals), please contact your nearest Citizens Advice Bureau		
Help with health costs				
NHS Help with Health Costs helpline			0300 330 1343	
Prescription services helpline and guide on who can get free prescriptions	www.nhs.uk/nhs-services/prescriptions-and-pharmacies/who-can-get-free-prescriptions/		0300 330 1349	
Queries about medical exemption certificates			0300 330 1341	
Other				
Citizens Advice				
Cambridge & District CAB: Covers Cambridge City and South Cambridgeshire	www.cambridgecab.org.uk	caba@cambridgecab.org.uk	Adviceline Freephone: 08082 787808 Switchboard: 01223 222660	0900 to 1700 Monday to Friday 66 Devonshire Road, Cambridge CB1 2BL
Rural Cambs CAB: Covers Fenland and Huntingdonshire and a limited service for East Cambridgeshire	http://www.ruralcambscab.org.uk/		0808 278 7807	
Peterborough CAB	http://www.citapeterborough.org.uk/			



What is it?	 website	 e-mail	 telephone	 hours & location
Fire Service				
Cambridgeshire Fire	www.cambsfire.gov.uk (follow the link for home safety)	firefire@cambsfire.gov.uk	0800 917 9994	Note: These contacts go to the dedicated admin team who book jobs and will take details. Referrals from agencies are not risk scored, the only ask is for the referrer to leave their contact details
About this toolkit				
Email to contact team with feedback or suggested changes to this toolkit	https://cambridgeshireinsight.org.uk/housing/priority-themes/housing-need/h-mh-sm-toolkit/	toolkit@cambridge.gov.uk		Emails will be answered as soon as possible, within office hours



7 Directories

Rather than list contacts which will go out of date in this toolkit, we are providing links to on-line contact lists / directories, where you can find up to date contact information

Directory	Link & notes
Housing	
Housing Guide	https://cambridgeshireinsight.org.uk/housing/local-housing-knowledge/housing-guide/ An on-line guide to housing services across Cambridgeshire and Peterborough. Outlines how housing services are organised, district by district, and links to web pages to access them. For each district, the Housing Guide includes Duty to refer contacts; Housing options, homelessness & housing advice teams; Choice Based Lettings schemes (Home-Link and Jigsaw); Who manages the housing register locally; council tenants & leaseholders (found only in Cambridge and South Cambridgeshire); Home improvement agencies (for people who need adaptations or assistance to make their home more suited their needs); Private sector housing / environmental health teams; Anti-social behaviour / community safety teams; local housing & welfare benefit and Council Tax Teams.
Housing associations	https://cambridgeshireinsight.org.uk/housing-providers/ On-line listing of housing providers (including housing associations and almshouses) who own and manage homes in each district across Cambridgeshire and Peterborough, with a link to each organisation's website homepage. If the person you are speaking to is unsure who their landlord is, please contact the local housing advice team or CAB who will do all they can to help.
Street Support Cambridgeshire	https://streetsupport.net/cambridgeshire/ A website connecting people and organisations locally, to end homelessness across Cambridgeshire. You can use the site to get help or to give help.
Safer Off the Streets Peterborough	https://www.saferoffthestreets.co.uk/ A site enabling homeless people in Peterborough to find help, and to help locals offer help and donate items.
Streetlink	www.streetlink.org.uk/ Any reports of rough sleepers anywhere in the UK should be flagged to the appropriate service via Streetlink. There is an app to download which enables you to outline your concerns and where you have seen the person rough sleeping. If you are concerned and feel it is an emergency situation, please dial 999.
Mental health	
Keep Your Head	https://www.keep-your-head.com/ A directory of mental health and other support across Cambridgeshire, with sections for children and young people, for adults, and for professionals. Keep Your head covers three areas: children, adults and professionals, and includes links to agencies, self-help, crisis and news. Topics covered include: Bereavement, Eating Disorders, Older People, Carers, Self Harm, Suicide, Stress, Sexual Abuse, Domestic Abuse, PTSD, Drug/Alcohol Abuse, Pregnancy, Social Isolation, Anxiety and/or Depression, Disability, Personality Disorders, Young People, LGBTQIA+, Sleep, Victims & Witnesses, Physical



Directory	Link & notes
	Activities, Volunteering, Money, Housing, Employment, Emergency Services Staff.
Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)	<ul style="list-style-type: none"> • www.cpft.nhs.uk • https://www.cpft.nhs.uk/aboutus • https://www.cpft.nhs.uk/psychological-wellbeing-service • https://www.cpft.nhs.uk/helpinacrisis <p>CPFT provides mental health and specialist services in Cambridgeshire and Peterborough. Their website provides information for various services. People aged 17 and over with common mental health problems can self-refer to the Psychological Wellbeing Service. There is also information about how to find help in a crisis.</p>
"How Are You" websites	These sites bring together everything in the local community that is good for mental wellbeing.
HAY Cambridge	https://haycambspbboro.co.uk/
HAY East Cambridgeshire	https://www.haycambridge.co.uk/
HAY Fenland	https://hayeastcambs.co.uk/
HAY Huntingdonshire	https://www.hayfenland.co.uk/
HAY South Cambridgeshire	https://hayhunts.co.uk/
HAY Peterborough	https://www.haysouthcambs.co.uk/
Mental health information directory	https://www.cambridgeshire.gov.uk/residents/libraries-leisure-culture/libraries/health-and-wellbeing/health-information/mental-health-information-directory Produced by Cambridgeshire County Council
Be Well Cambridgeshire	https://www.bewellcambridgeshire.co.uk/ Includes information on drugs, alcohol, mental health and other topics, from our local Public Health team
See also	Mental health and money advice
Substance misuse	
Keep Your Head	https://www.keep-your-head.com/ A directory of mental health and other support across Cambridgeshire, with sections for children and young people, for adults, and for professionals
NHS 'live well' drugs information page	http://www.nhs.uk/Livewell/drugs/Pages/Drugshome.aspx
NHS alcohol support & healthcare	www.nhs.uk/live-well/alcohol-support/
Hospitals and after care	
Short term care, including after a hospital stay	https://www.cambridgeshire.gov.uk/residents/adults/organising-care-and-support/types-of-support/short-term-care
Minor injury units and urgent treatment centres	https://www.cambridgeshireandpeterboroughhccg.nhs.uk/your-health-and-services/minor-injury-units-and-urgent-treatment-centres/
Criminal justice & related	
Fearless	www.fearless.org/ Where you can report any crime, anonymously, using an online form, 24 / 7
Neighbourhood policing	www.cambs.police.uk/Neighbourhood-Policing/Your-Neighbourhood-Policing-Teams This link takes you to contacts for Neighbourhood Policing Teams in each district
Reporting to police online	www.cambs.police.uk/report/Report



Directory	Link & notes
Background on Beds, Cambs and Herts Custody Operating Procedures	https://www.cambs.police.uk/assets/PDFs/Policies/BCH-CustodyOperatingProcedured-Nov2017.pdf Source of “useful contacts” in section 5
Neighbourhood resolution panel scheme	www.cambridge.gov.uk/neighbourhood-resolution-panel-scheme
Criminal Justice protocol	https://www.huntingdonshire.gov.uk/media/3657/accommodation-protocol.pdf Cambridgeshire and Peterborough Accommodation Protocol - Pathways home for people with experience of the Criminal Justice System v1.0 (December 2018)
Cuckooing links	https://www.cambs.police.uk/report/Report-Shared/Report-information-about-crime To report intelligence and concerns regarding cuckooing to the Police online https://cambridgeshire-self.achieveservice.com/service/Safeguarding_referral_form Referral form to multi-agency risk management (MARM) for vulnerable adults known to have care and support needs that meet the threshold for Adult Social Care https://safeguardingcambspeterborough.org.uk/concerned/professionals-reporting-a-concern/ Children’s safeguarding referral process, for children at risk due to cuckooing https://www.safeguardingcambspeterborough.org.uk/wp-content/uploads/2018/05/Exploitation-Risk-Management-Tool.docx Exploitation risk management tool – also to be used where young people are at risk of exploitation In Peterborough, cuckooing cases should also be referred to the Safer Peterborough Partnership Problem Solving Group for further multi-agency problem solving and monitoring, by emailing mailto:antisocialbehaviour@peterborough.gov.uk , with this form completed https://cambridgeshireinsight.org.uk/wp-content/uploads/2022/01/PSG-referral-form-Nov-21.docx
Social care	
Adult care needs assessment tools	Cambridgeshire: https://www.cambridgeshire.gov.uk/residents/adults/organising-care-and-support/care-needs-assessment Peterborough: https://fis.peterborough.gov.uk/kb5/peterborough/directory/site.page?id=vDCuHaLS4U
Safeguarding	https://safeguardingcambspeterborough.org.uk/adults-board/
Money & debt	
Mental health and money advice	https://www.mentalhealthandmoneyadvice.org Plus further useful contacts at https://www.mentalhealthandmoneyadvice.org/en/help-contacts/ Site to help you understand, manage & improve your mental health and money issues
Job Centre Plus locations	https://find-your-nearest-jobcentre.dwp.gov.uk/search.php Just need to type a postcode in to find the local JCP
Universal Credit	https://www.gov.uk/universal-credit Your Universal Credit online account



Directory	Link & notes
Pension-age benefits	https://www.gov.uk/contact-pension-service Call the Pension Service helpline if you get any of these: State Pension, Pension Credit, Attendance Allowance. The link provides phone numbers, hours etc.
Attendance Allowance:	https://www.gov.uk/attendance-allowance/how-to-claim Call the helpline if you only get Attendance Allowance.
Disability Service Centre:	https://www.gov.uk/disability-benefits-helpline Call if you get Disability Living Allowance (DLA) or Personal Independence Payment (PIP)
Mental health and money advice:	www.mentalhealthandmoneyadvice.org/en/welfare-benefits/can-i-claim-welfare-benefits-if-i-m-living-with-a-mental-illness/income-support/ www.mentalhealthandmoneyadvice.org/en/welfare-benefits/am-i-eligible-for-employment-support-allowance-esa/ Income support and employment support allowance links
Child Benefit:	https://www.gov.uk/child-benefit-for-children-in-hospital-or-care Tell the Child Benefit Office if your child goes into hospital or 'residential care' for more than 12 weeks.
Bereavement Allowance and Carer's Allowance:	https://www.gov.uk/bereavement-allowance/further-information Visit to find phone numbers to call to report a hospital stay if you get Bereavement Allowance or Carer's Allowance.
DWP website	www.dwp.gov.uk https://www.gov.uk/universal-credit/other-financial-support
Making Money Count: Employment link	Offers self-help information on money, being online, finding work & renting. http://makingmoneycount.org.uk/work/
Directory of services	http://makingmoneycount.org.uk/services-near-me/
Money and Pensions Service (MaPS)	https://moneyandpensionsservice.org.uk/ Promoting financial wellbeing
Money Helper	www.moneyhelper.org.uk/en Free impartial help with money (backed by the government) for individuals
Building Better Opportunities project	www.cambridgeshireinsight.org.uk/housing/priority-themes/existing-homes/building-better-opportunities/ Helping people back into work locally
Other help and support	
GPs across Cambridgeshire & Peterborough	www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/who-we-are-and-what-we-do/local-practices/ Provides a complete listing of GP surgeries
Cambridgeshire Online Directory of Services	https://www.cambridgeshire.gov.uk/cambridgeshire-online-directory Provides listings of services, events, groups, organisations and clubs across the county. The Directory is being updated daily with the latest information about what is currently available
General health information directory	https://www.cambridgeshire.gov.uk/residents/libraries-leisure-culture/libraries/health-and-wellbeing/health-information/general-health-information-directory
Care and support information directory	https://www.cambridgeshire.gov.uk/residents/libraries-leisure-culture/libraries/health-and-wellbeing/health-information/care-and-support-information-directory
Carers Directory	https://www.caringtogether.org/carers-directory



Directory	Link & notes
Healthy living information directory	https://www.cambridgeshire.gov.uk/residents/libraries-leisure-culture/libraries/health-and-wellbeing/health-information/healthy-living-information-directory
Peterborough Information Network (PIN)	www.peterborough.gov.uk/PIN Provides information and advice along with listings of services, events, groups, organisations and clubs in Peterborough. The PIN is being updated daily with the latest information about what is currently available
Guide to Independent Living in Cambridgeshire ... and Peterborough	https://www.carechoices.co.uk/publication/cambridgeshire-guide-to-independent-living/ https://www.carechoices.co.uk/publication/peterborough-guide-to-independent-living/ Provides information and support to help people stay independent, safe and well, latest version 2020/21
Domestic abuse	
Domestic Abuse and Sexual Violence Partnership	https://www.cambsdasv.org.uk/ Cambridgeshire and Peterborough Domestic Abuse & Sexual Violence website
Complicated Matters	https://avaproject.org.uk/resources/complicated-matters/ A toolkit addressing domestic and sexual violence, substance use and mental ill-health
Multi Agency Risk Assessment Conference (MARAC) referral form, for DASV and IDVAs	https://www.cambsdasv.org.uk/website/idva_marac_referral_forms/296136 To make a referral to the Cambridgeshire and Peterborough independent domestic violence adviser (IDVA) Team, please download and complete the relevant referral form and DASH Risk Assessment Checklist - there are separate forms to refer to <ul style="list-style-type: none"> • Health IDVA • Young People's IDVA • A8 IDVA • Male Victims IDVA. • If the victim is over 60 please use the Older People's DASH. All the forms and further links can be found using the link above. The forms can be completed electronically and emailed to the IDVA team when complete (see email address on form). NB: Referrals are only accepted from professionals MARAC (Multi-Agency Risk Assessment Conference) meetings are held 3 times a week via Teams and involve a range of professionals to look at how to decrease the risk to the victim. If you are referring a case you need to be prepared to attend the MARAC meeting to present your case.
Hoarding	
County-wide hoarding policy (on-line version)	https://safeguardingcambspeterborough.org.uk/adults-board/cpsabprocedures/hoarding/
Hoarding Protocol (pdf version)	Joint multi-agency protocol for working with people who display hoarding for Cambridgeshire and Peterborough (September 2016) https://cambridgeshireinsight.org.uk/wp-content/uploads/2021/07/Multi-Agency-Protocol-Working-With-People-Who-Display-Hoarding.pdf
County-wide self-neglect policy	https://safeguardingcambspeterborough.org.uk/adults-board/cpsabprocedures/selfneglect/
Fire Service	www.cambsfire.gov.uk



Directory	Link & notes
Local hoarding webpage	https://cambridgeshireinsight.org.uk/housing/priority-themes/existing-homes/hoarding/ Page of local information, including contact for Hoarding Forum
Link to CPFT “Hoarding & safeguarding adults at risk” training	https://safeguardingcambspeterborough.org.uk/home/availabletraining/hoarding-safeguarding-adults-at-risk/ This course is for Cambridgeshire and Peterborough Practitioners who work with adults at risk and their families
No Recourse to Public Funds	
The national NRPF network	https://nrpfnetwork.org.uk/
NRPF network’s toolkit	https://nrpfnetwork.org.uk/information-and-resources/web-tool
Home Office	https://www.gov.uk/browse/visas-immigration Multiple pages of advice on the gov.uk website
Rough sleeper support service	https://www.gov.uk/government/publications/rough-sleeping-support-service The government’s rough sleeper support service (RSSS) can identify non-UK rough sleepers who, on the basis of their immigration status, qualify for public funding but are unable to prove it. This link is provided as useful background, we strongly suggest approaching the housing authority’s housing advice team before approaching the RSSS.
Local NRPF web page	https://cambridgeshireinsight.org.uk/housing/priority-themes/housing-need/no-recourse-to-public-funds/ Includes link to NRPF protocol and on-line training
Modern Slavery	
National Referral Mechanism	https://www.gov.uk/government/publications/human-trafficking-victims-referral-and-assessment-forms/guidance-on-the-national-referral-mechanism-for-potential-adult-victims-of-modern-slavery-england-and-wales
Other documents used in this toolkit	
Co-occurring principles	https://www.sunnetwork.org.uk/dev/wp-content/uploads/2020/01/Co-occurring-principles-document-final-.pdf Co-occurring principles, Cambridgeshire & Peterborough, (posted September 2020)
Homeless 16 and 17 year olds Protocol	https://www.safeguardingcambspeterborough.org.uk/children-board/professionals/procedures/joint-protocol-to-address-the-needs-of-homeless-16-and-17-year-olds-in-cambridgeshire/ Joint Protocol to address the needs of Homeless 16 and 17 year olds in Cambridgeshire (August 2021)



Appendix 1: Housing register ‘bands’

Bands on Home-Link³¹

BAND A - Urgent Need

- You are a council or housing association tenant who needs to move urgently, for example because your property is about to be demolished or redeveloped.
- You are leaving Social Services care or are a current resident of supported housing and you have been assessed as being ready to move into independent accommodation.
- You are occupying a property which has been assessed as posing an urgent health and safety risk to you and your family.
- You have an urgent medical condition, and your current housing is having a major adverse effect on the medical condition.
- You have been assessed as needing two more bedrooms than you currently have.
- You are a council or housing association tenant with two or more bedrooms than you need and are willing to move to a smaller property. Or you live in an adapted property and the adaptations are no longer required. For example, if the person requiring the adaptations has moved out or passed away.
- You are homeless and one of the partner councils owes you a main homelessness duty.
- You have two or more needs from Band B.

BAND B - High Need

- You are occupying a property which has been assessed as posing a high health and safety risk to you and your family.
- You have a high need to move because of a medical condition, and your current housing is having a significant adverse effect on the medical condition.
- You have been assessed as needing one more bedroom than you currently have.
- You are a council or housing association tenant and are living in a property with one bedroom more than you require and you are willing to move to a smaller property.
- You have a high need to move because of harassment or threat of violence or abuse.
- You are threatened with homelessness and are working with the homelessness prevention service to try and prevent your homelessness.
- You are sleeping rough and have no other accommodation available to you. The council will verify this before awarding this priority.
- You have three or more needs from Band C.

BAND C - Medium Need

- You have a medium need to move because of a medical condition, and your current housing is having a minimal effect on the medical condition.
- You have a need to move for social reasons, for example to give or receive support to a family member, or for employment reasons, are more than 24 weeks pregnant or you have a child under 10 years and live above the ground floor.

³¹ Source: <https://www.home-link.org.uk/choice/content.aspx?pageid=10>



Bands on Home-Link³¹

- You are lacking or sharing facilities within your home with people who are not family members. Facilities may include a living room, kitchen or bathroom.
- You are homeless or threatened with homelessness and are either intentionally homeless, not in priority need or are owed a main homeless duty by a housing authority that are not a partner organisation in the sub-region.

BAND D

- Any applicant who does not meet any of the criteria in Bands A, B or C will be assessed as having a low level of housing need and placed in Band D.
- Any applicant assessed as having sufficient financial resources to resolve their own housing need will be placed in Band D. These applicants will only be considered for an offer of a property once all other bidding applicants who do not have sufficient financial resources to resolve their own housing need have been considered.

The Jigsaw banding system³²

When you apply to join the housing register, your application is assessed and placed into one of 5 bands.

Which band you join is decided by an officer following an assessment of your current housing circumstances.

Please note: only applications who are aged over 55 will be accepted on to the housing register if they meet the criteria detailed in bands 4 and 5. In addition, they will only be eligible to be considered for sheltered accommodation. Subject to Housing Association policies.

The Jigsaw banding system³³

Band one

- Applicant or a member of their household has an overriding medical priority and whose property has been assessed by the council's private sector housing team who have identified category 1 hazards and is subject to a repairs notice
- Applicant is satisfied that a member of the household has medical priority and is a victim of harassment, violence, abuse or at significant harm
- Property deemed unsuitable by our private sector housing team for habitation, due to disrepair, stability or lack of amenities
- Statutory overcrowding as defined in the Housing Act 1985, unless caused deliberately
- A tenant who is overcrowded by 2 or more bedrooms
- Accepted as homeless and in priority need
- Rehousing required to avoid child being taken into care
- Partner Social Landlord tenant who is under occupying a property.

³² Source: <https://www.peterborough.gov.uk/residents/housing/social-housing/banding-system>

³³ Source: <https://www.peterborough.gov.uk/residents/housing/social-housing/banding-system>



The Jigsaw banding system³³

Band two

- Accepted as threatened with homelessness, including tied accommodation, agricultural workers, others on service tenancies
- intentionally homeless applicants
- other homeless, including non-priority groups and those who have refused a reasonable offer of accommodation in the public or private sector resulting in the council discharging its homelessness duty
- proven harassment, violence, abuse or other proven risk
- high medical or community care priority
- a tenant who is overcrowded by one bedroom
- a tenant whose property has been assessed by the council's private sector housing team who have identified category 1 hazards and is subject to a repairs notice
- sharing facilities (kitchen, bathroom) and insufficient bedspace for household
- social landlord tenants in sheltered accommodation who want to move to another sheltered scheme
- separated family due to no suitable accommodation
- need to move on social or welfare grounds, i.e., specialist medical treatment, children leaving care, education/training.

Band three

- Medium or community care medical priority.

Band four

- Generally, their current accommodation is of the right size and has all facilities
- low medical priority.

Band five

- Applicants who do not have a local connection with Peterborough unless they need to move on social and welfare grounds
- applicants with sufficient resources to purchase a property (outright or by way of a mortgage) or who can afford to rent privately
- Owner occupiers who:
 - are adequately housed, or
 - have sufficient resources to finance the purchase of a suitable property (outright or by way of a mortgage) or
 - have sufficient resources to rent privately and in the circumstances it would be reasonable for them to do so, or own or rent a property elsewhere which it would be reasonable for them to occupy.



Appendix 2 Brief guide to accessing children and young people's services

Children & Young People and social care

An Early Help Assessment is used for all Early Help requests where a multi-agency approach is required, for children. It can lead to:

- Targeted Early Help services.
- Support for an existing lead professional. The relevant Early Help Service will suggest an initial Family Support Plan.
- Signposting to a better-placed service or intervention outside of the Council.

Before starting an Early Help Assessment in, the assessor should check if one already exists by contacting the relevant [Early Help Hub](#).

Children: Early Help Hub

For children a pathway to services is the Early Help Hub. An Early Help Assessment may be needed. You can make a referral for a child or young person in need, or where there is reason to suspect they are likely to suffer significant harm because of abuse or neglect.

You can report a safeguarding concern from <https://safeguardingcambspeterborough.org.uk/concerned/> and use the online form on this page to make a referral. There is also full supporting guidance, risk assessment tools and threshold information.

For contacts, please see [Early Help Hub](#).



Appendix 3: Borders and services

This toolkit covers Cambridgeshire and Peterborough.

But many services only cover one district within that area. And to complicate things further, some services are based on postcode or other area boundaries.

Where Cambridgeshire and Peterborough meet the boundary with Norfolk to the east and Lincolnshire to the north, for example, some service provision changes.

This is something to be aware of, as it can affect a customer's experiences and the continuity of service they may get.

- Hospitals: Our local area is served by a number of hospitals, alongside minor injury units and walk-in centres.
- Police: We also have several police headquarters throughout the area and custody suites. Incidents occur in and around peoples' homes – but equally at other locations where the person might not regularly inhabit. When in Kings Lynn it's the Norfolk Constabulary. When in Fenland, it's Cambridgeshire. But there are grey areas!
- Job Centres: Job Centres are based in towns across our area but serve people according to their postcode area. This means that residents of Whittelsey might expect to go to Wisbech JCP because that is part of Fenland district, but in fact would need to go to Peterborough JCP. Similarly people living in Chatteris would need to go to Ely JCP. There is a tool to find out which JCP to visit at <https://find-your-nearest-jobcentre.dwp.gov.uk/search.php> – you just need a postcode to type in.

In many parts of Cambridgeshire and Peterborough this is not a problem, but occasionally issues arise when someone lives near a border. For example they might be treated at Peterborough for a longstanding health issue, and yet an ambulance might take them to the Queen Elizabeth Hospital in King's Lynn. If a person gets regular medication from one hospital, but another provides them with urgent care, the "regular" hospital might not be aware of the other hospitals' involvement so there may be a bit of help needed, communicating what has happened and helping straighten out any prescribing differences, or just making sure the individual's healthcare team is aware of a situation which has arisen, of course only provided the person gives their consent to have that conversation.

When we are thinking about people with housing, mental health or substance misuse issues there can often be "complicating factors" which it's just worth bearing in mind.



Appendix 4: About housing and welfare benefits while in hospital

Someone claiming housing and welfare benefits must tell the office that pays that benefit as soon as possible if they go into hospital for one night or longer (equally for care homes and rehabilitation centres); or they will miss a Jobcentre Plus appointment because they are in hospital or have a medical appointment. A friend or relative can call on behalf of the claimant, but a claim could be stopped or reduced if a hospital stay is not reported.

Who to tell

This depends on the benefits being claimed. It may be that more than one organisation needs to be contacted if more than one benefit is being claimed:

- **DWP:** It is important to tell the Department for Work and Pensions about a hospital stay. If the person is too unwell to tell DWP they can ask a relative or carer to do it for them. See [① Money and debt](#).
- **Local authority:** If claiming Housing Benefit, need to tell the local authority you have gone into hospital. Housing Benefit can be paid for 52 weeks while in hospital, but the council needs to know to avoid an overpayment. See [🏠 Housing Guide](#) for links to housing, welfare and council tax teams.
- **Landlord:** If renting from a council, private landlord or housing association, tell them about a hospital admission, so they don't think the property has been abandoned. Check the tenancy agreement as it may have conditions about leaving your home vacant for a period of time. If you rent privately your rent book should include the landlord's contact information. For housing associations, there is a directory of larger local housing associations [🏠 here](#) with a link to each's website to help find their contact information.
- **Bank:** can ask the bank to send bank statements to the hospital ward, or to a friend or relative that you trust, to help manage money while in hospital.
- **HMRC:** for tax credits, should tell Her Majesty's Revenue and Customs (HMRC) about a change in income as they may change the tax credit award. See [① Money and debt](#) for contacts.

Table 2. Benefits and time in hospital – a quick guide³⁴

Day 1 to day 28
<ul style="list-style-type: none"> • Benefits are normally unaffected by hospital stays of less than 28 days. • While you are in hospital, you will automatically meet the basic health criteria for claiming Employment and Support Allowance (ESA). If you are not claiming this benefit and are not getting sick pay, you could think about making a claim. • You may be exempt from paying council tax if your home is empty.
Day 29 to week 52
<ul style="list-style-type: none"> • After 28 days in hospital, Disability Living Allowance (DLA), Personal Independence Payment (PIP) and Attendance Allowance (AA) will stop. • If these stop, other benefits may be reduced such as Income Support, Employment and Support Allowance, Universal Credit or Pension Credit.

³⁴ Adapted from <https://www.mentalhealthandmoneyadvice.org/en/mental-health-care/how-do-i-manage-my-money-if-i-have-to-go-into-hospital/>



- When this happens, you or someone you know should tell your district council as they can look at your entitlement to Housing Benefit or Council Tax Support.
- If your carer gets Carer's Allowance or the carer's element of Universal Credit, their entitlement to this will stop when your DLA, PIP or AA stops. If you need to know more you can visit the government's web page on Carer's Allowance.

Beyond week 52

- After 52 weeks Housing Benefit and Support for mortgage interest benefits will stop.
- This means you would have to pay the full rent or mortgage payments on your home and if you do not pay the rent or mortgage you could be evicted. However if at any time in the 52-week period you spend one night at home, the 52-week period starts again, so you could receive Housing Benefit for another 52 weeks.
- If you live with someone else, they may be able to claim these benefits if they also have to pay the rent or mortgage payments. If you are concerned about losing your home, you should speak to your local authority or mortgage provider.
- For benefits, some "premiums" stop after 52 weeks, such as severe disability premium which you might get if you live alone and have a disability.
- If you receive Income Support, income-related Employment Support Allowance or Pension Credit, this continues to be paid to you even if you are in hospital for more than 52 weeks. However after 52 weeks you will lose any disability premiums so the amount you get will be less.
- If you claim Universal Credit there is currently no information published about what happens after six months in hospital, so please get advice from a welfare rights specialist or your local Job Centre if this applies to you. However we do know that after 6 months Universal Credit will treat a couple as 2 single people - so you need to seek advice if this applies to you. Please tell the Department of Work and Pensions (DWP) as you may have to reclaim Universal Credit as a single person.
- If you are claiming benefits as part of a couple, or just need some help, please get advice from a welfare rights specialist so you can understand what you need to do to make any new claim for benefits. Your local Citizens Advice usually has a welfare rights specialist, or if not, they can let you know of other organisations that can help. See [Citizens Advice](#)



Appendix 5: Q & A on the First Response Service

The First Response Service or FRS is a 24/7 phone line on 111 then option 2 which members of the public can call to access clinicians who work for CPFT to get specific mental health crisis advice. FRS's task is to resolve the issue, or signpost to other help.

There is also a professional's phoneline which housing and other support officers can use when needing a little support helping somebody who is having mental health problems. If you need it, please [Email to get FRS professionals number](#).

Ideally, the individual themselves refer themselves to FRS. However this may be difficult for people when in crisis.

- If the person can initiate the call and can agree the professional with them can help, they could pass the phone over to the professional to help communicate the problem
- If a professional needs help on where to refer someone to, they can call the professionals line for advice and to (if appropriate) get the person in crisis into the FRS system, the client will then get a call back from FRS.

Question	Answer
I've heard the FRS will only speak to the customer, but in the middle of a crisis this may not be very useful	You can sit with the person while they are on the call. If they cannot maintain the conversation, as long as they give name, address and date of birth and say they are happy for you to speak on their behalf, the First Response Service should be able to help.
Can FRS tell me if the person is already under the care of the mental health service?	This can vary due to confidentiality. If there is any uncertainty, discuss the individual situation with FRS. If you have information to share and believe the person to be known to the mental health service, that information may be helpful. Obviously, the safety and wellbeing of the person in question, and the general public, is a priority.
Can housing officers, hostel staff or supported housing staff report concerns to FRS regarding a resident or tenant with mental health issues?	<p>Yes, the housing / hostel staff could use the professional's line to refer / seek advice from the professionals line, you need to Email to get FRS professionals number</p> <p>FRS will help if there are issues around any consent needed from the resident or tenant.</p> <p>In brief, if they are known to or engaged with a mental health service it may be OK to share information (as the client will already be aware that data may be shared between agencies). But if not, FRS may find itself holding data on someone which the client is not aware about, which would be against data protection safeguards. If the person is refusing to give consent to share the information the FRS would not be able to engage with them in any way unless there is a public safety concern.</p>



Appendix 6: Am I legally homeless?

This section is included as useful background, for people curious about statutory homelessness.

We strongly recommend that you take advice from the relevant housing advice / homelessness team rather than relying on this brief summary, as each case must be treated individually and the housing teams will be up to date on caselaw and other factors which affect how these “general” rules are applied.

You may be legally homeless if:

- You have no legal right to live in accommodation anywhere in the world
- You cannot get into your home, for example your landlord has locked you out
- It's not reasonable to stay in your home, for example you're at risk of violence or abuse
- You're forced to live apart from your family or people you normally live with because there's no suitable accommodation for you
- You're living in very poor conditions such as overcrowding

The type of help you can get depends on:

- your eligibility for assistance
- if you're in priority need
- what caused you to become homeless

Eligibility for assistance

If you live permanently in the UK, you'll usually be eligible for assistance.

If you're from abroad, you may not be eligible because of your immigration status. For more information, check Shelter's guide on housing rights.

Priority need

You may be in priority need if any of the following are true:

- you or someone you live with is pregnant
- 'dependent children' live with you (under 16s or under 19s if they're studying full-time)
- you're 16 or 17
- you're under 21 and were in care between the ages of 16 and 18
- you're assessed by the council as vulnerable, for example as a result of old age, disability or domestic abuse
- you're homeless after a flood, fire or other disaster³⁵

³⁵ Based on <https://www.gov.uk/if-youre-homeless-at-risk-of-homelessness>.



Appendix 7: Sharing information, confidentiality and the Mental Capacity Act 2005

Information Sharing

For agencies to work collaboratively and effectively to reduce the risks involved where housing, substance abuse and mental health issues arise, information will need to be shared.

Sharing information must be in line with the Data Protection Act 1998, under which we all have the responsibility to ensure that personal information is processed lawfully and fairly. All people have a right to view any information held about them. Practitioners should consider this when they are recording information about a person.

There are various formal information sharing agreements in Cambridgeshire under the Cambridgeshire Information Sharing Framework, which includes a long list of partners, you can see the list if you visit the link to the protocol in the footnote³⁶.

Each agency will ensure that when it shares information, this is done on a 'need to know' basis and that all information is transferred in a secure format. This means for example that a support agency will share information with the housing association landlord and vice versa. If the housing is provided by a private landlord efforts will be made to share the information with the landlord in the interest of mitigating risk. If it is a case where there are significant risks, information may also be shared with Cambridgeshire and Peterborough Safeguarding Boards.

For this toolkit we would like to adopt the following principle:

Adults have a right to independence, choice and self-determination. This right extends to them being able to have control over information about themselves and to determine what information is shared. Therefore the person's written consent should be obtained before sharing information and it should routinely be explained what information may be shared with other people or organizations. The person's wishes should always be considered.³⁷

People 'at risk' within the terms of the Care Act 2014

Acting to protect a person who, under the Care Act 2014, would be deemed to be an adult at risk is based on the general principle that any incident of suspected or actual abuse may need to be shared with relevant others.

Where members of the person's family, children or older relatives or neighbours are at risk, the matter is dealt with in the best interests of those people and if necessary, information is shared without the consent of the person with the housing, mental health and/or substance misuse issue.

In the case of an adult at risk within the terms of the Care Act 2014, it is important to remember that information given to an individual member of staff belongs to the organization and not to that individual member of staff. An individual member of staff cannot give personal assurance of confidentiality to a person at risk. Any need to protect the interests of an organization must not override the need to protect the person at risk.

³⁶ <https://www.cambridgeshire.gov.uk/council/data-protection-and-foi/information-and-data-sharing/information-sharing-framework#:~:text=The%20Cambridgeshire%20and%20Peterborough%20Information%20Sharing%20Framework%20%28%27the,number%20of%20public%20organisations%20in%20Cambridgeshire%20and%20Peterborough.>

³⁷ Copied from the Cambridgeshire and Peterborough Hoarding Protocol, at <https://cambridgeshireinsight.org.uk/wp-content/uploads/2021/07/Multi-Agency-Protocol-Working-With-People-Who-Display-Hoarding.pdf>



While working within the principles of maintaining confidentiality is very important, it must not lead to a failure to take action to protect of a person at risk of self-neglect, abuse or harm. Decisions about which information is shared and with whom, need to be taken on a case by-case basis. Regardless of whether information is shared with or without the consent of the person at risk, the information shared should be:

- Necessary for the purpose for which it is being shared, i.e. shared only with those who have a need for it.
- Justifiable and proportionate.
- Accurate and up to date.
- Shared in a timely fashion.
- Shared accurately.
- Shared securely.

When data is shared, the receiving organization will retain the data, within data protection requirements, only for as long as is relevant for their input, and then it is destroyed. It is expected that the lead team in the case would keep the details of the case for as long as necessary and within data protection requirements.³⁸

The Mental Capacity Act 2005

The Mental Capacity Act 2005 provides a statutory framework for people who may lack capacity to make their own decisions. The Act has five statutory principles to serve the person's 'best interests', which underpin the legal requirements:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practical steps to enable them to make a decision have been taken without success.
- A person is not to be treated as unable to make a decision merely because they make an unwise decision.
- Any act done or decision made, under this Act for or on behalf of a person who lacks capacity, must be done or made in the person's best interests.
- Before the act is done or the decision is made, please consider whether the purpose might be as effectively achieved another way, which might restrict the person's rights and freedom of action less.

Any mental capacity assessment (carried out in line with the Mental Capacity Act³⁹) must be time specific and relate to a specific intervention or action. The professional doing the capacity assessment will be the person who is proposing the specific intervention or action, and this person is referred to as the 'decision-maker'. Although capacity assessments sometimes require input from others, it is the responsibility of the decision-maker to coordinate and 'own' the capacity assessment.

Where the person is subject to multi-disciplinary care, the professional with greatest responsibility for the specific decision is likely to be the decision-maker and should ideally assess capacity. Where this is doubt, agreement should be sought within the multidisciplinary team. If a specialist capacity assessment (such as by a psychologist) is needed which is being relied on for this decision, the decision-maker must be satisfied that the assessment is fit for purpose.

If the mental capacity assessment and completed mental capacity report conclude that the person lacks the capacity to make the decision in question, a best interests meeting would need to be held.

³⁸ Based in the Hoarding Protocol information sharing sections

³⁹ [Mental Capacity Act 2005](#)



In this case, the decision-maker must be able to demonstrate they have met the requirements of the 'best-interests checklist'; and that a formal mental capacity assessment has been undertaken which demonstrates that the person lacks capacity to make an informed decision.

In particularly challenging and complex cases, it may be necessary to refer to the Court of Protection to make the 'best interests' decision. The new Court of Protection was set up under the Mental Capacity Act 2005. It can make decisions on whether people have capacity in relation to particular decisions, make decisions on their behalf, appoint or remove people who make decisions on people's behalf.

Some Mental Capacity Act resources

- [Mental Capacity Act 2005](#) and [Code of Practice](#)
- [How to use legal powers to safeguard highly vulnerable dependent drinkers | Alcohol Change UK](#) – this video may also be of interest - [Breaking the link alcohol, cognition and homelessness- Prof Kenneth Wilson - YouTube](#)
- [Learning from tragedies: an analysis of alcohol-related Safeguarding Adult Reviews published in 2017](#)
- [Alcohol and self-harm: A qualitative study](#)
- Helpful Introductory reading on the Mental Capacity Act - [Social Care Institute for Excellence \(SCIE\) - MCA Resources](#)
- More detailed guidance on completing mental capacity assessments
 - The Mental Health & Justice research initiative '[Capacity Guide](#)'
 - [What makes a good assessment of capacity.pdf \(bps.org.uk\)](#)
 - [Relevant information for different categories of decision](#)
- Specific guidance on undertaking best interests assessments and making best interests decisions:
 - [The British Psychological Society - Supporting people who lack mental capacity - a guide to best interests decision making](#) (homepage)
 - 39 Essex Chambers '[A brief guide Best Interest Assessments](#)'
- Webinar - [Best interests – the fundamentals](#)

Letting people know about confidentiality

People should be told at the first point of contact about an organisation's confidentiality policy.

People should also be asked to give their consent for information to be shared within each organisation and with other agencies signed up to this protocol, where relevant.

The person can be reassured that information will only be shared on a need-to-know basis.

End notes



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Contact email for feedback and suggestions: toolkit@cambridge.gov.uk



Where to find this toolkit online: <https://cambridgeshireinsight.org.uk/housing/priority-themes/housing-need/h-mh-sm-toolkit/>

Approvals

<p>The Housing Board for Cambridgeshire, Peterborough & West Suffolk</p>  <p><i>Signed off by Dan Horn, Chair</i></p>	<p>Crisis Care Concordat Board</p>  <p><i>Signed off by Charles Ryan, acting Chair</i></p>	<p>Community Mental Health Delivery Board</p>  <p><i>Signed off by Charles Ryan, Chair</i></p>
<p>Drugs & Alcohol Misuse Delivery Board</p>  <p><i>Signed off by Supt Laura Hunt, Chair</i></p>		

