North Lincolnshire Safeguarding Adults Board

Executive functioning and homelessness

Introduction

This briefing provides an overview of executive functioning and how it impacts upon those who are experiencing homelessness.

Some of the information has been taken from Ellie Atkins article on ‘why understanding executive function is critical when working with homeless people’ written for Community Care.

About executive functioning

Our executive functioning, which is located the frontal lobes of our brain, allows us to plan, problem-solve, inhibit our behaviour and emotions, make goals, see them through and have the ability to act out our wishes and be who we want to be.

When our executive functions are compromised or impaired in some way, this is called executive dysfunction. It can be complex and hard to identify, because it changes, depending on the environmental, emotional and social context we find ourselves in.

The picture below sets out eight dimensions of executive functioning, to help with understanding the concept.

Some conditions are well evidenced to affect our executive functioning, such as acquired brain injury, foetal alcohol syndrome disorder, complex post-traumatic stress disorder, attention deficit hyperactivity disorder (ADHD), autism spectrum disorder (ASD) and other forms of neurodivergence.

A 2022 study found that 92% of 115 people using a homelessness service had experienced trauma (Irving & Harding, 2022), whereas 48% of homeless respondents to a 2012 piece of research had acquired brain injuries (Oddy et al, 2012). This means that this group is much more likely to experience executive dysfunction than the wider population.

How does executive functioning impact upon people experiencing homelessness?

During the COVID-19 pandemic, a national initiative, known as 'Everyone in', was launched with the aim of ensuring that everyone sleeping rough was provided with accommodation. Despite this, some people refused to come indoors or behaved in such a way which meant that they could not be accommodated.

Manchester City Council recognised that those who refused shelter at this time also met the three-stage test for a section 42 safeguarding enquiry, and subsequently undertook a research project to try and understand why homeless people may refuse shelter. The outcome of this project was that this cohort of people were likely to have hidden disabilities and differences that affected their executive functioning.

As part of their project, Manchester City Council have published a case study sharing the story of Beryl. They have also released a number of videos on YouTube sharing her story.

Beryl's story

Beryl had been known to Manchester City Council for 10 years, as a lady with chronic and dependent alcohol addiction who said she did not want to work with services or receive help with her drinking.

Instead of focussing on her alcohol addiction and homelessness, staff tried to understand the reasons why she would behave in this way. The Care Act provision to override a refusal of assessment when someone is experiencing, or at risk of, abuse or neglect was used to gain an understanding of Beryl's life story.

Beryl had experienced adverse childhood experiences and significant trauma; she lost her baby in a car accident, she experienced a head injury and later witnessed her partner being murdered. Beryl drank all day, every day, because she was too scared to stop.

Beryl's behaviour became so distressing to herself and the wider public that police powers had to be used under section 136 of the Mental Health Act 1983 (MHA) to take her to a place of safety. She was then placed under section 2 of the MHA for a period of assessment. These decisions were not taken lightly.

Beryl was then moved to section 3 of the MHA and responded to treatment.

She stated that this was the first time, in as long as she could remember, that her mind became safe and calm, enabling her to communicate in a way she wished to. It was during this time that she was diagnosed with ADHD, post-traumatic stress disorder and an acquired brain injury.

Whilst 'labels' may not always be helpful, Beryl had lived with hidden disabilities, with limited quality of life, believing that she was a moral failure for her alcohol dependency.

Beryl now lives in supported accommodation, attends Alcohol Anonymous and supports other peers in their own recovery from addiction. Beryl states that, for the first time, she has the ability and capacity to be who she wants to be.

Executive functioning can be stabilised and optimised when we meet the non-negotiable human need to feel safe: safe in body, safe in where we live, safe in who is around us and safe in the way that people work

with us. By using a truly strengths-based approach, underpinned by relational social work, Beryl was supported to both be safe and feel safe.

How do you know if someone experiencing homelessness has difficulties with their executive functioning?

The clinical history will often provide clues suggestive of executive impairment. A pre-existing mental health diagnosis could also show some indicators of potential executive impairment.

The individual with executive impairment may also show the following signs:

- Unable to translate intention into action
- 'Full of promises' and plausible
- Apathetic
- Inability to initiate, plan and sequence activities
- Struggling with new situations (better with familiar)
- Behaviour is aimless, impulsive, and fragmented
- Unable to monitor and evaluate their own actions
- Unable to think flexibly or abstractly
- Less able to adapt to change
- Black and white thinking style
- Lack of a filter in social situations

Individuals with executive impairment can often present very well in a formal assessment of cognition and capacity. They can often mask their deficits, and often unaware they are doing so. Despite this, there is often signs that they still struggle in day to day life.

An example of this difficulty is where an individual with an acquired brain injury gives superficially coherent answers to questions, but it is clear from their actions that they are unable to carry into effect the intentions expressed in those answers'. In other words, they are good in theory but poor in practice.

Two of the main reasons for this are that individuals with executive impairment are often not aware of any cognitive deficit and are unable to think about or reflect on their own cognitive processes.

Problems with executive function might be suspected if an individual seems, in theory, to appreciate and understand their situation, but is then struggling to elicit the relevant bits of information and use them in the right context. They may also struggle to act upon or execute a decision.

Many of the traits and behaviours observed in executive impairment vary in degree, (they exist on a continuum) and are also observed in the normal healthy population (they overlap with health population). This means it can be difficult to know if the behaviour or trait is pathological and therefore likely to be impairing capacity.

Steps to take

Practitioners supporting those who may have challenges with their executive functioning should take the time to build trust and rapport with the person. By using professional curiosity to ask questions and challenge what they have been told, practitioners should be able to identify any potential signs of executive impairment.

The Mental Capacity Act 2005 aims to provide a statutory framework for acting and making decisions on behalf of individuals who lack capacity to do so for themselves.

If you think someone experiencing homelessness is having difficulties with their executive functioning, the Mental Capacity Act applies and a capacity assessment will be required. If the person is assessed to be lacking capacity, a best interests decision may also be required.

Practitioners should seek advice from their line manager and make a referral to North Lincolnshire Adult Services via 01724 297000.

Further information, advice and guidance

The Safeguarding Adults Board website contains resources such as:

- Mental Capacity Act help cards
- Professional curiosity help cards
- How to Build Rapport in health and social care briefing
- Mental Capacity Toolkit – Burdett Trust for Nurses

You can also attend the Making Case Work Mental Capacity Act Compliant training course. See the SAB Education and Training Programme for further information and upcoming dates

Some other useful resources include:

- Mental Capacity Act Code of Practice – This provides guidance for decisions made under the Mental Capacity Act 2005 - GOV.UK
- How to Use Legal Powers to Safeguard Highly Vulnerable Dependent Drinkers in England and Wales - (Alcohol Change UK)
- Executive Functioning and Mental Capacity Guide – Solihull SAB
- Executive functioning and the Mental Capacity Act 2005: points for practice - Community Care
- Emotional Regulation and Executive Function - The OT Toolbox