

# Eviction protocol with high-risk revolving door clients

This document provides a set of principles on steps to take before & when an eviction is taking place of a high-risk revolving door client.

N.b. If it is not possible to delay the eviction e.g., in the instance of assault with the client being evicted immediately, ensure the Police are called.

## A high-risk revolving door client would include those that:

- Are aged over 50, frail with falls, on opioid substitute treatment (with high risk of falling off).
- Have high mental health needs, with or without prescribed mental health medication.
- Have high risk physical health needs e.g. diabetes, epilepsy; prescribed medication that is delivered in a medication aid to the hostel by the pharmacy; prescribed medication that requires use and safe disposal of sharps; incontinence that requires specialist products; or disability that would impacts the person's ability to protect themselves e.g. wheelchair user, visual impairment.
- Seizures.
- Have a care package or suspected care and support needs but haven't had an assessment.
- Have a head injury.
- Has neurodivergence/ learning disabilities.
- Illustrate limited engagement with healthcare.
- Have been housed for a long time and consequently outreach teams do not know them (risk for when they are evicted onto the streets).
- Clients that are difficult to engage and it will take a long time to build relationship elsewhere.
- High risk drug and /or alcohol use and may not be engaged with support services or with harm reduction re: substance use.
- Have exhausted many options in the pathway.
- May not have capacity regarding decisions relating to their accommodation.
- Have a language barrier.
- Sudden changes in level of drug or alcohol consumption with a dramatic change in behaviour.
- Perpetrators or victims of existing safeguarding risks e.g. exploitation, domestic abuse.
- Couples in a relationship with domestic abuse or known to MARAC.

## Risk of eviction planning

If you have a high-risk client in your service that displays lower levels of challenging behaviour (could include not engaging with support, mounting arrears, unhappy with environment and spending a lot of time outside of the service), you can:

1. Complete risk of eviction form (appendix 4 [page 14] in Newcastle's' [eviction protocol](#))
2. Create an eviction safety plan to put in strategies to prevent their behaviour escalating (appendix 2 (page 21) [Eviction Toolkit](#))

## Eviction planning (when behaviour is escalating)

Typical scenarios that require eviction planning with a high-risk client will include drug dealing and violence. The checklist on the next page provides a list of actions that should be completed when planning for a possible eviction. If eviction planning is not possible before an eviction, then as much as this checklist should also be completed.

<b>CHECKLIST TO COMPLETE FOR POSSIBLE EVICTION</b>	
	Yes/No
Make sure you inform the network around the person as early as possible about the situation.	
Contact the commissioner for your service at WCC (refer to timeframe in service's serious incident procedure). Share your incident report with WCC.	
Complete an incident analysis. See table 3 page 10 of <a href="#">Eviction Toolkit</a> .	
Halfway through a 28-day NTLO organise a case conference – invite the existing network around the person and outreach teams, GP, substance use services, nursing and health targeting. This is to complete a multidisciplinary risk assessment and management plan if the person is evicted to the street and will prompt whether a safeguarding referral is required.	
Make sure you have a clear factual written account of why the person is being evicted that can be shared (include Police references). This will be used in a risk assessment going forward.	
Risk management – let outreach teams know what the risks are and how they can work more successfully with the client e.g., what helps to motivate the client, what food do they like, what makes them feel safe – anything that helps with engagement.	
<b>CHECKLIST TO COMPLETE WHEN EVICTION IS TAKING PLACE</b>	
Note all the tasks above need to be completed if eviction is immediate.	
Minimise the impact of an eviction on their health e.g., sustain script or mental health medication, prescribed medication.	
Create a goodbye letter Include any positives from the stay – can a clear 'goodbye letter' be written – "we are sorry you have to leave but these things did go well ...?" Page 15 of the <a href="#">Eviction Toolkit</a> provides methods to help with a psychologically informed ending. Include your appeal policy and explain how they can appeal the decision.	
Communicate to the client what they need to do to be re-referred to the service in case they would like to change their behaviour.	
Be clear about the client's belongings – what you can keep/ for how long. Signpost to <a href="#">Street Storage</a> .	
Complete the Resident health checklist <a href="#">page 3 of Smooth Transitions</a> . This should be shared with both the client & outreach teams, so they are aware of any health appointments.	
Change address with DWP – ask the client where they would like post to be directed to.	
Refer the client to day centres – inform client that day centres have moved away from lifetime bans.	

## Further reading

Homeless Link have created a guide of best practice named [Reducing evictions and abandonment](#).

[Westminster City Council's Eviction toolkit](#), conflict escalating and reducing strategies