

## Brent Homeless Death Notification & Mortality Review (HMR) Reporting Form

### Why is a Homeless Mortality Review Required?

A homeless mortality review is required *in practice* for several overlapping reasons: public health, safeguarding, preventing avoidable deaths, ensuring services learn from failure, and addressing inequalities. More specifically:

**Preventable deaths:** People experiencing homelessness often die younger, of causes that might be mitigated by earlier or better service interventions (health, housing, social care, addiction services, mental health, etc.). By reviewing deaths, authorities can identify systemic gaps or failures and recommend improvements.

**Safeguarding responsibilities:** If an adult with care and support needs dies, particularly where abuse, neglect, self-neglect, or multiple disadvantage is present, there is a statutory duty to review (see legislation below). Homeless people are disproportionately likely to have overlapping vulnerabilities that bring them into the safeguarding remit.

**Health inequalities & public health obligations:** Homelessness is associated strongly with poorer health outcomes, higher morbidity, and premature mortality. Public health bodies, local authorities, and NHS bodies have duties under broader legal and policy (are needed).

**Policy, strategy, accountability:** Local authorities have duties to conduct homelessness reviews, produce homelessness strategies, and plan services accordingly. Mortality reviews feed into that work, by giving evidence of the consequences of homelessness.

### What are my responsibilities in reporting homelessness deaths?

The Local Authority collects data about deaths among people experiencing homelessness for JSNA (Joint Strategic Needs Assessments) and homelessness review work.

#### Criteria:

A person has died for any reason and at the time of their death, the person had been known to services to be homeless for at least six months, was thought to be at high risk of death and one of the following applies:

- They were Rough Sleeping, or
- They were Sofa Surfing, or
- They were living in Temporary Accommodation (e.g., B&Bs, hotels, etc.) or Supported Accommodation (e.g., hostels, refuges, etc.), or
- They had moved to permanent accommodation within the last 6 months (with a prior history of being involved with homeless services)
- Usually adults (18). Some reviews include younger persons transitioning into adulthood. Most HMRs are adult-focused

### Provider Review summary

Please provide the details requested below, alongside a summary of findings of your internal review – this should consider and answer questions 4-8 in as much detail as possible.

#### 1. Details of professional completing this form

Name

Position

Agency/Organisation

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

|                           |  |
|---------------------------|--|
| <b>Phone Number</b>       |  |
| <b>E-mail</b>             |  |
| <b>Date of completion</b> |  |

| <b>2. Details of the person who has died</b>                       |  |
|--|--|
| <b>Name of adult</b>   |  |
| <b>Date of birth</b>   |  |
| <b>NHS number (if known)</b>                                       |  |
| <b>Ethnicity</b>   |  |
| <b>Any disabilities</b>  |  |
| <b>Date of death/incident</b>                                      |  |
| <b>Residential Address or last known</b>                           |  |
| <b>Where were they living of not at a home address?</b>            |  |
| <b>Place of death/ where the individual was located on passing</b> |  |

| <b>3. Details of the representative/family of the adult with care and support needs</b>     |  |
|---|--|
| <b>Does the adult have any family or representative as far as you are aware?</b>            | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if no move to section 4)</i>          |
| <b>Are they aware that you are completing this form</b>                                     | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes please give details below)</i> |
| <b>Their name(s)</b>  |  |
| <b>Their relationship to the adult</b>  |  |
| <b>Their residential address(es)</b><br><i>(If different to section 2)</i>                  |  |
| <b>Is there any information we should be aware in relation to the above-named person/s?</b> | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(if yes please give details below)</i> |
|   |  |

**4. What were the circumstances surrounding the person's death?**

**5. Why was the person homeless or rough sleeping?**

**6. What risks had been identified prior to the death?**

**7. What services were available to the person?**

**8. Were there any safeguarding concerns raised prior to the person's death?**

**9. Please list any other agencies/service providers known to be involved in this case.**

**10. What has been the key learning points for your organisation based on your findings?**

**11. Process - Please indicate if you are aware of any other processes underway in relation to this death**

|   | <b>Planned or ongoing</b><br><i>Tick if yes</i> | <b>Concluded</b><br><i>Tick if yes</i> |
|---|---|--|
| Section 42 Adult Safeguarding Enquiry         | <input type="checkbox"/>                        | <input type="checkbox"/>               |
| Criminal Investigation                        | <input type="checkbox"/>                        | <input type="checkbox"/>               |
| Local Safeguarding Practice Review (Children) | <input type="checkbox"/>                        | <input type="checkbox"/>               |

|  |                          |                          |
|--|--------------------------|--------------------------|
| Coroner's Inquest                            | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic Homicide Review (DHR)               | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health Homicide Review (MHHR)         | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient Safety Incident Response             | <input type="checkbox"/> | <input type="checkbox"/> |
| Other  | <input type="checkbox"/> | <input type="checkbox"/> |
| Learning Disabilities Mortality LeDeR Review | <input type="checkbox"/> | <input type="checkbox"/> |

**12. Please account for any delay in the notification being submitted (should be within two working days)**

The Safeguarding Lead for your agency should complete below to confirm that they are aware that this notification to be made:

|                               |  |
|-------------------------------|--|
| <b>Safeguarding Lead Name</b> |  |
| <b>Safeguarding Lead Role</b> |  |
| <b>Contact email</b>          |  |

This document contains sensitive personal data, so please ensure you send this via secure or encrypted email to:

**CONFIRM**

