

**Report on the findings of
two Focus Groups
held with Rough Sleepers
in South West London**

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Presented to:
London Homeless Health Programme

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SUMMARY AND CONCLUSIONS

1. ADASS launched a consultation on a new Appendix to the Safeguarding Adults Policy and Procedures, which relates to people who are sleeping rough. As well as consulting on the new document they wanted to speak with people who have lived experience of homelessness and rough sleeping.
2. Two focus groups were conducted in Richmond and Kingston, with 15 participants (12 men and three women). All were homeless, with most having recent experience of sleeping rough. The majority of participants were staying in winter night shelters at the time the groups were held.
3. Many felt that Safeguarding did not protect them and were reluctant to be “helping” the authorities that they believed were letting them down.
4. Participants were able to give examples of the risks and dangers of rough sleeping, many of which were through personal experience. Risks included being attacked or abused by the public, health risks as a result of the cold, not being able to sleep and not eating. They also spoke about constantly being moved on and the dangers associated with rough sleeping spots (such as by the river).
5. Group participants cited a number of people who they felt were more vulnerable to risks when sleeping rough, such as women, young people, older people, those with physical and mental health issues and people who were drug addicts or alcoholics.
6. For one group, the new appendix relating to Safeguarding was seen to be unnecessary, as they felt it singled them out as being somehow different to other people. The second group thought that it was a good idea and believed that the document covered everything it needed to.
7. It can be concluded from this limited research study, that people who were rough sleeping or homeless encountered many and considerable risks to their health, wellbeing and indeed to their person. Surviving day by day, under enormous pressures and in extremely challenging circumstances, they felt let down by authorities and many were suspicious and reluctant to contribute to “helping” those same authorities. It is worth noting that the groups took place

shortly after a high profile death of a rough sleeper in Westminster, which gave rise to some anger amongst many of the group participants.

8. It was clear that Safeguarding was not seen as something that was meant to protect them, or indeed those around them, and that they were in many ways taking on the role of 'protector' themselves as a group. There was an understanding that they all looked out for each other, and that to some extent that their homeless friends were the only people they could rely on. They did, however, welcome the support that they received from services such as SPEAR, Joel or Kingston Churches Action on Homeless (KCAH) and the newly established Glass Door night shelters in Richmond.

1. Background and introduction

In January 2018, London Association of Directors of Adult Social Services (ADASS) on behalf of the London Safeguarding Adults Board launched a consultation on a new section in the London Multi-Agency Adult Safeguarding Policy and Procedures, which addresses safeguarding for rough sleepers. The new section is Appendix 7, Safeguarding Adults who Sleep Rough.

The consultation period ran through to March 9th and was published on ADASS website. Agencies who work with homeless people were encouraged to feed back on the new document, as well as seeking the views of people with lived experience of homelessness through the services' engagement and involvement groups and forums.

The consultation set out to answer two key questions:

Does the draft Appendix 7 address the policy and practice issues that affect the safeguarding of adults who sleep rough in London?

Are there any other changes or additions you think need to be made to the draft Appendix 7 document?

The London Homeless Health Programme was asked to commission some direct and independent engagement work with people who had lived experience of homelessness and/or rough sleeping. As a result, SPEAR was commissioned to facilitate two focus groups and report on the findings.

SPEAR is a Richmond-based homeless charity that has worked with rough sleepers and homeless people for more than 30 years. It offers an extensive range of accommodation and support services. Services include rough sleeper outreach, emergency hostels, shared supported accommodation, move-on housing, tenancy sustainment, skills development, training and employment and peer mentoring along with a specialist services for young people and women. It also operates a Homeless Health Link Service in South West London.

SPEAR's services are available in Richmond, Wandsworth, Kingston, Sutton and Merton.

2. The focus groups

Two groups were conducted in South West London, one taking place in the Royal Borough of Kingston and the second in the London Borough of Richmond. These two boroughs have experienced significant rises in the number of people rough sleeping in recent years similar to those increases seen across London as a whole.

An external moderator designed the discussion guide in consultation with the London Homeless Health Programme and facilitated the groups. Each group lasted 90 minutes.

Not all participants were SPEAR clients.

3. Format of the focus group sessions

The moderator began each group with a brief introduction, explaining that the group was confidential and participants were asked to respect others' confidentiality. They were assured that their names would not be used and that any comments that they made would remain anonymous and not be attributed to them. (It was also explained that should any concerns about an individual arise, they would be seen confidentially after the group and their permission sought to refer them to relevant agencies or take appropriate action.)

Participants were then asked to introduce themselves individually, and to give a brief background about their history of rough sleeping/homelessness and where they are staying now.

Safeguarding was then introduced with a short presentation (see Appendix I).

After the presentation, the discussion widened to cover various aspects of rough sleeping and homelessness, including the perceived risks and dangers of sleeping rough, people who were most vulnerable and any experience participants may have had with safeguarding procedures. The discussion guide is shown at Appendix II.

The final part of the group focused on the new Appendix, which was presented verbally in summary format and respondents were asked to comment on this (Appendix III).

4. Group participants

In total, we spoke to 15 homeless people, with the majority having recent experience of rough sleeping. Across both groups there were 12 men and three women.

Participants came from a range of ethnic backgrounds, including White British, Eastern European, Black British and Asian.

The length of time spent sleeping rough varied from a few days to several years. Two people had not slept rough but were staying in night shelters as a direct result of their homelessness. The majority of the participants were, at the time of the groups, staying in winter night shelters (which were due to close at the end of March).

Each participant explained a little about their circumstances and what led to them becoming homeless.

"I've been homeless since September. I lost my place because of landlord issues. I sofa-surfed for a month and then from October I was rough sleeping in the snow and became ill. A doctor informed me about Glass Door and I've ended up in the night shelter since 15th January."

Male, Richmond

"I lost my sheltered housing nine months ago, and it's my third week in Glass Door. I was rough sleeping in Whitton. I was sleeping in a pop up tent but the police took it away."

Male, Richmond

"I was living in temporary accommodation for a few years, then due to unemployment I lost my temporary accommodation and couldn't find work."

Female, Richmond

"I was homeless from last May, sleeping in shop doorways in central London. It wasn't a good place to be, very unsafe. I'm now in Ham in a tent, which is like woodland or parkland. It's quite private and I disguise my tent according to the season so I am not noticed."

Female, Richmond

"I've been homeless for about three and a half years. I was staying in Joel, but then got evicted from there and now I'm sleeping rough".

Male, Kingston

"I came from Poland and have been here two years. I'm sleeping on the streets."

Male, Kingston

"I ended up homeless through immaturity really. I got my first flat at 17 but was too young. I was fending for myself but couldn't cope and didn't live responsibly or look after money, and I had a relationship breakdown. I haven't stayed on the streets but mainly stayed with friends and now I'm living in the Joel project."

Male, Kingston

A small group of participants in Kingston explained how some of them stayed by the River Thames.

"Along the river we have tents. It's very unsafe to get there but it's very private and under the bridge it's sheltered."

Male, Kingston

"Before I got help from KCAH, I was staying by the river. It was very cold all the time."

Male, Kingston

5. Safeguarding

An overview of Safeguarding was given to the groups in the form of a short presentation, as an introduction to the subject that was going to be discussed. (Appendix I)

Some participants expressed anger at the whole concept of safeguarding, feeling that it did not protect them or that their experience of it had been negative.

In one group in particular (Kingston) there was a lot of antagonism displayed against "authorities" including the Police, Government and social services and some hostility (by a few) towards the group moderator who was perceived to be "one of them".

It should be noted that in the week prior to the groups taking place, there had been a very high profile death of a rough sleeper in Westminster, which gave rise to even more anger amongst the group who felt that nothing was being done to help them or homeless people generally. It must, however, be acknowledged that the group participants were living in circumstances that were extremely challenging, and that for them, it was not seen as important to be helping those who they felt were letting them down. Their overriding priority was to be able to survive each day as best they could.

6. Risks of sleeping rough

All respondents agreed that there were a large number of risks and dangers that they encountered while sleeping rough. These included: being attacked by members of the public, threats from other homeless people, dangers related to the bad weather conditions, the use of drugs and alcohol, and more generally risks to health associated with not being able to sleep, wash or eat properly.

Many of the participants had experienced attacks such as being spat on, urinated upon, being punched, fighting and more generally being humiliated, often through name-calling and verbal abuse.

“Drugs and alcohol, and you can’t sleep or eat properly. One time I had two people kick and attack me and then ran off .I think we are a reminder of what can happen so people don’t like to see us and are scared of it.”

Male, Richmond

“On Fridays and Saturdays you get drunk people who will abuse and be harmful to homeless people and pick on them.”

Male, Kingston

“People ridicule and treat homeless people like muck. They throw bottles at us, spit at us....”

Male, Kingston

“When my tent was burnt to the ground, all my possessions destroyed, it was extremely frightening. People do this just for the sake of it.”

Female, Richmond

"[The biggest fear is...] Death, i.e. someone just attacking you, I was scared of being stabbed. Especially in central London you hear a lot about youths coming out at night, sometimes they want to abuse homeless people, you hear people laughing."

Female, Richmond

A small number of participants mentioned that there was also the danger of attacks from other homeless people.

"I think addicts can be perpetrators, a guy in McDonalds asking for money, people saying they would buy him food but he was kicking off just wanting the money, being really aggressive."

Male, Richmond

One female respondent had experienced all of her belongings being stolen by another homeless person.

Other dangers were cited related to sleeping locations, such as it being easy to fall by the riverbank. Being "moved on" was one of the most persistent challenges of being street homeless.

"Around February it was very bad I would spend a lot of time in McDonalds, 24 hours sometimes, I kept falling asleep in there but would constantly be woken up as you're not allowed to sleep there. Then I would just move on to the next McDonalds and do the same thing. But a lot of homeless people would do the same thing. I'd have all my luggage with me. I went to a college to wash and was helped by a lady who gave me some food. I later went to Covent Garden and tried to sleep on a bench but was moved on, and tried to sleep outside a shop but the same thing happened. It was horrific, as you just can't close your eyes anywhere."

Female, Richmond

"The police stopped me by the library in early hours and asked what I was doing, then I said I had no where to go, they said I cant be around here but they don't give any advice as to what to do or where to go."

Male, Richmond

When rough sleeping, not being able to sleep, wash or eat, were all mentioned, as well as having to resort to asking strangers for money. Almost all participants talked about the cold weather.

"I was freezing outside Bodyshop and someone referred me to go to a church and a day centre and they said they would put me on the waiting list for Glass Door. I hadn't heard for a few days, I hadn't slept at all, you just can't sleep and it was so scary with the people that are about. I ended up sleeping next to an older lady, felt a bit more secure but still people were scary and I couldn't close my eyes."

Female, Richmond

"The cold – there is a desperate need for blankets."

Female, Richmond

"I couldn't sleep for five days due to the cold and you are scared of getting frost bite, I had to walk around to prevent it in my feet."

Male, Richmond

A female respondent from a minority ethnic group felt that the colour of her skin made her particularly conspicuous.

"I have felt really like I am an immigrant although I am British, I am very aware I was made to feel so different and made me aware of my skin colour."

Female, Richmond

Many of the group participants did not feel that they were able to report incidents to the police or other authorities and there was some distrust of the police.

"If you report something, you get attacked for doing that and they don't help anyway."

Male, Kingston

"The police warn and move me on and threaten, to be honest. People are getting fined – they put fines on their tents and in their sleeping bags even though they have no fixed abode. I think they want to add data to their system to say this is how many people they have moved on or arrested, like a box-ticking

exercise. They don't give advice as to where to go – police in Richmond couldn't say where the Vineyard [day centre] is. I just don't find them helpful."

Male, Richmond

"I was more frightened of the police than when I was having fights with people."

Male, Richmond

"I haven't been approached by the police but I think that's because I'm a woman. I think they are harsher on males."

Female, Richmond

7. Vulnerable groups

The group participants agreed that the most vulnerable groups were women, young people, elderly people, people who were unwell (mentally or physically), those who were isolated, addicts and alcoholics.

"People who have illnesses, this makes them very vulnerable,"

Male, Kingston

"Females – women – it's a lot harder to defend themselves, they should have somewhere to go as a priority at night."

Male, Richmond

"Also drug addicts and alcoholics need somewhere to go as they are very vulnerable as they are dependant and so have high needs."

Male, Richmond

"Elderly people – I have seen so many older people on the street, especially when I was in central London."

Female, Richmond

A number of people discussed their own vulnerabilities and issues:

"I can't get help from anywhere, I have blackouts, sleeping under the bridge, it's very easy to fall over there and very unsafe. I have been diagnosed, with proof from doctors, gone to the Council with this information but they won't do anything."

Male, Kingston

Others in the group who were friends with this man expressed their concern for him and had been witness on many occasions to his blackouts. He also commented in the group that he suffered from severe depressive episodes. He had been diagnosed as having blood clots and was currently staying in the night shelter.¹

"People try and befriend you especially as a woman and it feels unsafe and you feel very vulnerable. I was homeless in Norwich at one point and I felt so scared, as cars would go past with people looking – feels intimidating and very frightening. I felt less at risk when there was someone else around in that situation."

Female, Richmond

"I feel like you have to die before you will be helped."

Male, Richmond

One member of the group with an alcohol problem read out the advice given to him by his GP stating that he should reduce his alcohol consumption by rationing out the wine from a bottle and drinking only part of it. He pointed out how impossible he this was for him and that the doctor did not really understand this.

They were very sceptical about being able to access help for individuals who needed it. The Richmond group all made reference to one lady in their shelter who they believed suffered with mental health issues, and expressed their concern that nothing was being done to help her.

The majority of respondents felt a sense of security within the homeless communities that they belonged to, through making friends and looking out for each other.

¹ Note: The conveners of the group ensured that this man was put in contact with SPEAR's Homeless Health Link Service.

Most felt that it was less risky to be sleeping with a group or in a location which was more visible. Only one group participant believed that they were safer being “invisible” through camouflaging herself and her tent.

8. Experience of safeguarding

Few in the group had direct experience of Safeguarding procedures. For two group members who believed that they had, their experience had been negative. One stated:

“I was living in the same place as a man who had a heart attack, he was getting better but then attacked me, I called the police and it was decided that he could stay in the flat and I was pushed out and made homeless, when I was the one who tried help him. So where is the safeguarding of me?”

Male, Kingston

9. Safeguarding Appendix

A summary of the new Appendix to the Safeguarding Policy and Procedures was introduced and read to the group, outlining what the document contained.

Some participants in the Kingston Group expressed the view that an appendix relating specifically to rough sleepers was unnecessary, and singled them out as being “apart” from the rest of society.

“I don’t think it’s important to have a specific section because it isolates us, safeguarding should be for all and we should not be separated out. This is all to put into a report that we are never going to read, it all feels like its not really for our benefit at all.”

Male, Kingston

As a result, they showed little interest in discussing the content of the appendix.

“Every year the government says that something has to be done, nothing is ever done.”

Male, Kingston

"It's all a load of words that's never backed up with anything, no action is taken. If things were done and it was beneficial, then that would be great, but it never has happened before."

Male, Kingston

"What I've realised through being homeless is that you cannot rely on anyone but yourself."

Male, Kingston

Members of the Richmond Group, however, thought it was a good idea to have specific procedures relating to rough sleepers and that there was nothing that they felt should be added.

One participant's final comment in the group was a heartfelt plea:

"... Just to be able to support us to get on in life, to have sympathy and not judge, just to help. I used to work in the city and never thought I'd be in this situation. I just want people to help with their heart and not judge, and make sure we are safe and supported. People need to be kinder to us – all people, authorities, police..."

Female, Richmond

SAFEGUARDING PRESENTATION

26/02/2018



Aims of Adult Safeguarding:

- ▶ Stop abuse or neglect wherever possible;
- ▶ Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- ▶ Safeguard adults in a way that supports them in making choices and having control about how they want to live;
- ▶ Promote an approach that concentrates on improving life for the adults concerned;
- ▶ Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- ▶ Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- ▶ Address what has caused the abuse.



Who is the Policy and Procedures aimed at?

- ▶ People who work with Adults, practitioners, GPs, social workers, hospital staff, police, local authorities, care workers, agencies (such as SPEAR, KCAH)



Types of abuse

<ul style="list-style-type: none"> • Disability hate crime • Discriminatory abuse • Domestic abuse • FGM • Financial abuse • Forced marriage • Hate crime (racist, homophobic, transphobic, gender, based on religion or belief, identity, disability) • Human trafficking 	<ul style="list-style-type: none"> • Honour based violence • Mate crime • Modern slavery • Neglect and acts of omission • Organisational abuse • Physical abuse • Psychological abuse • Restraint • Sexual abuse • Sexual exploitation
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Who might carry out abuse/ neglect

Anyone can carry out abuse or neglect, including:

- ▶ Spouses/partners
- ▶ Other family members
- ▶ Neighbours
- ▶ Friends
- ▶ Acquaintances
- ▶ Local residents
- ▶ People who deliberately exploit adults they perceive as vulnerable to abuse
- ▶ Paid staff or professionals
- ▶ Volunteers and strangers





DISCUSSION GUIDE FOR ROUGH SLEEPER / SAFEGUARDING GROUPS

INTRODUCTION

Confidentiality
Group guidelines
Commissioner of the groups and why
Outline format of the group

1. Participant introductions

2. Safeguarding – Presentation

3. Risks and dangers of rough sleeping – participants' experience

What do you feel are the risks and dangers that you face when you are sleeping rough?

Are there any examples that you can tell us about where you have felt that you or someone else (sleeping rough) was in real danger?

Have you ever been subject to any kind of abuse when sleeping rough? Or witnessed any abuse of your companions? Could you describe what happened?

Prompt: abuse from the public, financial abuse, psychological abuse, victim of crime, hate crime, violence

What did you do? Who did you report it to? Did you feel able to report it to anyone / know who to go to? What happened?

Prompt: report to authority – police/other agency, do nothing, move on to somewhere else

4. Vulnerable groups within homelessness

Safeguarding relates to 'Adults at Risk' and I gave some examples of the types of people who are considered to be at risk. Are there any other people who you have met when sleeping rough that you would think are particularly at risk. Have you encountered any of those people or do you consider yourself to fall into one of those groups?

5. What are the conditions that you think might make someone particularly vulnerable or at risk when sleeping rough?

Prompt if necessary: where they are sleeping, if they are on sites that are visible or less visible to the public, when alone or in a group, new to the streets

6. People's experience of Safeguarding procedures (if any)

Have you ever had experience of the Safeguarding process – ie. someone has reported a "concern" about you or someone else being at risk of harm or abuse?

If yes – would you feel comfortable describing what happened in the group? Were you involved in the process and aware of what was happening/going to happen? What was the result?

7. **The Appendix – summary of what the appendix covers.** – explain why this has been added to the Safeguarding policy and procedures.

How important do you think it is to have an Appendix or section relating specifically to rough sleepers?

Bearing in mind some of the things that we have talked about today, do you think that the appendix covers everything that it needs to? If not, what should be added?

Thank participants

SUMMARY OF APPENDIX SEVEN: SAFEGUARDING ADULTS WHO SLEEP ROUGH IN LONDON - For practitioners

Background - increase in homelessness and rough sleeping

Help with housing – connection with local authority (to contact that local authority)

Shelter free helpline - Homelessness Reduction Act

Care Act responsibilities - Sets out the responsibilities of local authorities (in the event that a person may not have links with a particular local authority or is a non-UK national) – that they still have duties under the Care Act to make safeguarding enquiries. Important that risks of rough sleeping are not compounded by agencies failing to provide a timely and appropriate service in the area where someone is sleeping rough and at risk of harm or abuse

Wellbeing

States that the wellbeing of people who live and sleep on the streets is at risk – and some statistics about health problems and

Risk factors -

Types of abuse – see slide deck

Self-neglect -

Human trafficking and modern slavery - Agencies must be alert to this

Risk Assessment - Agencies carry out a risk assessment – if person refuses help – refer to safeguarding guidance

Raising concerns This section sets out the importance of supporting people to access the services that they are eligible for.

That anyone who is concerned about a rough sleeper in imminent danger should contact the relevant emergency services immediately.

Streetlink contact details for referrals

Mental capacity What to do in circumstances where someone sleeping rough refuses to accept help (when they are at risk) such as medical help or being removed from danger – carrying out a mental health assessment

Advocacy and engagement – agencies/services expertise in engaging rough sleepers.

Duties under care act – No Recourse to public funds Because of immigration status some people cannot access safe accommodation. (53% Rough Sleepers were non-UK nationals) – does not detract from human rights and local authorities need to be aware they should offer an assessment under the Care Act. Complex rules and refer to guidance.

Multi agency panels – how safeguarding is managed locally – risk assessment panels /high risk panels – to manage ongoing risk relating to people who maintain high level of risk in choices and actions.

Pregnant women and children – risks and needs - referring to Children's Safeguarding

People who sleep rough who perpetrate harm – if vulnerable adults are at risk from rough sleepers who might cause harm – to refer to the police

Safeguarding reviews – learning from deaths of adults with care needs ... recording and learning from incidents.