



Safeguarding adults who sleep rough in London

*London Safeguarding Adults Board consultation on draft appendix to
the London Multi-Agency Adult Safeguarding Policy and Procedures*

**Report from focus groups with people who have lived experience of
homelessness, substance misuse and mental health problems held
on 22nd February 2018 – Paul Kelly, Resolving Chaos**

Executive Summary

The London Homeless Health Programme commissioned Resolving Chaos to obtain views of people with lived experience of homelessness, substance misuse and mental health problems on new guidance being developed by the London Safeguarding Adults Board. Resolving Chaos in partnership with Aurora Project Lambeth delivered two focus groups with a total of twelve people contributing their views on what safeguarding meant to them, the proposed guidance and their suggestions on how vulnerable people can be supported and kept safe.

The participants felt that this new guidance was important. There was awareness of safeguarding as a concept, particularly for Children, and that agencies had a role in protecting people. There was less awareness about the specific statutory role and responsibility of the local authority, the structures that are in place and the thresholds for enquiries and review to take place.

Both groups felt strongly that anyone sleeping rough was vulnerable and will be experiencing other issues of health, mental health, housing and substance misuse that could contribute to, or lead to, neglect, self-neglect or abuse of some sort. The discussion in the focus groups covered the main areas contained in the draft guidance, which resonated with participants, including the clarification that councils must not use residence as an excuse not to make enquiries for rough sleepers in their areas.

They also agreed that having access to the services and support they need was crucial in enabling vulnerable people to be safe. Getting people the support they needed, when they needed it, was essential in preventing an escalation of problems and limiting the risk of abuse and self-neglect.

A theme running through-out the focus groups was the fear of interventions led by statutory agencies and the perceived risk presented by some of the options available to people. They recognised that it can be difficult for agencies to assess the range of issues someone sleeping rough may be experiencing and the level of risk that an individual may be exposed to. They felt trust and empathy are key factors in overcoming barriers and felt that community-based workers were better placed to do this.

Participants also recognised that people sleeping rough may not be making the best decisions for themselves for a variety of reasons. Again, trust in some services and fear of agencies with safeguarding responsibilities was identified as a possible reason behind self-neglect that could lead to people exposing themselves to further risks of abuse or ill-health.

The participants felt that people sleeping rough needed to know what their rights were and where to go to for help. They wanted information and support that was accessible and timely, from people that they trusted. Participants in the groups said that alongside this new guidance there should be a programme of communication and training for staff across relevant agencies. They felt that people with lived experience could help in developing and delivering these using plain language and communicating options in a way that engenders trust and that would help people to make the right choices for themselves.

As citizens they also felt that many people sleeping rough wanted to play a role in keeping themselves and others safe. They wanted to see more information and training for peers and people in the homeless community about what to do where cases of abuse or neglect are identified.

Safeguarding and homelessness - Focus groups to inform consultation on new guidance for London

The London Association of Directors of Adult Social Services launched a consultation on behalf of the London Safeguarding Adults Board (LSAB) on a new appendix to the London Multi-Agency Adult Safeguarding Policy and Procedures. The consultation closed on 9 March 2018. The current policy and procedures can be found at:

<https://londonadass.org.uk/safeguarding/review-of-the-pan-london-policy-and-procedures/>

The guidance has been drafted on behalf of the LSAB by people experienced in the housing, care and support of people who sleep rough, led by the Healthy London Partnership's London Homeless Health Programme.

The London Homeless Health Programme commissioned Resolving Chaos CIC in partnership with the Aurora Project Lambeth to undertake two focus groups with people who have lived experience of rough sleeping, homelessness, and drug and alcohol misuse to get their views on the proposals in the guidance to inform the development of the guidance.

Resolving Chaos CIC

Resolving Chaos is a not for profit Community Interest Company Limited by Guarantee, established in 2012 to improve the outcomes of disadvantaged people with chaotic lives and multiple and complex needs. Resolving Chaos is now established and working across a wider range of needs and issues bringing statutory and non-statutory agencies together to work collaboratively on place-based transformative projects offering independent support in developing effective community-based solutions for all.

Resolving Chaos collaborate with commissioners, providers and communities to:

- Enable an integrated approach across local voluntary and community services to allow for better use of resources
- Work across boundaries of health, education, employment, social care, leisure and housing
- Put local individuals, assets and co-production at the heart of service design
- Support local communities in building local capacity and enterprises to improve lives and offer wider opportunities to vulnerable individuals

Contact Details:

Paul Kelly
Resolving Chaos CIC
The Kings Fund
11-13 Cavendish Street
London
W1G 0AN
Phone - 020 7307 2828
E-mail - info@resolving-chaos.org
Website - www.resolving-chaos.org



The Aurora Project

The Aurora Project is a Registered Charity offering Peer Mentoring to individuals in treatment for substance and alcohol use within Lambeth & Wandsworth. The Aurora Project was set up by a group of individuals with experience of seeking treatment for substance or alcohol use and is governed by a board of trustees. This small organisation offers a unique service for clients, giving them the chance to get support and advice from people who have been through treatment themselves.

Contact details:

Paul Lennon

Aurora Project Lambeth

140 Stockwell Road

Brixton

London

SW9 9TQ

Phone - 0207 733 8221

E-mail - support@auroraprojectlambeth.org.uk

Website - www.auroraprojectlambeth.org.uk



1. Report from the focus groups

- 1.1 The Aurora Project recruited 12 people with lived experience of rough sleeping, homelessness, histories of mental health problems and drug and alcohol misuse. They sought to recruit from across ages, ethnic backgrounds and gender, and two focus groups were held on 22nd February 2018.
- 1.2 The groups included 5 women with 7 participants from black and minority ethnic communities including black, Irish and other European backgrounds. The age of participants ranged from 31 to 57 with an average age of 45. The people in the groups recounted their experience from earlier periods in the life with one as young as 16 when she was first homeless.
- 1.3 The focus groups were held at the Aurora Project offices in Lambeth and were facilitated by volunteers at the project. This is a complex and technical area to explore through focus groups and detailed work was undertaken with Aurora to develop a topic guide (see Appendix A) and to design the sessions so that people could genuinely and effectively contribute enabling them to draw on their experiences and to give their views. I would like to thank Paul Lennon and Ian Connolly for their work in recruiting participants and facilitating the focus groups.
- 1.4 To help steer the focus groups two scenarios were used to open up the discussion and to explore the key elements of the new guidance (see the Topic Guide at Appendix A). The facilitators also used the main elements of the proposed guidance to guide the discussion. The output from the focus groups is detailed below and is structured to align with four key elements of the proposed guidance and includes a section that details proposals and ideas generated by the groups.
 - What does safeguarding mean to you?
 - Key elements in the proposed guidance:
 - The authorities must take action when they get a referral in their area
 - People must be helped to access the services they need to keep them safe
 - Rough sleeping puts people at risk – this needs to be recognised and responses should be timely and appropriate
 - Where investigators find that people are refusing services or there is evidence of self-neglect they must assess the persons capacity to make decisions for themselves
 - Proposals and ideas from the groups

2. What does safeguarding mean for you?

2.1 There was some awareness in both groups that local authorities had a “duty” to safeguard vulnerable people. There were a range of views about what it should mean in practice both in terms of protecting vulnerable people and the responsibility for statutory services.

“It means looking after yourself and looking after other people who need help”

2.2 Some referred to children safeguarding and understood that local authorities had a responsibility.

2.3 There was less awareness about the statutory role and responsibility of the local authority when it came to adults and generally they were unaware about the local structures of Boards, duties to investigate and take action when it came to adults, and the availability of advocacy to support people.

2.4 They did not know that locally there will be criteria and thresholds for referral and that the application of the legislation was in the context of care and support needs.

2.5 Both groups felt strongly that anyone sleeping rough was vulnerable and will be experiencing other issues of health, mental health, housing and substance misuse that could contribute to or include neglect, self-neglect or potentially abuse of some sort.

“We feel that anyone on the street is already vulnerable and need support”

“People are rough sleeping because they are not getting the support they need”

2.6 Some also expressed the view that the term safeguarding can have a negative connotation and was sometimes associated with:

“Losing control of being able to make your own decisions”

2.7 They said that overall a focus on safeguarding and homelessness was a good thing.

“It should be a human right”

2.8 They felt that safeguarding for adults should also be about:

“Telling others in authority and agencies to do more to protect and support people”

2.9 People were happy to take action themselves and said they would support people who seemed in distress, but some said they would:

“think twice about raising concerns with the authorities on behalf of others”

2.10and a couple of participants expressed the view that:

“You are not always thanked for interfering”

3 What the guidance says – The authorities must take action when they get a referral in their area

The draft guidance says:

- People who sleep rough may have tenuous links with the local authority where they sleep rough
- If they move around or are non-UK national's they may not be able to provide evidence that they are ordinarily resident

However, Local authorities cannot use this as an excuse not to make enquiries and cannot refuse to assist a person for reasons of immigration status without undertaking a human rights assessment

What the focus groups said:

3.1 Both groups felt that it is important that the local authority they are rough sleeping in accept they have a responsibility to them. People in the group spoke of the difficulty they found when trying to get support while homeless.

“Need people to take responsibility and stop passing us from one place to another - to stop people falling through the cracks”

“Sometimes we are told we need an address to get support and this is common”

“When they tell you that you don't have a right to services then you feel they have the balance of power”

3.2 The group looked at the NHS London Card explaining GP responsibilities to the homeless and they all felt something like this would be useful in terms of the responsibilities of other agencies like local authorities.

“People who are homeless need to know that this is a right that they have”

3.3 The groups said that training was needed to ensure that staff from responsible agencies like the council, police, and health understand their responsibilities and that this right should be promoted amongst support agencies and people who are rough sleeping.

“It feels sometimes like workers get fed up with some people who won't take their advice, or have missed appointments”

4 What the guidance says - People must be helped to access the services they need to keep them safe

The draft guidance says:

- It is important to help people who sleep rough to access the housing, health and social care services they are eligible for.

This should be the first in helping people to be safe. For instance, referral to StreetLink or getting treatment from a GP.

What the focus groups said:

4.1 Participants said that the most important thing in “safeguarding” was getting the support they needed.

“Timing of advice is really important. When someone becomes homeless it can all happen overnight. Then people become more vulnerable - safeguarding needs to happen even before people lose their home or first sleep on the street.”

“What will help is getting a roof over your head - from there you can take baby steps towards things getting better”

4.2 However, they found it difficult to navigate the system to get the support they want when they needed it. Delays in getting support made them more vulnerable and this is when the issues they faced escalated.

“Knowing where the support is and how to get there is important and not always easy to know”

“Understanding the pathway is important to help us make decisions and have confidence in what’s available”

4.3 A number of participants were wary of approaching bigger statutory agencies like the Police and Mental Health Services.

“My experience of the police has not been good. I felt they were unhelpful - I have no faith in them”

“The authorities need to be transparent as there is a fear of consequences of telling them what is happening - I need to trust them”

4.4 They felt the VCS organisations were most helpful when establishing contact and reaching out for help.

“Peer support is best at understanding how you feel and the problems I am dealing with”.

“Being passed from one place to another is an issue - I want one trusted person or place to get support”

4.5 Charities and outreach services were trusted by participants but not always available when needed. They also recognised that sometimes statutory agencies and support was needed.

“We will also need specialist support at times as sometimes outreach workers want to help but can’t”

“More outreach will make the difference”

4.6 They felt that training was needed to make all services more effective and accessible.

“When support did come it was confusing. When they eventually found me two people pulled up in a car and just told me to get in - they didn’t give me any information about what was happening”

5 What the guidance says - Rough sleeping puts people at risk: this needs to be recognised and responses should be timely and appropriate

The guidance says:

- The risks of living on the streets should not be made worse by agencies failing to respond quickly where a person is sleeping rough and at risk of harm, or abuse
- The wellbeing of people who sleep rough is at significant risk and many will already have needs related to physical or mental health or substance misuse

The guidance provides an example of a risk assessment tool that can be used to help with understanding risks associated with rough sleeping.

If they witness abuse or neglect then they should contact the adult safeguarding referral line of the local authority where the person is sleeping rough providing details about name description of the person and belongings, sleep site and times that they may be found there.

What the focus groups said:

5.1 Both groups felt strongly that people living on the street were already vulnerable and probably had a number of issues that needed to be understood by agencies. They appreciated that identifying what these were for each individual was difficult for support agencies to understand and that gauging the level of risk was complicated.

“No amount of people telling you your rights helps - you still feel you are not entitled as you have no self-esteem”

“Having confidence is important when it comes to getting the support you need. However, people often feel isolated and unable to seek the support the you need”

“People may not necessarily have the strength to deal with problems - but who can help?”

5.2 Services need to have the time to help people. They need to try different approaches to find people, gain trust and get people to open up.

“When trying to get help I waited a long time to get the help I needed - in that time my health got worse. They need to respond more quickly”

5.3 From outreach support agencies participants wanted clarity about what they can and can't do. They need to be open and admit what they can and can't do.

5.4 The participants said they needed to establish a relationship and this can't always be done quickly. Time, flexibility and empathy were qualities they felt were needed in order to be effective in reaching out to people who were sleeping on the street.

“You will feel shame and not want to let your guard down - especially as you don't know what will happen if you open up”

5.5 Outreach support needs to be able to breakdown these barriers and participants felt that when it comes to the complex issues that may be behind someone's rough sleeping, the right skills and intervention were important.

“Outreach workers need to be trained to spot the signs and know where they can get more support and the right support”

5.6 Speaking to someone who has been there before can help break down barriers as they have more credibility.

“Peers can also help with training around recognising the signs for vulnerability, but they do not necessarily have to be involved with the whole safeguarding process”

6 Where investigators find that people are refusing services or there is evidence of self-neglect they must assess individual's capacity to make decisions for themselves

The guidance says:

- There may be times when someone sleeping rough refuses to accept help to reduce significant risk to themselves - this may be refusing medical attention or moving away from immediate danger.

In these cases, the investigators must assess whether the individual has the capacity to make decisions for themselves including their decision to live on the street.

What the focus groups said:

6.1 Participants in the groups recognised that for some people living on the streets will make it harder for them to look after themselves and make the right decisions.

“When you are living out and drinking or taking drugs it is difficult sometimes to know if you are ill or know just how ill you are”

“You may feel embarrassed to ask for help - you feel it's your fault that you are in this position”

“When you are depressed you may not realise you are depressed or that you are ill”

6.2 Again, people reported at times mistrusting large statutory services like local authorities, police and health services.

“Big organisations like mental health services or the police can be scary - I would rather deal with smaller agencies but need to know what they can do for me”

“We appreciate it when professionals are honest”

6.3 An example was given where someone who was living in makeshift accommodation who had cancer and was becoming more and more ill. They were refusing to go to the hospital or GP. No one agency seemed to be taking responsibility so the focus group participant eventually took the decision and called for an ambulance even though this was against the wishes of his friend.

“You must do what anyone else would do and take action and call an ambulance if someone needs medical help”

6.4 Another focus group member recalled the situation she found herself in as a 16 year-old, whom was pregnant at the time and homeless. She avoided any contact with services as she feared the implications of being referred to social services and was fearful of the potential implications for her of a safeguarding investigation. At the time she made the decision to live in “crack houses” rather than approach the authorities.

6.5 Some provided accounts from their experience, when it may appear to others that they were making irrational decisions or neglecting themselves. A few participants spoke of times when they were staying in hostels and feeling unsafe. They said that this could put them in situations where they can be taken advantage of.

“Sometimes the alternatives provided can feel less safe than living on the streets”

“Money is being wasted on poor services that people don’t want and that sometimes can make the situations worse”

“In the past I have chosen to live out under a bush rather than go to some of the hostels I know”

6.6 They felt that they often had to make difficult decisions between options. Sometimes they felt they didn’t have an alternative that really met their needs and they were left to choose the least scary option.

7 Ideas and suggestions from the groups

The participants felt this was important work and had suggestions that went beyond the guidance proposed.

- 7.1 **Contacting big statutory organisations can sometimes be scary for people who are sleeping rough** - When considering how best to support homeless people who may be vulnerable to abuse, trust is an important issue. People who are sleeping rough may not have had good experiences in their contact with some services like police, health and the council. They felt support and contact should be available through small community-based groups, and peer support can build trust and a rapport with people.

“It sometimes takes a lot to hold your hand up and say you are vulnerable and ask for help”

“Need to remove stigma around safeguarding”

- 7.2 **We want to know what our rights are and where to go for help** - Awareness about what adult safeguarding means in terms of the thresholds and the structures in place, is low. They felt there needed to be a campaign to raise awareness amongst the homeless community and important agencies responsible for supporting people.

“Getting the right information is important, understanding the system and the options available to people is really critical”

“If people are becoming aware of an issue, then they really wouldn’t know where to start with trying to refer or notify the authorities. People don’t necessarily know where to turn”

- 7.3 **Use language we understand and give us information that helps us make the right choices** - Any campaign or communication needs to use plain language. This could be co-produced with people with lived experience and they could help develop a simple way of explaining safeguarding. Outreach workers and others need to be able to understand and then explain what it means to people.

“There needs to be a campaign to normalise the idea of safeguarding, and use language that people can understand, so that people are aware of it as an issue and know what to do”

“Terms such as “safeguarding” and “disclosure” can feel very official and off putting”

- 7.4 **We want to know that there is support available that has our best interests at heart and that will see us through difficult times** - The availability and type of advocacy is really important especially for people involved in investigations.

“Advocacy is really important - ideally peer advocacy is needed to give people a voice”

“PALS feels more like a NHS service”

7.5 **We also want to help safeguard ourselves and other people who need help** - Participants wanted advice and information about what to do when issues arose.

“Wouldn’t it be great to have a phone number you can contact?”

“Can people be trained in how to spot safeguarding issues and what to do when there are issues?”

“You should ask yourself what you would do if it was a relative or friend of yours”

7.6 They felt that as citizens they wanted to play a role in safeguarding others but felt they are not always thanked for referring others to agencies who are there to support. To encourage people to report issues, agencies they report issues to needed to:

- show they believed you
- be open and tell you what they will do next with that information
- keep your anonymity if that is what you prefer

TOPIC GUIDE – Safeguarding and homelessness focus groups

INTRODUCTION

There are four main elements to the focus group:

1) Confirm participants understand the purpose

“The London Safeguarding Adults Board are writing guidance to help protect vulnerable people who are homeless and sleeping rough from abuse and neglect. We want to get your views on this guidance”

Background for facilitators to note - On Monday 15 January London ADASS launched a consultation on a new section in the London Multi-Agency Adult Safeguarding Policy and Procedures which addresses safeguarding people who sleep rough. The main document currently can be found at <http://londonadass.org.uk/wp-content/uploads/2015/02/Pan-London-Updated-August-2016.pdf>

The LSAB and the chairs of the local boards in London have asked the London Homeless Health Programme (LHHP) to co-ordinate the consultation. As well as encouraging agencies to use their own engagement forums, LHHP have undertaken to commission some independent work involving one or two focus groups and a report prepared independently.

LHHP envisage that the focus group work would need to be broader including a brief presentation about what “safeguarding” is and some broad content about the way it’s governed within a borough and within London and the fact that the London Board think it’s important to have a special section in relation to people who are living on the street.

The consultation questions

Does the draft Appendix 7 address the policy and practice issues that affect the safeguarding of adults who sleep rough in London? Yes/No

- If no, what other issues should be referenced in the draft Appendix 7.
- Are there any other changes or additions you think need to be made to the draft Appendix 7 and why?

2) Confidentiality and Aurora safeguarding policy

- Give statement on confidentiality reminding people to respect other people’s confidentiality eg. use of names etc
- Note with group that if a new / current safeguarding issue is raised we may refer to local authority in keeping with Aurora’s safeguarding policy

3) Setting the scene

- Overview to safeguarding – what it is and how it works
 - Are you familiar with the term adult safeguarding?
 - What do you think it means?

4) The issues and what the guidance proposes

- What does this mean for people sleeping rough – what are the issues?
 - Has the guidance identified the right issues?
 - Is there anything else the guidance needs to consider?

SETTING THE SCENE

Opening question - What do you understand by the term adult safeguarding?

Adult safeguarding is working with adults with care and support needs to keep them safe from abuse or neglect.

It is an important part of what many public services do and a key responsibility of local authorities.

Homeless people can sometimes be in vulnerable circumstances and at risk of abuse or neglect. In these cases, local services must work together to spot those at risk and take steps to protect them.

Types of abuse and neglect

- Physical abuse – *including hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions*
- Sexual abuse – *including rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting*
- Psychological, emotional or mental abuse – *including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or unreasonable and unjustified withdrawal of services or supportive networks*
- Exploitation – *either opportunistically or premeditated, unfairly manipulating someone for profit or personal gain – this can include financial abuse, or forcing someone to give up property, belongings or coercing people into activities or work they don't want to do*
- Neglect and self-neglect – *including ignoring medical or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating*

Use one or two scenarios to illustrate types of safeguarding / abuse and explore some of the issues

Scenario A)

A rough sleeper who has a learning difficulty has been unwell and others have noticed that he has not been getting the medical treatment he needs. The outreach worker who visits the area has been told.

What questions might the outreach worker ask to find out if this is a safeguarding issue?

Do you think this is a safeguarding issue? Why?

Scenario B)

An outreach worker is working with a client who is sleeping rough and is refusing to go to a hostel. The client tells her that she has witnessed staff at the hostel shouting aggressively to another client at the hostel who had fallen over suddenly and had been requesting help.

What questions should the outreach worker ask the client to find out if this is a safeguarding issue?

Do you think this is a safeguarding issue? Why?

WHAT PUBLIC SERVICES MUST DO

Set up a Safeguarding Adults Boards

Local authorities have to set up Safeguarding Adults Boards (SAB) which must:

- include the local authority, the NHS and the police plus others such as health and social care services, CQC, Healthwatch, fire and ambulance.
- hold regular meetings to discuss and act on local safeguarding issues;
- develop shared plans for good safeguarding practice including working with local people
- publish safeguarding plans
- produce annual reports which are accessible to the public

There are guidelines for what should be in the report and examples include findings from any reviews that have been carried out, how well agencies are working together and analysis of any safeguarding data.

Safeguarding enquiries by local authorities

If someone is thought to be at risk of abuse or neglect the Council should:

- make enquiries or ask others to make enquiries
- find out what, if any, action may be needed
- carry out a needs assessment or review of an existing care and support plan.
- support prosecution by Police (if abuse or neglect is proven)

Safeguarding Adult Reviews

Councils must carry out a Safeguarding Adults Reviews where someone who is vulnerable and there and they have suffered abuse or neglect. This is to identify what went wrong and what lessons can be learnt for the future.

Independent advocacy

An independent advocate must be made available to represent and support a person who is the subject of a Safeguarding Enquiry if help is needed for the individual to understand and take part in the enquiry or review and express his/her views, wishes, or feelings.

WHAT ARE THE ISSUES AND WHAT THE GUIDANCE SAYS

The guidance says:

- People who sleep rough may have tenuous links with the local authority where they sleep rough
- If they move around or are non-UK national's they may not be able to evidence that they are ordinarily resident

However, Local authorities cannot use this as an excuse not to make inquiries and cannot refuse to assist a person for reasons of immigration status without undertaking a human rights assessment

The guidance says:

- It is important to help people who sleep rough to access the housing, health and social care services they are eligible for.

This should be the first in helping people to be safe. For instance, referral to streetlink or getting treatment from a GP.

The guidance says:

- The risks of living on the streets should not be made worse by agencies failing to respond quickly where a person is sleeping rough and at risk of harm, or abuse
- The wellbeing of people who sleep rough is at significant risk and many will already have needs related to physical or mental health or substance misuse

The guidance provides an example of a risk assessment tool that can be used to help with understanding risks associated with rough sleeping

If they witness abuse or neglect then they should contact the adult safeguarding referral line of the local authority where the person is sleeping rough providing details about name description of the person and belongings, sleep site and times that they may be found there.

The guidance says:

- There may be times when someone sleeping rough refuses to accept help to reduce significant risk to themselves – this may be refusing medical attention or moving away from immediate danger.

In these cases the investigators must assess whether the individual has the capacity to make decisions for themselves including their decision to live on the street

- **Are these the right issues?**

- **Is there anything else the guidance needs to consider?**