

Rough Sleepers Co-production Survey Analysis



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Introduction

Involving people with lived experience has been recognised within recent years as a key part element in the design, delivery and implementation of services to support some of the most vulnerable and disadvantaged people in our society. People who have direct experience of homelessness can provide us with a unique perspective, by sharing *their* realities, knowledge and insight about how rough sleeping can affect all areas of a person's life.

The sole purpose with this consultation was to help us understand what is happening to people on the ground during COVID and the impact that changes are having on their lives and wellbeing. We wanted to know from people who have either use services, including those who have disengaged to understand why.

The project team would like to thank Tracey Ford (Sheffield City Council DACT) for leading on this piece of work, the volunteers from the Hep C trust, Staff from START and officers who helped to make the survey a success.

Approach taken

Taking into account that people were unlikely to complete the consultation online, the city was under lockdown due to COVID and existing staff working in projects were already stretched, it was agreed that a member of staff, would accompany RSI workers located at the hotels to help facilitate engagement with residents. All of the outreach sessions were done in pairs; the most successful ones were when drugs staff and Hep C mentors were present.

There were no financial incentives offered in return for engagement, just a willingness to share their own personal experiences. However, small incentives including sweets and a cake baked by one of the Hep C mentors were very welcomed by participants.

An evaluation of the approach taken is available at Appendix 4.

Survey reach

28 one to one interviews were conducted, each taking approximately 20-40 mins. (n=28, 7 females, 21 males). 10 individuals found on early morning outreach were also engaged and provided a more conversational view. In addition to capturing the views via consultations, 5 people agreed for the interviewer to share more details/profile. These can be found in the appendix.



Locations where the surveys / conversations took place were: Quality Hotel (Emergency Accommodation), Dalbury & Palmer Hotel (Emergency Accommodation), Egerton House (COVID-19 Accommodation: Sheffield Hallam Student Accommodation), Victoria Court (Commissioned Accommodation), Salvation Army, Archer Project (Charity supporting homeless people), On street, The Greens (Recovery Accommodation), Early morning outreach conducted by a PCSO.

Pros and cons of Emergency Accommodation

At the start of lockdown, accommodation was sourced for all rough sleepers in the city. Four accommodation sites were provided for over 100 rough sleepers in total. For some, being on the outskirts of the city worked well and for others not so well.

COVID-19 Emergency Accommodation

Pros



Being away from chaos and street culture



Having own space and being nicely decorated



Being treated like a resident by hotel staff and not a client (this was really important)



Having meals provided



Treatment providers coming to us



“Getting my leg dressed”

Cons



Too many chaotic residents



Conflict with others



Too far away from city centre services



Lack of opportunities to beg or score drugs

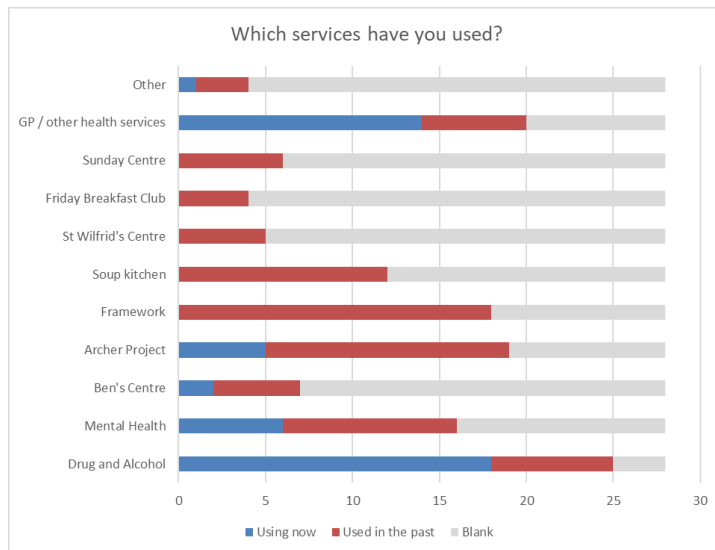


“what do they expect? Putting 35 people all in only one place”
Service user

Quantitative results of the survey

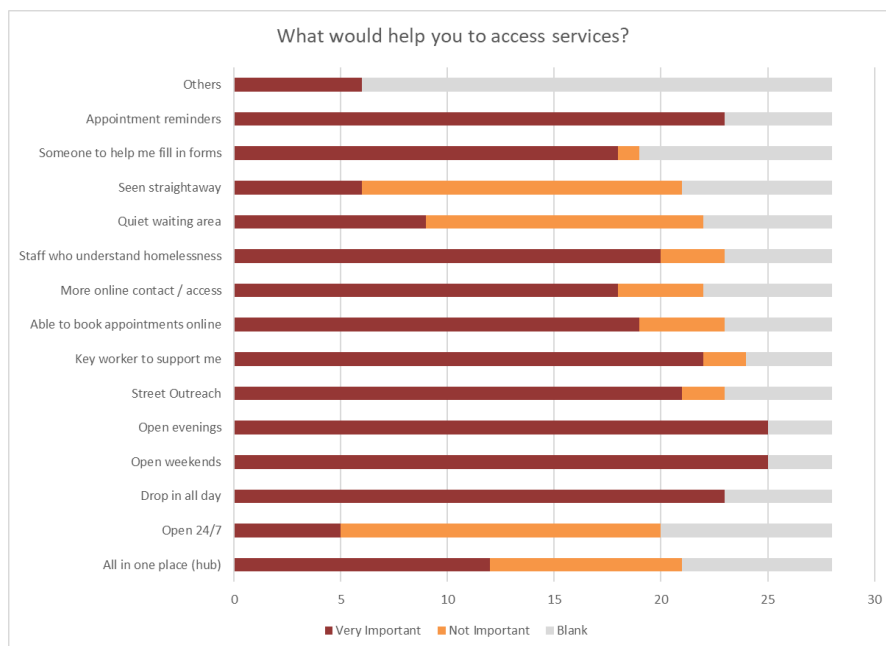
Some quantitative questions were asked to collect structured answers and to prompt further discussion. The qualitative responses are discussed in the next section of this report.

Usage of services



The majority of respondents had used or were using drug and alcohol services. Interestingly 14 of the respondents reported to be currently using GP and/or other health services. Some of these responses may be due to the Devonshire Green virtual clinic.

The Archer Project, Framework and mental health services were also frequently mentioned.

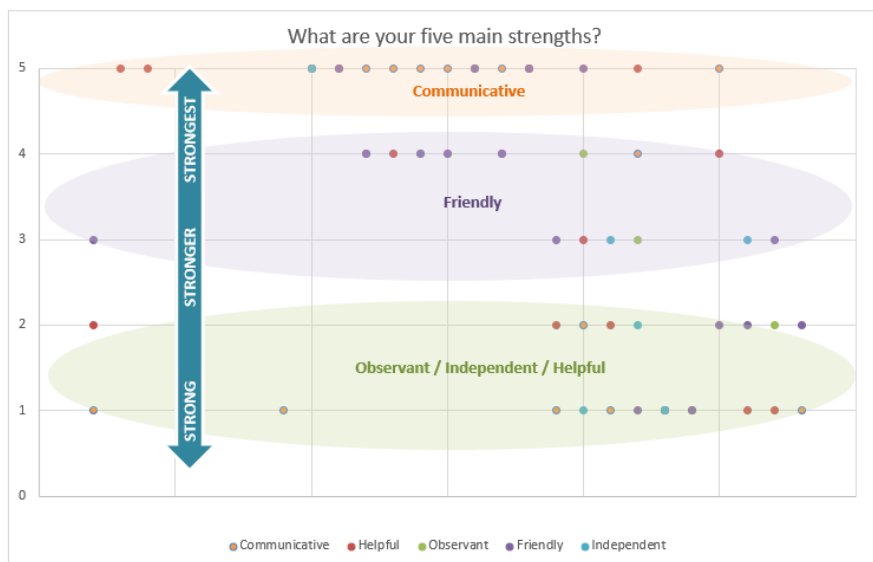


When asked what could be done to help individuals access services, the top three answers were to open in the evening, open at the weekend and to send appointment reminders so that the individual kept up to date with appointments.

Interestingly there was no urgency to be seen straight away.

Another area of importance was to have staff who understand homelessness at hand.

Individual strengths and quality of life



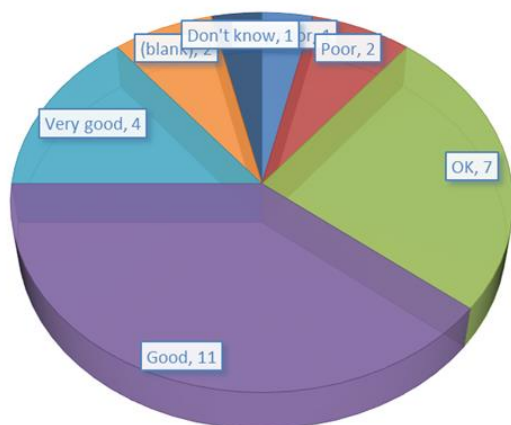
We asked the individuals to rate a selection of strengths.

Although responses did vary, there was certainly an overall pattern.

'Communicative' was highest rated by most of the respondents.

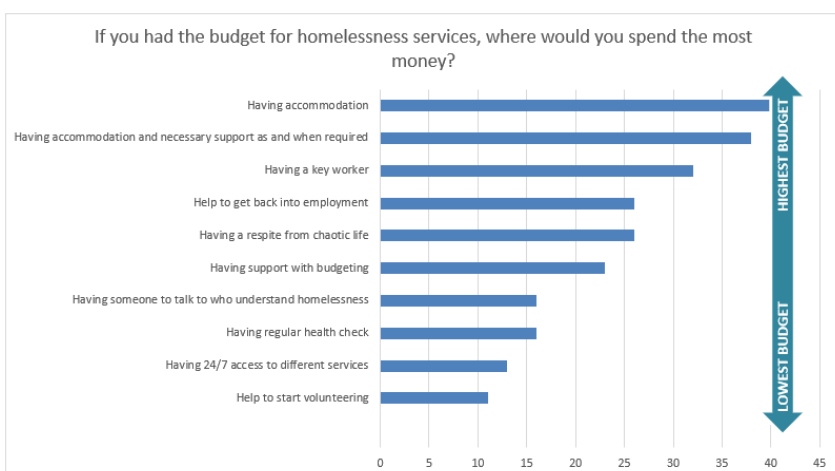
'Friendly' was a strong second.

HOW DO YOU FEEL ABOUT THE QUALITY OF YOUR LIFE NOW?



When asked about quality of life at the moment, 3 respondents said 'Very Poor' or 'Poor', a quarter rated their quality of life as 'OK' and 15 out of 28 responded with 'Good' or 'Very Good' (54%).

Where would you spend the most money?



We asked the 28 respondents to imagine that they were in charge of the budget for homelessness services.

The individuals scored how they would fund each service from one to ten. During the analysis a number of 'coins' from 0 to 3 were given to these responses and these 'coins' were added together to get an overall budget for each service.

The highest budget given was to source accommodation, with funding a key worker second in their budgeting priorities.

Themes from the survey

There were some common themes that came out of the consultations that would help services and staff can help encourage, and support independence opposed to dependence.

A break from the chaos

“Being away from the chaos” this was talked about a lot during conversations. Chaos was described as situations that might include, bumping into old associates, being drawn into street culture activities such as begging, shop lifting or drug dealing. For others there was anxiety about with the threat of bullying or intimidation from others who see they as easy prey taxing (stealing) prescriptions or money.

I am grateful for the tenancy but do struggle with isolation and loneliness and I do find it hard surrounded by other residents who are still chaotic. [Interviewee 1]

There were two individuals who stood out particular who had come into the hotels after a long period and history of non-engagement, with both housing and treatment providers and other people from the street. Both had been placed in the Dalby and both had started on a script, something they both said they wouldn't have done pre COVID.

One individual who described himself as being a prolific shoplifter said

I haven't felt the need to shop lift whilst being here, I'm stable on my script and am only using a little Spice.

Substance misuse

Many used COVID to their advantage, for example three individuals from Salvation Army asked to be placed in isolation, away from other residents to focus on themselves. One was being rehoused in supported accommodation in another city, to continue his recovery journey, whilst another had managed to stick to his script and abstain from using Spice.

Spice was commonly used; it is seen as a cheap alternative to heroin or crack “to help take the edge off”. Many however were aware about the risks associated and had their own harm reduction strategies in place, such as only using small amounts, using whilst in company of a peer.

A resident at Victoria Court completed a community Spice detox during lockdown, but many were unaware that there was somewhere they can go to for help with addressing their Spice use.



RECOMMENDATION POINT
Take treatment to the client

Many valued the fact that drugs services were coming to them, not having to worry about where to get their next fix from because they are on a script “instead of being preoccupied with feeding the addictive beast within them” as one person explained. Or not having to come into the city centre and risk bumping into

peers old and new and getting drawn into street culture activities.

Lack of Confidence, Skills

Many were pretty resilient and had found new ways to survive on the streets, many talked about more stable periods of their lives, when they had stable relationship and accommodation, but many hadn't lived alone or independently for a long time.

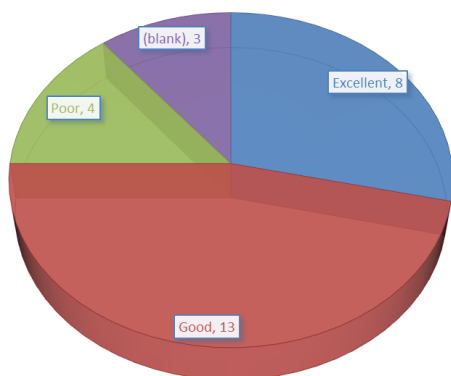
There were anxieties about the responsibility about managing their own tenancy. One respondent (#2) had never had his own place, he'd never paid a bill before, didn't know how to use the internet and his benefits went directly into his mother's bank account, saying

I wouldn't know where to start; I would literally need someone to show me how to do it!

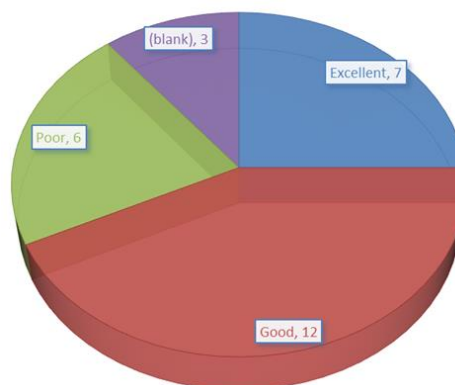
[...] even the thought of going into Iceland brings me out in hives, I need someone who can hand hold me and help me do the normal things that other people take for granted.

There was a lack of confidence using internet, and many relied on staff to help with online application forms. The lack of IT access & WIFI featured as an issue throughout the consultations.

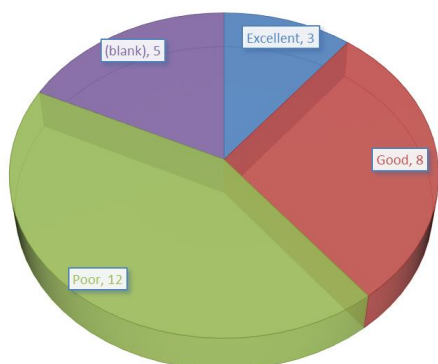
SKILLS - READING ENGLISH



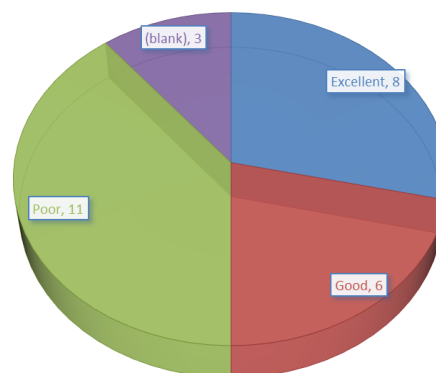
SKILLS - WRITING IN ENGLISH



SKILLS - USING NUMBERS FOR BUDGETING



SKILLS - USING INFORMATION TECHNOLOGY



Boredom/Isolation

Boredom and isolation featured heavily throughout the consultation, more than one person eluded to "Its ok having your own place, but if you haven't got a TV or things to do, you soon get bored." Many didn't realise that there were recovery groups and recovery activities that they could take part in.

During the course of interviews, the interviewer discussed hobbies/interest, such as rapping, writing poetry and art. One respondent motioned that he had accumulated a lot of poetry, but it had been lost/left at a previous property.

Interviewee 3 loves art and says he's really creative and would love to get into drawing and help with reading and writing.

Relationships

A high number of participants shared that they had either broken or very fragile relationships with families. The priority for some was to sort themselves out so that they could get back in touch, especially those estranged from children.

Because of their chaotic lifestyle they found it hard to form trusting relationship:

The streets are full of people who would rob their own mother for fix, there is no moral code, there is no trust [...] you are constantly living in fear or fight or flight mode. [Interviewee 1]

Relationship with services

Respect, honesty and compassion rated highly when we talked about relationship with staff. Some felt that's some services lack flexibility and didn't take into account their chaotic lifestyles with one saying

I don't know what day it was half the time; how do they expect me to remember appointments?

Framework staff were mentioned a lot during the consultations, in fact one staff members name was mentioned more than 4 times. The respondents appreciated the contact even if they weren't ready to engage.

Interviewee 2 had been sleeping rough for four months and rarely engaged with services, apart from Fitzwilliam centre for his methadone Script and the Archer project occasionally for showers. He credits by name a worker from framework for helping him off the streets

Had it not been for [named Framework worker] I'd still be out on the streets. [Interviewee 2]

Mental health

Anxiety was a very common theme throughout the consultations: some people had a mental health diagnosis, whilst others admitted to feeling anxious. Some felt that they are often misinterpreted because they struggle to articulate their needs.

Interviewee 1 suffers from high levels of anxiety and often struggles to control his emotions, which results in him lashing out verbally at those around him. When his anxiety is under control, he is better able to converse and open up about how he is feeling, but more importantly he is able to hear and take on board offers of support from housing and healthcare staff.

Consistency of support



RECOMMENDATION POINT *Dedicated Support Worker*

A benefit for this cohort would be someone who can hand hold and help them navigate services, appointment reminders, or accompanying them to appointment and support groups. Having a consistent worker was important, some shared positive experiences, this was mainly down to have a good relationship

whereas others felt like they were always being "passed from pillar to post".

Many shared that either didn't know who their workers were:

I pretty much see someone different every time

Access to phones

Whilst many had access to a phone, all bar one, had a contract phone, with access to internet. Many used phones that had little street value that had been provided by housing or the framework team to help stay in touch.

Losing phones was a common issue.

Travel

One individual had been robbed of his money and bus pass the previous night. He had an appointment at Fitzwilliam later that day and was planning on walking from Chapeltown – the Hep C volunteer was able to help with travel and provide him with a new sim card for his phone.

Conditions that helped people thrive

There have been number of invisible barriers that have been lifted during the COVID lockdown. Peoples basic needs such as a warm bed, a roof over their head, a meal, a Television for entertainment has provided a welcome distraction from the chaotic environment that they had come from.

Having a room of my own

Having a room of their own, decorated nicely and a bed which has replaced the cold concrete or someone else's floor that many have become accustomed too. How individuals were treated by hotel staff made a big difference, in particular at Dolby & Palmer residents shared examples of how they felt treated as a paying guest opposed to being "a client or service user".

Workers coming to me

Having workers come to them, lets them know that someone cares and is reaching out to them, instead of them having to seek out and jump through hoops to get their needs met.

Access to day care services

Many appreciated the support and services offered, particularly from voluntary sector services, such as the Archer Project and Bens Centre. Knowing that they had somewhere to go to shower, get a hot meal, access to phone, with many using the projects as a care of address.

Some of those spoken to had been recipients of the meals on wheels provision and donations of TV's, DVD player and DVD's provided by day care services.

The only barrier for people accessing the services was bumping into other peers involved in street culture or being drawn back into street culture activities.

Access to food

Regarding access to regular meals there was some inconsistency amongst the hotels, some offered breakfast and evening meals while others did not. This was seen as being important, again it meant that those staying in hotels didn't have to venture into the city centre. Early on in lockdown, projects such as Victoria Court, Earl Marshal Guest House, Glastonbury B&B found it challenging to offer a hot meal to those who don't have access to cooking facilities or are too chaotic to feed themselves.

Some clients who were interviewed at the Archer Project reported that those not accommodated in the new Covid accommodation complained of having an unfair deal because they had to provide an evening meal for themselves when people in the newer hotels didn't have to do this.

Recommendations

Many repeated themes emerged from the individuals who took their own time to complete the survey. These have been summarised below into a core set of recommendations.

- Have services open just during the day, but also **in the evening and weekends**.
- **Separate hours of service**, time set aside for the more chaotic and for those less chaotic.
 - Archer project are looking to redesign the project to accommodate times and space for chaotic and less chaotic clients and Bens centre have identified new premises, with the capacity to design a similar offer.
- To offer **engagement activities** in and outside of the project, including user involvement
- For more drugs outreach, more **one to one time spent addressing substance misuse issues** but also exploring recovery options or opportunities to get involved in meaningful activities.
- Making more use of existing **volunteer peers** such as Hep C and Recovery Ambassadors
- Wider **promotion of the Spice clinic**
- **Provide resources and support to better utilise services**. Much of the support is now online or telephone, making it impossible for people to access services independently or without support from a worker.
- **Promotion of low-level anti-anxiety activities** and anti-anxiety groups for people to participate in, with help dealing with chaos, bullies, attraction back into negative activity and new coping strategies.
- **Promotion of IT participation** including greater access to IT equipment and **practical maths sessions**.

St Wilfred's, Bens Centre, Archer project and The Sunday Centre are currently writing their own day-care/wellbeing strategies which aim to address some of the issues identified.

It is the view of this paper that the above recommendations are presented to the multi-agency COVID-19 Cell Group and any actions are owned by that governance structure.

Future user involvement and co-production opportunities

Professionals are sometimes reluctant to explore the possibilities of involving people further in-service design or delivery, however there is a lot of added value that can be sought by using providing user involvement activities and opportunities for coproduction. 12 of those who were consulted expressed an interest in getting involved in coproduction activities (see appendix 1)

User Involvement requires some investment in time to build relationships, especially for those who have either had a negative experience or lack the skills and confidence. It also requires a lot of patience and support to encourage those who are taking part.

Sheffield Drug, Alcohol & Domestic Abuse Coordination Team, has a long history of service user involvement, including two service user reference forums, which brings together individuals who have previous experience of using services but have lived experience and knowledge that has helped us shape commissioned services.

A volunteering networking zoom event to help launched National Recovery Month, volunteers expressed an interest in getting out alongside services to engage with people both on the streets and in hotels.

We have started some meaningful engagement: it would be good to try and continue it – Tracey Ford

Appendix 1 – Location and outcome of engagement

Location/engagement	Number of consultations	Additional information	Follow up	Gave permission to contact
Quality Hotel	7	Visited twice, second visit was supported by Hep C mentors	2 signed up for Hep C mentoring	3
Dalby & Palmer	6	Visited twice, second visit was supported by Hep C mentors	3 tested for Hep C	6
Egerton	1	Visited once due to concerns around risk, accompanied by drugs worker.	Referral for Hep C	
Victoria Court	1	Detoxed during COVID	Complex care plan in place	1
Salvation Army	3	Detoxed during COVID		1
Archer Project	3	Those housed in hotels likely to be found accessing		1
On street consultation	2	1 during early morning outreach and the other after visiting Archer project.		
Unknown	1	Completed by SHSC staff		
The Greens	5	Surveys completed by individual residents		

Appendix 2 - Early morning outreach summary

Housing status	Reason for being out	Additional information
Had a tenancy	He was main carer for his mother, who was placed in nursing home, due to COVID unable to visit – cited as being the reason for drinking more	Not known to stay out regularly sleep out. Unable to go home that evening due to being intoxicated
Roundabout tenancy	Would prefer to stay out to beg, has a good relationship with worker	Update – started staying in tenancy and making positive progress
Tenancy	In town for begging	
Tenancy	Only used house in winter	
Tenancy	Likes staying out in summer	
Tenancy	In town for begging	Deceased
Tenancy	Refusing to go back to tenancy because of a previous altercation	
Recently arrived from Rotherham	Had been staying with sister, but she had kicked him out	Sister agreed for him to return
NFA	From Workshop doesn't want a tenancy	
NFA	Arrived from Barnsley 2 weeks prior	Had allocated RSI worker, waiting to be allocated place

Appendix 3 – Life experiences of some of the respondents

Interviewee 1

1 was living with 'Friends' who were also his carers. Whilst in their 'care' he experienced physical, emotional, and financial abuse. Under their care he was introduced to Spice. 1 managed to escape and found himself homeless on the streets. The dependency on Spice took a hold and struggled at first to accept that he'd allowed himself to get into the abusive situation especially as he'd been in the forces for the previous 20 years. 1 has no family and refers to his ex-forces colleagues as family, although many have now passed, he feels he has no 'True friends or friends he can trust.'

He is 49 but, in his words, 'has a body of a 69-year-old' he suffers from COPD, emphysema, has an old leg injury so is unable to get around without the aid of a walking stick.

1 suffers from high levels of anxiety and often struggles to control his emotions, which results in him lashing out verbally at those around him. When his anxiety is under control, he is better able to converse and open up about how he is feeling, but more importantly he is able to hear and take on board offers of support from housing and healthcare staff.

The temporary accommodation at Victoria Court has offered him some respite from street life which he describes as 'being full of people who would rob their own mother for fix'. He claims that 'on the streets there is no moral code, there is no trust' and that 'you are constantly living in fear or fight or flight mode'.

1, is grateful for the tenancy but struggles with isolation and loneliness and finds it hard surrounded by other residents who are still chaotic.

On 24th April, he started a Spice detox, this was the second attempt and despite all the challenges of COVID he has done incredibly well

1 is now engaging with

- Housing staff
- Nova project ex-force's charity, who have donated a hospital
- START Treatment services - is in receipt of methadone script
- PSI (psychosocial interventions)
- A clinical Psychologist
- Prescribed Olanzapine and Chlordiazepoxide to help with anxiety and PTSD
- Devonshire Green medical centre

1 is looking forward to moving on. A new tenancy has been identified by mental Health, and the only thing at the moment preventing that is COVID, but he recognises that this is 'Just how it is at the moment'

1 loves Lego and during lock down he has received kind donations from members of the public via Help us Help and a donor via project NOVA. He has built a 6-foot mounted display depicting a complex war scene made out of the Lego that has been donated. he plans to donate the plan to the local children's when he is rehoused.

1 has had clothes and a washing machine donated, via project NOVA and claims 'It feels good not to be living in just tracksuits anymore'

1 is looking forward to being rehoused, he would love to start breeding budgies, getting involved in an allotment and he is also keen to help others, by offering Peer support and would love the opportunity to stay involved in a focus group.

Interviewee 2

2 had never slept rough on the streets because he would normally have a girlfriend to go a stay with, but when he was released from prison in January 2020 he had nowhere to stay. On release from prison, he was offered a place at The Greens, he was doing really well, he liked the project, especially because it was abstinent based. He particularly enjoyed the group work sessions and being able to talk to staff. However, four months in a new resident joined and brought with him a quantity of heroin and crack, 2 is still angry with himself for giving into temptation. His release resulted in him being evicted, but he says “the last thing I needed was kicking out, I needed more help, but it’s been like that all my life. Staff engage and work with me whilst in prison, or probation are there until my probation orders finished then they back off too.”

2 had been sleeping rough for four months and rarely engaged with services, apart from Fitzwilliam centre for his methadone Script and the Archer project occasionally for showers. He credits by name a worker from Framework for helping him off the streets, “had it not been for [named Framework worker] I’d still be out on the streets.”

2 has been in care since he was 14 years old and did his first prison sentence at 15 and has spent the majority of his adulthood in and out of prison. He suffers from extreme anxiety and is on medication, he has no family apart from his mum and dad and a friend. He has never had a bank account; all his payments go into his mum’s. He is worried that his parents aren’t getting any younger and worries about them worrying about him. He has never had his own place or paid a utility bill saying, “I wouldn’t know where to start!”

2 learned to read and write in prison and considers himself good, but poor when it comes to money and budgeting. He has never really had to food shop before, “even the thought of going into Iceland brings me out in hives, I need someone who can hand hold me and help me do the normal things that other people take for granted.”

2 says he thrived in Channings Wood prison where he was part of their recovery community, where his would facilitate group work sessions and was responsible for mentoring new prisoners, he was gutted when he was moved to Cat D prison. 2 underwent Hep C treatment over 18 months ago and would love to become a Hep C mentor (He applied that day after talking to the project manager).

He had a really good relationship with his drugs worker, but then they left and since then hasn’t seen the same worker, “the last two were rookies, hardly out of uni and really didn’t know what they were talking about [...] I’ve been in this game a long time, I need someone who gets me, I can’t be arsed going over my history or my support needs with someone different every time.”

2 says when he was on the streets, he tended to keep himself to himself, and couldn’t understand why half the people on the streets begged, especially when they had somewhere to stay.

2 knows a lot of people off the streets, but describes himself as a bit of loner, preferring being around smaller groups because of his anxiety. 2 is currently waiting to be rehoused, a referral has been made to Connect 3, which he is pleased about but is also very anxious if he will have to share with others, especially if they are using.

2 is hopeful about the future, he has applied to become a Hep C mentor and would like to be involved in any other user involvement opportunities with SCC.

Interviewee 3

3 had been using legal highs, from the age of twelve he is now 25, now smokes Spice but tries to smoke it in moderation. He had been staying on mate's couches when he could, otherwise he would sleep on the streets.

Originally from the south of Sheffield he no longer goes back to estate he grew up on because his family have disowned him and refuse to talk to him. He accepts why his family has disowned him, he freely admits he was a handful, but it hurts knowing he cannot speak to him mum. He shared 'last time I spoke to her, I admit it I lied, I told her he was in rehab because that's the only way she would have spoken to me'.

3 would like some help with his mental health but is wary of services, he claims 'I've been fobbed off too many times' he has a cracked tooth and is in a lot of pain and he isn't registered with a GP, but still refuses to access treatment 'cos I don't trust them'.

3 is worried about his mental health, he feels like crying a lot, he was really grateful to Tracey and the Hep C mentors coming to the hotel to have a chat 'with no agenda'.

3 loves art and says he's really creative and would love to get into drawing and help with reading and writing. After the interview 3 had a conversation with one of the hep C mentors and agreed to get a Hep C test, he also agreed for us to get in touch in the future to get involved in some activities / support groups.

Interviewee 4

4 has been sleeping rough on and off for the past 8 years. Up until COVID, 4 had been sleeping rough in a crematory near Encliffe Park, he would come into city centre for appointments leaving his belongings at the university where staff would look after them, so they weren't stolen. He used to enjoy popping into Addaction breakfast club and take some Gregg sandwiches with him.

During COVID 4 detoxed off methadone himself and occasionally uses Spice but had had more of a problem with drinking, although he says he's not been as bad of late. He's engaging with his drugs worker, but needs help sorting out ID as it got stolen.

During our visit 4 received a test for Hep C, he also suffers from depression and anxiety and has been diagnosed with personality disorder but doesn't currently receive any treatment.

4 used to be a carpet fitter but lost his job because of his drug use and his workmanship was poor, he would like to get back into some type of employment, but first needs to sort out a place, his benefits and his mental health.

Interviewee 5

5 has been on a methadone script for over 10 years, she got into a relationship and was introduced to Spice, which became problematic. She was sentenced in Jan 2019 and released March 2020, whilst in prison she completed Maths, English and got a certificate in commercial cleaning.

Upon release she was staying in a Nacro property whilst on tag but left because it was infested with mice. She was hospitalized and diagnosed with an infection after being bitten by a mouse.

5 has a long history of street working and has a good relationship with staff at SWOP and sang their praises for supporting her after being released from prison. She would like to have something to do, some activities or to volunteer helping others like herself.

5 agreed to Hep C test and also agreed to give contact details to stay in touch about any future user involvement activities.

Appendix 4 - Evaluation of outreach and consultation process

Before the consultations we were mindful that we had no prior knowledge of participants, history or backgrounds, but were expecting them to share their experience. Particular emphasis was to ascertain how they before, during and after the consultation by checking in periodically. This is important when we are asking people to share their journey, we need to ensure we do so in a trauma informed way.

What worked well

We had boredom on our side all of those took part agreed to do so because they had nowhere to be or anything to do.

Use of Volunteers

The Hep C mentors were a welcome addition and an essential part of the consultation process; all four have lived experience of homeless, Criminal Justice System, chaotic substance misuse. The Hep C mentors were welcomed positive examples of visible recovery and positive role models.

Making time

Each survey contained 30 questions, some of which required a more detailed conversation about their responses. All of the individuals who took part in the consultation thanked us for our time and 11 of those who took part in the consultation provided their contact details to be kept informed about any future involvement opportunities, but to also receive a copy of the report, which would include their voice.

Incentives

There were no financial incentives for taking part, however what did help is having a batch of rizla papers, lighter and a selection of sweets (a cake baked by one of the Hep C mentors, went down really well). However I would recommend purchasing tobacco, many shared tobacco or relied on disused but ends for scraps of tobacco.